

POLICY BRIEF

Disability in Punjab and Sindh Provinces: using the Child Functioning Module

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Key messages

- The need for disaggregated data on disability is urgent within the wider context of ensuring inclusive education for all children. There is a need for data which accommodates for both the different *dimensions* of disability (such as, type of impairment, age of onset etc) as well as its *intersectionality* with other disadvantages (such as, poverty and gender).
- The UNICEF/Washington Group Child Functioning Module (CFM), is recommended by the United Nations for identifying children with disabilities, especially to support the disaggregating of data for various purposes. Being a self-reporting tool CFM does not give a formal diagnosis, rather it identifies people who are at greater risk than the general population; experiencing limited or restricted participation in society
- In our survey, children reported to have difficulties in communicating, walking and learning, are less likely to be in school in comparison to children who were reported as having no difficulties. Children who were identified as having moderate/severe difficulties were found to be more likely to be attending government schools. This suggests the need to identify strategies to support their learning in these settings.
- With respect to prevalence of functional difficulties across Sindh and Punjab provinces, we find some difficulties (e.g., making friends, anxiety, accepting change and others), to have statistically higher incidence in Punjab than in Sindh. There are very small differences by gender and no clear pattern emerges in relation to mother's education.
- Capturing disaggregated data on disability is important as it is vital to informing policies, shaping resourcing decisions and to hold systems accountable through monitoring progress towards targets. However, this is not enough. To more fully understand the reasons for educational exclusion and identifying enablers which can support inclusion, we need to supplement surveys with rich and deeper qualitative studies, which capture the complex and multi-faceted lived realities of persons with disabilities.
- Numbers tell us how many children with disabilities are attending school, but they are unable to tell us factors which enable them to reach school, or the most important barriers that prevent their participation.

The aims of this policy brief are to:

- Present emerging findings on education and disability in Pakistan from a household survey using the Child Functioning Module (CFM) developed by the Washington Group on Disability Statistics.
- Provide a descriptive analysis of the prevalence of functional difficulties among children, disaggregated by gender, mothers' education and for the two provinces in Pakistan (Punjab and Sindh).
- Identify the educational status of children with different types and severity of difficulties; whether children are in or out of school, attending public or private schools and spending additional resources on private tuition for education.

Introduction

In recent years, there has been increased global focus on disability issues as there is a growing realization of the need for inclusive development to address inequalities in society. The Sustainable Development Goals (United Nations, 2015) have a very strong and explicit focus on disability, propagating a socially just and rights-based approach where development efforts include all people, even those at the very margins of society.

The Global Disability Summit, co-hosted by UK AID, International Disability Alliance and the Government of Kenya in July 2018 was a milestone event. It reiterated the vision underpinning the SDGs and called on all international partners to work towards upholding the rights of people with disabilities. The proceedings of the Summit focused on four key themes (inclusive education, economic empowerment, technology and innovation, dignity and respect). The Charter for Change (GDS, 2018) launched at the Summit, committed participants to achieving a common aim of ensuring “the rights, freedoms, dignity and inclusion for all persons with disabilities”. Point 9 of the Charter clearly states, “Gather and use better data and evidence to understand and address the scale, and nature, of challenges faced by persons with disabilities, using tested tools including the Washington Group Disability Question Sets.” The Government of Pakistan is also a signatory to this Charter for Change.

Disability has remained a rather fragmented and neglected area in Pakistan (The Economist, IU, 2014). There is very little knowledge regarding prevalence rates and types of disabilities among children, and even more evident is the complete lack of information on how many children with disabilities attend school (Singal, 2018). However, more recently, various positive efforts at multiple levels are being made. In the areas of childhood disability and education, versions of the Washington Group set

of questions have been adopted to identify children with disabilities in surveys, including as part of the citizen-led assessment (ASER) data collection, and the Teaching Effectively All Children (TEACH) research project (Bari, Malik, Rose and Singal, 2018).

