International Journal of Research (IJR)
e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 3, March 2015
Available at http://internationaljournalofresearch.org

Screening of Children with Special Needs in Regular Primary Schools of District Gilgit, Gilgit-Baltistan, Pakistan.

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ABSTRACT:

This study reveals facts of special needs children studying in regular primary schools in Gilgit District, Gilgit-Baltistan division in Pakistan. This research is conduct first time in the said region. The core object of this study was to identify the children who have disabilities in the age range of 3 to 9 years and they study in the normal schools in the mentioned region. The Ten Question (TQ) method was adopted to execute this research in the targeted normal schools. The researcher applied interviews method to get feedback on said research. The data was collected from parents and sibling in those situations when parents were not available to answer the questions. The analysis of collected data reflects that the ration of Learning Disability stands at 72.90% of all identified disable children which is the highest amongst other categories. The findings of this study reveals that Mental Retardation was 2.1% while children with Hearing Impaired was 1.1% in total identified children. Children facing Visual Impaired and Low Vision were 6.1%. This research analysis recommends to start awareness programs to initiate inclusive education as well as large scale services provision for disabled children. This initiative should be taken at both Governmental and community levels to address the issues of special children in Gilgit-Baltistan region.

KEY WORDS:
Disability; Handicap; Impairment; Screening; Survey; Ten Questionnaire (TQ)

INTRODUCTION

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e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 2, March 2015
Available at http://internationaljournalofresearch.org

Epidemiological Study of Childhood Disability, that is the distribution in population of distinct forms of childhood disability, as well as risk factors involved are of vital importance for any health care movement, especially planning prevention and intervention programmed for handicapped children(Tseng, Lai, & Guo, 2015).The growth of services for handicapped children in Pakistan is, to say the least, rather slow(Akmese, Kayhan, & Mutlu, 2011a). The slowness is understandable if one looks at the innumerable problems facing the country, for example, poverty, malnutrition, high infant mortality, low literacy rate and so on. In order to provide adequate services one has to identify the problems and their magnitude, and only then a realistic planning is possible(Akmese, Kayhan, & Mutlu, 2011b). No large-scale study of disabilities in children has been undertaken so far in Pakistan although the need for accurate statistics has been emphasized in all the conferences, seminars and workshops on the subject in the country(Otsuka et al., 2007). The only noteworthy effort in this area is the research in mental retardation conducted at Jinnah Post Graduate Medical center, Karachi(Esmaeeli-Nieh & Sherr, 2014). The report published in 1971 gave the provenience rate to urban population at Karachi for same degree of mental retardation to be around 3 percent of the population(Boucher, Maffre, & Raynaud, 2015).Different approaches for estimating prevalence of mental retardation in various sections of population were adopted by mental health center at Mission hospital, Peshawar(Hegberg & Tone, 2015). In one study outpatients attending 14 hospitals were screened and overall average for out-patients with mental retardation and epilepsy was 2 per thousand-outpatient seen(Da Ronch et al., 2015). It was concluded that mental retardation and epilepsy were not common problem treated at these hospitals(Torio, Encinosa, Berdahl, McCormick, & Simpson, 2015). Another small-scale survey was conducted in Peshawar, interviewing persons at random to discover mentally retarded children in a specific population in 1978(McGrath & Reavey, 2015). This study is analogous to the key important component of the study in Lahore(Brooker & Durmaz, 2015). It was the experience of the team in Peshawar(Borntrager & Lyon, 2015).

The information's regarding handicapped children was not easy to gather through any method(Miles & Frizzell, 1990). The most of the survey teams also found that most helpful and knowledgeable informants were the

International Journal of Research (IJR)
e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 2, March 2015
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children themselves(Hussain & Sultan, 2010). The child and family psychiatry unit, department of pediatrics, mayo hospital, Lahore, reported that almost 40 percent of the children attending the clinic were mentally retarded(Kazi et al., 2013). According to a reported for UNICEF, "Situation of handicapped children in Pakistan" by Dr. K. I. Tareen, the incidence of disability reported ranges from 0.8 to 16.8 percent(Rathore, New, &Iftikhar, 2011). Under these un-certain conditions, it will be presumptuous to make claims for scientific exactitude of the study reported here(Hughes, 1984). Being small case study, the effort will have to be evaluated at the level of exploration and estimates(Sharif, Daryani, Asgarian, & Nasrolahei, 2010). There seems to be a large number of factors in our country, which tend to militate against the gathering of facts regarding disabilities. It was also considered an important part of the study to provide meaningful leads in this area along with estimates of extent and nature of the disabilities in the population.

Objectives of the Study

The primary aim of the study was to provide preliminary estimates of disabilities in the community(Chiu, Yang, Wong, & Li, 2015). An equally important purpose was to identify disabled children between age levels of 3 to 12 years, so that they can be helped.The main objectives of the study are;

1. 1. To find out ratio of disabilities in normal school of District Gilgit.
2. To investigate which of the disability is the highest among all the disabilities among children in normal school.
3. To explore the ratio of disabled and normal children in ordinary school.
4. To identify influence of socio-economic condition on disabilities.
5. To compare ratio of disabilities among three Sub-divisions of Gilgit.

HYPOTHESES

1. Special will present in normal school of Gilgit.
2. There will be large difference among the number of special and normal population of the school.
3. There are more disabled boys than girls.
4. Disability ratio is not different among three tehsil of Gilgit.
5. Poor socio-economic condition influence disabilities.

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Review of Literature

An understanding of exceptional children and youth begins with an understanding of the range of similarities and differences within the population as a whole(Pellock, 2004). All people are different in some ways, yet all people are more alike than they are different. They all have the same basic needs and are guaranteed the same rights under our constitution. Moreover, in most areas or activities the similarities among people are much more significant than the differences.The labels used to identify groups of exceptional persons can be very confusing(Shah, Holmes, & Wing, 1982). The term disorder, disability, impairment, and handicap are sometimes used interchangeably but actually have different meaning. Disability is used to refer to a physical disorder such as the loss of limb or some other crippling condition(Hosseinkhanzadeh, Noori, Yeganeh, & Esapoor, 2014). It is also used with learning and behavior problems that may or may not be due to a physiological cause(Chess, 1977).

