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PAKISTAN JOURNAL OF SPECIAL EDUCATION (PJSE)

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Pakistan Journal of Special Education (PJSE) publishes articles concerning special education. Experimental as well as theoretical articles are sought. Potential contributors are encouraged to submit reviews of research, historical and philosophical studies, case studies and content analyses in addition to experimental correlation studies, surveys and reports of the effectiveness of innovative programs.

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INNOVATING THE TRANSITION: INCLUDING SPECIAL CHILDREN IN NEIGHBORING SCHOOLS

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ABSTRACT

As a result of consorted effort at national and international levels the Department of Special Education, Govt. of the Punjab, Pakistan is striving to include special children enrolled in their system in mainstream schools in order to achieve the targets of EFA and MDGs. For the purpose, the Directorate decided to mainstream their students in the neighboring schools. Each special school / centre was asked to prepare a pilot project to implement and observe the challenges of the inclusion. A realistic study of these challenges will help formulate an inclusive education policy in the province. The participating institutions were asked to follow the spirit of inclusive education as much as possible. Govt. Special Education Center, Shalimar Town, Lahore accepted this challenge in the best interest of the children with disabilities and the nation at large. The center with the given guidelines started this project in July 2013 and decided to mainstream 18 special students of the center in five neighboring private sector general schools. A special committee was constituted comprising Headmistress, Psychologist, Speech Therapist and Special Education Teacher to plan, implement and monitor the project. An inclusive approach was used for the selection of special students to be included, the host general schools, adaptations of curriculum and instructional methodologies. The academic results in the annual examinations of these students were markedly high. This presentation is an effort to report the project and to identify the challenges toward inclusive education and suggest some necessary and effective steps for the inclusion of children with disabilities in EFA campaign.

Keywords: Mainstreaming, Inclusive Education, Curriculum Adaptation, Adaptation in Instruction and Assessment

1. INTRODUCTION

The concept of inclusive education has been promoted for more than two decades, but multiple barriers have surfaced that hinder, one way or the other, full participation of children with disabilities in the mainstream education system (Hameed, 2003). A recent report (UNICEF, 2014), on the *State of the Children reveals* that there are 140 million children out of school, the majority being girls and children with disabilities. This exceeds an earlier World Bank estimate of 113 million, of whom 30-40 percent was estimated to be children with disabilities. To achieve the progress towards the goal of Education For All, Pakistan is steadily moving towards the target for 100% enrollment. According to Department of Education, Punjab the enrolment rate approaches 90-95 per cent of primary school children (DPI Ele. 2014) in major cities of the Punjab province.

At this point progress on enrolment appears to halt. The further progress cannot be made until the strategies to include 2.49% of children with disabilities are worked out. It is also hideous that only 4 % of these children with disabilities are in schools and rest of 96% are deprived of any educational services. It is necessary to find out who are these children that are not attending school.In order to make changes to the school system to ensure that they not only have access to, but also are welcomed in schools where diversity is well addressed and accommodated. The schools must value their needs with flexible teaching and learning environments.

The present project "Innovating the Transition: Including Special Child in Neighboring School" started in July, 2013 in line with the guidelines from Government of the Punjab, Department of Special Education with the concern to include children with special needs who are enrolled in special school/ centre and remain systematically excluded from mainstream schools. The agenda behind this early effort is to develop a comprehensive education policy to successfully formulate and implement inclusive education policy for the inclusion of children with disabilities in order to meet EFA and MDGs targets.

The objective of the project was to analyze the complex inter-play of factors that result in exclusion and to obtain detailed information about the gaps of education systems that may interfere the placement of children

with special needs in full inclusion. The factors such as lack of information, inadequate educational resources combined with discriminatory attitudes towards persons with disabilities at all levels of society contribute to a continued neglect of their right to education.The project was launched as a pilot project of Govt. Special Education Center Shalimar Town, Lahore under the directions from Directorate of Special Education, Govt.of the Punjab, Pakistan.

The project was designed to achieve the following objectives:

1. Initiate the transition from special school to neighboring ordinary school through inclusive education.
2. Develop inclusive education program for inclusion of children with special needs.
3. Conduct a pilot test to assess the effectiveness of transition.
4. Document the barriers, challenges and their possible solutions.

2. METHODOLOGY

2.1 Material and Method
A pilot project was launched in compliance of the directive and guidelines from Directorate of Special Education, Govt. of the Punjab . The executor of the project was Govt. Special Education Center, Shalimar Town, Lahore. No additional funds were provided for the project. The executing school/ centre was supposed to raise funds for the project. The implementation strategy used for the project is as under:

2.2 Formulation of Inclusive Education Committee
A committee comprises 5 members from all participating institutions was constituted for the implementation and closely follow-up ofthe project. The committee members were selected with the approach of having multi disciplinary team that may address the expected special needs of children with disabilities in the general schools. The composition of the committee is given below:
1. The Headmistress, Special Education Centre   Chairperson
2. The Psychologist   Member
3. The Speech Therapist   Member
4. Special Education Teacher   Member
5. The cooperating Teacher   Member
6. Head of the cooperating school   Member

2.3 Selection of General/Inclusive Schools:
Initially, criteria was set regarding the selection of general schools, children with special needs, teaching and non-teaching staff for smooth transition of Special students in Inclusive settings. The participating private general schools were selected by considering the accessibility, school environment and readiness for inclusion. In the first attempt, the members of inclusive committee surveyed 22 street schools located nearby the parent centre and then on basis of the information gathered in the survey selected 5 most appropriate schools to join the project as inclusive schools. The cooperation provided by the Assistant Education Officer (Elementary) education for pursuing the general schools worked as a catalyst.

a) **Accessibility:** Accessibility was observed by keeping in view the distance of general school from special school so that special school transport can provide pick and drop to child and there shouldn't be extra burden on parents to pick and drop their kids in cooperating general schools. Secondly, the structure of building was also considered in terms of providing easy access of special child to classroom.

b) **School environment:** School environment plays a vital role for the placement of special child in inclusive school. The overall environment of school includes hygiene, attitude of students and parents, relationship of staff and colleagues, sensitivity against exclusive attitudes, practices and a will to welcome all.

c) **School readiness:** School readiness is very important element for full inclusion of children with disabilities. It may include role of administration, school admission policies (Age, documentation, gender, financial status of parents etc), flexibility in curriculum, instructional methodology and assessment procedures to accommodate the special needs. The element of school readiness was analyzed after having multiple meetings with the school administration and positive feedback from their side.

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2.4 Selection of Children with Special Needs:

Children having profound deafness were 7, one child with moderate to severe physical impairment and one child with mild to moderate mental retardation were selected on following basis.

a) **Assessment (Psychological, Educational and Social)** the assessments were made to find out the current level of performance of students for comparing the effects of programs. Psychologist and special education teacher performed these assessment procedures.

b) **Parent's willingness** is very important for the transition process. The children with disabilities were selected after having prior consent of their parents to avoid any reservations in continuity of the schooling.

Table
Cooperating Inclusive Schools and the Intake

Sr. #	Name of Inclusive Schools	Students Enrolled	Disability	
1	Immran Memorial School China Scheme, Lahore.	5	HIC	Prep, 1, 2
2	Safa Model School, China Scheme, Lahore.	4	PDC	Prep, 1, 2
3	City Grammar School, China Scheme, Lahore.	3	PDC HIC	Prep, 1
4	AR Grammar School ,New BhogiwalCowk, Shalimar Town, Lahore	2	PDC	Prep
5	New Vision School System, China Scheme, Lahore	4	MCC VIC	Prep, 2

2.5 Procedure/ Follow up

In order to make the procedure and follow up productive and progressive special focus was given to the weekly and need-based visits of inclusive education committee members to resolve day-to-day and unseen issues faced by the school system, parents and children. Provision of transition services such as speech therapy, counseling and behavior therapy were provided by the special centre and were the essential part of the project. Moreover, these children continued receiving the regular incentives from special school that is free pick-n-drop, free uniform, Rs. 800/- per month as stipend and maintenance cost for assistive devices. The project also included the specialized training of general classroom teachers and support staff regarding introduction to disabilities, teaching methodologies, curriculum adaptation, motivation and acceptance of special child in regular class. Inclusive team members conducted the training in their respective schools.

Special attention was given to curriculum adaptation and modification. For the purpose the syllabus of each regular class was reviewed by special education teachers and necessary adaptations were made according to the special needs of the child. For example, activities were added to repeat the concept understanding for mentally challenged children. This follow up procedure was made cursive to address ongoing issues.

2.6 Challenges of Innovation:

To initiate a pilot project without much facilities and planning resulted in many challenges. Some of these challenges were expected and others were unseen that cause much effort to grip the situation. The challenges include policies, school administration, attitudes of teachers, parents and community, inadequate facilities, curriculum, teaching methodology, communication and socio economic factors.

1. General school policies were a major challenge for the transition of children with special needs. According to their admission policies there is no provision for the placement of special child in their institutions.
2. Attitudes of school administration, teachers, special education teachers, parents and community towards inclusive education are a gigantic challenge to deal with. The foremost challenge faced was the attitude of special education teachers. When the special education teachers were informed and asked to start the project they become exasperated and of the opinion on the failure results of the project. They felt extra burden to visit, identify and follow up the inclusive schools while engaging in their routine assigned duties.
3. The available physical infrastructure and educational facilities are also inadequate to address the needs of children with disabilities in classrooms.
4. Curriculum appeared as principal challenge for inclusion of children with special needs especially for the hearing impaired and mentally challenged children. Another challenge in curriculum was the medium.
5. Teachers of regular schools were not trained enough for use of multiple teaching methodologies to meet the needs of diversified learners.
6. For the placement of children with hearing impairment the communication was a major challenge. The children felt difficulty while encountering their normal peers. Resultantly, they felt frustrated in that setting.
7. Socio economic status of the parents resulted in challenge for the adjustment of their children in regular schools. As some of the regular schools have high fee structure and additional funds i.e. examination, photocopies, entertainment funds etc.

3. FINDINGS
The following findings were drawn from the follow up of project and logs in transiting the children with disabilities in inclusive schools:

1. The special education teachers were confident about their positive and actual role for the placement of children with disabilities in inclusive schools. They are of the opinion of having modified curriculum, appropriate instructional strategies and assessment procedures along with planned follow up visits can make it possible for children with special needs to enjoy full inclusion.
2. The administrations of general school system were convinced to enroll special students by providing them counseling, guidelines, and appropriate assistance from field experts.
3. The students improved in social adjustment and civic activities in inclusive schools. The parents reported that their children are more confident due to this transition while interacting in social settings.
4. Annual academic results were tremendously outstanding. The students achieved more than 80% marks. Surprisingly enough, children with hearing impairment gain 95% marks. The justifying fact for inclusion is that the regular assessment procedure was used for hearing impaired students.
5. The community, parents and children of regular schools showed cooperation and acceptance for these children inside and outside general class-room.

It was a small project and does not permit any generalization. However, it proved to be very enlightening and confidence builder. On the basis of experience and knowledge gained through the project following recommendations would be desirable:

1. The School Department, Govt. of the Punjab may change its existing policy in order to encourage similar projects in mainstream schools.
2. The Special Education Department should provide all possible support to initiate such projects for improving the school in order to make them more inclusive.

3. The parents of children with special needs should be encouraged to send their children to regular schools instead of sending them in special schools.
4. There should be financial incentive and professional support for the teachers of regular schools who are engaged in such projects.
5. The special education teachers should also be compensated for extra efforts in making these projects a success.

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IDENTIFICATION OF FACILITIES & PROBLEMS REGARDING TREATMENT OF EPILEPSY IN PAKISTAN

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ABSTRACT

The study "Identification of facilities & problems regarding treatment of Epilepsy in Pakistan" was conducted to obtain insight about services available for these Epilepsy & provision of treatment facilities provided by hospitals and institutes / for the persons having epilepsy. In the subsequent study, the researcher gathered information from 23 hospitals and institutes working for epilepsy selected through convenience sampling method from selected cites of four provinces of Pakistan. For the purpose of data collection the researcher prepared structured questionnaire. Data was collected by direct contact method in Karachi city and by correspondence method from Hyderabad, Lahore, Rawalpindi / Islamabad, Peshawar, Faisalabad and Quetta cities of Pakistan. The main objective of the study was to find out the services provided by hospitals and institutes for epilepsy and to explore the facilities available for treatment of epilepsy Majority of hospitals and institutes were working for epilepsy are providing only treatment facilities and provided medicines. Most of the hospital & institutes working for epilepsy faced many problems like lack of funds, lack of experts, lack of medicines, non cooperative behavior of patients & non cooperative behavior of patient's family. All the professionals working for epilepsy were agreed that there is a need to establish more centers for the persons with epilepsy.

Keywords: Epilepsy, Identification, Problems, Facilities, Treatment, Pakistan.

1. INTRODUCTION:

At least 10 percent population of Pakistan suffers from different brain-related ailments ranging from brain cancer to depression, and out of them least two percent people have epilepsy. Epilepsy is a group of conditions resulting from disordered electrical activity of brain. The "fit" is caused by an abnormal electrical discharge that disturbs cerebration and usually results in loss of consciousness" (Popular Oxford Standard Medical Dictionary (2005), Pg. 250).

Epilepsy is the most common serious neurological disorder and is one of the world most prevalent no communicable diseases. Around 90% of people with epilepsy in developing countries are not receiving appropriate treatment. Consequently, people with epilepsy continue to be stigmatized and have a lower quality of life than people with other chronic illnesses. The most successful treatment of epilepsy is with modern antiepileptic drugs, which can achieve control of seizures in 70—80% cases. Patients opt for alternative therapies because they may be dissatisfied with antiepileptic drugs due to their unpleasant side effects, the long duration of treatment, failure to achieve control of seizures, cultural beliefs and in the case of women, because they wish to get pregnant. Surgical treatment may lead to physical and psychological sequel and is an option only for a minority of patients. However, bridging the treatment gap and reducing the burden of epilepsy is not straightforward and faces many constraints. Cultural attitudes, lack of prioritization, poor health system infrastructure, and inadequate supplies of antiepileptic drugs all conspire to hinder appropriate treatment.

Three quarters of the 50 million people with epilepsy live in developing countries and 94% of them are untreated. This large percentage raises many questions related to the treatment facilities as well as the societal attitude towards the disorder. Several studies from developing countries have reported more negative attitudes and stigma about epilepsy as compared to the developed countries. This situation is not different in Pakistan as well. In Pakistan overall prevalence of epilepsy is estimated to be 9.99 per 1000 population with the highest rate in young adulthood. Here the burden of epilepsy is twice as high in rural areas (14.8/1000) as compared to urban areas (7.4/1000). This high rate of PWE in rural areas increases the need to investigate more about the disorder with a focus on

cultural variation and psychosocial variables to help in the treatment and management.

The studies shows that situation of epilepsy in Pakistan is 9.90 per 1000 people. In 2007 a study was conducted which shows that one in every three young person suffers from epilepsy ranging from mild to severe form, which effects on schooling of the individual one of the social problem faced is the fact that epilepsy which is a neurological disorder is misinterpreted with mental illness.

The treatment of epilepsy is often misled by spiritual healer by the families of the effected individuals which continues for long lengths of period. It is estimated that about seventy percent of the cases are curable where as rest thirty percent cannot be controlled. Advancement in medical science will lead to explore better treatment options. In rural areas and small cities an epileptic person hardly manages to see a doctor, which is poorly understood by the community as well. It is evident that majority of the epileptic persons in Pakistan are unable to seek appropriate medical care. The condition is magnified when they are out casted and faces cruelty and neglect.

Other barriers to effective treatment include inadequate health practitioner education, particularly in rural areas. Physicians may share the pessimism on the prognosis and effects of epilepsy, only recently (and, regrettably, incompletely) abandoned in the West. Even if they believe treatment can be effective, they may not be able to convince patients that drugs need to be continued even when seizures have stopped for several weeks or months[1]. Some societies, placing a greater emphasis on social control, cohesion, or economic considerations than individual rights, may lack the public and private mechanisms for patient advocacy available in the 'West'.

Awareness was the key to eradicate epilepsy from Pakistan, where the neurological condition was considered to be a taboo and people neither took their children to doctors nor informed anyone about it because they were too embarrassed about it.

2. METHODOLOGY

2.1 Sample

The present study was an exploratory research both qualitative and quantitative in nature. Convenient sampling method was used for data collection. The population consisted of 23 hospitals & institutes that are working for Epilepsy, from four provinces of Pakistan including province of Sindh, Punjab, Khyber Paktun Khuah (KPK) and Baluchistan. Province-wise details are listed below:

- The researcher collected data from two major cities of Sindh province including Karachi and Hyderabad. Four hospitals, one institute from Karachi and one hospital and one institute from Hyderabad working for EPILEPSY were selected.

- The data was collected three major cities of Punjab province including Lahore, Faisalabad and Islamabad. Three hospitals and one institute from Lahore, two hospitals from Faisalabad and three hospitals and one institute from Islamabad working for EPILEPSY were selected.

- The data was collected from one major city of Khyber Pakhtun Khuah i.e. Peshawar. Two hospitals and one institute from Peshawar working for EPILEPSY were selected.

- The data was collected from one major city of Baluchistan province i.e. Quetta. Two hospitals and one institute from Quetta working for EPILEPSY were selected.

2.2 Instrument

The study was carried out with the help of a structured questionnaires designed for data collection regarding services & treatment of Epilepsy. The questionnaire was consisted of two sections.

Section one was designed to find out information about services focusing on; (1) the type of services provided by hospitals and institutes of Epilepsy to their patients (2) the fields in which these hospitals and institutes cater persons having Epilepsy. Section two was designed to obtain information

about the treatment regarding; (1) the treatment plans of hospitals and institutes working for Epilepsy, (2) provision of services and strategies used by these hospitals and institutes for Epilepsy treatment, (3) problems regarding treatment of Epilepsy, (4) provision of treatment programme for Epilepsy.

2.3 Data Collection

The investigator personally visited institutes and hospitals of Karachi and interviewed the administrators of Karachi city. The responses were recorded in the questionnaire on the spot. In other selected cities of Punjab province (Islamabad, Lahore, Okara, D,G,Khan. Muzaffargarh, Gujranwala, Faisalabad) Sindh province (Karachi, Hyderabad, Sukkur, Dadu, Thatta) Khyber Pakhtun Khuah province (Kohat, Peshawar, Batkhela), and Baluchistan province (Quetta, Mastung, Loralai, Sibbi) a structured questionnaire was sent as a hard copy and as a soft copy via email. The responses were collected through email and postal service i.e. by correspondence method. The process of data collection took a period of almost one year.

2.4 Data Analysis

The data collected was recorded in writing and for the purpose of analysis it was recorded in the computer through SPSS. The responses were tabulated and converted into tabular form. Descriptive statistic techniques including percentage and chi square were applied for hypotheses testing.

3. FINDINGS

Table 1
Fields in Which You Currently Cater the Patients
Suffering from Epilepsy
(N=48)

Sr.#	Description	Frequency	Percentage
1	Counseling	10	44%
2	Screening	11	48%
3	Monitoring	10	44%
4	Treatment	17	74%

Table No. 2
Provision of the Facility of Periodic Assessment and Ongoing Monitoring
(N=23)

Sr. #	Description	Frequency	Percentage
1	Yes.	17	74%
2	No.	-	-
	To some extent	6	26%

Table 3
Provision of Medicines for Patient of Epilepsy
(N=23)

Sr. #	Description	Frequency	Percentage
1	Yes.	12	52%
2	No.	3	13%
	To some extent	8	35%

Table 4
Problems Regarding Treatment Program of Epilepsy
(N=32)

Sr.#	Description	Frequency	Percentage
1	Lack of medicine	5	16%
2	Lack of experts	4	13%
3	Lack of funds	10	31%
	Patient's non-cooperative behavior	-	-
4	Non-cooperative behavior of patient's family	3	10%
5	All of them	10	32%

4. DISCUSSION:

The study was conducted to obtain insight about provision of facilities provided by hospitals and institutes for the persons having epilepsy regarding treatment. The important aspects of the study are discussed below.

Our study reveals that majority of hospitals and institutes were working for epilepsy is providing treatment facilities but unfortunately they don't have sufficient resources to provide the facilities of counseling services to the patients of epilepsy. The majority of epileptic seizures are controlled through drug therapy, particularly anticonvulsant drugs further the treatment depends on the incidence and severity of the seizures, person's age, general health, and medical history.

Our study reveals that majority of hospitals and institute working for epilepsy had the provision of facility of testing & diagnosing. For diagnosing of epilepsy an electroencephalogram and brain imaging with CT scan or MRI scan is recommended (J. Biomedical Science and Engineering, 2011). MRI is more responsive in initial apparently unprovoked convulsion.

Electroencephalography (EEG) is a vital clinical instrument, monitoring, diagnosing and managing neurological disorders related to epilepsy. In comparison with other approaches such as Magneto encephalography (MEG) and functional Magnetic Resonance Imaging (fMRI), EEG is a clean, cost effective and safe method for monitoring brain activity (J. Biomedical Science and Engineering, 2011).

Results show that majority of the hospitals & institutes working for epilepsy provided medicines to their patients. In comparison to our results, a study by Aziz, H. et al, (1994) "Epilepsy in Pakistan: a population-based epidemiologic study" indicated that the situation of treatment was terrible, only 2 percent of patients getting anti-epileptic drug in rural areas compared to an equally poor 27 percent patients in urban populations. Many epidemiologic studies on epilepsy in Pakistan indicated that in developing countries persons having epilepsy may possibly be humiliated concerning medical treatment of epilepsy (Watts A E, 1989, Osuntokun B O, 1977, Hamdi H, et al 1977, ILEA Commission, 1996).

In developing countries, Phenobarbital has become WHO's front-line and the most commonly approved antiepileptic drug (De Silva M et al 1996) but because of too much side effects in children its use has been discouraged. In India a most latest clinical test has recognized Phenobarbital as an undoubtedly satisfactory antiepileptic drug for children (Chaudhury G, et al 1998).The availability of antiepileptic medicine is defective in some areas of the world and there is no alternative of Phenobarbital (Epilepsia, 1985). Ninety percent of people with epilepsy are living in developing countries and they get no treatment at all (Kale R,1997, Lancet,1997, Shorvon S D,1998). The reason behind this treatment gap may be poverty. Another study by Aziz, H. (2006) highlighted that only 27.5 percent epileptic persons in urban areas and 1.9 percent in rural areas were treated with antiepileptic drugs. Another study estimated that 80 percent of person with epilepsy living in developing countries remain untreated (Leonardi M, et al, 2002, Bharucha N E, 2003).

WHO fact sheet (2009) has revealed that, in developed and developing countries, with anti-epileptic medicines 70% of newly diagnosed persons having epilepsy can be efficiently treated and medicines can be withdrawn in about 70% of children and 60% of adults without relapses following to two to five years of successful treatment.

On the other hand, in developing countries, three fourths of persons having epilepsy could not obtain the required medical treatment and nearly 9 out of 10 individual with epilepsy in Africa did not find the facilities of treatment. For patients who react inadequately to medicine, surgical treatment might be supportive for them. According to a study by Minn, S.P. (2009), in comparison to children who did not get any epilepsy medicines, children who get epilepsy medicines faces problems in processing speed, verbal communication, verbal reminiscence and learning.

Our results indicate that majority of the hospitals and institutes working for epilepsy were providing the facility of periodic assessment & follow ups. Majority patients of epilepsy visited hospitals frequently so it is easy for the hospital to provide them this facility.

Majority of the hospital & institutes working for epilepsy faced many problems like; lack of funds, lack of experts, lack of medicines, and non-cooperative behavior of patients & non cooperative behavior of patient's family. Behavior of patient's family is of immense important mainly in the case of any disability. This is supported by two Indian research studies which indicated that familial mind-set regarding disability was a foremost cultural pressure on parent's contact to services, exaggerate by the key role family support, both nuclear and extended (Coleridge, 2000, Persha & Rao, 2003).

Pakistan has relatively high rate of recurrence of Epilepsy and does not contain sufficient treatment services but the main setback is the invalid knowledge among the people, particularly the patients and their families. Majority people in Pakistan still unaware of the disease and suppose that the abnormality is the result of the unholy spell of paranormal spirits. They are searching for so-called Aamils to help.

According to WHO (n.d), 50 million people across the world have epilepsy and approximately 20% of the patients cannot be cured by medication. A survey by Zubair M. (2007) highlighted that the existing percentage of epilepsy patients in the developing countries is 80 percent, and the predictable frequency is as high as 190 per 100,000, approximately 90 percent of these patients are disadvantaged of appropriate treatment and the reason is short of funds and inappropriate remedial services which leads to societal dishonor, segregation and inequity. In a verbal communication at the annual meeting of Pakistan International Neuroscience Society (PENS, 2001), it is mentioned that the latest estimates of population of Pakistan go beyond 40 million; while the total number of skilled neurologists is probable to be less than 30 (this makes a proportion of 1 neurologist for about 4.6 million people. In comparison of this situation of Pakistan with India, the existing force of neurologists in India is 650 (Epilepsia 2002). This high dissimilarity between the supply and demand of neurologists also puts immense stress on the neurologist in Pakistan and it directly and indirectly affects patients of epilepsy. According to Sander J W & Shorvon S D (1997), the emergent crisis of developing countries is the substantial load of epilepsy.

The existence of epileptic persons in the disadvantaged countries is three quarters of the 50 million people and up to 94% are not medically treated.

(Bertelotte J M, *1994,* Shorvon S D, Farmer P J,1988*, Leonardi M, et al, 2002). The big challenge of the new millennium is to extend proper services to these people. This high proportion of epileptic patients raises a lot of queries linked to the treatment services as well as the public mind-set regarding the disorder. A number of research studies from developing countries have stated additional discouraging behavior and dishonor regarding epilepsy as compared to the developed countries (Gambhir S K, et al, 1995, Chung M Y, et al, 1995, Pal D K, et al, 2002). According to Khatri, I. A, et al, (2003), the overall occurrence of epilepsy is likely to be 9.99 per 1000 population with the utmost rate in young adulthood. According to Sayeed, K. M, Akhter M S, (2002), the load of epilepsy is two times intense in rural areas (14.8/1000) in comparison to urban areas (7.4/1000). This intense percentage of PWE in rural areas amplify the need to study more regarding the disorder with a focal point on differences related to culture and psychosocial variables to make treatment and management easy.

Majority of professionals working for epilepsy did not have awareness as if the government and NGOs are not promoting treatment program of epilepsy. A research study of Hasan Aziz (2007) reported that contagious diseases are out of control and the national health budget equivalent to a drop in the ocean, epilepsy has never been a main concern for local health authorities.

All professionals working for epilepsy were agreed that there is a need for more institutes for patients of epilepsy. The bulletin of WHO (2001) indicates that approximately 1.38 million epileptic patients are in Pakistan. M. Sheerani,(2005) indicated that there are indefinite number of patients entitled for epilepsy surgical treatment, though statistics extrapolated from existing data suggests that more or less 34,000-45,000 probable surgical candidates are present in Pakistan, pinpointing of a terrible requirement of a wide-ranging epilepsy center.

In the developing countries inadequate literature available for surgical process and its function on epilepsy and proposals to possibly set up a wide-ranging epilepsy center in low income countries have been put ahead (M. Sheerani,2005, A. Asadi-Pooya, et al,2008, N. Sylaja, et al, 2003), and few practical applications have ensued from these proposals. A pilot project to build up an all-inclusive epilepsy center in Uganda verified a

structure for such a plan to utilize in an extremely short of resource situation (A. Wabulya et al., 2009).

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COMPARISON OF VISUALLY IMPAIRED AND SIGHTED CHILDREN ON THEIR COGNITIVE BEHAVIOUR AT VARIOUS LEVELS OF HOME ENVIRONMENT

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ABSTRACT

Influence of environment on children is prominent, environment always affects the developmental processes but it becomes more important when considered for the visually impaired children as these children; who lacks vision, who has been surrounded by various misconceptions, faulty and unfavorable attitudes of the society, perceive their environment in a different way than the sighted children. So the developmental process of the visually impaired children must be considered and interpreted in relation to the underlying developmental, accidental or social factor tried. Present study is an attempt to explore the effect of home environmental variable along with its number of ingredients affecting the cognitive development. The study also attempted to investigate the differences exists between blind and children on various aspects of cognition, under the influence of various factors and their levels. Relative effect of factors on the cognition and levels has also been studied. There is a need to modify the environment, to make it more meaningful for them. There is also a need to perceive the environment of visually impaired child by their parent and teachers in the same way as does the visually impaired child.

Key Words: Cognition, Visual Impaired, Sighted Child, Behaviour, Home Environment

1. INTRODUCTION

A research in the field of special education is a recent trend and interest for varied type of disability areas. It is one of the important fields of problem relating to education, needed to be explored. It is a growing necessity for the present state of education as despite a large number of disabled population in our country, this field remains neglected in the past decades. Majority of this population are school going age (5-11 years) children, whose number is increasing year by year.

So, there is a growing need for specifying the attention of various personnel of different fields like psychologist, educationist, medical professionals, school teachers and also parents to do efforts to make them equal members of the society who remain neglected due to the faulty believes and attitudes of society, various misconceptions and presuppositions of the parents and teachers. The education of visually impaired children is no more limited to chair making and for music learning.

Considerable concern has been shown in recent years on the need to equalize educational opportunities among special groups of children as directed by National Policy of Education (2002) in the section of equal opportunity has underscored the need for expanding the educational facilities for disabled children. Providing education for all and equalizing educational opportunities for all the disabled children is no doubt will be a great achievement for a country like Pakistan which have tremendous barriers and economic insufficiencies. It becomes more difficult when it is to be done for such a wide range a disability areas and especially for a broad spectrum of visually handicapped population, where, diagnosing a child and its need is itself a difficult task, where the children are being reared at varying socio-economic background, where home environmental conditions are insufficient to facilitate the proper development of the child, and where children are exposed to a variety and type of school environment conditions. Any ideal type of special education supplemented to the loss of vision or other disability is not the solution until and unless it considers the various environmental factors affecting the overall development and ultimately directly or indirectly influencing the cognitive process of the child.

So any program for the education of visually impaired children to provide them equal opportunities for each, to make them independent for their life will not be a total success unless it is to be planned in the light of various determinant of the type of placement best suited for its specific needs. The child's particular behaviour, academic achievement and various aspects of development directly or indirectly influenced the child's cognitive development, must be studied with the help of various environmental factors like the structure of family, its socio-economic status, the numerous other components of family and the availability of proper school environment. All these important environmental ingredients affecting the child's behaviour as Piaget says that children develop their thinking through interaction with their environment, so the cognitive behaviour of children must be viewed as the outcome of the continuous organism - environment interaction.

For visually impaired children, Warren (1981) has observed the visual importance impedes these infants, access to the extended environment, vision allows young children continuous exposure to the environment. Without it they are slow to learn what kind of things exists outside their own bodies. This restricted range of interaction with the environment can have serious consequences for cognitive development.

The visually impaired child whose vision is of no practical value for the purpose of education and everyday life, who experiences his environment in a different way than with the normal child what cognitive output expected from that child in comparison to the normal child. The cognitive process through which knowledge is acquired and maintained, in what way influenced by the environmental factors as proposed by the Frosts theory (1988 cited in Florence, 2011) that cognition is the ability to adapt to an increasingly complex and sophisticated internal and external situations. The study attempted to answer all these. The investigator is also interested to search whether the visually impaired and sighted children have some differences in their cognitive behaviour? Whether the effects of some major environmental factors affect equally on the visually impaired and sighted children? These findings will be useful, for understanding the child's behaviour under the influence of a particular type of environment. It will also help the teacher and parents to refine their strategies and disciplinary practices for improving the cognitive functioning of children in general and blind children in particular.

2. METHODOLOGY

2.1) Objectives of the Study

The study on visually impaired and sighted children was taken up with the following objectives.

1. To study the relationship between various factors and cognitive abilities for the overall sample.
2. To study the relationship between various factors and cognitive abilities of visually impaired and sighted children.
3. To find out the relationship between various levels of home environment and cognitive abilities for the overall sample.
4. To study the relationship of home environment with the cognitive abilities of visually impaired and sighted children at various levels of home environment.

2.2) Sampling

The sample of the present study consisted of 112 subjects (56 visually impaired and 56 sighted subjects) studying at the VIth to Xth grade in the age range (10-15) years. Visually impaired subjects were drawn from the Ida Rieu School Karachi and sighted subjects were drawn from Public sector school at Lines Area Karachi. Stratified cluster random sampling technique was employed.

A careful method for sampling was adopted for the visually impaired subjects, especially, as the schools having visually impaired children were very different from the schools in which sighted subjects were studying like the school facilities and visually impaired children's behavioural and psychological problems, age, the degree of disability etc. So careful planning was made.

2.3) Instruments

The assessment of cognitive processes and products is a challenging task under the best of conditions. Many of the instruments and judgments are simultaneously relatively sensitive to extraneous variables. Now when we add not just one, but two or three confounding variables - sensory deprivation, inadequate or unusual opportunities for learning, and

emotional smothering or deprivation - the job of assessment person(s) seems almost overwhelming.

In short the problems in psychological evaluation of visually impaired children are many and complex, as the existence of visual handicap in a child has many wide ranging psychological and social manifestations. Consequently, many factors must be taken into consideration during the assessment of visually handicapped.

As no separate tools are available for the visually impaired population so the tests which were used in the present study were adapted and some modifications has been done on some of the tests to make these more suitable and meaningful for the visually impaired and sighted children. Modifications were being done in the way of administration and scoring procedure. The   tests used to identify various factors are:

1. Socio-economic Status Scale measuring various levels of socio-economic conditions.
2. Home Environment Scale measures the home environment of children at low, medium and high level.

Two tests were used to assure cognitive behaviour of the children at different aspects.

1. WISC (Verbal test) adapted by A.J. Malin, measures   verbal cognitive abilities.
2. Piagetian Tests (Verbal cum performance) for the primary school children measuring various cognitive concepts of the children.

3. FINDINGS

At low level of home environment the Group – A of visually impaired children show a low value of average standard score mean than the Group – B. However, at this level the dispersion of score around its mean is not different. At medium level difference between the means is seen yet it is not very large. Standard deviation of the two groups are very different, at this level there is seem to be heterogeneous groups. At high level of home environment the results also reveals the same. Group of sighted children's

overall mean show a superior performance than the group of children with visual impairment.

Table – 1
Mean and Standard Deviation of Standard Scores of Cognitive Abilities Test of Visually Impaired and Sighted Children at Various Levels of Home Environment

Groups	M/SD	Levels of Home Environment		
		Low	Medium	High
Visually Impaired (Group – A)	M	39.4375	48.5882	49.3113
	SD	5.6800	12.9425	6.7064
Sighted Children (Group – B)	M	50.8571	53.8500	57.5330
	SD	5.8076	5.6408	2.6957

A close scrutiny of the Table-2 showing the 't' values between the same levels of home environment of Group-A and Group-B with their various subtest reveals that there are significant difference between means in some aspects of cognitive behaviour of visually impaired and sighted children. It can be observed from the Table that:

- There is significant difference between mean performance of Group-A and Group-B on the average standard score mean at all the levels of home environment. This significance difference is contributed by the verbal cum performance – Piagetian test score means.

- In verbal test the subtest II - Comprehension shows the difference between children with visual impairment score means and sighted children score means. This difference is significant at .01 level at the low - low level and 0.05 level of significance at high - high level. This difference
- favours group of visually impaired children, it means that on comprehension subtest they performed significantly better than sighted children.

- In similarity subtest the low - low difference is significant at .05 level. Also results are in favour of visually impaired children in their score on vocabulary subtest which is at high - high range and

shows a significant difference at .01 and the overall performance in verbal behavior is seem to have .05 level of significance at high level.

▪ At the logical operation test both the groups performed equally at all the levels, as there is no significant difference is seen.

Table - 2
Value of *'t'* Showing Significance of Difference between Means of Cognitive Abilities Test Scores of Blind and Sighted Children at Same Levels of Home Environment

Test of Cognitive Abilities	Levels of Home Environment		
	Low	Medium	High
I INFORMATION	0.53	0.31	0.10
II COMPREHENSION	-3.09**	2.40	-1.99*
III ARITHMATIC	0.37	0.86	0.49
IV SIMILARITY	-2.47*	0.74	1.44
V VOCABULARY	1.17	0.29	3.86**
T_1	0.69	0.27	1.99*
1. LOGICAL OPERATION	1.438	0.58	0.21
2. CONSERVATION	5.89**	2.36*	2.69**
3. TRANSITIVITY	0.31	0.20	1.20
4. SERIATION	4.74**	0.69	0.67
T_2	6.89**	5.07**	2.32*
Average Standard Score Mean	5.99**	1.65*	5.26**

Level of Significance of:
.05 - 1.96*
.0l - 2.58**

▪ On conservation tasks both the group at all the levels of home environment shows significant differences, indications better performance of Group-B sighted children than Group-A of children with visual impairment.

▪ Subtest transitivity further fail to show any significant difference between the two groups and it is clear that both the groups irrespective of their levels of home environment are same in this aspect of cognition.

- ▪ Seriation test shows very significant differences at the low - low levels. In other two levels both the groups are same.

- ▪ At the total average standard score mean both the groups are found to be significantly different. At medium level this difference is significant at 0.05 1evel. At the low and high 0.01 level of significance favours Group-A.

On the basis of all these findings, the hypothesis which states that "There is no significant difference between visually impaired and sighted children on their cognitive abilities at various levels of home environment" is finally rejected.

4. DISCUSSION

Cognition includes a complexity interrelated system of behavior directed towards identifying interpreting, organizing, retrieving and applying information about experience with objects, words, ideas and people. Cognitive behavior determines the application of appropriate strategies to solve problems and attaining goals. It is a system of behavior that allows the individual to maintain, control and coordinate cognitive behavior to solve problems. It is an outgrowth of such behavior as visual exploration, grasping and manipulation of the environment. Piaget believed that intelligence evolved from simple sensory and motor behavior, interacting with the environment and events.

From this perspective, cognitive development is tied to neurological maturation means performance of sensory, motor behaviours and to physical social stimulation - means environmental events in which individual's active exploratory behaviour plays a part. Cognitive behaviour is characterized by more sophisticated and efficient behavioural, interactions, reflexive physical behaviours become voluntary and give rise to symbolic mental behaviour. These in turn became progressively more organised and differentiated as logical mental or cognitive structures that are capable of processing environmental information at both concrete and abstract level. Thus to achieve cognitive development at its full glance, the role of neurological maturation and

outer environmental events are vital. This investigation was too based on these two prominent ingredients.

There are theoretical grounds and relevant evidence that cognitive development is affected by various environmental variables. Cognitive behaviour develops largely in response to a variable range of stimulation. Piaget (1955) similarly emphasizes the importance of such experiences for early stages of cognitive development.

Various studies have been done on the effects of varying amount and type and external environmental levels on various group of subjects. But in the present study, the effect of environmental variable namely family environment at their varying levels has been seen on two entirely different populations. One has defective neurological function - the visually impaired and other don't have - the sighted. Unfortunately the comparative studies in Pakistan are null, especially when taking into account the considering variable.

The main objective of the study was to see the differential effect of the various factors on the two groups at varying levels. Visually impaired and sighted children are markedly different from each other at all the levels. Under the influence of some home environmental condition, visually impaired children show poor cognitive performance comparatively. These findings further demand some discussions that visually impaired children who seems to be equal quantitatively on the home environment basis may not be equated qualitatively on this aspect which could impact the child development indirectly.

On the overall verbal cognitive aspect, both the groups – visually impaired and sighted children are not significantly different from each other on the same levels of home environment. Only at the high level of home environment the difference is just touching at the 0.05 level.

The comprehension and similarity ability of the visually impaired children is better than the sighted children. Vocabulary of the sighted children is significantly better than visually impaired children. .

On Piagetian tests, both the groups differed significantly. On conservation ability sighted children performed significantly better than visually impaired children. Non-verbal performance cognitive ability of sighted children is significantly better than visually impaired children at all levels of home environment.

Overall cognitive behaviour of sighted children differs significantly than the visually impaired children on all the varying levels of home environment. Sighted children are better than the visually impaired children at low, medium and high levels of home environment.

As some believes that a visually impaired child contaminates the family and generates psychological burdens especially on parents and normal siblings. A child having physical handicap absorbing a great deal of family's time, money, energy, emotional resources and responsibilities. Normal handicap sibling who in turn hampered the psychological development of the handicapped child as revealed by many studies (Burke, 2004 and warren, 2005). The assumption of such psychological stress before the child who is emotionally ready may too rapidly move the child through the developmental stages so necessary for normal growth. Family size affects the extent to which a sibling is asked to assume ordinate caretaking responsibilities Ratchliffe, 2003.

As the results shows that their exist difference between visually impaired and sighted children in each facet of cognition. These differences became wider by proceeding from verbal to non-verbal. Visually impaired children are found to be better than sighted children on comprehension and similarities abilities on the total verbal behaviour, both appears to be same as on the other three aspects of verbal behaviour sighted children are better. On Piagetian tasks the difference between the two groups is contributed by the high performance of sighted children on conservation and seriation tasks while visually impaired children show very poor performance.

The comparison of cognitive behaviour between visually impaired and sighted children is one of the areas of research in special education fraught with difficulties. The major problem is to administer a common test on the

two entirely different populations, to provide information equally meaningful for both. Sighted children experience rely heavily on vision while visually impaired children's experience rely heavily on auditory and factual perception so that the comparison of verbal test does not constitute a satisfactory picture. As Frederickson & Cline (2002) inferred that the absence of integrative function of vision made the development of the effective use of other senses.

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APPLICATION OF JONG'S MODEL OF INDEPENDENT LIVING ON THE QUALITY OF PERSONS WITH PHYSICAL DISABILITIES

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ABSTRACT

The aim of the present study is to keep in mind, the Gerben DeJong's Model of Independent Living Paradigm. The overall focus of the study is to describe the problems faced by the persons with Muscular Dystrophy and to find out the linkages between the disability and personal and social functions, emotional stability, number of coping styles used by them, activities of daily living and social functioning. These dimensions were measured using appropriate scales and inventories. In the process two new schedules were put to test and prepared. In conclusion, the study has revealed that the muscular dystrophy participants face several serious psycho-social problems which call for immediate attention and intervention and it is also proved that Gerben DeJong's Model of Independent Living is very useful paradigm to study these constraints. Thus, based on the significant findings of the study, the researcher has given certain practical suggestions which could be implemented to improve the quality of life. Taking note of these implications, the researcher has proposed a suitable Intervention Model to work with muscular dystrophy patients.

Key Words: Gerben DeJong's Model, Independent Living Paradigm, Physical Disabilities, Muscular Dystrophy, Personal and Social Functions, Emotional Stability, Coping Styles, and Activities of Daily Living.

1. INTRODUCTION

Concepts such as normalization, independent living, deinstitutionalization and least restrictive environment have had a dramatic force in recent years upon the delivery of services to people with a disability. What is not so readable is the secondary impact these concepts have had upon the multitude themselves. Evaluations of programs for people with disabilities have produced equivocal results, because of a lack of attention to the essential ingredients of what is being evaluated, or a failure to discern the societal nature of evaluation research, or conceptual and methodological difficulties (Emerson, 1985).

Independent living can be defined as the ability of a person with a disability to perform self-care activities and take part in the process of self-determination in the least restrictive environment (Wright, 1980). The condition most commonly refers to being in the community and not in an origination. Gerben DeJong (1979) identified the independent living paradigm as to see problems or "deficiencies" in society's response to people with handicaps, rather than in the individual with a disability. In other words, social and attitudinal barriers, not disabling conditions, are the primary problems facing people with handicaps. Brown & Hughson (1980) identified advocacy, peer counseling, self- help, consumer control, and barrier removal are the trademarks of the IL paradigm. In this context, independent living is a philosophy of the needs of handicapped people. This arrives at its wholly different to the traditional rehabilitation philosophy which is therapy-oriented and geared to adapting the disabled person to existing structures of working and living. Put more bluntly: A person who conforms to existing norms by means of therapy, breeding and other means attains the promised end of consolidation.

This is in absolute congruence with the fact that people with disabilities are experts on their own lives, and that they possess the right to assume full command over their lifespans. The true motto is to assure that people with disabilities receive the same rights and choices as their counterparts without disabilities (Nosek, 1997; Ratzka, 1997).

De Jong (1981), in his development of independent living as an analytic paradigm, has argued that the independent living movement is the result of

a convergence of several contemporary social movements including those referred to above. In adopting Kuhn's (1970) concept of a paradigm with its inbuilt notions of anomaly and paradigm shift, De Jong posited that the anomalous situation of people with severe disabilities achieving independence without the benefit of professional rehabilitation services served as the impetus for the shift from a rehabilitation paradigm, characterized by professional control to the independent living paradigm, characterized by consumer control. The rehabilitation paradigm, he asserted, saw the problems residing in the individual, whereas for the emerging independent living paradigm 'the locus of the problem is not the individual but the environment that includes not only the rehabilitation process, but also the physical environment and social control mechanisms in society-at-large' (De Jong, 1981).

DeJong's choice of living arrangement and productivity as dependent variables was guided by what he described as being 'the two most relevant outcome criteria from a policy perspective'. Whilst these variables appear on the surface overly narrow, De Jong justified their selection on the grounds that they represented historically and philosophically the major foci of the independent living paradigm. In justice to De Jong, the criteria used are broader than they appear on the surface. For instance, productivity encompassed not only gainful employment, but also a wide range of contributions to family and community life. There is a strong case, however, for a much wider range of outcome variables to be considered, especially those relating to leisure time activities.

De Jong concluded that the results of the study represented only a beginning for future research on independent living issues. He maintained, however, that the results were generalizable to other spinal cord injured people, particularly for persons who did not have other unrelated medical problems. It was also claimed that the study demonstrated how theoretical rigor, based it is assumed, on the development of the independent living paradigm, provided a sound base for the empirical analyses (De Jong, 1981). However, before one can accept, many of 'De Jong's assertions, it is necessary to examine, critically his ideological and theoretical assumptions in addition to aspects of the empirical study.

While De Jong (1979) has emphasized the attributes of personal autonomy and self-direction and the need to see disability more in terms of environmental limitations than in terms of limitations within the individual, his philosophical base is somewhat narrower than the symbolic interactionist approach proposed above.

2. FORMULATION OF THE PROBLEM

The influence of any disability in the lives of persons with disabilities has become an unavoidable phenomenon. The population groups around the globe have been investigated for their respective physical functions in terms of their productivity, which has an influence on the psycho-social aspects. Identification of various socioeconomic bound syndromes is the best example of these trends. As a sequel to this, the influence of physical disabilities versus social problems, and family environment have been analyzed by different researchers. These studies irrespective of their coverage of the type of disability and other variables have maintained a consensus on one common observation. These studies clearly show that the person's disability has its impact on his psycho-social functioning and can even touch on his interaction with his family (Miller, 1991).

So far no major psychosocial research has been conducted in the area of muscular dystrophy in Pakistan. One of the causes behind this lacuna is that this problem is primarily read by medical professionals who have limited their probe predominantly to the technological aspects of the disease. But the problems of muscular dystrophy persons have to be seen from the psychosocial angle, in accession to the clinical, pathological and pharmaceutical fields. This has warranted the attention of professionals like physiotherapists and special educators, who basically deal with the psychosocial and economic prospects of various impairment groups.

Muscular dystrophy is a rare disorder and has its influence on the individual, and the household. Hence a study focusing exclusively on muscular dystrophy persons has become an exigency keeping in view the wider areas to be extended, the logistics involved and the time

taken. The present study attempts to cover only a part of the issue. The questions which are going to be answered by this effort would include:

1. Is there a presence of differential pathogenetic phenomena in the three types of muscular dystrophy persons, including Duchenne, Becker and Limbgirdle persons?
2. If so, is there a pathological impact of the same on the muscular dystrophy person?
3. Is there any difference in the area of social support with respect to the activities of daily living of muscular dystrophy persons?
4. Is there any difference in the domains of family area with respect to the diagnosis of muscular dystrophy?
5. Do activities of daily living influence the social functions of the muscular dystrophy persons?
6. What could be the management plan for persons with muscular dystrophy?

3. METHODOLOGY

3.1 Sampling

The researcher secured the list of muscular dystrophy persons from the Muscular Dystrophy Association Pakistan (MDAP). As this Association is the only Pakistani Association recognized by the World Muscular Dystrophy Association, the researcher considered the MDAP as the authentic source to get the list of muscular dystrophy persons.

As the study was confined only to adult respondents, the researcher requested the president of the Association to furnish the list of those muscular dystrophy patients who were above 18 years and who were members of the MDAP. Such a list provided by the MDAP indicated that more than 70% of the patients hailed from Karachi. The remaining 30% of the members were distributed in small numbers in the other parts of the country, mostly in Lahore, Islamabad, Peshawar, etc. Due to limitations of time, manpower resources and financial restrain, the researcher could not cover the entire country for the purpose of the study. The list submitted by the MDAP indicated that there were totally 110 adult members from this city.

The researcher felt it was logical to re-group the patients based on their illness type. The number of patients distributed according to the type of muscular dystrophy is given below

Duchenne Muscular Dystrophy	= 35
Becker Muscular Dystrophy	= 35
Limbgirdle Muscular Dystrophy	= 40
Total	= 110

For the sake of uniformity, the researcher decided to retain 35 units in all the three groups. Thus, on a random basis five units were eliminated from Limbgirdle type.

3.2 Design

The paradigm of independent living which was proposed by Gerben Dejong in 1978 provides a road map for the present study. Having established the independent living paradigm, DeJong proceeded to construct a research model which could be used to account for disability outcomes. To do this he reviewed the research literature on spinal cord injury outcomes in order to establish independent and dependent variables. From this analysis he hypothesized that independent living outcomes are a function of four sets of variables:

1) Socio-demographic variables such as age, sex and education,
2) Disability related variables such as severity and duration of disability,
3) Environmental variables such as attendant care needs, transportation barriers and economic disincentives, and
4) Interface variables such as special equipment needs.

According to the above plan, the overall focus of the research was:

1. To assess the characteristics of the population under study
2. To discover and test the interrelationship between variables. Hence descriptive diagnostic design was adopted.

The procedure to be used in a descriptive diagnostic study must be carefully planned since the aim is to obtain complete and accurate information. The steps involved in such a design are a clear formulation of the problem, clarifying the objectives, specifying the boundaries of the study, identifying the sources of data to be tapped, selecting appropriate methods and tools of data collection, choosing the sample design and planning and execution of the analytical design (Wilkinson and Bhandarkar, 1984). The researcher adopted these steps carefully in order to provide the empirical and logical basis for drawing conclusions and gaining knowledge.

3.3 Instruments for Data Collection
The details of the tools selected for the present study are described in the following section:

a) The Instrument to Study the Background Details:
The interview schedule was designed to have four parts. The first part consisted of personal identification of the sample, the second part comprised of the personal details of the individuals who are studied. The third elicited family related information of the respondents and the fourth part consisted of items pertaining to the disability.

b) Scale of Coping Styles (SCS)
The coping pattern inventory was prepared by Mary T. Westbrooke and Linda Viney in the year 1982. So instead of ranking the order as per instructions of the original author, it was planned to have a four point scale. This is to give an added advantage of finding the number of coping styles the respondent used and to extract a total score that will facilitate statistical analysis.

c) Subjective Well Being Inventory (SWBI)
The Subjective Well-being Inventory was prepared by Rup Nagpal and Sell.H in 1982. Out of the 40 items in SWBI, 19 items elicit positive responses and the rest 21 items derive negative responses. The former is scored by attributing the values 3, 2, 1 to the responses and the latter is scored by assigning the value 1, 2, 3. Thus higher scores indicate higher subjective wellbeing.

d) Activities of Daily Living (ADL)

Berthel scale has ten domains of the activities of daily living. Each and every domain is given a score of zero to three, depending upon the level of dependency. The score obtained by the patient in each domain is summed together and the maximum score of twenty shows the total independence of the patient in his day to day living. The score below twelve shows the minimum dependency, and score below eight shows the total dependency of the patient.

e) Perceived Social Support Apprisal (PSSA)

The social support appraisal was prepared by Alan Vaux along with Phillips, Holy, Thomson, Williams and Stewart in the year 1983. The tool consists of 23 items which facilitates the computation of scores for three sources of support perceived, namely family, friends and others by totalling the scores derived from the respective items.

f) Family Environment Scale (FES)

The Family Environment Scale (FES) was prepared by Rudolf. H. Moos and Bernice S. Moos in 1974 to assess the social environment of families. It contains 90 items which should be answered as true or false. All the items are divided equally among 10 subscales.

g) Social Functioning Scale (SFS)

The Social Functioning Scale used in this study seeks to assess various dimensions of social functioning such as, interest and involvement in household work and outdoor activities, work performance, religious, educational and recreational pursuits talk extent of interaction with family, friends and neighbors and extent of participation in family and social get-together. The tool consists of 43 items which are measured on a three point continuum, Agree, Undecided, and Disagree.

h) Opinion of Muscular Dystrophy Persons Regarding Rehabilitation (OMDPRR)

The item pool consisted of 52 statements with a 3 point continuum having the choices as agreed / undecided / disagree. This list of statements was shown to experts in the field. With their comments, these statements were grouped under six headings. They are Disease and treatment, Opinion regarding psychological restoration, Family

involvement, Friends involvement, Vocational rehabilitation and Social rehabilitation.

3.4 Procedure

With these selected tools a pilot study was conducted in order to verify the efficacy of the tools and secondly to check whether the objectives of the study needed any solidification. On a random basis a total of 30 units were selected (ten from each type of Muscular Dystrophy persons) and the tools were administered to all the respondents. The pilot study indicated that the objectives were well formulated and were very relevant to the study.

In the implementation of the study, very minimal problems were encountered in establishing rapport with the patients during data collection. In some instances, the researcher had to visit the homes more than once. The whole task of data collection consumed six months.

On completion of the data collection, the data so collected were coded and tabulated. For the purpose of deriving at the assumptions they were subjected to appropriate statistical techniques. With the help of master tabulations and frequency distribution tables, percentile tabulation was arrived at for the socio-demographic variables. These were compared for proportions in all the three samples for all the variables using appropriate statistical techniques, namely the chi - square of goodness of fit, students "t" test and analysis of variance (ANOVA).

4. FINDINGS

The following section presents the findings based on scales.

4.1 Number of Coping Styles

When the age increases the number of coping styles decreases. Participants who were aged between forty six to fifty five were using a limited number of coping styles. Secondary school completed, participants were using a limited number of coping styles when compared to those participants who had a college education. The illiterates and the participants who studied below secondary education were using maximum number of coping styles. Employed were using very limited copying styles when

compared with the unemployed. Higher income groups were using a very limited number of coping styles when compared with the middle and low income groups. Married people were using less number of coping styles, compare with the unmarried. In the families, where there was more than one dystrophy patient the number of coping styles were more.

4.2 Social Support Appraisal

Social support of the muscular dystrophy participants was founded out with the help of social support appraisal scale. The religion and community had not affected or influenced the social support of muscular dystrophy participants. Gender differences had also not influenced social support. The age group of the participants had a significant influence on social support. Participants who were under 21 years were receiving higher levels of social support and as age increased there was a gradual decrease in social support. The educational status of the participants had no influence over social support. Marital status, occupation and the family income too did not influence social support.

4.3 Family Environment

Religion, community, sex, age, educational status, occupation and family income did not have any significant influence over family environment. The marital status of the participants had significant difference, where married participants' family environment was better than the unmarried. Cohesion, which means the feeling of togetherness in the family was high, middle and low in Duchenne, Becker and Limbgirdle groups respectively. Expressiveness that is the ability of family members to feel free to say what is on their mind- was high, middle and lower in the groups of Duchenne, Becker and Limb Girdle respectively.

Another dimension of family environment is conflict among the members of the family. It was hypothesized that conflict will be high, middle, and low in the groups of Limbgirdle, Becker and Duchenne respectively. Independence, another dimension of family environment indicates the freedom, family members have to make their own decision. In this study Independence was high in Limbgirdle, middle in Becker and low in Duchenne groups.

Achievement orientation was high for Becker, middle of Limb girdle and low for Duchenne groups.

Intellectual-cultural orientation means the families' concern about political, social, intellectual and cultural activities. In this study, the Becker group scored high, Limbgirdle groups scored middle and Duchenne group scored low in this dimension.

Active recreational orientation is defined as the extent to which the family participates actively, in various kinds of recreational and sporting activities. The finding that the intellectual-cultural orientation was low, middle and high for Becker, Limbgirdle and Duchenne groups in that order.

4.4 Subjective Well-being

The internal happiness was not influenced by religion and community of the participants. Female participants scored high when compared with the male participants. Participants who were in the age group of 35 to 46 years scored very high in subjective well-being. Educated participants, were having significantly better personal happiness. Occupation of the participants had also significantly affected the personal happiness of the participants. Those who were employed under somebody scored significantly higher when compared with the self employed. Family income had its influence on the personal happiness of the participants. As the family income increases, the subjective well being also increased. Married participants scored more when compared with unmarried participants.

Further analysis was made on the basis of the three criterion groups, namely Duchenne, Becker and Limbgirdle. These three groups differed significantly in the level of subjective well being. Hence, hypothesis V has been proved.

The various dimensions of subjective well being were also treated statistically. The first dimension, general well being - positive effect which means an overall perception of smooth and joyous

life, was high in Limbgirdle, medium in Becker and low in Duchenne group.

Expectation achievement congruence means a feeling of well being generated by achieving success and standard of living as per one's expectations. It was found that the Limbgirdle participants had high expectation achievement congruence while it was lower in Becker group.

Confidence in coping, the ability to master critical or unexpected situations, the next dimension was found to be high in Limbgirdle group and middle of Becker group and low Duchenne group.

Transcendence means the life experiences which are beyond the ordinary, day to day material and rational existence. Transcendence was lower in Duchenne group, middle in Becker and higher in Limbgirdle group.

The finding that family group support was high, medium and low for Duchenne Becker and Limbgirdle groups respectively.
Social support means the feelings of security derived from the supportive attitude at times of crisis. Social support was high for Becker, medium for Limbgirdle and low for Duchenne groups.
The primary group concern, the next dimension means the feelings of happiness about one's relationship with his family. This was low in Duchenne group, middle in Becker and higher in Limbgirdle group.

The feeling of having insufficient control or inability to deal efficiently with certain aspects of life disturb the mental equilibrium. This is called as inadequate mental mastery which disturbs subjective well being. This was low in Duchenne and higher in Limb girdle group.

The participant's perceived physiological dysfunction complaints were high in Limb girdle group medium in Becker and low in Duchenne group.

Missing friends or lack of close relationship due to various limitations causes deficiency in social contacts. This feeling was low in Duchenne group, medium in Becker and high in Limbgirdle group.

The correlation matrix of subjective well being revealed that it was positively correlated with coping, social support and family environment. It negatively correlated with emotional stability.

4.5   Social Functioning
Social functioning was not influenced by religion and community. Female participants were having good social functioning when compared with the male participants. Age had a significant influence over the social functions. As the age increased, the social functioning was also better, as participants between 46 to 54 years were having higher social functioning when compared with the other age groups. Educational status had not affected the social functioning. Employed participants had a better social functioning when compared with the unemployed. Social functioning improved according to the family income. As the income increased, social functioning also improved. Married participants had a better social functioning when compared with the unmarried participants.