The Washington Group on Disability Statistics, established in 2001, aims to promote and coordinate international cooperation on disability statistics for censuses and national surveys, with an emphasis on data that is culturally neutral, internationally comparable and feasible. Questions on disability developed by the Washington Group draw support from the United Nations Convention on the Rights of Persons with Disabilities, which defines disability as, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRPD, 2007, p.4).

Over the years, the Washington Group has developed three sets of questions:

- 1) The Washington Group Short Set of Questions on Disability: a short set of questions focused on assessing functioning of adults.
- 2) The Extended Set of Questions on Functioning: a long set of questions focused on assessing functioning of adults.
- 3) Child Functioning Module (CFM): these are for two different age categories (i) for children under 5 years (ii) for children 5 to 17 years. All questions are asked of child’s parents/ primary care givers. To focus the respondent on the functioning of their own child with reference to that child’s cohort, where appropriate, questions are prefaced with the clause: “Compared with children of the same age...”

The notion of functionings is consistent with the International Classification of Functioning, Disability and Health (ICF) used by the World Health Organisation (WHO) which describes disability as problems with human functioning in any or all the three inter connected areas of functioning – impairments in body structure/function, activity limitations and/or participation restriction. These functioning difficulties arise from the interaction between a person (with a health condition) and that individual’s contextual factors (environmental and personal). For example, the 13 functionings identified in the CFM are listed in Box 1.

Box 1: 13 Functionings in CFM

**Seeing, Hearing, Walking, Self-Care, Remembering,
Communicating with Others, Learning, Behaviour,
Accepting Change, Concentrating, Making Friends,
Anxiety and Depression**

In 2014 ASER Pakistan used questions developed by the Washington Group to disaggregate data by disability (Singal 2018). This exercise was repeated in ASER 2018, to gather data from over 119,000 children in Islamabad (ICT), Punjab and Khyber Pakhtunkhwa (including the KP-newly merged districts) (National Annual Status of Education Report, 2018). In both these cases, data was collected across six functionings, due to limitations of space in the survey.

ASER Pakistan undertook an additional survey covering 3,000 households reaching out to 8,345 children in two districts of Sindh and three districts of Punjab using UNICEF/Washington Group's Child Functioning Module (5-16 Years). This policy brief presents key findings from data collected through this survey. Unlike previous ASER surveys, there was no assessment of children's literacy and numeracy levels, rather the emphasis was on establishing prevalence and a range of educational variables, such as school enrolment.

While there is growing consensus around the need to include Washington Group questions in surveys, there is still only very little published research, particularly in relation to the CFM in Pakistan. This policy brief details data which focuses on the relationship of different dimensions of functional difficulties with schooling; as well as how these functional difficulties intersect with gender, geographical location and mothers' education. Thus, the research presented in this policy brief is unique.

