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The “Children’s Rights Journal of Rawalpindi Medical University” is a free, open-access, peer-reviewed journal that is uniquely focused on the rights of children through a holistic prism. The Journal is focused on interdisciplinary research that is linked to practical, evidence-based policy solutions for issues around child rights. This journal provides a platform to reflect on various dimensions of child rights, both at the national and international levels. It provides insight into the greater understanding of the rights of the children and their impact on childhood development, families, and societies. It encourages to study of broader aspects of child rights provision and how individual, familial, cultural, and societal factors interplay to create an effect on childhood development. The journal reflects the perspectives of a broad range of disciplines and contributes to a greater understanding of children's rights and their impact on the concept and development of childhood. The journal caters up to date information on all the disciplines relevant to the rights of the children including health, law, psychology, psychiatry, international relations, child development, social work, economics, education, and social anthropology so that it can be useful for diverse professionals, including policymakers, medical practitioners, child rights advocates, social workers, legal practitioners, and educationists. This journal welcomes local as well as broader perspectives on child rights including original research articles, review articles, and statistical reports relevant to child rights.

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TABLE OF CONTENTS

	Page
EDITORIAL.....	[#]
The Journal of Children's Rights-Rawalpindi Medical University.....	[1]
<i>Rai Muhammad Asghar, Tufail Muhammad</i>	
LETTER TO THE EDITOR.....	[#]
Rights of Children in Pakistan: Where we stand.....	[2-3]
<i>Aisha Mehnaz</i>	
Child Abuse and Neglect.....	[4-5]
<i>Annam Asif, Asmat Parveen, Afrah Tariq, Maria Shamsheer</i>	
ORIGINAL ARTICLES.....	[#]
Parental Involvement and Social Adjustment of Children with Intellectual Disability in Inclusive Settings.....	[6-13]
<i>Andleeb Zehra, Zainab Raza, Huma Batool, Iram Batool, Kiran Batool</i>	
Analysis of Child Marriages in Pakistan in the year 2019-2020.....	[14-18]
<i>Syeda Hadia Qudrat, Syeda Mamoona Qudrat, Ammara Khalid, Aqeela Ayub</i>	
An Overview of Missing Children scenario 2020 in Pakistan.....	[19-22]
<i>Rizwana Shahid, Rai Muhammad Asghar, Tanzeela Rani</i>	
Exploring the Experiences of Child Domestic Labor: A Qualitative Study.....	[23-31]
<i>Uzma Ashiq, Muhammad Rafiq Dar</i>	
Child Abuse Cases in Pakistan: A Five-year Analysis.....	[32-34]
<i>Mariyam Khalid, Ammara Khalid, Tanzeela Rani, Syeda Mamoona Qudrat, Arooba Idris</i>	
Challenges, Opportunities and Moving Forward the Agenda of Addressing Maltreatment in Children with Disabilities - An Example from Pakistan.....	[35-46]
<i>Mehek Naeem, Nabila Chaudhry, Naeem Zafar</i>	
REVIEW ARTICLE.....	[#]
Parenting: A Learned Skill.....	[47-49]
<i>Aisha Mehnaz</i>	
Child Abduction.....	[50-53]
<i>Kaneez Fatima, Afrah Tariq, Irum Tauhidi, Faiza Fayyaz</i>	
IMAGE OF THE ISSUE.....	[#]
Child Labour in Coal Mine in Balochistan.....	[54]
<i>Amir Mohammad Khan Jogezeai</i>	
ORIGINAL ARTICLES.....	[#]
Challenges faced by school going children during school closure and reopening in Covid time.....	[55-62]
<i>Mehek Naeem, Naeem Zafar, Uzma Ashiq, Rabiya Anjem, Neelam Zohaib, Muhammad Imran, Andleeb Zehra</i>	

The Journal of Children's Rights- Rawalpindi Medical University

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Welcome to the inaugural issue of **The Journal of Children's Rights-Rawalpindi Medical University**. We are excited to launch this new peer-reviewed journal for an area that is growing in importance but that has yet had no quality journal dedicated to it in Pakistan. It is specifically created to provide researchers with a peer-reviewed, indexed, quality publication outlet for their work. Additionally, the journal will provide a forum to expand the growing dialogue among child rights researchers and practitioners in Pakistan and worldwide to share their research results and applications. The goal for Journal is to become the premier publication for high-quality original research papers in the areas of child rights, child abuse and neglect, child exploitation child protection system and related fields. The articles reflect the perspectives of a broad range of disciplines and contribute to a greater understanding of children's rights and their impact on the concept and development of childhood.

The journal is multidisciplinary and deploys the insights and methodologies of all relevant disciplines, including law, legal and political theory, psychology, psychiatry, educational theory, sociology, social work, child health, social anthropology and theology to further children's rights at national and international levels. However, all submissions must show evidence of their contributions to the broadening and deepening of evidence surrounding child rights and protection.

This inaugural issue owes much to many people. Thanks are due first to the Department of Pediatrics Rawalpindi Medical College, where the idea originated and for supporting it so wholeheartedly. Thanks are due to the Committee that drew up the parameters of the Journal. We are very proud to be the founding Editors and hope that the community of child rights and protection professionals will contribute to its success by submitting their best work,

and by performing timely and substantive reviews. Many people have contributed to the creation and launch of this pioneering journal. On behalf of the Editorial Board, we thank the Vice-Chancellor Rawalpindi Medical University for encouraging us to develop this journal. We are grateful to the leadership of Child Rights Group- Pakistan Pediatric Association, PAHCHAAN and Konpal for their incredible help in putting this journal together. We thank the national and international members of the Editorial Board for their guidance, hard work and meticulous planning.