The inter correlation matrix of different factors revealed that social functioning had positive correlation with coping, social support appraisal, family environment and subjective well being. Social functioning had negative correlation with emotional stability.

4.6 Activities of Daily Living
The activities of daily living of the male participants were low when compared to female participants. Young participants aged between 18 to 21 years had scored very low in activities of daily living. Educational status of the participants was not affected by the poor activities of daily living. The occupation of the patient was affected by activities of daily living. The family income was significantly affected by activities of daily living of the participants as other members of the family have to take care of the participants on all the needs of the participants.

The activities of daily living of the participants were assessed in terms of the criterion groups. These participants differed significantly in the level of their activities of daily living. Hypothesis VII was proved by this finding. The Duchenne group was the very severely affected group. They scored very low in activities of daily living scale. The Becker group scored moderately. While Limbgirdle was the least affected group and they scored maximum.

The inter correlation matrix of different factors for all the scales showed that the activities of daily living negatively correlated with emotional stability, coping and social support appraisal. It had positive correlation with family environment, subjective-well being and social functioning.

4.7 Opinion Regarding Rehabilitation

The results showed that Duchenne participants had a low opinion with regard to their rehabilitation. The Becker group expressed better opinion and Limb girdle participants scored high. In the sub-dimensions, regarding disease and treatment, Duchenne group scored very low compared with the other two groups. With regard to psychological restoration in rehabilitation Duchenne scored low compared to Becker and Limbgirdle groups.

In the area of family involvement, Limbgirdle participants scored low when compared with the other two groups. In the next sub-dimension, friends involvement Duchenne scored low. With regard to vocational rehabilitation Duchenne participants again scored low. In social rehabilitation Duchenne group scored low when compared to the other groups.

In the inter correlation matrix, the scale on opinion on rehabilitation positively correlated with SSA, FES, SWBI, SFS, ADL, which again showed that the emotional stability of the patient had a significant negative association with the opinion on rehabilitation.

The opinion regarding rehabilitation was regressed with the scales of SCS, SFS, SWBI. The number of coping had negative

correlation with ORS. Social functioning and subjective well-being had positive correlation.

5. CONCLUSION

In conclusion, the study has revealed that the muscular dystrophy participants face several serious psycho-social problems which call for immediate attention and intervention and it is also proved that Gerben DeJong's Model of Independent Living is very useful paradigm to study these constraints. Thus, based on the significant findings of the study, the researcher has given certain practical suggestions which could be implemented to improve the quality of life. Based on these findings few suggestions are made by the researcher as follows.

The findings of this study have revealed several such factors at individual, family and community levels that may have a negative impact on the well-being of the muscular dystrophy patient and therefore warrants the immediate attention of the health profession. It is to fulfill this need that the researcher proposes a model for intervention with muscular dystrophy patients.

The model draws its inspiration from the model of independent living developed by DeJong (1978). The key element of the model is a classification of the types of systems in relation to which the professional carries out his/her role. A professional can be viewed as a change agent and the public, as the change agent system. The client system is the person, family, group, organization or community which engages the services of the professional. The target system refers to those people the change agent needs to influence in order to accomplish the goals of his change effort. The client system is not always the system that needs to be changed in order to reach the change goals. Sometimes different people may be considered targets for different goals at different times. The resource system refers to the resources existing under natural, formal and societal groupings. This approach recognizes the following as the major tasks of a professional. Helping people enhance and more effectively utilize their own resources.

A SYSTEMS APPROACH TO INTERVENTION WITH MUSCULAR DYSTROPHY PATIENTS

Individual	Family
Emotional Instability	High conflict
Low coping confidence	Poor achievement orientation
Low general well-being	Low Organisation
Inadequate Mental Mastery	Unsupportive
Perceived Ill-health	Low coheision
Low Physical functioning	Low Expressiveness
Low Mobility	Community Low awareness
Low Life Satisfaction	Less organised Less supportive

Individuals
Family
Significant others
Co-workers
Community Members
Community Resources
Policy Makers
Employers
Resource Managers

<u>Natural Systems</u>
Family
Friends
Co-workers
<u>Formal Systems</u>
Membership
Organisation
Association
Societal Systems
School
Hospital
Housing
<u>Therapy Center</u>
Medicare / Insurance

CHANGE AGENT

Professional
in
NGO's
GO's
Professional
Bodies

INTERVENTION

Crisis Intervention Multiple Interviewing	Employment Recreation	Advocacy Research Association

INTERVENTION

Reality	Better	Suppor	Health
Participation	in	New	Resource
Coping with	Better		Policy
Familial	Mob	Barrier	free

Feed Back into the System

Feed Back into the System

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FINANCING AND INVESTMENT IN THE ENERGY SECTOR: A WAY FORWARD FOR PAKISTAN

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ABSTRACT

Financing and Investment have become the most vital part of Pakistan energy sector Mega Projects that is resulting in bottlenecks in the business cycle, growth and expansion at a micro/macro level which our government wants to overcome through debt financing, Aid and assistance from international lenders like world bank, Asian development bank, Chinese government and other finance providers are giving rights of our natural resources to foreign firms that will repatriate dividends in future. Our research has focused on secondary data available which investigate how we can overcome or limit increasing debt on potential, build on prospective mega projects and fulfill our investment and financing need without having an impact on our currency exchange rate with minimum foreign financial institution reliance and reducing our import bill.

Key Words: Investment, Financing, Energy Sector, Pakistan, Mega Project, Micro/Macro Level

1. INTRODUCTION

Economic situation in Pakistan seems to be unstable from the table below External Debt in 2008 was 38.79 billion US $ and has increased to 61.83 billion US $ in 2012, reliance on external debt has become a mode of finance for Pakistani government which help to fulfill budgetary Gaps, external payments and financing existing project due to lack of investment and if we compare FDI in 2008 was 3719.9 US $ million to 1447.3 in 2012 and it has declined to the level 812.6 million in 2011. On one hand our foreign direct investment is declining and external debt is increasing and if we have a look of our National Debt that has increased drastically from 95 billion to 159.62 billion in 2012. And our GDP was 164 US $ and % tax age to GDP was 9.9 in 2008 which declined to and 162 billion US $ and 9.3 % age of tax to GDP in 2009 and have started to increase in 2010 to 176 billion US $ 10 (Tax % age to GDP) and then 211 and 231 respectively in 2011 , 2012 and (Tax % age to GDP) 9.3 & 9.8 respectively. From the above picture it is evident, developing economy of Pakistan needs to find ways to increase its Investment and financing bases to exploit its natural resources as at present country is suffering from energy shortage despite huge potential of natural resources and large reserves of Coal and Hydro Power, wind, solar, etc. that all need Investment, Financing which overseas and local investors/lenders are reluctant due to security, political, bureaucratic and neighboring countries issues. Reluctance in Investor confidence due to regulatory issues and delays because of bureaucracy, red tape is another reason for investors despite high return, Chinese Government, Corporations and Investors have raised these issues to prime minister Nawaz Sharif and he assured and special department prime minister's house to deal with bureaucratic issues which should be for all investors around the world.

Political and judicial rivalry in last five years and now protest by PTI has resulted investors to remain at low side and adopt the risk averse attitude that in the end is affecting financing and investment in Pakistan, thus our economy is feeling the pain. [i]AN article in Time magazine of Oct 13 talks on the nature of Pakistan's power crisis in an analytical manner. It states that our energy crisis is costing us five per cent of the GDP or about $10-9 billion a year, while the IMF has lent us nearly $7 billion. It is observed that Pakistan is approaching world bank and ADB Asian Development Bank on individual project basis to finance specific project , for instance

they would approach World Bank or other Financial Institution to finance Bash Dam and requires financing for that dam despite all good technical and financial prospects in Dams world bank has refused to finance $10 USD as Basha Dam will be constructed in disputed territory of Gilgit Baltistan which require NOC (No Objection Certificate) from India and that can contribute in overcoming shortage and bringing economic prosperity though government of Pakistan has allocated funds for Bhasha Dam in Budget 2015-2016. Likewise Katzrokh /Skardu dam that will result in water storage of 35 MAF and and 15 thousand MW of electricity for a cost of $ 10-12 billion and third largest dam in world also to be constructed in Baltistan disputed territory and important Air force installation are bottle necks to the construction of these mega projects. Water storage is one of the important area that is neglected and Skardu Dam will overcome, if, build.

2. OBJECTIVES OF THE STUDY

The basic intention of this study is to find how untapped natural resources could cycle the finance for another untapped natural resource in different sector or with different risk and capital requirements in the public sector of Pakistan without increasing substantial debt burden and wheeling economic activities within Pakistan. Birol et al. (2014) estimates that an annual investment of $2 trillion on the supply side is needed to meet global energy demand. This makes the energy sector one of the largest receivers of global investment. Out of this $2 trillion, $740 billion will be spent in the power sector, $621 billion in the oil sector, and $399 billion in the natural gas sector (Birol et al. (2014)). How Pakistan can get out of the menace of Debt that is affecting its economic indicators and worsening crisis without compromising on growth and economic prosperity. [ii] The debt borne by the oil and gas sector has increased two and a half times over, from roughly $1 trillion in 2006 to around $2.5 trillion in 2014). Circular debt in the power sector is the main concern for the government of Pakistan and it's something that needs to be dealt with efficiently. The data used in this special feature, refer for the most part to oil and gas companies: many firms have both oil and gas operations, hence data are not available for oil companies only. Some data refer to a broader grouping of energy companies.

The demand for internal resources needed in economy should be supplied internally from own resources within the economy and dependency on external resources like crude oil imports be avoided and discourage to minimum.

3. LITERATURE REVIEW

In 1984, Steward C. Myers and Nicolas Majluf gives pecking theory. This theory states companies prioritize their sources of financing from internal financing to equity, according to law of least effort, or of least resistance. This theory explains the inverse relationship between profitability and debt .According to this theory firms prefer internal financing when they are not available ,debt is issued keeping in mind debt is cheaper and can be easily available. In addition, in the last ,if not possible to obtain debt ,then equity financing is used. For Major projects in Pakistan that are situated in Gilgit Baltistan Debt is not available from international financing agencies like (World Bank, ADB etc),as they says it is situated in dispute territory of Gilgit/Baltistan and need NOC (No Objection Certificate) from India. And government of Pakistan and its stated owned enterprises are short of funds, making it difficult to take on mega projects. Quershi & Azid (2006) discussed the capital structure of public and private sectors of Pakistan. Objectives of study was to find the various determinants of capital structure and to find any relationship between capital structure choices and ownership structure. They have used different ratios like liquidity ratios, activity ratios, coverage ratios, profitability ratios and leverage ratios etc. to find out the results. They showed agency cost are inversely related to leverage in case of public sector organization and also proved public sector organization had a different governance structure then private organizations and it is because of different tax shield, risk behavior , accountability and also proved growth has positive impact on the debt in case of public sector and firm sized is negatively related to leverages in both sectors but our natural resources are unable to attract investors/finance despite positive potential ratios. Aviazans (2005) unfolded very basic postulate that no matter whatever growth is high or low, debt always has negative effects on investment also evident in chart below if you compare Pakistan debt in 2008 to 2012 to invest 2008-12. Government criticism is another pressure to avoid debt and uses equity financing and Prime Minister Nawaz Sharif slogan in election campaign

was to discourage debt and enhance investment and equity financing through own resources or public private partnership.

Obtaining Finance in the form of debt on Thar Coal and use its Cash Flow to refinance other Mega Projects, or wheel up finance cycle that will result in investment inflows for other Mega Project

Pakistan government can easily obtain financing for Thar coal either through auction of Euro Bonds in International market and last year the have auctioned Bonds which were oversubscribed. Now they can also issue Sukuk like Indonesians governments has issued that could be used to build on Thar Coal Reserves. As mention below Pakistan will require 6 billion rupees to finance Thar Coal; Coal Gasification process with indigenous technology is available as per [iii]Dr. Samar Mubarakmand Statement and pilot project already tested in Thar field and once operational it will save US 10-9 billion dollar bill of our import bill, improve our current account and help stable our foreign reserves as ours depleting reserves is the main cause for Pakistan to take assistance from IMF and whose stringent policy impacts of growth and enforce covenants on government fiscal and monetary policies. Cash Flows on Thar coal could be generated through electric generation and processing of Coal Gas into Diesel and Petrol and Pakistan has this technology available indigenously. At present Diesel price in Pakistan is above Rs. 113 that is mainly imported and Pakistan incurs 12 billion US $ a year of foreign exchange in importing crude oil and according to Dr. Samar Mubarakmand we can generate 10 billion US $ worth of diesel through coal gas that could be extracted through the process of coal gastification from Thar and could be processed to convert into diesel and further processing will obtain petrol.

[iv]The Chairman PCSIR further said cost of one tonne lignite (Coal) cost Rs 2800 which can produce 160 litres diesel, adding in this way cost of 1 litre diesel will be around Rs 18.75.

[v]The Special Committee of the Public Accounts Committee (PAC) of the parliament was informed on Monday that the government needs a total $ 6 billion to convert Thar Coal project into a big energy source to cope with

the persisting energy crisis, but due to financial constraints it was unable to start working on the project in time.

[vi]One square meter of coal gives one gallon of diesel. Increase the temperature by a few hundred degrees and you can get ethanol Which is a cleaner burning version of petrol. [vii]If Pakistan acquires loan of $ 6 to 7 billion from world bank/ Asian Development Bank or other FI (Financial institution) or a mix of loan and equity or through the issue of bonds in international market or issue Sukkuk as Indonesia has done recently then that will result in saving worth of 10 billion of foreign exchange from saving resulting less crude oil imports (1984, Steward C. Myers and Nicolas Majluf internal financing should be used) and the proceeds from Thar internal finance coal could be utilized in building Basha Dam of about 10 billion in 6 to 7 years and katzarah/skardu dam in 8-10 years of approximately 10-12 billion USD spread over the life of the project. Electricity generation from coal gas will improve our energy mix thus bring down our weighted average cost of electric per unit as we convert natural gas into coal gas for fertilizer sector then that is used for manufacturing urea/dap etc., if we save this gas firstly it will increase of dap /urea production and could be used to generate additional 3000 MW of electricity thorough natural gas that will be cheaper than crude oil and increase our underutilized generation plants efficiency due to expensive crude oil will improve. [viii]The 35 maf Katzarah is the only dam that can meet the water and power needs of the country. In contrast, Basha 7 MAF of waterstorage and 4500 MW, Kalabagh and Akhori are very small storage dams. Katzarah would cost about $7 billion

Economy of Pakistan is agriculture based and it need to invest in water management these mega project will help in storage of water , flood relief as the nation has suffer worst flooding since 2010 that will be avoided and water can be used and cultivate barren land in all four provinces. And at present it is costing five percent of our GDP that will increase and improve the poverty level of Pakistan. According to world bank report 2013-14 Pakistan agriculture sector has underperform despite manufacturing and service sector better performance.

Investor Confidence is shocked due to political and judicial rivalry seen in last 6 years and Dharnna (Protest) by PTI (Pakistan Tehreek Insaf)

Rumors are spreading in news almost every month in all kind of print media, digital etc about political tussle between judiciary who wants transparency and political government who wants to overcome electricity problems in short run through RPP (Rental Power Plant) that were run on expensive fuel like crude whose prices are rising , last government was able to attract investors but contract awarded were not transparent that abundant the commencement of project, and secondly thermal power is seen as expensive and resulting in circular debt and demands hike in electricity price . And IMF is forcing government to reduce subsidy on electricity tariffs. Recently visit of Chinese President was delayed by almost six months who have announced economic corridor route that will be game changer for Pakistan therefore delaying investment by six month of 46 billion us dollars.

Instability due to Mis- Information

All kind of information past information, publicly available information and private information that effects the value of shares and economy of Pakistan especially in energy sector information is unstable , there is no long term plan in place from the government and tariffs of electricity is highly volatile despite government commitment to enhance tariff they are unable to come to solution though present government has paid back they long awaited circular debt after forming new government that has given good signals to investors to invest in this sector unlike previous government that has send wrong signal to market by not paying and resolving circular debt issue but circular debt has accumulated once again and needs attention and if it is not resolved it will not be a good measure for attracting investment and finance required in this sector therefore government need to provide all public and private information and guarantees return as investors are willing to invest but due to lack of information they don't want to bid or charge higher premium under valuing Pakistan's energy projects units which is costing country to give its natural resources at very low price (under value) or allow high returns to investor that will be suffered by the nation in the form of high tariff.

According to M& M it does not matter to the value of company of how they get their return either in form of dividend or capital gain because return do not effect operating issue, if sales & cost of company is not effected then profit will not be effected but we are proposing that all earning of Thar should be utilized as a source of financing for Mega Dams like Skardu and Basha Dam as in our case it's a public sector project and not listed on stock exchange. Earning will be in two forms one that will be generated through electric generation which will contribute towards paying return to debt providers and Equity providers and other is saving that will be achieved through cheap diesel and petrol production of Rs 18 as stated above and at present diesel price is [ix]Rs 87.12 and crde oil on 15-06-2015 is 62.61 [x]and in Pakistan rupees approximately Rs 6,261 one barrel has 159 liters of Oil therefore one liter of diesel will cost Rs 39.377 and profit of (39.377-18)=21.37 approximately that should not be passed to the public and instead be utilized as financing tools for other projects that will bring economic prosperity to the nation it will also save import bill and pressure on weak Pakistani rupees improve of economic cycle leakages and balance of payment, enhanced GDP, resulting in stabilization of Pak rupee that will contribute in controlling inflation as our imports are high and later on these cash flows can be used to finance Rik Dikho Pakistan's largest Gold and Copper reserves. And help construct Gawdar-Kashgar road and rail link although china is investing in this trade route. All good economic measures and policy helps to enhanced investor confidence that will bring domestic and foreign investment in the country. This will also result in government reducing or acquiring future debt for these projects. One of the main reasons for Pakistan approaching to international lender like IMF is to increase their foreign exchange reserves and oil import bill share is the highest that will drastically go down.

Privatization Management and Private Investors

In economy as Pakistan taxes are low then government can generate income through these projects instead of adopting privatization of existing projects. Only sick units like Pakistan Steel Mills, Pakistan International Airline should be privatized that is a burden on national exchequer and all sick publicly owned units should be sold to reduce budget deficit unlike previous dictator's regime that have sold off public units that were contributing towards national exchequer and generating high profit margins. The privatization gained momentum in the year 2002 when 33

organization were privatized with a budget of 302 billion Pak rupees(Ahmad 2007), till now Pakistan has sold a total of 166 SOE for PKR 476.5 billion since 1990 (Daily Dawn ,2012). Investment from private sector should be encouraged in sectors like wind farms and solar farms as investor risk and return will mainly depends on heavy capital investment that has finite life of project. As stated above government need to bring reforms in exploration and mining sector for shale gas and shale oil as USA and now China is focusing on shale gas that will help overcome shortage of gas, depleting gas reserves and Pakistan lacks investment and technology should focus on attracting other foreign firms in these sectors where technology transfer and heavy capital is required. Our neighbor country has started to manufacture wind mills indigenously and Pakistan should focus on vertical diversification while attracting foreign investment instead of installing and importing machinery, capital equipment; like India whole value chain need to be considered while inviting foreign investment at present our finding reveals we have concentrate on specific needs.

Democratic Government attitude towards liberalization

Democratic government are seen u- liberalized comparatively to dictatorship , last democratic government was not able to do auction 3G licences to mobile network providers even a country like Afghanistan was able to achieve and sustain though Pakistan has conducted 3G and 4G auction but unable to attract substantial investment . It looks dictators have liberalized telecom, financial and media sectors and reforms in corporate sectors from democratic government are at minimum. If reforms take place it will improve economic activity that will result in high tax collection, reforms are the best way to improve tax net instead of current policies. They have auctioned 3G and 4G licenses at the together resulting in low bid costing our national exchequer. All these measures contribute towards high investor confidence thus resulting in good economic environment leading to high investment and financing opportunities.

Key finding of World Bank Doing Business 2013

     (1)   Two-thirds of the nearly 2,000 reforms recorded by Doing Business were focused on

reducing the complexity and cost of regulatory processes. (Doing Business World Bank 2013))

(2)   (Over these 10 years 180 economies implemented close to 2,000 business regulatory reforms as measured by Doing Business, Business regulatory practices have been slowly converging as economies with initially poor performance narrow the gap with better performers. Among the 50 Economies with the biggest improvements since 2005, the largest share—a third— are in Sub-Saharan Africa.)

(3)   (Among the categories of business regulatory practices measured by Doing Business, There has been more convergence in those that relate to the complexity and cost of regulatory processes (business start-up, property registration, construction permitting, electricity connections, tax payment and trade procedures) than in those that relate to the strength of legal institutions (contract enforcement, insolvency Regimes, credit information, legal rights of borrowers and lenders and the protection of minority shareholders).)

(4)   (A growing body of research has traced out the effects of simpler business regulation on a range of economic outcomes, such as faster job growth and an accelerated pace of new business creation)

All of the above finding of doing business report of world bank states that Pakistan need to do reforms overcome bureaucratic delays that is costing our economy and investors are running away as we have to attract them as we are the worst performing economy in South Asia and not able to attract investment in comparison with our neighbors.

Capital cost of energy and operating cost

It is noted that government will prefer high investment cost in renewable energy that will reduce future operating cost which could be passed to public as fuel surcharge will decline pressurizing NEPRA to adjust DISCO (Distribution companies) rate. As all Disco rates are reviewed and determined with the approval of NEPRA and if fuel charges declines then benefit could be passed to public and these sustainable investment in renewable energy will avoid circular debt problem that has affected the economy of Pakistan.

Risk to foreign investment due to constant depreciation of rupees and security Risk due to war on terror

It is noted that foreign multi nation (MNCs) returns are declining due to depreciation of Pakistani rupees and it is one of the main reason for decline in FDI (Foreign Direct Investment) as dividend earned in Pakistani rupees will decrease as rupee depreciates and expected rates are unstable and cannot be quantified. These risk need to be managed to attract foreign investment and second risk that country is prone to is the security risk because of war on terror and unstable law and order situation of financial hub city Karachi that discourage investor and even existing investor to shift its capital abroad. These all issues required higher risk premium that market need to compensate despite Karachi operation and Zarab e Azab..

4. CONCLUSION

Planning division of Pakistan needs to formulate strategy of generating income from one project and using that income to finance other projects , need to adopt projects time management approach that should be fully integrated as one project will be conducted in Sindh and whose owners will be government of Sindh after 18th amendment but proceeds of cash flow will be used by other projects based in different provinces/government organizations/agencies.

To avoid conflict transfer pricing approach should be used as Sindh will finance Gilgit Baltistan or Balochistan resources(after 18th amendment) therefore central government should intervene for the sake of goal congruence and convert that financing into imaginary loan to Balochistan

to avoid any conflict and repay once they start earning in the form of budgetary financing, NFC award at later stages. Profit in the form of petrol and diesel is directed to central government and disburse through center than it will be easy to manage the situation but mechanism need to be developed through consensus. Through our research we have come to conclusion that government need to formulate debt management department that should be integrated with government investment & financing decision to bring efficiency in the system which will reduce debt burden on budget that is already in deficit.

Saving foreign by reducing oil imports will bring economic prosperity in Pakistan and dependence on foreign countries will improve Pakistan bargaining power.

Year	[C1]Debt (Billion US$) External Debt	[C2]National Debt	Total Debt	[C3]Investment (Million US$)
2003	32.29	56.71	89	949
2004	33.54	60.31	93.85	1524
2005	33.97	64.81	98.78	3521
2006	38.79	69.63	108.42	5139.6
2007	42.38	75.2	117.58	5409.8
2008	38.79	95	133.79	3719.9
2009	44.15	95.79	139.94	2150.8
2010	53.62	108.17	161.79	1634.8
2011	57.12	125.54	182.66	812.6
2012	61.83	159.62	221.45	1447.3
2013	59.56		59.56	230.8

[C1]http://www.indexmundi.com/g/g.aspx?c=pk&v=94
[C2]http://countryeconomy.com/national-debt/pakistan
[C3]http://www.pakboi.gov.pk/index.php?option=com_content&view=article&id=180&Itemid=137

Chart 2

	[C4]Foreign Exchange Reserves (Billion US$)	[C5]US $ (selling)/Pak Rupees	[C6]GDP Growth rate	[C7]Tax (%age of GDP)
2003	5.4	57.8782	5.5	10.8
2004	10.7	58.2502	6.1	10.3
2005	11.9	59.7748	6.6	9.6
2006	11.2	60.2970	6.6	9.4
2007	12.8	60.4903	5.3	9.8
2008	16.4	68.3749	2.7	9.9
2009	11.5	81.4832	4.3	9.3
2010	12.2	85.5567	4.8	10
2011	17.1	86.0826	2.4	9.3
2012	16.5	94.7196	3.66	9.8
2013	11.5	99.2070	4.36	

[C4] KPMG budget brief 2013
[c5]http://www.sbp.org.pk/ecodata/Rates/WAR/WAR-History.asp
[c6]http://www.indexmundi.com/g/g.aspx?c=pk&v=66
[c7]http://www.tradingeconomics.com/pakistan/gdp
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MAJOR CONCERNS AND ISSUES IN MENTAL RETARDATION: IMPLICATIOS FOR TEACHER EDUCATION IN PAKISTAN

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ABSTRACT

Throughout the development of the field of mental retardation, a numerous and varied identifiable trends have had a marked influence on the evolution of this area in terms of its characteristics, adaptive behavior biological and psychological causes, legal rights, placement alternatives and educational programming The purpose of this paper is to bring forth major concerns and issues in mental retardation with special reference to Pakistan. It is important to mention that the prevalence of mentally retarded persons in Pakistan is 8.21 as indicated by the census 1998. The purpose of this paper is also to suggest an appropriate educational programming for educating such students by provision of highly resourceful teachers having knowledge, disposition and skills to address the major concerns and issues of mentally restarted learners. The researcher has also highlighted attributes of special educators teaching the learners with mental retardation which may serve as guidelines for reforming teacher education for the prospective special educators.

Key words: Mental Retardation, Teacher Education, Concerns, Isuues, Implications, Pakistan

1. HISTORICAL OVERVIEW

Many significant people and events has resulted and contributed in the development of the field of mental retardation. A historical perspective can be beneficial to gain a better understanding of the present state and we may knowledgably plan for the future on the basis of what we know from the history (Mesibevo,1976). The history of attitudes towards mental retardation can be divided into ten periods:

A State of Confusion (prior to 1700)

Before the dawn of 18th century, the concept of mental retardation, regardless of the name used to describe it was merely enigmatic having no sophisticated knowledge base for understanding this phenomenon. Resultantly, there was a wide variety of attitudes and perceptions towards the mentally retarded. AS Hawett and Forness (1977) mention" the borderline retard individual was not noticeably a day when few could read and write" Before 1700, certain developments resulting from the Renaissance created a new social climate having direct implications for the mentally retarded.

The Awakening (1700 to 1800)

The advent of sensationalism and revolutionary changes in both Europe and America are considered two significant features of 18th century. New ideas put forward by the Locke and Rousseau began to take hold as they stressed the importance of senses on the development. Thus the new social attitude was developed. It created awareness that 'men' even those who are disabled, had rights. It was really a ripe time for idealistic young people to put the philosophy of humanism and the ideas of Locke and Rousseau onto practice.

Early Optimism (1800 to 1860)

The first part of the 19th century is marked as a time of enthusiasm towards working with handicapped people. The recognized birth of special education and systematic services to disabled individuals occurred in Europe in the early 1800. During the early 1840s, Dorothea Dix advocated vehemently for the better treatment of less fortunate, who were housed in facilities such as asylums, almshouses, poorhouses and country homes. (Cegelka & Prehm, 1982)

Samuel Howe (1801-1876) contributed greatly with regards to provision of services for mentally retarded people through his efforts to establish the public's obligation to train these individuals.

Disillusionment (1806 to 1890)
This era witnessed formidable hurdles in terms of materializing the early goals set by idealistic pioneers of the early and mid-1800s.It was due to the era of national disharmony worsened by growing sectional conflict. After Civil War, USA was undergoing dramatic changes in terms of its transition from urbanization to industrialization.

Sounding the Alarm (1890 to 1920)
At the close of 19th century, the period of disillusionment turned into a more reactionary attitude. The training institutes which were set up for helping mentally retarded in social integration assumed to begin a new role of being custodian. Multiple factors were responsible precipitated regressive events of the late 1800s but three factors have paramount effect on the creation of this state of alarm: the eugenics scare, the influx of immigrants to the United States and the mental test movement.

Reconsideration (1920 to 1930)
World War –I proved to be a blessing in disguise and resultantly some positive social attitudes were developed. The Vocational Rehabilitation Act (P.L 66-2360 was enacted to allow civilians to benefit from vocational rehabilitation. Special Education emerged as a bona fide field of professionals. Elizabeth Farrel established the International Council for the Education of Exceptional Children. (CEE). It has proved to be a key institutional force in special education.

Ebb and Flow (1930 to 1950)
These 20 years can be counted as a time of limited progress. This period is termed as the transition from alarm to "guarded enlightenment" The socio political, research and programmatic influences played a vital role in enlightenment. President Herbert Hoover convened the first White House conference on Child Health and protection in 1930.

Turning Point (1950 to 1960)

After the World war-II, the period of renewed prosperity was experienced in the United States. This created a climate in which, the demands of parents, the enthusiasm of professionals, and federal, private and state funding gave new impetus to progress in the of mental retardation" (Hewett & Forness, 1977). The said forces, augmented by other variables resulted in this turning point.

Limelight (1960 to 1970)

Although the vivid reflections and recollection of 1960s pertain to large scale opposition as a result of reaction to Vietnam War yet, on the other hand the early part of this decade was marked by enthusiasm. There are multiple reasons, President Kennedy, who had a retarded sister, took his office, brought special education to the limelight. He established President Panel on Mental Retardation (PPMR) which set the tone of national decisions led to the formulation of national policy by publishing A *Proposed Program for National action to Combat Mental Retardation.*

From Action to Introspection (1970 to present)

Early 1970s period is regarded as a period of formidable gains for the persons who are mentally retarded. It was accompanied by result oriented legislation. The right to education issue was gaining momentum in 1970 by a celebrated class action suit, *Pennsylvania Association or Restarted Children. (*PARC) *v Commonwealth of Pennsylvania.* The impact of this court order agreement was wide spread. Resultantly, free, appropriate public education for all mentally retarded children within the jurisdiction of this federal court district. Later on, the land mark Education for All Handicapped children Act (P.L 94-142) was signed into law. After 1980s, the guarded optimism was witnessed and it was truly grounded in sociopolitical and economic context.

2. CHARACTERISTICS OF MENTALLY RETARDED PERSONS

Mentally retarded are bifurcated from the non retarded on the intellectual functioning and adaptive behavior. In both of these areas, the amount of degree of deficient is of prime importance.

2.1 Social and Emotional Characteristics

All children are born with certain basic needs that must be satisfied for harmonious and integrated development.

2.2 Physical and health characteristics

Mentally retarded may suffer from one or more additional defects. The growth rate is slower and retarded person are generally deficit in both height and weight when compared to normal children. (Mosier ,Grossmen,& Dingman, 1965). Sensory defects are also more prevalent. As might be expected, retarded individuals are extremely vulnerable to disease, illness, accident and injury.

2.3 Intellectual Skills

The primary characteristics of mentally retarded pertain to their mental skills being sub-average.

2.4 Adaptive Skills

It is evident that adaptation to one's social and physical environment requires intellectual capability, so the people with mental retardation are prone to demonstrate significant differences from others.

2.5 Academic Achievement

The mentally retarded learners, due to sub-average intellectual functioning are likely to be slower in achieving grade level benchmarks.

2.6 Motivation

Motivation, being learned behaviour , is a problem for persons with any disability specially mental retardation so they exhibit diminish motivation, low self-esteem, and sometimes demonstrate "learned helplessness and self-coined apprehensions of failure.

2.7 Speech and Language

Learners with mental retardation have usually delayed language development because of diminished intellectual capabilities and allied neurological conditions. Such learners also face difficulty remembering in the short term memory especially when facts are abstract.

2.8 Positive Attributes

Learners with mental retardation are a huge and unique group comprising of people with highly individual personalities. (Smith & Mitchell, 2001b). Many children and adults with mental retardation exhibit tenacity and curiosity in learning, get along well with others, and bear positive influences on those around them (Reiss & Reiss, 2004 ; Smith, 2000).

3. CLASSROOM ACCOMMODATIONS

Mental retardation denotes that learners with mental retardation will be having will having low academic achievement as compared to their peers. To avoid frustration, humble estimate of their capabilities be made. Moreover, expectations in academic subjects be based on individual goals after careful observation and scientific evaluation.

- Learners with writing difficulties should be allowed to use a word processor for writing assignments.
- Such learners may need a note-taker with due permission.
- The student with mathematical difficulties may be allowed to use a calculator for mathematics classes.
- If necessary, the student should be given access to books on tape.
- Due to perceptual difficulties, preferential seating may be arranged in classroom.
- The learners with mental retardation may need longer or unlimited time for an examination so they may be accommodated accordingly. Examinations may be modified to have less multiple choice or true-or-false questions.
- It is important to provide concrete ideas and skills to mentally retarded learner so that they may grasp abstract ideas.
- Such learners should be given constructive and timely feedback.
- Demonstration method should be applied.

4. IMPLICATIONS FOR TEACHER EDUCATION

The focal areas for prospective special educator preparation entail the following aspects:

4.1 Development and Characteristics of Students with Intellectual Disabilities: It implies that special educator knows typical human growth and development in each domain and can appreciate the impact of Intellectual Disability on each domain. It is also imperative to to understand the major cognitive, behavioural and social characteristics of students with Intellectual disability. The familiarity with factors influencing educational experience of students leads to effectiveness of special education. Special educator should know strategies for crisis prevention and intervention.

4.2 Planning and Managing the Learning environment: It implies that the special educator knows how to select learning experiences and learning activities appropriate for students with Learning Disabilities in order to develop independent functional life skills in them. Special educator should know how to integrate educational and assistive technology into lesson planning, execution and evaluation. Understanding the impact of safe, equitable, positive and supportive environment is also essential for turning traditional classroom into healing classroom

4.3 Instruction: It implies that special educator knows how to manage instructional variable in varied setting for the development of students self-advocacy skills. The integration of inputs and feedback from students, parents, caregivers in instructional planning and decision making is also an essential skill for the educator dealing with the learners with Intellectual Disability.

4.4 Assessment: Special educator dealing with the learners with intellectual disability should be familiar with the basic terminology used in assessment and could critically evaluate uses, merits and demerits of assessment tools. It will lead to the data led modification of the educational program. Knowing how to communicate assessment data to a variety of stakeholders is integral part of special education teacher preparation.

4.5 Foundations and Professional Responsibilities: Special Education teacher preparation program must ensure the teacher of learners with Intellectual disabilities understands the allied requirements for the screening, pre-referral, referral, identification and classification of such learners. Understanding the components of an Individualized Education

Plan (IEP) is of prime importance. Moreover, the prospective teachers must be familiar with the current issues and trends in special education. The familiarity with the impact of Intellectual Disability on individual, families and society across the life span is the integral part of teacher education. It is also important that special educator is well aware with the services, network and organizations for individuals with Intellectual Disabilities and their families. It will render the Special educator resourceful reflective practitioner.

5. CONCLUSION

It is witnessed that government will and appropriate legislation is needed for educational programming of mentally retarded. Currently as per data of Global Competitiveness Index (GCI) is evident that in education and health related indicators, Pakistan falls behind all other countries. It has to be realized that even the sustainability and improvement of other indicators depend on education. UNESCO Policy guideless on the Inclusion of Education (2009), National Policy for persons with Disabilities (2002) and National Education Policy (2009-2015) and [Draft] Policy for special Education and Rehabilitation of Persons with Disabilities (PWDS) in Sindh also advocate the right of education for all and inclusiveness in education. National Education Policy-2009 focuses enabling Pakistan to fulfill its commitments to achieve Dakar Framework of Action EFA Goals and Millennium Development Goals relating to education.

As specified in National education Poicy-2009 it is a consensus amongst all stakeholders that the quality of teachers is unsatisfactory. Poor quality of teacher in the system in large numbers is because of varied factors including governance, an obsolete pre-service training structure and a less than adequate in service training structure in Pakistan Such factors have eroded the once exalted position enjoyed by teachers under the eastern cultural milieu. Teaching has become the employment of last resort of most educated young persons; especially males. Quality Education for the mentally retarded learners may be ensured through reforming and restructuring teacher education for prospective special educators. In this way, the special educators will be able to perform their complementary role for educational programming which entails enabling the mentally retarded acquiring a wide variety of adaptive behaviour, learning when and where to use the acquired skills, generalizing adaptive behaviour to

other suitable situations,, maintaining and sustaining new behaviour with the passage of time and being selective in functional behaviour. The introduction of accreditation leading to licensure regime for special educators will yield in quality education for mentally retarded learners.

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ANALYSIS OF CAUSES ASSOCIATED WITH LOW ACADEMIC PERFORMANCE OF STUDENTS STUDYING IN GOVERNMENT SCHOOLS

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ABSTRACT

The problem is based on the theoretical backup descriptive method. After finishing all the procedures, 273 participants identified of which 89 were high achievers and 184 were low achievers. The sample was drawn from government boys, government girls, and government coeducation schools of Karachi region. Representation was given to category of schools, standards (VIII, IX, & X), gender, locality and other demographic factors. The tools were used for data collection, including Socio-Demographic Data Sheet, High School Personality Questionnaire (HSPQ), Family Interaction Pattern Scale (FIPS), Academic Achievement Motivation Questionnaire (AAMQ), Study Habits Inventory (SHI) and Teacher Student Opinionnaire (TS0). Scoring was done according to the scheme of scoring determined by the respective scoring procedures. From the conclusion it is seen that the high achievers have scored more in personality factors when compared to the low achievers. This indicates that personality variable has an important role to play in the academic achievement. Also, the low achievers have presented a pathological profile, in all the dimensions studied under family interaction pattern. The findings show that the high achievers have reported better study habits than the low achievers. Finally, it is evident from this study that, the high achievers always exhibit a higher level of academic achievement motivation as compared to the academic low achievers.

Key Words: Low Achievers, High Acievers, Academic Performance, Public Sector School, Personality Factors, Pathological Profile.

1. INTRODUCTION

We are living in an age which makes heavy demands upon high achievement. But there are students who find it difficult to meet these demands. There are also students whose scholastic performance lags far behind their academic abilities and they fail to make use of their innate capacities, particularly the intelligence. This results in low achievement. High achievement on the other hand, requires the full blossoming of all kinds of abilities which an individual has. The period of studentship is the most crucial time to nurture these abilities to their maximum. What urged the researcher to undertake this study is the awareness of the situation of our existing educational system which encourages the high academic achievement while neglecting their counterpart, the low-achievers. Perhaps, the low-achievers are the most neglected sector in the academic world.

From the perspective of parents, teachers, administrators and guidance-counselors, it is not only the low achievement, but also the low-achievers themselves are serious problems to be dealt with. Because the low-achievers often create problems like juvenile delinquency, hostility, aggressiveness etc. in schools and societies. They are labeled as the 'difficult' the 'problematic' and the 'troublemakers'. Students with learning problems are often looked down as intellectually inferior, inadequate and improperly oriented to books and study. Many are labeled by their parents and teacher's as 'useless', 'stupid', or 'dull'.

The reasons for low-achievement may be different for different individuals because children are the product of many combinations of social, material and cultural environments, and the development of intelligence and academic progress depends much on heredity and environment. Psychologists as well as educators have realized the influence of certain factors on the academic achievement in school subjects. The present study is an attempt to identify some of these factors which have a negative impact on achievement, and to give assistance to the low-achievers to overcome their problems. The family, for example, is thought to be a very significant and indispensable influence in the young child's training and in human development. It is considered to be one of the main educational agencies. It is, therefore, necessary to know the family background of the counselees.

The generally accepted individual factors conducive for academic achievement are intelligence, personality, study skills, and motivational level of the concerned student. Youngman (1980) examined various pupil characteristics that might determine subsequent academic performance on 640 students and intellectual characteristics showed the stronger the effects. Further a study by Lynn, Hampson and Magee (1983) also reported that the most important predictor of educational attainment was intelligence. Possession of certain personality traits is considered to be essential for better performance, but extreme degree of certain traits is considered to be detrimental (Shaughnessy, 1993; Rothstein, 1994). Various studies show that a high degree of neurotic traits has a negative effect on academic achievement of an individual (Eysenck, 1992; Anand, 1998).

In general, the documented data obtained from various studies showed a positive trend linking high performance on the achievement and good study habits (Snyder, 2000; Rao, Moely and Sachs, 2000; and Kovach, Fleming and Wilgosh, 2001).

Wu and Lin (1982), Teachman (1987), and Anand (1998) reported that high degree of achievement motivation was observed in high achievers. The family and the school are considered to be the important social factors contributing to academic achievement. It is often observed that in spite of having a range of similar intellectual levels, there are differences in academic achievement, among students coming from different families. Among the various related factors, the influence of the family in a child's learning is undoubtedly the most significant one (Bronzaft, 1996; Lam, 1997; and Deal, Wampler, and HaIverson, 1998).

In fact, Wu and Lin (1982), Teachman (1987), and Anand (1998) further reported that it is the quality of the family interaction pattern that is responsible for achievement motivation. Economic and social status of the family (Lam, 1997); parental education (Nord, 1998); the emotional environment at home (Bronzaft, 1996); the motivation of the family towards the child's education (Cooksey and Fondell, 1996) are the essential factors that help the child to make use of his potentials in a maximum productive way. Children of higher status are provided with better amenities and have greater opportunities to come in contact with the firsthand knowledge and more often their home have a more stimulating

environment for learning. A dysfunctional family cannot provide a harmonious environment and it can only create an unfavorable home condition, which is not conducive to a student's achievement.

It is found that a peaceful home environment, quality of maternal care, the relationship between the parents, and the extent to which reading books is a habit among the family members all plays a significant role in a child's academic achievement (Westerman and La-luz, 1998). Paternal attitude to education, parents showing interest in school activities, encouragement to children and aspiration for children's education and career are yet other variables, which emerge as being of outstanding importance (Finn, 1998; Marcon, 1998; and Nord, 1998). A conducive school atmosphere and effective teaching are other important variables (Ellsworth and Monahan, 1991; and Tymms, 1994). Teacher effectiveness is an area of research which is considered with relationships between the characteristics of teachers, teaching activities, the professional qualities, the teacher student relationship and their effects on educational outcomes.

During the last couple of decades, there has been an increasing appreciation of these issues related to academic achievement. The awareness among the adult world to improve the learner's quality is on the rise now! The reviewed research findings, with regard to individual and social factors of academic achievement, that precisely is being highlighted in the initial part of this chapter gives a segregated coverage of various factors in a much segmented way. However, a comprehensive coverage of all these variables only would give an overall understanding of the problems of a low achiever. The various aspects do reveal that diagnosis means determining the variables. The variables could contribute to the ability or to the emotional aspect. This does not imply that the child is to be labeled and stored permanently as a low achiever. The variables are to be probed to determine the pathways to overcome the low achievement. It is preferable to think that there is hope for the eventual eradication of many of the disabling form of the variables. Conclusively, it is hoped that the effects of all these variables may be altered through appropriate intervention strategies.

2. METHODOLOGY

2.1 Sample

Sampling was done through different steps. At the initial step all the secondary schools of Karachi region were contacted and the purpose of the study was explained to the principals. A list of the schools that were willing to participate were then prepared. Marks obtained for all the papers for all the three consecutive terminal examinations were noted down for all the students of class VIII, IX, and X. These marks were subjected to scrutiny and it is made sure that the student fits into the criteria set for high or low achiever. A detailed interview of the class teachers was done to elicit information of these students to substantiate the inclusion and exclusion criteria. After finishing all these procedures, only 273 samples could be identified of which 89 were high achievers and 184 were low achievers. Hence the study was conducted on an unproportionate stratified sample of 273 secondary school students drawn from government boys, government girls, and government coeducation schools of Karachi region. Representation was given to category of schools, standards (VIII, IX, & X), gender, locality and other demographic factors.

2.2 Tools for Data Collection

The following tools were used for data collection.

a) Socio-Demographic Data Sheet:

The data sheet was carefully prepared and this elicits information regarding, class, age, medium of education, father's education, father's occupation, mother's education, mother's occupation, type of school, size of the class, tuition, ordinal position, academic background of the family, gender, chronic physical ailments, type of family, religion, number of siblings, residential area, grandparent's role, family environment, school environment, co-curricular activities, meta cognition, parental expectation, role of parent teacher association, and parental interaction of each individual student. All these factors were found either necessary or relevant for the present investigation.

b) High School Personality Questionnaire (HSPQ):

This is a standardized tool, developed on the basis of the theoretical foundation of Raymond B Cattel (1 970). It was developed by Cattell and Scheier (1961). The Urdu version of it is developed for the purpose of this study by the investigator. This is a comprehensive questionnaire containing 142 items and elicits 14 dimensions of personality traits. The scale is meant for the age group of 13 – 18 years of age. The scale has high reliability (r=0.8, **4** weeks interval) and validity.

c) Family Interaction Pattern Scale (FIPS):

This questionnaire was developed by Bhatti (1 986). This is a self-rating questionnaire which has 106 items. It is easy to administer in a group. The scale has 6 sub scales such as reinforcement, social support system, role pattern, communication, cohesion and leadership pattern. This scale is a 4 point scale. The positive items have a response choice of always, sometimes, rarely and never which is scored as 1, 2, 3 and 4. The negative items also have a similar response choice but scored as 4, 3, 2, and 1; thus a higher score yields a poor quality of family interaction. The total score ranges from 0 to 424. The reliability (r = 0.72, 4 weeks interval) and validity were established and published.

d) Academic Achievement Motivation Questionnaire (AAMQ):

This questionnaire has been developed by Mohan (1982). This is a self-rating questionnaire which is easy to administer in a group. It has 50 items and has no time limit. There are 37 positive items and 13 negative items. The minimum score obtained can be 0 and the maximum can be 200. The reliability coefficient is reasonably high (r =0.69, 4 weeks interval) using the test retest method and the item validity is established by the high/low discrimination method and it was accepted as the validity of the whole measure.

e) Study Habits Inventory (SHI):

It is developed by Palsane and Sharma (1989), which was standardized with the purpose to assess the study habits. The scale has 45 items which are broken up into 8 areas such as budgeting time, physical condition, reading ability, note taking, learning motivation, memory, taking an

examination and health. There are 34 positive items and 11 negative items. The total score is the summation of all the positive and negative items score. The minimum score obtained can be 0 and the maximum can be 90. The reliability coefficient is found to be 0.88 by test-retest method with an interval of 4 weeks. The inventory, besides having a high face validity, has high validity coefficients with an external criterion (similar type of study habits inventories) and the highest value being 0.83.

f) Teacher Student Opinionnaire (TS0):

This scale was constructed and standardized by the investigator for the purpose of measurement of teacher effectiveness. The procedures and steps that have been employed in the construction and standardization of this questionnaire are described in the sub-sections below in this report. It is described under four sections such as planning of the scale, preparation of the scale, try out and item analysis.

2.3 Procedure

The students were grouped into the high and low achiever categories were contacted later and their convenient time was sought with the help of the class teachers. Later on, the investigator personally administered all the printed test materials. Each individual had taken almost 3 to 4 hours to complete the test materials. Before starting the testing, all the doubts were clarified and were instructed about the test taking method. They were convinced about the confidentiality that was observed.

2.4 Analysis

Scoring was done according to the scheme of scoring determined with the respective scoring procedures. All the relevant socio demographic information and test scores were consolidated with appropriate coding to facilitate the computer processing. The data collected from the sample chosen were analyzed to test the hypotheses formulated. The following statistical techniques were employed for the analysis of the data.

1. Mean and Standard deviation were calculated for further statistical analysis.
2. Two-way analysis of variance was carried out to find out the difference between high and low achievers with respect to gender on various psychosocial variables.

3. Chi square test was done to analyze the association of various socio demographic data to the level of academic achievement.

4. Discriminant analysis was carried out to find out the best predictors of academic achievement.

3. MAJOR FINDINGS

Major results obtained are presented below.

1. There was significant difference between high and low achievers specific to gender in factor A (Affectothymia v/s Schizothyrnia, p value, 0.04).

2. There was significant difference between high and low achievers specific to gender in factor B (High scholastic ability v/s low scholastic ability, p value, 0.04).

3. There was significant difference between high and low achievers specific to gender in factor C (High ego strength v/s Low ego strength, p value, 0.001).

4. There was no significant difference between high and low achievers specific to gender in factor D (Excitability v/s Phlegmatic trait, p value, 0.18).

5. There was significant difference between high and low achievers specific to gender in factor E (Dominance v/s Submissiveness, p value, 0.00).

6. There was significant difference between high and low achievers specific to gender in factor F (Surgency v/s Desurgency, p value, 0.04).

7. There was no significant difference between high and low achievers specific to gender in factor G (Stronger super ego v/s weaker super ego, p value, 0.31).

8. There was significant difference between high and low achievers specific to gender in factor H (Parmia v/s Threctia, p value, 0.00).

9. There was no significant difference between high and low achievers specific to gender in factor I (Premsia v/s Horria, p value, 0.12).

10. There was no significant difference between high and low achievers specific to gender in factor J (Coasthania v/s Zappia, p value, 0.88).

11. There was significant difference between high and low achievers specific to gender in factor 0 (Guilt proneness v/s Untroubled adequacy, p value, 0.00).

12. There was no significant difference between high and low achievers specific to gender in factor Q2 (Self-sufficiency v/s Group adherence, p value, 0.90).

13. There was no significant difference between high and low achievers specific to gender in factor Q3 (Self-concept v/s Low integration, p value, 0.21).

14. There was no significant difference between high and low achievers specific to gender in factor Q4 (High ergic tension v/s Low ergic tension, p value, 0.1 3).

15. There was significant difference between high and low achievers specific to gender in family interaction pattern, p value, 0.00).

16. There was significant difference between high and low achievers specific to gender in academic achievement motivation, p value, 0.00).

17. There was significant difference between high and low achievers specific to gender in study habits, p value, 0.00).

18. There was no significant difference between high and low achievers specific to gender in teacher effectiveness, p value, 0.97).

19. There was a significant association between the achievement level and class (p value, 0.001), age (p value, 0.001), medium of education (p value, 0.001), father's education (p value, 0.001), father's occupation (p value, 0.001), mother's education (p value, 0.001), mother's occupation (p value, 0.05), type of school (p value, 0.05), size of the class (p value, 0.05),

tuition (p value, 0.05), ordinal position (p value, 0.05), academic background of the family (p value, 0.05), gender (p value, 0.05), and chronic physical ailments (p value, 0.05).

4. DISCUSSION

From the conclusion it is seen that the high achievers have scored more in personality factor A that is, affectothymia, factor B, that is high scholastic capacity, factor C, that is high ego strength, factor E, that is dominance, factor F, that is surgency, factor H, that is parmia and factor 0, that is guilt proneness, when compared to the low achievers. This indicates that personality variable has an important role to play in the academic achievement. This points to the need of considering the personality of the students while planning any kind of educational intervention programme in schools.

In addition to the academic programme personality development courses and leadership training programme, etc must be organized periodically in schools. Children who are found to have personality problems and emotional problems should be identified by the teachers and must be given adequate counseling.

It has been established through the result of this study that the low achievers have presented a pathological profile, in all the dimensions studied under family interaction pattern. The following factors were studied under family interaction pattern. They are reinforcement, social support, role, cohesion, communication and leadership pattern. The low achievers reported to experience significantly poor quality of all these above-mentioned dimensions of family interaction pattern.

It is a generally accepted fact that, for optimal development, the child must grow up in a family environment of happiness, love and understanding. A quality family life assures better performance of the children. Parental awareness programmes about the significance of family interaction pattern in a child's achievement must be provided, though various gatherings like open house or parent teacher associations. Individual counseling sessions must be arranged for parents of children who are found to have family problems. Parental involvement in student's academic activities must be encouraged.

The study also shows that the high achievers have reported better study habits than the low achievers. Skill of having a good study habit is such a promising quality, that at some point it acts as a shield against other unfortunate psychological variables and thus protects the student from performing below his or her actual ability. Even educated parents have not recognized the importance of establishing a proper study habit. Hence there is a need to inculcate a systematic and proper study habit in every child. Skill development programmes may be organized for the students, where factors like budgeting time, note taking style, examination writing skills, memory enhancement techniques, need for maintaining a good physical condition and health, techniques to improve reading ability and the need for learning motivation enhancement may be thoroughly discussed.

It is evident from this study that, the high achievers always exhibit a higher level of academic achievement motivation as compared to the academic low achievers. In times of need, it acts as a pushing force from inside to get along with the pressures and pleasures of academics. Thus, it is emphasized that, inculcation of an intense motivational level would propel, one to strive hard for a higher level of academic achievement. And this can be started through healthy family interactions at an early school age.

Though this study could not prove the influence of teaching effectiveness on academic achievement, most of the researchers report a favorable finding that, personal characteristics, professional characteristics, and teacher student relationship influence a student academic achievement. A better understanding between the teachers and the students would only facilitate the smooth functioning of the system. Also a healthy climate at the school, provided by the teachers would act as a social support system for the majority of the students. The very feeling of the student that his/her teacher understands him/her well provides a backup in times of stress. In general, counseling sessions with school children gives a feedback that an effective teacher improves and the confidence level and self-acceptance. This would in turn serve the ultimate aim of education, that the formation of a healthy and civilized human being.

A number of socio-demographic factors that were found to have some association with academic achievement was subjected to the present study. And it is found that class, age, medium of education, father's education, father's occupation, mother's education, mother's occupation, type of school, size of the class, tuition, ordinal position, academic background of the family, gender, chronic physical ailments all have a significant association with academic achievement. Hence, when the interventional strategies are planned for the students with low achievement all these factors must be taken into consideration. Some of these factors were subjected for studies and it was found that proper intervention would improve the level of performance. In spite of all the existing needs and research findings pointing to the essentialities of psychosocial intervention, these factors are always kept into the periphery of the educational system. Only if parents and teachers work together required changes can be accomplished in this area. Educationists and policy makers should also take these factors into account while designing course curriculum and other activities.

Replication of the study may be done using larger samples and wider varieties of variables as an in-depth study would be of great benefit in knowing more about the underlying factors related to low achievement. Research must be conducted in such a way that their results would promote a practical application in order to ease the problems faced by the low achievers, their family members and their teachers. Efforts should be made to identify whether the low achievement of the child could be because of the psychopathic makeup of the parents. Research reports may be published with a view to find out whether any legal provision could be made to ease the burden imposed on them and their parents. Research should be conducted on the efficacy of the counseling and awareness programme in helping the teachers, parents and the students handle the issues related to low achievement.

The present investigation, on the whole, suggests the need for a changing outlook towards the needs and problems of the low achievers. The investigator would feel gratified if the results of the study are considered by the authorities and applied for the betterment of these low achieving students.

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THE CAUSES OF EXCLUSION OF CHILDREN WITH DISABILITIES IN RURAL AREAS

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ABSTRACT

This paper digging out root causes of exclusion of person with disability in rural areas surrounding Faisalabad city. The main purposes of the study are 1) to learn the different types of exclusion of children with disabilities in rural areas 2) study the community attitudes toward disability in rural areas and 3) also find the difference in the perceptions of families having special and nondisabled children about causes of exclusion in rural areas. The type of research was descriptive. Researchers have selected 30 families by using convenient sampling technique. These families were selected five different villages of Faisalabad city. Out of these 30 families 15 families were having normal children and 15 were non-disabled children. For the purpose of data collection researchers have developed semi structured self -made questionnaire having 10 questions. Researchers have personally conducted semi structured interview of the family members. The researches interpreted and coded the interview of the respondent. The researchers coded similar responses of the respondents in the interviews. Researchers applied Mann-Whitney U test, frequency and cross tabulation to approach result and findings. The major findings of the study revealed that there is no significant difference in the perception of families having disabled and non-disabled children about the social exclusion. This study also found exclusion from regular education system, social security services and burden for families.

Key words: Causes of Exclusion, Disability, Rural Area, Society, Family.

1. INTRODUCTION

This Paper aims at contributing to an understanding the causes of exclusion of children with disability in rural areas near to Faisalabad. This study found exclusion of children with disability from home, society, education and from others facilities, which are important for living an independent life. Exclusion is a complex process because it affects all spheres of life. It is a social phenomenon which has many dimensions. It involves the inconsistency of resources and services, and inability to participate in different societal activities and make normal relationships with others that is available to the others members of the society, it affects the life of individuals in economic, social, cultural, or political fields along with the structure of society as a whole (Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyed, E. & Patsios, D. Junary, 2007). Levitas *et al.* also said that Deep exclusion effects not only one domain of life but its severe negative consequences effect the whole life happiness.

Evans & Delucal (2000) describe now a days the term social exclusion is a very hot debate in many OECD countries because exclusion affects the cohesiveness of the society and first of all in 1974 France accepted this term which premise the *"physically disable" the "mentally disable" and the "socially maladjusted".*

The UK's Social Exclusion Unit (SEU 2004) describe social exclusion Is a brief term that describes the problem of those people or areas that have combination of problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family problems. In 2004 SEU reported there are three main factors on macro level *"Poverty, inequality and social exclusion"*, which would be get rid of, and they argue demographic, labor market and social policy are the basis of upwards and downwards of these factors (Social Exclusion Unit , 2004).

1.1 Exclusion from Society

The term disability generally take negative inference and our society gives different name to disable people such as private people, idiots, imbecile, dumb and spastic etc. different people perceive disability differently, they perceive according to their history and culture or in other words their perception about disability shows their cultural influences (Bowes & Hayes, 1999). As Stratford relates each society takes disability differently such as some societies takes syndrome children have both characteristics

of human and the gods. These differences highlight the people's perception about disabilities and their core characteristics. In our society including disable and who are not both have a tendency to focus on just disability and its consequences (B. stratford). Society have different ethics, belief, attitude toward disability like they think they are superhuman and very pious, virtuous and very close to god, and all of these thinking influence those families who have already suffer many changes when a disable child born in their family (Bowes & Hayes, 1999). Now a prevailing thinking is that disability is an individual tragedy but in many societies disability is not taken as it, they takes disability *as a sign of being chosen, of possession by god or the devil* (Oliver & Sapey, 1999).

1.2 Exclusion from School
After schooling usually children with disability face exclusion from community even though they live in society but majority of them spend their lives in homes with custodial care and have very little social relationship, and often dependent on their families for social network (Krauss, Seltzer & Goodman, 1992).UNESCO describe inclusion is the one strategy that resolve the problem of exclusion and marginalized people because inclusion addresses the diversity of peoples (United Nations Educational, Scientific and Cultural Organization UNESCO, 2003). Ferri & connor describe "race" and "disability" are the major factor of exclusion and it is often consider interrelated with one another although they are distinct , he said although we detest exclusion on the bases of race but our schooling system of special education show the racialism (Ferri & Connor, 2005). Joseph Rowntree Foundation describe that DfES (Department for Education and Skills) Reports on exclusion shows that black child excluded from schools on the bases of racism three times more than white children (Frankham, Edwards-Kerr, Humphery & Robert, 2007). Labeling in schools is also create many hurdles and negative consequences for child and their families as described in the report of Joseph Rowntree Foundation that all parents said when their child is labeled in mainstreaming schools, it become the child identity for the whole life and puts negative affects not only child but also their families (Frankham, Edwards-Kerr, Humphery & Robert, 2007).