The term impairment is usually reserved for sensory deficits: we speak of the hearing impaired and the visually impaired(Alavi, Savoji, & Amin, 2013). All three of these terms refer to problem within the individual(Shokoohi-Yekta, Zamani, & Ahmadi, 2011). The fourth, handicap, is an environmentally related limitation(Harris, 1996). All of us have had the experience being handicapped at one time or another(Cole, 1988).The exceptional population includes people of all ages. Special educational is not limited to what is traditionally through of as the school age population(Preus, 1990). For normal people learning is a lifelong activity that begins at birth and continues through adulthood(Preus, 1990). The same is true for the exceptional population(Joshi et al., 2015). Many exceptional individuals need special educational services from infancy through adulthood to enable them to learn from and a dart to their environments(Pace & Bricout, 2015). Categories of Exceptionalityten categories of children and youth with handicapping conditions arebeing served under various authorities are:

Learning disabled.
Multi-handicapped
Speech impaired.
Hard of hearing and deaf
Mentally retarded

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Orthopedically impaired
Emotionally disturbed
Visually handicapped
Other health impaired & deaf- blind

Although there are a large number of subcategories within each (autism, orthopedically impaired, down syndrome) the abovecategories provide a functional grouping of handicapping conditions(Vancampfort et al.). Thefollowing are the more comprehensive categorization:

1. Sensory handicaps, including hearing and vision impairments
2. Intellectual deviations, including giftedness as well as mental retardation.
3. Communication disorders, such as speech and language dysfunction.
4. Learning disabilities/minimal brain dysfunction, resulting in learning problem without motor involvement.
5. Behavior disorder, including severe emotional disturbances.
6. Physical handicaps and health impairments, including neurological defects, orthopedic condition, diseases such as muscular dystrophy and sickles call anemia, birth defects, developmental disabilities, and autism.

Within each of these categories the degree and frequency of difficulties within the exceptional experience vary widely(Look, McCloskey, & Coccaro, 2015). For example, a person with only slight problems in visual discrimination may require very little special help to function near the norm socially and intellectually. Someone who is blind, on the other hand, may need the help of many specialists over a long period of time to achieve mobility and social adjustment. Similarly a mild motor impairment might adversely affect an individual performance in certain games or sports but not the development of other skills. It should be noted that among the exceptional, the gifted and talented are a sadly neglected group. Even though the difficulties they experience and the needs they have are often as great as those of other exceptional individuals little has been done for them.

PAKISTAN CHAPTER

Pakistan emerged on the map of the world as an independent sovereign state in August 1947, as a result of the division of

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the British India.The land of Pakistan (area 7, 96,099 K.M, population nearly 180 million) is rich in landscapes and cultural traditions. Half of dozen civilizations have flourished here and left their imprints. Historically this is one of the most ancient lands known to man. Its cities flourished before Babylon was built, and one can trace its history back to at least 2500 years B.C.Excavations at Harappa, Mohenjo-Daro and KotDiji have brought to light evidence of an advance civilization existing even in most ancient times. Around about 1500 B.C. the Aryan came to this region and by, influence the Hindu civilization. In 712 A.D. the Arabs led by Mohammad Bin Qasim, landed near Modern Karachi and ruled part of the land which in now Pakistan for 200 years. During this time Islam took roots in the soil and influenced the life. Culture and traditions of the people, in the 10th century A.D. began the systematic conquest of undivided India by Muslims from Central Asia who ruled the whole subcontinent up to the 18th century A.D. when the British invaded the land and ruled for nearly 200 years. In 1930 the well-known poet philosopher Dr.Mohmmad Iqbal conceived the idea of a separate state for the Muslims of the subcontinent. After 17 years of untiring struggle under the brilliant leadership of Quad- e-Azam Mohammad Ali Jinnah, Pakistan became an independent state on 14th august, 1947.

Developmental History of Special Education in Pakistan:

The nation which is most recent and worthy of respect is at in which the weak, the suppressed and the sick have the 1st claim. It is this philosophy at provides the firm foundations on which special education services are built in a society.Special Education is a part of general education. The word special education indicates that in education of the exceptional children some sort of special facilities, special treatment and using techniques are applied which help the learners to fit in general education and as a consequence integrate them in the society in general. The word special does not emphasize the aggregation but it emphasizes the aggregation with the help of some provision of special treatment and special facilities. Special Education is our moral and religious obligation owned in Holy Quran" Surah Naas (30thparah)

The welfare of the handicapped has come a long way hence the days of purely

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custodial protective care. At first, it is believed that handicapped children were subnormal and subsequently, provisions were custodial in nature. But eventuallyattempt at rudimentaryaction and training become of the pattern. The first tool for the deaf was established in the children of nobility in Spain around 1550. An institute for the education of the deaf and dumb was established in Edinburgh in 1760. In England, a voluntary institution was established at Liver pool in 1790, and by 1850 there were such provisions in ten large urban areas. A secondary school was established at Worcester in 1869.

Pakistan provides examples of voluntary groups and trusts concerned with the handicapped. These are excellent agencies for the education, training and rehabilitation of the handicapped and under certain circumstances more valuable than that of government. They contain so many devoted, God fearing, hard working and self-sacrificing individuals. The concern of our great leader Fatima Jinnah can well be visualized just by recapitulating the fact that she laid the foundation stone of the Teachers Training College for the Teachers of Deaf "Gung Mahal "Labor in 1958 which was established by a voluntary organization. An institute for Blind, Sheranwala Gate, Lahore, was established in 1906.An institute for the Blind was later established at Bahawalpur.