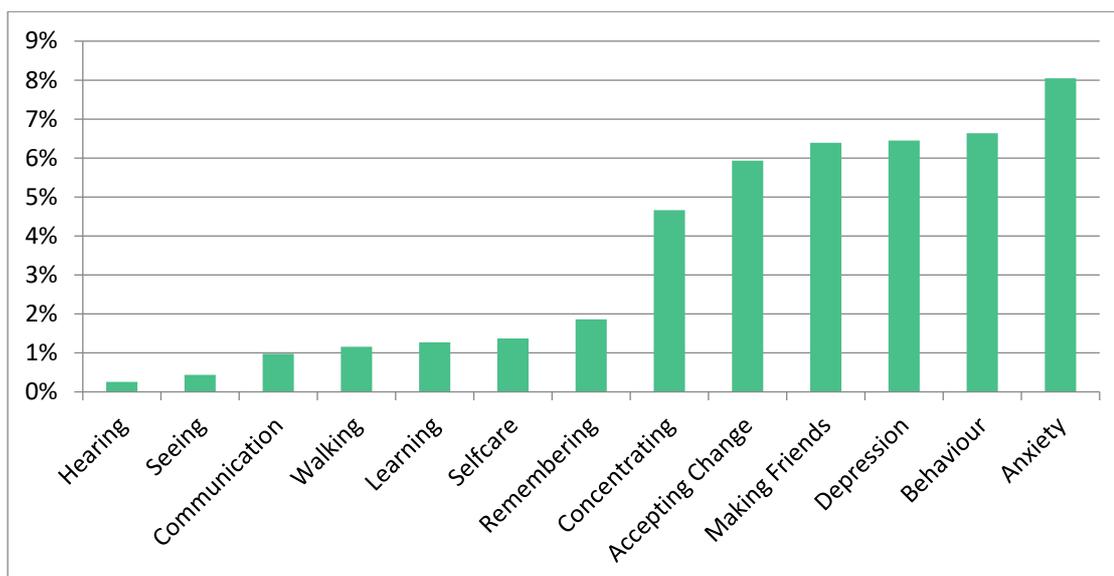
Incidence of difficulties

The frequency of occurrence of each of the thirteen dimensions of functioning by the level of 'difficulty' experienced by children, is shown in figure 1. We focused on the main carer responses to whether the child experienced moderate to severe difficulties in each of the different dimensions.

As evident in Figure 1 the highest reported difficulty was *anxiety*, with 8% of the children being reported as being anxious, nervous or worried daily. On the other hand, the lowest reported difficulty was *hearing*, which was reported for about 0.3% of the children. Within this wide range of frequencies, difficulties such as hearing, seeing, communication, walking, learning, self-care and remembering were reported with much lower prevalence (only up to 2%). In fact, the total number of children reported with moderate to severe difficulties in hearing was 22, seeing 37, communicating 82, walking 97, learning 106 and remembering 155.

On the other hand, Figure 1 shows that six other difficulties were reported for a larger proportion of children (high prevalence): concentrating, accepting change, making friends, depression, behaviour and anxiety being reported for 5%-8% of children. The total number of children reported with moderate to severe difficulties in concentrating was 389, accepting change 495, making friends 533, depression 538, behaviour 554, and anxiety 672.

Figure 1: Frequencies of moderate to severe difficulty reported for thirteen dimensions of functioning