1.3 Exclusion from Family
Oliver & Sapey (1999) Describe that researches and professional used this term *'a disable child means a disable family'* for a long time that

ultimately affected many such families. Disability further promote in those families who had already disable members and they also not fulfill their basic needs and opportunities and face poor housing, poverty and lack of emotional support. And parents of children with disability encounter many psychological and emotional problems like chronic anxiety (A.p. Turnbull & H.R Turnbull, 1986) because When a child born with congenital disability there is a common reaction of sorrow was find in nearly all families, and this grief cannot be reduced completely (Seligman & Darling, 1989).

Bowes & Hayes (1999) Said parents play a vital role in the provision of care for children with disabilities across the whole life. Flynt & Wood (1989) Said it is very difficult for single families to manage a disability instead of intact families. Because there is no doubt that disability enhances the economic problem of families, and often personal and social incomes are also extended (Gunn & Berry, 1985). Seltzer & Krauss (1994) said that in the USA 85 percent of individuals with an intellectual disability are dependent on their parent and lived with them for the most part of their lives. Griffiths & Unger (1994) Said 44 percent of siblings provide care of their disable siblings and M. W. krauss, M.M. Seltzer & S. J. Goodman, is also reported about intellectual disable that they wished for to live with their siblings when their parents cannot provide care and services for them (Krauss, Seltzer, Gordon &Friedman, 1996).

1.4 Factors of Exclusion

There are many factor of exclusion as Bynner (1996) describe disability is itself a factor of social exclusion and its results are long standing. (1) The children with disability get attention not as much as of normal children when they entered into practical life e.g. job, making a spouse, for making a family and home, especially men encountered these problems and he said education also not resolved these problem but slightly. (2)Negligence and illiteracy of parents is also a big factor of exclusion of children, and often keep with them low expectation (Bynner, 1996). Lack of facilities is also a factor of exclusion as Clarke describe different leisure services and opportunities of games put a positive effect on physical and psychological development of children, and then they make positive relationship and participate in different activities of society, but there are many limitation for achieving these services and disable children face more hurdles than normal children for getting these services (Clarke, 2006).

The UK's social exclusion unit (SEU 2004) reported some current factor of social exclusion. First, Low income is a main factor of social exclusion and its consequences have long term affects, Unemployment growing these days very rapidly and it is a second factor of social exclusion. Poor health, inability of skills and illiteracy provoke unemployment and unemployment enhances social exclusion. Lack of Education, lack of basic facilities is also central factor of social exclusion.

1.5 Causes of Exclusion

Tania Burchardt (2003) describe the beginning of the disability is itself a main reason of exclusion, exclusion from society, exclusion from friends, exclusion from family and exclusion from all recreations that he or she had enjoyed before the onset of disability, and its affects not only comprise the person who have disability but also affected the others member of the family like life partner, Burchardt explain it with this term *"Becoming disabled, being socially excluded".* Inappropriate educational system is also a cause of social exclusion; Educational system should be focus on the child abilities and flourish these abilities to utmost so that the issue of social exclusion could be resolved (Klasen, 1998).Children bear exclusion from family, school, home and even their parents and there are many causes of exclusion e.g. poor physical and mental health, lack of education, unemployment, poverty, poor health, low income (Evans & Delucal, 2000). BBC news conducted a survey (1 September 2010) on exclusion of disable from society and reported why disable people are being *"invisible in day-to-day life" and* tell the two main causes of exclusion (1) lack of opportunities and (2) embarrassment about disability; Survey says there is no lack of awareness about disability but the problem is that people just talk equal opportunities but in practical life a few people have contact with them (Scope survey 1 September 2010, By Sean Coughlan).

A major cause of exclusion of disable is that their social life is restricted in homes and the consequences is that to led independent life in society made for them very tough (Cattermole, Jahoda & Markova, 1988). Bowes & Hayes Reported a societal attitude toward disability, families who have disable children face more exclusion instead of those families who have normal child. There is also a thinking that disable people have low self-esteem, on the bases of this conception disable people face lack of opportunities and facilities that is necessary for their creative work,

prolific expression in society and that notion creates many hurdles in the development of their skills, abilities and their self-regulation (Hupp & Abbeduto, 1991). The CSJ (center for social justice) also describe some core causes of exclusion, *The family environment*, *Impact of family breakdown and dysfunction, The local environment – street gangs, Early Intervention, Parental engagement,* all of these aspects play a vital role in child inclusion or exclusion (The center for social Justice, 2011).

2. METHODOLOGY

2.1 Population of the Study
The families living in the rural areas of Faisalabad were the population of the study. Faisalabad city is bounded in the North by Gujranwala and Shiekupura Districts, in the East by Sheikhpura and Sahiwal districts, in the south by Sahiwal and Toba Tek Singh districts and in the West by Jhang district. Faisalabad is the third largest city of Pakistan after Karachi and Lahore. Its estimated population is consisted 65, 00,000 individuals (A history of Faisalabad).This city has 6 Tehsil council 1) Faisalabad city 2) Faisalabad sadar 3) Chak Jhumra 4) Jaranwala 5) Samundri 6) Tandianwala. District Faisalabad is consisted on 838 villages. Researchers take 5 villages from tehsil chak Jhumra, 195R-B, 104J-B, 112R-B, 190R-B, and 201R-B (District government Faisalabad, strategic policy unit).

2.2 Participants
Researchers have selected 30 families by using convenient sampling technique. These families were selected from five different villages 195R-B, 104J-B, 112R-B, 190R-B 201 R-B of Faisalabad city. Out of these 30 families 15 families were having normal children and 15 were having children with special needs. The age range of the respondents were from 25 to 70 years, mostly 80% families were depending on agriculture. Their monthly income was from rupees 10000 to 45000. Mostly 60% families were living in single unit. Both male and female adult family members were included in the sample.

2.3 Instrument
For the purpose of data collection researchers have developed semi structured self -made questionnaire on the basis of literature review. Researchers have developed instrument in two parts, in part 1, researchers have asked about demographic information of the respondents such as

gender, age, monthly income, occupation, qualification of parents and village name. In part 2, researchers have asked 10 semi-structured questions.

2.4 Data Collection

Researchers personally visited the families in five different villages of Faisalabad. Researchers fully explained the purpose of interviews to the respondents. They personally have conducted semi structured interviews in the native language Punjabi of the family members.

2.5 Data Analysis and Interpretation

The researchers interpreted the interview and then coded the interview of the respondents. Researchers coded the data on similarity bases and assign numbers to similar responses. Researchers converted the soft data into hard data. After the completion of coding data was analyzed with the help of SPSS by using frequencies, Mann-Whitney U test and cross tabulation. Mann-Whitney U test was used to compare the perceptions of families having children with and without disabilities.

3. FINDINGS

1. Majority 80 % of parents having children without disability and 66.7 % parents having child with disability perceived that children with disabilities only can get education in segregated special schools.
2. Majority 40% of parents having children without disability and majority 66.7% families having children with disability responded that there were no educational facilities provided to children with disability in home.
3. Majority 33.3% of families having children without disability responded that as a result of education they will become less dependent. Whereas 40% families having children with disability responded that education will make child with disabilities independent.
4. Majority 53.3% of parents having children without disability and 60% parents having children with disability responded that disabled people perform only low paid jobs.
5. Majority 53.3% of parents having children without disability and 80% of parents having children with disability responded that

children with disability are not a source of shame for them in society.

Table 1: Frequency Distribution of the Responses

Sr.#	Question	Answers	Responses of families having children without disability		Responses of families having children with disability	
			Frequency	%	Frequency	%
1	Do you think that disabled child get education like normal child?	Not educable	1	6.7	4	26.7
		Only special education	12	80.0	10	66.7
		Inclusive education	2	13.3	1	6.7
2	What are the educational facilities that you have to provide disabled child in your home?	No facilities	6	40.0	10	66.7
		Facilities equal normal	5	33.3	2	13.3
		Facilities according to their needs	4	26.7	3	20.0
3	What is the educational benefit for disabled people?	No benefit of education	2	13.3	3	20.0
		Dependent	4	26.7	2	13.3
		Less dependent	5	33.3	4	26.7
		Independent	4	26.7	6	40.0
4	What's your opinion how disabled people can perform their jobs?	Cannot perform a job	3	20.0	2	13.3
		Low paid job	8	53.3	9	60.0
		Normal job	4	26.7	4	26.7
5	How will you introduce your disabled child when you have some guest?	No shame	8	53.3	12	80.0
		Shame	7	46.7	3	20.0
6	If you feel disabled people are burden on your family then how can you take effective steps to reduce this burden?	Burden	12	80.0	9	60.0
		No burden	3	20.0	6	40.0
7	What is your point of view about the distribution of property in society for disabled children?	No property	0	00.0	1	6.7
		Equal property	14	93.3	9	60.0
		Give more property	1	6.7	5	33.3
8	What is your point of view about the distribution of property in society for disabled children?	Not arrange marriage	6	40.0	2	13.3
		If earn then arrange marriage	7	46.7	7	46.7
		Arrange marriage	2	13.3	6	40.0
9	How do disabled people express their feelings of love and hate in their behavior?	No feelings	1	6.7	1	6.7
		More sensitive	2	13.3	5	33.3
		Less feelings	4	26.7	3	20.0
		Just love	6	40.0	3	20.0
		Normal behavior	2	13.3	3	20.0

10	What are the causes of disability in your point of view?	Results of our sins	2	13.3	1	6.7
		Supernatural powers	3	20.0	9	60.0
		Curse	1	6.7	3	20.0
		Natural	8	53.3	2	13.3
		First 3 categories	1	6.7	0	0

7. Majority 80% of parents having children without disability and 60% of parents having children with disability responded that disabled peoples are burden on their families and we cannot reduce this burden.

8. Majority 93.3% of parents having children without disability and 60% of parents having children with disability responded that gives equal property to children with disability so that somebody take care them for the sake of property.

9. Majority 46.7% of parents having children without disability and parents having children with disability both responded that if disabled people are able to earn then arrange their marriage and if not earn then not arrange their marriage.

10. Forty percent of parents having children without disability responded that we should give them just love to children with disabilities. Whereas 33.3% of families having children with disability said that children with disability are more sensitive than others children.

11. 53.3% of parents having children without disability described that causes of disabilities are natural. Whereas 60% of parents having children with disability described that supernatural powers are the causes of disability.

Table 2: Cross Tabulation

Is there any significant association between the perceptions of parents having children with disability and parents having without disability?

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	63.778a	56	.222

Since Pearson value =63.778, df =56 and sig. value= .222 show that there is no significant association between perceptions of the families having children with disability and those families do not have children with

disabilities about causes of social exclusion of children with disabilities in rural areas.

Table 3: Mann-Whitney U

Is there any significant difference between the perception of parents having children with disability and parents having without disability?

Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-sided)
102.000	222.000	-.438	.661

Since Mann-Whitney U value =102.000, Wilcoxon W value =222.000, Z value = -.438 and sig. value= .661 shows that there is no significant difference between perceptions of those families having children with disability and those families who do not have children with disabilities about causes of social exclusion.

4. DISCUSSION

This study investigated the causes of social exclusion of children with disability from rural areas of Faisalabad, in selected sample of 30 families, 15 families were having children with disability and 15 were having children without disability. Previous studies have explored (Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyed, E. & Patsios, D. Junary, 2007) deep exclusion affects the all spheres of life.

Social exclusion (the UK's social exclusion unit SEU 2004) is a plethora of problems such as unemployment, poor skills, low income, poor housing, high crime environment and bad health and family problems. Societies have different ethics, beliefs, and attitudes toward disability like they think they are superhuman and very pious (Bowes & Hayes, 1999). Majority of children with disability spend their lives in home with custodial care and have very little social relationship and often dependent their families for social relationship (Krauss, Seltzer & Goodman, 1992). Bynner (1996) described disability is itself a factor of social exclusion and it have long term results. Tania Burchardt (2003) describe the beginning of the disability is itself a main reason of exclusion, exclusion from society, exclusion from friends, exclusion from family and exclusion from all recreations that he or she had enjoyed before the onset of disability, and its

affects not only comprise the person who have disability but also affected the others member of the family like life partner.

The study results also supported these findings that disabled children faced many problems from family and society and disabled families also faced problems from community. Disabled people excluded from all spheres of life on the basis of disability. A major cause of exclusion of disable is that their social life is restricted in homes and the consequences is that to led independent life in society made for them very tough (Cattermole, Jahoda & Markova, 1988). BBC news conducted a survey (1 September 2010) on exclusion of disable from society and reported why disable people are being *"invisible in day-to-day life" and* tell the two main causes of exclusion (1) lack of opportunities and (2) embarrassment about disability (Scope survey 1 September 2010, By Sean Coughlan). Our study results revealed that disabled children in rural community are not restricted in their homes and also not a source of embarrassment for their parents and family.

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EFFECTIVENESS OF CONCEPT MAPPING TECHNIQUE FOR EFFECTIVE LEARNING OF VISUALLY IMPAIRED STUDENTS AT ELEMENTARY LEVEL

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ABSTRACT

Students with special needs are one of the major focuses of the educational planning and management. The developed countries invest on their special children and provide them the best opportunities to learn. However in Pakistan we still need to pay attention more seriously to this issue. The research was designed to investigate the effectiveness of concept mapping technique for the effective learning of the visually impaired students. Due to the limitation of expertise the research was delimited to the partially sighted students only. The researcher followed the experimental research type for the research. The pretest posttest experimental research design was used for the conduct of research. A teacher made test was developed and that same test was used for pre and posttests both. Aziz Jehan Begum Trust, Lahore was selected as population of the research. 15 students were randomly selected for the experiment. The experiment prolonged for two weeks. The model lessons based on concept mapping technique were developed and taught to the students. Pretest was conducted before starting the experiment and the post test was used after completing the experimental procedure. The results were analyzed with the use of t test. It was found that there was a significant difference in pre and post test results. The data proved the hypothesis that "Concept mapping technique is effective for the effective learning of the visually impaired students". Thus it is highly recommended that concept mapping technique may be introduced for the teaching of visually impaired student as it is helpful in developing a visual impression on the minds of the students who are not capable of visualizing the actual situation.

Key words: Concept Mapping Technique, Visually Impaired Students.

1. INTRODUCTION

The beauty of this universe is that every individual different from the other. Every human being has different features in terms of their weaknesses, strengths, capability, intelligence, skills, perception and thoughts. This is the reason that in a single class we see students heaving different levels of skills and intelligence. Sometimes teacher has to deal with the students who suffer from some kind of physical, mental, learning or emotional disability. Sometimes "exceptional students" with the gifted abilities are also present with the average students as well. The special students need special attention, care and educational services. This happens because these students are completely different from normal students.

According to educational point of view visual impairment means those students who are suffering from severe eyesight problems means extra ordinary delicate vision due to which they collapse in getting education with the students having usual sight and they need superior type of practices through which they can be educated (American Foundation for the Blind, 2002). The visual impairment can be divided into further sub categories that are as follows.

   a. **Partially sighted:**
      This contains such students who suffer from short slightness. These students face problem in seeing object from distance or from near places. They can see the things correctly. They occasionally need special education not all the time.
   b. **Low Vision:**
      This kind of problem is those who may have experience problems. These students face difficulty in seeing things whether from distance or nearly. They need special education all the time.
   c. **Legally Blind:**
      Legally blind students are the ones with a 20/200 vision. They have very limited vision and cannot see clearly.
   d. **Totally Blind:**
      Students who have cannot see at all. These students suffer from complete blindness. Special educational institutions are made for these students because they study through Braille.

However, there are many blind learners who are studying in normal mainstream educational institutes. According to the statistics given by ministry of education in 2004, forty four blind students were studying in normal settings. 15 were at primary level, 10 at secondary level and 19 at higher level. But it is very challenging for the general teachers to teach these students with special needs and to enable them to achieve good grades. So these students need special teachers that are trained.

These students are provided with special facilities like extra time, special setting, a helper to read or write, Braille, large font and tactile enhancement etc. Even after the provision of such facilities these students still face difficulties in learning different subjects.

Such students face difficulty in learning the simple concepts even. Even the trained mentors in special education institutions find it difficult to teach these concepts to the visually impaired students. It is very complicated task for mentor to handle such students and make education and special environment, where special educators are teach them. Special students need extra time, special setting, the provision of reader and writer Braille, large prints and tactile enhancement.

The teachers of students with week, demised or damage sight are trained and certified so they can give instructions that will help in general curriculum for children who are blind. People suffering from visual problem usually do less movement as a result their physical fitness is also suffered, so along with their visual disability they have also the problem of outdoor activities (Schleppenbach, 1997). Children with visual impairments who are included in regular physical education classes are more likely to participate in organized sports activities as adults (Cameto & Nagle, 2007).

Education does not exist academic only. It orders whole lifestyle and life style after school. one should not expect that students suffering from visual impairment is not very common therefore sometimes school authorities can't point out such cases straight away (Ferrell, 2004). Visual impairments occurs so infrequently in the school-age population that few school psychologists are able to obtain adequate experience evaluating students with this disability (Adams, Hendershot, & Marano, 1999).

Dick & Kubiak was a blind person who wrote about his own experience related to the difficulty in understanding the concepts. He said that "I have been totally blind since birth and have studied algebra, geometry and calculus. I found geometry especially difficult because I lacked the understanding I of many spatial concepts…I found that I had difficulty understanding such concepts as how four walls meet the ceiling and I actually stood on a chair to study this"(Dick & Kubiak, 1907).

Education is far more than learning academic skills; it includes a wide range of behavior which helps student to line the life after school. It is important to understand special education and the special needs that special children have in the system of education.

"The umbrella term of Special Education broadly identifies the academic, physical, cognitive and social-emotional instruction offered to children who are faced with one or more disabilities" (Huebner, Merk-Adam, Stryker & Wolffe, 2004). Almost every classroom includes a number of students who are dealing with disabilities either physical, educational, emotional or a combination of all three. Special children should be given a great deal of help. Special education is offered to children to help them live normally and deal with their society. According to Rizzo, Woodard, Ozmun, Piletic, Faison-Hodge, & Sayers, (2003) Special education conducted to these children should have continuous, multi affected and special approach of intensive guidance and care. To make special child feel that he is a part of the class/ group or family is very important for the emotional and social adjustment of that child in future. Like normal children, special children need proper attention to help them when dealing with their environment. Thus special techniques for learning in easy way can be used for such students to decrease their difficulty level in the system of education. Use of concept mapping is one of such technique that can be helpful for the students who have learning difficulty of any kind. "Concept mapping is a graphical representation or tool for demonstrating and shaping knowledge. They include concepts, usually enclosed in circles or boxes of some type, and relationships between concepts indicated by a connecting line linking two concepts. Words on the line referred to as linking words or linking phrases, specify the relationship between the two concepts (Oh, Ozturk, & Kozub, 2004)."

The concept mapping techniques is developed in the light of the theory of David Ausubel (Ausubel, 2000). The concept of assimilation and accommodation is the root of this technique. This is a learning strategy that allows the human mind to develop and shape the knowledge in form of graphical description. It clarifies the concepts, its parts, linkages and other detail in the form of a picture that gives an everlasting impression on the minds of the students (Adey & Shayer, 1994). So if this technique is applied on the students with visual difficulties it can help them to understand the concept in a quick way instead of reading the content from the books. The researches show that previously in Pakistan no such research has been conducted on the use of this technique for the teaching of special students.

2. METHODOLOGY

The research was based on quantitative approach. The researcher followed the experimental research to investigate the effect of concept mapping technique on the learning of the students. The population of the research was based on the students enrolled in Aziz jehan begum trust, Lahore. By using convenience sampling technique 15 students were selected for the purpose of experiment. Keeping in view the limitation of resources and expertise the research was delimited to the partially sighted category of visually impaired students. The "pretest posttest experimental design" was used to conduct the experiment. The pretest was developed by the help of the subject teacher. The same test was used as posttest. The experiment prolonged for two weeks. The model lesson plans were developed on the basis of concept mapping technique. The pretest was conducted before the start of the experiment. After that for two weeks the teacher used the concept mapping techniques along with the model lessons. At the end the post test was conducted. The results of pre and posttest were analyzed with use of t test. The experiment was delimited to the teaching of general science only as there is more scope of developing concept maps in that subject.

3. FINDINGS

Table 1
Pre Test - Post Test Comparison (t Test)

Variable		N	Mean	t value	df	Sig
Concept	Pre Test	15	14.40	-7.78	28	0.00
	Post Test	15	17.67			

*p <0.05, **p <0.01

Table 1 shows that there was a significant difference (t = -7.78) at 0.01 level of significance between the results of pretest and posttest of the students related to the concept understanding through the use of concept mapping technique.

Table 2
Pre Test - Post Test Comparison (t Test)

Variable		N	Mean	t value	df	Sig
Term	Pre Test	15	12.87	-9.47	28	0.00
	Post Test	15	16.53			

*p <0.05, **p <0.01

Table 2 related to the term understanding also shows significant difference (t = -9.47) between the pre and posttests of the students. The students performed better after the use of concept mapping technique. The calculated difference was significant at 0.01 level of significance.

Table 3
Pre Test - Post Test Comparison (t Test)

Variable		N	Mean	t value	df	Sig
Application	Pre Test	15	3.80	-9.20	28	0.00
	Post Test	15	5.27			

*p <0.05, **p <0.01

Table 3 explains that the understanding of the students related to the application of the content was also increased after the use of concept mapping technique. Thus the significant difference (t = -9.20) was found between the results of pretest and posttests.

Table 4
Pre Test - Post Test Comparison (t Test)

Variable		N	Mean	t value	df	Sig
General	Pre Test	15	9.40	-4.85	28	0.00
	Post Test	15	11.73			

*p <0.05, **p <0.01

The use of concept mapping techniques also effected positively on the understanding related to the general curriculum. There was a significant difference (t = -4.85) between the result of pre and posttests.

Table 5
Pre Test - Post Test Comparison (t Test)

Variable		N	Mean	t value	df	Sig
Total	Pre Test	15	40.47	-11.34	28	0.00
	Post Test	15	51.20			

*p <0.05, **p <0.01

Table 5 shows that there was a significant difference in the overall result of the pre and posttests. Thus overall difference (t=-11.34) was calculated significant at 0.01 level. After the treatment of the experimental procedure the performance of the respondents was improved significantly.

Thus the hypothesis "Concept mapping technique is effective for the effective learning of the visually impaired students" was approved at 0.01 level of significance.

4. RECOMMENDATIONS
1. As the visually impaired students have the difficulty of visualization. So the text may be reduced from their text books and special books containing pictures and conceptual maps may be allotted to them.
2. On the basis of the findings of the research it is recommended that the special education schools may revise their curriculum and convert it in the form of concept maps for the students. Additionally the content that is provided to the visually impaired students can be up graded with the us e of concept maps.
3. Activities related to the development of concept maps can also be included in the curriculum.
4. Additional workbooks or study guides containing such concept maps can also be provided to the students.
5. The teachers who are teaching visually impaired students may also e trained to use concept maps in the classrooms for the students.

6. It would also be useful for the students to provide them specially designed charts and posters in their classes containing concept maps related to their study content.

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EFFECTS OF SOCIO-ECONOMIC INDICATORS ON FEMALE HEALTH WITH SPECIAL REFERENCE TO UNITED COLONY KARACHI: A COMPARATIVE ANALYSIS

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ABSTRACT

The purpose of this study is to investigate the effects of socio-economic status on women's health, while the socio-economic status has been defined operationally. The four dimensions of SES have been identified as economic status, occupational status, educational status and residential status. The indicator of economic status was identified as income and its empirical referent was identified as the amount of monthly income the females earn. The indicator of occupational status was identified as occupation and its empirical referent was identified as the type of job. The indicator of educational status was identified as education and its empirical referent was identified as years of formal schooling. The indicator of residential status was identified as neighbourhood and its empirical referent was identified as the neighbourhood environment in and around the house as well as work place. Female health was considered from the point of view of female empowerment, alternately female health is female empowerment; has been explained into four dimensions as, physical, social, emotional & mental health. Socio-economic status was the independent variable and health was taken as the dependent variable. This was a quantitative research study in which causal comparative research method was used.

Keywords: Female, Health, Education, Income, Occupation, Neighborhood, Quantitative.

1. INTRODUCTION

In this contemporary era, there is a dire need to investigate the socio-economic conditions and its effects on female (health and empowerment) from the minority communities. There is ample evidence from empirical research carried out by both local & foreign researchers and human development agencies on the overall condition of females in South Asia, especially in Pakistan, which has made some move; but compared to the momentum gained in the sphere of male empowerment the female empowerment is growing at a snail's pace.

Historically, social customs along with different traditions in our country have hindered the way of women from being involve in constructive activities, especially in the development sphere, some of the prominent aspects are limited access & facilities, lack of vocational & technical training, and above all illiteracy. During the last five decades, women's development has been adversely affected, because of the lack of political commitment and absence of equity-oriented economic policies, as most of the prevailing policies are highly discriminatory. The United Nation's HDI and other gender inequality indicators have definitely highlighted the very need to be focused upon the creation of a just as well as a secure environment where women's rights are ensured (Larik, 2002).

According to Freudenberg and Ruglis (2007), Good education in any society projects a good health, as the disparities in the sphere of educational achievements & health are interlinked. Cutler, Lleras-Muney (2006); Madans, Wagener (2004); Deaton (2002); Winkleby, Jatulis, Frank, and Fortmann (1992); cited in Freudenberg and Ruglis (2007) that, education as a whole is a prime predictor of an individual's health, i.e. more schooling leads to better chances of health. Although education exhibits a very strong influence on an individual's health; Molla, Madans,Wagener (2004) opined , formal education in every way is associated with lower death rates, i.e. the less educated people will be, the higher will be their levels of risky health behaviors, for e.g. low level of physical activity, obesity & smoking. Lantz, House, Lepkowski, William, Mero, Chen J. (1998) cited in Freudenberg and Ruglis (2007).

1.1 Good Education is a Key to Good Health

First, education allows us to enhance our social mobility. It also facilitates us to gain more power & prestige, as both of these are directly linked with better health. Second, education facilitates healthier behavior choices by offering learners access to health information and tools to acquire help and resources such as smoking cessation programs.

Third, Cutler, Lieras-Muney (2006); Ross and Wu (1995); Ross, and Mirowsky (1989); cited in Freudenberg and Ruglis (2007), claiming that education helps an individual to earn social suport, it also strengthen one's social network, helps in gaining sense of control, lessens the social stressors, which all is an outcome closely associated with better health of an individual.

Cutler and Lleras-Muney (2007), suggests that public policies that increase opportunities for educational attainment can largely affect population health. Woolf, Johnson, Phillips, Philipsen, (2007), claims that the investment made towards improving educational achievements can surely save far more lives than medical advances can possibly ever does.

1.2 Theoretical Background

Social class matters because it affects many aspects of people's lives. Social class influences life chances in all aspects like; mortality, self-esteem, mental health, physical health education and even crime victimization; the like hood that individuals will lead a successful and rewarding life. Social class also influences life styles, such as child socialization, child rearing, family, politics, recreation and leisure, communication and religion - the sub-cultural patterns that characterize the different classes. People born in different social classes experience different life chances, for example, they experience difference in schooling, physical and mental health, self-esteem, their risk of becoming a victim of crime. Different behavioral patterns are associated with each social class.

Karl Marx and Max Weber both showed agreement that social stratification, also called as the class system sparks social conflict. Weber explains his view of social stratification or class system as a complex

relationship between economic inequality, social prestige or status and power and holds that these are the three distinct dimensions of social stratification. Weber contributes by stating that this world wide social stratification called the class system in industrial societies is a multi-dimensional ranking rather than a simple hierarchy of clearly defined classes (Macionis, 1999; p.250).

Industrial economy led to the development of the class system where the economic factors and achieved statuses gained by ability and merit are the principle means of ranking, it is open to social mobility and boundaries between social strata are less clear. Due to history, culture, political and economic conditions a society's class system may take several forms. Most societies contain three classes, the upper class of a very small size but very influential and powerful, owns the bulk of assets. Beneath this level is the middle class with a large extended size and with major differences in possession of wealth, and power. At the bottom lies the lower class comparatively smaller in size with major differences in wealth and power.

Weber argued that economic status (money and wealth) was not the sole criterion to determine a person's class rank. Power and prestige are also basic criterions in the ranking process. And each dimension can operate independently of the other in determining the social rank (Thompson and Hickey, 1999; p.221).

To identify other's class standing; people usually inquire what he or she does for a living. Since it is considered impolite to ask people about their income and wealth, it is socially acceptable to show interest in the persons work. The kind of work people do reflects the prestige that accompanies their occupation. Vallas (1987); Mackinnon & Langford (1994), cited in Lindsey and Beach (2000, p.260) states prestigious occupations tend to involve substantial autonomy and authority; being closely supervised and taking orders lowers the prestige of an occupation. High ranking jobs require extensive education, some considered it as the most important single factor influencing working with people or ideas rather than with things. Jobs that are associated with people's minds with women or minorities are less prestigious.

The effects of all four (education, income, occupation and neighbourhood environment) and several other components of socio-economic status on female health have been considered by various researchers; however, it was not possible for the researchers to consider and incorporate all aspects and components of socio-economic status that effect female's health in this respective study. Therefore, this study was limited and focused to only four components of socio-economic status that were simple and easy to handle, i.e. by the researchers and the respondents. Besides this, the researchers have personal reasons to conduct this research.

- To find out the relationship between literacy rate and female health.
- To find out the relationship between family income and female health.
- To find out the relationship between occupation and female health.
- To find out the relationship between neighbourhood environment and female health.

2. METHODOLOGY

2.1 Study Site

This study was conducted in a small shanty (basti) area called United Colony, which is located between Mewa-Shah Graveyard and Old Golimar near the Karachi Metropolitan Corporation workshop. This area is commonly known as Gutter Bagicha. The respective area comprises largely of sanitary workers, rickshaw & taxi drivers, fruit & vegetable mongers, milk retailers, grocers, tailors, and other low income workers. Adult members of the vicinity are largely illiterate or are non-functional literate, while few are functionally literate, both groups work with no specific occupation, mostly employed in low paid jobs in the informal private sector. This study was conducted with the Christian community that resides in this area. The neighbourhood is congested, basic necessities like clean drinking water, covered sewerage and proper sanitation, well constructed roads and housing along with personal hygiene conditions are severely lacking. There is just one community coed school in the basti where boys and girls of the basti and its adjoining areas have easy access to schooling.

2.2 Procedure

Convenience sampling was employed to approach the respondents. The instrument used to collect the data was a questionnaire. It gathered information about the four indicators of socio-economic status and their effects on female health. The questionnaire comprised of two parts; the first part comprised of a biographical and demographical section, while the second part comprised of Likert scale - an attitudinal scale which was used to collect data related to the perceptions of females about the effects of education, income, occupation and neighbourhood on their health. The questionnaire was distributed among 130 females; 65 married and 65 unmarried, married and unmarried females were the comparison group. The researcher received back only 95 questionnaires. Four Null hypotheses were tested. Chi square; a non-parametric test of significance was employed to test significant differences in the perceptions of married and unmarried females about the effects the four indicators of socio-economic status on their health.

3. FINDINGS

3.1 Demographic Features

Majority of the respondents were matriculates with respondents who never received any formal education, but a high degree of awareness of the importance of education and its effects in various areas strongly prevailed in the sample. Chi square test of significance showed that there was no significant difference in the perceptions of married and unmarried females about the effects of education on their health, i.e. the null hypothesis was accepted. In relation to occupation 19 out of 57 married females identified at indoor house chores as their occupation and 10 out of 38 unmarried females identified tailoring as their occupation. 16 out of a total 95 females had no occupation. With various forms of occupation; 55 out of 95 remained unemployed. 57 percent that is 55 out of 95 earned less than 3000 to 10000 rupees per month. With 57% females unemployed and others earning a meager monthly income; it was estimated that a large portion of the sample lived below the poverty line earning less than $2 a day. The respondents were well informed and had good awareness between clean and unclean living environment and the effect of both conditions on their health.

3.2 Testing of Hypotheses

All four null hypotheses were not rejected, the researcher could not find support for the alternate research hypothesis which stated that:

1. There is a significant difference between the perceptions of married and unmarried females about the effects of education on their health.
2. There is a significant difference between the perceptions of married and unmarried females about the effect of income on their health.
3. There is a significant difference between the perceptions of married and unmarried females about the effect of occupation on their health.
4. There is a significant difference between the perceptions of married and unmarried females about the effect of neighbourhood environment on their health.

Table 1
Table for Hypothesis 1

MARITAL STATUS OF WOMEN	EFFECTS OF EDUCATION ON WOMEN HEALTH			TOTAL
	Low	Moderate	High	
Married	Fo 20 Fe 18.6 (Fo-fe)2 1.96	Fo 20 Fe 17.4 6.76	Fo 17 Fe 21 16	57
Unmarried	Fo 11 Fe 12.4 1.96	Fo 9 Fe 11.6 6.76	Fo 18 Fe 14 16	38
Total	31	29	35	95

$x2 = 3.1367$
df=2
p<0.05

Expected value=RT × CT÷GT
Degree of Freedom df=(r-1)(c-1)
$x2 = \sum(O-E)2$
÷E=0.1054+0.3885+0.7619+0.1581+0.5828+1.14=3.1367

The calculated $x2 = 3.1367$ is smaller than the tabled value 5.991 required at 0.05 level of significance therefore the null hypothesis is not rejected. The alternate research hypothesis was not supported.

Table 2
Table for Hypothesis 2

MARITAL STATUS	EFFECT OF INCOME ON THEIR HEALTH			TOTAL
	Low	Moderate	High	
Married	Fo 16 Fe 12.6 11.56	Fo 30 Fe 34.8 23.04	Fo 11 Fe 9.6 1.96	57
Unmarried	Fo 5 Fe 8.4 11.56	Fo 28 Fe 23.2 23.04	Fo 5 Fe 6.4 1.96	38
Total	21	58	16	95

$x2 = 4.4592$
df=2
p< 0.05
Expected value=RT × CT÷GT
Degree of Freedom df=(r-1)(c-1)
$$x2 = \sum(O-E)2 \div E$$
$$= 0.917 + 0.662 + 0.204 + 1.376 + 0.993$$
$$+ 0.306 = 4.4592$$

The calculated $x2 = 4.4592$ is smaller than the tabled value 5.991 required at 0.05 level of significance therefore the null hypothesis is not rejected. The alternate research hypothesis was not supported.

Table 3
Table for Hypothesis 3

MARITAL STATUS	EFFECT OF OCCUPATION ON THEIR HEALTH			TOTAL
	Low	**Moderate**	**High**	
Married	Fo 13 Fe 10.8 4.84	Fo 28 Fe 27.6 0.16	Fo 16 Fe 18.6 6.76	57
Unmarried	Fo 5 Fe 7.2 4.84	Fo 18 Fe 18.4 0.16	Fo 15 Fe 12.4 6.76	38
Total	18	46	31	95

$x2 = 2.043$
df=2
$p< 0.05$
Expected value=RT $\times$ CT$\div$GT
Degree of Freedom df=(r-1)(c-1)
$x2 = \sum(O - E)2 \div E$

$$= 0.448 + 0.0058 + 0.363 + 0.672 + 0.545$$
$$= 2.043$$

The calculated $x2 = 2.043$ is smaller than the tabled value 5.991 required at 0.05 level of significance therefore the null hypothesis is not rejected. The alternate research hypothesis was not supported.

Table 4
Table for Hypothesis 4

MARITAL STATUS	EFFECT OF NEIGHBOURHOOD ENVIRONMENT ON THEIR HEALTH			TOTAL
	Low	**Moderate**	**High**	

Married	Fo 19	Fo 18	Fo 20	57
	Fe 15	Fe 18.6	Fe 23.4	
	16	0.36	11.56	
Unmarried	Fo 6	Fo 13	Fo 19	38
	Fe 10	Fe 12.4	Fe 15.6	
	16	0.36	11.56	
Total	25	31	39	95

$x2 = 3.952$
df=2
p< 0.05
Expected value=RT × CT÷GT
Degree of Freedom df=(r-1)(c-1)
$x2 = \sum(O - E)2 \div E = 1.07 + 0.019 + 0.494 + 1.6 + 0.029 + 0.74$
$$= 3.952$$

The calculated $x2 = 3.952$ is smaller than the tabled value 5.991 required at 0.051 level of significance therefore the null hypothesis is not rejected. The alternate research hypothesis was not supported.

4. DISCUSSION

These were not supported by the null hypotheses. This has occurred by chance and is probably not true to state that no significant difference exists between the perceptions of married and unmarried females. It could be a sampling error. Females in both the groups showed high level of agreement with almost all the forty statements about the effects of education, income occupation and neighbourhood on health; there was no significant difference found between their perceptions. A high to moderate level of agreement was observed by both the groups of females. It has also been realized that the females responded to more socially acceptable answers, and were strongly influenced by each others responses. It has also been realized that the females did not give much thought to the statement before responding to it which in reality was demanded by the statements. Since the null hypotheses are not rejected it can be stated that

it is probably true that there is no difference in their perceptions regarding the effects of SES indicators on their health. At the same time it is difficult to believe that such a situation exists, that all 95 respondents perceived in almost the same way. The researcher attributes this to sampling error.

The general meaning that can be inferred from these findings is that, there is definitely a greater deficiency in the quality of education and training of these females. It was observed that other than attending public or private school located in the vicinity, they had no other opportunity to receive the required quality education and training that empowers and emancipates. This was possibly because of their low socio-economic status, that this group usually faces economic crisis concerning the affordability of education. This means that these females especially the young and unmarried need to be with opportunities and exposure to information and communication technologies (ICT), which in the contemporary era has emerged as a potential driving force in the development process globally. Because of their lower levels of education these women are removed from the information age and this has adversely affected their level of achievements. According to a USAID report cited in (Lopez-Claros & Zahidi, 2005), In the absence of ICT, developing world women will be further marginalized from the mainstream of their communicaties, regionally and globally. A complete understanding of the ICT's importance and the ability to use it is thus crucial for socio-economic advancement of the women. Education that is relevant and productive is the only means that will open doors to social and economic opportunities for these and other females with the same SES characteristics. The right kind of education will influence occupational choice, enhance income and influence the choice of neighbourhood environment.

On the basis of the findings, following recommendations are listed below:

1. The present condition of schooling must improve expediently, curriculum improvement to take place in relation to technological and industrial development and demands of the labour market. Information and communication technology has now emerged as a potential driving force in the development process worldwide, and should be made compulsory at all levels of education. Education will have the strongest impact in the selection of occupations.

2. Provisions to be ensured for female from lower socio-economic status regarding their occupational training and skill development.

3. There were not much occupational choice for this group of females; therefore, it is recommended that females of similar status should be given opportunities and exposure to diversified occupations other than the stereotyped culturally designated spheres for females from lower social class.

4. Promote female labour force participation, to achieve faster economic growth.

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THE EXPERIENCES OF PERSONS WITH DEAFNESS AT WORKPLACE

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ABSTRACT

The major purpose of this survey study was to explore difficulties faced by individuals with deafness at workplace. A self-developed structured interview containing twenty two (22) open and closed ended questions was developed. The reliability of instrument (Cronbach alpha) was 0.67. A sample of thirty four (34) individuals with deafness (males=31 and females=03) were selected through snow ball sampling technique from two major cities of the Punjab i.e., Lahore and Bahawalpur. Data were analyzed by using SPSS. Frequencies were run to see an overall picture of difficulties encountered by individuals with deafness at place of work. Major findings revealed that individuals with deafness are not employed according to their vocational skills and getting low salaries. They reported that physical and social environment of organization, attitudes of head and colleagues is good. They highlighted many difficulties such as workplace is for away, poor reward and appraisal systems, insufficient promotion and training opportunities and nonexistence of assistive devices at workplace. The study recommended that A fair system of performance appraisal, awards and promotion should be introduced and practiced in the organization and communication barriers for deaf employees may be reduced by using assistive listening devices, sign language and sign language interpreter during special meeting sessions.

Keywords: Individuals with deafness, Workplace, Performance appraisal, Assistive listening devices.

1. INTRODUCTION

Hearing impairment is considered to be the most prevalent congenital abnormality in newborns and is more than twice as prevalent as other conditions that are screened for at birth, such as sickle cell disease, hypothyroidism, phynilketonuria, and galactosaemia. It is one of the most common sensory disorders and is the consequence of sensorineural and/or conductive malfunctions of the ear. Children who have mild or unilateral permanent hearing loss may experience difficulties with speech understanding, especially in a noisy environment, as well as problems with educational and psycho-social development. Children with hearing impairment frequently experience speech-language deficits and exhibit lower academic achievement and poorer social-emotional development than their peers with normal hearing (Shemesh, 2010).

Communication is the major problem of persons with hearing impairment which is essential skill in all aspects of life especially when interacting with hearing world. This deficiency affects the working of persons with deafness at their work places. Persons with normal hearing have similar problem of communication because they do not expert in sign language, therefore, as a result they also fail to communicate official requirement to them. According to an Italian study conducted in 2008 working adults with mild or moderate hearing impairment may be adversely affected at work unless they use hearing aids. The sample of the study was comprised on 73 people with hearing loss and 96 people with normal hearing. The result of the study revealed that those with hearing loss experienced greater problems in the workplace, emotionally as well as socially. This was demonstrated by a higher prevalence of signs of depression, anxiety, sensitivity and hostility in the hearing impaired group than in the group of people with normal hearing. It is found that emotional effects of hearing loss generally resulted in hearing impaired workers having difficulty functioning in socially challenging situations commonly found at work place.

Another research report persons with hearing loss in the workplace by Matthews (2014) describes the experiences of 27 people with hearing loss. Through in-depth interviews the investigator found that the culture of an organization has the biggest impact on the experience that someone with hearing loss has in the workplace. The organization's values and beliefs

influence the support mechanisms available as well as the way that managers and colleagues react to someone with hearing loss. Work environment hearing loss can have an immediate impact on communication but it is important that people feel confident in asking for adjustments. Meetings were a problem for most participants due to problems such as background noise and difficulties in understanding oral mode of communications. Simple changes can be made to minimize these problems, for example by using equipment such as loop systems and personal listeners, or even using communication support such as a speech-to-text-reporter. It is also found that adjustments and support assistive listening services are generally focused on the provision of hearing aids and do not provide a holistic service with advice and support tailored to the work . However, there was a general lack of awareness among both the person with hearing loss and their employers.

Like in other fields of life, persons with hearing impairment face problems at their job place. According to Moores (2001) students with hearing impairment experience low self-esteem, communication problems, transportation problems, resistance factors by the company to giving up government support, ineffective interpersonal relationship etc. Furthermore, they are considered as inflexible workers, having inadequate vocational training by the institutions.

2. METHODOLOGY

2.1 Participants

The sample consisted of 34 participants, out of which 31 were male employees and 3 were female employees. Out of thirty four employees 22(64.7%) were permanent 09(26.5%) were working on contract and 3(8.82%) were doing their own work (business). Respondents were asked to report their level of hearing loss across four categories: mild, moderate, severe, and profound. Six (17.6%) reported their hearing loss as being in the moderate range and twenty eight (82.3%) indicated that they had a profound hearing loss.

All the respondents were hearing aid users (none of them were cochlear implanted). Eight respondents (23.5%) reported that both verbal and sign language were their primary means of communication in everyday life and 26 (76.5%) reported that only sign language was their primary means of

communication. Ten respondents (29.4%), reported their ages were between 22 to 25 years, nine participants (26.5%) were between 26 to 29 years, six persons (17.6%) were between the age of 30 to 33years, five (14.7%) were between 34 to 37 years, two employees (5.9%) were between 38 to 41 years, one (2.9%) respondent was at the age of 42-46 years and one (2.9%) was between the age of 47-51 years .

Three categories of occupations of hearing impaired employees were of same percentage, i.e. (14.7%) five respondents were teachers, and five were computer instructors and five were waiters at KFC restaurant. Four respondents (11.8%) at each category of; administration, clerical and data entry post were employed. Three employees (8.8%) were fine art teachers and one (2.9%) participant of each occupation was assistant registrar, cricketer, beautician and tailor. The qualification of the majority of employees was graduation 18(52.9%), seven (20.6%) were intermediates, five (14.7%) were matric, three (8.8%) were primary and only one employee's qualification was M.A.

2.2 Instrument

After reviewing the related literature a structured interview containing twenty two (22) questions with open and closed ended options was developed. The questions were related to physical and social environment of organizations, facilities of residence and medical and provisions of promotion and training opportunities. The reliability of the instrument was 0.67 (Cronbach alpha).

2.3 Procedure

First of all, the individual with deafness working in University of the Punjab were contacted and interviewed. Employees with deafness working in University help to locate other participants of research. Then face to face interviews were conducted through sign language by one of researchers. Thirty four respondents of both major cities of Pakistan Lahore (18) and Bahawalpur (16) were interviewed for research purpose. They were informed about the purpose of the research. They were requested to spare 20 to 25 minutes for interview. They were assured that confidentiality and anonymity will be observed.

3. FINDINGS

The data collected were tabulated and analyzed as under:

Table 1

Relevance of Vocational Training with Current Job

Vocational training	Frequency (%)	Current jobs	Frequency (%)
Computer course	15(44.1)	Computer teacher	05(14.7)
Fine Arts	09(32.4)	Fine art teacher	03(8.8)
Beautician course	2(5.9)	Beautician course	1(2.9)
Tailoring	2(5.9)	Tailoring	1(2.9)
None	04(11.7)	Others………	24(70.5)

Table-1 indicates that most of employees were having skills in computer 15(44.1%) and fine art 09(32.4%) while a few number of them got job according to their professional training (computer 05(14.7%) and fine art teachers 03(8.8 %).

Table 2

Indicating the physical, social environment and other provisions at workplace

Pleasant Experiences	Yes (%)	No (%)
Physical environment of organization is good	20 (58.8%)	14 (41.2%)
Social environment of organization is friendly	31 (91.2%)	3 (8.8%)
Background noise distract you at your workplace	11 (32.4%)	23 (67.6%)
Hearing colleagues cooperates with you	29 (85.3%)	5 (14.7%)
Enjoy trips/picnic with your colleagues	22 (64.7%)	12 (35.3%)
Organizations provide computer technology	18 (52.9%)	16 (47.1%)
Recognize that discrimination and harassment	27 (79.4%)	7 (20.6%)

Head aware of your special needs	20 (58.8%)	14 (41.2%)
Organization provide facility of medical	21 (61.8%)	13 (38.2%)
Atmosphere of organization is generally positive	21 (61.8%)	13 (38.2%)

Table 3

Difficulties faced by employees at workplace

Difficulties	Yes (%)	No (%)
Workplace very far from your residence	25 (73.5%)	9 (26.5%)
Facility of residence	-	34(100%)
Provision to change working desk to avoid noise	10 (29.4)	24 (70.6%)
Organizations has democratic leadership	16 (47.1%)	18 (52.9%)
Feel hesitation while asking for special accommodations	23 (67.6%)	11 (32.4%)
Organization give reward for good performance	15 (44.1%)	19 (55.9%)
Promotional opportunities	10(29.4%)	24(70.6%)
Staff development and training	11 (32.3%)	23 (67.7%)
Good appraisal systems	12 (35.3%)	22 (64.7%)
Circulate policies are interpreted in sign language	13 (38.2%)	21(61.8%)
Sign language interpretation in meeting	15 (47.1%)	18 (52.9%)

Table 4

Reasons to leave the jobs

Reasons	Emotional stress	Attitudes	Financial
	8 (23.5%)	4 (11.8%)	15 (44.1%)

A reasonable proportion of responded 15 (44.1%) said that they want to leave their jobs due to financial stress.

Table 5

Availability of hearing assistive technology available at workplace

Assistive listening devices	Responses
FM system	Not available (34)
Infrared system	Not available (34)
Induction loop	Not available (34)
Personal hearing aid	30 (88.2%)
Telecommunication devices	Not available (34)
Personal cell phone	34(100%)
Amplified phone	Not available (34)
Video Phone	Not available (34)
Visual or tactile alerting devices	Not available (34)

Assistive technology (Listening Devices & Telecommunication Devices) is not available at workplaces. Most of employees with deafness 30 (88.2%) were using their personal hearing aids and 34(100%) used their cell phones for text messages.

Major findings of the study were as under:

1. A reasonable proportion of respondents (44.1%) were having vocational training in computer.
2. Almost half of employee (47.0%) had monthly salary between 6000 to 10,000 rupees.
3. Majority of employee (58.8%) reported that the physical environment of organization is good.
4. A vast majority of the respondents (91.2%) reported that the social environment of organization is pleasant.
5. Majority of the respondents (67.6%) reported that noise at workplace do not distract them.
6. Majority of the respondents (85.3%) reported that hearing colleagues are cooperative.

7. Majority of the respondents (64.7%) said that they enjoy picnic/trips with their colleagues.
8. Majority of the respondents (52.9%) reported that their organizations provide with computer technology.
9. Majority of the respondents (79.4%) reported that their organizations recognize discrimination and harassment.
10. Majority of the respondents (58.8%) stated that head of institutes are aware of their special needs.
11. Majority of the respondents (61.8%) answered that they organization provide facility of medical.
12. Majority of the respondents (61.8%) answered that the general atmosphere of organization is positive.
13. Majority of the respondents (73.5%) answered that their workplaces are far away from their residence.
14. All of the respondents (100%) answered that their organizations do not provide facility of residence.
15. Majority of the respondents (70.6%) reported that they are not allowed to change working desk to avoid noise.
16. Majority of the respondents (52.9%)) said that organizations do not have democratic leadership.
17. Majority of the respondents (67.6%) said that feel hesitation while asking for special accommodations.
18. Majority of the respondents (55.9%) said that organization do not give reward for good performance.
19. Majority of the respondents (70.6%) said that organization have fewer chances of promotion.
20. Majority of the respondents (67.7%)) said that organization do not arrange staff development and training programmes for them.
21. Majority of the respondents (64.7%) said that they are not satisfied with appraisal system of organization.
22. Majority of the respondents (61.8%) said that circulated policies are not interpreted in sign language.
23. Majority of the respondents (52.9%) said that provision of sign language interpreter is not arranged in meetings.
24. A reasonable proportion of responded 15 (44.1%) said that they want to leave their jobs due to financial stress.
25. All employs reported that assistive listening devices are not available at their work place and they use their personal hearing aids (88.2%) and mobile phones (100%).

4. DISCUSSION

The present study has many anticipated results. Some of the major findings reflect that employees with deafness are mostly doing semi-skilled jobs and their wages are low. These findings are consistent with the results of a studies reported by Moores (2001) and Khatoon (2006) that prevocational training had failed to provide the young deaf with the necessary competitive skills and choice of trade is very limited. Employees with deafness highlighted their pleasant experiences as well i.e. the physical & social environment of organization is good, hearing colleagues are cooperative and computer technology are available at their work stations.

Most of the subjects of the present study reported communication difficulties, poor appraisal system, few chances of training and promotions and non-availability of assistive technology (Listening devices & Telecommunication devices) at workplaces and they do they feel hesitation while asking for special accommodations. The same findings were also reported by Moores (2001), Khatoon (2006) & Matthews (2014) in their studies on facilities at workplace of deaf which indicates that training, placement opportunities, salaries, and chances for advancement were much more restricted for deaf persons and meetings were a problem for most participants due to background noise and lack of communication support such as a speech-to-text-reporter and sign language interpreters.

On the basis of findings following recommendations were made:

1. The heads of all organizations where deaf people are working should remove discriminatory attitude in providing future opportunities, cash awards and titles, promotions and benefits to the employees with deafness.
2. Organization should have free and safe working environment for all of its employees particularly for deaf employees.
3. A fair system of performance appraisal, awards and promotion should be introduced and practiced in the organization.
4. Organization should remove communication barriers for deaf employees by using assistive listening devices, sign language and sign language interpreter during special meeting sessions.
5. Organization should upgrade the quality of overall facilities especially medical and transport facilities for deaf employees.

6. Organization should frequently offer training program for deaf employees within the organization and outside the organization.
7. Organization should blend a flavor of democratic leadership style in the organization and fully involve deaf employees in decision making process.

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THE INFLUENCE OF PARENTAL PRACTICES ON COGNITIVE STIMULATION AND COGNITIVE BEHAVIOUR OF CHILDREN WITH HEARING IMPAIRMENT

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ABSTRACT

The study was conducted on the children who were hard of hearing and normal children and the parents of these children. The data were collected from three districts of Karachi, because these districts (south, west & north) have schools for deaf children. The children who were in the age group of 8-12yrs were the respondents of the present study. The investigator selected sample of 499 children (258 normal children and 241 hearing impaired) and from 499 parents of these children by stratified random sampling technique. To test the significance of the variables under study, statistical techniques i.e. mean, quartiles, standard deviation, and t-test was apply. The results state that cognitive behaviour of hearing impaired children is poor than normal children, stands accepted. It may be concluded that hearing impaired children and normal children are differ in their cognitive behaviour in respective of their age. Finally, it has been revealed that there is no significant difference in the cognitive stimulation of the parents of normal children and parents of hearing impaired children.

Key Words: Parenting, Cognitive Stimulation and Cognitive Behaviour, Children with Hearing Impairment.

1. INTRODUCTION

1.1 Hearing Impairment
The word hearing impaired comes out from the category of 'exceptional' child. Exceptional child is the one who deviates physically, intellectually, emotionally and socially very markedly from normal growth and development (Bhargava, 2002).

Singh and his colleagues signified that "Without using language, an individual is no better than an animal because language is the chief advantage the man has over animals. It is only through hearing that the human child acquires information and knowledge of the outer world and about the happenings within the immediate physical environment (2003)." Hearing deals with stimuli that could be at a great distance from us, just as the stimuli for sound sensation for vibration of the air particles. These vibrations take place in the form of wave motions (Cruickshanks, 2005).

Deafness occurs due to some defect in the auditory organs (Syka, 2002). The main causes are listed by Andrea (2001) including; causes of deafness before birth, deafness in pregnancy, hearing capacity is lost during pregnancy due to mother's illness, effect of poison, wine, etc. Contaminated food taken by the mother is also an important cause. There is also an effect of heredity. Sometimes deafness is caused by hereditary factors which lead to defects in the auditory sense organs. Genetic factors account for the deafness caused by heredity. Marriage among close blood relatives has been observed to produce more hearing-impaired children than other types of parents. Causes of deafness at the time of birth, the experiences faced during birth may cause hearing problems. These causes are full time delivery followed by anoxia problems, use of forceps in delivery, premature delivery followed immediately by jaundice, defective blood circulation, and inappropriate ratio of white blood cells in the blood creates obstacles in the development of auditory senses. Causes of deafness after birth are illness and accidents.

Sometimes deafness is psychological and emotional too (Johnston, 2009). He further explained that age and ageing both affect the hearing capacity of the individuals. The most crucial problem of hearing impaired is their language limitation. Louis (2009) comprehensively wrote about remediation and finally concluded that "Lip-reading and preferential

seating are recommended. It will be profitable to employ well-trained teachers to teach language skills to children. Home based programmed, use of hearing aid, special schools, special classes and regular class combination, auditory training nursery education, vocational training, vocational placement, classroom arrangements, speech reading, role of parents, role of school, least restrictive environment setting and sign language etc. are several measures which can be undertaken to assess incidence or prevalence of deafness. Education is a purposefully designed process aiming at fostering the harmonious and healthy development of individuals as productive, successful and well-adjusted persons in society."

This research explicitly focused characteristics of learners in the conventional categories of disabled persons like deaf and hearing-impaired. Parenting of such children is very challenging task. There are a lot of factors contributing as a barrier to good parenting and very few factors are making conducive environment for parenting.

1.2 Cognitive Stimulation

Cognitive stimulation is a process of utilization of planned stimuli to arouse the mental activities for learning like recognition, comprehension, memory and thinking etc. There is no doubt that a specific parenting behaviour influences the development of a child, increases comfort of the child and confidence level but it also has a significant impact on stimulating the mental activities of a child (Hubbs et al., 2002).

According to Aluisio, (2009) "The cognitive perspective views humans as active and rational problem solvers, as information processing systems whose actions are governed by conscious thought and planning. Psychology has been concerned with cognitive processes from its very beginning. An important assumption of present day cognitive psychology can be traced back to the philosopher, who stated that the way we receive information from the world is strongly influenced by the existing contents of the mind. In the later years several important schools of psychology developed, each of which had its own way of studying mental processes."

The dictionary meaning of stimulation means more active, motivate, encourage and rouse to action. Stimulation is the action of various agents by which activity is evoked. Stimulation in general refers to how organisms perceive incoming stimuli (Hubbs et al., 2002). He further elaborated that "Cognitive Stimulation is based on information of outings, reading, playing and parental role in teaching a child. Cognitive stimulation is a system of permanent quality of motivation which draws upon neo-behavioral, cognitive and information processing theories. It includes the instructional strategies which are used by the parents to affect the cognitive level of the children, so that the child may not feel disheartened at a particular point of difficulty."

Parents can have a major impact on children's lives by taking an interest in the children learning and by showing that they believe in the children. This kind of support can make the critical difference that helps children succeed in school and achieve their goals. Parents can give such support in many different ways, beginning with the child's first years of life and continuing throughout adolescence. Parents therefore have such a monumental influence on the development of child's views. Parental cognitive stimulation exerts the major influence on the development of the child from birth to maturity (Suzanne, 2008).

Parental cognitive stimulation is mental stimulation of recognition, comprehension, memory and thinking by parents that influence a child's outcomes and activities. It is a mental process of parents which mediates between stimulus and response (Kuljit, 2006). Specific parenting behaviour influences child development and parental cognitive stimulation might function through an increase in the child's comfort and confidence level. Children are typically dependent on their parents for information about the world, including themselves (Avidanetal, 2006). Since parents are the earliest providers of such information, the ways in which they present it not only influences the order of child's thinking but it also has a profound effect on the way the child structures and develops later information.

This entire spectrum activity comes within the purview of parental cognitive stimulation. It is the process of child rearing that encourages parents to invest energy in cognitively stimulating their children. There are two types of parental cognitive stimulation: Paternal cognitive stimulation

and maternal cognitive stimulation. Paternal cognitive stimulation means paternal instinct that causes and encourages a given response against a stimulus. The role of paternal cognitive stimulation stands as a bridge by which the child comes into contact with outside world.

Dellve (2006) reported different levels of parental cognitive stimulation: High parental cognitive stimulation and less parental cognitive stimulation. High parental cognitive stimulation means high recognition, comprehension, memory and thinking by parents that influence the child's outcomes and activities. High parental cognitive stimulation generally has a positive effect on children's behaviour and attitude. Parents with high cognitive stimulation include taking children on outings, reading, playing and teach them in the course of normal daily activities. Emotional support includes parents and children interaction between them i.e. parents talking to the children while working.