In 1959, the federal ministry of education appointed a commission on national education headed by late Mr. S.M.Sarif.Education, Secretary to the government of Pakistan. The commission analyzed the educational system of the country and special education. The commission recommended the educational programme of handicapped children in schools should include provision for general as well as vocational education so that the individual may be able to earn his/her own living and to live contentedly within the limits of the handicap. Such children need a great deal of individual care and attention than normal children. The actual care of such children is often suitably and effectively performed by medical and education services of private philanthropic organization.The government realized the importance of special education as recommended by the Sharif commission. Non-government organizations and other philanthropic organizations made efforts for their educational needs.

In 1972, the federal ministry of education framed the new education policy

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for reforming the educational system and special education. Its objectives were to equalize access to education through provisions of special facilities for women. Under-privileged group and mentally retarded and to be physically handicapped children in all areas in general and backward areas in particulars. Voluntary organizations were helped by giving handsome grants for their welfare.Placing education and special education among other matters of highest priority, the chief martial law Administrator and president, General Muhammad Zia-ul-Haq directed the Ministry of Education in 1977 review the state of Education in the country and to suggest ways and means to bring it in line with our faith and ideology. The ministry of education framed the policy which recommended that four pilot projects for physically handicapped, deaf and dumb, mentally retarded and blind be developed by the Federal Government by strengthening and giving financial and other support to existing institutions of special education in the country. Funds should be provided to existing special education institution run by private voluntary organizations. Further a rehabilitation programme for special education should also be prepared and societies by giving grants for their welfare. The non-government organizations did a lot of work to serve their needs.In 1981, the subject of special education was transferred to the social welfare wing of the Ministry of Health In 1983. A special Education and social welfare Division was created as an independent division in the Ministry of health, Special Education and social welfare. A number of presidential directives were issued for the speedy implementation of special education programme in the country. Much awareness was created due to the International year of disabled, 1981. Four special education schools hearing impaired visually handicapped, physically handicapped and mentally retarded were started in rented buildings in Islamabad. The services of consultants in special Education were secured who helped the Government in the promotion of special Education programme in the country.

In February 1985, Directorate General of Special Education was set up as a technical part of the Special Education and Social Welfare Division under the ministry of Health, Special Education and Social Welfare. 26 schemes have been included in the Annual Development Programmed 1987-88, and an amount of Rs.220 million has been

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allocated to these schemes, ft will go a long way in education, training and rehabilitation of the needy. The presidential directive of 1983 for the establishment of a teachers training institute of special Education started functioning from September 1986 and has successfully organized eleven training programs for this rewarding work. After 18th amendment, in 2011, the Federal Government has transferred special education departments to the provincial governments.

Some important epidemiological variables and attributes

Age, sex, ethnic group, marital status, family structure, occupation,socio-economic status, place, time and movement are different attributes. The distribution of a disability is described, for example their sex andoccupation, together with the variations in disability occurrence in different places and at different places and at different times. Description of the distribution of a disability leads to an attempt to interpret the distribution in relation to known or suspected determinants. (Macmahon& Pugh, 2003).

Previous work in Pakistan

No large-scale study of disability in children has been undertaken so far in Pakistan, although the need for accurate statistics has been emphasized in all the Conferences, Seminars and Workshops on the subject in the country. The only noteworthy effort in this area is the research in Mental Retardation conducted at Jinnah Post-Graduate Medical Centre, Karachi. The report published in 1971 gave the prevalence rate in Karachi city for some degree of Mental Retardation to be around 3 percent for the population including 0.4 percent with severe Mental Retardation.A number of approaches for estimating prevalence of Mental Retardation in various sections of population were adopted by Mental Health Centre at Mission Hospital, Peshawar. In one study outpatients attending 14 hospitals were screened out with the help of questionnaire for mental retardation and epilepsy were not common problems treated at these hospitals. Another small-scale survey was conducted in Peshawar by interviewing persons at random to discover Mentally Retarded children in a specified population in 1978.This study is analogous to the key informant component of the study in Lahore. It was the experience of the team in Peshawar that information regarding handicapped children was not easy to gather through this

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method. The survey team also found that the most helpful and knowledgeable informants were children themselves. The child and Family Psychiatry Unit, Department of pediatrics, Mayo Hospital, Lahore, Reported; that almost 40 percent of children attending the clinic were Mentally Retarded.

According to report from UNICEF, "Situation of Handicapped Children in Pakistan" by Dr.K.I.Tareen, the incidence of disability reported ranges from 0.8 to 16.8percent.Under these uncertain conditions, it will be presumptuous to make claims for scientific exactitude of the study reported here. Being a pilot study, effort will have to be evaluated at the level of exploration and estimates. There seems to be a large number of factors in developing countries, which tend to militate against the gathering of facts regarding disability. It was also considered an important along with estimates of extent and nature of the disabilities in the population.1: Research project in mental retardation final report (1971) Department of neuropsychiatry Jinnah post-graduate medical center DrZaki Hassan. The project started formally in May, 1964 and terminated in Aug 1969. The main objectives of the project were exploration of:

A. The nature of mental retardation in Pakistan and the effect of certain conditions, e.g. poor obstetrical services and malnutrition; and B. The possibility of establishing a day programmed for the retarded.Sixteen-hundred-and-fifty cases of mental retardation were examined in the project by a multidisciplinary team involving a thorough evaluation of history, physical and neurological status and assessment of their functional states. Case were also seen by psychiatrists where indicated.

Rehabilitation Efforts:

On the rehabilitation side, it is gratifying to know that essentially through the effects of the project, there exists in Karachi today, a day center were forty mentally retarded are being trained and educated. It is supported at present entirely by a voluntary body, which is now financially independent and has plans for further expansion.A second volunteer started a second day center for the mentally retarded in Karachi recently by a second volunteer group established by our pediatrician, Dr. Nusrat Riaz.

Valuable experience has been gained during the last few years of the day center. A suitable syllabus has been

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drawn up and found satisfactory. The practicability and me chiasms of staffing has been worked out and better judgment has developed in selection cases for vocational training. Stage is now set for setting up a workshop for the mentally retarded which is the main objective of the new project approved by the SRS. A brief reference may now be made to the observations from the project gathered during the last four years.