**Letter to the
Editor**

Rights of Children in Pakistan: Where we stand

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Human Rights is the entitlement of the individuals, groups or organization to perform an act in a civil society within the boundaries of legal, moral and social norms. In case of children, who cannot comprehend their rights; their rights should be recognized by the stake holders in order to have its legal and moral existence. This stake holders are the state, parents and all individuals in the society.

A nurturing environment is essential for rearing a child.

The United Nation (UN) after deliberating on the issue of children rights, reached a unanimous decision on Nov. 20, 1989 and adopted the resolution on Children Rights in (UN CRC). In 1990 at the world summit all the member states signed and ratified the UNCRC (1). Pakistan was among the countries too.

UN-CRC contains 54 articles which deals with four major areas of children development. These are survival, development, protection and participation.¹ Survival rights include the right to live a healthy life, registration at birth, entitlement to have a personal identity etc. Development rights include provision of education, health, adequate standard of living with social security. Children also have the rights to indulge in leisure and recreation. Children protection from abuse and neglect, sexual abuse and exploitation, child trafficking and abduction, drug abuse and protection from armed conflict, neglect, torture and provision of justice to juveniles are the fundamental rights of children. Children has the right to express their

opinion and thoughts and freedom of participation in healthy activities associations. They also are entitled to protection of privacy and access to information.

By ratifying the UNCRC, Pakistan is accountable to its action towards children.

According to UN-CRC children need access to health care, education, decent shelter and above all protection from all kinds of maltreatment.

Have we provided these basic rights to our children?

Let us look at the state of children in Pakistan. Almost fifty percent of our population comprises of children, 60% or more if we include adolescents population. Of 1000 new born, almost 100 do not reach their 5th birthday.² Nearly 40% do not survive the first month of life. Most children's basic medical and nutritional needs are not met. The common killer diseases are pneumonia, diarrhea, measles, malaria, typhoid etc. Most can be easily prevented by timely immunization. Unfortunately the immunization coverage in children are still low. Malnutrition still accounts for the major underlying cause of deaths in children.^{2,3} Micronutrient deficiencies like iron, zinc etc. are affecting over 8 million children.^{4,5,6} On the other hand obesity among children are on the rise among city dwellers mainly due to calories rich nonnutritive foods easily available on the street with no warning attached to it. This is alarming in obesity in children. Children are increase at risk of developing diseases like diabetes, hypertension and other related disorders with associated mental stress and diseases.

The situation related to education is not very encouraging, nearly 23 million children are out of school, and more than 65% are girls. Rural areas have very low literacy rate (38%) In Sindh 58% and in Baluchistan 78% girls have received no formal education and have never been to school. Early marriages interrupts girls education, 21% of girls are married at a very early age. Existing gender inequality has affected girls more than boys. The literacy rate of youth is less than 58%. Most children are deprived of schooling, girls far outnumber males. There are 8 to 19 million children involved as laborers in the country reports⁷, 40 million according to the reports of Federal Bureau of Child Protection^{8,9} is a very big issues, protecting children from maltreatment, abuse and violence is still an unfamiliar concept. Every year more than 3000 children are raped or assaulted. There is an 11% rise in the reported cases of child abuse every year.¹⁰

These children belongs to all socio-economic class. There is preceded rise in violence against children in the last few decades.

Children are not only subjected to extreme violence but are increasingly being used as sex workers, drugs and arms peddlers, child soldiers and are forced to be involved in other similar abominable crime.

Not only are the children are victims of men created disasters but children are worst affected by natural disasters too, like flood, earthquake, rains, draught, pandemic and other similar natural disasters. Natural disasters not only increases the risk of communicable diseases and malnutrition in children but as a result children fall victims of neglect, abuse, violence, child trafficking, child marriages, illegal adoption and economic exploitation.

In Pakistan Child protection system though exists in theory, need implementation in letter and spirit. There is complete lack of state of art procedures and mechanism for child protection in worst circumstances. Children need to be given priority as they are the most vulnerable set of at risk population. A properly structured disaster management and risk reduction strategy for children is imperative and should be the number one priority for the Government of Pakistan.

Why we have failed to protect our children, why children rights have never been implemented in true letter and spirit in Pakistan. Why we as a nation we are unable to keep our promises to Children? A question we must ask ourselves.

"The stakes are high. It is not just the health and well-being of children as they grow up into adults but

more than this, the future of the society which the children will construct out of their childhood experiences." (Hobbs, Hanks & Wynne, 1993

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**Letter to the
Editor**

Child Abuse and Neglect

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We are living in an era in which children from all across the world face some form of insidious violence, abuse and exploitation. There is no boundary for violence against children. Child abuse refers to any kind of neglect or maltreatment of child by parent or caregiver¹. It can be physical, sexual, or psychological. In majority of cases, the person who is custodian of a child is found to be involved in such abusive acts².