According to Dellve "Less parental cognitive stimulation means less recognition, comprehension, memory and thinking by parents that influence the child's outcomes and activities negatively. Parents having less cognitive stimulation neglect their children and parent's negligence becomes frustrating for the child, makes him unresponsive and defensive. Less parental cognitive stimulation leads the children towards the illness, psychologically as well as physically." Batshaw (2001) argued that low parental cognitive stimulation influences the children's attitude pessimistically. Parental cognitive stimulation refers to a relationship that is established between children and their parent's mutual communication and interaction. It has several dimensions; acceptance, rejection, encouragement, discouragement, reward and punishment.

Parental encouragement means an attitude on the part of the parents which is characterized by keen interest in love and affection for the child. On the other hand it is the continuous discouraging attitude of unwillingness to encourage the child for whatever he does. Discouragement is characterized by indifference towards the child. Chang (2007) revealed that warm, democratic and encouraging parents had brighter children than those who were cold and discouraging.

Parental encouragement is of great significance in developing psychological as well as academic behaviour of a child. Thus, the children are greatly influenced in their attitude by parents. An encouraging parent regards his child as a person with feeling and he respects the child's right and need to express these feelings. Children do not become emotionally disturbed because the child is able to express negative feeling towards their parents. Parents keep communication channels open and listen with open mind the child's side of a problem where there is a conflict. On the other side, a discouraging parent does not appreciate the child the way he is, emphasizes his faults and defects and has no faith in him (Kang & Jaswal, 2006).

Kang & Jaswal (2006). Parents' negligence may make the child frustrated, unresponsive and defensive. A child who constantly hears favorable appraisals of other comes to believe that he is inferior and good for nothing. Boys generally become aggressive when either or both parents consistently discourage them. Discouragement is the most serious and negative experience a child can have. Acceptance is an attitude, on the part of the parents, of warmth and helpful assistance towards child. Rejection is just the reverse, manifesting itself in hostility, crossness or indifference. Parent's acceptance for a developing personality who needs love and understanding, helps him towards his growth. These parents create a homely atmosphere of rapport and democratic attitude where no member dominates or is given undue attention. Rejecting parents are mostly themselves a product of disturbed home- environment. The tolerant parents stand for giving, instead of taking from the child. A parent gives time, thought and efforts instead of material things. He tolerates the child's early ideas and ambitions instead of imposing his own upon him. He encourages the child to play with other children. He makes the child feel accepted, strong and shows tolerance and understanding of the child's weaknesses (Veisson, 2001).

The child as, he grows up, not only depends on physical environment and social behaviour but also on in his parent's cognitive stimulation. This modifies the child's intellectual and mental behaviour. Parents can stimulate cognitive development by taking an interest in the children's learning, by believing in the child and by providing a cognitively rich environment. Parent's cognitions about their role have been identified as a major contributor to their willingness to engage in supportive parenting.

Cognitive stimulation of parents helps in forming different level of cognitive behavior among children.

1.3 Cognitive Behaviour

Cognitive behaviorists believe that a more comprehensive and useful conception of human behavior and its causes will emerge by combing cognitive and behavioural perspectives. The behavioural perspective stresses present stimulus conditions and previous learning, particularly the rewarding and punishing consequences of previous aggressive acts. Cognitive behaviorists have emphasized the importance of modeling in the learning of aggression. There is substantial evidence that viewing televised aggression can increase the tendency to behave aggressively Kerlinger, 2002).

Those who use behavioural treatment differ about its defining characteristics (Kerlinger, 2002). In general, however, behavioural treatment rests on several important assumptions. Behaviour therapists assume that behaviour is the focus of treatment rather than a symptomatic manifestation of underlying pathological states, traits, and processes and they also assume that the reasons for current behaviour can be found in the individual's learning history, environment, and in person's biology.

Again, the behaviour therapists also assume that all behaviour changes are as a result of consistent alterations in the individual's environment and characterized by a heavy emphasis on evaluating treatment effects by repeated direct observation and recording of problem behavior before, during, and after treatment. Behavioural treatments are based primarily on two sets of principles (Kerlinger, 2002). One set governs changes in operant behaviour, or voluntary behaviour, and the other governs respondent behaviour or reflexive behaviour. An additional set of principles is sometimes invoked under the heading of social learning theory, which gives special emphasis to modeling, imitation, and covert verbal mediation in governing behaviour change.

The number of major principles required in explaining most behaviour change is quite small. However, the number of different treatment procedures that use behavioural principles is very large. Behavioural treatments are often classified as procedures to increase behaviour,

decrease behaviour, or maintain behaviour and sometimes, as procedures to produce generalization or discrimination. Modeling, shaping, chaining and reinforcement are the primary procedures used to teach new behavior or to increase the strength of operant behaviour. Extinction, timeout from reinforcement, response cost, punishment, reinforcement of low rate or other behaviours, and over correction are common techniques for decreasing operant behaviours. Schedules of reinforcement can be arranged to teach behaviour that is resistant to extinction or that will be maintained at a level considered appropriate.

Our final perspective presents a completely different conception of human nature from those we have seen so far. As different as the psychodynamic and behavioural perspectives might seem, they do share a belief that human behavior is predictably controlled and that human freedom is an illusion. The behavioural approach rejects the instinct theories of aggression. Rather, it views aggression as a learned response. Positions on the body- mind problem have ranged from dualism to monism. The cognitive perspective views humans as rational information processors and problem solvers whose higher mental processes allow them to think, judge, imagine, and plan.

The above discrimination directs to know how a child thinks, feels and acts in different situations, and how his cognitive behavioural problems can be solved through cognitive behavioural therapy. So, the focus of the present study is on "Influence of Parental Practices on Cognitive Stimulation and Cognitive Behaviour of Children with Hearing Impairment."

2. METHODOLOGY

2.1 Sampling
The study was conducted on the children who were hard of hearing and normal children and the parents of these children. Thus, it necessitated to collect data from hearing impaired children, normal children and from the parents of these children.

The data were collected from three districts of greater city Karachi including; District East, District South, and District West because these districts have schools for deaf children. The children who were in the age

group of 8-12yrs were the respondents of the present study. The investigator selected sample of 499 children (258 normal children and 241 hearing impaired) and from 499 parents of these children. To make the data representative to the different districts stratified random sampling technique was applied. The data were collected from each stratum on random basis.

The distribution of the data has been presented as below:

- Distribution of sample according to Districts
- Distribution of sample according to type of respondents
- Distribution of sample of parents of hearing impaired and normal children
- Distribution of sample according to age of children

2.2 Appratuses

The objective of the present study was to collect information about parental practices, cognitive stimulation and cognitive behaviour of normal and hearing impaired children. It was decided to use following three scales and an information sheet to collect data pertaining to these variables;

1. Cognitive Behaviour Scale constructed by the investigator
2. Cognitive Stimulation Scale constructed by the investigator
3. Parenting Scale standardized by R.L.Bharadwaj, H.Sharma and A.Garg (1998)
4. Information sheet to know personal information like gender, name of school, district and age of the child.

2.3 Data Collection

After construction of tests, information sheet was prepared for the present study. Overall, the data were collected from the children and their parents. Data were collected from 998 respondents. To ensure the sampling representative sample in each district, and every district was approached with equal hearing impaired and normal respondents and their parents. The respondents were given instructions as mentioned in the manual of the Parenting scale, cognitive behaviour and cognitive stimulation scale. They were instructed that their responses would be kept confidential.

Instructions for each test were also given separately before they were asked to fill the responses. It was also assured that no item would be left blank. Data were collected from ten schools, out of which three schools had hearing impaired children (DEWA school, ABSA school and IDA RIEU school) and seven schools of normal children.

While administration of tests to normal children, the investigator personally visited the schools. After giving thorough instructions, the data were collected. As far as the data from hearing impaired children is concerned, the investigator did not know sign language. Therefore, help from the teachers of the concerned schools was sought. The teachers of hearing impaired children made them understand about the tests using sign language. The scale was filled up the concerned teachers after getting responses from the children. The hearing impaired children who used hearing aid and could listen to the investigator, gave responses and the investigator filled scale for them. After collecting the data from respondents, the data were tabulated and total scores were obtained for each test.

2.4 Statistical Techniques
To test the significance of the variables under study, various statistical techniques i.e. Mean, SD, t -test, ANOVA, Correlation, Quartiles were applied. The results thus, obtained have been presented in the next section.

3. FINDINGS

3.1 Difference in Cognitive Behaviour of Normal Children and Hearing Impaired Children
The first objective of the present study was to know the cognitive behaviour of hearing impaired and normal children. A test of cognitive behaviour was administered on 499 children of the age group 8-12yrs. The scores of every child on cognitive behavior scale were calculated. The mean value and S.D. (standard deviation) has been found to be 111.44 and 38.84. On the basis of Q1 and Q3 values, three groups of cognitive behaviour scores were formed. The first group comprised of those subjects whose scores were 86.5 and below (PCB), the second group comprised of those subjects whose scores ranged from 87-136 (ACB); in the third group subjects having scores 137 and above (GCB) were included. The

percentage of subjects in each group has been presented in the table 1 in two groups according to their age.

Table 1
Percentage of Normal Children's Level of Cognitive Behaviour

Level	Range	N(Group 8-10 Years)	%	N(Group 11-12 Years)	%
PCB	<86.5	35	26.11	12	9.67
ACB	87-136	65	48.50	49	39.51
GCB	>137	34	25.37	63	50.80

The table-1 shows that 26.11 percent of normal children of 8-10 yrs have poor level of cognitive behaviour, 48.50 percent have average level of cognitive behaviour and 25.37 percent of them of 8-10yrs have good level of cognitive behaviour whereas 9.67 percent normal children of 11-12yrs have poor level of cognitive behaviour, 39.51 percent have average level of cognitive behaviour and 50.80 percent of them have good level of cognitive behaviour. It indicates that with the increase of age, the level of cognitive behaviour also changes in case of normal children.

Table 2
Percentage of Hearing Impaired Children's Level of Cognitive Behaviour

Level	Range	N(Group 8-10 Years)	%	N(Group 11-12 Years)	%
PCB	<86.5	69	51.49	01	0.93
ACB	87-136	60	44.77	81	75.70
GCB	>137	05	3.73	25	23.36

Table-2 indicates that 51.49 percent hearing impaired children in the age group of 8-12yrs have poor level of cognitive behaviour, 44.77 percent have average level of cognitive behaviour and 3.73 percent of them have good level of cognitive behaviour and in the age group 11-12yrs, 0.93 percent of hearing impaired has poor level of cognitive behaviour, 75.70 percent of them have average level of cognitive behaviour and 23.36 percent of hearing impaired children has good level of cognitive behaviour. It also indicates that there is change in level of cognitive behaviour with the increase in age.

In order to find out the significant difference in the cognitive behaviour of normal children's and hearing impaired children of group 8-10 yrs, t-test was applied and the results have been presented in the table-3.

Table 3
Difference in Cognitive Behaviour of Normal Children and Hearing Impaired Children (Group 8-10yrs)

Group	N	Mean	S.D.	t-value
Normal children	134	107.33	32.36	2.74 P<.01
Hearing impaired	134	86.79	30.78	

The table shows that values of mean for normal children and hearing impaired children have been found to be 107.33 and 86.79 respectively and values of S.D are 32.36 and 30.78 respectively. The t-value being 2.74 has been found to be significant at 0.01 level. It indicates that there is significant difference in the cognitive behaviour of normal and hearing impaired children.

In order to find out the significant difference in the cognitive behaviour of normal children and hearing impaired children of group 11- 12 yrs, t-test was applied and the results have been presented in the table-4.

Table 4
Difference in Cognitive Behaviour of Normal Children and Hearing Impaired Children (Group 11-12yrs)

Group	N	Mean	S.D.	t-value
Normal children	124	135.17	40.33	2.97 P<.01
Hearing impaired	107	120.51	34.56	

The table shows that values of mean for normal children and hearing impaired children have been found to be 135.17 and 120.51 respectively and values of S.D are 40.33 and 34.56 respectively. The t-value being 2.97 has been found to be significant at 0.01 level. It indicates that there is significant difference in the cognitive behaviour of normal and hearing impaired children. Thus, the hypothesis no 1 which states that cognitive behaviour of hearing impaired is poor than normal children, stands accepted. It may be concluded that hearing impaired and normal children is differ in their cognitive behaviour in respective of their age.

3.2 Cognitive Stimulation of Parents of Hearing Impaired and Normal Children

The second objective of the study was to know the level of cognitive stimulation given by parents of normal and hearing impaired children of 8-12yrs. The scores of cognitive stimulation of the parents of children were calculated. On the basis of Q1and Q3 values, three groups to know the level of cognitive stimulation were formed i.e. low level of cognitive stimulation group (LCS), average level of cognitive stimulation group (ACS) and high level of cognitive stimulation group (HCS).

The first category comprised of those subjects whose scores were 83 and below (LCS), the second category comprised of those subjects whose scores ranged from 83-131(ACS) and in the third category subjects were having scores 132 and above (HCS). The percentage of subjects in each category has been presented in the table-5.

Table 5
Percentage of Normal Children's Level of Cognitive Stimulation of Parents

Level	N	Range	%
LCS	45	83	17.44
ACS	155	83 – 131	55.03
HCS	58	132	22.48
Mean= – 106.96		Standard Deviation= – 34.06	

It has been found that 17.44 percent of normal children get low level of cognitive stimulation (LCS), 55.03 percent have average level of cognitive stimulation (ACS) and 22.48 percent of children receive high level of cognitive stimulation (HCS) from their parents. The mean value and S.D have been found to be 106.96 and 34.06 respectively for the scores on cognitive stimulation scale.

To reveal the level of cognitive stimulation provided to hearing impaired children, the scores of the parents of hearing impaired children on the cognitive stimulation scale were calculated and the mean value and S.D of the cognitive stimulation scores have been found to be 105.49 and 35.44 respectively. The results have been presented in the table-6.

Table 6
Level of Cognitive Stimulation of Parents of Hearing Impaired Children

Level	N	Range	%
LCS	62	83	25.72
ACS	112	83 – 131	46.47
HCS	67	132	27.80
Mean= – 105.49		Standard Deviation= – 35.44	

It has been observed that 25.72 percent parents of hearing impaired children give less cognitive stimulation, 46.47 percent of them give average level of cognitive stimulation and 27.8 percent of hearing impaired children receive high them give high level of cognitive stimulation.

In order to find out the mean difference in the scores of cognitive stimulation of the parents of normal children and parents of hearing impaired children, t-test was applied and the results have been presented in the table-7.

Table 7
Difference in Cognitive Stimulation of Parents of the Normal Children and Hearing Impaired children

Group	N	Mean	S.D.	t-value
Parents of normal children	258	106.96	34.06	0.63 P<.05
Parents of Hearing impaired children	241	105.49	35.44	

The table 7 indicates that the mean score of cognitive stimulation of the parents of normal children is 106.96 and the parents of hearing impaired children are 105.49 and values of S.D have been found to be 34.06 and 35.44 respectively. The t-value of 0.63 has been found to be insignificant at .05 level of significance.

It has been revealed that there is no significant difference in the cognitive stimulation of the parents of normal children and parents of hearing impaired children. Thus, in the light of the result, the hypothesis which states that cognitive stimulation given by parents to hearing impaired children is less than cognitive stimulation given to normal children, stands rejected. It may be concluded that parents of both groups have no difference in providing cognitive stimulation whether the child is hearing impaired or normal. Parents give equal stimulation to them.

3.3 Parenting of Hearing Impaired Children and Normal Children
The third objective of the study was to explore the difference in the parenting of normal children and hearing impaired children. Scores of parenting dimensional inventory were calculated. The scores of every child on parenting scale were calculated. The mean value and S.D. has been found to be 3.44 and 1.33. Two groups were formed on the basis parenting score i.e. Poor level of parenting group (PP) and Good level of parenting group (GP).

Subjects were divided into two categories. The first category i.e. Poor level of parenting group (PP) comprised of those subjects whose STEN scores were <5.5 and below, the second category Good level of parenting group (GP) comprised of those subjects whose scores were above 5.5. The percentage of subjects in each category has been presented in the table-8.

Table 8
Percentage of Normal and Hearing Impaired Children's Level of Parenting

Level	Range	N (PNC)	%	N (PHIC)	%
PP	<5.5	92	36.8	97	38.8
GP	>5.5	158	63.2	153	61.2

The table-8 shows that 36.8 percent of normal children have poor level of parenting and 63.2 percent of them have good level of parenting whereas 38.8 percent hearing impaired children have poor level of parenting and 61.2 percent of them have good level of parenting. The result indicate that the parents of 36.8 percent of normal children have poor level of parenting and 63.2 percent of them have good level of parenting whereas 38.8 percent hearing impaired children have poor level of parenting and 61.2 percent of them have good level of parenting.

In order to find out the mean difference of scores of parenting of normal children and hearing impaired children, t-test was applied and the results have been presented in the table-9.

Table 9
Difference in Parenting of the Normal Children and Hearing Impaired Children

Group	N	Mean	S.D.	t-value
Parenting of normal children	250	3.83	1.52	0.38 P<.05
Parenting of Hearing impaired children	250	3.87	1.51	

The table-9 indicates the mean score of parenting of normal children is 3.83 and the parenting of hearing-impaired children is 3.87 and values of S.D were found to be 1.52 and 1.51 respectively. The t value of 0.38 has been found to be insignificant at 0.05 level of significance.

It reveals that there is no significant difference in the parenting pattern of hearing impaired and normal children. The third hypothesis of the study states that parenting of hearing impaired children is better than parenting of normal children. The findings of the study do not support the said hypothesis, thus hypothesis stands rejected. The third hypothesis of the study was to explore the difference in the parenting of normal children and parenting of hearing impaired children.

4. CONCLUSION, SUGGESTIONS & IMPLICATIONS

4.1 Conclusion
In view of the analysis of the data of the present study, the following conclusions have been drawn.

1) 26.11% normal children have poor cognitive behaviour of group 8-10yrs, whereas 51.49% hearing impaired children have poor level of cognitive behaviour of the same group.
2) 25.37% normal children have good cognitive behaviour of group 8- 10yrs where as 3.73% hearing impaired children have good level of cognitive behaviour of the same group.

3) 9.67% normal children have poor cognitive behaviour of the children of 11-12yrs but 0.93% hearing impaired children have poor level of cognitive behaviour of the same group of children.

4) Good cognitive behavior has been found in 50.80% normal children of group 11-12yrs of age where as only 23.36% hearing impaired children have good level of cognitive behaviour of the same group.

5) There is significant difference in cognitive behaviour of both groups of normal children and hearing impaired children.

6) It has been explored that 17.44% of parents of the normal children provide low level of cognitive stimulation but 25.72% parents of the hearing impaired children exhibit low level of cognitive stimulation.

7) The study revealed that 22.48% of parents of normal children give high level of cognitive stimulation where as 27.8% parents of the hearing impaired children provide high level of cognitive stimulation.

8) No significant difference exists between the cognitive stimulation provided by the parents of normal children and the parents of hearing impaired children.

9) There is no significant difference in the parenting pattern of hearing impaired children and of normal children.

10) No significant interactive impact of cognitive behaviour and cognitive stimulation on academic performance of hearing impaired children and normal children.

4.2 Suggestions

1) Such type of study can be conducted on adolescent.

2) Other factors like physical, emotional, social and religious should be explored among different type.

3) It is suggested that case studies of suffering parents should be conducted of exceptional children.

4) The studies on emotional aspects of the parents of special children are needed to be conducted.

5) The studies on social deprivation and emotional violence of handicapped should be a big concern of the researchers.

4.3 Implications

1) There should be counseling cells to render special help to the affected parents.
2) Government should provide free adequate educational and other facilities to hearing impaired children.
3) Special learning package should be prepared so that education can be imparted to these children effectively.
4) Parents should be educated about the care giving aspect of their children.
5) Counselling regarding economic opportunities should be given to such children and their parents.
6) Parents are to be made aware regarding new innovations related to the benefit of special children to lead a normal life.

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CHALLENGES FACED BY EDUCATED PERSONS WITH PHYSICAL DISABILITIES AT THEIR WORKPLACES IN PAKISTAN

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ABSTRACT

The present quantitative investigation reported on identifying difficulties and challenges being encountered by educated persons with physical disabilities at their workplaces. A self-constructed and validated questionnaire (Cronbach alpha: 0.861) was used to collect data from a sample of fifty four (54) persons with physical disabilities (males= 42, females= 12) selected through snow ball sampling technique from public and private sector organizations. The subjects of study were required to respond on 29 Likert Scale type self reported items (Three point scale: indicating yes, to some extent, no). Data were analysed by using SPSS. Descriptive statistics were used to explore, summarise and describe the data collected. t.test was used to see the difference between responses of males and females. Analysis of Variance (ANOVA) was run to see the difference in responses on the basis of demographic variables of socio-economic status (qualifications, professions, and locality) and type of workplace. Major findings revealed that persons with physical disabilities were facing problems in transportation and accessibility to the greater extent at work. Conclusions were drawn and recommendations were made.

Key words: Challenges, Persons with Physical Disabilities, Workplace

1. INTRODUCTION

Statistics indicate that at the global level, 180 million young individuals between the age range of 10-24 years undergo some kind of sensory, physical, mental or intellectual challenges which significantly affect their lives. Out of this number, almost 150 million (80%) belong to developing regions and are considered as the poorest of all young persons in the world. Being respectable members of society, persons with disabilities have the basic right to take part in all spheres of life including job market irrespective of being discriminated on the basis of their disability (United Nations, 1990).

A number of studies have reflected that it is a common practice in world to have biasness in employing persons with disabilities and keep negative view of them (Barnes 1992; Jayasooria et al., 1997; Gouvier, Sytsma-Jordan, & Mayville,, 2003; Haq, 2003; Brown, Hamner, Foley, & Woodring, 2009). Public is also biased regarding their potential to perform competitively in the labour market. These people are further degraded when their counterparts without disabilities are prioritized over them at the time of employment. People, repeatedly, show a "stereotyped" behaviour to them through painting their picture as feeble, reliant, and dependent creatures (Colella et al., 1998).

To amalgamate this, Morgon & Wisely (1996) point out that persons with physical disabilities face problems and difficulties which are not caused by their disability, but by the social pressure. Sufficient literature is available on perceiving these persons as successful in their life not because of their competence, but due to good fortune and endeavours (United for Intercultural Action, 2000). Most of persons with disabilities are unemployed or working on very tedious and low paid jobs. In this era of economic disaster and joblessness, the persons with disabilities are "the first to be fired and last to be hired" (Millington, Strohmer, Reid & Spengler, 1996).

Many persons with physical disabilities cannot take active part in society because of doorways which are very narrow for wheelchairs and unmounted steps in buses, buildings, trains, and aeroplanes which pose hurdle in their way. Additionally, inaccessible telephone booths, switch boards, and sanitary fittings all make life of persons with physical disabilities miserable (Khor, 2002). Absence of an adapted system of

transportation and non-disabled-friendly conveniences at the workplace result in depriving persons with physical disabilities of joining workforce and restricting them to their homes (Sajjad, 2008).

Research studies have reflected that individuals with disabilities have been conscious of discriminatory behaviour of non-disabled community in academic and training institutions and further in employment from their early age (Khor, 2002; Watson, et al., 1999). Resultantly, they begin to have feelings of insecurity which may affect their professional expectations and employment zest (Hendey &Pascall, 2001). Furthermore, persons with disabilities begin to undergo psychological constraints in the form of poor self esteem and negative self-concept which impedes them from availing job opportunities (Long, 1997; Khor, 2002; Masi, Mucci, Favilla,& Poli, 1999).

In Pakistan, there is lack of a broad database related to problems faced by persons with disabilities at their workplace which enhances the possibility of their further exploitation by the employers. In order to have better understanding of their problems, it is imperative to paint a true picture with the help of their opinions, views, and personal experiences. The present study was planned to identify challenges faced by persons with physical disabilities at their workplace in Pakistan.

2. METHODOLOGY
This study being a descriptive one in nature used survey technique. This section will include population, sample, research instrument and procedure of data collection.

2.1 Population
Population of study included all educated persons with physical disabilities who were employed in public and private organizations all over Pakistan.

2.2 Sample
Sample of study comprised 54 educated persons with physical disabilities (Males=42, Females=12) selected through snow ball sampling technique. Their age ranged between 21-50 years and most of them were wheelchair bound and polio affected using some assistive device for mobility purpose. Their qualification ranged between Matriculation to M.Phil/Ph.D and most

of them were master degree holder. A large number of persons with physical disabilities were affiliated with teaching profession, information technology field, and clerical jobs. Their monthly income ranged between Rs.10,000-80,000/- and above. Most of them were receiving salary worth Rs.10,000-20,000/- per month. Most of them were working in public sector institutions. They belonged to Punjab, Sindh, Khyber Pukhtoon Kha (KPK), Baluchistan, Gilgit/Baltistan, and Azad Jammu & Kashmir (AJK). Majority of persons with physical disabilities were from province of the Punjab. Most of the participants were having job experience between 1-5 years. The detailed distribution of sample is given in table 1.

Table 1
Demographic Characteristics of the Participants

Variable	Category	Number	Percent
Gender	Male	42	78
	Female	12	22
Age in years	21-30	24	44
	31-40	26	48
	41-50	4	08
Type of disability	Wheelchair users	23	42.6
	Polio affected using crutches/stick	21	38.9
	Polio affected without using any assistive device	6	11.1
	One arm affected	3	5.6
	Total	54	100.0
Qualification	Matriculation	2	3.7
	FA./FSC	3	5.6
	B.A/B.Sc	12	22.2
	M.A/M.Sc	22	40.7
	M.B.B.S/Engineering	7	13.0
	M.Phil/Ph.D	8	14.8
	Total	54	100.0

Profession	Information Technology Experts	11	20.4
	Teachers	16	29.6
	Doctors	5	9.3
	Labourers	4	7.4
	Clerks	11	20.4
	Administrators	6	11.1
	Banker	1	1.9
	Total	54	100.0
Income per month(in thousands)	10-20	20	37.0
	21-30	11	20.4
	31-40	7	13.0
	41-50	4	7.4
	51-60	6	11.1
	61-70	4	7.4
	71-80	1	1.9
	Above 80	1	1.9
	Total	54	100.0
Organization	Public	38	70.4
	Private	16	29.6
	Total	54	100.0
Experience (in years)	Below 1 year	10	18.5
	1-5 years	22	40.7
	6-10 years	13	24.1
	11-15 years	8	14.8
	16-20 years	1	1.9
	Total	54	100.0
Province	Punjab	35	64.8
	Sindh	1	1.9

	K.P.K.	5	9.2
	Baluchistan	7	12.9
	Gilgit /Baltistan	3	5.6
	A.J.K.	3	5.6
	Total	54	100.0

2.3 Research Instrument

A self developed and validated physical disabilities workplace instrument containing 29 Likert Scale type self-reported items (Three point scale ranging from Yes, To some extent, and to No) was used for collection of data. It consisted of four sub constructs naming: Transportation (4 items), Accessibility (10 items), Discrimination (9 items), Exploitation (6 items). The content and construct validity of the questionnaire was assured under the guidance and suggestions of three experts working in the field of physical disabilities and two educated persons with physical disability who had got workplace experience at public and private sector organizations. The instrument was initially piloted on 20 educated persons with physical disabilities. The reliability coefficient was .72(Cronbach alpha). After deleting five items (two from construct of Transportation, and one each from constructs of Accessibility, Discrimination, and Exploitation), the value of alpha (α) improved to .861 which is reasonably high and statistically significant.To gather information about demographic variables, a Demographic Variables Information Proforma was developed. It comprised information regarding gender, age, type of disability, qualification, profession, employing agency, income per month, experience, and province.

2.4 Procedure of Data Collection

First of all, the contact numbers of educated persons with physical disabilities were collected from Karwan-e- Ilm Foundation, Lahore, Pakistan, and some eminent persons with physical disabilities. At the next stage, telephonic contacts were made to them and they were briefed about the purpose of study. All statements included in the instrument were explained to them in Urdu for better understanding. They were assured of keeping information taken from them confidential and anonymous. Their easiness and facilitation in receiving and sending filled up questionnaires back was also assured. Almost all of the participants expressed their warm

willingness in taking part in the study. After obtaining their consent and email/postal addresses, 32 questionnaires were sent through electronic mail and 51 through postal service. Out of 83 in total, 54 participants sent the questionnaires back after filling them up. The return rate was 65%.

3. FINDINGS

Data were analysed by using IBM SPSS -20 Software package.

Table 2
Frequency Distribution of Responses

S. No.	Statements	Responses		
		Yes No		To Some Extent
1	My organization has provided me with pick and drop facility.	10 18.5 %	2 3.7	42 77.8%
2	I go to my workplace independently.	40 74.1 %	0	14 25.9%
3	I use public transport to reach my workplace.	19 35.2%	0	35 64.8%
4	I use my own transport to reach my workplace.	27 50%	0	27 50%
5	My organization has made arrangements for easy access to toilets.	23 42.6%	5 9.3	26 48.1%
6	Elevators have been fixed in the building to facilitate persons with physical disabilities in movement.	8 14.8%	1 1.9	45 83.3%
7	Wash basins have been fixed considering special needs of persons with physical disabilities.	27 50%	2 3.7	25 46.3%
8	The mosque/praying area of organization is accessible for me.	32 59.3%	3 5.6	19 35.2%
9	I can use ablution place with ease for offering	24	3	27

	prayers.	44.4%	5.6	50%
10	Ramps have been constructed at entrance of my organization.	21 38.9%	0	33 61.1%
11	Lift has been fixed in my organization for the easy movement of persons with physical disabilities.	11 20.4%	0	43 79.6%
12	Modifications have been made at my workplace considering my disability.	22 40.7%	1 1.9	31 57.4%
13	My organization has provided me with barrier free environment.	26 48.1%	6 11.1	22 40.7%
14	I can move independently within the premises of my organization.	42 77.8%	4 7.4	8 14.8%
15	My organization is employing persons with disabilities according to quota as fixed by law.	19 35.2%	5 9.3	30 55.6%
16	I am availing equal employment opportunities.	26 48.1%	7 13	21 38.9%
17	I am given priority as compared to my counterparts without disabilities.	28 51.9%	7 13	19 35.2%
18	My colleagues show discriminatory behavior towards me as compared to other colleagues without disabilities.	6 11.1%	7 13	41 75.9%
19	My employer was fully aware of my special needs at the time of appointment.	44 81.5%	0	10 18.5%
20	There is a helper to assist me at my workplace.	13 24.1%	3 5.6	38 70.4%
21	My organization is aware of my limitations in performing certain tasks.	44 81.5%	0	10 18.5%
22	My organization takes into consideration my limitations at the time of assigning certain tasks.	34 63%	7 13	13 24.1%
23	My organization provides me with opportunities to attend refresher courses etc. for my professional development.	34 63%	4 7.4	16 29.6%

24	My monthly income is according to the nature of my job.	23 42.6%	5 9.3	26 48.1%
25	I am being awarded annual increment and other allowances.	36 66.7%	3 5.6	15 27.8%
26	I am being granted promotions in job as determined in my job specifications.	12 22.2%	1 1.9	41 75.9%
27	My abilities are being used properly at my workplace.	19 35.2%	6 11.1	29 53.7%
28	I am being mistreated by the colleagues senior to me.	3 5.6%	3 5.6	48 88.9%
29	I am being assigned duties beyond my physical ability.	12 22.2%	6 11.1	36 66.7%

Table 3 throws light on frequency distribution of responses given by educated persons with physical disabilities about challenges which are being faced by them due to non-availability of certain facilities, modifications and adaptations at their workplace regarding their physical disability. The first four statements (1-4) are related to the sub-construct **"Transportation"**. When the subjects were asked about provision of transport by their organization, almost 78% of them answered in negation. It is encouraging to note that 74% persons with physical disabilities told that they used to go to their workplace independently without accompanying any caretaker or helper. Out of this group of 54 participants, 19 (35%) were those who were facing problem of travelling in public transport where no adaptations had been made to facilitate persons with any physical handicap. 27 (50%) respondents reported that they were using their own transport to reach their workplace.

The next ten statements (5-14) are about the sub-construct **"Accessibility"**. When the respondents were asked about the provision of

accessible toilets, almost 52% of them reported in affirmation. Only 8 (15%) out of 54 persons with physical disabilities reported about fixation of elevators at their workplaces to facilitate them in movement. 41% respondents complained about inaccessibility to the mosque/praying area of the organization for offering prayers. 56% participants reported about difficulty in accessing and using ablution place for offering prayers. Non-availability of ramps at workplaces was reported by 61% persons with physical disabilities. Only 11 (20.4%) participants told that lift had been fixed at their workplace. It was reported by 31 (57%) respondents that modifications had not been made at the workplaces considering special needs of these employees. 59% persons with physical disabilities told that barrier free environment had been provided to them at their workplace. It is also noteworthy that 78% participants reported that they could move independently within the premises of organization.

The next nine items (15-23) deal with sub-construct of **"Discrimination"**. Almost 65% respondents told that their organization was not appointing persons with disabilities according to quota as fixed by law. It was also encouraging to note that about 61% participants reported that they were availing equal employment opportunities provided by their organization. It means that they had got selected on open merit. It was reported by 65% respondents that they were given importance as compared to their counterparts without disabilities. It is again appreciating to note that 76% respondents were of the view that their colleagues did not show any discriminatory behaviour towards them as compared to other colleagues without disabilities. It was told by 71% participants that they had not been provided with a helper to assist them at their workplace. It is again heartening to report that 76% respondents reported that their limitations in performing certain tasks were used to keep into consideration at the time of assigning certain tasks to them by their organizations. Almost 70% participants were of the view that their organizations provided them with opportunities to attend refresher courses/seminars/conferences etc. for their professional development.

The next six items (24-29) are concerned with sub-construct **"Exploitation"**. 57% persons with physical disabilities expressed their grievance regarding incompatibility between their monthly salary and nature of job. 72% participants reported that that they were being awarded annual increment and other allowances, but when they were asked about

promotions in job, 76% respondents answered in negation. 54% persons with physical abilities reported that their abilities were not being used properly at their workplaces. 89% participants reported that they were not being mistreated by their senior colleagues.68% respondents answered that they were not being assigned duties beyond their physical ability.

Table 3
ANOVA for difference in mean scores for challenges faced by persons with physical disabilities at their work places on the basis of type of disability

	Sum of Squares	df.	Mean Square	F	Sig.
Between Groups	477.923	3	159.308	2.590	.063
Within Groups	3074.911	50	61.498		
Total	3552.833	53			

The one-way ANOVA F(3, 50) = 5.05, MSE = 159.308, P = . 063 demonstrated that there was no statistically significant difference among problems faced by persons of different categories of physical disabilities. It means that all categories of persons with physical disabilities were facing the same problems at their workplaces.

Table 4
ANOVA for difference in mean score for problems faced by persons with physical disabilities at their workplaces on the basis of their qualification

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	168.301	5	33.660	.477	.791
Within Groups	3384.532	48	70.511		
Total	3552.833	53			

The one-way AN OVA   F(5, 48) = .477, MSE = 33.66, P = . 791 demonstrated that there was no statistically significant difference among problems faced by persons with physical disabilities on the basis of their qualification. It denotes that all persons with physical disabilities were undergoing same challenges regardless of having lower or higher level of education.

Table 5
ANOVA for difference in mean score for problems faced by persons with physical disabilities at their work places on the basis of their professions

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	278.619	5	55.724	.817	.544
Within Groups	3274.215	48	68.213		
Total	3552.833	53			

The one-way AN OVA, F(5, 48) = .817, MSE = 55.724, P = .544 demonstrated that there was no statistically significant difference among problems faced by persons with physical disabilities on the basis of their profession. It reflects that almost all persons with physical disabilities were facing same difficulties despite of this fact that many of them were holding good jobs.

Table 6
ANOVA for difference in mean score for challenges faced by persons with physical disabilities at their workplaces in different provinces

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	256.835	4	64.209	.955	.441
Within Groups	3295.999	49	67.265		
Total	3552.833	53			

The one-way AN OVA, F(4,49) = .955, MSE = 64.209, P = .441 demonstrated that there was no statistically significant difference among problems faced by persons with physical disabilities in different provinces.

Table 7
t-test for difference in mean score for problems faced by persons with physical disabilities on the basis of gender

	gender	N	Mean	Std. Deviation	Std. Error Mean
Total	Male	42	26.83	8.667	1.337
	Female	11	27.73	6.798	2.050

Table 7 depicts that female ha greater mean score for problems (M=27.73, SD=6.798) faced by them at their workplaces than male workers (M =27.73, SD=6.798).

Table 8
t-test for difference in mean score for problems faced by persons with physical disabilities in public and private organizations

	Organization	N	Mean	Std. Deviation	Std. Error Mean
Total	Public	38	27.26	8.029	1.303
	Private	16	26.56	8.801	2.200

Table 8 depicts that mean score for problems faced by persons with physical disabilities was greater in public (M=27.26, SD=8.029) sector organizations than in private (M =26.56, SD=8.801) ones.

4. DISCUSSION
The present study focused on finding challenges being encountered by educated persons with physical difficulties at their workplaces. The results revealed that these people were facing problems regarding transportation due to non-provision of any conveyance by their appointing organization. They were in great trouble because of inaccessible structure of buildings

and non-disabled-friendly conditions at the workplace. These results are consistent with the findings of studies conducted by Khor (2002), Ta & Leng (2013), and Sajjad (2008) who have thrown light on deprivation of persons with physical disabilities from joining workforce due to absence of an adapted system of transportation and inaccessible structure of buildings at workplaces.

A large number of participants reported about enjoying equal employment opportunities and non-discriminatory and friendly behaviour of their colleagues at the workplace which show inconsistency with the findings of studies conducted by Khor (2002), Hendey & Pascall (2001), and Watson, Shakespearre, Cunningham-Burley, Barnes, Corker, Davis, & Priestley (1999) who have reported about discriminatory behaviour of non-disabled community in academic and training institutions and at workplace as well. On the other hand, more than half of the participants complained that their monthly salary was less than their nature of job. The same finding was quoted by Millington, Strohmer, Reid & Spengler (1996) who reported about unemployment and under employment among persons with disabilities.

Majority of educated persons with physical disabilities (89%) expressed their positive views regarding cooperation, assistance, and kind-heartedness shown to them during assigning tasks considering their specific disability. The similar views were reported by students with hearing impairment (Safder, Akhtar, Fatima, & Malik, 2012), and visual impairment (Fatima, Akhter, Malik, Safder, & Nayab, 2013; Fatima, Bashir, Malik, & Safder, 2014) in three studies conducted to have a look into challenges and difficulties being faced by them in inclusive setting at higher education level in Pakistan. It indicates that non-disabled community behaves positively, sympathetically, and cooperatively towards persons with disabilities in Pakistan which is, surely, an outcome of inclusion.

The following recommendations can be made on the basis of major findings:
All public and private sector organizations should provide their employees with physical disabilities with pick and drop facility to lessen their difficulties of using public transport which is without any adaptation.

All entrances, toilets, praying and ablution areas in the buildings should be made accessible considering special needs of employees.

Ramps should be constructed, lifts and elevators should be fixed, and modifications should be made at workplace.

All public and private sector organizations should appoint educated persons with physical disabilities according to quota as fixed by law.

Persons with physical disabilities should be provided with a helper at their workplace.

Salary packages for persons with physical disabilities should be determined considering their work load and nature of job.

Jobs and work load should be assigned keeping in view the competence and abilities of persons of physical disabilities.

Further researches should be conducted on a large sample including greater number of females with physical disabilities. Moreover, challenges encountered by illiterate and less educated persons with physical disabilities should also be investigated.

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PSYCHOLOGICAL, SOCIAL AND SWALLOWING ISSUES LINKED TO PERSONS WITH DISABILITIES

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ABSTRACT

The present study has been conducted to explore the underlying basis of the emotional trauma in students with cleft palate. To explore the problems a survey was designed to collect the data on the perceptions of victimized of this physical deformity. The target population was the persons with cleft palate. By collecting data from this group of respondents, the investigators explored several issues leading to emotional trauma among students with cleft palate comprising on their negative self feelings, attitudes of general community, communication and swallowing issues concerned with their handicap.

Key words: Cleft Palate, Psychological issues, Social issues, Dysphagia

1. INTRODUCTION

During the phase of development in an human embryo, the lip and alveolar ridge begin to develop around 6 weeks gestation period. Likewise the development and fusion of the hard and soft palate is completed by 12 weeks gestation. At times the fusion of lip and palate fails to happen in the mid line thus causing a cleft or opening called cleft palate. This clefting may present itself in isolation or in some other combinations or syndromes that may be linked to hearing loss, craniofacial anomalies', and challenged intelligence, etc. Non-syndromic cleft lip and palate however, is reported to occur in approximately 1 in 700 live births, with the prevalence varying according to parental race/ethnicity and geographic origin, infant sex and the family's socio-economic status[1]. The etiology of cleft lip and/or palate is still largely unknown relating multiple factors linked to genetics and environment[2].Patients with oral clefts may also exhibit other anomalies cardiovascular, musculoskeletal and facial dysmorphia [3,4] etc. These factors evidently link themselves with poor social and psychological correlates. Other challenges that may be confronted include Dysphagia that is a result of dysmorphia and clefting within oral cavity which inhibits the normal physiological aspects of the structures involved.

Cosmetic value is an integral factor in developing psychological well being of a person. This factor is seriously dented in the cleft patients and professional involvement is mandated at the onset. Research has linked the cosmetic scores with personnel attributes including self image, intelligence and trustworthiness. The lower cosmetic values of patients with cleft expose them to social and psychological challenges thus effecting their adjustments within the society[5]. People with facial disfigurements who do not meet idealized standards of attractiveness are more likely to be stigmatized socially[6]. However, recent literature has challenged such an assumption as many people born with a cleft lip and/or palate demonstrate psychosocial adjustment within the normative range[7,8].

One of the main concerns of parents with a child born with cleft lip and palate is about feeding. Young[9] noted that for 95% of parents issues around feeding were the main concern. Even those with the smallest cleft can have severe difficulties, thus serve as a launching pad for failure to thrive [10]. Closure of the cleft in the lip and palate requires a surgical

operation. Any surgical protocol has to satisfy several objectives including cosmetic and functional restoration, etc.

While on the functional side considerations include the issues concerning swallowing and speech. Researchers time and again have linked the craniofacial abnormalities with delayed speech language impairments, articulation and resonance disorders[11, 12, 13]. Besides, these elements of speech and swallowing another important link if the psychological derailment that need attention. Children with cleft lip/palate tend to develop an atypical psychological conditions causing emotional and adjustment issues leading to lower self esteem.

The present study was aimed to find out the psychological, social and swallowing issues concerning children with cleft lip/palate living in Punjab. Sixty students with cleft lip/palate were included in the sample and were selected thorough convenient sampling technique. The tool comprised of 21 item relating self, social attitudes, communication and Dysphagia. The reliability of the instrument was .78 (cronbach's Alpha). Amongst the major findings include, psychological Problems, negative self feelings and attitudes of general community are prominently faced by females, a positive impact of education on issues concerning speech and language and finally the younger group is reported to have more psychological and social problems as compared to adults.

2. METHODOLOGY

The population of the study comprised of students suffering cleft lip/palate living in Lahore city. Sixty students (30 males: 30 females) were selected by convenient sampling technique. The instrument of the study was developed by researchers based on established procedures in literature. The instrument had two sections "A" focused on the demographic information of the students while "B" explored the issue with 25 statements about the traumas linked to emotional, communicational, swallowing and social problems of the students with cleft palate. The researcher personally distributed the questionnaire among the cleft palate students to obtain the required information. The reliability of the instrument was reported as .78(Cronbach alpha). After data collection, Data was subjected to statistical measures to make inference and analysis. The researcher developed the questionnaires in certain perspectives and

limitations of time and resources hence the findings cannot be generalized at a larger scale. Random sampling was not used in study, which may again limit the results and their respective applicability. The population comprised individuals with cleft palate living in Lahore city. The sample constituted 60 individuals with cleft palate with age ranges from 5-25 years.

3. FINDINGS

Table 1
Demographics of Respondents and Findings (N= 60)

Variable	Respondents	Freq. & %	Findings
Gender	Male Female	30 (50%) 30 (50%)	The sample was equally divided
Age	5-11 years 12-21 years	28(46.7%) 32(53.3%)	Majority of the respondents (53.3%) were between the ages 12 years to 21 years of age.
Qualifications	5th to 8th 9th to B.A Illiterate	26(43.3%) 12(20.0%) 22(36.7%)	Majority of the respondents (43.3%) were studying at different levels of education (between 5th to 8th)
Institutions	Govt. Private No Institutions	22(36.7%) 16(27.3%) 22(36.7%)	Majority of the respondents (36.7%) were enrolled in Govt. and private educational institutions. However a big number had literate themselves by their own efforts.
Income	10,000-25,000 25001-50,000	52(86.7%) 08(13.3%)	Majority of the respondent's(86.7%)fathers 's income was between Rs.10,000 to 25000.

Table 2
Frequency Analysis of Statements

Statement	Options in Frequency and Percentage				Findings
	Never	**Often**	**very often**	**Always**	
1	7 (11.7%)	24 (40.0%)	19 (31.7%)	10 (16.7%)	Majority (31.7) of the respondents reported that they introduce themselves to others most of the times.
2	28 (46.7%)	15 25.0%	11 (18.3%)	6 (10.0%)	Majority of the respondents (46.7%) think that they are not nice looking.
3	25 (41.7%)	13 (21.7%)	16 (26.7%)	6 (10.0%)	Majority of the respondents (41.7%) do not feel ashamed of themselves.
4	20 (33.3%)	15 (25.0%)	16 (26.7%)	9 (15.0%)	Majority (33.3%) of the respondents reported that they have never been included by others for a company.
5	26 (43.3%)	16 (26.7%)	11 (18.3%)	7 (11.7%)	Majority (43.3%) of the respondents do not consider their appearance as awkward.
6	34 (56.7%)	13 21.7%	7 (11.7%)	6 (10.0%)	Majority (56.7%) of the respondents do not waste their time in day dreaming.
7	9 (15.0%)	17 28.3%	23 (38.3%)	11 (18.3%)	Majority (38.3%) of the respondents get upset in front of others most of times.
8	19 (31.7%)	22 (36.7%)	12 (20.0%)	7 (11.7%)	Majority (36.7%) of the respondents responded that they often find difficulty in make decision.
9	32 (53.3%)	11 (18.3%)	11 (18.3%)	6 (10.0%)	Majority (53.3%) of the respondents responded that they have never thought that they want to run away from the situation.
10	19 (31.7%)	21 (35.0%)	12 (20.0%)	8 (13.3 %)	Majority (35%) of the respondents feel themselves under constant pressure
11	11 (18.3%)	18 (30.0 %)	19 (31.7%)	12 (20.0%)	Majority (31.7%) of the respondents reported that **often** people make fun of their voice as they try to communicate
12	14 (23.3%)	18 (30.0%)	15 (25.0%)	13 (21.7%)	Majority (30.0%) of the respondents are reluctant to initiate a dialogue.

13	10 (16.7%)	10 (16.7%)	15 (25.0%)	25 (41.7%)	Majority (41.7%) of the respondents are confident while within family and friends.
14	17 (28.3%)	21 (35.0%)	12 (20.0%)	10 (16.7%/)	Majority (28.3%) of the respondents feel frustrated as they try to speak.
15	12 (20.0%)	21 (35.0%)	17 (28.3%)	10 (16.7%)	Majority (35.0%) of the respondents feel that people laugh at the physical looks of them.
16	24 (40.0%)	16 (26.7%)	14 (23.3%)	6 (10.0%)	Majority (40.0%) of the respondents responded that they cannot swallow without regurgitation
17	11 (18.3%)	21 (35.0%)	15 (25.0%)	13 (21.7%)	Majority (35%) of the respondents find difficulty in holding liquid in their oral cavity.
18	35 (58.3%)	11 (18.3%)	7 (11.7%)	7 (11.7%)	Majority (58.3%) of the respondents do not feel traumatized while eating out with others.
19	11 (18.3%)	7 (11.7%)	15 (25.0%)	27 (45.0%)	Majority (45%) of the respondents feel that a heavy spoon with thick brim is helpful for them while eating.
20	14 (23.3%)	13 (21.7%)	8 (13.3%)	25 (41.7%)	Majority (41.7%) of the respondents find glass with thick edges as more convenient.
21	16 (26.7%)	22 (36.7%)	15 (25.0%)	7 (11.7%)	Majority (36.7%) of responded that people often torture them as they see them
22	41 (68.3%)	8 (13.3%)	7 (11.7%)	4 (6.7%)	Majority (68;3%) of the respondents have never taken part in speaking/singing competitions.
23	9 (15.0%)	26 (43.3%)	14 (23.3%)	11 (18.3%)	Majority (43.3.0%) of the respondents "often" avoid speaking in class.
24	12 (20.0%)	18 (30.0%)	21 (35.0%)	9 (15.0%)	Majority of the respondents often feel happy while working in a team.
25	9 (15.0%)	11 (18.3%)	22 (36.7%)	18 (30.0%)	Majority (36.7%) of the respondents raised concern over their speech intelligibility while communicating with strangers.

4. CONCLUSION

As a conclusion of the study it is evidenced that individuals suffer at the hands of cosmetic, social, swallowing and intelligibility issues in our society. The compromised articulation and voice problems link them to social phobias and maladjustments. Although majority does introduce themselves to others yet they fell hesitant to start of a dialogue with others. While for swallowing there are certain preferences which such individuals benefit as in the case of special cups and spoons. Although individuals with cleft enjoy participating in group activities meanwhile they also feel people commenting upon their cosmetic concerns.

5. RECOMMENDATIONS

During the child's first years the most important environment consists of the family and the surrounding social relations. The family moves through the crisis reaction after the birth of the disabled child and adapts to the new circumstances. The support and assistance of parents towards child is necessary for the improvement of their quality of life of the children with cleft palate. The adaptation of children with clefts includes adaptations with social & emotional skills, eating, communication and linguistic skills, which will be helpful to improve their quality of life and also will be able to develop their personality in social environment without any hurdles.

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ADDRESSING MALNUTRITION AS A SOCIAL ISSUE IN PAKISTANI CHILDREN: WHAT CAUSES NEED TO BE FOCUSED ON PRIORITY?

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ABSTRACT

This paper is an attempt to find out the basic and social causes of malnutrition in Pakistani children who are suffering severely from different form of malnutrition which are vary in nature some are taking regular meal but with inadequate and essential food ingredients and some are especially in rural areas are not eating hygienic and balanced diet resulting in different forms of health issues mostly slow growth, muscular and bone weakness and mental intelligence. Most of the people believe that due to increasing poverty rate in the country access to the proper food or meal has made it difficult for the masses to make both ends meet and provide a balanced diet for their children this include urban, rural and deeply remote areas of the country such as Thar in Sindh. Actually this is one side of the entire debilitating scenario of our country's declining public sector policy on part of Government and private sector stake holders who have failed to address this issue with only a slight attention and intention of averting the issue which will possibly be resolved by managing the available resources only.

Key Words: Malnutrition, Pakistan, Children, Health, Basic Diseases, Mother, Women.

1. INTRODUCTION

In the third world countries like Pakistan which is struggling to get rid of many social issues starting from burgeoning unemployment in educated and skilled youth, increasing inflation rate that contributes considerable poverty in masses who hardly makes both ends meet in this time of high inflation. In this situation the issue of malnutrition in children gets no substantive attention from the mighty clouds of the Government's officials who probably busy in planning but doing not enough on the grounds. This was noticed in the times of floods and other natural calamities when masses fell victim in millions and the plights of their social issues further exacerbated.

According to international statistics agencies at the national level presently 43% of Pakistani children under five are suffering from malnutrition which is the main cause around 38% of deaths in children who are aged bellow five. The malnutrition makes under five children vulnerable to serious conditions like Hypothermia, Hypoglycemia, Cardiac Failure, Infections, Vitamin A Deficiency, Severe Anemia, Dermatosis.

Even though it is also a fact that presently our infrastructure of health sector does not have capacity to provide treatment to every child suffering from malnutrition at any region of the country but the things can be improved by utilizing the available resources and proper action plan at the Government level in collaboration.

The issue of malnutrition falls in Primary Health Care and the significant aspect of this issue directly link with maternity care, for which government has established several maternity homes in the country which along with other issues seriously lack facilities of imparting suitable information to mothers about how to handle the issue of malnutrition by themselves. Most mothers who have superficial knowledge about baby care come to maternity homes to immunize their child to prevent EPI (Extended Program of Immunization) provided under the guidance and instruction of WHO.

These mothers totally lack adequate information about what to do in order to prevent malnutrition in their kids, this scenario of mothers' ignorance about malnutrition is common in rural and urban areas mothers but it is

immensely alarming in rural areas mothers who face poverty and ignorance both. However the malnutrition is not altogether the issue of ignorance and lack of resources it relates widely with the proper planning and policy making of the Government.

The Government and its mechanism to look after the malnutrition issue somehow or other present quite gloomy picture due to the fact that infants mortality rate because of malnutrition and its subsequent diseases is very high in Pakistan. The nominal budgetary allocation for health might not prove helpful to devise mechanism that can contribute to eliminate malnutrition in the country. One can imagine that with less than 1% of the GDP spending how a big state like Pakistan, that is home of more than 200 million people, will counter malnutrition in children.

As stated above that malnutrition issue has to be addressed at all social level but it will easily be handled if taken as maternal health care part. There are several aspects to addressed malnutrition issue with maternal care if closely consider child malnutrition is closely associated with mother's health, awareness and socialization aspect of her life. The paper is based on malnutrition in Pakistani children therefore it will address the significant relations of malnutrition with mothers and will find out how can the issue be resolved taking in instance the poor, and ignorant mothers of the country.

The paper will also take into account the current policies of the state and its implementation's effectiveness and in the end suggest the possible revisiting of these policies to get rid of malnutrition in the country.

2. CAUSES OF MALNUTRITION PREVALENT IN PAKISTAN

For the sack of the argument it can be said that Malnutrition is a medical problem needed to be resolved at Medical services level controlled under ministry of health throughout in the country but due to the nature of the issue which relates mostly with mothers and children therefore it becomes the basic issue involving the entire infrastructure of the society.

In a recent study experts have found out that other some technical or specialized aspects of the malnutrition issue it mostly surrounds around

empowering the women. This empowering no doubt has multiple aspects ranging from empowering them with financial means, empowering them proper or sufficient education and finally letting them access to their basic human rights of primary health care.

For example consider a Poor mother who does not have financial means to live a healthy life how possibly then will she bear malnutrition for herself and her child? Will she die of hunger? Not at all this poverty will bring her to many kinds of issues that directly reflect to a combination of social problems all link with Malnutrition or under nourishment. Among such issue the biggest one will be acquiring the access to hygienic food. What hygienic or unhygienic is another issue that is also related with her problem of poverty not having wealth will not allow you to get education.

Let's analyze that what are those obvious things are that a mother will definitely face if she is pauper or do not claim to be wealthy and how difficult it is for a poor mother to get access to healthy nutrition, remember that most malnutrition is not altogether related with poverty only those who are wealthy sometime they also due to lack of information eat meal which are not balanced.

2.1 Inadequate Household Food Insecurity:

Before describing the inadequate household food security let's have a look at the following diagram which has been drawn to highlight that how household hold food insecurity creates problems of malnutrition in children,
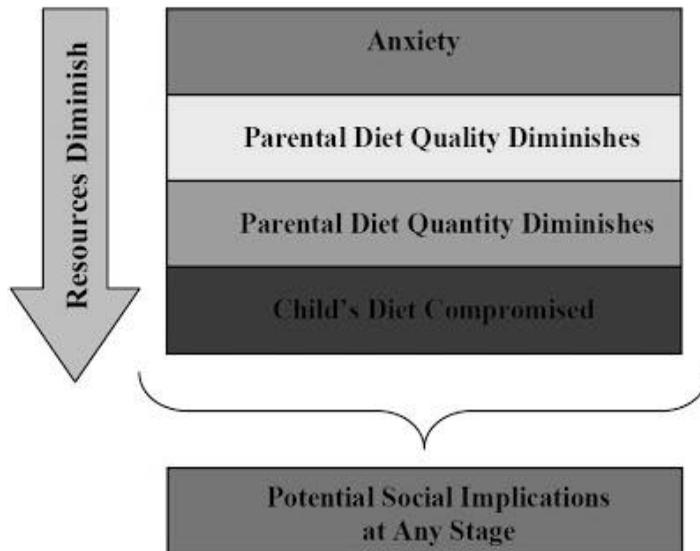
If one realize that household food security not directly link with poverty and children but it send it repercussion as final consequence of health and social issues where food, its quantity and its quality is being compromised. These five stages resources dimensions are quite significant in making a sound view point regarding malnutrition in Children who are direct victim of house hold food security resulting from poverty and mere cause of lack of proper financial means.

There are two main types of household food insecurity that commonly found in cases of poverty related children malnutrition one is called chronic food insecurity and other is called transitory food insecurity.

Food security has many dimensions as insecurity leads to children nutritional compromise the same way the food security dimensions provide stability in nutritional food and ultimately gives the child a balanced and healthy diet.

Another thing that is being contributed to spread malnutrition in Children originated from poverty is insufficient child and Maternal Care let us analyze that what is it and how it impacts upon Children.

2.2 The Issues of Child and Maternal Care Services

The under privileged group of our society is mostly prone to get affected from Child and Maternal care. This has to take on a national level that as a nation we are developing state and our existing available resources for Child and maternal care are in shambles. Mostly in our country if somewhere doctors are available then medicines and other facilities are missing the same way this cycle keeps on and on.

The question for providing good health services to poor mothers and children becomes far cry. Why? This is simple to answer majority of doctors refuse to work in rural areas which comprises almost more than half of the land and almost fifty per cent of our country population. Being a feudal society if a doctor or a group desire to operate he or she has to bear the brunt of illiterate feudal of that particular area.

Health services for child and mother are not adequate if compare with the population of the country and in whatever capacity these are available poor and under privileged have no easy access to these facilities. For instance if we take a look at the following figures published in daily Dawn Karachi we can assume the deplorable scenario of Child and Maternal care of the country.

- One Child dies in every minute in Pakistan.

- About 400,000 infants die during the first year of their life.

- Every one among 10 children dying before reaching the age of five.

- One among 30 just after they are born.

The newspaper further highlight the pathetic state of Child and maternal care services in Pakistan and describes the gloomy picture of these in following words,

" Low state spending on healthcare, abject poverty, low literacy, lack of skilled birth attendants, widespread communicable diseases, insufficient emergency child health services in government-run district and rural hospitals are amongst other major reasons behind growing diseases in

children. Maternal, newborn and child health care statistics in Pakistan are some of the poorest in South Asia. A holistic approach is needed to improve maternal and newborn health, mainly by improving and upgrading facilities at district hospitals"

The health experts and doctors are of the view that majority of the children deaths are related with malnutrition in mother and Children and its biggest reason is that country does not have proper pediatrics institutes and maternal health care center which are easily accessible under low cost not only to urban areas but rural areas mother and children.