2 Epidemiological Study of Childhood Disability (By. Dr. Khalida Tareen, 1982)

The growth of services for handicapped children in Pakistan is, to say the least, rather slow. The slowness is understandable if one looks at the innumerable problems facing the country, for example, poverty, malnutrition, high infant mortality, low literacy rate and so on.In order to provide adequate services one has to identify the problems and their magnitude, and only then a realistic planning is possible. For this purpose the Child and Family Psychiatry Unit, King Edward Medical College, Lahore, with assistance from UNICEF and the Government of Punjab, planned a survey of the prevalence of disabilities in Punjab, as part of a comprehensive plan to assess the situation in the province.The first phase of the survey was planned for the urban population of the Lahore and later it was proposed to go into two districts of Punjab. A Questionnaire was specially designed for this purposed. However, a chance occurrence brought me in contact with Dr. Lillian Belmont, from Gartered H.Sergievsky Centre organizing an International Epidemiological studies of Children Disability in collaboration with Bishop Backers Foundation. International Workshops New York State Psychiatric Institute and Rehabilitation international UNICEF Technical Support Program, ft was then decided to link our project with the above-mentioned study being carried out in nine other countries as well. For this purpose it was decided to adapt the same Questionnaire, which was already being used in other countries participating in the study.The report is based on the data collected on 1025 children as stipulated in the procedure Manual of the pilot study, but it is further planned to carry out the surrey on another 4000 households and shape the data into a final comprehensive report.

All the three instruments seem to probe the problems at three different, levels of recognition. The first level was that of vague feelings, apprehension and

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dissatisfaction of parents about, the growth and functioning of their children. A fairly large number of (17.17) showed up as having problems at this level. They were named as "cases". When the questionnaire was given a more restricted and defined from, the number of children as problem cases was substantially reduced from 103 to 64 i.e., 10.54 of the total number of 3-6 years old children assessed.A comparison of results obtained with the help of three approaches i.e. Ten Questionnaire (TQ) screening, Child Disability Questionnaire and the professional Review shows that their effectiveness varies with the ages of children assessed. For example, as compared with the other two approaches, TQS seems to be a little too sensitive for children in the age of group of 3 -6 years. This is particularly the case with the questions dealing with problems of speech and understanding. The reported disability in this group for TQS is 16.90. As compared to this, CDQ gives the rate of reported by the United States Office of Education. This rate has been generally accepted as universal average for disabilities. Judging the results of the present study against this criterion, the Child Disability Questionnaire may be considered a fairly reliable instrument for the assessment of disabilities in younger children in Pakistan under the present conditions.In the case of the older children (7-9years), both TQS and CDQ seem to yield results very close to each other. In this group, the shorter instrument i.e. TQS may prove to be more practical as a time saving device for a large-scale survey. Out of the two, CDQ comes out as the more valid instrument in this face of the study for the children of all ages. This aspect of the procedure is in need of further investigation to improve its efficacy. On the whole the professional review has not feared very well at this stage. One major reason for its shortcoming seems to be the lack of appropriate instruments of assessment particularly in the area of mental retardation. It seems advisable under such condition to do the professional review also with the help of elaborate questionnaire similar to the CDQ to achieve cross validation.

At the same time efforts should be directed towards the development of tests and techniques for the scientific assessment of disabilities as parts of the professional evaluation.One important finding of the study was the multiple roles of the interviewers in the process of recognition of disabilities by the parents.They come to see themselves

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gradually as agents change. Imperceptibly the study became action oriented. When any number of the team sensed a disability in a child, he/she advised the parents to get in touch with the Child and Family Psychiatry Unit or any other relevant Department of the Mayo Hospital, Lahore. Quite a few of these parents tuned up for help and guidance at these Departments.

3 National Survey of Disabled Persons Pilot Phase.

It has been a persistent demand voiced in every National Conference on disabilities that a comprehensive survey be undertaken to the country. Facts and figures in this regard were also considered essential for the planning of services for different categories of disabled persons.In order to achieve the above-mentioned objectives, a plan for National Census/ Survey of Disabled person was prepared by Directorate General of special Education, Islamabad. It was though advisable to undertake the survey initially as a pilot study on sample population from the twin cities of Islamabad and Rawalpindi.

An advisory committee and Technical committee comprising experts from the fields of Psychiatry, Social Work and Psychology, were formed for looking after the technical aspects of the survey, including preparation of interview schedules, training of interviewers, field supervision, analysis of data and report writing.The Survey was planned as a two stage process with basic screening of the sample population by 50 interviewers and then interviewing of screened cases by five doctors. The enlistment and training of field workers was done in the first half of July and data collection was accomplished during the months of July, August and September 1986.In all, information was collected on 88000 persons through door to interview from urban as well as rural areas of Islamabad and Rawalpindi. Altogether 2288 persons were finally assessed as disabled persons. The rate of disability in the given population was calculated to be 2.57%. The highest rate was recorded in the rural population of Islamabad (5.1%) followed by Islamabad urban (3.37%). Lowest rate was recorded for Rawalpindi urban (1.99%). The result, showed preponderance of males as against the females, with percentages of 61 and39 respectively. As regards the types 0f disabilities, physical handicaps

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with 33% constituted the largest group followed by mentally retarded (21%) visually handicapped (15%) and hearing impaired (9%). Cases of multiple handicaps were recorded as (22%) of the disabled population.