The issues related to child abuse are worldwide. Developed countries have significant data related to signs of abuse. Unfortunately, no reliable data is there from low-income and underdeveloped countries like Pakistan because many cases are not reported legally³. In Pakistan, 8 children were abused every day in one form or the other according to data published by NGO. Among them, 51% of the victims were girls and 49% boys. Unfortunately, with every passing year, the number of reported cases of child abuse is on the rise. According to the report, 'Cruel numbers 2020' compiled by NGO SAHIL, 2020 saw an alarming four percent increase in child abuse cases compared to 2019. This report was based on statistics related to crimes against children including neglect and abuse.

The phenomenon of child abuse is complicated and multidimensional and underlying factors that trigger child abuse are very diverse and interlinked. A number of risk factors have been identified by WHO and ISPCAN which either alone or in relation to one another lead to unfortunate incidents and acts of child abuse. At the personal level, these factors include age, gender and individual's attitude while at level of society they are economic inequality, cultural acts and

norms of physical punishments and lack of legislation⁴.

Consequences related to child abuse are very devastating, widespread and long-lasting for the victims. It does not only affect the individual physically but also psychologically and developmentally⁵. This may subsequently result in increased incidence of chronic illnesses, shortened lifespan and high-risk health behaviours.

The effects of child abuse for the victims could be long-lasting. Under these circumstances in absence of social safety nets, there is significant role of child welfare organizations in provision of secured residence and a healthy environment for victims for their recovery from trauma.

It is the need of the hour to have knowledge about basic methods and interventions at the individual level as well as at the level of society to interrupt a rapid rise in the incidence of child abuse all over the world. Such measures include:

1. Campaigns in school regarding "good touch and bad touch". These can make children acknowledge about baad touch and avoid hazardous scenarios⁶.
2. Pediatricians with the help of social workers could play a vital role in the identification of children at risk of abuse. They can also provide a platform to address underlying triggering factors including maternal depression⁷.
3. Awareness of practices of contraception to avoid unwanted pregnancies because the large

family size and lack of attention would increase the risk of child neglect.

4. Workshops should be conducted to encourage positive parenting skills and child's development in a safe healthy environment⁸.
5. Implementation of laws at the government level to protect child rights and strict punishment for those who show exploitation and violation⁸.

Thus it is clear that in order to prevent the rapidly increasing number of events related to child abuse all across Pakistan, incorporation of knowledge into the general public, identification of individual and cultural risk factors, economic equality, and strict legislation for child rights protection by the government is very important.

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Original Article

Parental Involvement and Social Adjustment of Children with Intellectual Disability in Inclusive Settings

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Abstract

Objectives: The current study was designed to investigate the relationship of parental involvement and the social adjustment of children with intellectual disability studying in the inclusive schools of Pakistan.

Materials and Methods: Two main cities; Lahore and Sialkot were included in the current study due to a relatively larger number of Inclusive schools in these cities. Sample of 150 children were selected from seven inclusive schools managed by Amin Maktab, Lahore and Child and Social Development Organization (CSDO), Sialkot through purposive sampling. The data were collected through two scales developed by Researcher, one for parents i.e. scale for parental involvement and the other is for teachers, i.e. Scale for social adjustment.

Results: Findings revealed that parental involvement in social life of their children and emotional support provided to children by their parents are significant predictors for children's social adjustment.

Conclusion: The results suggest that parents can play important role to increase the social adjustment level of their mentally retarded child and help them to achieve benefits of inclusive setting.

Recommendations: Parental-teacher collaboration should be increased in inclusive settings so that children can grow to their full potential.

Keywords: Social Adjustment, Parental Involvement, Children with intellectual disability, Inclusive Schools.

Introduction

In the last few decades, educational provisions for learners with disabilities have changed. More learners with special needs are studying side by side in regular school with their peers who do not have disabilities. This concept is commonly known as inclusive education.¹ It is based on the principle that all children regardless of ability or disability have a basic right to be educated alongside their peers in their neighborhood schools. This concept was implemented in Western countries in the 1980s, and it has become a matter for the global agenda.²

Inclusion involves bringing the support and rehabilitation services to the learner, rather than moving the learner to the services, in this way learner having impairments can be successful in meeting all the general demands in regular classrooms. Thus, the education system should be molded in such a way that it accommodates all learners; despite of their varied special needs.^{3,4}

The movement toward inclusion of students with disabilities into general education classes has become the overwhelming trend in education. Not only does inclusive education for children with disabilities bring improved academic functioning but it also offers them the opportunity for socialization with their peers without disabilities in general education classrooms.^{5,6}

The role of parental involvement in students' learning has long captivated the attention of society in general and educational researchers in particular. The importance of parents in the education of their children is not a new concept. Parents have been their children's first educators since pre-historic times.^{7,8}

In the inclusive setting, children with disabilities may face adjustment problems. Social adjustment of students can be defined in terms of their peer acceptance, friendships, and participation in group activities. Social adjustment of children with mild-to-moderate behavior and learning handicaps is often a major obstacle to successful mainstreaming in schools.^{9,10}

Findings of the previous researches showed that in comparison to non-handicapped peers, mildly handicapped students are, on average, socially rejected, unpopular, and not wanted as classmates, workmates, or playmates and it is also clear that non-handicapped students reject handicapped peers because of the inappropriate social behaviors exhibited by the latter.⁹

Social comparison theory suggests that human beings usually choose similar others as bases for social

comparisons. If one accepts this line of thought, it seems reasonable to expect that children who spend most school days in special education facilities are not preoccupied with the uniqueness that separate them from children in regular classrooms. When these handicapped children enter regular classrooms, however, and compare themselves with obviously dissimilar peers, the children are susceptible to a feeling of alienation and inferiority that is due to apparent unique characteristics.¹¹