2.3 Unhygienic Environment and Its Contribution in Malnourishment

Another factor that creates severe issues of malnutrition especially in times of heavy industrialization and growing industries is pollution many industrial waste leaves many kinds of unhealthy impacts on different agriculture corps and our crops which mainly essential supplement for children. What these pollutants do? These pollutants simply get mixed with the important food ingredients through air, water and gasses and reduce or to in some cases intoxicate the food which results in fatal diseases or at least impair the timely growth of the children due to insufficient vital food elements in it.

Here again those who are part of under privileged class the issue is more serious for them why? Due to fact in our society resources are not equally distributed, the gap between haves and haves not increasing day by day and elite can opt and choose what suit them are good for them starting from foods to living areas. While we take a look at the lower middle class or poor they cannot afford to have meal or own a home that is protected from pollution consequently they had to choose what is cheaply available to eat and locality situated near that places which are the primary source of food and environment pollutants.

This makes it clear that poverty, illiteracy and lack of mothers' empowerment is significant factor that contribute more for malnutrition in or country than any other factor. Our rural women and not excluded urban majority is ignorant of their basic human rights, significantly lack proper health and education guideline to improve living for family. The issue of

social uplift is different thing here only we can see the gloomy and abysmal picture of their difficult access to their rights.

These factors are basically prevailing due to lack of interests on Government part. Government though had legislated and drawn policies to eradicate malnutrition in the country but no law or policy can get the practical shape or pass its benefits to the masses till it is not implemented with honesty and monitored properly.

3. STATE'S ACTION PLANS FOR MALNUTRITION ISSUE

The recent surveys conducted to reach the exact situation of malnutrition in the country have now suggested that the issue will get more serious in coming years therefore Government should increase its efforts. In the 18th Amendments the state has empowered provinces to spend more in malnutrition and bring in some new innovation in the sector to counter future threats regarding malnutrition.

Making the provinces empowered or giving them funds to invest in child care more does not mean that federal government is no more responsible for this issue. The state must in collaboration with provinces see in the matter that provided authority and funds are being utilized properly. The responsible departments are making such policies and action plan that in cooperation with NGO's are working efficiently to eradicate the menace of malnutrition in the country.

The most important things that come in the prime responsibilities of the government officials include enhancing the facilities mother and child care available in the Government hospitals across the country.

These facilities must be revive in order that Doctors and all paramedical staff like lady health workers those who work on community level in rural areas of the country provided with such skill that they are not treating but educating and informing the mothers about how to take of their and their babies nutritional supplements.

Then there are various projects that Government can initiate and among such steps the state must be given credit that it has recently signed up to

the global Scaling up Nutrition movement. This is a statement of intent: that the government recognizes the scale of the problem and has agreed to make its commitments to doing something about it highly visible.

Such move must be appreciated but it needs a lot more than this because it is just recognizing or showing intention towards the nature of the problem. Addressing the issue of malnutrition in children will definitely requires an all-out and ongoing process involving empowerment, educating and increasing social status of women and on the other hand government should ensure that its policies regarding unemployment, illiteracy, pollution and population control and welfare also be revised.

The process must be in collaboration and cooperation with other sector of the local and international communities in order to meet the objective of eliminating the Malnutrition in the country. This strategy will provide an opportunity both public and private sector to come forward and help the government's fragile and weak infrastructure to counter malnourishment.

This can be seen in case of Malaria control program, dengue control and polio control program at national level in collaboration with the international community. Sometime their cooperation provides international expertise and sometime these organizations provide funding in these projects. Just for instance think that it is difficult for us to provide information or education to mothers' at large extent about nourishing appropriately as we now know that simple guidance to mothers can make them able to feed their kids with right proportion of protein, iodine and calcium.
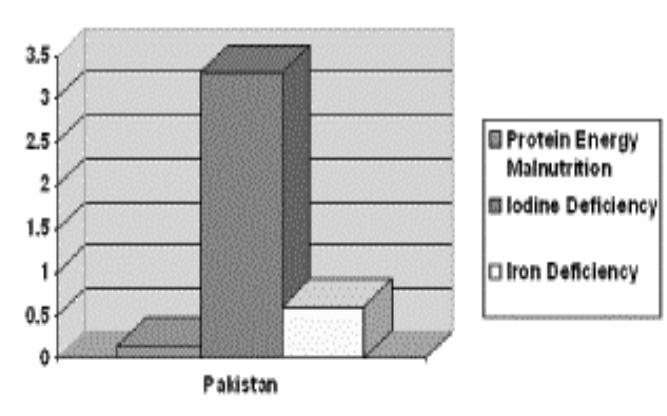
According to estimates, nearly 50 million people in Pakistan are suffering from iodine deficiency while 70 per cent of the total population in the country is at risk of Iodine Deficiency Disorders.

Studies reveal that more than five million children born every year in Pakistan are unprotected against brain damage while 36 per cent mothers and 23 per cent pre-school children are suffering from iodine deficiency in Pakistan. Pakistan is rated 6th among the countries where iodine deficiency is a serious health problem.

If our mothers are well trained and provided with timely and adequate information about countering malnourishment then the figures shown in the above graph can easily be reduced and malnourishment can be dealt convincingly at domestic level.

4. RECOMMENDATIONS

In our country health care staff, medical and paramedical is not easily accessible to masses especially in the rural areas of the country; where they are more in number with the population preferably reside in the urban areas. On the other side the medical and paramedical staff prefers to work in urban areas this thing ultimately create problems of medical care in the rural areas.

This significantly point out the Government's focus to devise parameters to compel medical practitioners in the rural areas and provide primary health care services in the urban areas where masses need proper medical

services. This staff can prove advantageous for primary health care services as well as for informing and educating the mothers. The immediate steps can be like appointing more lady health workers, community health experts or simply posting the already appointed staff with some fringe benefits both in rural and urban areas.

The most important step that State can take is allocating funds to execute all program and projects aimed to eradicate malnutrition and providing better health care facility is to revise the fiscal allocation for primary health care. The government spends approximately 0.9% of the GDP on health, which amounts to $9.31 per person per year. This figure is significantly below the international recommendation of $60 per person per year.

Additionally, the government has done little to protect the population from catastrophic health expenditure, which remains the leading cause of economic shocks to low-income families. Revising basic policies by incorporating them with national and international laws for fulfilling basic human rights access to the masses as far as malnutrition and primary health care is concerned.

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A STUDY OF THE SIGNIFICANT FACTORS AFFECTING THE ACADEMIC ACHIEVEMENTS OF GOVERNMENT SECONDARY SCHOOLS, KARACHI

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ABSTRACT

The present investigation has been carried out in two phases. At one hand the data were collected by serving separate questionnaires to teachers, parents and students and on the other hand result of the Examination Board of the same 144 selected schools was analysed. The data were then correlated with the 25 raters' findings on 18 pedagogical characteristics of the same schools. After the discussion and statistical analysis, it has been concluded that Government school education in the country, particularly in Karachi is in real trouble, due to various major and minor, directly and indirectly linked interconnected factors. Identified 18 situational factors found to be correlating and affecting the performance of government schools.

Key words: Factors Affecting Academic Achievements, Government Secondary Schools, Karachi, Aftab Ahmed Shaikh, Government of Sindh

1. INTRODUCTION

1.1 Government Policies and Secondary Education

Government of Pakistan has been struggling to address educational related challenges since its birth and are reflected in its educational policies, however, due to lack of proper ownership by the stakeholders desired outcomes couldn't be fully achieved. Though Pakistan has made some progress on a number of education indicators in recent years (G.R Memon 2007) however on the Education Development Index (EDI UNDP 2014), it lies at the bottom with a Human Development Index (HDI) at 0.53. As the Global Competitiveness Index (GCI) shows, Pakistan's performance is weak, on the health and education related elements of competitiveness, when compared to its major competitors like India, China, Bangladesh, Sri Lanka and Malaysia (National Education Policy 2009).

According to the Government (NEP) 2009 ("the Policy"), it is committed to the purpose of preparing young people for life and to provide basic requirements for improving the quality of education throughout the country but the unemployment ratio and declining quality of education, weakens that what is being chanted.

Sindh is the 2nd largest Province with Karachi as the mega city of the country, but enrollment and quality education in government schools has been declining. Low Literacy Ratio (Arsalan 2014), Drop Outs (AEPAM PES 2013-14) and Quality of Education (Ahmed 2014), (Habib 2008) are few leading challenges. Government's interest and investments are the only possible ways to upgrade or at least to maintain the standard of education (Hussain, 2008) whereas only around 2% is spent on the contrary India, Bangladesh and Nepal who spend around 4.1, 2.4 and 3.4 respectively. (AEPAM 2010).

The reasons behind the present state of education can be explored by going through the national history of the state in the perspectives of political, social and economic instability that caused unsteadying decision and low implementation in the context.

1.2 Secondary Education and Scholastic Factors

Scholastic factors can be served as key indicators in the assessment of performance of any private or public education system as: Curriculum, Learning Material, Time, Infrastructure, Teacher and School, Students and Parents. Out of which the scholastic factors revolve around teachers and students, schools' facilities and curricula.

In the existing context, teachers are those who couldn't find any job elsewhere (Quddus 2009) while Likewise, Jones (2008) concluded that teachers' attitudes toward their students significantly impacts the learning outcome but an imperfect and unwilling individual can add nothing towards educational improvement. Similarly, Student attitudes are shaped to some extent by the structures (facilities) through which they are mediated (Ferreira, 2009) but due to lack of required facilities the desired outcomes cannot be attained.

As far as Curricula are concerned, the researchers like Memon (2008), Bhatti et al., Shami (2009) and Nayyar (2008), have highlighted deficiencies like proper expertise, textbooks' quality, proper implementation and follow-up, internal and external examination system in public schools etc.

1.3 Home Environment, Parents, Social Influence and Secondary Education

The social status of a child plays a significant role in academic achievement of a student beside its physical, psychological, social and emotional development (Kathleen 2009). According to Mortimore et al. (2010), working-class homes display the whole range of such characteristics: parental encouragement, high aspiration, high income, good housing and cultural milieu similar to the school. Kyriacou (2008) sees that the social integration facilitates academic adjustments. Unfortunately, owing to low or no literacy, economical suffrage and lack of understanding among the parents of government school students, such a healthy interaction doesn't fully develop.

1.4 Socioeconomic Factors and Secondary Education

According to Grissmer, et al. (2007) the students with parents who were both college-educated tend to achieve at the highest levels and the same with the socially sound background. However, *"the relationship between poverty and student achievement should not be perceived as an excuse or justification for the poor performance of many students on achievement tests and other measures of school success"*.

Furthermore, Shaw (2007) expresses that the relationship between social class and educational attainment has been subject of much discussion and research. He found that the middle class homes are more likely to provide the child rearing experiences which foster greater intellectual development, motivation towards success in school, and greater academic self-confidence.

In the context of discussion about social class, Chazan and Williams (2010) discuss that the term *"educational disadvantage"* has widely been used to refer to pupils whose opportunity for education attainment has been markedly constrained by either social disadvantage or any other set of factors. Cyster et al. (2007) found the most frequent type of positive parental involvement was that of helping on school visits and outings (78%). The study also found a strong correlation between social economic status and degree of involvement.

In the case of government schools, offices, School Management Committees are the forum to support the desired level of interaction, however, due to the challenges of low literacy and awareness, administrative weakness and lack of counselling support; the desired outcomes are still absent.

1.5 Impact of Parents' Socioeconomic Status on Children's Achievement

Hurlock (2009) found that the father's occupation is important to a young child as it has a direct bearing on the child's welfare. The father's occupation has a cultural significance in that it can affect the child's social prestige. Yasmeen (2010) and A. Parveen (2007) found that, "Parents of lower stratum have significant correlation for their children's job

inclination even at the secondary school stage" while Ur Rehman et al (2011) and Fatima (2010) observed against it. However, on the contrary; Cuttance (2009), Gray (2007), White (2008) and Reynolds (2007) have argued that contextual variables; particularly the pupils' ability, social classes are such major determinants of educational attainments.

1.6 Education in Karachi Region
According to Wikipedia on "Karachi" (2014), each year there is influx of many thousands 5% of the population or 45,000 per month) of people belonging to lower and middle classes from all over Pakistan; who migrate to Karachi to earn their livelihood. Later on their families are settled with their children. Government schools, mostly cater middle and lower middle including the said migrants.

After the devolution of power plan (2001), the educational setup was drastically changed due to the unclear responsibilities, multiple reporting channels, personnel issues, structural issues, capacity problems, etc. According to Paracha, (2007) overall administration is the weakest part of the new system, The new provincial governments 2008-13 reverted back to the previous system under the administration of Education and Literacy Department (E&LD), Govt. of Sindh. A new management cadre has also been introduced by the Education Department. However, due to the acts of rapid experimentalism, the public school system has greatly suffered.

One of the most important achievement of the Government was the inception of Sindh Education Management Information System (SEMIS) which collects the education related data in the province through Reform Support Unit (RSU) and online statistics are also available.. According to the Annual Census 2011-12 from SEMIS; out of 573 secondary schools 258 and 258 for boys and girls while 57 are mixed however 564 are functional and 9 are closed. A number of 99,594 girls and 63,992 boys are studying with 8,681 teachers i.e. 6,064 female and 2,617 male teachers in these schools. In spite of overall student teacher ratio of 1 teacher for 19 students; the quality of education is critical. In spite of the availability of school related statistics, reliability of the data is debated. Nevertheless, the World Bank as well the other international donor agencies consider the said data for their projects.

2. METHODOLOGY

2.1 Hypothesis

The broader assumption of this study was, "*The pedagogical factors in which the formal learning process is operative; significantly influence the quality of academic achievement*" which led to formulate the main hypothesis:

> "*The level of positive or negative correlation between pedagogical factors and the process of education, significantly impacts upon the standard of education at government secondary schools of Karachi.*"

2.2 Design

The study was carried out in two phases. The first phase was related to the identification of significant factors while the other was correlation of a range of factors with a measurable criterion of the standard of education at a contextual school level. Survey method was used to collect data from the respondents.

2.3 Sampling

The population of the study was comprised of all school heads, senior teachers, prefects/ students and their parents/guardians and education officers of the school administration cadre related to Government Boys and Girls Secondary Schools of Karachi. A sample of 144 schools out of total 573 schools (every fourth) in successive order, was used during:

i. Identification of situational pedagogical (Scholastic and Socioeconomic Factors) by the respondents (Teachers, Students and their Parents)
ii. Rating of schools against each situational pedagogical factor with each sample school (by the nominated raters), for the analysis and determination of correlation between the "means (averages) of "rating score" of each identified factor and the "***academic achievement result of each school*** (BSEK result)".

2.4 Instrumentation

The questionnaires for teachers, students and their parents contained 86, 81 and 60 questions, respectively. Out of the total collected questionnaires, 345 were selected (115 for each stratum) for the scanning of views. In this identification phase, the completed questionnaires were further processed for statistical analysis, generalization and interpretation for the identification of 18 significant pedagogical traits further sub-divided and categorized into scholastic (internal) and social-economic (external) factors.

On the basis of above identification; a "Rating Sheet/Proforma" was developed to rate, each of the sample schools against each of the situational factors. Concerned District Officers Education ere requested to recommend 25 raters (senior education officer/school head) based upon the following criteria:

i.   The rater must be having at least having a post graduate degree with a degree in education,

ii. Having least 3 (three) years' experience in school/town/district administration

iii. Having sufficient knowledge and well versed about sample schools' affairs located in Karachi

The recommended raters thus evaluated ***the sample schools*** for rating against each variable*)*. The mean of each variable, thus obtained was matched against the result of the SSC examination of the same sample school to measure the significance of correlation between the two.

Though identification and correlation study; were independent exercises yet they were significantly related with each other in determining the correlation between the standard of education and pedagogical factors related to the Government Secondary Schools of Karachi

BSEK on request, provided the data on the academic achievement/result by the BSEK of the required period in Excel form which was converted to database application. Similarly, on request, the RSU-E&LD-GoS provided related educational statistics/database about schools of Karachi, converted to database module.

2.5 Analysis of Data

To determine the impact and the correlation between identified pedagogical factors/traits and the academic achievement of the students of the sample schools; the mean score of rooting against each of 18 identified traits (factors) was compared with the mean of the grading score of the result of each sample school. The reason to focus on Science Group result was the fact that an overwhelming majority of regular students of government secondary schools prefers to opt "science group". In this regard,

  i. The rating of the traits by 25 raters was graded on an 11 point scale according to the following formula and rating of individual schools, by the raters, on certain characteristics,.

  1 (one) = For the best.
  11 (Eleven) = For the worst.

$$\text{Rating} \quad \xi \quad = \quad \frac{\sum \text{Rating of Schools } i^{1\text{-}11}}{25}$$

  ii. In relation to the other variable (i.e. The result of SSC examination); the numeral values were assigned as follows:

Table 1
Grades and Assigned Numeric Values

Grade Obtained	Assigned Numeric Value
A-1	1
A	2
B	3
C	4
D	5
E	6
F	7

iii. The score for the schools was calculated according to the percentage in grade multiplied by the numeral value of grade summed up and dived by 100.

iv. The score of the outcome was correlated with the average rating on the trait characteristics.

v. The Pearson's Correlation formula was applied to determine correlation between the result of the SSC examination by the BSEK and trait characteristics.

3. FINDINGS

The findings of the study are based on the data collected through a set of three questionnaires responded by teachers, students and parents with 86, 81 and 60 questions respectively. The data led to the identification of 18 traits or situational factors against which the raters rated each of the situation factors of the identified schools. For the correlation between identified factors, based upon the mean of the raters rating and the result of SSC Examination further working was made through statistical interpretation.

$$\text{Result} \quad \xi \quad = \quad \frac{\text{Percent in grade i}^{1\text{-}100} \text{ x Grade j.}^{1\text{-}7}}{100}$$

3.1 Internal Pedagogical or Scholastic Factors
Internal pedagogical factors were considered in the perspective of purely school related pedagogical factors directly impacting upon the students' achievement. They were divided into three categories:

i. **Teacher Related Factors**
ii. **School Facilities Related Factors.**
iii. **Factors Related to the Existing System of Examinations and Malpractices**

i. Teacher Related Factors

The teacher plays very important role in the learning process. Following five most significant teachers' related factors were studied in various perspectives:

a) *"Professional Norms"* were studied in perspective of: their attitudes towards students, scholarship, commitment and level of honesty with sincerity. It was meant to explore the understandings of the respondents.

b) "*Terms and Conditions of Service",* were studied in perspective of: their pay structure, supplementary income and inflationary effects; so as the level of satisfaction among respondents could be explored.

c) *"Choice of Profession"* was studied to explore the reasons behind selecting the profession of teaching.

d) *"Professional Capability of Teachers"* was reviewed by thorough scanning of views of respondents i.e. Teachers themselves, students and parents on different capability related aspects i.e. Age, qualification, assigning homework, course completion, tests and inspection, level of satisfaction among students and parents, teachers aptitude in research work and writing, self-assessment of teachers and ethical characteristics of teachers etc.

e) *Teacher-Student Relationship*, was studied in the perspective of the opinions from the respondents from the aspects of: overall teaching, attention, their confidence, satisfaction of the parents of the students' achievements, teachers-parents relationship, function of punishment,

ii. School Facilities Related Factors.

Facilities in the schools directly affect the learning process. They are not only a source of positive motivation for the students, but are a good indicator of standard of education in that institution. School Facilities were divided and studied into two broad categories:

a) Basic Facilities for Students: In this aspect, views of respondents were explored on the overall status of all infrastructure related facilities of schools from boundary wall, clean and airy classrooms, writing boards, fans, tidy toilets, water, sweeping and cleaning, first aid box, sports goods, transport, equipped science labs, other utilities beside educational, recreational and co-curricular activities etc.

b) Academic Facilities for Students: About these, the views of respondents were studied about proper library, availability of textbooks, functional laborites, apparatus and chemical, educational trips, teaching and learning aids, awards, functionality of SMCs etc.

iii. System of Examinations and Related Malpractice

The system of examinations and related irregularities were studied in the perspective of the views of respondents on: understandings and level of satisfaction of: aim and purpose of internal and external tests and examinations,   malpractices, violence and use of unfair means, examination dysfunction, countermeasures for malpractices,

In the above context, SSC-II examination result of the last few years (1995-2011) was studied that was found to be around 70% except in 1999 when it remained critically low as 35% only. The results also show the leading edge of girls' students on boys and private institutions in public schools.

3.2 External Pedagogical or Socio Economic Factors

These socioeconomic factors were understood as out of the school, which significantly impact upon the students' achievement i.e.   Parents' financial status, their qualification, ethnic background, views on different outlooks regarding society, personal visions etc.

In the said perspective, views from respondents were obtained on: parents' educational qualification, their economic conditions, role of family member(s) in additional income, facilities for students at home (play, tv, computer, recreation facilities, outing etc.), parents role in nurturing

children (tuition, self-coaching, counselling etc.), Social Class & Educational Achievement.

An important segmental stage of the study showed a comparison between 20 schools of affluent social area versus 20 schools of poorer areas wherein it was revealed that the pass percentage was remained 70% (9002.5 grade points) in a better area in comparison with merely 4.67 percent (11.5 grade points) in poorer areas.

Table 2

Statistical Analysis of Academic Performances in Relation to Relevant Internal and External Pedagogical Factors

No.	Characteristics	Mean	Standard Deviation	Correlation
0	SSC Examination Results	2.98	1.18	1.00
1	Teachers' Terms and Conditions of Service	2.96	0.90	0.78
2	Teachers' Competency	2.82	0.93	0.69
3	Basic Facilities in Schools	3.45	1.36	0.87
4	Academic Facilities in Schools	3.58	1.51	0.84
5	School Tests and Examination	3.13	1.98	0.43
6	Resort to Tuition	2.75	1.56	0.64
7	Competence of Head (of school)	3.10	0.87	0.86
8	Admission Strictness	3.03	1.59	0.67
9	School Maintenance	3.06	1.65	0.66
10	School Finance	3.32	1.46	0.86
11	Location of School	3.70	1.57	0.72
12	Fathers' Education	2.89	2.21	0.35

13	Fathers' Occupation	4.20	1.65	0.63
14	Mothers' Education	4.03	1.72	0.64
15	Occupational Status of Mothers	3.78	2.34	0.49
16	Household Income	4.12	1.37	0.59
17	Residence of Students	3.35	1.03	0.85
18	Parents' Contact	3.03	1.49	0.76
Factors 1-11 are internal pedagogical (scholastic) factors Factors 12-18 are external pedagogical (socioeconomic) factors * Insignificant at 0.01 level				

The above analysis show that all the identified 18 factors are correlated with the academic achievement of the students of Government Secondary Schools of Karachi. The factors like teachers' terms and conditions of service, basic and academic facilities in schools, school leadership (head), school's finance, location of school, parents' contact (involvement) and a student's residence highly correlate with the academic achievement.

4. SUMMARY

In the light of the study following general and study specific actions are proposed i.e. The need for:

4.1 General

  i. Stability of system with Concrete Decision Making
 ii. Political Commitment
iii. Leadership, Team and Capacity Building
 iv. Proper and transparent Spending on School Education particularly in Government Sector.
  v. Proactive and Deep Involvement of Civil Society
 vi. Active Role of Media
vii. Constitution of Educational Think Tank
viii. Introducing competition through decentralization of schools on Public Private Model Basis

4.2 Study Specific

  i.   Balance and justified postings of teachers as per Enrollment and Teacher- Students Ratio
 ii.   Justified Administrative Powers to Officers for Prompt remedial measures
iii.   Prompt Basic and Academic Facilities in Schools
 iv.   Holding of Proper Co-Curricular Activities
  v.   Proper Educational Investment as per Demographical Changes
 vi.   Inception of Family Literacy Programs for the Parents
vii.   Selection of Students, Teachers and Dynamic Leadership
viii.   Resolving Teacher Oriented Problems and Issues
 ix.   Professional Development of Teachers' and Education Managers
  x.   Refinement of Curriculum,
 xi.   Improvement of System of Examination
xii.   Overhauling National Educational Trends, Setup and Proper implementation
xiii.   Education for a Purpose-Shift in Mindset

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INDIAN RELATIONS WITH CENTRAL ASIAN COUNTRIES: AN ANALYSIS

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ABSTRACT

The twenty first century is the Asian century in which India, the second most populous country and a rapidly rising economic power, would play a significant role in the ever changing global affairs. For its mushrooming economic growth and military rise, India has left no stone unturned to cultivate amicable relations with the energy rich Central Asia countries since the 1990s. Since India is a potential market of more than one billion and embarking upon technological advancement in almost all fields, it would arguably result in a win-win situation that would immensely help all Central Asia states capitalize upon India in terms of their economic development and effective security. This article is an attempt to present the historical background of Indian relations with Central Asia states. An attempt is also made to highlight the potential energy resources of the region and their economic and strategic importance to India. This piece will also discuss the overall regional effects of Indian relations with the regional. Moreover, the paper will also analyze the American presence and marked convergence of Indian and American economic and military interests in the region in relation to that of China.

Key Words: India, Central Asian States, Economic Relations, Challenges and Opportunities, USA, Silk Road, Energy Game.

INTRODUCTION

India enjoys quite amicable relations with the energy rich Central Asia states. Since its greatly hankers for becoming an effective regional economic and military power, India has been immersed in completely capitalizing all possible and existing avenues to tremendously bolster its specifically economic relations with the region possessing manifestly potential markets and burgeoning energy resources to optimally tap and fully utilize them.

India's engagement in Central Asia has been considerably changed primarily owing to its well-crafted look north strategy.[1] After the fateful breakdown of Soviet Union, Central Asian region was characterized as the vital point of geopolitics and geostrategic and the prospective power play area of the new Great Game. Given the changing progress of geopolitics, financial and security environment in the region, India is vividly expected to create a more profound key participation and monetary engagement in Central Asia. India by tradition connected extraordinary importance to its relations with Central Asia; yet, despite intimate social & significant historical contacts the affiliation did not advanced to the coveted degree. The major stumbling block which continuously obstructs meaningful bilateral cooperation has been the absence of immediate access to Central Asia. The precarious circumstance in Afghanistan and an exceptionally tricky India-Pakistan connection has so far deprived India from the marvelous profits of effectual relations with Central Asian countries (CAC). However, Iran, which provides alternate admittance to CAC, has been a significant but uncertain factor in India-Central Asia affairs due to its lingering clandestine nuclear programme.[2]

Central Asia: A Region of Strategic Importance to India

The geostrategic importance of Central Asian Republics is tremendous for India and under no situation could India overlook this area.[3] This region is blessed with rich natural and energy assets, for example natural gas, oil, and hydrocarbons.[4] India's vital methodology lies in the advancement of solid links with the nations of Central Asian along the security and energy vectors.[5] The financial centrality of this area has duplicated its geo-strategic vitality. India's economy needed Central Asian energy, mineral and different assets in place support its development, dependability and security concern in an alternate element entices India for closer

participation with Central Asian republics. Besides, India's local rival's China's fast entrance into Central Asia further pushes India to increased relations with the provincial nations[6] and Pakistan's impact in the area was seen as risk by Indian arrangement creators.[7]

Indian Interests in Central Asia

India was topographically near to Central Asia and it has close and longstanding recorded and social ties with Central Asia. India's interests in Central Asian region are security, vitality, and geopolitics.[8] It has extensive financial and security engagements and additionally geopolitical contemplations that entice India for expanded engagement with Central Asian nations. Indian economic interests in Central Asian region are not restricted just to import of vitality assets, additionally other crude materials indispensable for development of modern creation, for example, iron metal, coal and different minerals.[9] India's essential concerns is securing and expanding its vitality supplies so as to maintain monetary development; and keeping a wiretap the ascent of radical Islamist aggregates that may represent a danger to its security.[10] India has vital interests in the security and politically stability of this region. Hence it believes that the security situation in Central Asia directly affects its own security.

Indian Relations with Kyrgyzstan

In the Soviet period, India andKyrgyzstan constrained monetary, political, and social interactions. Former Indian Prime Minister Rajiv Gandhi visisted Bishkek and Issyk Kul lake in 1985.[11] After the disintergration of the USSR, the Krygyzstan announced autonomy on 31 August, 1991. India was amongst the first to create strategic relationships on 18 March, 1992, and the diplomatic mission became active in 1994.[12]

Indo-Kyrgyz two-sided relations were strengthened by state visits and both nations shared basic concerns on danger of radicalism, terrorism, and drug-trafficking. The two nations consented to a few structure treaties and MoU's on culture, economic and trade collaboration, investment upgrade and safeguard, civil aviation, prevention of double taxation, consular convention and so forth.[13] Right now, the trade turnover between the two nations is $37 million.[14]

Indian Defence Minister visited Kyrgyzstan in July 2011 and announced plans to open a joint military research centre there, as well as an initiative to train Kyrgyz soldiers to serve in United Nation peacekeeping Operations and impart English language skills. Both nations reinforced respective defense participation in zones of shared investment especially in the field of military preparing, protection innovative work and creation of resistance deadly implements.[15] India has been coordinating in these territories both at the respective and multilateral levels. It has Joint Working Group (JWG) on worldwide terrorism and different sorts of unlawful acts with Kyrgyzstan. These JWGs have had normal gatherings to address dangers emerging from flimsiness and fundamentalism in the locale.[16]

Indian Relations with Kazakhstan

India, by tradition referred to Kazakhstan as Hindustan, has close and solid monetary and trade joins with Kazakhstan. Jawaharlal Nehru, Indian Prime Minister, considered Kazakhstan then piece of the USSR to be of incredible importance for India. Nehru alongside Indira Gandhi went to Kazakhstan in 1955.[17] India was one of the first nations to perceive the freedom of Kazakhstan and strategic relations were secured on 22 February, 1992.[18] The Embassy of India was created in Almaty in May 1992, and consequently the Embassy of Kazakhstan was structured in New Delhi in 1993.[19]

Various bilateral state visits have so far established a robust framework for a benevolent and warm relationship. Two countries signed several inter-governmental agreements and MoUs in areas as diverse as energy, cyber-security, civil nuclear energy, uranium, space exploration, Technology, defence, education, culture, hi-tech development, manufacturing, and transport sectors, etc. The Inter-Governmental Commission built in 1992 has been instrumental in creating respective economic, trade, industrial, technological, scientific, and social participation. Joint Working Groups and Sub-Committees inside the Commission have been effectively helping improvement of respective participation.[20] In 2012, trade between the two countries passed the USD 500 million.[21]

Kazakhstan possesses a main site in the energy segment in Central Asian region.[22] It has a two-fold hugeness for India in the monetary circle. Initially, it is a large customer market. Besides, it has tremendous stores of

natural assets, for example, inexhaustible water for electricity production, silver, gold, uranium and chromium other than hydrocarbons that need to be tapped, exploited and changed over into quality included items.[23] Kazmunaigaz (KMG) and Indian ONGC Mittal Energy Limited (OMEL) marked a treaty in January 2009, for exploration of gas and oil in the Satpayev Block in the Caspian Sea. It has evaluated stores of 1.85 billion barrels. The corporation of India would have a 25% stake, the staying 75% being with KMG.[24] Kazakhstan has closed the non-military personnel atomic collaboration treaty with India and participation in atomic common vitality area incorporating in the mining of uranium. With this Kazakhstan would be trading Uranium to India.[25]

Indian Relations with Uzbekistan

Relations between Uzbekistan and India have their roots profound ever. There are close social linkages, which have affected Indian, dance, music, architecture, and cooking. Indian motion pictures had customarily been well known in Uzbekistan. Consulate General of India in Tashkent was formally initiated on seventh April, 1987. The breaking down of the USSR, Uzbekistan proclaimed its freedom on first September 1991; it was moved up to the level of Embassy through the marking of a Protocol on Diplomatic and Consular matters on 18 March, 1992.[26]

There have been normal trade and bilateral state visits between India and Uzbekistan. Both nations have so far marked 74 two-sided records as Agreements, MoUs', treaties and protocols[27] in numerous ranges, for example, financial and business, social, science and technology, technical and education training in varied areas, agribusiness, information technology, and civil aviation and so on.[28]

India has acquired six Uzbek-made IL-78 air-craft, aerial refueling and went into a further understanding for Indian transport flying machine to be repaired at Tashkent. Uzbek forces have likewise prepared in counter-terrorism activities at Indian Counter-Insurgency Warfare School.[29] India holds incessant joint activities with military of Uzbekistan for the last a few years.[30]

Indian Relations with Tajikistan

India was one of the first nations to perceive the autonomy of the Republic of Tajikistan and diplomatic relationships were established on 28 August, 1992, between two states.[31] India started its embassy in Dushanbe from May 1994. Tajikistan started its consulate in Delhi from 2003; it was moved up to undeniable embassy in 2006.[32] The Indo-Tajik relations focused around truthfulness and had wide motivation for monetary, political and security participation between the two nations. With this, a number of high level official meetings were intermittently held to promoted mutual cooperation in diverse fields and both states maneuvered efforts to keep stable political ties and sustain socio-economic relations.

India and Tajikistan hoisted reciprocal relations to the level of a vital partnership, incorporating participation in a wide range of zones, including political, education, monetary, human resource, health, defense, development, counter-terrorism, society and tourism, science and technology.[33] Since 1992 more than 50 agreements, memoranda of understanding and other official documents between the two countries have been signed on trade, industry, economic, energy, defence, culture, education, science and technology etc. The total trade between the two nations arrived at the midpoint of at US $27.56 million in 2012.[34]

More significant is military cooperation between the two countries. India, seeking a role as a global player, conducted its first overseas military exercise with Tajikistan in 2003. More importantly, in accordance with the 2002 bilateral defence agreement, India refurbished the Soviet-era military aerodrome in Ayni, 15k.m from Dushanbe, for around 1.77$ million, completing the project in early 2007.[35] India at first wanted to send settled wing Mig-29 warriors at Ayni. Hence it was said to be conveying just a squadron of Mi-17 V1 helicopters. India as of now has in the range of 150 military faculties, principally engineers and helps staff at Ayni.[36] There was progressing participation in the defense division, where India was giving training to Tajik military with huge quantities of Tajik military cadets and adolescent officers experiencing preparing at different guard preparing establishments in India. This military preparation has offered for nothing out of pocket to Tajik military staff.[37] India has set up a military healing center in southern Tajikistan trying to further reinforce India's geo-key foot shaped impression in the vital Central Asian area.[38]

Indian Relations with Turkmenistan

India and Turkmenistan appreciate inviting relations and offer chronicled and social connections. Turkmenistan, one of the states of the previous USSR, was broadcasted as an autonomous State on 27 October, 1991. India recognized Turkmenistan on 26 December, 1991. Political and consular relations were built on 20 April, 1992. It opened its Embassy in Ashgabat on 30 January, 1994.[39]

The visits of different Ministerial level have been frequently occurring between India and Turkmenistan. They have consented to 35 treaties and MoUs, laying the lawful establishment for reciprocal collaboration on, energy, economy, trade, culture, education, science and technology. Two nations have officially settled components for increasing collaboration in different areas India-Turkmenistan Inter-Governmental Commission (IGC) on economic, trade, technological and scientific collaboration have been meeting frequently since 2006. In the while a joint working group on energy was situated up.[40] They have a yearly trade turnover constrained to about US$87.73 million in 2013-2014.[41]

Turkmenistan is rich in stores of natural gas, potassium, iodine, raw petroleum, and rock salts. Being the wealthiest nation in natural gas in Central Asia has made Turkmenistan an essential state for India's energy security. Four nations, viz., Turkmenistan, Afghanistan, Pakistan and India were cooperating on TAPI gas pipeline venture. They agreed on TAPI gas pipeline on 11 December, 2010, which was expected to be operational by August 2017.[42] On 11 December, 2010; two essential agreements between the four nations were marked in Ashgabat. The TAPI Gas Sales & Purchase Agreement (GSPA) was marked in May 2012. Travel charge payable by India to Pakistan and Afghanistan had likewise been concurred.[43] The venture has been defaced by the uncertainty situation in Afghanistan, and the tense relationships between Pakistan and India.

India has failed to begin a land route through Pakistan to Central Asia. New Delhi has secured an ocean area route by means of Iran. There are now existing rail and highways in Turkmenistan and Iran. Three gathering treaty on the global travel of products between Turkmenistan, India and Iran, were marked on 22 February, 1997, in Tehran.[44] India was effectively finishing of these railroads, the possibility of moving

merchandise from Indian ports to Iranian port of Bandar Abbas and after that on to the Central Asian locale by highways and rail opened up.

American Interests: India and Central Asian region

The U.S. was the important external investor in energy sector of Central Asian region, amenably announcing that it desires to encourage economic and political stability in zones so as to protect its energy imports and to fight global terrorism and weapons trading. If the United States succeeds in regulatory maximum of the energy assets, it would utilize as a tool of its outer strategy. That would create developing authorities like India most weak. India has diplomatic hunger into Central Asian region custody in opinion its upcoming energy requests. The subsequent battle of interest in the region amid India's ancient partner United States and Russia, its fresh originate long haul, key accomplice, and atomic adversary China was additionally fuelling Delhi's forward Central Asian strategy.[45] India has been drawn into the American provincial force amusement through a huge number of arrangements and understandings that demonstrate an extensive security and military partnership to contain China. It has not seen any competition between India and United States because India is a significant partner of America in South Asia.

The other key player with regard to India's role in Central Asia is the United States. Washington has supported an extended role of Indian in Central Asian region, evident in the US strategy for a New Silk Road which would link India with Central Asia and ultimately with the West. China may view India as a 'stalking horse' for the United States.[46] Meanwhile, China was well advanced in the process of building its own 'Silk Road'; well before US-India planned to revive the historical trading route had got beyond the drawing-board. This initiative launched in 2011, goals to help stabilize Afghanistan and the wider Central Asian region by developing cross and intra-regional energy, trade, and transit connections.[47] It was also perceived as a means for the US to sustain its economic interests in the Central Asia region by bypassing Russia, Iran, and China while linking India with Europe via Central Asia thus providing new investment opportunities for US business.[48]

CONCLUSION

Indian has quite enjoyed almost amicable relations with all Central Asia states since their inception in the early 1990s. The economically and militarily rising India is endeavoring to utilize all regional avenues to access and optimally benefit from the burgeoning energy resources of the region: Chabahar port of Iran is a case in point in which India has invested considerably. All that projects a win-win situation for the both sides; the Central Asian states would take full advantage of the Indian economic advancement and modernization of its military. In return, India could not only exploit, transport and ship oil, gas, coal and uranium, it could also export end products and information related production to the region.

However, a host of geopolitical perils lie ahead primarily emanating from the precarious and volatile security situation and unstable political condition of war-torn Afghanistan; drug- saturated Afghanistan is strategically vital because of the fact that it provides the prime connectivity route up till Central Asia states. Moreover, Chinese commanding presence in Central Asia where it has been engaged in constructing and sponsoring oil and gas pipelines projects will also bring about some formidable challenges for India , and India and China would not work shoulder to shoulder in the region owing to their highly competing and divergent regional economic and military approaches and interests.

Given Indian primary national interests and inclination of Central Asia states towards India, it is patently clear that both sides will strive to make the connectivity via the Chabahar port starching out towards Afghanistan a genuine success in the near future. Hopefully, such regional trade connectivity would also tremendously benefit other regional countries in order to expedite the upward trajectory of their economic growth.

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CHALLENGES FACED BY PERSONS WITH DISABILITIES IN THE WORLD OF EMPLOYMENT

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ABSTRACT

Employment rate for disabled persons are significantly lower than employment rate for individuals without disabilities in the world. Despite the satisfactory education, skill gaps, lack of trainings, lack of experience, poor career counseling and concerns of employers becomes stumbling blocks to enter in the labor market for disabled persons. The objective of the study is to explore the personal, environmental, attitudinal and policies barriers faced by disabled persons in seeking and searching jobs in Pakistan, due to these they remained underemployed or unemployed. The main objective of the study is to analyze the impact of these barriers on the unemployment period of disabled persons. The study employed quantitative research method and involved 100 persons with disabilities from Lahore through purposive sampling. Factor analysis and regression analysis is used to examine the data. According to regression analysis the impact of all barriers on unemployment period of disabled persons is significant and positive. Significantly, the study will be proved research based knowledge about personal, environmental, attitudinal and policies barriers in the employment of disabled persons in Pakistan. Recommendations are proposed for strategies to eliminate all barriers to enter in labor market for disabled persons.

Key words: Persons with disabilities, Unemployment, Barriers, Labor Market.

1. INTRODUCTION

Disability can occur at three stages ; Firstly deficiency in body performance or shapes, secondly a constraint on daily activities, such as the incapability of reading, listening or moving independently and thirdly limit the participation of a person at schooling and working etc. Generally persons with disabilities include wheelchair users, blind, deaf and dumb or people with mental disabilities and person who faces difficulties in working due to persistent diseases, severe mental disorders etc (Organization, 2012).

All over the world, PWDs (persons with disabilities) are participating and contributing in the labor market at all levels. However, mostly PWDs want to work, do not have the opportunity to work due to many obstacles. Unemployment among the world's 386 million disabled people of working age is far higher than for working age of normal bodied. Due to reasons exist on supply and demand sides; labor market theory proposes that the employment rate of PWDs will be lower than that of persons without disabilities. On the supply side, there will be occurrence of higher cost of working for PWDs, because they may be required more effort to reach at workplace and to perform the work. In the countries where disability allowances are offered, employment may result in a loss of benefits and health care treatment, which worth is greater than the wages that could be earned. On the demand side, disability may make a person less productive, especially if the workplace is not accessible and does not accommodate PWDs. In such situations, the person would be offered a lower market wage (Organization, 2011). In practice, the extent of this negative effect of disability on employment will differ because it depends on variety of factors, starting with the person's type of disability, the timing of disability onset i-e at birth, during childhood or adulthood, its duration i-e temporary or permanent and how it relates to his occupation (Mitra et al., 2011).

Research on the employment issue of disabled persons has been conducted from various aspects. Some researchers such as Tudorache et al. (2013), Khoo et al. (2013), Ta & leng (2013), Ali et al. (2011), Ali et al. (2012), Nora (2012), Kitchin et al. (1998), Shier et al. (2009), Tezcan (2013) and Haq (2003) tried to highlight the experiences of people with disabilities in regarding employment. While others researchers such as Stone & Colella

(1996), Diksa & Rogers (1996), Bruyere (2000), Gilbride et al. (2003), Mansour (2009), Olufemi & Christianah (2012), Nora (2012), Robbins (2010), Kaye et al. (2011), Fraser et al. (2010) and (Brînzea, 2010) identified the concerns of employers to hire and retain disabled workers.

In Pakistan total population of disabled persons is estimated in 1998 national population census, but unfortunately the government neglected to conduct census studies or publish any statistics on the number of disabled persons in work or searching work. It is therefore difficult to build a rational picture of the number of disabled people either searching work or in work and what type of work. It is, however, well recognized by policy makers and analysts that disabled persons have to face greater difficulties in obtaining employment, because they are more dependent upon their families and they also have extra invisible living costs associated with their impairment.

In this study an attempt has been made to explore the barriers faced by disabled person during seeking and looking for employment. To bring those barriers into limelight which if given due consideration, unemployment among disabled persons can be reduced. The problem under study is of considerable importance, as it is a global problem and is related to wide ranging aspects. Our country is no exception. Unfortunately in Pakistan, the policies and laws for the welfare of disabled persons are not being exactly pursued due to weak enforcement mechanisms and lack of awareness present in society. For example, the 2% quota for PWD's is reserved in all public and private sectors, but there is no mechanism to ensure its implementation.

a) Personal Barriers

Personal factors are relating to the specific background of a person's life and his living, and features of the persons that are not relating to his health condition. These factors may incorporate gender, race, age, lifestyle, habits, childhood, social background, education, profession, overall behavior pattern etc, all or any of above factors may perform a role in disability at any level (Organization, 2001). Educational lapse i-e low educational level is big hindrance in employment of disabled (Ta & Leng, 2013; Tudorache et al., 2013). Mostly disabled persons do not attend

school at all or being interrupted in early education. Especially physically handicapped have less access to schools due to their mobility problem (Brînzea, 2010). Educational system for disabled person does not provide quality education to them i-e necessary for the job market requirements. That is why most of them either can attain jobs in completely different sectors than those they have been trained for or they have to accept jobs as unskilled workers (Tudorache et al., 2013). In Kitchin et al.(1998) study, disabled respondents identified that they have poor careers advice.

Tudorache et al. (2013) found disabled persons have no knowledge about their personal abilities, therefore they cannot exactly assess that they are suitable candidate to apply for a job, neither have any assessment regarding the field nor the job (Ta & Leng, 2013). On one hand suitable jobs are not available for disabled persons and on the other hand, disabled persons are similar as those persons without disabilities to express the desires for a job, but they are less similar to persons without disabilities in actively looking for a job, due to less expectation for finding a suitable job (Ali et al., 2011 ; Khoo et al., 2013). Lack of relevant experiences and lack of required skills and training were the two highest rated concerns of employers to offer job to individuals with disabilities (Bruyere, 2000 ; Kaye et al.,2011).

b) Environmental Barriers

In environmental barriers we will discuss the issues of accessible transportation, designs and construction of public and private buildings, availability of accessible toilets, tactile maps, signage and technology devices that reduce the dependency of disabled persons at workplace. Transportation provides independent access to education, workplaces, health care centers, and others social and entertaining activities. Without accessible transportation, people with disabilities have more chances to be excluded from services and social activities (Organization, 2011). The mobility impaired found in the built environment to be very significant barriers to participation of disabled (Gray et al., 2003). The inaccessibility of buildings and transport has restricted the pool of jobs which disabled people could realistically apply for, has limited their work and promotion chances once employed, and may lead to leave the jobs (Kitchin et al.,1998). Lack of access to information and technology devices also distress the life of disabled persons. During the designing of information

and technology equipment and services, the developers of such services should ensure that disabled persons gain the same benefits as the non-disabled persons (Organization, 2011).

c) Attitudinal Barriers

Disabled persons remarked that the employers rejected them after when they found out about their disability (Tudorache et al., 2013). The employers showed dissatisfaction related to the low productivity of disabled workers, the more frequent medical care required to them, the limited work experienced as well as the fact that the fiscal facilities offered by the state are hard to be retrieved (Tudorache et al., 2013). Lack of coworker receptiveness and openness also become a barrier to hire and retain disabled worker for employer (Mansour, 2009). Employers have concerned about the extra time and training that supervisors or co-workers will need to spend to assist disabled employer (Kaye et al., 2011; Mansour, 2009).

Due to lack of knowledge about disability matters, employers don't understand disability issues and how a disabled worker can be accommodated at workplace and they also cited the concern that an employee with a disability would become a legal liability as they will not be able to punish or discharge a disabled worker for poor performance, because of potential lawsuits (Kaye et al., 2011).. Chan et al. (2010) found that employers reported a lack of support for finding and recruiting qualified disabled persons. One of the most frequently cited concerns for employers was the subject of accommodations (Chabot, 2013). Employers also identified the high costs assosiated with the employment of disabled workers and their special needs preventing them from integration in the free labor market (Tudorache et al., 2013). Fraser et al. (2010) found that small sized companies listed their number four concern about the fear of losing revenue due to the increased need of training employees.

d) Policies Barriers

In policies barriers, we will discuss the policies of government and non government organization which act as stumbling blocks in searching job of disabled persons. Many countries have specified job quotas for PWDs in the public and private sectors and fines are imposed on employers who

do not fulfill these quotas. Such fines can be used to support the schemes to improve the employment level among disabled persons. In Pakistan Disabled Persons (Employment and Rehabilitation) Ordinance, 1981 was the first constitutional effort from the government to start institutional care of handicapped persons in Pakistan. Under this ordinance 2% quota for disabled persons is reserved in government and private sectors. But unfortunately the policies and laws for rehabilitation and welfare of the PWD's are not being implemented strictly due to weak enforcement mechanisms and lack of awareness exist among decision makers(Ahmed et al., 2011). Anti-discrimination laws make it illegal for making any judgment about a person's employment on the basis of his disability. Unfortunately in Pakistan still there is no anti-discrimination law and accommodation law exist.

2. METHODOLOGY

Since the objective of the study is to answer the research question that personal, environmental, attitudinal barriers and policies barriers affect the unemployment period of disabled persons in Pakistan and to generalize the results through sample. Therefore, a quantitative approach is the most suitable method for the study. To obtain quantitative data, a survey was conducted in Lahore city (Pakistan). Data was collected through purposive sampling in three months. Total sample of 100 disabled persons was identified from two organizations of disabled person's i-e Milestone and Voice Society for Special Persons Lahore.

After collecting the data, it was entered in SPSS version 20.0 for the analysis purpose. The some items of questionnaire are self-developed and some items are adopted from Ali et al. (2011), Tudorache et al. (2013) and Khoo et al. (2013) studies. The questionnaire has three parts. In part A, six questions are related to demographic details of respondents such as sex, age, educational qualifications, disability type, unemployment period etc. In part B, five questions are related to his struggle and preference for the new job. In part C, 35 items related to personal, environmental, attitudinal barriers and policies barriers with a 5 likert scale specifically designed to allow the participants to respond accordingly to the question items.

Cronbach's alpha is the most used method to find internal consistency of items, which also employed in this study. To investigate the validity of the

survey instruments, the current study conducted factor analysis utilizing the PCA technique with varimax rotation. Kaiser–Meyer-Olkin (KMO) measure of sampling adequacy test and Bartlett's Test of Sphericity are used to check whether the data used in this research is sufficient to apply factor analysis. After obtaining the principal components for constructs includes in this research, we will use multiple regression analysis to determine the impact of barriers on the unemployment period of disabled persons.

3. FINDINGS

In this section, the information obtained from the respondents is presented. The first part discusses the demographic profiles of the respondents and presents a descriptive summary of items followed by estimated results of reliability and validity of measurements of constructs. The second part presents the results of regression analysis.

3.1 Demographic profile of respondents:

As an overview, this research managed to interview 100 disabled persons in Lahore city of which 61% are male and 39% are female. In disability type 54% are polio affected, disability of 7% respondents is muscular dystrophy, 7% have disabled due to spinal cord injury, 17% are blind and 15% are deaf & dumb. Out of total respondents 26% are disabled by birth, 65% are disabled after birth, while 9% became disabled due to accident. In terms of education attainment, 11% got education below metric level, 11% got education up to metric level, 27% got education up to intermediate level, 36% are graduated, 13% got education up to master's level, and only 2% fall in others category. During unemployment period 43% disabled persons depend on their parents, while 5% depend on others family members to meet their daily expenses. 47% disabled persons are involved in occasional work, 5% depend on others resources and no disabled person receives any unemployment benefits from government during this period.

3.2 Item Responses

In part B, their struggle for a job and preference for new job has been discussed. 20% respondents contacted within the last month to somebody or agency about applying a job, 29% contacted during more than one month but less than 6 months ago, 16% for at least 6 months but less than

a year ago, while 34% contacted earlier than one year or more to somebody or agency about applying a job and only 1% respondent never contact any person or agency. Only 2% respondents registered themselves at unemployment agency during last past 12 months, 16% respondents answered to advertisement for jobs, 10% applied directly to employers, 50% asked relatives and friends to help them to find a job, 19% respondents adopted all above actions and 3% do not adopt an action to find job in last past 12 months. 34% disabled persons are willing to work in public sector while 28% are willing to work in private sector and 38% disabled persons do not know which sector is better for you to work. 77% disabled persons are willing to work full-time and remaining 23% are willing to work part-time.

Table 1

Frequency/Percentages of Survey Items

ITEMS	SD	D	N	A	SA
Relevant and necessary education for the job.	4.0%	36.0%	1.0%	43.0%	16.0%
Necessary skills and trainings for the job.	4.0%	63.0%	0%	24.0%	9.0%
Experience for the applying job.	13.0%	61.0%	5.0%	20.0%	1.0%
Career advice from teachers and trainers.	32.0%	35.0%	0%	29.0%	4.0%
Knowledge about my personal abilities.	2.0%	43.0%	8.0%	36.0%	11.0%
Remain hopeful to get a job.	21.0%	37.0%	5.0%	28.0%	9.0%
Know any recruitment agency which helps for the employment.	7.0%	31.0%	13.0%	49.0%	0%
Contact with the recruitment agency which provides guideline for job.	30.0%	23.0%	27.0%	20.0%	0%
Knowledge about the jobs that suite to disability.	9.0%	48.0%	1.0%	40.0%	2.0%
Easily use public transport.	39.0%	51.0%	3.0%	6.0%	1.0%
Easily move in public and private	34.0%	53.0%	7.0%	5.0%	1.0%

buildings.					
Find ramps, lifts and parking spaces at workplaces.	31.0%	62.0%	4.0%	3.0%	0%
Find accessible toilets at workplaces.	27.0%	37.0%	7.0%	29.0%	0%
Find tactile maps and signage at workplaces.	45.0%	50.0%	5.0%	0%	0%
Find technology devices that reduce the dependency of disabled.	23.0%	62.0%	14.0%	1.0%	0%
Discriminating and negative behavior during interview.	0%	3.0%	8.0%	70.0%	19.0%
Judge them on their disability not on their education.	0%	1.0%	8.0%	50.0%	41.0%
Don't have awareness about disabilities issues.	0%	4.0%	1.0%	49.0%	46.0%
Disabled can't perform essential functions of the job.	0%	2.0%	8.0%	58.0%	32.0%
No knowledge how to modify the workplace.	0%	3.0%	12.0%	67.0%	18.0%
Disabled need extra time, supervision and training.	2.0%	3.0%	7.0%	63.0%	25.0%
Disabled persons will not be punctual and regular.	3.0%	3.0%	1.0%	70.0%	23.0%
Disabled persons have lack of ability of social mixing.	4.0%	1.0%	22.0%	36.0%	37.0%
Coworkers will not accept disabled persons.	0%	4.0%	9.0%	67.0%	20.0%
Little knowledge about the rights of disabled persons.	1.0%	0%	0%	34.0%	65.0%
Disabled persons would become a legal liability.	0%	9.0%	27.0%	52.0%	12.0%
Lacking of support services for finding and recruiting qualified disabled.	0%	14.0%	32.0%	27.0%	27.0%
Cost of reasonable changes in building, additional training and over health and safety expenses of	0%	2.0%	10.0%	70.0%	18.0%

disabled.					
Govt. institutions are providing guideline and support.	51.0%	39.0%	8.0%	1.0%	1.0%
NGOs are providing guideline and support.	13.0%	60.0%	3.0%	24.0%	0%
Government sectors are creating job opportunities.	25.0%	57.0%	1.0%	16.0%	1.0%
Private sectors are offering job opportunities for disabled persons.	53.0%	24.0%	0%	20.0%	3.0%
Govt. efforts are adequate to make laws to protect the rights of disabled.	40.0%	45.0%	6.0%	9.0%	0%
2% quota of jobs reserved for disabled is fully applied in public institutions.	36.0%	52.0%	5.0%	7.0%	0%
2% quota of jobs reserved for disabled is fully applied in privates' institutions.	48.0%	49.0%	2.0%	1.0%	0%

3.3 Factor Analysis

We used KMO measure of sampling adequacy test and Bartlett's test of sphericity to check whether the data is adequate to apply factor analysis. It reduces the data from a large number of items to a small number of uncorrelated factors. These factors make simpler the interpretation and analysis of the complex phenomenon. Since our data meets the criterion of KMO and null hypothesis of no correlation among items of each construct is rejected at less than one percent significance of level according to Bartlett's test of sphericity in each case. So we reject null hypothesis and we will continue with factor analysis.

Table 2

KMO and Bartlett's Test

Constructs	No. of items	KMO Measure of sample adequacy	Bartlett's Test of Sphericity Chi-square	Bartlett's Test of Sphericity Sig.
Personal Barriers	9	.763	460.91	.000
Environmental Barriers	6	.507	207.44	.000
Attitudinal Barriers	13	.650	577.51	.000
Policies Barriers	7	.645	189.46	.000

Table 3

Eigen values and total variance explained

Constructs	Components	Initial Eigenvalues		
		Total	% of variance Explained	Cumulative % of variance explained
Personal Barriers	**Comp 1**	3.819	42.435	42.435
Environmental Barriers	**Comp 1**	2.493	41.543	41.543
Attitudinal Barriers	**Comp 1**	4.288	32.987	32.987
Policies Barriers	**Comp 1**	2.780	39.712	39.712

Table 3 includes all eigen values and shows total variance explained for the constructs. Only one principal component was extracted from each of the four constructs by using the PCA extraction method. Through factor loading all related items for all constructs are loaded on just one component with ranging from .475 to .848, .438 to .829, .478 to .760 and .536 to .732 respectively. Since the minimum value for the loading of all items are greater than 0.40 and there exist no cross-loading of items above 0.40, so it will satisfy the criteria of construct validity. It means the above collected data which is acquired from the instrument, are valid.

3.4 Regression analysis:

Multiple regression analysis has been used to determine the effects of personal, environmental barriers, attitudinal and policies barriers on the unemployment period among disabled persons. Results of regression analysis are given below.

UNEMPT = 2.927 + 0.145PRBR + 0.166EBR + 0.077ABR + 0.189PBR

$\quad$ SE = (0.007)$\quad$(0.007)$\qquad$(0.008)$\qquad$(0.007)$\qquad$(0.008)

Here$\quad$UNEMPT = unemployment period of disabled persons
PRBR = Personal Barriers$\qquad$EBR = Environmental Barriers
ABR = Attitudinal Barriers$\qquad$PBR = Policies Barriers
Results shows a significant and positive effect of personal (β=0.145, p<0.001), environmental (β=0.166, p<0.001), attitudinal (β= 0.077, p<0.001), and policies barriers (β= 0.189, p<0.001) on unemployment period of disabled persons.

4. DISCUSSION

In this study, in terms of educational achievements, the more popular levels of education are the graduation (36%) and intermediate levels (27%), some respondents receive a high level education i-e masters level, although the percentage is small (13%),remaining are got education at metric or metric level. In Khoo et al. (2013) study 6.7% respondents got education at tertiary education, 28.6% got O-levels and 13.1% are illiterate. Thus disabled people in Pakistan are more eager to acquire high level of education in spite of lot of problems.

The research revealed that only 43.0% respondents have quality education i-e relevant and necessary education for the applying job, while 63.0% respondents claimed that they have no crucial skills and trainings for the job and 61.0% respondents denied of having any experience for the applying jobs. Thus education and trainings do not satisfy the job market requirements then most of disabled have to find jobs either in different fields than those they have been trained for or they have to accept jobs as untrained workers. It also confirmed by Tudorache et al. (2013), Bruyere (2000) and Kaye et al. (2011).

The present study exposed 43.0% disabled persons don't have any knowledge about their personal abilities and have never get any career advice from their teachers and trainers (35%), so they cannot decided about either they are adequate to apply for a job or regarding the field and sector for a job. Lack of knowledge about their personal aptitude and abilites block the way to progress for disabled persons. Kitchin et al.(1998), Shier et al. (2009) and Mansour (2009) also discovered that disabled respondents had poor careers advice during studying and training. The present research also illustrates the efforts of disabled persons in searching of job. Only 29.0% respondents contacted somebody or agency during one to six months ago and 34.0% contacted during the period of one year or more to some person or agency about applying a job. Actions to find jobs during last past twelve months also show their struggles for seeking jobs. 16.0% respondents answered advertisement for jobs, only 10.0% directly applied to employers, while 50.0% asked their relatives and friends to help them for finding jobs.