4. Rapid Epidemiologic Assessment of Childhood Disability Pakistan

Principle investigators:Z, Meher Hasan, Dr. Zaki HasanNeuropsychiatry unit, Jinnah postgraduate medical centre, Karachi, in collaboration with the international Epidemiologic studies of childhood disability:Twelve of the 59 zones that make up Greater Karachi were selected for the survey, with probability of selection proportionate to their size. Nine of the 12 zones were selected from among 43 urban zones and the remaining 3 zones were selected from among 16 rural zones. In the 12 zones, a total of 2760 households with 2 to 9 year old children were selected for the student. Twenty-seven hundred and sixty or 98.7 percent of these households agreed to participate. AM 2 to 8 year old children residing in the 2760 households were screened with the TOP during phase 1 of the study. In all, 6365 children were screened. Fifteen hundred and seventy-six of these children were referred to phase II of the study for clinical evaluation. Of these 1576 children, 85.8percent actually participated in the phase II evaluation.The prevalence estimates with 95 percent confidence intervals obtained from the data for various types and levels of severity of disability. These estimates are given for the total population of 2 to 9 year old children and separately for boys and girls, younger (2-5) and older (6-9) children, 2 year -old and 3-9 year old children and rural and urban children. For all children, the estimated prevalence of any of the five types of serious disability is 46.2 per 1000. The most frequent types of serious disability in this population are motor (19.5/1000) and cognitive (19.0/1000). The least common were seizure (5.0/1000) and hearing (5.2/1000).

The sum of the estimated prevalence's of individual types is greater than that of any serious disability because of the occurrence of multiple disabilities in some children. Boys have significantly higher prevalence's than girls of combined (any serious disabilities) but there is no significant difference b\w boys and girls in the prevalence of cognitive and motor disabilities.Children in rural areas have significantly higher prevalence's than those in urban areas of serious motor and

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cognitive disabilities and of all disabilities combined (any serious disability). The point estimates of these prevalence's are more than twice as high in rural areas than urban. The point estimates of the prevalence's of vision. Hearing and seizure disabilities are also higher for rural than urban children but these differences are not statistically significant.

5: An Epidemiological Study of the Disabled Childrenin Pakistan

By: Dr.S.GulHunzai, MBBS (Down), MPH Glasgow University, UK,Director for Physically Handicapped for Pakistan Directorate General of Special Education, Islamabad (1990-91)

Findings

The study relates to handicapped children of age group 0-9 years enrolled or on waiting list with special education institution in Pakistan. A random sample of 517 parents of the disabled children was interviewed by trained interviewers on a preceded questionnaire to explore the major causative factors of disabilities of all categories in the defined population. The number of institutions which collaborated in collection of data is 43 i.e. 24% of all such institutions spread over 31 districts of Pakistan (out of 42 total districts). This study reveals the following major findings;

1. 35%of disabilities were present at birth. Disabilities of congenial origin are more significant with visual, hearing and mental disabilities compared to physical and compound.
2. 65% of the disabled children are born from parents who are cousins which is confirmed by computing X2 =18.95 with df= 4
3. Fewer families in higher income group have disabled children. The impact of higher income has negative association with all types of disabilities (X2= 54.58, df = 20).
4. Disease is a major factor of the disabilities. More than 39% of the acquired disabilities are caused by diseases.
5. On the average, a single family in the defined population has six children. Only 75% of the mothers of the disabled children used contraceptives.
6. There is average, a significant change in the menu of food during pregnancy then otherwise. Only 12% of the mothers can afford high protein diet (eggs, fish, chicken and

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meat) once a week or more often. Only 19% of mothers in the defined population take nature vitamins and minerals (vegetables and fruits) once in a week or more often. 91%of these mothers take carbohydrate and starch daily (chapatti and rice).

7. 43%of the pregnant women in the define population had antenatal medical checkup where as 51% did not get medical checkup. Only 28% of these women had delivered in hospitals or maternity home whereas 63% delivered at home.
8. 43% of the families indicate that no facilities for immunization were available which they could afford. 32%of the families have indicated their ignorance about the significance of immunization and the availability of immunization services.

Present Study

The present study is the Screening of Children with Special Needs in normal schools of Gilgit. It is first of its kind in history of survey in GB Pakistan. The researcher intent to first do screening and also did further assessment if results of the screening found in positive. All primary schools are selected for screening site. 3 schools are selected from each tehsil, through random sampling. In this manner 9 schools are selected which represents whole targeted population of primary schools in the Gilgit.

Research Methodology

Description of the Sample:

Sample was taken from nine schools of all three sub-divisions of district Gilgit.

Instruments/tools of the Study:-

Following tools were used in this research;

- C.D.Q. (child development questionnaire)
- T. Q. (Ten questionnaire)
- Case History Form
- L.D check list
- A.B. S. (adaptive behavior scale)

Ten Questionnaires (T.Q):- The questionnaire used in this study was a structured questionnaire. The language used in constructing the items was comparatively simple and to the level of understanding of general public. T.Q was a screening questionnaire comprising of 10 questions which was devised for screening purpose by the international

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Epidemiological Studies of Childhood Disability in the Sergievsky Center of Columbia, checklist is used in this study had items which were very simple and had language which was up to the level of general public.

Procedure of Data Collection:

Used tools including T.Q, C.D.Q, Case History Form, L.D check list, L.D Assessment Inventory, A.B.S and Economic Inventory, gathered data. Ten Questionnaire and Child Developmental Questionnaire was applied to every respondent for screening purpose. After sort out the disabled children from normal children and discovering specialty of screen out children.Snell Chart on visual impaired and speech therapy on hearing impaired children. Physically handicapped children were listed through interview by school's heads and indirect observation methods.

Data Analysis:

Research data is presented in statistical form. Collected data is formed in tables and interpreted findings of the research in descriptions. Tabulated data is present graphically.