It is contended however that a more constructive approach emphasizes what must be done to increase the capability of the usual classroom learning environment for meeting individual needs instead of assuming that there is something wrong with the child who does not profit from a regular classroom situation. When one takes such an approach, the child's unique characteristics are no longer acceptable excuses for dysfunction in the school or for moving the child to a different and segregated environment.¹²

Effective social mainstreaming requires the teacher's attention to two overall factors i.e. the social behavior of the mainstreamed student and the regular class environment in which social behaviors will take place. This environment includes many factors, of course, especially the social behavior of the teacher and regular students, as well as consideration of several relationships.¹³

Bennett and Hay¹⁴ conducted research to identify the family characteristics that promote the development of social skills in children with physical disabilities. The results showed that families with highly cohesive, idealized, and democratic family styles strongly influence children's social skills by providing a safe and sound foundation for children to explore their social environment.

The current study is intended to find out the effect of parental involvement on the social adjustment of the children with intellectual disability in the inclusive settings so that parents and families can be more involved in the educational planning of the children and the purpose of inclusion can be fulfilled.

Objectives

This research is carried out to:

- Find out the social adjustment of children with intellectual disability in the inclusive setting
- Investigate the level of parental involvement of children with intellectual disability in the inclusive setting
- Find out the relationship of parental involvement and the social adjustment of

children with intellectual disability in inclusive setting.

Research Questions

- What is the level of social adjustment of children with intellectual disability in the inclusive setting?
- What is the level of parental involvement of children with intellectual disability who are studying in the inclusive setting?
- Is there any relationship between the social adjustment and parental involvement of children with intellectual disability in the inclusive setting?

Materials and Methods

The present study was based on the correlational design in which relationship of parental involvement and the social adjustment was examined. Children with intellectual disability studying in the inclusive settings were focused in this study. Survey was carried out for this purpose, in which parents and teachers of children with intellectual disability in the inclusive setting participated.

Participants

Sampling technique which was used in the present study was "purposive sampling". Although the limitation of non-probability sampling was considered, but it was justified due to less number of inclusive schools in Pakistan, generalizations for this study will be applicable to all the children with intellectual disability, studying in inclusive settings, who meet the inclusion criteria of the study. Reason for selecting this sampling technique was that there was the low number of inclusive schools in Pakistan and they were not equally distributed geographically. Moreover, it was not easy to locate them in all cities. Researcher picked two main cities of Pakistan in which there was already a relatively larger system of Inclusive schools, run by two large organizations in Lahore and Sialkot. The current study was comprised of 150 children with intellectual disability who were mainstreamed in the inclusive schools of Amin Maktab (Lahore) and Child and Social Development Organization (Sialkot).

Among 150 children, 70 were boys and 80 were girls and they were taken from class one to class four. Inclusion criteria were those children with intellectual disability who have been mainstreamed in their respective schools for at least one year. Data were collected through the mothers and teachers of the selected children for study. Researcher tried to include

fathers of those children as well, but due to their unavailability, they were not included.

Instruments

Data were collected by using following instruments:

- Parental Involvement Scale
- Scale for Social Adjustment

Both scales were developed by the researcher, after reviewing the available literature regarding parental involvement and social adjustment.

Parental involvement scale

It was developed to find out the involvement level of the parents in the lives of their children with intellectual disability with respect to educational, emotional and social aspects. It was four-point scale, included 30 items, having options (Always, Most of the times, Sometimes, Never). Scale was designed to investigate a) educational involvement provided by parents at home, b) collaboration of parents with school personnel, c) involvement of parents to fulfill the emotional needs of children and d) involvement of parents in the social life of their children.

Prior to start data collection, pre-testing was done to validate the instrument. Pre-testing was done on 30 children, selected from the same institutions and their mothers were given scale for parental involvement. It was designed in Urdu to facilitate the respondents. After pre-testing necessary amendments were made in the scale. The validity of the scale was ensured by expert's opinion whereas its reliability was determined by Cronbach's alpha and its value was 0.89.

3.4.2: Social Adjustment Scale

To investigate the social adjustment level of the children with intellectual disability in the inclusive setting, social adjustment scale was developed by the researcher comprised of 33 items, based on social adjustment indicators. These indicators were a) level and quality of interaction of the child with his peers, b) adjustment of the child with the classroom routine and setting and c) self-concept of the child. This scale was designed in accordance with his school activities and therefore teachers reported about the selected children on this scale and it was designed in Urdu. Responses were rated on the four-point scale including options like Always, Most of the time, Sometimes and Never.

Pilot-testing was done before starting formal data collection procedure. To validate the instrument experts' opinion has been taken. Its reliability was determined by Cronbach's alpha and its value was 0.74.

Procedure

Researcher tracked inclusive schools in Lahore through Amin Maktab that is institute of special

education. Inclusive schooling was their recent project. Likewise, inclusive schools in Sialkot were traced by Child and Social Development Organization. Purpose of the study was explained to the administration of Amin Maktab and Child and Social Development Organization (CSDO), Sialkot. Permission was taken from the directors to conduct research on the effect of parental involvement on the social adjustment of children with intellectual disability in inclusive setting.

The administrative staff and teachers provided support at every step of the data collection. 90 students from Sialkot and 60 students from Lahore have been purposively selected from inclusive schools. Inclusion criteria were those mild to moderate children with intellectual disability who have been studying in inclusive setting for at least one year.