The study also revealed that 49.0% know any recruitment agency which helps for the employment but only 20.0% contact with the recruitment agency and only 2.0% registered themselves at the agency. Which shows that disabled persons in our country are not satisfied with the working of the recruitment agency that provide guideline to them regarding employment. Regardless of these efforts only 28.0% respondents remained hopeful in future to get jobs which reflect the lower optimism of them. This lower optimism pointed towards the situation that there exist fewer suitable jobs in labor market and perceptions of employer's attitudes and discrimination regarding to employ disabled workers. The research also revealed that 48.0% respondents did not have any knowledge about the jobs that suite to their disability. Ta & leng (2013) verified that 36.0% respondents have insufficient job opportunities and 19.9%o confirmed that they remained unemployed due to nonexistence of suitable job.

The research exhibits that merely 6.0% respondents can easily use public transport. Only 5.0% respondents can easily move in public and private buildings. While just 3.0% disabled persons find ramps, lifts and parking spaces at workplaces. Whereas 29.0% respondents noticed that accessible toilets were available at workplaces. But regrettably said that 0% visual and hearing impaired persons observed any tactile maps and signage at

workplaces. And 1.0% disabled persons discovered any technology devices that reduce their dependency on normal bodied such as hearing aids, screen readers and documents in brail language. From this analysis we are confirmed that in Pakistan built environment and transportation system is not disability friendly. The office buildings are not constructed according to requirements of disabled workers, thus they have to face mobility problems in their working areas (Ali et al., 2012; Ta & leng, 2013). Lack of accessible transportation is the most common obstacle for persons with disabilities which discouraged them from seeking work (Tudorache et al., 2013).

The research exposed that 70.0% disabled have to face the employer's biased and negative behavior during interview, because the employers judged them on their disability not on their education attainments (mentioned by 50.0% respondents) and mostly employers have negative perception that disabled persons can't perform essential functions of the job i-e stated by 58.0% respondents. Khoo et al. (2013) also maintained that it was the disability of PWDs which hampered their employment opportunities. The study revealed that 49.0% respondents agreed that employers didn't have any awareness about disabilities issues because they had little knowledge about the rights of disabled persons (stated by 65.0% respondents), thus employers had no knowledge to modify the workplace according to disability (said by 67.0% respondents). Kaye et al. (2011) declared that 80.9% employers didn't know how to handle the needs of disabled persons.

The research also reflected the prejudice behavior of employers when 63.0% disabled stated that they were rejected because employers thought that disabled needed extra time, supervision and training to work. The employers imagined that disabled would not be remain punctual and regular and have the higher rate of absentees from workplace(70.0%) and they were also afraid that disabled persons would become a legal liability as they would not be able to punish or discharge him for poor performance (stated by 52.0% respondents). Negative perceptions about the cost of accommodation at work place and social mixing of disabled also become major hindrance to employ persons with disabilities by employers (Tudorache et al. 2013; Bruyere 2000; Fraser et al. 2010). In our study 70.0% respondents stated that the employers were feared about the cost of

reasonable changes in building according to disability, additional training and over health and safety expenses of disabled persons, the employers also thought since they had lack of support services for finding and recruiting qualified disabled persons so they would not hire them (stated by 27.0% respondents), the employers also expressed their fears that disabled persons had lack of ability of social mixing at the workplace (36.0%) and the employers also revealed their fears that coworkers would not accept disabled persons (67.0% respondents stated). Thus the cost of adjustments at workplace and a lack of awareness regarding the needs of a disabled worker could be basic rationale for not hiring or retaining a disabled worker (Kaye et al. 2011; Fraser et al. 2010).

In the study, persons with disabilities experienced that government institutions and NGOs of disabled persons were not providing the guideline to them for employment (stated by 51.0% and 60.0% respondents respectively). The results of the study also exhibited that government sectors and private sectors were not creating and offering suitable job opportunities for disabled persons (stated by 57.0% and 53.0% respondents respectively). Ta & leng (2013) also demonstrated that the state measures were not adequate to provide guideline regarding employment opportunities and respondents had doubts about the state's level of sincerity to take steps for supporting them regarding employment.

In Pakistan, laws are not inclined towards the integration of disabled persons within the labor market and not preventing their discrimination by increasing the taxes taken from the employers who refuse to recruit and retain disabled employees. Disabled Persons (Employment and Rehabilitation) Ordinance, 1981 was the first ordinance in Pakistan to start institutional care of disabled persons. According to this law 2% quota was reserved for disabled persons in all government and private sectors. But the research exposed that 2% quota of jobs reserved for disabled in public and privates institutions is not fully applied (stated by 36.0% and 49.0% respondents respectively) and the main cause of violation of this was that government efforts were not adequate to make laws and execution of these laws to protect the rights of disabled (stated by 45.0% respondents).

The present study exposed that if personal barriers increase by one unit then unemployment period among disabled persons will increase by 14.5

units, if environmental barriers increase by one unit then unemployment period among disabled persons will increase by 16.6 units, if attitudinal barriers increase by one unit then unemployment period among disabled persons will increase by 7.7 units and if policies barriers increase by one unit then unemployment period among disabled persons will increase by 18.9 units and vice versa. Thus the impact of policy barrier is larger as compared to others barriers because policy designs do not take into consideration the needs of PWDs, or existing policies and standards are not fully implemented by the government.

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PREVALENCE AND CAUSES OF LOW VISION AMONG CHILDREN ATTENDING SPECIAL EDUCATION SCHOOLS AND CENTERS OF LAHORE CITY

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ABSTRACT

The study was designed to determine the prevalence of low vision children in special education schools/centers run by Government of the Punjab in Lahore city of Pakistan. According to World Health Organization (WHO) estimation, every 5 seconds 1% goes blind in the world. Low vision children have some residual amount of vision, which enables them to perform their daily function independently and achieve their targets with some aid and support. About 90% of visual impairment cases have some residual vision. Surveys on prevalence and causes of blindness and low vision have been initiated in many countries throughout the world. The objective of this study was to determine prevalence of low vision by identifying low vision cases, types and causes of low vision. Teachers of visually impaired children, counselors in special schools/centers, ophthalmologist & optometrist were consulted for this study. Survey method was used to describe the current situation. A checklist and eye examination sheet were designed to estimate prevalence, to identify causes and types of low vision and prevailing eye examination procedures used at school and centers. The researchers personally visited all school and centers to get the required information (data) from students profile and record available at these schools and centers. The research study found that prevalence of low vision in special education schools and centers was 42.9% of visual impairment. Peripheral vision loss and night blindness were determined as the major types of low vision among children studying in these institutions. It was found that major causes of low vision were glaucoma and retinitis pigmentosa. The study recommends that low vision should be dealt as a separate group from visual were glaucoma and retinitis pigmentosa. The study recommends that low vision should be dealt as a separate group from visual impairment.

Key words: Low Vision Children, Prevalence, Eye Examination, Special Education Schools.

1. INTRODUCTION

A person's success in both economic and social life aspects depends on his sight, therefore loss of vision is a serious problem. The term visual impairment is used to describe both low vision and blindness. Low vision is defined as best corrected visual acuity worse than 6/18 and equal to or better than 3/60 in the better eye or visual impairment categories 1 and 2 (Scholl, 1986). A person with low vision is one who uses or is potentially able to use vision for the planning and /or executive of a task (ICD 10th Revision, 2007:http://apps. who.int/classifications/pps/icd/icd10online/).

A low vision person is defined as "one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has a visual acuity of less than 6/18 to perception of light (PL) in the better eye, or a visual field of less than 10° from the point of fixation, but who uses, or is potentially able to use vision for the planning and/or execution of a task" (WHO, 1993).

The classification of visual impairment is based on the 'corrected visual acuity' (WHO, 1998). On this basis there are three categories; (1) moderate visual impairment from all causes (<6/18 [20/60] to ≥6/60 [20/200] in the better eye), (2) severe visual impairment from all causes (<6/60 to ≥3/60 [20/400] in the better eye), and (3) blindness from all causes (<3/60 in the better eye). According to the ICD-10 classification the term "low vision" includes moderate and severe levels of visual impairment irrespective to the cause. Shah, et al (2008) similarly defines low vision as a corrected visual acuity in the better eye of less than 6/18 to more than no perception of light (NPL). The proportion of individuals in a population having a disease is called prevalence. Prevalence is defined as the degree to which something is prevalent; especially the percentage of a population that is affected with a particular disease at a given time (online Library, 1999).

Worldwide the developing countries have greater population of visual impairment persons as compared to the developed countries. The reason is under developed infrastructure and limited funds. Awan (2011) reports higher prevalence of blindness is in the economically underdeveloped countries. The prevalence of blindness and low vision in Tehran province,

Iran found similar to other developing countries (Soori, H., Ali, J.M., & Nasrin, R., 2006). Results of that study revealed "Overall, 11,975 subjects with mean age of 27.77 ± 18.9 years participated (primary response rate of 90.4%). The prevalence of bilateral blindness was 1.09% (95% CI: 0.90-1.61%). There was a significant positive correlation with age (P<0.001) but no significant difference by gender" (p.1). Dandona R, Dandona L, Srinivas M, Giridhar P, Nutheti R, Rao GN. (2002) showed the prevalence of Functional LowVision to be 1.05% (95% CI: 0.82%−1.28%), While Jadoon Z, Dineen B, Bourne RRA, et al. (2006) reported very high prevalence of blindness in that population: 1.34% (95% CI: 1.07%−1.61%).

According to Yeo, & Moor, (2003) cataract is the leading cause of blindness in the world of which 85 % of all visual impairment is avoidable. In Pakistan the leading cause of blindness in adults more than 30 years of age is cataract (Dineen, Bourne & Jadoon, 2007 as cited in Awan, Mahar, & Memon, 2011, p. 166). The percentage of cataract causing blindness throughout the world is 39.1%, while in Pakistan the rate of cataract causing blindness is significantly larger; 51.5 %, of which 85.4 % of blindness is avoidable. Dinees, et al (2007) reported two causes; refractive error (43%) and cataract (42%) for moderate visual impairment (less than 6/18 to 6/60).

Results of a cross-sectional study held by Ahmad, et al (2005,p. 19) on 1,106 men and women of 40 years and older in rural areas of Pakistan's North West Frontier Province, now called Khyber Phakhtunkhua showed that 21 (1.9%; 95 % CI: 1.1 − 2.7 %) were blind, while another 27 (2.4%) and 62 (5.5%) subjects had sever visual impairment (less than 6/60-3/60) and visual impairment (less than 6/18-6/60), respectively. The leading causes of blindness and low vision were cataract and uncorrected aphakia, which accounted for 14 of 21 (66.6%) cases of blindness and 49 of 89 (55.5%) cases of low vision respectively.

A study (Gothwal, V.K., & Herse, P. (2000) found congenital conditions such as congenital glaucoma, hereditary macular degeneration, retinitis pigmentosa and albinism are more likely to be the major causes of childhood visual impairment and blindness accounting for 64% of cases. Another study (Hornby, S.J., Adolph, S., Gothwal, V.K., Gilbert, C.E., Dandona, L. & Foster, A., 2000) also found (34.8%) as a major cause of

blindness and low vision among children attending special education schools is hereditary factors. While In Sri Lanka intra-uterine factors (3.5%) were common causes of blindness among children attending schools for the blinds in addition to the hereditary diseases (35%). Cataract (17%) was reported as the main cause of 'avoidable' childhood low vision (Ecktein, M.B., Foster, A., Gilbert, C.E., Foster, A. (1995).

Awan, et al (2011) found two causes cataract and uncorrected refractive errors as leading causes of blindness; which can be easily treated by surgery and eyeglasses. They have discussed and tabulated the global causes of blindness as a percentage of total blindness below:

Cataract	39.1 %
uncorrected refractive error	18.2 %
Glaucoma	10.1 %
Age-related Macular degeneration	7.1 %
Corneal opacity	4.2 %
Diabetic retinopathy	3.9 %
Childhood blindness	3.2 %
Trachoma	2.9 %
Onchocerciasis	0.7 %
Other	10.6 %

Source: Resnikoff, S. Pascolini, D., Mariottia, S.P., et al. (2008). Global magnitude of visual impairment caused by uncorrected refractive errors in 2004. Bulletin of World Health Organization 2008; 68:63-70.

2. METHODOLGY

The research was descriptive in nature and desk review and survey method was used to conduct the study. The information was collected from the offices of schools and center. The researchers personally visited all school and centers of visually impaired children in Lahore city to collect the data on prevalence of low vision. Verbal consent of head of Institution was sought in order to approach the school records, i.e., student profile to record the required information on checklist and examination sheet from the student's record and profile.

2.1 Respondents

The population of the study comprised of 237 visually impaired children studying in special education schools and centers of Government of Punjab in Lahore city. The respondents of study comprised of all low vision children (100) studying in special education schools and centers of Government of   Punjab in Lahore city.

2.2 Instruments

Checklist: Initially the checklist comprised many items on low vision its occurance, types and causes .The final checklist comprised of five columns requiring general information and information types and cases of low vision. The columns of age ranges: 5- 11 yrs, 12-17 and 18-23 while column on types includes   central vision loss, peripheral vision loss, blurred vision, nightblindness and photophobic similarly column on causes includes macular degeneration, diabetic retinopathy, retinitis pigmentosa, retinopathy of prematurity, retinal detachment, cataract, glaucoma, acquired injury

Eye Examination Sheet: The eye examination sheet was developed by consulting optometrist and ophthalmologist. It comprised of seven items/questions regarding the eye examination procedure used by schools and centers consultant to identify and assess low vision. It required responses either yes or no.

3. RESULTS
The data collected through eye examination sheet and checklist was analyzed and findings were drawn. The data was shown in the form of tables. Total strength was calculated, low vision prevalence was determined, percentages were found out and mean was also calculated.

Table 1
Strength of Visual Impairment

Schools	Special Children (Strength)	Visual Impairment (Strength)	Percentage
1	220	14	
2	98	07	
3	89	48	
4	47	89	
5	48	10	26.9 %
6	88	14	
7	140	08	
8	150	47	
Total Strength	880	237	

Table 1 shows that the number of special children in 08 schools and centers of Lahore City is 880 and total strength of visually impaired children is 237. It also shows that 26.9% visually impaired children are studying in 08 schools and centers. It was found out that total number of visually impaired children studying in special education schools and centers is 237 that is 26.9 %.

Table 2
Strength of Low Vision Children

Schools	Special Children (Strength)	Low Vision Children (Strength)	Percentage
1	220	04	
2	98	02	
3	89	17	
4	47	20	
5	48	38	11.3 %
6	88	07	
7	140	08	
8	150	04	
Total Strength	880	100	

Table 2 shows that the number of special children in 08 schools and centers of Lahore City is 880 and total strength low vision is 100 in these institutions. It also shows that 11.3 % low vision children of the total special children strength studying in these schools & centers. It was found out that low vision children were 11.3% of total strength of 08 school and centers of Lahore city.

Table 3
Prevalence of Low Vision Children

Special Children (Strength)	Low Vision Children (Strength)	Percentage
237	100	42.1 %

Table 3 shows that the total number of visually impaired children studying in special education schools and centers is 237 while total number of low vision children in these school and centre 100. It also shows that percentage of low vision is 42.1% of visual impairment. It was found out that the prevalence of low vision children in special education schools and centers of Govt. of Punjab in Lahore city is 100 and their percentage is 42.1 % of visual impairment.

Table 4
Gender wise description of Low Vision Children

Gender	Frequency	Percentage
Boys	46	46
Girls	54	54
Total	100	100 %

Table 4.4 shows that the frequency of boys in special education schools and centers of Govt. of Punjab in Lahore city is 46 and total number of low vision girls in these schools and center is 54. It also shows that percentage of low vision boys is 46 % and percentage and frequency of low vision girls is 54%. It was found out that frequency and percentage of low vision girls is more than half, 54 while percentage of low vision boys is less than half 46.

Table 5
Description of Low Vision Children

Ser	Age Range	Frequency	Percentage
1	5-11	43	43
2	12-17	43	43
3	18-23	14	14
Total		100	100 %

Table 5 shows that the frequency and percentage of age range 5-11 is 43%. The frequency and percentage of age range 12-17 is also 43%. The frequency and percentage of age range 18-23 is 14%. It was found out that frequency and percentage of age range 5-11 and 12-17 is same that is 43 while the frequency and percentage of age range 18-23 is only 14. It was found out that majority of the cases (low vision) fall in age range 5-17.

Table 6
Type of Low Vision

Types	Frequency	Percentage
Central Vision Loss	11	11
Peripheral Vision Loss	33	33
Blurred Vision Loss	11	11
Night Blindness	29	29
Photophobic/Light Sensitive	16	16

Table 6 shows that the majority of the types of low vision were peripheral vision loss 33% and night blindness 29%. Some cases belong to photophobic 16% while least common types are central vision loss 11% and blurred vision 11 %. It was found out that peripheral vision loss (33%) and night blindness (29%) were the major types of low vision in special education schools and centre of Government. of Punjab in Lahore city while some other causes were Photophobic (16 %), Blurred vision (11 %) and Central vision loss (11%) were also present.

Table 7
Causes of Low Vision

Types	Frequency	Percentage
Macular Degeneration	7	7
Diabetic Retinopathy	0	0
Retinopathy of Prematurity	17	17
Retinal detachment	6	6
Retinitis Pigmentosa	25	25
Cataract	13	13
Glaucoma	26	26
Acquired Injury	6	6

Table 7 shows that the majority of the causes of low vision are glaucoma (26%) and Retinitis Pigmentosa (25%). Some cases belong to ROP (17%) and cataract (13%) while least common causes were macular degeneration, retinal detachment and acquired injury. There was no case of diabetic retinopathy. It was found out that glaucoma (26%) and retinitis pigmentosa (26%) were the major causes of low vision in special education schools and centers. Some other causes were ROP and cataract (17 % & 13 %) respectively. On the other hand Macular Degeneration, Retinal Detachment and Acquired Injury caused low vision in few cases.

Table 8
Eye Examination

S No	Questions	Yes		No	
		F	%	F	%
1	Proper case histories	7	87.5 %	1	12.5 %
2	Visual activity test	6	75 %	2	25 %
3	Preliminary test	2	25 %	6	75 %
4	Keratometry	0	0 %	8	100 %
5	Eye refraction	7	87.5 %	1	0 %
6	Eye health evaluation	1	12.5 %	7	87.5 %
7	Test of eye focusing eye teaming eye movement	1	12.5 %	7	87.5 %

Table 8 shows that Proper case histories, visual acuity test and eye refraction (87.5 %, 75% & 100%) respectively is done by most of the schools and centers and their consultants. It also shows that keratometry (0%), preliminary test (25%), eye health evaluation (12.5%) and test of eye focusing, eye teaming and eye movement (12.5%) is not done by most of the schools and centers and their consultants. It was found out that case histories are maintained by most of schools and centers. Visual acuity test and eye refraction is done by schools and centers consultants. Keratometry, Eye health evaluation and test of eye focusing eye teaming eye movement is not performed/done by majority of schools and centers.

DISCUSSION

The World Health Organization (WHO) estimates, that every second 1% goes blind in the world. About 90% of visual impairment cases have some residual vision. Taking the objective of study to estimate prevalence it is seen that prevalence of low vision is 42.9% of visual impairment which is remarkable. Analysis of data on types of low vision showed that peripheral vision loss and night blindness are the major types of low vision in special education school and centers in Lahore city. Analysis of data on causes of low vision, the prevailing causes of low vision in schools and centers were glaucoma and retinitis pigmentosa. Information in order to identify prevailing eye examination procedures, it is seen that not all the international standard procedures are applied and used by school and centers and their consultants but the basic procedures are applied like visual acuity test and eye refraction while preliminary test and eye health evaluation is not done by most of the schools and their consultants.

There are many international and some national studies in line to this topic. Nearly in all the studies the subject or sample underwent eye examination as the studies were mostly carried out by ophthalmologist. But this study is carried out by special educator (low vision counselor) on school population; the researcher recorded the available information. In most of the studies the sample of the study is older or younger population but in this study sample is school aged young children.

Results of this research are not in line with many researches like Feghhi, M. Khataminia, G. Ziaei, and H. and Latifi, M. (2011) whose results indicated that cataract, refractive error and emplyopia are the major causes of low vision in Khuzestan (a province of Iran) which is in contrast to the

present study, as major causes of low vision were glaucoma and retinitis pigmentosa in present study.

There are following recommendations on the basis of conclusion of this study:-

1.   Keeping in view the findings and conclusions of this study there is remarkable prevalence of low vision in special education schools and centers there is a need to address this area to explore the number of visual impaired children in all institutions.

2.   There is need to explore prevalence of low vision and blind at primary and secondary levels.

3.   Proper eye examination should be carried out and standard procedures should be followed by schools or their consultants.

4.   Separate services should be provided by special education department to low vision   children.

5.   Low vision type of visual impairment should be dealt as a separate group/population   because their educational requirements are totally different from blind.

6.   The detail prevalence of low vision is required to be conducted on large scale in this field.

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JOB SATISFACTION – AN OUTCOME OF ORGANIZATIONAL COMMITMENT

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ABSTRACT

The study was carried out in a large Power Generation, Transmission and Distribution industry, namely Karachi Electric Supply Company Limited, where 18000 people are employed. The sample was selected by proportionate stratified random sampling method. A sample of 374 subjects was taken from various units of Generation, Transmission, Distribution and Operation. The subjects integrated Blue-collar and While-collar workers and Managers (Lineman, Bill distributor, Meter Reader and above up to the level of Departmental Head). The current sample represents two percent of the total population of each of these three categories. This type of integration of organizational commitment to job satisfaction will be considered a unique aspect of this study in Pakistani situation. In Pakistan, so far, no research work has been done in this area, which is remarkable achievement.

Key Words: Job Satisfaction, Organizational Commitment, KESCL, Power Generation, Transmission and Distribution Industry.

1. INTRODUCTION

Organizational commitment refers to nature of relationship of the member to the system as a whole two general factors which influence the strength of a person's attachment to an organization are the rewards he has received from the organization and the experiences he has had to undergo to obtain them. People become members of the official administrations because they can attain objectives that they wish for through their membership.

The expectation of prize operates in a like manner. Strength of commitment to an organization should be positively associated to the strength of conviction that one will be pleased by the organization. Vroom's (1964) most constantly positive findings, concerning the relationship between individual and organizational goals, engross the expectancy that performance will upshot in extrinsic rewards and that intrinsic satisfaction will result from the work itself.

The temperament of one's commitment to an organization may undergo major change depending on the relationship between belief and reality. Convergence of belief and truth would tend to strengthen commitment, while divergence would reason a decrease in commitment to the organization (Grusky, 1966).

The perceived job characteristics were measured by steers(1977) to uncover out its influence on organizational commitment by using the scales developed by Hackman and Lawler (1971). The four core dimensions measured were self-sufficiency, diversity, reaction and task identity. Besides, occasion for elective border (that is, the opportunity to develop close friendship at work) was also measured because of its purported influence on commitment. Steers (1977) originate that job characteristic (its all four dimensions as stated above) was significantly related to commitment.

The research study of the different definitions and concepts of commitment stated in earlier paragraphs, it is evident that commitment to the organization is typically defined in two ways: (1) the identification of the individual with the values and objectives of the organization, and (2)

the willingness or unwillingness of the individual to leave the organization.

The very first is based, mainly, on the writings of Argyris (1964), Likert (1961) and McGregor (1960). As per this approach, there is presence of inherently satisfying jobs moreover availability of opportunities in the organization for the satisfaction of higher order needs. In particular, efforts were made to provide for these needs by enriching jobs.

And, the second definition based on Simon and March (1958), Simon (1957) and Becker (1960), who see commitment as associated to the investments which the individual has in the organization. These investments are in the form of pay, years in the organization, position and the availability of alternative employment opportunities away.

In sum it can be seen that the prime attention of this research is to discover the most crucial interactive or main superior effects surrounding the commitment variables in the Pakistani context and to identify those variables that are associated to logistic commitment in order that organizations may be in a position to credibly design organizational strategies to make the most of commitment levels of its employees, thus the job satisfaction is the function of organizational commitment.

2. OUT COME OF THE STUDY

2.1 Individual Factor - Age

In the following tables 1 and 2 respondents mean scores in commitment to the employing organization are compared against the time factors, as represented by age.

Table 1

Differences in Organizational Commitment by Age

Variable category	No. of subject	Organizational commitment mean	S.D
Oldest (47 and up)	54	53.00	6.50
Medium (33-46)	157	51.41	6.15
Youngest (Less than 33)	163	50.39	7.02

TABLE - 2

Variable category	No. of subject	Organizational commitment mean	S.D	t
Oldest (47and up)	54	53.00	6.50	0.192*
Medium (33-46)	157	51.41	6.15	
Youngest (Less than 33)	163	50.39	7.02	0.179*
Medium (33-46)	157	51.41	6.15	
Oldest (47 and up)	54	53.00	6.50	0.327*
Youngest (Less than 33)	163	50.39	7.02	

*Difference in means not significant at 0.05 levels.

Upon examining the organizational commitment of the various age categories, it is seen that the oldest respondents exhibit the greatest

commitment (X - 53.00), because, quite understandably, they have much at stake, including seniority and have the most committed or set "lines of action".

This may also be seen that, by far, respondents in the youngest category are least committed to their employing organization (X = 50.39}. The middle age subjects are marked by an increase in commitment over the youngest category (X= 51.41) and, as mentioned and anticipated, the oldest respondents are clearly the most attached (X = 53).

The derived data suggest, then, that the age is significantly and positively related to executive commitment (r = 0.131 < 0.05) as shown in following:

Table 3

Relationship between Organizational Commitment and Age		
Variables	**r (bi-variate)**	**t of r**
Organizational	0.131	2.56*

----
* P< .05

Therefore, the results indicate that as one grows older the less one is likely to be tempted to leave his employing organization. Similarly, it appears that commitment increases gradually overtime (through age 40), taking ultimately a large upturn in the later years (47 and up) and thus mating the oldest group the most committed relative to other age categories.

The present findings thus reinforce the earlier efforts wherein commitment has been shown to be related to age (Lee, 1971; Sheldon, 1971).

2.2 Individual Factor-Total Years of Experience

Tables 4& 5 below, show the type of relationship between organizational commitment and total years of knowledge in the employing organization.

Table 4
Differences by Years Total Experience in Organizational
Commitment in the Employing Organization

A)	Variable Category	No. of subjects	Organization Commitment-Mean		
	Most (30 years and up)	36	53.33		5.98
	Medium (15-29 years)	123	51.94		6.40
	Fewest (1-14) years	215	50.40		6.77

B)	Table - 5					
Variable Category	No. of Subjects	Organizational Commitment-Mean	S.D. ____	t _____	
Fewest (1-14 years)	215	50.40	6.77	0.264*	
Medium (15-29 years)	123	51.94	6.40		
Most (30 years and up)	36	53.33	5.98	0.139*	
Medium (15-29 years)	123	51.94	6.40		
Fewest (1-14 years)	215	50.40	6.77	0.316*	
Most (30 years and up)	36	53.33	5.98		

- Differences in Means not significant at 0.05 level.

The acquired data reveal an interesting compliment to the age results and provides evidence as to the real underlying relationship between organizational commitment and the individual's stay in the organization. I he "side-bets" (Becker, 1960) theory of commitment predicts a positive linear relationship amongst years of experience and commitment. As the former increases, more physical gains are at stake and hence lesser inclination for leave-taking the organization.

The respondents in the comparatively least experienced group, exhibit the lowest commitment to the employing system (X = 50.41} with an increase

in experience, commitment undergoes a corresponding change. The middle group on the experience dimension appears to be more committed (X = 51.94) in comparison to lower one (X = 50.41), but these two groups together are not as committed as the most experienced respondents whose organizational orientations are the strongest of all (X – 106.66).Thus, as shown in table - 6 below, total years of experience in the

Table - 6
Between Organizational Commitment and Years total Experience:

Variables	r (bi-variate)	t of r
Organizational Commitment 0.132		2.58**
And Years total		
Experience		

** P<.01

Organization is suggestively and positively related to organizational obligation. Commitment that begins at a fairly low level gradually grows with the passage of time. It shows a large increase in the most senior group when obviously the most is at stake for respondents in their employing organization.

The similar to the trend seen above, when age was considered, organizational commitment and years of total experience are positively and significantly related : the fewer years' experience, the easier it is, seemingly to leave any employing system: the greater the experience, the greater the number of things at stake or "vested", and hence, the more difficult to desert them and other familiar organizational practices.s

2.3 Individual Factor   - Marital Status

Table -7 below indicates the differences in Organizational Commitment by marital status:

Table 7
Difference by Marital Status in Organizational Commitment

Variable Category	No. of subjects	Organizational Commitment-Mean	S.D.t
Married .224*	311	51.46	6.56
Single	63	49.86	6.89

Differences in Means not significant at .05 level.

The acquired data show that married respondents exhibit greater* organizational commitment (X = 51.46) than single respondents (X = 49.86) to their employing organization.

It is presumably because single respondents typically do not share the responsibilities which make the organizational reward system as attractive and necessary as it is to married subjects. Further, in the case of single respondents, they have not been subjected to family duties and responsibilities and this gives them more freedom to change the employing organization.

The second potential reason for the significance of marital status is a simple one which depends somewhat on the structural nature of organizational commitment. The bulk of the single respondents are young, with little seniority, whereas the married respondents are typically older, with more time in their employing organization.

The consistent with the data denoted above concerning the relationship of age and years total experience in the organization, it is not surprising in the least to see that the single respondent is not as highly committed to His organization as the married ones.

2.4 Individual Factor - Place of Birth (Rural/Urban)
Place of Birth (Rural/Urban) Background. Figure-1 denotes the differences in organizational commitment by respondents' place of origin (rural/urban).

The data indicate that respondents' place of origin also affects commitment orientations, clearly respondents' from rural backgrounds exhibit a higher organizational commitment than respondents from urban backgrounds. The result reported here support the earlier findings (Blood and Hulin 1967, 1960 Hrebiniak, (1971) where higher commitment orientations were demonstrated by respondents from rural background than respondents from any other type of background.

Figure – 1
Differences in Organization Commitment by
Respondents Background
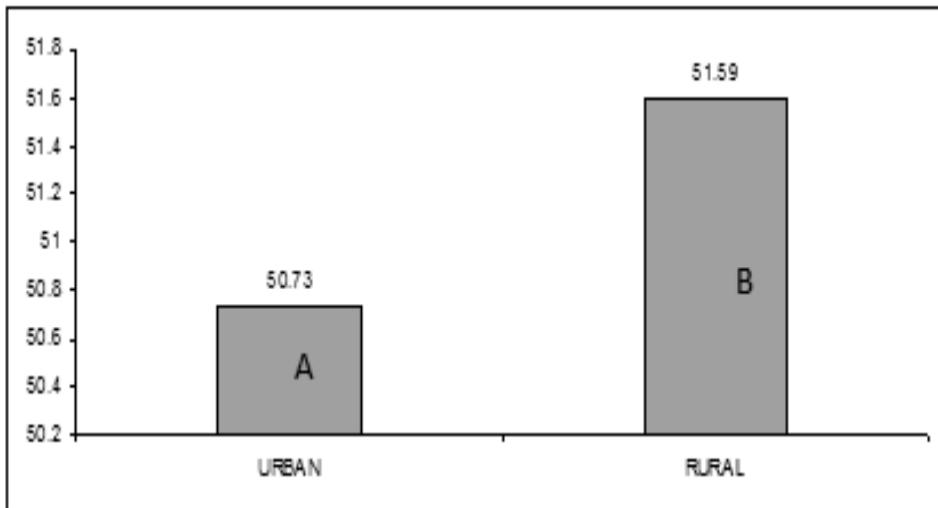
No. of Subjects:
A – 172 (Urban)
B - 202 (Rural)

This is somewhat expected to find lower levels of commitment associated with urban-based respondents as they are more receptive to the inducements offered to change the employing organization, whereas the rural based subjects develop attachment through associations which is difficult to break. The initial experiences of the rural based employees as they migrate to urbanized industrial complexes are comparable to that of a moon a-bunt man with awe and wonders. Within the bounds of his employing organization at least, he discovers some hopes for his life-

anchor. This initial attraction gradually crystallises to more and more commitment.

2.5 Individual Factor – Size & Level of the Organization

In figure-2 data appear where organizational level is considered in relation to the organizational commitment.

Figure 2
Differences in Organization Commitment by Organization Level
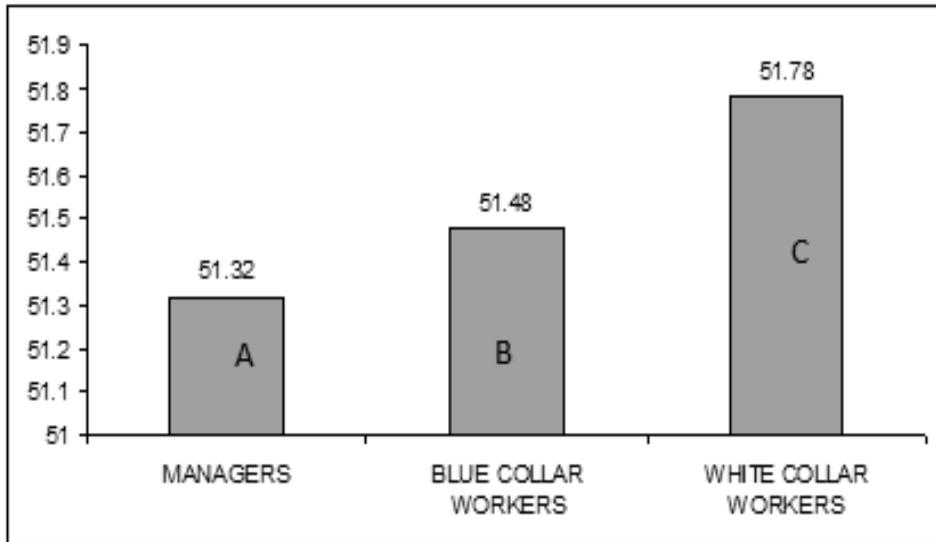
No. of Subjects:
A – 102 (Managers)
B - 208 (Blue Collar Workers)
C - 64 (White Collar Workers)

In the above figure, the differences in commitment orientations of divergent categories of population i.e. blue-collar workers, white-collar hands and Managers. The neutral was to discover whether differences been in the organizational commitment of the various categories of respondents. The degree of diversity between the three samples has important inferences for the type of inferences which may be drawn from the comparison of conclusions across the sample.

Upon examining the organizational commitment of various categories of employees, differences were evident for levels of commitment with the Managers as a group being least committed (X = 51.32) than the white-collar workers and blue-collar workers. It is respondents in the white-collar category, who are clearly the most attached (X =51.78). The blue collar workers exhibit slightly higher organizational commitment (X = 51.48), over the managers (X = 51.32).

This is presumably because white collar workers tend to perceive themselves as having very fewer alternatives to get employment with another employer than blue collar workers and managers. Managers by virtue of their expertise and qualifications and blue collar workers by virtue of their technical skills, perceive themselves as having relatively more alternatives to change the employing organization. However, the findings reported here are contrary to that of Welsch and Lavan (1981).

In their study of professional, technical and administrative personnel in medical and psychiatric services they reported that employees in higher hierarchical levels had higher levels of organizational commitment. This contradictoriness may be due to cultural variance and/or the job market variations.

What was nonetheless surprising was that managers expected to be of higher age group because of more number of years required to move to higher rungs in hierarchical ladder, and thus they should have shown more commitment in accordance with the findings with age-group (Ref: Tables 4:i & 4:2). But from further observations, it was revealed that managers in this organization generally need not have to move higher up step by step, rather in majority of the situations, they had been recruited directly at the higher positions.

2.6 Individual Factor - Pay
Figure-3 denote the type of relationship between organizational commitment and respondents pay. In terms of Pay as an independent variable, noticeable difference was found in the commitment orientations of the three variable categories. It may be seen that the respondents in the highest salary group (Rs.20000/- and above per month) are the least committed to the employing organization (X =48.49).

The middle salary group (Rs.1000/- to Rs.20000/- p.m.) are marked by an increase in commitment (X = 49.49) over the highest salary group (X =48.49). It may also be seen that by far, respondents in the lowest salary bracket.) Are clearly the most attached (X = 51.88).

Figure 3
Differences in Organization Commitment by Pay
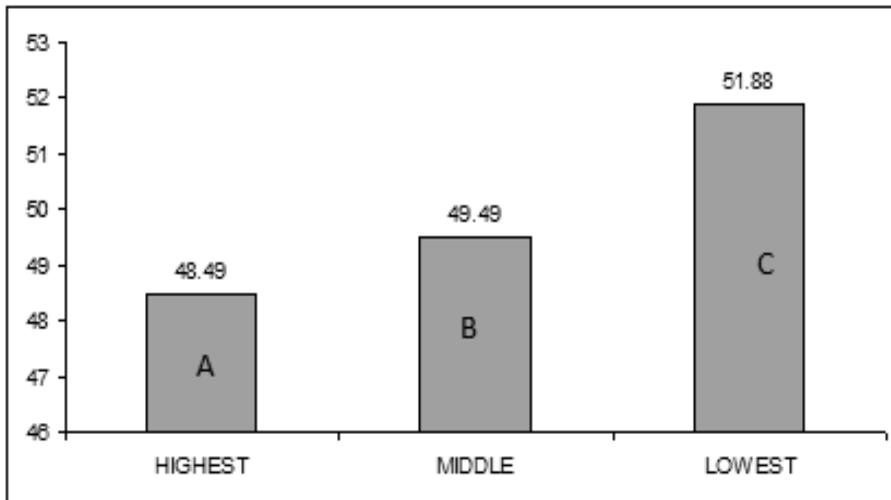
No. of Subjects:
A – 37 (Rs.20000 & above)
B – 55 (Rs.10001 to Rs.20000)
C – 282 (< Rs.10,000/- p.m)

The consistent with the data denoted above concerning the relationship of organizational level with the Commitment, it is somewhat expected to find that the lower levels of commitment are linked with managers and blue collar workers as compared to white choker workers who generally are in the lowest salary group.

It is primarily because of the fact that managers and highly skilled blue collar workers are more receptive to the inducement offered to change the employing organization, whereas the white collar workers (lowest salary group) develop attachment with the employing organization as they

perceive having almost no alternative to change the employing organization.

2.7 Individual Factor- Education Level

In the following figure, respondents' Mean scores in commitment to the employing organization are compared against the Education Level:

Figure 4
Differences in Organization Commitment by Education Level
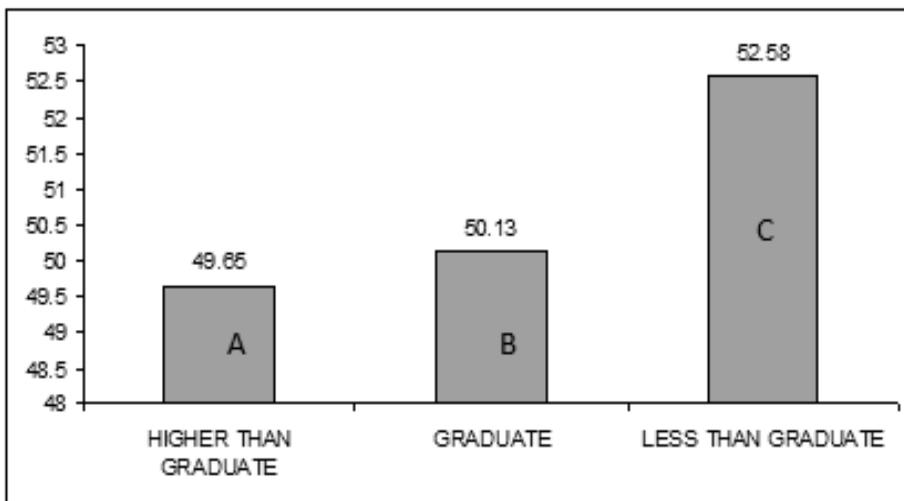
No. of Subjects
A – 75 (Graduate with Professional Qualification)
B – 122 (Graduate)
C – 177 (Less than Graduate)

Hence, it is seen that educational qualification has negative relationship with organizational commitment. The data reveal that the tendency for highly educated employees (Graduate with professional qualification and above) to be less in commitment (X = 49.65) compared to less educated employees (less than Graduate) (X = 52.58). The intermediary qualified group (Graduate) appears more committed (X = 50.13) than the most qualified subjects (X = 49.65).

Moreover, consistent with the data presented above concerning the relationship of organizational commitment with organizational level, pay and respondents' background (where rural-based subjects have shown greater commitment than urban-based subjects), it is not surprising to see that highly educated employees are least attached to their organization as the least educated employees.

Similarly, it appears as if commitment decreases gradually with the rise in level of education. The higher educated person enters the organization with certain expectancies in his career path, based on his anticipatory socialization. These obviously do not match with 'givens' of the situation. He fails to overcome the "reality shock" (Hughes, 1958) and ultimately becomes less committed to the organization.

2.8 Individual Factor - Union Membership

In figure-5 respondents' mean scores in commitment to the employing organization are compared between two categories of employees - employees will union membership and employees without union membership.

Figure 5
Differences in Organization Commitment by Union Membership

No of Subjects:
A – 100 (Non-Union Members) B – 274 (Union Members)

The data obtained in the study reveal interesting results to indicate that Union members exhibit greater Commitment (X = 51.55) to the employing organization than non-union members (X = 50.20).

They appear to be equally willing to fulfil their standard obligations to the union as well as to liberation their duties and responsibilities entrusted to them by the organization. Further, the managers employed in the oiganizat.ion under the study are mostly non-union members.

Hence, consistent with the data above, showing the relationship of commitment orientation of the managers with the employing organization, it is also not surprising to see that non-union member's respondents are not as highly committed to their organization as the union members.

3. CONCLUSION

These models of work motivation have, overtly or by implication, assumed the individual to be a rational maximize of personal utility. In line with these theories, the recommendations, for maximization of employee motivation, usually attempts to link performance as contingent to need fulfillment including the so-called highest order need, self-actualization. Not only socialization in pre-organizational life but organizational socialization as well is directed towards that end.

The result is contrary to our expectations as observed in the present study, personnel even in the higher echelons with greater opportunities for better need fulfillment are by far the less committed group.

Commitment represents the situation in which the employee identify themselves emphatically with the organization and thus act in ways to improve its welfare. This equation would be possible only with strong socialization based on the philosophy: a situation where the individual perceives non-work in work and work in non-work'. Thus, future workers would be suggested for the mechanisms of prosaically socialization for the organization in search of excellence.

Commitment should be viewed as essentially altruistic acts towards the organization. With high commitment only an individual can perform on behalf of the organization in ways which are irrelevant to his personal need fulfillment, in the line of job satisfaction.

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DEVELOPING AWARENESS OF EARLY INTERVENTION IN THE PARENTS OF CHILDREN WITH INTELLECTUAL AND DEVELOPMETAL DISABILITIES (IDD)

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ABSTRACT

The main objective of the study was to develop awareness in the parents about early intervention through workshop and to investigate its impact. The hypothesis formulated for the study stated that workshop will bring significant improvement in the awareness of parents of experimental group about early intervention. It was an experimental study for which thirty parents were selected as sample by using the purposive sampling method. Fifteen parents were included in the experimental group and the other fifteen were served as control group. A structured questionnaire based on lickert scale was designed for the study which was consisted on 10 questions. The questionnaire was used for both pre and post testing purposes for both experimental and control groups. A workshop on the early intervention was organized for the parents of experimental group as the experimental manipulation. After the time period of three months, the post testing was done on both the groups via using the same structured questionnaire. The results obtained through statistical analysis proved that the provision of workshop did develop differences in the awareness of parents of experimental group. It can be recommended that such awareness programs must be operated on mass level with the collaboration of both public and private sectors.

Key words: Awareness, Early Intervention, Intellectual Developmental Disorder IDD.

1. INTRODUCTION
Early intervention is not just a term but it is a whole set of services that helps children to grow and go through smooth development with little or no difficulties regardless of risk factor and nature of present child's disability. On the other hand the process of early intervention does provide support to families so they can provide help to their children during their early years of life. The Early Intervention is relate to the children who are school going or younger, children who are discovered or to have or to be at risk of developing handicapping conditions (Shahzadi, S. & Sheikh, A., 2011). Early intervention for young children with special needs is crucial for their growth and development in terms of current functioning and future capabilities. Major goal of early intervention for young children with special needs is to removes all the barriers to development and learning that disability often impose. Early intervention is an environmental variable. He says that the children and their parents and their families are the recipients of many different kinds of social support that can often do function as a form of early intervention (Dunst, 2000). The apparent focus of early intervention services are children from age range of birth to three years. In many journals of Early Intervention this range extended to the age of eight years.

The process of early intervention can provide an extensive range of services to parents in terms of support. This process works for both medical and educational aspects, including early detection and preventions. It is not only helps parents to work for the improvement of their child's development and education, but it is also support them to reduce the cost of required special education program by using home remedies for their child's problems. The process also covers rehabilitation and health care needs. Though the parents are not the direct receiver of services as their children are but by becoming the part of it parents feel less isolated and stressed.

Parents have greater investment on their children, not only of time but also of emotions. No other person will know the child as well as the parents does.

Early childhood education has a history of being committed to parent involvement and family support. Thus it should not be surprising that parent education and involvement are also integral to services for young children with disabilities. A new trend has emerged in recent as to view a

child within the context of family and to consider working with families as to be an essential aspect of early intervention. The main notion behind this approach is to serve young children with special needs on the basis of understanding that parents are the managers or decision makers for their children, and that the role of professionals is to guide and provide assistance to the parents. Parents are equal status partners in the planning, implementing, and evaluating intervention services for their children (Vincent and McLean, 1996). The approach should focus on helping families to enabling and empowering them so that they need no to be dependent upon professionals for decision regarding the education, care and future of their children (Bailey, 1994).

Parents hold key information and have a critical role to play in their child's development and education. They have unique experience and knowledge to contribute to view the child's needs and the best way of supporting them. This particularly becomes more important if a child has special needs. The early intervention and early childhood education literature also indicate that the impact of intervention and educational programming will be last if the parents get involved. The following research study is an effort to design a frame work where family get involve for the intervention, gain awareness and support to raise their child with disability.

2. METHODOLOGY

2.1 Participants
Parents of children with Intellectual & Developmental Disabilities (IDD) were the participants of the study. Total 30 parents were selected by using the method purposive sampling. The selected participants then divided into experimental and control groups. Fifteen parents were included in experimental group, while the other fifteen were included in control group for the study.

2.2 Research Design
The research design of the study is experimental in nature in which selected parents were divided in experimental and control groups.

2.2 Instrument

A structured questionnaire based on lickert scale was used as both pre and post assessment tool for the study. The questionnaire consisted on 10 questions used to measure parent's awareness about early intervention. For the workshop; material about early intervention was prepared in Urdu language for better understanding of parents.

2.3 Procedure

For experimental group, pre- testing was done by using a structured questionnaire to measure the initial awareness level of parents about early intervention. A day long workshop based on the information related to early intervention was conducted for the parents of experimental group. Related material was also provided to the parents. After the pause of three months, post –testing was done to measure the difference in awareness level of parents about early intervention by using the same questionnaire.

For control group, pre-testing of parents of control group was carried out by using the similar questionnaire to measure the awareness level about early intervention. No workshop, neither any material related to early intervention was provided to the parents of control group. Three months later, post-testing of control group parents was conducted by using the same questionnaire.

3. FINDINGS

The data was gathered by using a questionnaire and then converted in the tabulated form. The drawn percentages of pre and post testing phases data of experimental group shows that there is difference in the awareness level about the early intervention process and needs of families. The proposed hypothesis was analyzed by using chi-square statistical method. The statistical analysis of data reveals that the chi-squares calculated value which is greater than the tabulated value i.e. (105.42 > 5.99). Therefore, the proposed alternative hypothesis has been accepted.

Table
Pre- and Post-test Observations

Description	Pre- test phase			Post- test phase			Difference		
	Don't know	Agree	Disagree	Don't know	Agree	Disagree	Don't know	Agree	Dis-agree
Families are different and needs individual services	9 60%	1 6.6%	5 33.3%	3 20%	9 60%	3 20%	6 40%	8 53.3%	2 13.3%
Early interventionist are more realistic about child as compare to parents	10 66.6%	1 6.6%	4 26.6%	1 6.6%	11 73.3%	3 20%	9 60%	10 66.6%	1 6.6%
In recognition of child's need parents are equally capable as interventionist	8 53.3%	1 6.6%	5 33.3%	4 26.6%	10 66.6%	1 6.6%	4 26.6%	9 60%	4 26.6%
Parents make better decisions that which need of the child should be fulfilled immediately	9 60%	3 20%	4 26.6%	5 33.3%	9 60%	1 6.6%	4 26.6%	6 40%	3 20%
Learn to appreciate other families work as a family member	6 40%	2 13.3%	7 46.6%	2 13.3%	10 66.6%	3 20%	4 26.6%	1 6.6%	4 26.6%
Families tradition and norms effect daily routines	4 26.6%	3 20%	8 53.3%	2 13.3%	12 80%	1 6.6%	2 13.3%	9 60%	7 46.6%
Early intervention process of particular	9 60%	3 20%	3 20%	2 13.3%	10 66.6%	3 20%	7 46.6%	7 46.6%	0 0%

culture family also suitable for other families of same culture									
Provided intervention services are useful for families	8 53.3%	1 6.6%	6 40%	1 6.6%	12 80%	2 13.3%	7 46.6%	11 73.3%	4 26.6%
The way family adapt define the way they rare their child	10 66.6%	2 13.3%	3 20%	1 6.6%	13 86.8%	1 6.6%	9 60%	11 73.3%	2 13.3%
To be realistic about child performance family needs professional opinion	8 53.3%	0 0%	7 46.6%	5 33.3%	8 53.3%	2 13.3%	3 20%	2 13.3%	5 33.3%

The above table shows the number of pre and post responses and their percentages obtained by the parents of experimental group in the awareness about early intervention.

4. DISCUSSION

Parental involvement is the key to success of any special education program. Though the parental responses for such services are not always be same and there are visible individual difference can be seen in their approaches (Bennett, 2012). But the truth is many underdeveloped countries find much better solutions for the problems related to their disabled children just by including parents in the decision making processes. As observed factors used in the above study are very general carrying the experience of empathy which often overlook by most of the parents in the process of grievances. After having a child with disability, parents get so depressed and isolated themselves which not only allows them to escape from the real needs but also they are unable to relate their situations with others. The situation can be changed of proper guidance provided to the parents. As the results revealed, that many parents were unable to relate themselves with the mentioned factors but after getting

complete information they were not only able to claim what are true choices but they also showed courage to talk to other parents about the same. Due to societal taboos, parents who really interested in getting early intervention services or seek help from professionals were feared by being tag as of "frustrated parents" or "parents of a child who is not equal to the society's standards" (Korfmacher, J., 2008). Many researches revealed that families who are culturally diverse are not different from other families as they are equally interested in their child's betterment as other parents (Lopez, 2001). Educated or non-educated, culturally diverse or same families do need assistance to support their child with disability (Epstein, 2001). It can be concluded that a society will only be benefited if professional, parents and other related community member work as a team to produce awareness and disseminate services without any difference.

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SPECIAL EDUCATION TEACHERS' OPINION ABOUT INCLUSION OF THE STUDENTS WITH DISABILITIES

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ABSTRACT

In this study opinion of special education teachers towards inclusion of students with disabilities has been investigated. A sample of 60 special education teachers was selected randomly from four schools of Lahore. After reviewing the related literature a questionnaire consisted of 30 close ended items was developed. The respondents were provided five point scales to give their opinions (Likert Scale).The items in the questionnaire were constructed to illicit the responses of the teachers about the inclusion of students with disabilities. Data were analyzed using SPSS. Frequencies of the responses along with percentages were calculated to know the opinion of special education teachers. To compare the difference of opinion among the special education teachers of students with different disabilities analysis of variance was performed (ANOVA). The findings of the study revealed that majority of the special education teachers acknowledged the right of inclusive education of students with disabilities; inclusive setup can play a part in future development of students with disabilities and confidence and success rate of students with disabilities can be increased in inclusion. However the majority of special education teachers were not in the favor of inclusion of students with intellectual disabilities. A wide scale research on this topic has been recommended by the researchers. The training of special education teachers to teach students with disabilities in inclusion has also recommended.

Key words: Opinion, Inclusion, Special Education.

1. INTRODUCTION

In almost every country, inclusive education has emerged as one of the most dominant issues in the education of students with special educational needs (SWSEN).   In recent years, the concept of inclusive education has been broadened to encompass not only students with disabilities, but also all students who may be disadvantaged. This broadened conceptualization of inclusive education was recently articulated in the meeting at the forty-eighth session of the UNESCO International Conference on Education, held in Geneva in November 2008, where it was acknowledged that 'inclusive education is an ongoing process aimed at offering quality education for all while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities, eliminating all forms of discrimination' (UNESCO, 2009, p.126).

Influenced by all international movements and legislations, Pakistani national and state educational authorities now advocate for the inclusion of children with special needs within regular classrooms. The paradigm of special education is shifting significantly towards inclusive education after passage of the constitution of the Islamic Republic of the Pakistan. This constitution enforces and confirms the full rights of children with disabilities as citizen of the country. This paradigm shift gets its peak point after the Islamabad Declaration on Inclusion in April, 27th 2005.The Islamabad Declaration emphasized that in the light of UN Declaration of Human Rights (1948),UN Convention on the Rights of the Child(1989),World Declaration on Education for All (1990),UN standard Rules on Equalization of Opportunities for Person with Disabilities(1993), UN Millennium Development Goals(2001),and the National policy for Person with Disabilities (2002),guarantee the rights of all children, both with and without disabilities ,to obtain quality education adapted to their individual needs, aspirations and full and equal participation in all other aspects of life.

Numerous research studies have focused on the opinions and views of teachers toward the inclusion of students with disabilities. Since the early days of mainstreaming, teachers have been shown to have generally negative attitudes toward inclusion (Alghazo, Dodeen, & Algaryouti, 2003; Campbell & Gilmore, 2003; Kavale, 2002; Ringlaben & Price,

1981). According to Hammond & Ingalls, (2003) they have demonstrated uncertainty about the benefits of inclusion. Their concerns regarding the inclusion of students with disabilities include the amount of individualized time children with special needs might require; issue of the quality of work produced by children with special needs; lack of adequate support services by the school; and teachers' concerns about deficiencies in their own training and preparation in the skills required to support inclusive educational practice. Teachers' views are also influenced by the level of disability they are asked to accommodate within their classroom (Center and Ward,1987;Bender, Vial & Scott, 1995; Tait & Purdie, 2000).

More recent research, however, has indicated a change in teacher views toward a more favorable view of inclusion. Some of the research studies show that special education teachers seem to have more positive attitudes toward inclusion (Jobe & Rust, 1996). Regular education teachers perceive inclusion as more problematic than special education teachers (Rheams & Bain, 2005).The perception of special and regular education about inclusion of students with disabilities influenced by the nature of disability. According to Daane, (2001), Shade & Stewart, (2001), and Winzer, (2000) both general education and special education teachers believe that students with severe disabilities may not be able to receive effective instruction in an inclusion classroom.

Therefore, it is important to determine the attitudes of both general education and special education teachers for the effective implementation of the inclusion. Teachers' opinion is an important indicator of the success of inclusion of students with disabilities. A teacher's opinions and beliefs influence his or her expectations and instructional decisions for students with disabilities (Sze, 2006; Van Reusen, Shoho, & Barker, 2000; Winzer, Altieri, & Larsson, 2000). Research suggests that teachers' opinion is more important for successful inclusion than any other factor for example; student skills, curriculum adaptations and /or instructional adaptations (Winzer et al., 2000). If the teachers of students with disabilities do not have positive attitudes, inclusion will not work (Campbell & Gilmore, 2003; Cook, Tankersley, Cook, & Landrum, 2000). According to Bender, Vail, & Scott,(1995), Campbell & Gilmore (2003) negative or unfavorable opinion have also been shown to lead to less frequent use of effective instructional strategies.

According to Cook, Semmel, & Gerber (1999) the success of inclusion has been linked to the support of the special education teachers. This study looked upon only the opinions of special education teachers (not the regular education teachers) towards inclusion of students with disabilities and researchers compared the difference of opinion among the teachers teaching students with different disabilities.

2. METHODOLOGY

It was a descriptive type of research. A survey was conducted to study the opinion of special education teachers about inclusion of students with disabilities. For this purpose, questionnaire was constructed, consisted of two parts. The first part of the questionnaire consisted of demographic information including a) gender, b) age, c) years of teaching experience, d) years of special education teaching experience, e) level of education, g) nature of disability which they are serving, and g) name of institution. The second part of the questionnaire consisted of thirty questions regarding inclusion using a 5-point Likert scale (1 = strongly disagreed, 5= strongly agreed). The reliability of the questionnaire was .805(estimated with the help of cronback alpha).

A sample of 60 special education teachers (15 teachers from each disability) was randomly selected from the four institutions of the Lahore. Efforts have been made to select equal number of teachers from each school serving the four major disabilities i.e., hearing impairment, visual impairment, mental retardation and physical impairment. Among sample 50 teachers were female whereas 10 teachers were male. The educational qualification of the teachers ranged from graduation to M.Phil, while the range of on job experience was from 1 to 25 years.
 The researchers personally visited the schools to collect the valid data. Collected data were analyzed with by SPSS.