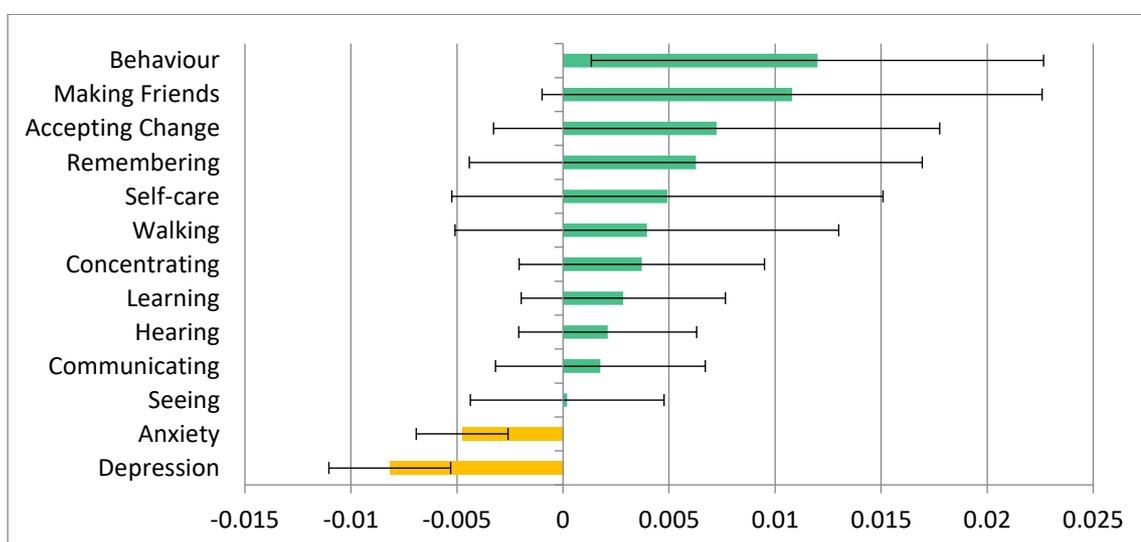


Prevalence by Gender, province and mothers' education

Gender

Figure 2 presents the percentage difference in prevalence between male and female, for each of the difficulty in functionings. A positive difference in the prevalence indicates that male prevalence is higher than female, whereas a negative difference in the prevalence indicates the opposite. Apart from two difficulties, depression and anxiety, the prevalence for each of the other eleven difficulties was estimated to be higher for males than females. However, the lines across the bars indicate whether these differences were statistically significant. Thus, the higher prevalence of depression and anxiety among girls; and the higher prevalence for difficulty in behaviour reported among boys, were statistically significant findings. For all other difficulties, there is no statistical difference in the prevalence between boys and girls.

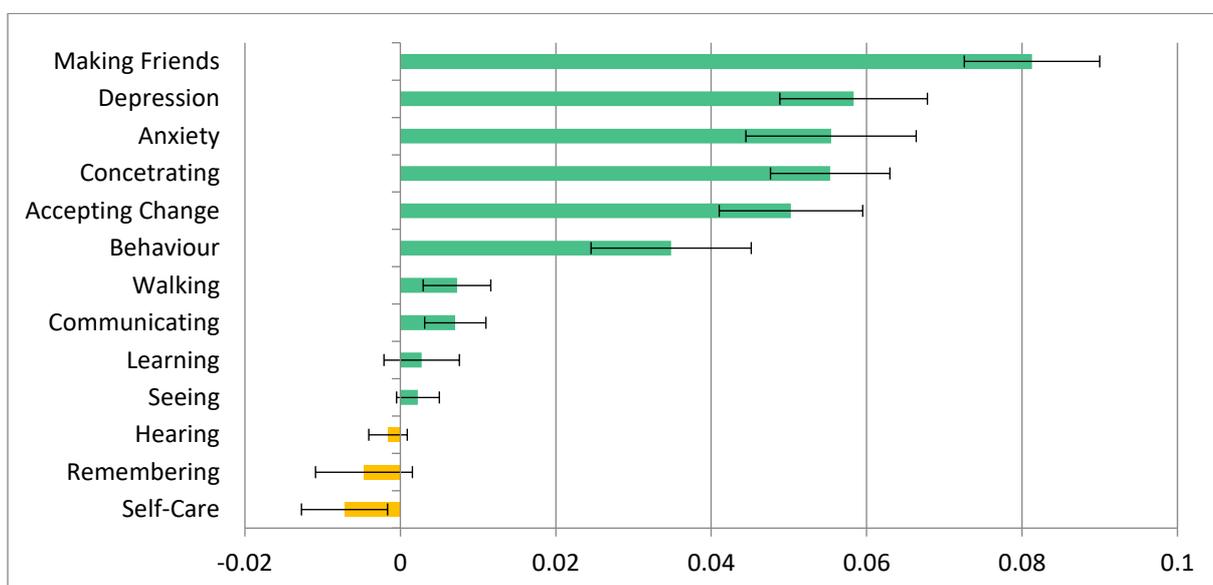
Figure 2: Difference in the prevalence of difficulties between male and female children



Province

Sixty-four percent of all children participating in the survey were from Punjab and thirty-six percent from Sindh. Figure 3 shows that for most of the dimensions there is a higher prevalence in Punjab than Sindh. The three exceptions being: hearing, remembering and self-care, where the prevalence was higher in Sindh, but only statistically significant with respect to self-care. For eight out of ten remaining dimensions of difficulties, the higher prevalence in Punjab is statistically significant. Particularly for six dimensions: making friends, depression, anxiety, concentrating, accepting change, and behaviour; the difference in the prevalence between Punjab and Sindh is about 3 to 8 percentage points more in Punjab region.