Administration of schools provided the necessary records to researcher for selecting the sample for study, so that the researcher can ensure the inclusion criteria for the study. After preliminary consideration, children with intellectual disability from grades one to four were selected. Researcher contacted their class teachers to explain the purpose of the study. Researcher then contacted the parents of the selected children and explained them the purpose of the study. Both fathers and mothers were requested to come, but due to fathers' unavailability researcher only collected data from mothers. Administration arranged meetings of researcher with the mothers in school, according to pre-scheduled pattern.

A structured questionnaire was prepared by researcher to determine the parental involvement level. Mothers were requested to fill questionnaires. The confidentiality was also ensured by the researcher. There were around ten participants who couldn't come on the given time due to their personal problems and on their request, questionnaires were sent to their homes and they were further guided about the study on telephone by the researcher. Those questionnaires were then collected back through administration.

Social adjustment level of these children was assessed by their class teachers. Teachers were requested to give their time for the study and researcher then scheduled the dates and timings given by the teachers. Teachers were requested to fill structured questionnaire developed by the researcher, regarding social adjustment of each mentally retarded child in their classroom. In each class there were around 7-10 children with intellectual disability who were fulfilling the criterion for the study. Researcher completed the data collection phase after collecting all the questionnaires from teachers.

Results

Table 1: Demographic Characteristics (N=150)

Characteristics		n	%
Gender	Male	70	46.7
	Female	80	53.3
Birth order	Eldest	31	20.7
	Middle	87	58.0
	Younger	32	21.3
Mothers' education	Illiterate	8	5.3
	Below primary	55	36.7
	Primary to matric	60	40.0
	Above matric	27	18.0
Monthly income	Below 5000	31	20.7
	5000-10000	78	52.0
	Above 10000	41	27.3
Family system	Nuclear	82	54.7
	Joint	68	45.3
Academic rating by class teacher	Below average	49	32.7
	Average	59	39.3
	Above average	42	30.0

Table 1 shows the demographic characteristics about the children of the children with intellectual disability. It shows that 70 children (46.7%) were male and 80 children (53.3%) are female. Most of the children (58%) are middle born whereas 20.7% and 21.3% are eldest and youngest respectively. Among 150 children, mothers' education of 60 (40%) children are ranged between primary to matric whereas mothers of 55 children (36.7%) are educated till the below primary level. Family income of most of the children (52.0%) is ranged between 5000-10000. Most of the children (54.7%) belonged to nuclear family system whereas 45.3% children belonged to joint family system. Findings indicate that 59 (39.3%) children were considered as academically average students by their teachers whereas 49 (32.7%) and 42 (30.0%) were considered below average and above average respectively.

Table 2: Distribution of participants regarding parental involvement (N=150)

Indicators		n	%
Time spent with children	Less than 2 hours	7	4.7
	2-4 hours	67	44.7
	5-8 hours	48	32.0
	More than 8 hours	28	18.6
Educational Involvement provided in home	Least Involved	36	24
	Moderately	41	27
	Highly Involved	73	49

Collaboration of parents with school	Least Involved	31	20.7
	Moderately	61	40.7
	Highly Involved	58	38.7
Emotional Involvement	Least Involved	29	19.3
	Moderately	58	38.7
	Highly Involved	63	42.0
Involvement of parents in social life	Least Involved	37	24.7
	Moderately	57	38.0
	Highly Involved	56	37.3

Table 2 shows that mothers of 67 (44.7%) children spend 2-4 hours with their children whereas 48 (32%) mothers spend 5-8 hours. Mothers of 28 (18.6%) children and 7 (4.7%) children spend more than 8 and less than 2 hours respectively. Majority (49%) of the respondents were highly involved in education of their children whereas 27% and 24% respondents were moderately and least involved respectively. With respect to collaboration of parents with school, 40.7% respondents were moderately involved whereas 38.7% were highly involved. Findings indicate that 42% of the respondents were highly whereas 38.7% and 19.3% were moderately and least involved respectively with respect to emotional requirements of their children. Regarding involvement of parents in the social life of their children, findings reflect that 38% of the respondents were moderately whereas 37.3% and 24.7% were highly and least involved respectively with respect to social life of their children.

Table 3: Distribution regarding level of Social Adjustment (N=150)

Indicators		n	%
Peer interaction	Least adjusted	65	43.3
	Moderately adjusted	42	28.0
	Highly adjusted	43	28.7
Classroom Adjustment	Least adjusted	64	42.7
	Moderately adjusted	64	42.7
	Highly adjusted	22	14.7
Self-concept	Least adjusted	48	32
	Moderately adjusted	53	35.3
	Highly adjusted	49	32.7

Table 3 shows the frequency and percentage of the respondents regarding the level of peer interaction of children with intellectual disability in the inclusive setting. Results show that 43.3% children indicated least level of peer interaction, whereas 28.7% and 28.0% children indicated high and moderate level of peer interaction respectively. Results show that majority of the respondents were least (42.7%) and moderately (42.7%) adjusted in classroom setting.

whereas 14.7% respondents were highly adjusted in classroom setting whereas 35.3% indicated moderate level of self-concept whereas 32.7% indicated higher and 32% showed least level of self-concept.