3. FINDINGS

Table 1
Summary Table of Results

Sr. #	Statements	Strongly agreed		Agreed		Neutral		Disagreed		Strongly disagreed	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1	SWD can be taught in inclusion	5	8.3	31	51.6	0	0	16	26.6	8	13.3
2	Inclusion is a basic right of SWD.	4	6.6	31	51.6			23	37.7	2	3.3
3	Inclusion is necessary for health personality of SWD.	11	18.0	21	34.4	3	4.9	19	31.1	6	9.8
4	Inclusion will increase self-confidence of SWD	13	21.3	24	39.3			21	34.4	2	3.3
5	Inclusion is necessary for the future success of SWD.	2	3.3	22	36.5	11	18	21	34.4	4	6.6
6	SWD can be effectively taught in inclusion.	4	6.6	25	41.0	6	9.8	20	32.8	5	8.2
7	Inclusion of SWD requires use of assistive learning devices.	5	8.3	45	75.1	10	16.6				
8	Inclusion will negatively affects students without disabilities	8	13.1	18	29.5	3	4.9	22	36.1	9	14.8
9	Inclusion of SWD will creates classroom management problems for teachers	12	20	31	51.6	2	3.3			15	25
10	Inclusion of SWD requires a highly trained teachers	9	14.8	44	71.3	7	11.5				
11	Inclusion of SWD requires collaboration of professionals	17	27.9	39	63.9			4	6.6		
12	Student with severe disabilities can be taught in inclusion.	2	3.3	6	9.8	3	4.9	18	29.5	31	50.8
13	Inclusion is more beneficial for students with mild disabilities	9	14.8	33	54.1	2	3.3	14	28.0	2	3.3
14	SWE&BD can be taught in inclusion?	10	16.4			2	3.3	35	57.4	13	21.3
15	SWPH can be taught in inclusion	14	23.3	24	40			11	18.3	11	18.3
16	SWLD can be taught in inclusion	11	18.0	25	41.0			20	32.8	4	6.6
17	Autistic children can be			8	13.1			36	59.0	16	26.2

	taught in inclusion									
18	Inclusion will low the self-esteem of the SWD	4	6.6	7	11.5	11	18.0	21	34.4	17	27.9
19	Inclusion is a positive social experience for SWD.	9	14.8	21	34.4	5	8.2	21	34.4	4	6.6
20	In inclusion SWD can perform equal to students with out disabilities	8	13.5	24	39.3	2	3.3	19	31.1	7	11.5
21	Inclusion will frustrate SWD.	2	3.3	4	6.6			41	68.3	13	21.6
22	Inclusion of SWD is not possible without adapting curriculum	19	31.6	37	61.6	2	3.3	2	3.3		
23	Inclusion at school level will increase the chance of higher education of SWD.	9	14.8	25	41.0	6	9.8	18	29.5	2	3.3
24	Inclusion of SWD requires adaptation in school buildings.	30	49.2	26	42.6	2	3.3			2	3.3
25	Inclusion of SWD is not possible without instructional adaptations	31	51.6	24	39.3			3	4.9	2	3.3
26	Students with multiple disabilities can be taught in inclusion.	13	21.3	14	23.0	11	18.0	20	32.8	2	3.3
27	Inclusion of SWD is not possible without adaptation in the examination procedure	24	39.3	21	34.4	2	3.3	10	16.4	3	4.9
28	Students with intellectual disabilities can be taught in inclusion	2	3.3	3	4.9	10	16.4	22	36.1	23	37.7
29	Inclusion of SWD requires change in School policy	6	9.8	44	72.1			10	16.4		
30	Inclusion of SWD is the only solution of the problems of SWD	25	41.0	7	11.5	6	9.8	18	29.5	4	6.6

The summary table of findings shows that majority of the teachers acknowledge the right of inclusive education of students with disabilities. Overall the special education teachers' opinion about inclusion of students with disabilities was positive. Majority of the teachers were in the favor of the inclusion of students with disabilities in regular schools. According to most of the special education teachers, students with hearing impairment, physical impairment and students with learning disabilities must be taught

in inclusive education. However, majority of the teachers were not agreed upon the inclusion of students with autism, and intellectual disabilities and students with multiple disabilities.

The special education teachers also opined that inclusion of students with disabilities is not possible without the necessary adaptations in the school policy, curriculum and instruction, assessment procedures and in the school buildings. They also said that teachers need training to teach students with disabilities in inclusive schools. The study also revealed that inclusion of students with special needs will have positive effects on the self-esteem and personality of the students with disabilities.

More than half of the teachers were not agreed upon the inclusion of students with severe disabilities. According to them inclusion of students with severe disabilities may create classroom management problems. Finally, most of the teachers were agreed that inclusion of students with disabilities can solve many educational problems of students with disabilities.

Table 2
Analysis of Variance on the basis of different
schools and teachers opinion

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	29.608	23	1.287	.487	.964
Within Groups	95.125	36	2.642		
Total	124.733	59			

The above table shows that there is no significant difference among the opinions of special education teachers teaching in different schools to the students with different disabilities.

4. DISCUSSION
The purpose of this study was to highlight the opinion of special education teachers towards inclusion of students with disabilities. Overall, the findings indicated respondents' opinion about the inclusion of students with disabilities in inclusion was favorable, which is in conformity with previous research studies (Avramidis, Bayliss, & Burden, 2000; Jobe &

Rust, 1996). Although overall attitudes were positive but participants responded that inclusion of students with severe disabilities could create classroom management problems. It might be due to lack of training of special education teachers to teach students with severe disabilities in an inclusive classroom. The participants agreed they need training to teach students with disabilities in inclusion. The special education teachers' opinion regarding the inclusion of students with severe and intellectual disabilities was unfavorable. Some of the Previous research studies has shown one reason of this view of teachers is that students with more severe disabilities will take more time as compared to rest of the students and it will waste the instructional time of students without disabilities (Chhabra, Srivastava, & Srivastava, 2010).The participants were having more positive opinion towards the inclusion of students with physical impairment. These findings are also consistent with previous research studies (Ridarick& Ringlaben,2012).

Following Recommendations could be made on the basis of results:

1. A wide scale research must be conducted to study the same topic in more depth e.g., the study   may investigate the causes behind the opinion of special education teachers towards the inclusion of students with disabilities.
2. There is a need to train the teachers to teach the students with disabilities in inclusion.
3. Teachers must be provided with the knowledge regarding the inclusion of students with severe and intellectual problems.

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ISSUES AND PROBLEMS IN PRIMARY HEALTHCARE IN DISTRICTS OF BALOCHISTAN-A CASE OF QUETTA

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ABSTRACT

Pakistan has strong infrastructure down to grass root level, yet health indicators are not satisfactory, particularly in Balochistan. Health department is providing preventive, curative and special services at primary, secondary and tertiary level, along with the vertical programmes funded by provincial and federal government ,such as EPI, MCP, TB Control Program, HIV/AID controls program, Leprosy Control Program, MCH Program, National Program for FP&PHC, Polio Eradication Initiatives (PEI) etc. Although department is trying to provide better health services but its workforce and budget is much less to meet the need of scattered and deprived population. The situation has further been aggravated with the influx of Afghan refugees in the province. Total number of primary healthcare facilities in Balochistan is insufficient, whereas awareness level in the province vis-à-vis health standards is very modest. Even in the capital city of Quetta, there is least realization at government level about importance of primary healthcare. Resultantly, most of the people are unsatisfied with overall healthcare delivery services, as curative and preventive programmes are ineffective and primary healthcare units (RHCs,MCHs, dispensaries and BHUs) are poorly managed, mostly having no adequate facilities to cater their needs. However, overall primary healthcare delivery services can be improved through adequate allocation of funds, induction of sufficient workforce, dedication, effective monitoring, introductions of reward, better facilities, awareness & health education.

Keywords: Primary Healthcare,Vertical programmes, MDGs.

1. INTRODUCTION

Health is fundamental right of every citizen[1], as determined by the Supreme Court of Pakistan in its popular judgment on interpreting Article 9 of the Constitution of Islamic Republic of Pakistan 1973. For effective understanding and response, it is categorized into Primary, Secondary and Tertiary healthcare. Of these, the most important component of healthcare is Primary Healthcare; defined as:

> *"essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination"[2].*

As per this definition, primary healthcare carries eight essential components, which are[3]:

a. Improvement of basic hygiene.
b. Adequate supply of drinking water.
c. Participation of population.
d. Health and hygiene education.
e. Appropriate methods of treatment
f. Maternal and child care, including reproductive health and family planning.
g. Improvement of nutritional status.
h. Expanded program of Immunization (EPI).

Pakistan has strong infrastructure in terms of availability of healthcare facilities. Almost each and every union council has a Basic Health Unit, which are further complemented by RHCs, THQs and DHQs. Despite this infrastructure and apparently having no dearth of doctors and paramedics,

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[1] Shehla Zia vs.Wapda,PLD 1994, Supreme Court's Human Rights case No.15-K of 1992 heard on 12 February 1994
[2] WHO, Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September,1978, http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
[3] www.pphinwfp.org/introduction.php

health indicators of the country are not encouraging; even incomparable to countries in the region. Situation in Balochistan province is even bad as depicts in Table-1 & 2) giving comparative analysis with in the country. Besides, there appear serious gaps in provision of basic healthcare facilities; particularly in rural areas of Balochistan, where the healthcare system gravely suffers from mismanagement, political interference and bad governance. The entire sector, therefore, needs revamping, which requires focused and multidimensional efforts, so as to achieve the Millennium Development Goals (MDGs) by 2015 – assigning huge agenda to accomplish within remaining five years.

Although, the complete relevant material to this study was not found during the study, yet the following research reports slightly relevant to this study. The first study on the topic "Prime Minister's programme for Family Planning and Primary Health care in Balochistan", by Dr. Amir Muhammad Kakar, participant of 22nd Advanced Course, 1998 in which, the author only discussed the salient features and mode of operation of the programme, but not touched the issues and problems of primary healthcare. The second study, prepared by group participants of MCMC-1 about Sehat-e-Ama in District Pashin, they somehow touched the issues and problems of primary healthcare but, not in depth.

The purpose of this study is to ascertain as to what specifically are various issues and problems affecting primary healthcare system in Balochistan especially in Quetta and which remedial measures could effectively be taken to ensure quality delivery services in the province; enabling successful achievement.

2. METHODOLOGY

In this paper the primary and secondary source of data is used including, accidental or convenience sampling techniques. Sample consists on 18 professionals and 100 persons from general public. The tool for the data collection was pre-designed questionnaire consists on 12 questions for public, open ended interviews directly and telephonically from doctors and others professionals (doctors, administrators). The main limitation of this study is the worst law and order situation in Quetta, few research reports on the topic and lack of updated data in the departments.

The paper covers the health service system in the province, its setup, function, demographic and health profile and composition of PHC services in Balochistan & Quetta district. Identifying and discussing the issues and problems, finally conclusion and recommendation have been made, followed by bibliography.

3. FINDINGS
SECTION-I: HEALTH SERVICE SYSTEM IN BALOCHISTAN
1.1   Organizational Setup of Health Department in Balochistan

Department was established in 1971. Functions of health department include delivery of health care services, planning, management and development and regulatory functions. Charts 1&2 elaborates the organizational setup.[4]

CHART-1
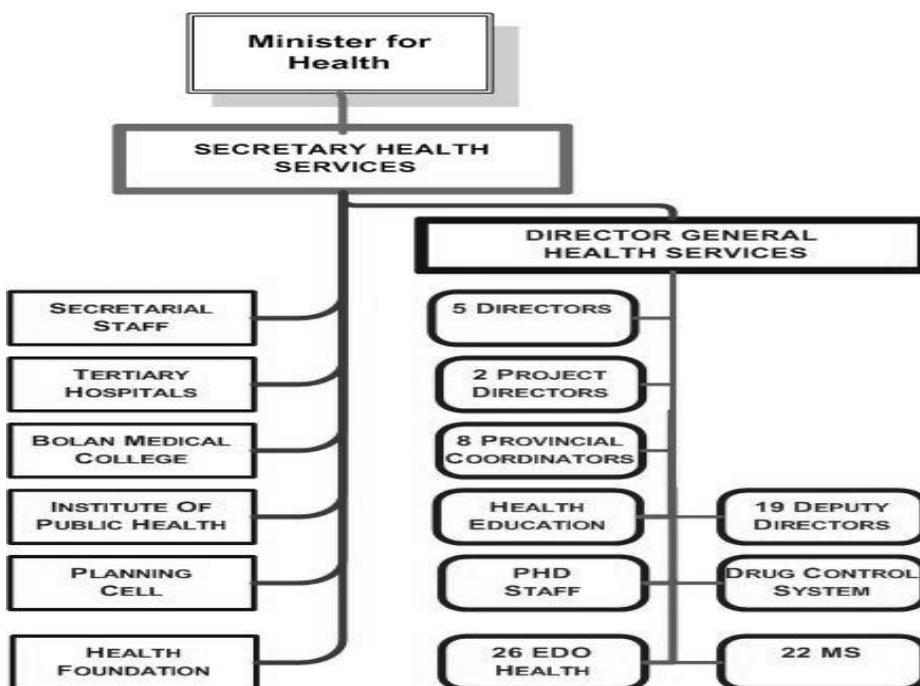
Source: Directorate of Health

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[4] www.balochistan.gov.pk /health

1.2 Health Care Delivery Services in Balochistan

Delivery of Health care services includes preventive, curative and special services. Preventive program such as EPI, MCP, TB Control Program, HIV/AID controls program, Leprosy Control Program, MCH Program, National Program for FP&PHC, Polio Eradication Initiatives (PEI) etc. are being run by the health department. Curative services are provided at the secondary and tertiary level in multiple specialties. Under special services; emergency and disaster services, medico-legal services and referral care are include[5].

1.3 Demographic Profile & Health Indicators of Balochistan

Table 1

Area	347,190 km(43.6)% of National Territory
Population Census 1998	6.51 Million (5.1% of National Population)
Current Population (Estimated)	8.5 Million
Rural Population	76.1%
Growth rate	2.36%
Population Density	23 Persons per Km
Total fertility Rate	4.08
Contraceptive Prevalence rate	19.5%
Population Doubling Time	30 Years
Net Addition in one Year	176,000

Source: Population Welfare Department, GoB, (Web site)

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[5] Source: www.balochistan.gov.pk

1.4   Health Indicators of Balochistan

Table 2

Medical Colleges	01 out of total 23(Public Sector) 4.34%
Hospitals	44 out of total 965 (4.56%) only
R.H.C	92 out of total 595 (15.46%) only
BHUs	554 out of total 4872 (11.37%) only
CDs	581 out of total 4916 (11.81%) only
MCH Centers	93 out of 1138 (8.17%) only
T.B Clinics	23 out of 371 (6.19%) only
Leprosy Centers	13
Doctors ,Teaching Cadre	326
Specialist Cadre	281
General Cadre	2600 (1 for 3043.8 persons)
Total (Paramedics (Nurses/midwife/dispensoer,Vaccinator)	4713(1 for 1679.1)

1.5 Demographic Profile & Health System in District Quetta

Demographic Information

The population of Quetta as per 1998 census is 7,59,941 with 41,2064 males, and 347617 females. %age shown in Figure 1. The annual growth rate is 2.36%. Literacy rate is 34.1.Population density is 286.4/km^2. The rural/urban break-up is shown in Figure 2. The area of the District is 2653/km^2, Current estimated population is 1,184,995[6] and Afghan refugees are 324,990[7].

Figure-1
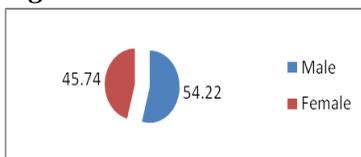
Figure-2
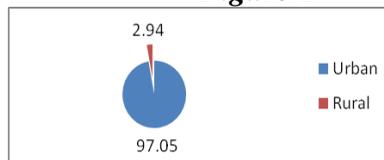
1.6   District Health Information and its Analysis

Table-3

1	Hospitals	04 [8]
2	BHUs	35 [9]
3	CDs	09
4	MCH centres	13
5	RHCs	03
6	TB Clinics	01
7	No of Doctors at BHUs & RHCs *Male* *Female*	88 (One Doctor for 17158.9 person*) *49* *39*
8	LHVs	39 (1 for 38717) except project employees
9	Vaccinators	84 (1 for 17976 persons)
10	Male & Female Medical technician	50 (1 for 30199.7 persons)
11	Compounder	36 (1 for 41944 persons)

Source: Directorate of Health, Quetta

1.7   Composition of Primary Health care facilities at District Level

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[6] Directorate of Health Quetta

[7] PPHI, Quetta

[8] Tertiary care hospitals, for Quetta & the province.

[9] 34 BHU's are under the administrative control of PPHI

* As per estimated population + Afghan refugees

Primary Health Care services are being provided through Civil Hospitals, RHCs, BHUs, CDs, MCH Centres, and in community through LHWs. In Quetta four tertiary care hospitals are also providing primary healthcare facilities. These are: BMC, Sandeman, Fatima Jinnah and Helpers Eye Hospital.

1.7.1 Basic Health Units (BHUs)

The BHUs normally provide PHC services, include OPD, MCH, FP, EPI , advice on food and nutrition, and first level referral services. In Quetta 35^{10} BHUs, with 56^{11} doctors.

1.7.2 Rural Health Centers (RHC)

Small rural hospitals, covering about 25,000-50,000 population. Provide primary level curative care; static and out-reach services like MCH, FP, EPI and advice on food and nutrition; sanitation, health education; and acting as a referral link for patients. In Quetta, three RHC(Kuchlak, Panjpai and Soranj).

1.7.3 Maternal & Child Health Centers (MCHC)

Established in rural and peri-urban areas. Provides antenatal, natal and postnatal care. Growth monitoring, health education and family planning advice/services.13 MCHCs in district headed by LHV.

1.7.4 Civil Dispensaries (CDs)

09 CDs in the district, managed by dispensers. Usually consists of one room. They refer the patients to BHU's, RHC's and DHQ's etc depending upon the nature of the case.

1.8 Provincial & Federally Supported Vertical Programmes for Primary Healthcare

Primary Health Care is also being provided through following Vertical Programs:

a. Malaria Control Program

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[10] 34 BHUs Administrated by PPHI 6 contractual doctors recruited by PPHI
[11] PPHI, Quetta

b. EPI (Expanded Program on Immunization)
c. National Maternal and Neonatal Child Health Project (NMNCH)
d. National Program for Primary Health care and Family Planning (NP for PHC &FP)
e. Nutrition Programme
f. HIV-AIDS
g. Hepatitis Control Programme

SECTION-II: ISSUES AND PROBLEMS IN PRIMARY HEALTHCARE

Primary Healthcare delivery is considered the most effective and cost efficient method of improving the physical condition for its citizens. In this study, the focus has been made on the issues and problems of PHC at different levels. Health sector in districts of Balochistan have multifaceted issues. Severity of the problem can be judged from the statement of then Chief Minister Balochistan in the session of provincial Assembly i.e "Allah may bestow the guidance to Doctors as they care the hospitals"[12]. Members of Balochistan Assembly also showed dissatisfaction over healthcare services[13].In the study more focused have been made on issues and problems BHUs , RHC , CDs and MCHs level. For knowing the perception of general public about healthcare delivery services, health knowledge, conditions of hospitals of Quetta, a questions comprised on 12 question was asked from 100 persons. The break-up of respondents is shown in following graphs:

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[12] Daily Express Urdu (Newspaper) ,23 March,2010
[13] Daily Jang (Newspaper) Quetta, 31 March,2010

Figure 3

Literacy level of Respondants
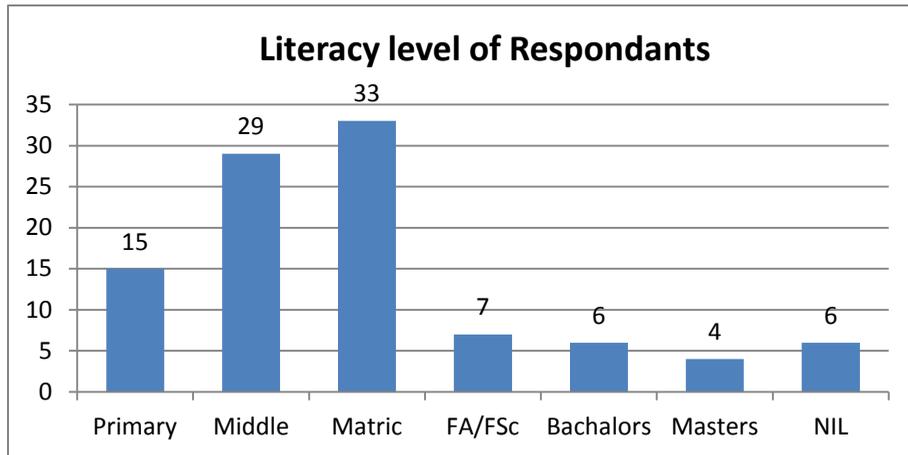
Figure 4

Figure 5

Figure 6

Rural/Urban Respondants
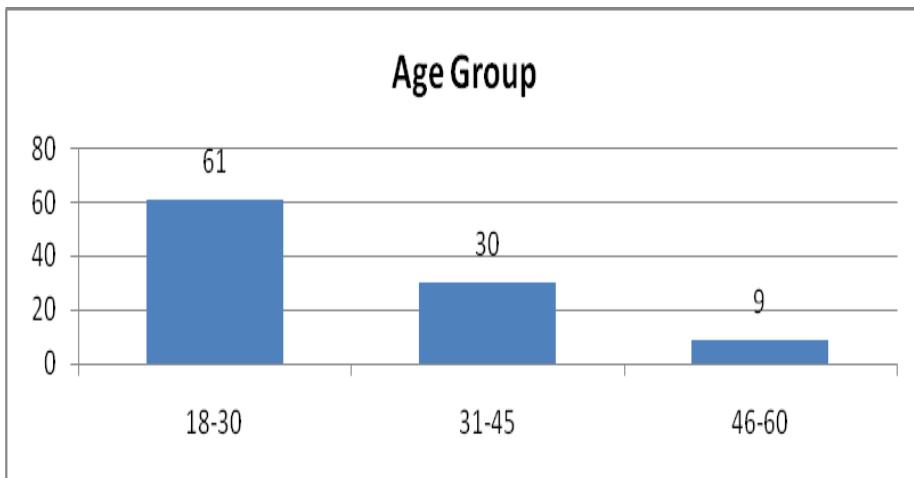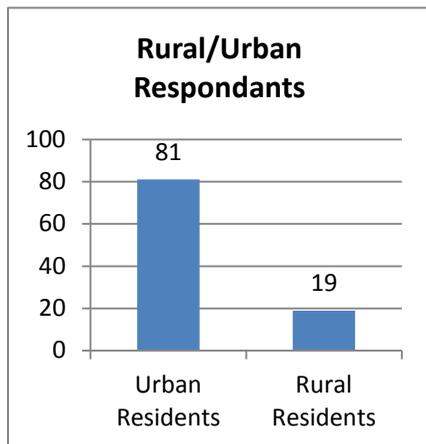
Male/Female Response Ratio
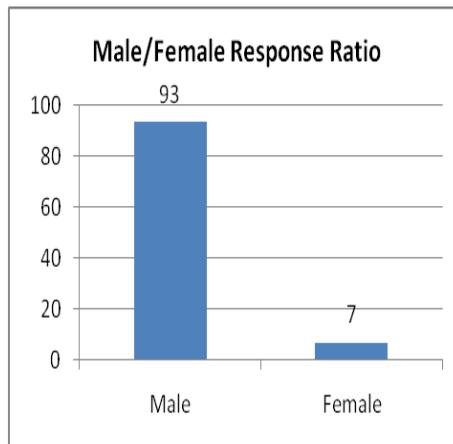
Above graphs shows that mostly the respondents are young and educated and most belong to city. During survey, only seven female respondents were found. The questions with responses are in below table & graph.

Figure 7
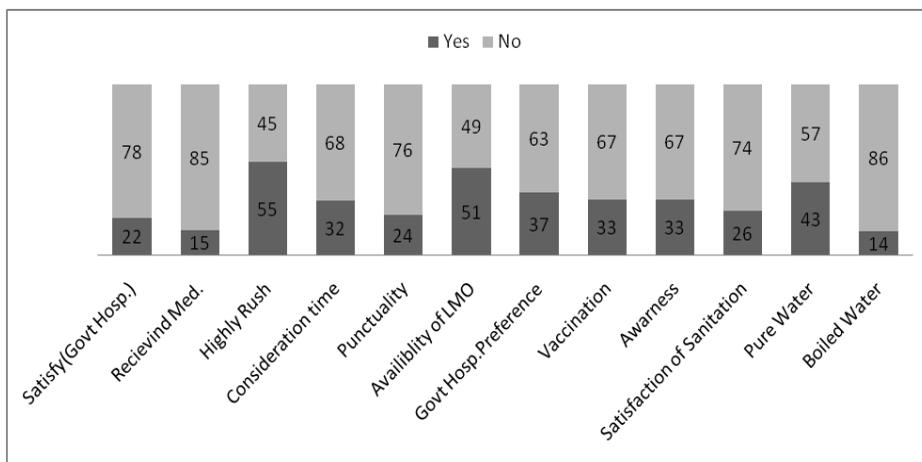
The responses shows that, 78% respondents are not satisfied with available facilities in government hospitals, 85% respondents are of the view that the medicines are insufficient and unavailable. 55% are viewed that hospitals are packed with patients and people prefer to go private

hospitals. Most of the respondents despite literate are illiterate in health education that is 67%. 67% have not vaccinated themselves.74% respondents are not satisfied with the sanitation facilities and 57% respondents are not getting the clean drinking water which is essential for better health. 86 % respondents are not using the boiled water, means not aware about importance.

2.1   Issues & Problems with BHUs before PPHI

The pre PPHI situation of the BHUs was very bad, most of the BHUs were closed or non functional, there was a huge shortage of staff and doctors & lady doctors, BHUs were mismanaged, with very limited facilities and no medicines. Punctuality of doctors and paramedics was almost zero. After taking over the management control of BHUs by PPHI, some improvement have been taken place at the level of BHU, but still need improvement. However at the level of RHCs,MCHs and CDs, the condition is not good[14]. Before discussing current issues and problems of primary healthcare, some glance on PPHI that, the initiative [15]of the PPHI began from Lodhran district of southern Punjab in the 1999 to ensue better health services at community level. The present government also showed its commitment to support PPHI. The PPHI now covers 30 districts of Balochistan[16]. All 554 BHU include 34 BHUs of Quetta, have been handed over by provincial government to PPHI.

2.2   Issues & Problems at RHC, BHUs & CDs level

During the study, the more focus have been made on issues and problems with BHUs, RHCs, CDs and MCH level as they are solely providing the primary healthcare facilities. Interviews were conducted with doctors, paramedics, administration and NGO. During study, following issues and problems at the level of hospitals, RHCs, BHU and CDs were found.

2.2.1   Shortage of Health Workforce

For provision of better healthcare facilities, the role of health staff is very important. On asking the question regarding the availability of sufficient staff, 100% respondents complained for shortage of medical staff. As per

[14] Peoples Primary Healthcare Initiative,"*Sindh Development Review-2008-09*"
http://www.sindhpnd.gov.pk
[15] Manual of operations for PPHI, Federal Support Unit,PPHI,January,2010
[16] Draft Strategic Plan for Integration of Primary Healthcare Services at BHU Level by Cabinet Division, Jan,2009

opinion, due to high no of OPD and over population, the doctors are under pressure. Female patients are more suffering due to shortage of lady medical staff.Table-3 above shows the state of health work force per person.

2.2.2   Lack of Budget

On the question of sufficiency of the allocated budget for health services, 100% respondents , cried for lack of budget and called it a great hurdle in provision of   basic health care delivery service. As per available figure,(Table-2) ,the per person budget is Rs. 35.74 and Rs. 29.40 as per 1998 census and estimated population include Afghanis.

2.2.3   High OPD and Insufficient Medicines

On the question of situation of medicines at BHUs and RHCs, 85% respondents, cried for less medicines. Due to increase of population, influx of Afghan refugees, and poverty the load has been increased on the BHUs. During visit of BHU Kili Samungli, only Disprin was available while no other medicines as per lady doctor. Some habitual so called patients also regularly visit for getting the medicines. The distribution of medicines is also not per proportion of OPD in BHUs.

2.2.4   Lack of Laboratories, Labor Room and Medical Equipments

Although, PPHI is trying to provide better facilities at BHU level, in spite of this, there is lack of these to cater the need of population living in remote areas. Out of 34 BHUs administrated by PPHI, BHU Huda, Hazar Ganji, Regi Nasran, Shadinzai, Umerabad, Muhammad Khail, Nohsar, Civil secretariat, Wahadat Colony, Kili Nasran, Samungli, Ketch Baig, Kili Khali Samali Zarkoo, Digri, Hanna/Urak have no laboratory and labour room facility. Mostly doctors demanded for new and modern testing equipments e.g microscope etc.

2.2.5   Less Pay & Proper Incentives

Good pay and privileges are motivating factor. During interview almost all respondents complained for insufficient and inadequate pay/salary. Almost 100% respondents called it hurdle in provisions of better services particularly serving in rural areas. PPHI has started the hard area allowance maximum upto Rs.10,000/-for the doctors of BHUs located in far flung areas but doctors and staff called it insufficient.

2.2.6 Issue of Non- availability of Specialist (FCPS)

Role of BHUs and RHCs is very important to deliverer the primary healthcare facilities. For ideal services, specialist is required at RHC & BHU level as poors can be benefitted. There is no specialist (FCPS) doctor posted in BHUs & RHCs for consultation at remote areas.

2.2.7 Issue of Non- availability of local Doctors

During study it is found that almost all doctors are coming from Quetta. No local doctor, belonging to same village or neighbors is serving there expect some LHV/ medical staff. On the question from doctors, whether they prefer to work in rural areas 90% of them replied "No" and prefer to work in urban areas.

2.2.8 Poor Infrastructure and Lack of Water

PPHI has somehow, maintained the BHUs but conditions of CDs and some RHCs are bad. Water is not available. At BHUs and RHCs level located at remote areas water is big issue. In BHU Nohisar and Samugli, doctors complained for lack of water. Include this, in rural areas, shortage of clean water, due to this, many water born diseases are arising .

2.2.9 Issue/Problem of Transport

Role Transport is very important in provision of better health services. Generally in province of Balochistan, it is great hurdle for provision of healthcare particularly preventive and curative. In Quetta, mostly staff is coming from city Coming to these locations is difficult particularly in harsh season. Most of the doctors are using their personal transport and considers it as a huge load on their limited amount of salary and prefer to work in the urban areas. On the question of '' Non provision of transport is hurdle in service delivery'' all respondents replied "yes".

2.2.10 Corruption & Absenteeism

Poor governance, mismanagement, inefficiencies and corruption are often used synonymously in a health systems context. Broadly, corruption should be classified into two categories; monetary gains and non-monetary, like absenteeism and paroxysm. To know the extent and availability of corruption at the level of primary healthcare the question was asked to 30 respondents, 90% of them negate the monetary corruption but not denied the absenteeism and paroxysm. At BHU level,

absenteeism and paroxysm has reduced to some extent by monitoring by PPHI, but at the level of RHCs, CDs & MCHs it is at high level.

2.2.11 Family Issues

Family is more concerned and hurdle of delivery services in rural areas. Doctors, paramedics and other staff are reluctant to leave his/her family due to security, financial and educational reasons. For many doctors with school going children are preferred to live in cities due to better and accessible school facilities. 80% respondents are called it hurdle in service delivery.

2.3   Illiteracy and Lack of Awareness

The main causes of poor health is lack of awareness, and health education, poverty and multiple child births . Table No. 7 depicts the level of health awareness in which 67% besides normal education are unaware about the diseases like HIV/Aids. Other 100% respondents, said that government should made more efforts for awareness as care is better than cure.

2.4   Political Interference & Paramedics Unions

For knowing the political involvement and to know the priority of politician in primary healthcare the question was asked, from 30 persons, almost 90% replied for non involvement of politicians, however 10% replied for, indirect involvement in posting and transfers. Paramedics are always using threats and boycotts on petty matters.

2.5   Issue of Local Traditions

The local traditional system is also one of the major issue in delivery of primary healthcare services. Not discussing the problems with family and doctors, leads to spread of disease like HIV/AIDS and Hepatitis etc. One other cause is belief in religion and treatment from local Hakeems and quacks. The cultural sensitivity, becomes big stigma to know about the diseases.

2.6   Issue of Hospital Waste

Hospital waste includes medical supplies and material of all kinds, and waste blood, tissue, organs and other parts of the human and animal

bodies, from hospitals, clinics and laboratories[17]. In overall Pakistan, Balochistan and in Quetta, there is no proper management of hospital waste disposal, rules made thereunder PEPA, Act,1997 are not followed, there is no awareness in professionals, and general public, caused the spread of many diseases.

2.7 Poor Statistics, Coordination and Ineffectiveness of Preventive programmes Statistics played a pivotal role in decision making. The health department has dearth of it The available statistics is unreliable and outdated. Include this, no coordination among the different preventive programmes. Vertical programmes are ineffective as indicated in newspaper that no mosquito spray in Quetta for 5 years[18]. Government has still not developed the clear-cut SOPs to ease the NGOs, for their effective participation.

4. CONCLUSION

1. Total number of primary healthcare facilities in Balochistan is insufficient as compare in the situation of country, whereas awareness level in the province vis-à-vis health standards is very modest.
2. Mostly people are unsatisfied with overall healthcare delivery services, as curative and preventive programmes are ineffective and primary healthcare units are poorly managed.
3. Medical workforce is insufficient to cater for high number of population. Besides, overall budget, particularly for medicines is very low to meet the demand.
4. Hygienic drinking water and sanitation facilities are not good whereas public has no awareness even about common diseases. Due to lack of coordination among preventive programmes, large number of population is not vaccinated. Moreover, there is lack of health education which may highlight importance of cleanliness and inculcate methods to prevent diseases at the initial level.
5. No specialist doctors are working in the rural areas and most of the general practitioners are non-locals.

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[17] Clause xxi Section 2 of Pakistan Environmental Protection Act, 1997
[18] Daily Jang Quetta dated 27 Mar,2010

6. Pay structures are not motivational to serve in the far flung rural areas of the province.
7. Most of the basic rural health facilities are working without laboratories, labour rooms and necessary equipments. Resultantly, proper diagnosis of diseases is least ensured at primary healthcare level.

4. RECOMMENDATIONS

1. Sufficient medical workforce may be appointed and provided particularly at rural healthcare facilities.
2. Budget for primary healthcare may be enhanced to the optimum level. Afghan refugees may also be taken into account while allocating budget for health services.
3. Performance based incentive and hard area allowance may be introduced. Besides, special pay/package may be introduced for doctors motivating them to serve in the rural areas.
4. PPHI model of management may be adopted, on regular basis, for managing all healthcare facilities in the province.
5. Specialist must be posted in rural areas for at least two years on rotation basis.
6. For awarding of medical degree, at least six months' house job may mandatorily be done in rural healthcare facilities. Besides, service in rural healthcare facilities may also be made mandatory for further promotion.
7. Extensive community awareness programmes may be launched in collaboration with NGOs/RSPs to sensitize people about their healthcare.
8. Community participation in preventive programmes may be ensured to avoid duplication and achieve optimum targets.
9. The healthcare sector needs to be strictly regulated by the government, requiring the hospitals/clinics to ensure in-house disposal service by means of incinerators and alternative waste treatment plants. In addition, hospitals should be required to maintain the record of all wastes they dispose of and introduce clinical waste management programmes for their staff.
10. Adequate quality medicines may be provided at the primary healthcare facilities; at least proportionate to the population in catchment area.

11. Adequate transport facilities may be provided to the medical service providers or conveyance allowance may be enhanced at market level.

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THE EXPERIENCES DRUG ABUSE AND ITS IMPACT ON SOCIETY: A STUDY OF KHULNA METROPOLITAN BANGLADESH

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ABSTRACT

Drug abuse has stirred human conscience all around the world for its devastating effects on human life and society. In Bangladesh, drug abuse is considered as one of the overwhelming national problems. Drug addiction is not only a problem of the user; it also affects the family, community and society as a whole. Irrespective of age, level of income, level of education, drugs are being largely abused by the people belonging to different professions. It is interesting to note that prevalence of drug addiction is more acute among those who are unemployed, and without income. They are responsible for violence, street crime, social disorder, and unrest. It transpires that majority of the drug users in the study, are young and married. They are mostly students or businessmen. Educational qualification of half of them is secondary school and above. They come from lower middle class families. The influence of peer-groups, friends and individual curiosity serve as the main reasons for drug addiction. In drug abuse, heroine, phensidyl, *ganja*, locally made liquor, and *tari* are used. The majority of the drug users come to the treatment centers, either to avoid physical hazards or to restore the family harmony. Socio-economic development and strong enforcement of law are needed to fight drug abuse. The proposed study attempts to highlight drug abuse and its impact on society in Khulna city, Bangladesh.

Key words: Drug Abuse, Metropolitan City, Society, Prevalence,
Drug Addiction, Demographic.

1. INTRODUCTION

Drug abuse refers to the illegal use of drugs for non-medicinal purposes. Such drugs include alcohol and other narcotic drugs and psychotropic substances but exclude medical and non-psychotropic substances (Islam, 2004: 55). It is said that drug addiction brings human frustration and spoils the life of users forever. It has negative impact on physical structure of the users and their income and occupational pattern. Actually the effect of drug addiction on the drug users is multi-dimensional. It affects physically, mentally, emotionally and spiritually (Drahozal, 2004:66). Drug addiction causes reduction of work, and tarnishes social status of the users. It also causes potential harm to self-actualization and mastery of one's own environment (Agarwal, 1977:28). Drug abuse also creates many social and economic dysfunctions causing devastating threat upon economic and social life in a society (Parrillo, 1989:77).According to the UNB report, drug addiction is on the rise in Bangladesh causing an alarming increase in social crimes and injustice in the society. Authoritative sources indicate that 65% of the crimes in the Dhaka City are taking place due to drug addiction. The scenario is almost the same in other cities of the country (The Daily New Nation, 1995). Drug abuse in its true sense is not a problem or disease. Rather, it is the symptom or outcome of the multi-dimensional problems of the society. It can also be viewed as a social and moral challenge. It is a threat to the social, psychological and physical integrity of human beings.

Drug abuse has reached epidemic proportions around the world. During the first third quarters of the 20th century, drug addiction was considered as an American problem. At that time, the great majority of individuals considered as drug users lived in the United States. (Bhuiyan, Hossain and Habib 1996:1). It is reported that the use of drugs was very limited till the end of the 19th Century. (UNAB 1989 : 17). In the recent past, drug addiction has turned into a national as well as a global problem. According to WHO, there are 500 million drug addicts in the world population. (Biswas, 2010: 50). It is reported that abuse of drugs and their illicit trafficking in Bangladesh has significantly increased. It has harmful effects on health, economy, families, societies and on the overall environment. (Haque, 2004: 52). Drug Abuse is now considered as one of the alarming problems of Bangladesh.

The small amounts of drugs produced in Bangladesh for local consumption, are cannabis and alcohol (DNC 2005:40). The transit of drugs through the country, however, has caused significant spillage. Bangladesh's proximity to the major narcotics producing belt in the world, and lengthy land borders have made drug trafficking comparatively easy. (Haque, 2004:52). Besides, it is reported that poppy flower cultivation in some remote border areas of the country has facilitated heroine production. (*Prothom Alo*, 23 February 2009). According to Department of Narcotics Control, the number of drug addicts is on the rise. The present figure is 4.6 million addicts. (Rahman, 2009:25). It means at least one person out of twenty eight, is an addict, in the country. The addicted persons spend about 800 million Takka per year for drug purposes. In 2010, total population of Bangladesh was estimated to be 150 million. The total number of addicts is about 5 million. (Biswas, 2010:49). According to the survey of Family Health International, about one hundred thousand people in Bangladesh are engaged in drug business directly or indirectly. Among them, 30 percent are women and children (*Naya Diganto*, July 7, 2008). The data indicates the seriousness of the problem.

Bangladesh shares a long border with India and Myanmar. Most of the border areas are plain land. Therefore, the smugglers and illicit drug traffickers find it very easy to carry their shipments across the country. The major routes of smuggling are located at the Western and Eastern borders and sea routs of the country (Hossain 2005:41). It is known that more than 60% of the smuggling of drugs from India is conducted through the Western border. The remaining 40% is through the Eastern border and the Bay of Bengal in the South. There are reports under-privileged women and children are largely engaged in smuggling and selling of drugs.

2. METHODOLOGY

2.1 Method and Techniques

The present study has been conducted mainly following social survey method. Primary and secondary data-both have been used for the study. But the main emphasis has been given on primary data. For the study necessary primary data have been collected mainly through structured interview-schedule in which both- open and close-ended questions have been incorporated. Side by side, informal interview have also been applied

in the study. Primary data have been collected from drug users under treatment in different drug addiction treatment centres of Khulna city. On the other hand, secondary sources such as books, journals, magazines, periodicals, reports and dailies have also been reviewed and used. During the survey there were eight Drug Addiction Treatment Centers (1 Government and 7 Private) at Khulna City where a total of 176 drug users were under treatment. Out of them, 80 (45.45%) drug users have been selected randomly. The data have been gathered from October 2007 to December 2007. Collected data have been analysed with the help of computer. Then the processed data have been interpreted in simple tabular and descriptive form.

2.2 Study Locale

Khulna is the divisional headquarter of the south-western region of Bangladesh. At present, the total area of Khulna City is 45.65 sq. km. The total number of population is 773216, of whom 411842 are male and 361374 female. The total household under the City is 171984. The average household size is 4.5 and literacy rate is around 94% (Population Census, 2001). For administrative purposes the city is divided into 31 wards: each ward consists of different *mahalla*s, the total number of which is 143 (Population Census, 2001).

2.3 Drug Consumption in Khulna City

According to the Narcotic Department, Khulna- There are 5 Drug addiction treatment centre in Khulna City such as, Regional drug addiction treatment center, *Mukti Seba Sangstha*, *Progoti* mental disease and drug addiction centre, *Mundrop* drug addiction treatment centre and *Asru* drug addiction treatment centre (Department of Narcotics, Khulna, January 2010). In Khulna Metropolitan ity a treatment centre has been established jointly by family healthe international(FHI) and Mukti Clinic funded by USAID to provide free treatment fro the poor addicts (Rahman, 2009:29).

In Khulna city drug addicts is acute problem. In order to assess the intensity of drug situation and number of addicts in Khulna City a survey called Rapid Situation Analysis (RSA) was conducted by Mukti Clinic during the year 2004-05. They could identify 500 injecting drug users and 5000 heroine users. Now the injecting drug and heroine users have increased to 3000 & 15000 respectively. The total number of drug addict

in Khulna City is around 30 thousands. It is known that the drug available in Khulna City comes mainly from nearer country India. The users here get their drug supply from *dalal* (Broker), medicine shop, residential hotel and restaurant, tea stall, friends and co-addicts. It is known that they spend about 60-70 tk. per day for this purpose. In almost every *mohalla*s of Khulna City, about 35-45 persons are drug addicts. Majority of them are young and adolescent. They take different types of drugs which include heroin, opium, phensidyl, *ganja*, *tari*, pethidrine injection, T.D.zesic injection, buprenorphine injection, liquor (overseas, Indian and country), morphine, *ram*[1], denatured spirit, drug related medicine etc. The most widely used drugs in the area are *ganja*, heroine, phensidyl and *tari*. The users are mostly unemployed youths, students, businessmen, industrial workers, transport workers, employees and slum dwellers. Among the youths and students, phensidyl, heroine and *ganja* are popular.

There are about 80 spots in Khulna City where drugs are transacted every day costs about 5 lacs tk. (Inquilab, August 2004). The spots include Sonadanga slum, Bus stand, Truck stand, Nirala, Chanmary, Dolkhola bazar, Gallamary, Sheikhpara, Raipara, Maulavipara, Shibbari more, Khulna University main gate, New Market area, Railway slum, Khulna Junction, Rupsha ghat, 4 and 5 no ghat, Khalispur new road more, Daulatpur, Nurnagar, Baikali bazar and moilapota more etc. Among the above mentioned places Railway slum and Sonadanga bus stand are mostly known places for drug supply.

3. FINDINGS AND DISCUSSIONS

3.1 Age Structure

It is often argued that addiction to drugs is an outcome of having some sort of romantic and exciting experiences of adolescence and of frustrations emanated from some real or perceived deprivations of youth. But drug abuse has spread to all classes and age groups, though youths remain the most vulnerable group (United Nations, 1991: 291).Therefore it is necessary to know the age structure of the drug users. Table-1 shows the age group of the users which reflects the fact that the major concentration of users is prevailing among the adolescents and youths.

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[1] New arrival drug in Khulna. It is known that this drug comes from crossing the Mynmar boarder.

Table 1

Age Structure of the Drug Users

Sl. No.	Age (in year)	Drug Users	Percentage (%)
1.	under 20	12	15.00
2.	21-24	18	22.50
3.	25-28	24	30.00
4.	29-32	16	20.00
5.	33-36	10	12.50
Total		80	100.00

3.2 Sex

It is said that most of the drug users are male; however, drug abuse among females is increasing (Hossain, 2002:40). According to a recent report of UNICEF, 449 women and female children of Dhaka, Chittagong and Rajshahi are drug users (UNICEF, cited in Joli, 2006:97). On the other hand, the present study shows that of all drug users under treatment in Khulna City none is female. Under the circumstances it would be unwise to think that there is no female drug user in Khulna city. The reality is that the family members of the female drug users feel hesitance to take them to treatment centers considering different social and environmental problems. For example, family honour of the female drug user may be degraded in the eyes of society or the family may face problem to find out a suitable husband for an unmarried female drug user etc. Besides, families of female users with poor economic background are not interested to expend for their treatment. But if the user is male it is possible that in spite of poor economic condition his family will try best for his treatment. This occurs due to patriarchal mentality of the society. In a word, the difference between the treatment of male and female users on behalf of their families lies in socio-cultural context of the country. Therefore, it may be said that the cause of absence of female drug users in treatment centres is either the family of female users have not arranged treatment for them or arranged their treatment secretly outside the treatment centres. Even it is possible that the family may arrange female users' treatment outside their own area.

3.3 Marital Status

Generally marital status presents a network of duties and obligation at level of social life. The married persons have to administer all economic and social activities of their own families (Sachdeva and Gupta, 1980: 158). Following is table-2 which shows marital status of the drug users under treatment.

Table 2

Marital Status of the Drug Users

Sl. No.	Marital Status	Drug Users	Percentage (%)
1.	Married	44	55.00
2.	Unmarried	36	45.00
Total		80	100.00

Here it is noteworthy that among drug users married people are more in number than the unmarried. It is observed from table-2 that majority of the drug users are married. Through the study it is known that married users are taking treatment being concerned about the future of their wives and children. On the other hand, the unmarried users have been inspired by their parents or other kin members or friends to have treatment for avoiding further physical complications.

3.4 Level of Education

Education is one of the important factors in the life of an individual. An educated man can handle his problems properly. Generally, illiterate people involved in drug addiction being unaware of its effect. On the other hand, failure of educational attainment both in terms of degree and getting job is often argued to be a cause of frustrations leading to drug addiction. Table-3 shows the educational attainment of the drug users under the study.

Table 3

Level of Education of the Drug Users

Sl. No.	Level of Education	Drug Users	Percentage (%)
1.	Illiterate	08	10.00
2.	Can sign only	16	20.00
3.	Below SSC	16	20.00
4.	SSC[2]	12	15.00
5.	HSC[3]	04	5.00
6.	Graduate	20	25.00
7.	Post-graduate	04	5.00
	Total	80	100.00

The above table shows an alarming rate of drug addiction among the educated persons in the study area. But a Rapid Assessment Survey on the drug abuse situation in Bangladesh revealed that the majority of the drug abusers have less educational background (Haque, 2004:52). The results of the two studies vary possibly for the reason that educated drug users come more in treatment centres rather than uneducated or less educated users. The family of the educated drug users is supposed to be educated, economically more solvent and more conscious than the family of illiterate or less educated drug users. Hence, the number of educated drug users is found to be more under the study.

3.5 Occupational Pattern

There is a clear relation between illegal drug use and occupation. There are many possible explanations behind this, but the most parsimonious conclusion is that high unemployment serves to foster drug abuse (Heller et. al, 1987:1). It is revealed from the present study that the users under treatment have come from a variety of occupational groups. Among them,

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[2] Secondary School Certificate
[3] Higher Secondary Certificate

people related to business are at the top of the user list. Table-4 shows the occupational status of the drug users.

Table 4

Occupation of the Drug Users

Sl. No.	Occupation	Drug Users	Percentage (%)
1.	Business	30	37.50
2.	Student	20	25.00
3.	Unemployed	09	10.00
4.	Service holder	06	7.50
5.	Transport worker	06	7.50
6.	Bus/ truck driver	05	6.25
7.	Others	04	7.50
	Total	80	100.00

3.6 Family Income

Family income is generally measured in terms of monthly income earned by the family members. This income varies due to the variety of occupation. Here drug users are widely distributed in terms of their level of family income in table-5.

Table 5

Family Income of the Drug Users

Sl. No.	Monthly Income (in tk.)	Drug Users	Percentage (%)
1.	1000-3000	16	20.00
2.	3000-5000	24	30.00
3.	5000-7000	20	25.00
4.	7000-9000	12	15.00

5.	9000 -11000	08	10.00
	Total	80	100.00

It is found from the above table that there is no user under the study whose family income is above 11,000 tk. per month. Therefore, it is assumed that the prevalence of drug abuse among the poorer section is an outcome of their poverty.

3.7 Type of Drug Used

The choice of drug to a user depends on a number of factors such as availability, price, taste etc. Hence, a single user not always remains fixed with using a single item. It is observed from the study that drug users mostly prefer oral items rather than intravenous drugs. Alcohol, heroine, *ganja* and phensidyl are highly used by the users under the study. The higher rate of use of these items may lie in the fact that these items are easier to use than intravenous items. Following table-6 shows the type of drugs used by drug users under the study.

Table 6

Type of Drug Used by Drug Users

Sl. No.	Type of Drug	Drug Users	Percentage (%)
1.	Heroin	40	50.00
2.	Phensidyl	16	20.00
3.	Heroin+*Ganja*	08	10.00
4.	*Ganja*	08	10.00
5.	Alcohol (country and overseas)	04	5.00
6.	Others	04	5.00
	Total	80	100.00

3.8 Causes of Drug Addiction

Drug Addiction is linked to a number of multi-dimensional and multi-disciplinary innate factors covering biochemical, genetic, personal, psychological, behavioral, attitudinal, emotional, cultural, environmental, socio-economic and other related aspects of the individual as well as the society (Taleb, 2010:76). There are many reasons of being drug addiction in every society. It is known that curiosity, pressure of friends, frustration, geographic facility, familial conflict, lack of recreations, personal cause, lack religious feelings, faulty personality are responsible for drug addictions (Azam, 1995:78). The present study reveals that majority of drug users under treatment has become addicted either being influenced by their peer-group/friend or due to their curiosity and getting pleasure. From the study it is also evident that to remove frustration, poverty/unemployment, failure in love, family conflicts and to have fun and availability of drugs are other influential causes of drug addiction. Following is table-7 which indicates the causes of drug addiction.

Table 7

Causes of Drug Addiction

Sl. No.	Causes of Drug Addiction	Drug Users	Percentage (%)
1.	Influence of peer group	22	27.50
2.	Curiosity/ getting pleasure	20	25.00
3.	To Remove Frustration	10	12.50
4.	Poverty or Unemployment	08	10.00
5.	Failure in Love	04	05.00
6.	Family Conflicts	08	10.00
7.	To have fun	06	07.50
8.	Availability of drug	02	02.50
	Total	80	100.00

3.9 Sources of Fund for Treatment

It is reality that no drug user comes to treatment centre until he/she feel severe physical problem. As the magnitudes of the manifestations of physical problems of the drug users become severe, generally they are not able to collect necessary funds for their treatment. As a result their family, friends and relatives come forward to savage the users. It is found from the study that the fund for treatment of the majority users is supplied by their family and intimate relatives. Again, for the treatment of a major portion of the users funds are supplied by their parents and for a minor portion of the users funds are managed by their family as well as by themselves. And only few drug users collect necessary money for their treatment by their own. Following is table-8 which shows the sources of funds for the treatment of the drug users.

Table 8

Sources of Funds for Treatment of Drug Users

Sl. No.	Sources of Fund	Drug Users	Percentage (%)
1.	Parents	24	30.00
2.	Family and Relatives	36	45.00
3.	Family and Drug User Himself	12	15.00
4.	Drug User Himself	08	10.00
	Total	80	100.00

3.10 Causes of Taking Treatment

There are a variety of causes that direct a user for taking treatment. Broadly, the causes may be of two folds i.e. physical or psychological and socio-psychological. Drug addiction creates psycho-somatic problems and an addict puts himself under compulsion of taking drug because of this suicidal habit.(Ashrafuzzaman, Mamun and Hossain, 2005:59). It is found through the study that majority of the drug users have come under treatment to avoid physical hazards like disability, continuous headache, burning sensation, vomiting tendency etc. whereas a major portion of the

users have underscored the need for restoring family peace and stability by giving up this bad habit. Among the others, some have emphasized on getting rid of withdrawal symptom of drug abuse, some have indicated to avoid wasting money and some are concerned about fear of being an outcast due to drug abuse. Following is table-9 which indicates the causes directed the drug users to treatment.

Table 9

Causes that Directed the Drug Users to Treatment

Sl. No.	Causes	Drug Users	Percentage (%)
1.	Physical problem or hazard	36	45.00
2.	Disturbance of familial atmosphere	24	30.00
3.	To get rid of withdrawal symptom	08	10.00
4.	To check wasting money	10	12.50
5.	Not to be out cast	02	2.50
Total		80	100.00

3.11 Control of Drug Addiction

In the study there is an effort to know the opinion of drug users under treatment about the measures of controlling drug addiction. In this effort each of drug users has suggested more than one measure through which they expect to be benefited as an individual and as a whole. Here the highest proportion of drug users has recommended strict enforcement of law. According to them, the laws regarding illicit drug trafficking are not enacted properly in the country. As a result different types of drugs are available which ultimately plays a vital role for increasing the number of drug addicted people. Besides, they have given importance on creating social resistance, increasing public awareness, arrangement of proper treatment and rehabilitation of the users, showing sympathy to the users etc. Following is table-10 which reveals opinions of drug users regarding control of drug addiction.

Table10

Opinion of Drug Users Regarding Control of Drug Addiction

Sl. No.	Opinion	Drug Users	%
1.	Government should be more active and sincere	44	14.96
2.	Strict law enforcement	50	17.00
3.	Arrangement of proper treatment and rehabilitation for the drug users	26	8.84
4.	To create social resistance	40	13.60
5.	To control illicit drug trafficking	46	15.64
6.	Conscientization of public awareness	16	5.44
7.	To show sympathy to the users	30	10.20
8.	To formulate the proper and strict law	42	14.28
	Total	294	-

3.12 Evaluation of Services of Treatment Centres

The history of drug addiction treatment centers is not much old in our society. It is a new dimension in health care systems of the country. The efforts of drug addiction treatment and rehabilitation in Bangladesh started only ten years back. The four drug addiction treatment centers established under the administrative control of the DNC at Dhaka, Chittagong, Khulna and Rajshahi have 55 beds only (Taleb, 2010:75). These facilities are extremely inedequate to meet the demand of almost 5 million drug abusing population of the country. The first drug rehabilitation center in Bangladesh started 01 July 1988.

Table 11

Treatment and Rehabilitation Programmes in Treatment Centers (2001-2009)

Serial	Year	Treatment got patients	Indoor	Outdoor	Male	Female
1	2001	12,775	3,414	9,361	12,751	24
2	2002	10,157	3,803	6,354	10,133	24
3	2003	9,089	3,638	5,451	9,075	14
4	2004	13,300	3,627	9,673	13,085	215
5	2005	9049	2232	6817	9023	26
6	2006	6063	1976	4087	6051	12
7	2007	4878	2146	2732	4866	12
8	2008	3869	1272	2597	3855	14
9	2009	3793	1346	2443	3789	04
10	2010 (upto May)	1138	358	776	1134	04

Source: Siddik 2010

It is found through the study that only few of the treatment centers of Khulna city are well organized whereas majority of the centers are beset with a lot of problems. The services provided in these treatment centres are still not up to the mark due to absence of proper treatment modalities, and professional expertise. Moreover, these programmes are not supported by appropriate aftercare, follow up, motivation, counseling, skill development training, rehabilitation and social integration programme. In this regard it has been tried to have an evaluative response from the drug users under the study on the basis of the services they received from the treatment centers.

Table 11

Evaluation of Services of the Treatment Centres

Sl. No.	Rank	Drug Users	Percentage (%)
1.	Very good	40	50.00
2.	Good	32	40.00
3.	Not good	08	10.00
	Total	80	100.00

It is revealed from the above table that most of the users are satisfied with the services getting from treatment centres while only few differ with them.

3.13 Suggestion for Improvement of Treatment System

It is previously said that majority of the drug users under treatment are satisfied with the services they received in treatment centres. Nevertheless majority of them have opined for the improvement of the treatment facilities. In this regard some of them have given importance on more consciousness and sincerity of the doctors in taking care of the drug users. Besides, most of them have appealed for the extension of the duration of treatment and more co-operation and helpfulness of nurses to the drug users. Moreover, a small number of drug users have given importance on strict and regular supervision of the activities of doctors, nurses and other employees of treatment centres. On the basis of the opinion of drug users it can be said that the condition of the drug addiction treatment centers needs to be improved in terms of trained and experienced manpower and other facilities. In fact, a multidimensional plan covering prevention, cure and rehabilitation of the drug users is needed to face the problem. Moreover, all the programs and activities for treatment and rehabilitation of the drug users in the treatment and rehabilitation centers should be followed and covered by appropriate aftercare, follow-up and monitoring system. The recovered users should be affiliated with the treatment and rehabilitation centers at least for three years after they are relapsed on completion of the consolidated course of treatment and rehabilitation. The ex-users should meet a counselor at least twice a month. The counselors and social workers should visit the families of the recovered users at least

once a month to monitor their behavior and performance to maintain sobriety.

1. In order to reduce the drug abuses both interdiction and drug education programme ought to be launched with specific and realistic goal.
2. A comprehensive census or survey should be undertaken which will provide us with the detailed picture of drug addiction situation in Bangladesh
3. A Specific national policy and plan should be formulated as the preventive measures of drug addictions.

On the basis of the findings of the present study it can say that drug addiction is not the problem of the individual only, it is a curse for our nation. So we should take a renewed pledge to save our nation from the curse of drug abuse and secure a drug free world for our future generations

4. SUMMARY

Like any other country of the world, Bangladesh too is afflicted with drug trafficking and drug abuse problem. This problem is neither much talked of nor acutely perceived of by our society even before the 80s of the last century. For this the problem never be controlled, rather it has increased day by day. It is a matter of hope that considering the awful situation now consciousness regarding drug addiction has grown within government and non-government sectors of the country, though not in appropriate level, and they have come forward to resist illicit drug trafficking and arranged treatment facility for the addicted persons.

As it is seen in Khulna, health care facilities are mainly provided by the Government agencies, while the sectors still are not much well organized and beset with various problems in regard to providing appropriate services to the drug users. As we could identify the constraints at providing better services, fund problem remains at the top of all. In addition to that the shortage of trained manpower for taking care of users has been making these noble attempts futile. In short, both human and technical facilities of the drug users' health care system should be made available to render better services to the users under treatment. The major cause of failure in drug addiction treatment and rehabilitation is that it is

not combined and integrated with all these processes. Side by side, lack of proper implementation of law regarding illicit drug handling and trafficking make hindrance in the ways of controlling drug trafficking and drug abuse. Moreover, lack of consciousness in family and social level makes the situation more complex.

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HRM EFFECTIVENESS IN PRIVATE UNIVERSITIES OF PAKISTAN

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ABSTRACT

As the private universities are HR concentrated associations, the HRM practices of any institution can be useful in managing and enlisting to a great degree talented and experienced teachers. It has been noticed that there is a severe absence of research related to HRM issues in the education sector especially at higher education institutions. Reasons for the absence of research culture vary from funding sources to HRM practices (e.g. choice, execution evaluation, Training, occupation definition, and profession planning, compensation, and representative support). Furthermore availability and nurturing of qualified staff and legislative issues are also responsible for the inadequate research direction on HRM at the highest level of education especially in the private sector. Thus, it was imperative to survey HRM practices in universities. The aim of this research is to generate new ideas and changes to bring about significant and robust advancement HR initiatives through private sector involvement.