Research Findings and Results

Table of Teacher Students Ratio per Sub-Division

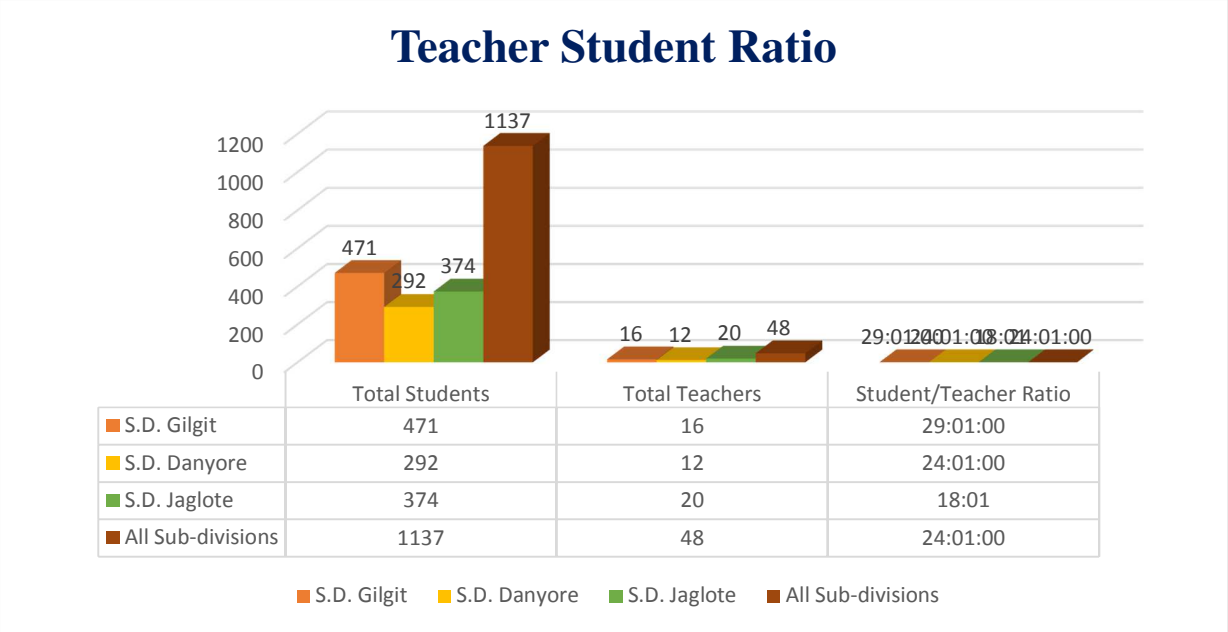

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Figure 1

The data indicates that in Tehsil sub-division Gilgit teacher student ratio is twenty nine students per teacher, in Tehsil Danyore twenty four students per teacher, and in Tehsil Jaglote it is eighteen Students per teacher. It shows that in tehsil Gilgit, the ratio of teacher and students is quiet high as compared to other sub-divisions.

Average Income of Sample Population (Per Month)

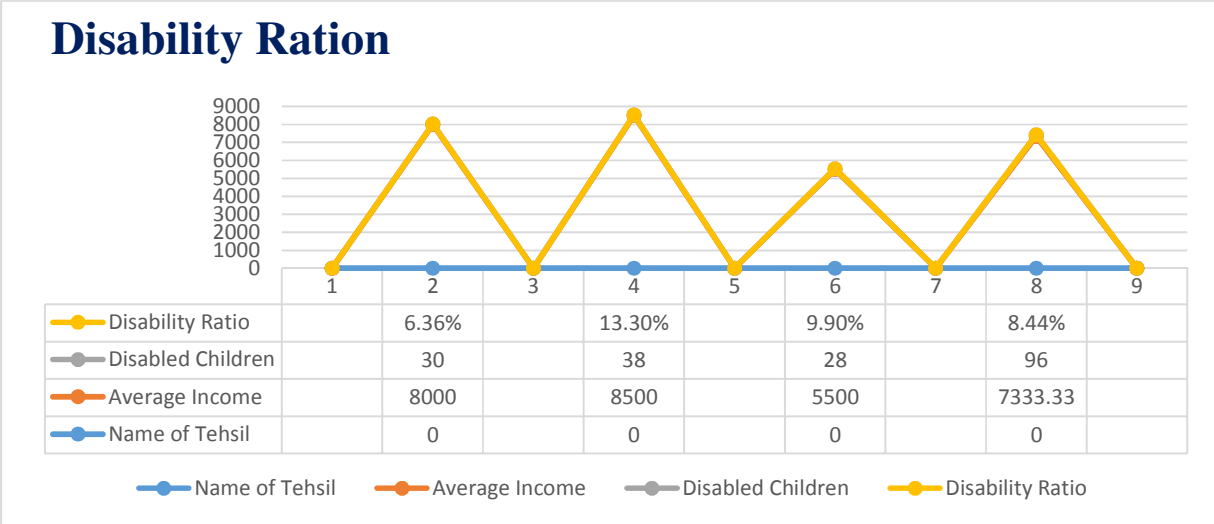

Figure 2

According to this table average income of a family in tehsil Gilgit is 8000, in tehsil Danyore 8500 and in tehsil Jaglote is 5500. The persons living in Tehsil Danyore have a high income rate.

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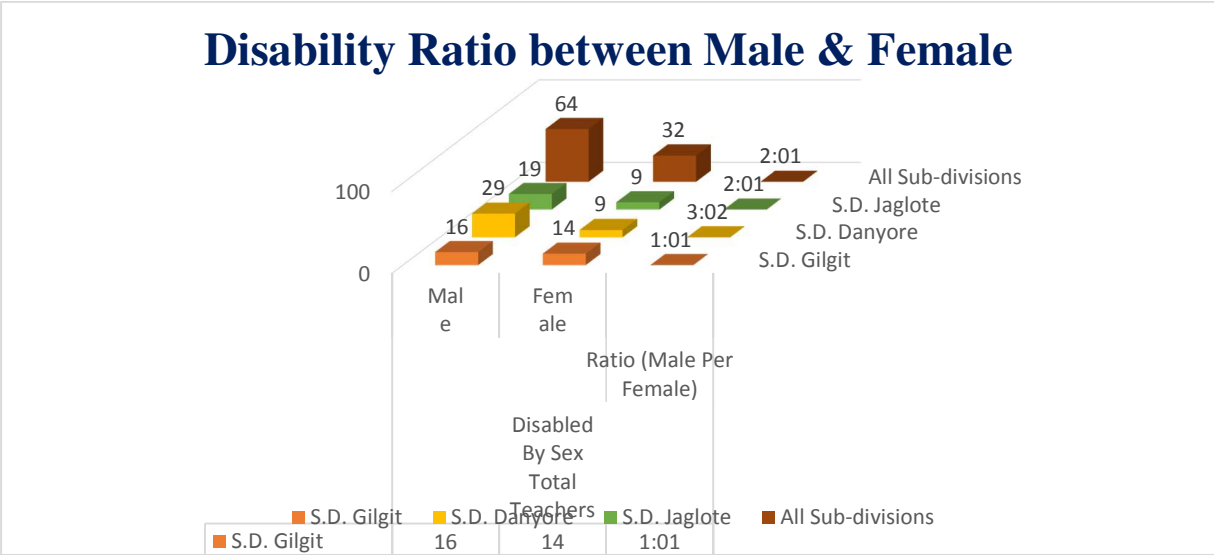