Table 4: Comparison of groups regarding social adjustment on the basis of their academic ratings by their teachers

	ANOVA				
	Sum of Squares	df	Mean square	F	p-value
Between groups	43.94	2	21.97	113.17	0.000***
Within groups	28.54	147	0.19		
Total	72.48	149			

Table 4 shows the results of ANOVA. ANOVA is applied to compare the mean scores of social adjustment regarding their academic competence. Value of $F(2, 147) = 113.17$, $p = .000$ is significant at $\alpha = 0.05$. It shows that there is significant difference among the social adjustment scores of the three groups of students related to academic achievement.

Significant difference is found ($p = .000$) between the social adjustment scores of two groups of children having below average and average academic competence. Mean scores are higher for the children who have average academic competence ($M = 2.54$, $SD = .57$) than those who have below average academic competence ($M = 1.62$, $SD = .22$).

Significant difference is found ($p = .000$) between the social adjustment scores of two groups of children having below average and above average academic competence. Mean scores are higher for the children who have above average academic competence ($M = 2.96$, $SD = .42$) than those who have below average academic competence ($M = 1.62$, $SD = .22$).

Significant difference is found ($p = .000$) between the social adjustment scores of two groups of children having average and above average academic competence. Mean scores are higher for the children who have above average academic competence ($M = 2.96$, $SD = .42$) than those who have average academic competence ($M = 2.54$, $SD = .57$). It reflects that higher the academic ratings, greater the social adjustment of children.

Table 5: Regression Coefficient indicating Effect of Parental Involvement on the Social Adjustment of Children with intellectual disability in Inclusive Setting (N=150)

Variables	B	SE	B	t	p-value
Constant	.032	.117		.274	.785
Educational involvement provided in home	.092	.084	.099	1.091	.277
Parents' collaboration with school	-.008	.072	-	-	.908
Emotional involvement	.336	.066	.361	5.115	.000***
Social involvement	.439	.086	.474	5.105	.000***

*** $p < 0.001$

Table 5 shows that multiple regression analysis was conducted to predict the relationship among parental involvement and social adjustment. Predictors are educational involvement provided by parents in home, parents' collaboration with school, emotional involvement and social involvement provided by parents while the criterion variable is social adjustment of children with intellectual disability.

The linear combination of parental involvement indicators was significantly related to social adjustment, $F(4, 145) = 112.45$, $p = .000$. The sample multiple correlation coefficient was 0.87, indicating that approximately 75.6% of the variance of the social adjustment in the sample can be accounted for by the linear combination of parental involvement indicators. In table 5 parental involvement indicators are presented to indicate the relative strength of the individual predictors. All the bivariate correlations between the parental involvement and the social adjustment were positive and two of the four indices were statistically significant ($p < .05$). Parental involvement's indicator "emotional involvement" has positive effect ($\beta = 0.361$, $t = 5.11$, $p = 0.000$) on social adjustment.

Parental involvement's indicator social involvement has also positive effect ($\beta = 0.474$, $t = 5.10$, $p = 0.000$) on social adjustment

Discussion

The present study aimed to find out the effect of parental involvement on the social adjustment of

children with intellectual disability in the inclusive setting. Along with parental involvement, academic competence was also considered affecting social adjustment of the children with intellectual disability in inclusive setting.

Parental involvement was found to be having positive effect on the social adjustment of children with intellectual disability in the inclusive setting. Significant association among parental involvement, social skills and problem behaviors of children were reported by Nokali, Bachman and Drzal.¹⁵ They stated that when parents are more involved in their children's education, they may be more likely to communicate with the school personnel about their child's behavior and socialization in class.

Parental involvement in the social life and in fulfilling the emotional requirement of their children with intellectual disability were found to be having significant effect on social adjustment of children with intellectual disability than the other indicators of parental involvement i.e. home-based educational involvement and collaboration with school. Wiener¹⁶ also reported similar results. He reported that children who were more attached to their parents have better social and emotional outcomes than those who have uncertain attachments.

These findings are consistent with the findings of Dubeau, Coutu & Lavigne.¹⁷ They reported that different indicators of parental involvement have different effect on social adjustment and not all indicators affect the level of social adjustment.

Social adjustment scores were higher for those children with intellectual disability whose mothers were more emotionally involved and contributed in their social activities. These findings support the study by Dubeau, Coutu & Lavigne¹⁷ who reported that children who experience the confidence of parental involvement were likely to socialize better in school setting. Findings of Sreekanth¹⁸ are also similar as the current study, as he reported that higher the parental involvement, better the child's progress.

Children with intellectual disability in inclusive setting were found to be having low social adjustment level. Study shows that most of the children with intellectual disability showed least level of peer interaction and classroom adjustment. These findings are consistent with the findings of Wiener.¹⁶ He reported that inadequacies in children with disabilities lead to problems in their social relationships. Novicki¹⁹ also reported similar results in his meta-analysis that children with disabilities had lower socio-metric status than their peers. He also reported that students with

disabilities who study in inclusive classroom are at greater risk in social adjustment than their peer without disabilities.

Academic competence significantly affects the social adjustment level of children with intellectual disability in inclusive setting. Children who were reported as academically competent by their teachers, showed higher level of social adjustment, than those who were reported as less competent. These findings are consistent with the findings of the study of Shaffer and Kipp.²⁰ They also reported that academic competence contribute to social competence and peer acceptance.