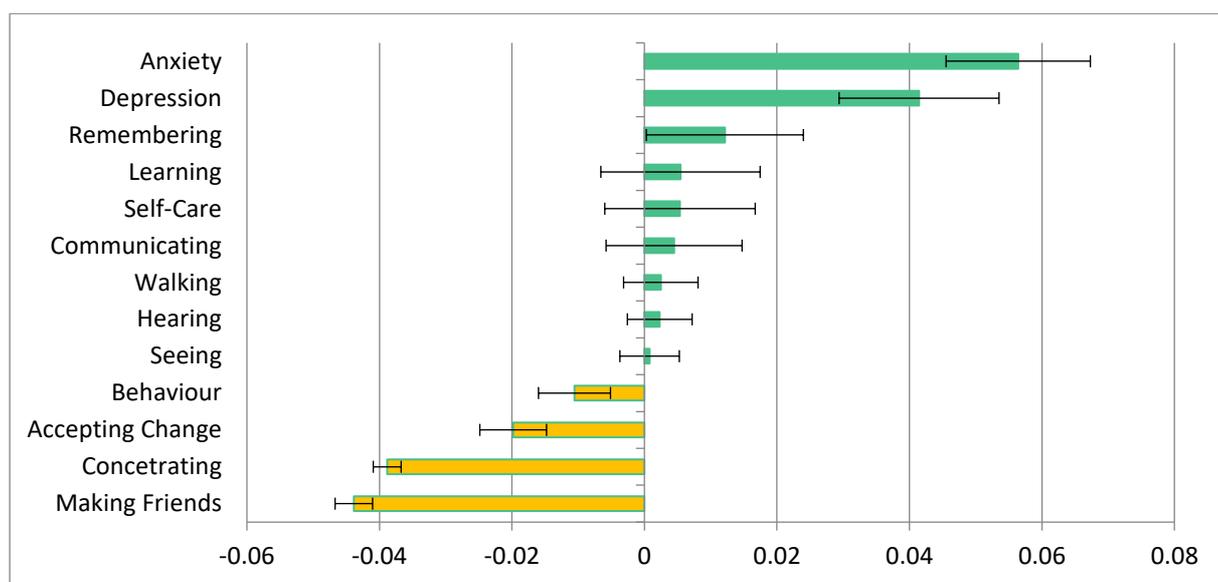
Figure 3: Difference in the prevalence of difficulties between children in Punjab and Sindh



Mother's education

Given that most of the reporting on child's difficulties was done by the mother, their educational status was of interest. In our sample 56% of mothers reported to have attended school. Nine out of the thirteen difficulties were reported much more by mothers who had attended school compared to those who had not; but for only two difficulties, depression and anxiety, the differences were statistically significant). Four difficulties: making friends, concentrating, accepting change and behaviour were reported more by mothers who had never been to school (see Figure 4).