Figure 2

According to this table in tehsil Gilgit, ratio of disability between male and female is 1:1. In tehsil Jaglote it is 2:1 and 3:2 in tehsil Danyore. Overall ratio is 2:1 male per female.

DISABILITY RATIO AMONG THE SUB-DIVISIONS OF GILGIT

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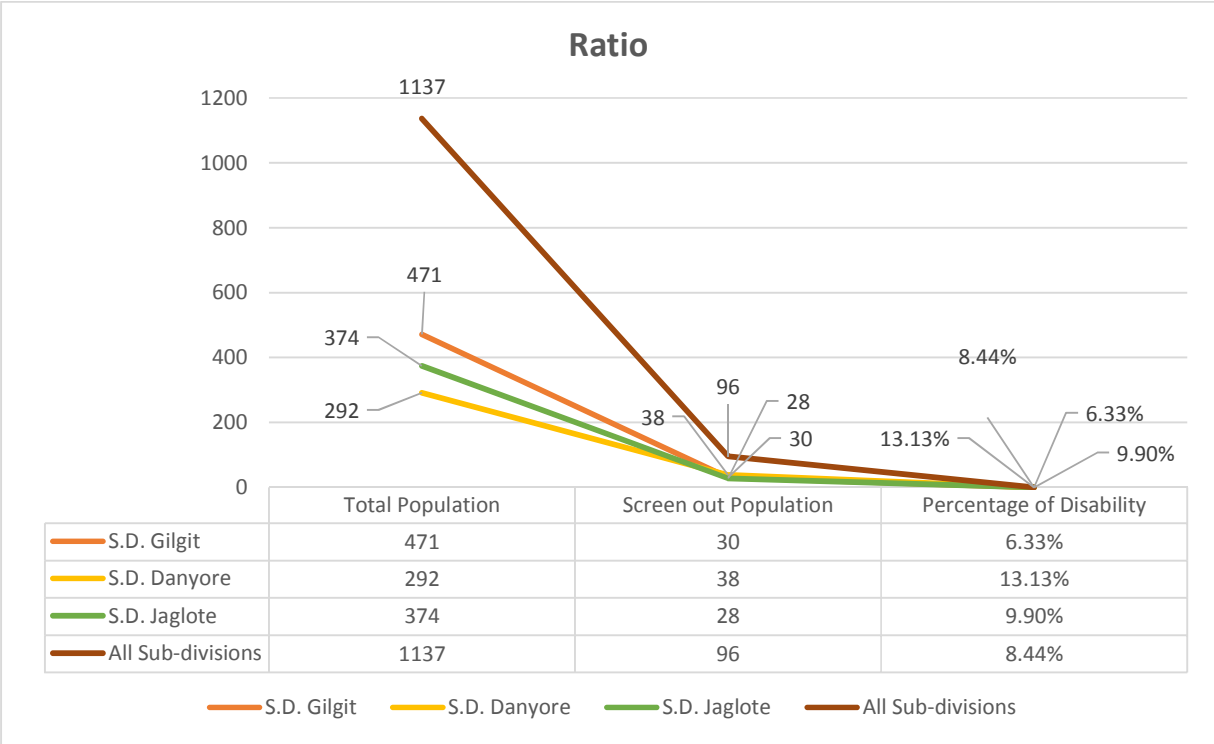

Figure 3

According to this table, percentage of disability in sub-Division Gilgit is 6.36%, in Tehsil Danyore it is 13.13 % and Tehsil Jaglote 9.9 %.Over all percentages is 8.44%. It shows that in Tehsil Danyore percentage of disability is highest as compare to other sub-divisions that is 13.13% & in Tehsil Jaglote percentage of disability is lowest.

Total No. of Disabled Students

Table 5

Name of Tehsil	Total Disables	L.D		P.H		V.I		H.I		M.R		Disability
		No.	%	No.	%	No.	%	No.	%	No.	%	
S.D. Gilgit	30	22	73.3	4	13.3	4	13.3	-	-	-	-	6,36%

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S.D. Danyore	38	29	76.3	6	15.7	2	5.2	-	-	1	2.6	13.13
S.D. Jaglote	28	19	67.8	3	10.7	4	14.2	1	3.5	1	3.5	9.9%
All Sub-divisions	96	70	72.9	13	13.5	6	6.3	1	1.1	2	2.1	8.44%

TESTING THE HYPOTHESIS

HYPOTHESIS1

Special Children Will Be Present In Normal Schools of Gilgit

Table 6

Total Population	Disable Population	Percentage
1137	96	8.44

The result of the table No.6 reveals that special children are present in normal schools. Hence the hypothesis Special Children will be present in normal Schools of Gilgit, should be accepted.

HYPOTHESIS 2

There will be difference between the number of special children and normal population of the school.

Table 7

Total Population	Disabled Population	Difference

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1137	96	1041

The result of the table No.7 revealed that there is difference among special children and general population. Hence the hypothesis, there will be is difference among the number of Special Children and normal Population of the school, should be accepted.