Conclusion

It is concluded from the current study that children with intellectual disability showed low level of social adjustment, peer interaction and classroom adjustment in the inclusive settings. There are various factors that affect the social adjustment of children with intellectual disability in inclusive setting, but current study focused to find out the relationship between parental involvement and the social adjustment of children with intellectual disability in inclusive setting. Study revealed significant relationship between the two indicators of parental involvement (emotional involvement of parents with their children and involvement of parents in social life of children) and the social adjustment level of children. Effect of academic competence of the child on social adjustment level has also been studied. It was found that academic ratings of children by their teachers have significant impact on the child's social adjustment level, showing that higher academic competence of the child led to higher levels of social adjustment.

Implications

The current study signifies the importance of social adjustment of children with disabilities in inclusive settings. Role of parents cannot be denied when it comes to the better adjustment of the children in schools as well as in homes. The current study suggests bringing parents as greater participants in the activities of their children in school and to make them aware of the demands of an inclusive setting so that they would help their children with respect to their educational, social and emotional needs. Parental-teacher collaboration should be increased in inclusive settings so that children can grow to their full potential. School administration should involve parents to participate in different activities of their children. Parents should be given awareness regarding

their involvement with their children 'social and emotional life.

The current study was delimited to only mild to moderate category of children with intellectual disability who had been studying in inclusive setting for at least one year and data were gathered only through mothers of the children. In future, research can be conducted with sample of disability other than intellectual disability and fathers' involvement can also be considered in the study.

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Original Article

Analysis of Child Marriages in Pakistan in the year 2019-2020

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Author's Contribution

^{1,2} Conception of study

³ Experimentation/Study conduction

^{3,5} Analysis/Interpretation/Discussion

^{1,2} Manuscript Writing

^{1,3,5} Critical Review

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Abstract

Objectives: This study was conducted to see the incidences of child marriages in Pakistan; gender division of child marriages and also the ages of the victims belonging to different provinces. It was also reported that how many child marriages registration cases were being noted.

Materials and Methods: The present study involved an extensive search of a series of data of children aged 11-15 collected by an NGO Sahil. Data was compiled to see the gender division, urban-rural division, different factors influencing child marriages and provincial division of child marriages.

Results: It was seen that following the year 2020, 119 cases of child marriage were reported. From the previous year, the number of cases have increased by 14%. It was also noted that the ages of child marriages are mostly from the age of 11-15 years. There were different categories which were made to describe the different circumstances in which child marriages took place. It was seen that there was an increase in vanni by 5 cases and 2 new categories were noted as Sawara and Wattasatta. A decrease was seen in abduction and child marriages by 3 cases and sangchatti by 5 cases. It was seen that the child marriages registration status was recorded as 85% out of the total 119 cases. While talking about the provincial division of child marriages cases, it was seen that 79 cases were from Sindh while in Punjab, there was a decline in cases from 18 to 16 cases in one year. While talking about Rural-Urban division of child marriages, 75% cases were reported in rural sectors and 25 % in urban sectors

Conclusion: It was seen that in almost all the age groups, only girls were forced in the child marriages. This shows that more girls are not only being married at very young age but also with the grooms who are much older than them.

Keywords: Child marriages, provincial divide, urban-rural divide, registration cases.

Introduction

Child marriage (or early marriage) can be called as “both ceremonial weddings and casual associations in which a girl resides with a better half, showing that she had been wed at a very early age I.e. Wedding as an organization lawfully associates individuals and acts as a main necessity of home life. In evolving countries (except China), out of many women, each 1/3rd young lady keeps to marry as a child. Talking about South Asian area, it has the most excessive number of early marriage in the entire world. All around the world, about 15 million young girls are hitched before the age of 18.

Early marriage is extensively appreciated to be injurious subcultural custom that is a principle as well as consequence of citizen rights defiance. Early wedding unreasonably influences women of poverty stricken, uneducated households living in agricultural districts. The main reasons that are most importantly kept in mind of early marriages in impoverishment, conventional customs like *WattaSatta* (giving girl in a family and in return take the girl from another family), *PaitLikkhi* (getting children married even before they come into the world or when they are quite tiny and small), *AddoBaddo* (wedding in ethnic groups), and *Swara/Khoon-Baha/Vani/Sakh* (girls given to the people in wedding as a kind of resolving some sort of discourse), safeguarding the integrity of young ones and their household and absence of justice system and its application in Pakistan. One more cause in extensive pious customs (Catholicity and Islam) to inspire child wedding because youngsters born out of wedlock are called as unethical.

Sindh is merely the region that forbids wedding below 18 via its Early weddings Marriages Confined Action of 2013, still in Sindh, the rate of early marriage is high as compared to other regions. The other provinces forbids the wedding of young girls and boys less than 16 and 18 respectively. Almost fifty percent of the of the weddings held in Pakistan include young girls who are less than 18 years of age.

Child marriage is yet a barrier to youngsters's entrance and accomplishment of education and provides to the schooling gender-specific difference. Child marriages compromise and influence child's development^{1,4} and threaten the achievement of Sustainable Development Goals.¹.

The United Nations Sustainable Development Goals, approved in 2015, strives hard for banning the early marriage until the year 2030 and evaluates the number

of girls who wed before 18 years are involved in yearly record of development in the direction of objective.

Anees and Zarina in (2015), estimated that 24 percent of Pakistani females are being wed before they reach puberty and in the duration of years, 2000 and 2010, seven percent of the females were being wed before 15 years. Many more provenances state that the occurrence survive in about 30 percent of the whole weddings occurred in Pakistan.