Keywords: Human Resource Management, performance management, Pakistan, Private Universities, Education

1. INTRODUCTION

Education is paramount to success for any community as it plays a vital role in a country's route to progress. To add, particularly for economic progress, higher education has a major role to play which is provided through public sector education. In this respect, the universities of Pakistan have a major bearing for development of the nation. But due to the increase in the population, there was new Public sector university built, due to lack of adequate funds that higher education commission needs for the construction of new universities. On the basis of this assessment, some private colleges are being considered to get an idea of the range of viability of H.R. For this purpose, The HRM's role is to name the individuals by an organization or association to provide a working staff for the achievement of the Human Resource Management Practices. The main practices especially incorporate the selection, enlistment and recruiting of workers with their full incorporation into organization's system all through socialization and readiness. At a later stage, these workers are appreciated and their empowerment is done by means of remuneration which is the key system (Schuler & Mac, 1984). A few different studies have demonstrated that the viability of HRM practices is advancement on how well these systems fit with the way of life in which they are actualized (Debrah, Mc, & Budhwar, 2003). Huselid in (1995) found that the viability of workers will likewise rely on upon effect of HRM on conduct of the representatives (Huselid, 1995).

A compelling performance of human resource management has become a primary component for the accomplishment of a firm Stavrou-Costex (2005). As reinforced by Lee and Lee (2007). HRM deals specifically with improvement and training with business execution, , collaboration, remuneration/ impetus, HR management, execution examination and safety of the workers which helps in enhancing firms, business execution including workers efficiency, quality of the product and company's adaptability.

2. SURVEY OF HRM

The first step towards HRM practices deals with the designating of People by an organization in which a new capable staff is selected for the achievement of the Human Resource Management practices. These practices especially incorporate the selection and enrollment of representatives which are then incorporated into organization's structure

all through socialization which is followed by another important step which is the empowerment of these workers (Schuler & Mac, 1984). Step by step instructions to prepare, assess select, correspond and remunerate with one's family workforce may bring about numerous difficulties for the associations. Effectively regulating representatives who don't share the equal values, conclusions and standpoints as those starts in the organization can be extremely unpredictable. If not properly took care of, it can harm. The benefits of approaching new markets, Business expanding the interconnectedness and weight of the worldwide business sector, analysts are currently concentrating on how to enhance the practices of HRM, that can be transposed over the differing nations and these practices need to the colossal consideration to perform their important purposes (Budhwar & Khatri, 2001).

In the field of HR, the written work that has been devoted to this field shows that HRM practices are associated with positive operational (company's adaptability and representatives profitability) and brilliance execution results (Chang & Chen, 2002).The amassed examination show proves that effective HRM practices have significant effects on the business execution (Ichniowsk, Shaw, & Prennushi, 1995). Huselidetal (1997) computed the consequence of HRM on execution of the business part. HRM productivity is divided into two sorts. The principal sort of HRM aptitude include enlisting, remuneration and training, industrial relation/ representative, evaluation, selection assessment, worker mentality et cetera. The second sort is key HRM productivity included strengthening, representative interest and collaboration, official and administration advancement, worker and administrator interchanges (Huselid & Becker, 1997). To gauge connections between the human resource management (HRM) performances and the execution of Taiwanese cutting edge associations in HSin Chu science-based industrial park, directed an across the board study (Chang & Chen, 2002).

Likewise, the advantages and planning of human resource are adversely associated with the profit of the workers. In order to sum up the viability of seven HRM practices, Ahmad and Schroeders' (2003) has done another examination arranged by Pfeffer (1998) in the system of the nation and industry. It mainly concentrates on the collaboration of practices like; selecting staff members, livelihood security, extensive training, pay/

motivator subject to execution, utilization of decentralization and groups, distribution data and status contrasts. The predetermined execution incorporates quality, cost, adaptability, and conveyance and association duty and their results are mainly upheld. The connections of different HRM hones with the execution and result of the associations have been investigated profoundly by the analysts. It is said that inspiration pay arrangement not only considerably impact the execution of the laborers but also emphatically make its influence more prominently when creative work practices are linked with one another, like representative commitment in the critical thinking groups adaptable occupation configuration, training to enhance the specialists with various abilities, correspondence and broad screening and business security, HRM polices associated with improvement and training of workers pay are fundamental in HRM literature. The relationship between unbiased attitude based execution and prize of an association has been broke down and begin positive by Frye (2004). He contended for human capital concentrated remuneration assumes a basic part in holding and drawing in greatly talented representatives.

One important element of HRM practices is the way jobs are defined. Job definition is explicated with a blend of employment detail and expected set of responsibilities. Qureshi and Ramay (2006)states that the explanation of a job plainly diagram obligations, working conditions, obligations, and expected abilities of the individual performing that employment. In other research, Brown and Heywood (2005) clarify that execution evaluation speaks to in division, a formalized strategy of the specialist observing and is proposed to be an association instrument to enhance profitability and execution of specialists. Workers efficiency and responsibility can likewise be improved with the execution examination framework.

Henceforth, embracing practices in the selection, inflow of best greatness of abilities set will beading quality to the aptitudes record of association (Huselid, 1995). He underscored on the preparation as equalization of selection practices all through which representative conduct and hierarchical society can be related to deliver the positive results. Expanding representative inclusion will expand yield of the worker because of the expanded commitment of representative. Monetary

participation plans were more useful at the associations then related cost. Various different studies have uncovered that adequacy of the HRM practices is destitute on how fine these systems fit with society in which, they are actualized (Debrah, Mc, & Budhwar, 2003). Whatever, the utilization of most prominent HR practices demonstrates a capable relationship with the yield in high advancement industry (Datta, Guthrie, & Wright PM, 2003). Huselid (1995) found that the viability of representatives will likewise rely on upon effect HRM on conduct of the workers.

3. HRM IN PAKISTAN

Human asset played a key part for changing Pakistan from immature to creating nation. Direction and significant help is needed to improve production and capacities. The legislature of Pakistan put uncommon endeavors to create and use human resource. In the current circumstance, abnormal state of rivalry is produced in labor showcase, the more accentuation are given to redesign the aptitudes of people of expanding profitability, to empower adaptability of wages and reviewing abroad Pakistani's different associations of Pakistan are as yet misjudging the expert part of human asset administration. Some caliber was found in late work power enactment. Such a large number of associations claim that they are the best experts of human resource yet they require usage in such manner.

Group of HR in Pakistan is lingering behind to understand the worldwide prerequisites and improvement in setting of advances and fitting strategy to manage. In the expanding economy of Pakistan, by utilizing current methodologies viable use of human asset administration can't continue well unless representatives with better organization having worldwide introduction and proficient system of the association is not executed. As it is indicated in Pakistan that HR group is utilizing developmental methodology while the interest of the present day is progressive way to deal with concur the administration so they can produce vital results having multidimensional methodology and inspirational demeanor. In this manner administration of Pakistan has communicated its perspectives to add to an ordeal administration of the HR experts who watch the chance to shape human capital procedure regarding competitive benefits. (Syed, I. Hussain, 2001).

Building up organization of business organization in University of Karachi in 1955 was a central breakthrough for creating administrative training in Pakistan. Since 1960, institution of business organization most likely turned into the preliminary association in administration world. Presently, administration instruction in Pakistan appears to be developed as a contrast to the past on the grounds that, a large portion of the colleges has begun bureau of business organization. Nonetheless, different private organizations are additionally providing business organization instruction. By setting up Lahore University of Management Sciences (LUMS) in 1980 was one of the significant augmentations in this field. In present, field of business instruction in Pakistan has isolated into certify and non-authorize groups that allude to brilliant and later of low quality.

A few non-licensed associations with low quality have been raised in the most recent couple of years and are attempting to give business instruction having least assets and fewer offices. They are clueless that the long run business sector will constrain them to update their standard. Thus, it is required on critical premise to manage befitting business training so that Pakistani youth can break free from misuse and exploitation. In spite of all aforementioned, eventual fate of business organization and administration is unquestionably splendid in Pakistan. (Zarrar, R, Zubair, 1998)

4. AUDIT OF COMPENSATION

Most research has demonstrated that representative position of livelihood were customarily, what decided wages in numerous organizations. A number of researches along with clear evidence demonstrate that pay fulfillment has essential impact in worker maintenance. Dipietro and Condly (2007) utilized the dedication and essential exertion (CANE) model of motivation to discover how hospitable workers are propelled. They found that non-money related remuneration or the nature of the workplace had imperative influence on worker Turnover aims. Organizations are in peril of making an unsuitable workplace if there is no remuneration arranging. Williams et.al. (2007) found that if representatives are fulfilled by how the organization works and imparts its pay approaches, they stayed focused on the association. An association's prize framework can influence the execution of representative and their craving to stay utilized

There are additionally quantities of scientists exhibit that there is a lot of inter-individual distinction in comprehending the importance of money related prizes for worker maintenance (Peeffer, 1998).

5. HRM EFFECTIVENESS IN UNIVERSITIES

The training assumes a basic part in identity improvements and abilities of individuals and fit as advancement of any country. It is a vital apparatus to weigh the conduct and demeanor of people. In the advancement of instruction, the individuals figure out how they can enhance in world and gain ground extremely fast. The world has formed into exceptionally aggressive, where disclosures and developments are being arranged each passing day. Accordingly, individuals are foreseen to adjust themselves to gather the difficulties of future. The training is the most definitive instruments to bring the changes to the general public, group, and most dominantly in future tidying of any country (Shami, 199).According to the Scenario, the capacity of the advanced education is especially basic in the monetary advancement of any nation.

HRM practices of a university or an institution can be of incredible help. A few studies demonstrated that the viability of HRM practices is subject to how well these systems fit with the way of life in which they are actualized. Huselid (1995) found that viability of workers will rely upon effect of HRM on conduct of the representatives. Cocoa and Heywood (2005) state that 'Execution examination speaks to some extent a formalized procedure of specialist observing and is expected to be an administration instrument to enhance the execution and efficiency of specialists. Cocoa and Benson (2003) found that representatives' responsibility and efficiency can be enhanced with execution examination framework HRM. A number of hypothetical and experimental studies have connected HRM practices to business execution.

Huselid et al. (1997) concentrated on the impact of HRM on corporate firm execution of 293 U.S. Firms. They isolated HRM viability into two sorts: The first sort is HRM adequacy including pay, enlisting and training, representative, mechanical relations, determination tests, examination, worker demeanor, and so on. The second sort is vital HRM viability including collaboration, worker cooperation and strengthening, representative and director correspondences, administration and official advancement. Their study demonstrates that there is certain connection

between key HRM viability and firm execution. They found that there is a relationship between HRM adequacy and efficiency of firms. The present literary works additionally demonstrate that certain HRM Practices are connected with positive operational and quality execution results (Change and Chen, 2005). The accumulated research evidence demonstrates that powerful HRM practices can have generous effect on business execution. Chang and Chen (2002) conducted a detailed study to assess the connection between HR Management Practices and firm execution of Taiwanese innovative firm in H Sin Chu science based Industrial Park.

6. CONCLUSION

As the private universities are HR concentrated associations, the HRM practices of any institution can be useful in Managing and enlisting to a great degree talented and experienced teachers. Through this research, new ideas and changes can be generated; which are useful in advancing the advanced education in change of HR. We are facing absence of research culture, funding, HRM practices (e.g. choice, execution evaluation, Training, occupation definition, and profession planning, compensation, and representative support), exceedingly qualified staff, preparing of the staff and profitable legislative issues and so forth no adequate research effectively directed on HRM rehearses at the propelled instruction level. Thus, it was imperative to survey HRM practices in universities. It was applicable to this reason that scientists ought to choose to inspect the HRM practices in the private universities, hence to recommend the re-intervention procedures to lift up the prevalence of instruction in Pakistan.

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IMPACT OF SOCIAL INTELLIGENCE AND CULTURAL INTELLIGENCE ON ORGANIZATIONAL CITIZENSHIP BEHAVIOR

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ABSTRACT

The purpose of this paper is to explore the impact of Social intelligence (SI) and Cultural Intelligence (CQ) on Organizational Citizenship Behavior (OCB). Survey questionnaires measuring Social intelligence (SI), Cultural intelligence (CQ) and OCB were administered to 95 full-time employees from public and private sector. Pearson Correlation and Linear Regression Analysis were used to explore the relationship among variables. The relationship between Cultural Intelligence (CQ) and OCB was shown to be significant, as was the relationship between Social Intelligence (SI) and OCB. Most importantly, social intelligence (SI) and cultural intelligence (CQ) had greater impact on OCB.

Keywords: Social Intelligence, Cultural Intelligence, Organizational citizenship Behavior.

1. INTRODUCTION

Organizational Citizenship Behavior (OCB) has brought in much academic attention since its conception. It is not always officially acknowledged or rewarded, as the underlying concepts like 'helpfulness' or 'friendliness' are difficult to be quantified; therefore, OCB is perceived to be something intangible. However, OCB has been presented to have a considerable positive impact at the organizational level by enhancing organizational effectiveness and productivity (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). Also, Organ (1988) discussed that OCB is held to be essential for the survival of an organization. Therefore, it is a term that comprises of positive and constructive behaviors that employees present, out of their own desire, which supports co-workers and benefits the organization as a whole.

Organizational Citizenship Behavior (OCB) has been studied from many different perspectives and its relationship with many other construct is found. Mohant & Rath, (2012) found a positive significant relationship between organizational culture and OCB. Also, Moorman & Blakely (1995), studied OCB with collectivists-individualists dimension of culture. Moreover, Liu, Huang, & Chen (2004) also found a significant relationship between OCB, culture and social aspects in a Non. US. Context. They are of the view that procedural justice antecedent of OCB varies from culture to culture. Furthermore, Kwantes, Karam, Kuo, & Towson (2008), found that generalized social beliefs greatly predict the extent to which all OCB dimensions are viewed as in-role versus extra-role by the managers. also, with the aspect of intelligence only one research has been conducted by Korkmaz & Arpacı (2009), in which they found a significant realtionship between emotional intelligence (EI) and organizational citizenship behavior (OCB).

Bateman & Organ (1983) first devised the concept of organizational citizenship behavior (OCB), also known as extra-role behaviors. Organ (1988, p.4) defined the term OCB as an "individual behavior that is discretionary not directly or explicitly recognized by the formal reward system and that in the aggregate promotes the effective functioning of the organization." Moreover, Borman (2004) defined OCB as activities that are not the part of the job description but left on employee's discretion to participate voluntarily, helping the organization to achieve its goals. Both

the definitions describe OCB on the basis of voluntary behavior driven by an employee's loyalty and devotion towards effectively achieving the organization's goals, without any intention of gaining reward (Organ, 1997). However, Podsakoff et al. (2000) and Organ (1988) are of the view that the omission of these behaviors does not lead to any punishment.

Since the origin of OCB in 1980's, several studies have been conducted to frame its dimensions (Mohammad, Habib, & Alias, 2011). The OB researchers mainly focus on the five dimensions proposed by Denis Organ (1988). These dimensions are labeled as:

- Altruism is defined as the voluntary participation in which the employee of an organization helps other employees in their work related tasks. Altruism may include activities like, "instructing a new hire on how to use equipment, helping a coworker catch up with a backlog of work, fetching materials that a colleague needs and cannot procure on his own" (Organ, 1988, p. 96: cite in Podsakoff et al, 2000).
- Conscientiousness is defined as the behavior of carrying out activities beyond the lowest required levels by complying with organizational norms. Such behavior may include maintaining high attendance, punctuality, working long hours and conserving resources (Organ 1988; Organ 1990: cite in Podsakoff et al, 2000).
- Courtesy is defined as a behavior in which a member takes steps to prevent the work related problems with others and also avoids abusing the rights of others. It involves discussing the problems with the subordinates before taking actions, providing schedule notice in advance to employees (Organ, 1990).
- Sportsmanship is a behavior that approves employee willingness to tolerate less ideal and unavoidable situations in an organization without complaining.
- Civic Virtue is a behavior that indicates the willingness of employees to participate responsibly in the life of the company.

Later on Williams & Anderson (1991) grouped Organ's five dimensions of OCB into two major categories these are: behavior focused towards organization (OCB-O) includes the conscientiousness, civic virtue, and sportsmanship dimensions; behavior focused towards individual (OCB-I) consists of altruism, courtesy dimensions. In their research, (Podsakoff,

Blume, Whiting, & Podsakoff, 2009) posits that individual-level OCB correlates to performance appraisal ratings and reward distribution system; organizational-level OCB correlates to organizational turnover, employee efficiency, and employee productivity. However, it is found that employees engage more in OCBO than OCBI due to having less friendly and more competitive relations with coworkers (Newland, 2012).

Moreover, there are also different motives on the basis of which employees perform OCB (Newland, 2012). Rioux & Penner (2001) identifies three motivations that result into OCB these are; i) Impression management: this motive is related to OCBI in which employee works with an intention to build a positive image for their own individual achievement and also to avoid being negatively perceived; ii) Pro-social values (desire to help others, related to OCBI); iii) Organizational concern (employee feeling obligated to give back the organization that has given them so much and focuses on the interest of the organization, related to OCBO).

In recent years, the researchers have come to the point that OCB has twofold consequences; individual level and organizational level (Podsakoff, et al, 2000). OCB has a positive impact on the employee performance since they receive better performance ratings by their supervisors and are perceived to be more beneficial for organization success. Also, these ratings are linked to gaining rewards such as increments, bonuses, promotions (Organ, Podsakoff, & Mackenzie, 2006; Podsakoff, et al, 2009). Moreover, it is found that during downsizing the employees who show OCB are less likely to be fired (Organ et al, 2006). According to Podsakoff et al (2009) OCB also translates its effect at the organizational level by reducing operational costs, employee turnover and absenteeism rates; increasing productivity, efficiency, customer satisfaction, resulting into overall success of the organization. Borman & Motowidlo, (1993) posited that OCB of the workers improves the overall performance of the organization, as these behaviors support the social environment in which the functions are carried out. They also found that OCBs are not job specific and similar kind of such behaviors can be exhibited in any work setting.

Since OCB plays a vital role in the success of the organization, it is necessary to study the factors that affect the OCB in an organization (Zhang, 2011). In their meta-analysis study Organ & Ryan (1995) concluded that attitude is the major predictor of OCB. They also found a positive correlation of OCB with job satisfaction, perceived fairness, organizational commitment and leader supportiveness. However, Borman, Penner, Allen & Motowidlo (2001) found a comparatively strong relationship between conscientiousness and OCB. From their empirical research Podsakoff et al (2000) identified four major categories of antecedents: personality traits, attitudes, job characteristics and leadership factors. They concluded that among these categories the major factors that affect OCB more prominently are: job attitudes, perceptions of fairness, job satisfaction, task variables, organizational commitment and different types of leadership behaviors. Liu et al. (2004) and LePine, Erez, & Johnson, 2002 strengthen the view of Podsakoff et al (2000) by identifying job satisfaction, commitment, perception of fairness, leadership behavior as the strong predictors of OCB.

Moorman & Blakely (1995) in their study found that individualism and collectivism also serve to be the antecedent of OCB. They suggested that individuals who are bound by collectivist norms and values are more likely to perform OCB for their group as compared to those who follow individualist view. Ariani (2013) identified that employee engagement is referred to a positive emotional state that results into OCB.

Cultural Intelligence

Earley & Ang (2003) introduced the concept of cultural intelligence (CQ), they define the term as an individual's capability to cope up with and function effectively in culturally diverse settings. This definition of cultural intelligence is further extended by Herrmann, Call, Hernandez-Lloreda, Hare, and Tormasello (2007), they are of the view that cultural intelligence also refers to a "person's capability to function effectively in interactions across cultural groups."

Ang et al. (2007) conceptualized a four-factor model for CQ consisting of metacognitive, cognitive, motivational, and behavioral dimensions, based on Sternberg & Detterman's (1986) framework of the multiple factors of intelligence. The four factors of CQ also views intelligence as a complex,

multifactor, individual characteristic that includes metacognitive, cognitive, motivational, and behavioral factors (Sternberg & Detterman, 1986). Metacognitive CQ is based on one's cognitive capability to acquire and understand cultural knowledge; People high in metacognitive CQ consciously inquire about their own cultural assumptions, replicate those assumptions during interactions, and transform their cultural knowledge when interacting with those from other cultures (Nelson, 1996). Cognitive CQ focuses on general knowledge and knowledge structures about culture; associated with both subjective culture (values and norms) and objective culture (politics, economics, etc). Motivational CQ emphasizes on individual capability to learn about and function effectively in intercultural situations by directing energy towards it; mangers with high motivational CQ place all their attention and energy towards cross-cultural conditions based on key interests and confidence in multicultural effectiveness (Bandura, 2002). Behavioral CQ focuses on individual capability to display culturally fitting verbal and nonverbal behaviors (actions) in culturally diverse interactions. Hall (1959) highlighted that when people initiate and maintain face-to-face interactions, they mainly depend on other person's verbal, facial, and other apparent expressions.

Social intelligence

The term social intelligence (SI) was first identified by Thorndike (1920), when he viewed intelligence as a multi facet concept (Al-Makahleh & Ziadat, 2012). He introduced three aspects of intelligence: mechanical intelligence, concrete intelligence and, social intelligence (Zeghoul, 2010).

Social intelligence concentrates on social situations helping people to interact with others and understand them. The SI carries two basic distinctive concepts; intrapersonal intelligence (ability to understand one's own internal emotional life) and, interpersonal intelligence (one's ability to notice and differentiate among others) (Saxena & Jain, 2013).

The definition of social intelligence is been a point of debate. One of the most prominent definitions of social intelligence is that of Thorndike (Thorndike & Stein, 1937), who defined social intelligence as "the ability to understand and manage men and women, boys and girls, to act wisely in human relations". Also, Marlowe (1986) posits the importance of social

intelligence (SI) by defining it as "the ability to understand the feelings, thoughts and behaviors of persons, including oneself, interpersonal situations and to act appropriately upon them" (p.15). However, the most recent definition by Goleman (2006) divides social intelligence into two major categories: social awareness and social facility. He defines social awareness as "what we sense about others" and social facility as "what we then do with that awareness" (Dong, Koper, & Collaço, 2008).

The broader aspect of social skills leads the researchers to conceptualized different models. Marlowe's (1986) model of social intelligence consists of five domains: Pro-social attitudes are associated with having an interest and concern for others; social performance skills are associated with appropriate interaction with others; empathetic ability reflects one's ability to identify with others; emotion expressiveness explains one's "emotionality" toward others; and confidence is based on one's comfort level in social situations (Dong, et al. 2008). Also, Silvera, Martinussen, & Dahl (2001) operationalized social intelligence into a scale (TSIS) containing three distinct components: *i)* Social Information Processing (SIP): **"This subscale measures the ability of understanding verbal or nonverbal messages regarding human relations, empathizing and reading hidden messages as well as explicit messages."** *(ii)* Social Skills (SS): **"This subscale measures the basic communication skills such as active listening, acting boldly, establishing, maintaining, and breaking up a relationship."** *(iii)* Social Awareness (SA): **"This subscale measures the ability of active behaving in accordance with the situation, place, and time."** (DOĞAN & ÇETİN, 2009). The first two factors are related to cognitive aspects of understanding and interpreting ambiguous social information. The last factor, social skills, is vastly different and relates to positive beliefs about one's social performing abilities (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005).

Social Intelligence (SI), Cultural Intelligence (CQ) and Organizational Citizenship Behavior (OCB):

As discussed earlier, no direct relationship among SI, CQ and OCB has been found in the literature review. However, CQ and OCB were studied separately with regard to job performance. Organ, et al., (2006), found a positive impact of OCB on job performance, they posited that employees engaged in OCB are more liked by the top management and receive better

performance ratings. Moreover, Chen, Lin, & Sawangpattanakul (2011), in their research investigated the relationship between CQ and job performance. They posited that, employees with higher CQ level had better performance in a new cultural setup. Both the variables showed a positive relationship with job performance. Therefore the following hypothesis can be developed:

H1= Cultural Intelligence has a positive impact on Organizational Citizenship Behavior (OCB).

Moreover, in two studies SI and OCB were investigated separately with regard to Job Satisfaction. Yahyazadeh-Jeloudar & Lotfi-Goodarzi (2012) posited a significant positive relationship between teachers' social intelligence and their job satisfaction. Also, LePine et al. (2002), and Liu et al. (2002), identified job satisfaction as the major ancedent of OCB. Therefore, the following hypothesis can be generated:

H2= Social Intelligence (SI) has a positive impact on Organizational Citizenship Behavior (OCB)

The current literature suggests that no research has yet addressed the relationship of social intelligence (SI) and cultural intelligence (CQ) with organizational citizenship behavior (OCB). The current study will therefore explore the impact of social intelligence (SI) and cultural intelligence (CQ) on organizational citizenship behavior (OCB) of managers in Baluchistan.

As Baluchistan is the culturally and socially diversified province of Pakistan, due to which the understanding of social intelligence and cultural intelligence are important in relation to work behaviors. Therefore, the main focus of this study will be the public and private service sectors of Baluchistan.

Theoretical Framework:
In order to attain the conceptual model, the approach of Tromsø (2001) to social intelligence, the four factor model of CQ (Ang, et al., 2007) and OCB-C have been taken in this study, i.e., it is the combination of these three conceptual models that underlies the current study.
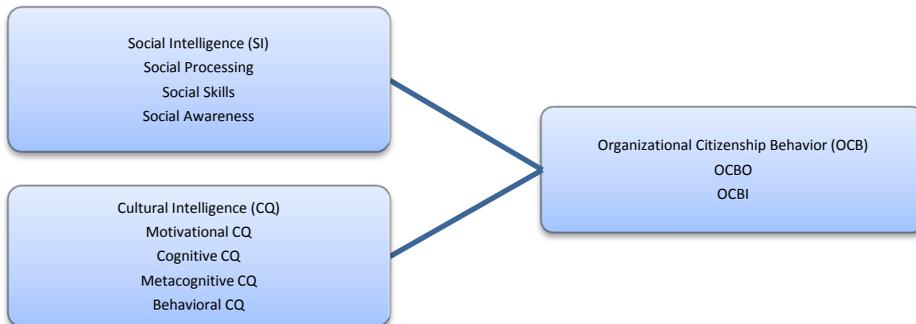
Figure 1. The conceptual framework for the research: Social Intelligence, Cultural Intelligence and Organizational Citizenship Behavior.

2. RESEARCH METHODOLOGY

2.1 Research Design

The aim of this study was to identify the impact of social intelligence (SI) and cultural intelligence (CQ) on organizational citizenship behavior (OCB). Thus the nature of this research is descriptive and exploratory.

2.2 Participants

Initially, 125 participants were approached and given the research instrument by following convenience sampling method. Only 95 questionnaires were received, so the response rate was 76%. This sample of 95 participants included males (61) and females (34). 9.5% of the participants were of 20 years and less age, 35.8% of participants were of the age between 21-30 years, 28.4% were aged between 31-40 years, 15.8% of the respondents were aged between 41-50 years, and 10.5% were of the age 51 years and above. The sample was comprised of intermediate (9.5%), Bachelors (25.3%), Masters (44.2%), and M.Phils. (12.6%), Ph.Ds. (6.3%) and others (2.1%). The experience range of 33.7% was of 1-5 years, 29.5% of the respondents were experienced from 6-10 years,

and 21.1% of the participants had an experience of 11-20 years, 14.7% of them were experienced from 21 years and above, and 1.1% of the participants were experienced from 50 years and above.

2.3 Instruments

Tromsø Social Intelligence Scale (TSIS):

To identify the individual social intelligence of participants, Tromsø Social Intelligence Scale (TSIS) by Silvera, Martinussen & Dahl (2001) was used. It is a 21 item self-evaluation scale with a 7-point Likert scale ranging from extremely poorly (1) to extremely well (7) was used. The reliability measures of the items on scale were attained as, Social Processing 7 items (α=0.807), Social Skills 7 items (α=0.754), and Social Awareness containing 7 items (α=0.736).

Cultural Intelligence Scale (CQS):

To identify the cultural intelligence of participants, Cultural Intelligence Scale (CQS) developed by Ang et al. (2007) was used. It is a 20 item four factor scale with a 7 point Likert scale (1= strongly disagree and 7= strongly agree). The factor wise reliability measures of the items on scale were attained as; Metacognitive CQ 4 items (α=0.568), Cognitive CQ 6 items (α=0.832), Motivational CQ 5 items (α=0.819) and Behavioral CQ 5 items (α=0.749).

Organizational Citizenship Behavior Checklist OCB-C:

To identify the Organizational Citizenship Behavior of the participants, OCB-C (Fox & Spector, 2011) was used. It is a 20 item scale with a 5 point Likert Scale (1= Never and 5= Every Day). The reliability measures of the items on scale were (α=0.909).

2.4 Data Analysis Tool

Descriptive statistics is used to analyze the data, to measure and compare the, means and standard deviations of the OCB, SI and CQ. Pearson correlation and Linear Regression analysis were applied to test the theoretical framework and the relationship between SI, CQ and OCB. The analysis tool, SPSS 20 was used to analyze the data of this study.

3. FINDINGS

Table 1
Demographics

Demographic characteristics	Frequency	Percentage %
Gender		
Male	61	64.2
Female	34	35.8
Age		
20 years and less	9	9.5
21-30 years	34	35.8
31-40 years	27	28.4
41-50 years	15	15.8
51 years and above	10	10.5
Education		
Intermediate	9	9.5
Bachelors	24	25.3
Masters	42	44.2
M.Phil.	12	12.6
Ph.D.	6	6.3
Experience		
1-5 years	32	33.7
6-10 years	28	29.5
11-20 years	20	21.1
21 years and above	14	14.7
Sector		
Public sector	40	42.1
Private sector	55	57.9

Table 2

Descriptive Statistics and Correlation

	Mean	SD	SI	CQ	OCB
SI	4.71	0.79	*0.83*		
CQ	4.74	0.89	0.56**	*0.88*	
OCB	3.57	0.72	0.52**	0.42**	*0.90*

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The results indicated that the correlation between SI and CQ is positively significant (r=0.56, ρ<0.01). Also, the results indicated a positive significant correlation between SI and OCB (r=0.52, ρ<0.01). Similarly, the correlation between CQ and OCB is positively significant (r=0.42, ρ<0.01). Moreover, the reported means and standard deviations of the three variables are: Social Intelligence (SI) 4.71 (0.79), Cultural Intelligence (CQ) 4.74 (0.89) and Organizational Citizenship Behavior (OCB) 3.57 (0.72).

Regression Analysis:

The relationship between SI and OCB was significant (β=0.52, t=5.98, ρ<0.01). Moreover, SI accounted for a significant amount of variation in OCB (R^2=0.27, F=35.82, ρ<0.01). In addition, the relationship between CQ and OCB was positively significant (β=0.42, t=4.50, ρ<0.01). Moreover, CQ accounted for a significant amount of variation in OCB (R^2=0.17, F=20.32, $\rho < 0.01$).

4. DISCUSSION

The results of this study showed that there is a positive significant relationship between Social Intelligence (SI) and OCB. The "pro social values" and "impression management" motive of OCB can be easily met if the managers are able to understand the feelings, thoughts and behaviors of their own and others and then acting upon in a suitable manner. The findings are in line with study of Organ et al, (2006), who suggests that it

is necessary for the organizations to develop the capabilities of their employees and creating a workplace environment that is favorable and supportive of OCB**.** Thus, Social intelligence increases the likelihood of managers getting more involved in practicing Organizational Citizenship Behavior.

Moreover, findings of the study also revealed that there is a positive significant relationship between CQ and OCB. The higher Cultural Intelligence (CQ) in managers leads to higher OCB practice by them. The findings are in line with Kanfer and Heggestad (1997) study, they discussed that CQ develop motivational capacities thereby encouraging those behaviors that facilitate goal accomplishment.

From the results of this study it is clear that SI and CQ plays a great role in encouraging the OCB practices in managers. Therefore, people high in SI and CQ, are more aware of the thoughts and behaviors of others belonging to similar or diversified cultures or backgrounds, thereby helping them to exercise more OCB at their work.

The findings of this research cannot be generalized to all the managers in Pakistan, as the data is gathered from only one province of Pakistan, with a sample size of 95. Moreover, the sample is generated from the public and private sector only. The findings of the research are based on the responses to the self-administered questionnaire and not on observations. Thus the responses may be dissimilar to the actual actions.

The analysis and discussion exhibited clearly that intelligence plays a greater role in the employee's engagement in OCB. the significant positive role that SI and CQ seems to play, organizations might emphasize more on promoting and encouraging high levels of SI and CQ at all levels within their training and development sessions.

These trainings may improve the employees' ability in two ways: to be aware of the thoughts, feeling and behaviors of their own and their counterparts, thereby, exhibiting behaviors that are fruitful to them, the organization and to their colleagues; and to deal with diverse or cross cultural situations in a less stressful manner, in this way they might easily get adjusted in a new setting.

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AVAILABILITY OF SUPPORT SERVICES FOR PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) LIVING IN PAKISTAN

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ABSTRACT

Although providing appropriate information, guidance and training for parents of children with Autism Spectrum Disorder (ASD) is considered to be an essential component of the child's welfare (Benson et al. 2008; Drew et al. 2002; Granpeesheh et al. 2009; Hall and Graff, 2010; Matson and Sipes, 2010), parents in developing countries struggle to find required information. The current study aimed to identify the support services provided to parents of children with ASD living in Pakistan for supporting their children. The study was part of a wider study which examined the appropriate methods of knowledge translation for parents of children with ASD in the context of Pakistan. Information was gathered through delivery of questionnaire, interviews and a focus group with parents of children with ASD to gain a better understanding of the issue. The results of the study indicated that there was very limited provision for parents to gain information or training for supporting their child with ASD.

Key words: Autism Spectrum Disorder (ASD), Parents, Support services, Developing countries

1. INTRODUCTION

'Improving the ability of families to address potentially debilitating mental disorders in the context of the family is a key to humane care' (World Health Organisation (WHO, 2005). This becomes more evident in the case of Autism Spectrum Disorder (ASD), as children exhibit a wide range of difficulties in varying degrees ranging from impairments in communication, socialisation and imagination, to restricted, repetitive and stereotypical behaviours, interests and activities (Frith, 2003). ASD is a neurodevelopment disorder which is complex in nature in terms of the level co-morbidities with other conditions (Alba and Bodfish, 2011).

The world to individuals with ASD, as quoted by The National Autistic Society (NAS), UK (2013), 'is a mass of people, places and events which they struggle to make sense of.' Children with ASD exhibit a range of difficulties and may have trouble expressing their basic needs in a socially acceptable or expected manner. Parents are, therefore, left feeling frustrated being unable to determine their child's needs and how to help them adjust socially.

Research indicates that parents of children with ASD experience greater stress than parents of children with intellectual disabilities and Downs Syndrome (Pisula, 2007). Shields (2001) also reported that these parents have great need of support in the period following their child's diagnosis. Indeed, the amount of care required by the child appears to impact upon multiple aspects of family functioning (Cavaleri et al. 2010).The development of effective support services to assist families in the care of children with ASD is, therefore, of key importance (Benson et al., 2008).

Several studies have promoted the importance of providing support, information and training for parents of children with ASD (Solomon et al., 2007). When parents are given the skills to support the management of their child, outcomes improve for both the child and the parent (Ingersoll and Hambrick, 2011). Parental stress is reduced, optimism is increased and parent leisure or recreation time improved (Tonge et al. 2006).In addition, if families are provided with relevant and effective information, guidance and training, it is likely to assist families with appropriate care, reducing the risk of potential family breakdown and the need for long-term, out-of-home care (Higgins et al. 2005). Research further indicates

that parent training leads to improved parent - child interaction and relationship (Rickards et al. 2009).

In recent years, a considerable amount of work has been conducted in the UK, USA and other developed countries in developing and improving parent information, and providing training packages such as booklets, leaflets, DVDs, information on the websites, etc. Additionally, interventions such as the use of the Early Bird programme, Help, Access, and Treatment and Education of Autistic and Communication Handicapped Children (TEACCH) (Autism NI, 2013; NAS, 2010) etc. are other examples of programmes. However, in many developing countries such as Pakistan, awareness of autism is in its initial stages, and thus they are at an earlier stage in the development of parental support materials, information and training packages for parents of such children (Syed et al. 2007).

At the start of this work there was a lack of any published research or relevant data on support services provided to parents of children with ASD living in Pakistan for supporting their children. Therefore, literature on provisions for parents of children with disabilities in Pakistan was searched, to get an understanding of some of the common issues. It was found that the facilities or support provided to parents of children with developmental disabilities in Pakistan is fairly limited and generally facilitated by non-governmental organizations (Syed et al. 2007) usually formed and run by parents of children with disabilities. Imran (2009) indicated 'the absence of dedicated child and adolescent mental health services in Pakistan'. Tareen et al. (2008) reported there was little availability of any behaviour or psychosocial treatments, or parent information and guidance materials for children with mental health problems living in Pakistan. They also emphasized that, 'there is the need to tailor evidence-based interventions for these conditions so that they are understandable and easily integrated into existing systems of care.' The lack of available data (e.g. any completed or published research) regarding services provided for the parents further emphasizes the need to explore the situation as it exists in Pakistan and to identify the gaps which may provide basis for building a system of care as needed. The current study, therefore, aimed to gauge the level and nature of information, support and/or training provided for parents of children with ASD in Pakistan.

2. METHODOLOGY

2.1.Participants

The study was open to all parents of children with ASD living in Pakistan. Convenience sampling was undertaken as there was a lack of any public record listing parents of children with ASD. Non probability sampling procedures are preferred where there is a problem of access to population.

Potentail participants were identified from the following sources; (a) health and education professionals (including schools for children with ASD and hospitals or therapy units for children with ASD) and (b) a national parent support group (Pakistan Autism Meet-up Group (PAMG). Those who completed the questionnaire were also asked about their willingness to partcipate in a follow-up interview or focus group.

Sixty one parents or grandparents of children with ASD completed the questionnaire. Of these, 59% of the respondents were the mother of the child, 34% were the father and 7% respondents were the grandparents of the child. 64% of the parents were from the Karachi area of Pakistan, 18% were from Lahore, and 18% lived in Islamabad and Multan.

Seventeen parents and one grandparent agreed to be interviewed for the study and six parents agreed to attend a focus group session.The interviews and focus group sessions were tape recorded.

2.2. Analysis of data
Data from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS). Data collected from the interviews and focus groups were analyzed using thematic analysis. The audiotape recordings were transcribed verbatim. These transcripts were then subjected to thematic analysis in line with the recommendations made by Guest et al. (2012).

3. RESULTS

3.1. Questionnaire Data

Table-1 describes the type of information or training received by 61 parents and/or grandparents for supporting their child with ASD.

Table 1

Information or Training Received by Parents (if any) for Supporting their Child with ASD

Q. Have you received any of the following information or training for supporting your child with Autism Spectrum Disorder (ASD)?	Yes	No
	n (%)	n (%)
a) Books, Leaflets or Booklets on ASD & its management	9 (15)	52 (82)
b) DVDs on ASD & its management	3 (5)	57 (93)
c) Website(s) on ASD & its management	13 (21)	48 (79)
d) Access to a discussion forum to talk with other parents about your child	14 (23)	16 (26)
e) Visit from a professional at your home to help you manage your child's behaviour	0 (0)	60 (98)
Q. Did you receive a training programme from the following to understand and manage better your child's behaviour:		
a. Treatment and Education of Autistic and Communication Handicapped Children (TEACCH)	1 (2)	59 (97)
b. Applied Behavioral Analysis (ABA)	0 (0)	60 (98)
c. SUN RISE	0 (0)	60 (98)
d. Picture Exchange Communication System (PECS)	0 (0)	60 (98)
e. Any other training:	1 (2)	57 (93)
f. Any other support (Please specify)	0 (0)	0 (0)

Only 15% respondents indicated that books, leaflets or booklets on ASD and its management were available for them to read; whereas, 82% respondents said that they had not received or read any book or leaflet on ASD and its management. Three parents (5% of respondents) reported that they had access to DVDs on ASD and its management, whereas, 93% reported that not a single DVD on ASD and its management was available for them. A few parents (23%) reported that they had access to a discussion forum to talk with other parents about their child. Moreover, 21% indicated that they have gone through certain websites on ASD and its management for supporting their child, while 79% reported that they have not searched, found, or gone through any website on ASD and its management.

Unfortunately 98% of parents reported there was no provision of home visits from any professional to help parents manage their child's behaviour. However, two people did not respond to the question.

No parents reported receiving any training programme (e.g. TEACCH, Applied Behavioural Analysis, Picture Exchange Communication System, etc.)to further understand and manage their child's behaviour, except one mother who reported to have received TEACCH, and one mother who reported to have received some other training which was not specified. The provision of any other training was not indicated by parents either.

3.2. Interview and Focus Group Data

In the interviews parents confirmed the lack of adequate provision for them indicated in the questionnaire above. Fourteen of the parents reported that they did not receive any guidance from the professionals or any sort of training on managing children with ASD. One mother reported that:

> *'There was no one to guide us. It took too long to know what was wrong with the child and how to handle it.'*

Only two parents reported that they had read books on ASD and two checked on websites to understand the condition better. One parent reported:

> *'There must be some information pack for parents which should be given immediately after child's diagnosis. We have been finding the useful stuff for a long time.'*

In the focus group, five parents reported that they did not receive any guidance from the professionals or any sort of training on handling children with ASD. One parent further reported:

> *'Our problem is that we don't know how to deal with a child with autism....the appropriate ways of dealing with ASD children should be told to parents.'*

As no formal guidance was received from professionals, parents updated their information through contact with other parents. All of the participants in the focus group reported that they share their problems of supporting children with ASD with other parents. They further added that meeting with parents of children with ASD helped them understand the conditions associated with ASD to some extent.

4. DISCUSSION

This study intended to scope the provision of support for parents of children with ASD in Pakistan. As there was no reported data about provision for children with ASD and their families in Pakistan, there was no possibility of making any comparisons to this present study. Studies conducted in other developing countries on similar issues were reviewed in order to gather some comparable information.

Findings of the present study revealed that only a few parents had access to or had read books on ASD, or had checked on websites to understand the condition better. While the majority of the respondents did not receive or read any book, booklet, leaflet, or any other material on ASD and its management.

The results of this study are similar with that of the studies conducted in other developing countries. Limited availability of educational materials on ASD in regional or national languages had been reported for developing countries (Samadi and McConkey, 2011). It is also reported that 'parental inability, or limited ability, in English language…makes web-based information and international books inaccessible sources of

information' (Samadi and McConkey, 2011).Additionally, adaptation and modification of currently existing evidence based practices from the UK, the USA and other countries has not taken place for the cultural context of many developing countries. The 'cultural adaptation regarding' country's 'family values, parental expectations for their child and the methods of child rearing' is an important consideration and it 'facilitate successful parenting within a specific group's culture' (Xiong et al., 2006). Yet, mental health services in developing countries are often based primarily on evidence from developed countries, which have vastly different cultural and socio-economic contexts (Bharath, 2010).

Another source of information for parents of children with ASD is through contact with other parents. Findings of this study indicate that a few parents had access to a discussion forum to talk with other parents about their child. Also a few parents reported meeting other parents at their child's therapy centre or school, which enabled them to share their problems with them and helped them understand the conditions associated with ASD to some extent. Studies conducted in other developing countries such as Iran reported parents' dependency to update their information and local knowledge through contacts with other parents in clinic waiting rooms (Samadi, 2011).It has been reported that parents rely on updating information through contact with other parents due to the limited numbers of published books on ASD in regional or national languages, and parental limited ability in reading the English language which 'makes web-based information and international books inaccessible sources of information' for them (Samadi and McConkey, 2011).

Data relating to the current situation of support services provided to parents of children with ASD in Pakistan also indicated that there was no provision of home visits from any professional to help parents manage their child's behaviour. In addition to that, the majority of the parents did not receive any training to understand and manage their child's behaviour. Although providing appropriate information, guidance and training to parents of children with autism is considered to be an essential component of the child's welfare (Matson and Sipes, 2010), parents in developing countries struggle to get required information. Samadi (2011) stated that 'parents in Iran have little opportunity to get information about ASD in any formal way'. A few noticeable services provided to parents in some of

the developing countries include three month parent training programme in India (mother child programme by Action For Autism (AFA), 2008) and China (by 'Beijing Stars and Rain', 2010). In Iran, apparent education programme: 'Omid' was under trail in 2011 (Samadi, 2011).

Inadequacy of services provided for ASD children and their families according to the needs of target audience in developing countries such as Bangladesh, India, Iran, Malaysia, Pakistan and other countries of the region has been described (Autismi- Ja Aspergerliittory, 2013).

Malhotra and Vikas (2005) further indicated that in India and many other developing countries 'parents, who need help, do not know where to go'. 'Parents' feelings of uncertainty and frustrations of not knowing how best to help their child' is reported for these countries (Samadi, 2011).

This study has some limitations. Convenience sampling was used to select sample for the study, as there was a lack of any public list to identify potential participants. This may limit the generality of the conclusions. In addition the sample was selected from a few major cities in the country due to limited time and resources. Samples selected from each city and rural areas would have been more representative but not possible.

Above all, the results of the study indicate that currently there is limited provision for parents to gain information or training for supporting their child with ASD in Pakistan. Just like some other developing countries, sources of information for parents are inadequate which does not meet the needs of such parents. Thus, there is a need to develop adequate provision for families of children with ASD in Pakistan including material that is an accessible format.

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EMOTIONAL INTELLIGENCE AND SELF ESTEEM AMONG ENGLISH

MEDIUM SCHOOL AND MADARSA STUDENTS

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ABSTRACT

The aim of the research is to determine the comparison of Emotional Intelligence and Self-Esteem among English medium schools and Madarsa students. Sample consisted of 100 male students, (comprising of 50 from English medium schools and 50 from Madarsa). Mean age is 14.10 and standard deviation is 0.745. Entire sample was drawn from different schools and madrasa of Karachi, Pakistan with the help of convenient sampling technique. First of all, briefed about the purpose of research then consent form was signed by participants, then Demographic form, and Urdu version of Rosenberg Self-Esteem Scale (Rosenberg, 1965), and Trait Emotional Intelligence Questionnaire (TEIQue) (K.V. Petrides) were administered on students. Statistical Analysis (t-Test for independent) applied to assess the difference between the two groups. The results reveals that Students of English Medium Schools score significantly higher on both the variables of emotional intelligence and self-esteem as compare to students of Mudrasa (p> .05). The research would open a door for more researches to explore the reasons of low self-esteem and emotional intelligence and the effect of teaching style in Mudarasa students.

Keywords: Emotional intelligence, self-esteem & English Medium and Madarsa students.

1. INTRODUCTION

The present is a comparative study that conducted on male students of school and madarsa. There are huge numbers of English Medium School in Pakistan. Large numbers of children are taking education from English Medium School. On the other hand, Pakistan as an Islamic country has several Islamic education institutes, where number of children are getting education. Madarsa is the one Islamic education system. In Pakistan 11,491 Madarsas are providing Islamic education to Pakistani children (Pakistan Education Statistics, Islamabad, 2006). There are four types of Madarsas in Pakistan i.e Deobandi, Barelwi, Ahl-e-Hadith and Shia. Previously Madarsas were only   focused on Islamic education and hifeez but now madarsa are also focusing on academic educations in combination to Islamic education for children. Therefore, the present research conducted to assess the level of emotional intelligence and self esteem of English Medium and Madarasa male students.

Emotional intelligence

"A type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate amongst them and to use information to guide one's thinking and actions" (Mayer & Solovey, 1993).

Emotions and Intelligence act in integrated and interactive way. People can solve technical problems less easier than human problems. Emotional intelligence essential for successful life. (Golman 1995). Many researches shown that emotional intelligence is an essential aspect of individuals' behaviors, emotional intelligence has independent intellectual functioning and there is no difficulty to learn it. Personality differentiated individuals from each other's. (Bradberry and Greaves; cited in Ganji, 2009).

Emotional intelligence is not rigid it's variable. Emotional intelligence functions has 2 parts person abilities and social abilities, in person abilities, that functions purely based on his self concept, awareness but the social abilities focused on person's socialization. Its plays an important role in achievement of human. Emotional intelligence is a strong predictor of individual's work and academic performance; emotional intelligent

individuals perform better on academic as well as on work (Bradberry and Greaves, 2009).

According to Jiwen Song and Huang, 2010emotional intelligence in a major predictor of socialization. Mover over other showed that emotional intelligence is closely related with socialization, competence and good health (Mayer, Roberts, and Barsade, 2007). Furthermore, researches claimed that emotional intelligence plays an important role releasing from stressfulness stress (Corser and Dalsky, 2005), increasing social interaction (Lopes, Brackett, and Nezlek, 2004), and enhancement creativeness (Zhou and George, 2003).

Self Esteem

Maslow claimed that individuals with good self esteem seems more skilled and successful as compare to those who have low self esteem. Those individuals have good performance in different situations (Alice and Taylor, 1983; cited in Omidian, 2009). Individual who have good self esteem believe that they are creative, intelligent and social able (Branden, 2010). And other sides the individuals who have low self esteem have difficulties in adjustment and that are unsocial (Omidian, 2009). Self-esteem individuals' evaluation about their attributes; the evaluation component of the self concept. Self-esteem is the basic belief about self. If one has a positive belief system about one's self, they will have a high self-esteem. If one has a negative belief system about one's self, they will have a low self-esteem. According to Psychologists self-esteem is a continuing personality characteristic. (Mazhar, 2002) Self-esteem is a positive or negative orientation toward oneself; an overall evaluation of one's worth or value. People are motivated to have high self-esteem, and having it indicates positive self-regard, not egotism. Self-esteem is only one component of the self-concept, which Rosenberg defines as "totality of the individual's thoughts and feelings with reference to himself as an object." Besides self-esteem, self-efficacy or mastery, and self-identities are important parts of the self-concept. (Rosenberg, 1960). Burnette and Baumeister (2007) found a positive relationship between self-esteem and school performance. Their results revealed that the students who received c grade or lower they have very low self esteem. (The students actually did worse academically).

Relationship between self esteem and Emotional Intelligence

It's claimed that human who have high level of emotional intelligence they have capabilities to realize and control their affective state and be able to face danger. These human are capable to maintain their mood and have controlled emotions. Their self esteem is high and they have positive view of their self Schutte et al.(2002). Salovey et al., (2002) argued in his research study that good mood is closely related with self esteem. It stated that emotional intelligence people revealed little change in their mood and self esteem after a problematic condition, hence emotional intelligence closely related with self esteem Schutte et al.(2002). Furthermore, many researches argued that high scores on emotional intelligence is positively associated with self esteem (Ciarrochi, Chan, & Bajgar, 2001). Its found that mood clarity and emotional restore has close relationship with self esteem (Fernández-Berrocal et al., 2006). It claimed that individuals self esteem is the result of self judgment and appropriate regulation of their emotions. (Bednar, Wells, and Peterson, 1989). Higher self esteem improved person sense of self worth then they behave in emotionally intelligent way and low self esteem lead toward unrealistic presentation of self and they emphasis on self evaluation their emotional abilities. (Coetzee, 2005; Sosick & Megerian, 1999). Ciarrochi, Chan and Caputi (2000), and Schutte, Malouff,Simunek, Hollander, and McKenley (2002) reported that emotional intelligence strongly related with self esteem. Emotional intelligent people have higher self-esteem.

The rationale of present research was to assess the student level of self esteem and emotional intelligence of English medium and madrasa students, because emotional intelligence and self esteem play an important role in the academic achievement and personality of students. There is no any previous research in these areas. It was the initial step to compare the emotional intelligence and self esteem of English medium and Madrasa students.

2. METHOLODOLOGY

2.1 Objectives

The present research designed to achieve the following objectives:

- To determine the comparison of Emotional Intelligence between students studying in Madrasa and English medium schools.
- To determine the comparison of self esteem between students studying in Madrasa and English medium schools.

2.2 Hypotheses

The present research study aimed to assess the following hypotheses.

- Students of English Medium Schools would score higher on the variable of emotional intelligence as compare to students of Madrasa.
- Students of English Medium Schools would score higher on the variable of self-esteem as compare to students of Madrasa.

2.3 Sample

The convenient sampling technique was used for data collection. It is a descriptive- comparative research study. Sample consisted of 100 male students, comprising of 50 from English medium schools and 50 from Mudrasa. The mean age is 14.10, participants belong to various Scio economic status. Entire sample was drawn from different schools and institutes of Karachi, Pakistan. Sample was selected from the different schools and institution Karachi.

2.4 Material

Demographic information sheet
It was comprised of basic information like age, gender, family members, address etc. Demographic information would seek from the participants to be included in the data analysis. Before proceeding with scale item the researcher will require information regarding their male university students with age limit 12-15.

Rosenberg Self Esteem Scale

Rosenberg Self Esteem Scale given by Rosenberg in1965 the type of scale is Likert. The 10 items are respond on a four point scale ranging from strongly agree to strongly disagree. (Rosenberg, 1965). In present research we used Urdu version of this scale. The Reliability and validity coefficients of Rosenberg Self Esteem Scale is 0.61-0.87. The test retest reliability is .82- .88. Cronbach's alpha is .77 - .88.

Trait Emotional Intelligence Questionnaire (TEIQue-SF)

The Trait Emotional Intelligence Questionnaire-Adolescents Short Form (TEIQue-SF; Petrides & Furnham, 2003) contained understandable statements. The scales include 30 statements that derived from the 15 subscales of the Adult Trait EI sampling domain (two items per subscale). Participants have to answer to on a seven point Likert Scale. High score reflect good emotional intelligence. Short Form (TEIQue-SF are interpersonal skills, interpersonal skills, adaptability, coping with stress and general mood. Urdu translated version of TEIQue-SF used. Trait Emotional Intelligence (Shahzad, Riaz, Khanum & Begum, in press) was used. The adapted version of TEIQue-SF has good psychometric properties. The cronbach's alpha for Urdu version of TEIQue-SF is (0.889). Gutman split half coefficient is .862 and test retest reliability is .817. The Urdu version of TEIQue- higher reliability and validity, it strongly correlated with life satisfaction and self esteem.

2.5 Procedure:

First of all, briefed about the purpose of research then consent form was signed by participants, then demographic form was administered to record the basic information like age, gender, family members, address etc, questionnaire were given to students. Before that the confidentiality about their demographic information was assured. Participant were also assured about the confidentiality of research finding and they briefed about the right to withdraw during the administration of research scales any time if they want to.

In order to gather information, Participants were approached in their schools. Our participants male school and madrasa students. The participants were informing about the nature and objective of the study. Then questionnaires were given to the subjects. They were requested to fill

the form. Introduction to the participant and informed Consent form by the organization and participants, Demographic form, and Urdu version of Rosenberg Self-Esteem Scale (Rosenberg, 1965), and Trait Emotional Intelligence Questionnaire (TEIQue) (K.V. Petrides). At the end all the participants were thanked for their cooperation in present research.

Scoring of research scales was done according to the standardized criteria of scales. Statistical Analysis (T-Test for independent) applied to assess the difference between the two groups. SPSS -18 versions were used for sataistical analysis of the present research.

3. RESULTS

The present research study was analyzed using descriptive statistics t- test for independent sample for testing the hypothesis. The results reveals that Students of English Medium Schools scored higher on the variable of Emotional intelligence as compare to students of Mudrasa students (t (98) = 7.695 p<.05) and Students of English Medium Schools also scored higher on the variable of self esteem as compare to students of Mudrasa students its statistically significant(t (98) = 6.022 p<.05).

Table 1

Descriptive Statistics for Mean and Standard Deviation of All Participants

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Age	100	13	15	14.10	0.745

Table 2

Demographic Distribution of Sample

Variables	Category	Frequency	Percentage
Education Systems	Mudaras	100	50.0
	English Medium School	100	50.0
Family status	Joint	36	36.0
	Nuclear	64	64.0
Socioeconomic Status	Lower	10	10.0
	Middle	84	84.0
	Upper	06	6.00

Table 3
Mean difference among English Medium Schools and Mudrasa Students on the variables of Emotional Intelligence

Variables	N	Mean	SD	t	Sig
Emotional Intelligence	100	127.2	23.549	7.695	.000***

It revealed that Students of English Medium Schools scored higher on the variable of Emotional intelligence as compare to students of Mudrasa students. (t (98) = 7.695 p<.05).

Table 4
Mean difference among English Medium Schools and Mudrasa Students on the variables of Self Esteem

Variables	N	Mean	SD	t	Sig
Self Esteem	100	16.95	0.296	6.022	.016**

It reflect that Students of English Medium Schools scored higher on the variable of self-esteem as compare to students of Mudrasa students. (t (98) = 6.022 p<.05).

4. DISSCUSSION

The present research study explores the difference of emotional intelligence and self esteem among English and madarsa schools students in Karachi Pakistan. For this purpose two instruments Rosenberg Self-Esteem Scale (Rosenberg, 1965), and Trait Emotional Intelligence Questionnaire (TEIQue) (K.V. Petrides) were used. Urdu versions of both questionnaires were used.

Table 3 indicates that there is significant difference P<.05) on the variables of Emotional Intelligence among English and Madrasa Students. It's also indicates that that there is significant difference P<.05) on the variables of Self Esteem among English and Madrasa Students (see table 4)

Several researches were conducted in European and American cultural but after detail literature search none of the researches were available in present research context with reference to Pakistani culture, therefore it was the first step to investigate the emotional intelligence and self esteem of Mudrasa and English medium students. In Mudrasa Ulama's major objective to spread Islamic education among students. They have very strict attitude toward students while teaching. Due to this student more focused on their learning. They strictly follow what they learn from Mudrasas. Although, Mudrasa education system make able children to have all aspects of Islamic education but Ulama's in some of Mudrasas not efficient enough to work on students personality growth and development. Number children learn all aspects of Islamic education but they are not able to distribute that education due to poor self-image, shyness, nervousness and lack of proper management of emotions. Consequently, they have low self-esteem and low level of emotional intelligence.

Furthermore, It's observed that students who studying in Mudrasa they have lack of exposure and they have less chance to take part in extra-curricular activities. That's effect there emotional intelligence and self

esteem. However the students who studying in English Medium School have exposure of many things and uses to have class activities like presentations and groups discussions, this leads high self esteem and good emotional intelligence in them.

The present research study results have many implications in different field of life, especially in educational sitting.

1. Present research findings would be applied in educational sitting; it would be helpful for teachers and educational psychologist to understand the facts that causes the low level of emotional intelligence and self esteem among students.

2. Present research finding would be helpful in social context, high level of emotional intelligence and self esteem enhanced socialization among students.

The present research was conducted only in the Karachi, other cities of Pakistan were not included in research sample. The sample size should be increased. That can be generalizes and representative of whole population of Karachi.

The research date were included only two schools, one is Mudrasa and other English medium school. More number of Urdu and English medium schools should be taken.

The research date should be taken from different areas of Karachi, and different cities of Sindh can be used for research data.

It's recommended that future researchers should replicate present research by exploring the effect of teaching style at English medium and Mudrasa, self esteem concept should be integrated with emotional intelligence of students.

It is also recommended that present study should be replicated by substituting different personality, self esteem and emotional intelligence

scales to find out the effect personality valuables on different emotional intelligence aspects that lead toward emotional competent behavior.

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