HYPOTHESIS 3

There are more disabled Boys than Girls.

Table 8

Sex	**Sample**	**Disabled Population**	**Percentage**
Male	699	64	9.1%
Female	438	32	7.3%
Total	1137	96	8.44%

The result of the table No.8 revealed that maximum numbers of children having disabilities are boys. Hence the hypothesis, there are more disabled boys than girls, should be accepted.

HYPOTHESIS 4

Disability Ratio Is Not Different Among Three Sub-Divisions of Gilgit

Table 9

Tehsil	Sub-Division Gilgit	Sub-Division Danyore	Sub-Division Jaglote
Total Population	471	292	374
Screen Out Population	30	38	28
Percentage	6.36%	13.13%	9.9%

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e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 2, March 2015
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Table No.9 Visualized that disabilities have different ratio among three Sub-divisions of Dist. Gilgit. Hence the Hypothesis, Disability ratio is not different among three Sub-divisions of Gilgit, should be rejected.

HYPOTHESIS# 5

Poor Socio-Economic Condition Influence Disabilities

Table 10

Tehsil	**Sub-Division Gilgit**	**Sub-Division Danyore**	**Sub-Division Jaglote**
Average Income	8500	7000	5500
Disability	30	38	28

The result of the table No.10 revealed that there is relationship between disability and low socio economic conditions. Hence the hypothesis, Poor Socio-economic condition influence disabilities, should be accepted.

DISCUSSION

Education of disabled children is a newly introduced branch of education in our country. But most of the population is unaware of this concept of disabled, s education. During the visits of normal schools it was felt that most of these teachers are not mentally, prepared to accept disable children in ordinary educational environment. They are unaware of the required and information about the possibilities and resources available in our city premises.During the visits I also observed different type of disables, But their parents and teacher, both were unaware to these problems and did not pay attention on those children. All L.D student s sat on last seats and did not show interest in class and teachers said that they are not interesting in study but teachers did not know that such type of students need special attention and modified techniques and environment. Such as front seats, full lights in room, special learning and behavioral strategies, using reinforces etc. But drawbacks in that, these facilities are very less as compared to necessity; hence

International Journal of Research (IJR)
e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 2, March 2015
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government should take measurement of L.D children in primary schools of Gilgit. The results of the study indicate that primary schools have improper ratio of teachers and students. Worldwide teacher student ratio is 25:1 but in Pakistan situation is very different.

District Gilgit all in 3 sub-divisions were visited no refusal case was registered; Large number of students is studying in these sub-divisions. There are large numbers of children studding in each class. Teacher has no time to pay individual attention that's why they are not aware about L.D child studying in their class. Teachers consider these children as silly. These children often get punishment for not doing their class work but no one bothers to understand their actual problem.Some schools are working under poor hygienic conditions but most schools were found neat and clean.Most students can write English alphabetic completely and correctly. Also they can't write two letters word as dictation.

Some students have no concept of carrying and borrowing in find mathematics. Table and multiplication problems were also found. Teaching aids were not found in most classes. Mostly schools hang charts and teaching aids in their classes but not in use.Communication gap between teachers and students is also enhancing the problems. Recreational activities such as drawing, co-curriculum activities, group tutoring peer tutoring and coloring is not in practice. When asked to draw some objects were not able to draw anything. Most students could draw picture of some objects.Another problem in understanding the curriculum property is that taught to Urdu, English those children having different mother tongue so they fail to understanding and learn English also. Many didn't write alphabets correctly. There is lack of professionalism in teachers even many untrained teachers are working in schools. During the research it has also been found that some of these female teachers bring their own infants to the school and keep them in class whole and students of the class takecare of these infants. This portrays the atmosphere of the house, not the school.

The study indicated that poverty is enhancing learning problems and disabilities. Due to large families and illiterate parents have no time to pay attention on their children. When the children reaches to class 8^{th} or 10^{th} hardly and they send their children to earn, that is

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way low number of students were found studying in higher education from these areas. It has been revealed during the study that in Danyore most children are LD. Actual causes are unknown but it might be because of consanguineous marriages, improper teaching strategies, low qualified and untrained teachers, improper teacher students ratio, uneducated parents or environmental factors.Teachers are not aware about disabilities they have no concept of M.R and L.D, that's why many L.D students are not discovered before the 5th class, due to negligence of parents and school teachers, precious early years of learning were gone and problems of the child get complicated.

In the light of above indicated problems it has been found that, educational system in Pakistan is producing very diverse group of students. Poor families or lower class only prefer to educate their sons not their daughters. Mostly girls' belonging to poor families leaves the school after primary classes.These some issues are complicating educational problems in the country and special children it is very difficult to learn in these conditions.

Conclusion

On the basis of the findings of the study, it is conclude that learning disabled children are studying in ordinary schools. According to study, different types of learning disabled children are found in schools of all three sub-divisions of Gilgit. It has been indicated that school management and teacher are unaware about these children's problems. Learning disabled is found in both sexes. Due to lack of knowledge, teachers are enhancing student's problems.

RECOMMENDATIONS

Awareness about disabilities should be given to ordinary school teachers. Workshops and short courses on special education should be added in the training of normal school teachers. There is a need to change in present curriculum by adding more knowledge and it should be based on child experience approach. This could be achieved if curriculum designed based on teachers own experiences and it requires debate on it.The teaching methodology should be activity based rather than teachers centered.There is a need to introduce Montessori and kindergarten

teaching method at primary schools.There is a need to promote inclusive education system in mainstreaming schools which will give better educational opportunities for special students as well as it will facilitate special education employment at normal schools.There is a need to implement policies regarding special education.In order to increase educational standard and is need to increase capital income. There is a need to use media in order to aware people about special people.There should be at least one special education centre in each district of Gilgit-Baltistan, Pakistan.Special educators should be appointed in normal schools to promote integrated education system.

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