Figure 4: Difference in the prevalence of difficulties by mothers' schooling



School enrolment, school type, and tuition support

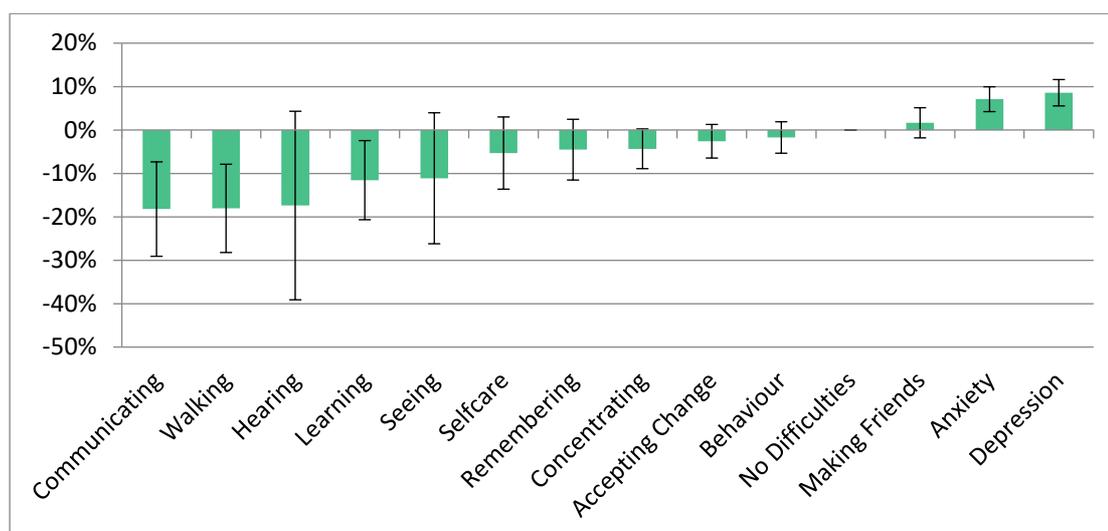
School enrolment

Around 80% of the children without difficulty are enrolled in school. It is interesting to note that children experiencing moderate to severe difficulties in ten out of the thirteen functionings, have lower enrolment levels than children who do not have any difficulties (figure 5). For example, children with moderate to severe difficulties in communication are 20 percentage points less likely to be enrolled in schools than children without any difficulties.

Statistical differences across types of difficulties are important as they demonstrate that children with moderate to severe difficulties with communicating, learning and walking are less likely to be enrolled in schools; whereas children with moderate to severe difficulties with anxiety and depression are more likely to be enrolled than children without any difficulties. These results are statistically significant, even when there is a low prevalence in some of these difficulties.¹ It is important to highlight that for children with difficulties in hearing and seeing, though not statistically significant, large margin of differences are estimated in school attendance with respect to children without difficulties. Children with hearing difficulties are 17.4 percentage points less likely to be in school relative to children without difficulties, and children with seeing difficulties are 11 percentage points less likely. These are large differences but given the small prevalence of these difficulties in the data, these differences are not statistically significant.

¹ For functionings with high prevalence, it is possible to differentiate between children with moderate from those with severe difficulties. Therefore, we are able to establish if children with severe difficulties have lower school enrolment compared with children without difficulties. Results showed that children with severe difficulties in concentrating and accepting change are also less likely to be enrolled in school compared with children who have no difficulties.

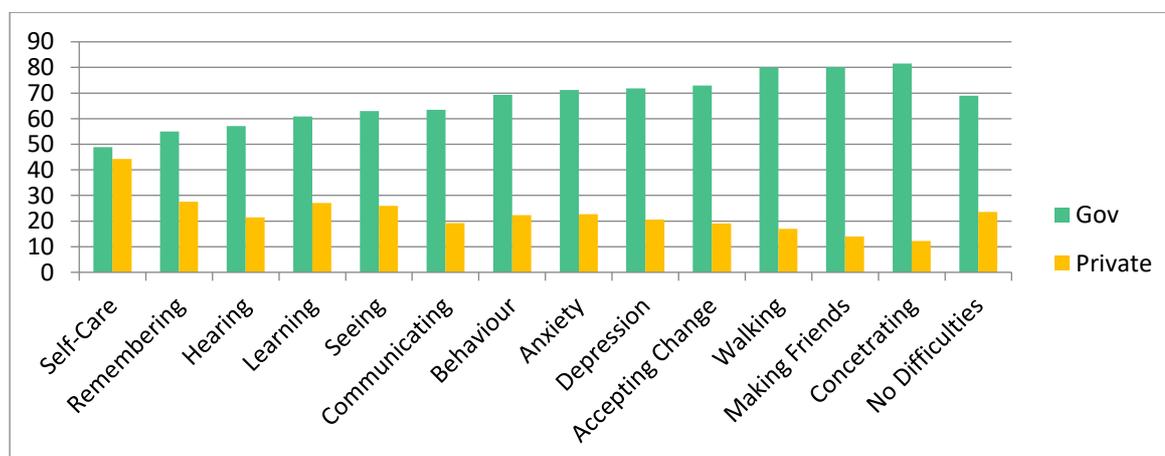
Figure 5: Per cent of children in school in relation to children with no difficulty



School type

In Figure 6, we can see that for all the dimensions of difficulty, more children are enrolled in government schools than private schools; a trend which is similar to children who were reported as not having any difficulties.

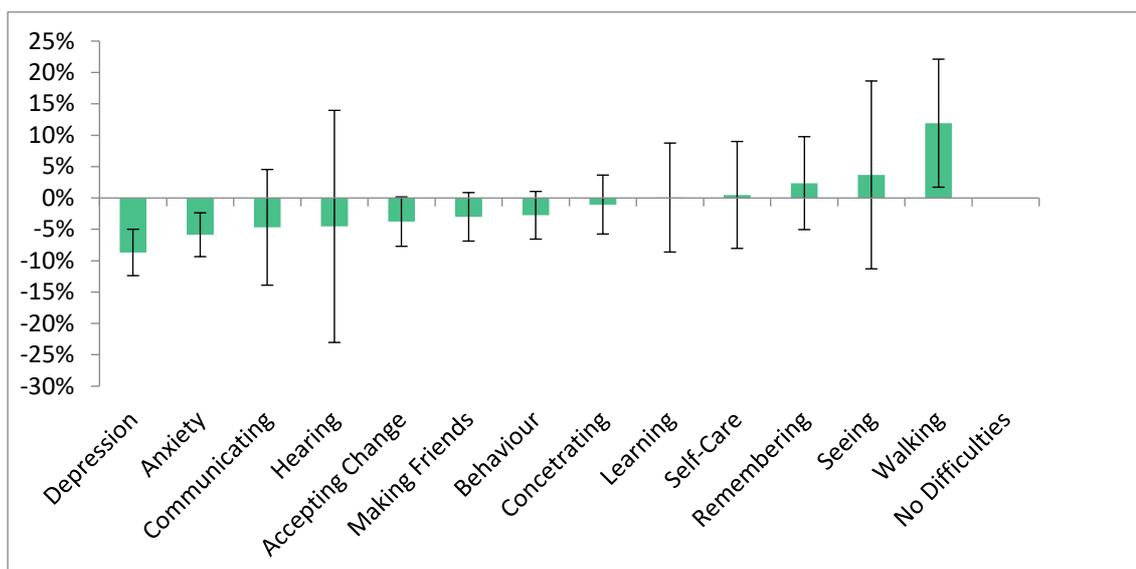
Figure 6: Proportion of children with difficulties attending government and private schools



Payment of tuition in addition to school

In Figure 7, only three dimensions of difficulty in functioning show any statistically significant difference in paying tuition in addition to schooling expenses in relation to children with no difficulty. In this instance, while for depression and anxiety the child is less likely to be taking any paid tuition in addition to their school, for walking it is the opposite. Children with walking difficulty are 12 percentage points more likely to be in enrolled in tuition class in comparison to children with no difficulty. While this is a significant finding, what is also important to note is that for the rest of the difficulties (apart from walking, depression and anxiety), there is no evidence to suggest that the differences are statistically significant.

Figure 7: Proportion of children with difficulties paying tuition in addition to school relative to children with no difficulty



Multiple difficulties and school enrolment

Overall, what is interesting to note is that even if the child has one difficulty, they are more likely to be in government schools (see Table 1). It is important to note that almost 80% of children with four or more difficulties are enrolled in government schools, compared to only 62% of children with no difficulty. Government schools are clearly the placement for children with difficulties, irrespective of its multiplicity or prevalence. Finally, as the number of difficulties increase, the likelihood of children taking any paid tuition in addition to school decreases. Thus, while 26% of children with no difficulty and 27% of children with only one difficulty take paid tuition in addition to school, only 17% of children with four or more difficulties take paid tuition in addition to school.

Table 1: Percentage of children with multiple difficulties enrolled in schools, types of schools accessed, paying for private tuition in addition to school

	No difficulties	Only 1 difficulty	2 or 3 difficulties	4 or more difficulties
Enrolled	80.6	87.5	83.1	77.5
Enrolled in government	61.4	64.1	71.9	79.6
Enrolled in private	25.2	28.0	21.0	12.6
Pay extra tuition	26.0	27.3	22.6	17.0

This aggregated data clearly shows that the relationship between difficulty and schooling is far from straightforward. There are some particularly interesting patterns observed, for example school enrolments increase if the child has once difficulty, compared to children with no difficulty; but drastically decrease in case of four and more difficulties. This exemplifies that there are several complexities in these relationships, which need to be understood. While, this policy brief makes no claims of 'why' this is happening, it demonstrates the uniqueness of these relationships.

Key Recommendations

Overall our analysis of data on children with disabilities in Punjab and Sindh provides three key lessons for Pakistan as well as more widely:

Identification of children with disabilities is feasible and disaggregation is vital

The need for ‘data’ on disability is urgent within the wider contexts of ensuring inclusive educational experiences for all children. This report highlights that this data needs to accommodate both the different *dimensions* of disability as well as its *intersectionality* with other disadvantages. The analysis undertaken has therefore adopted a disaggregated approach to highlight how disaggregation draws a very different picture of functioning difficulties/disability, compared to a monolithic aggregated idea of ‘disability’. A telling example of this is the case of private tuitions in addition to school. When we look at aggregated figures of disability and compare them to whether children with difficulty pay extra for tuitions or not, we see no difference. In fact, children with no difficulty seem to be more likely to pay for tuitions. However, when we disaggregate the difficulties, we see that children with difficulties in walking are significantly more likely to be paying extra for tuition class in comparison to children with no difficulty. Similar results are found for access to schooling, whereby the aggregate measure of whether children reported as having any type of moderate to severe difficulty does not reveal the potential educational disadvantages in access faced by children with specific forms of functional difficulties.

Without such disaggregation, there is a danger of making invisible children with the specific types of difficulties, such as walking, where clearly different patterns of tutoring emerge, or children reported as having difficulties in communicating, walking, hearing, learning and seeing which have a significant deficit in accessing schooling. Thus, disaggregation by type of functioning difficulties/disabilities highlights more complex and nuanced relationships. Similarly, in terms of intersectionality, we see the same thing happening, when prevalence is compared with gender, province and mothers’ education; significant differences are seen among different dimensions especially in terms of province (where a clear pattern is noted- Punjab showing higher prevalence) and mothers’ education (where no clear pattern is noted).

Need to strengthen mainstream government schools to support inclusive education

Given that a larger number of children are attending government schools, as shown in our analysis, it is essential to strengthen basic provision in these settings. Equally important is to train and support mainstream teachers to adopt better pedagogical practices and effective classroom management strategies which will support the learning of all children including those with disabilities (Singal, 2016).

Mixed methods approach is crucial for developing a better understanding of disability issues

Finally, while it is crucial to collect disaggregated data, it is important to acknowledge that numbers alone cannot tell the whole story (Singal, 2019). While they tell us how many children with disabilities are attending school in a given context, they are unable to tell us factors which enable them to reach school, or the most important barriers that prevent their participation. Numbers can tell us how well children are performing on tests, but they do not tell us what factors are influencing and shaping their learning. They do not provide us any understanding of the experiences of children in school. As noted by Singal (2018) “Numbers are a critical first step, but to go further, we need to hear the voices and lived accounts of children/people with disabilities and their families. To do this, we must harness the potential of integrating quantitative and qualitative evidence, sometimes in innovative ways”. Many of the trends in this policy brief cannot be explained without a deeper qualitative exploration of why these differences exist and what can be done to overcome the challenges currently faced by all children, including those with disabilities.

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