This study involves the prevalence of early wedding in Pakistan in year 2019 and 2020. And we will also compare and contrast male and female ratio, rural-urban ratio, provincial division along with most common causes and the transformations that occurred in the life of females who get wed before 18 years.

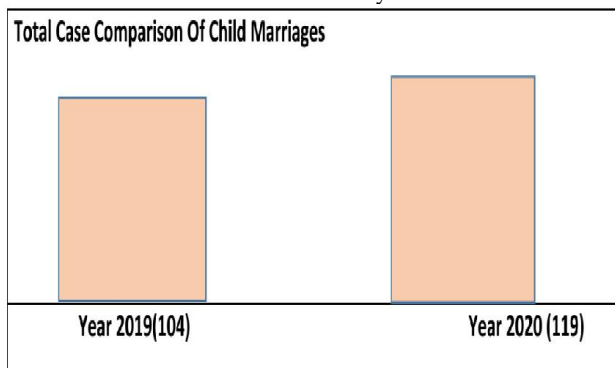
Materials and Methods

In this study, we examine the incidence of child marriage in Pakistan and the changes that have taken place over time in the profile of the women who marry before turning 18.

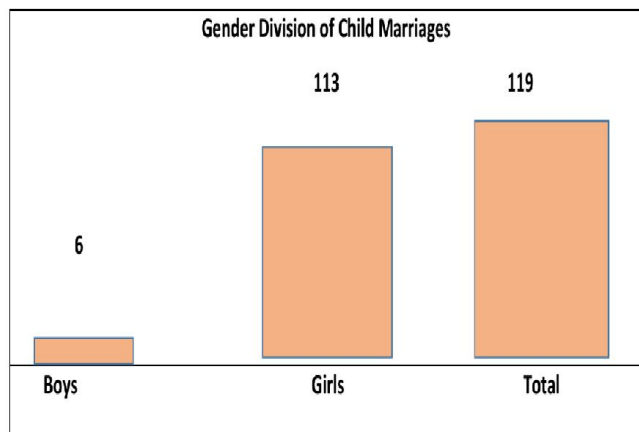
The present study involved different categories of ages of victims i.e. 11-15 years. Data was collected from a non-government organization by the name of SAHIL and compiled to see the gender division, urban-rural division and provincial division of child marriages. Different ages of boys and girls were included in this study (11-15 years). Data was collected from Punjab, Sindh, KP, Baluchistan and ICT. While for the rural-urban areas, data was collected and hence extensive search of a series of areas of both rural-urban areas was conducted from the year 2019 and it was compared with 2020..

Results

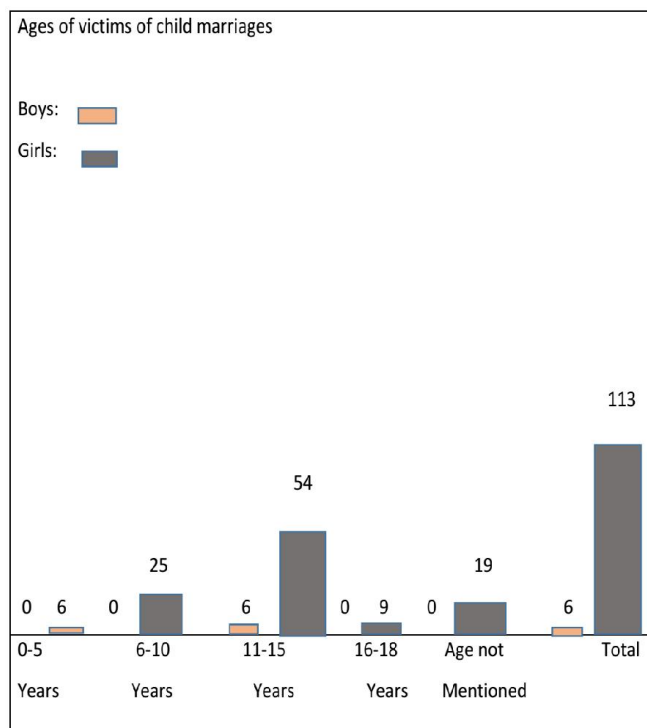
From the previous year i.e. 2019, it was seen that the number of cases has increased by 14%.



Another graph was also made to see the gender division of child marriages. It was seen that in the year 2020, early child marriages cases number was 119, which comprised of 113 girls and 6 boys.



There was another graph which comprised of the ages of the victims of child marriages. In the year 2020, there were cases of child marriages which were mostly the age of 11-15 years.



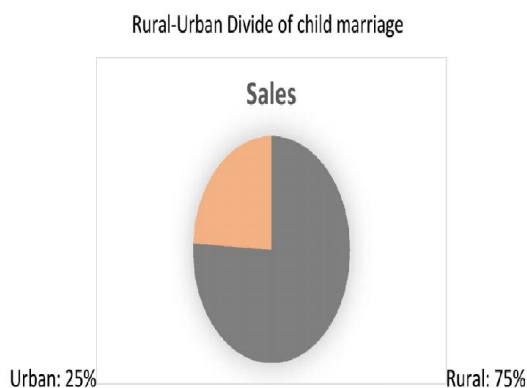
This particular graph portrays that, in almost all the age groups, only girls are forced for child marriages. This shows that more girls are not only being married at a young age but also with the grooms older than the

girls and most of them are above 18. In all the age groups, cases of child marriages involving girls have increased while that of boys have decreased in the year 2020.

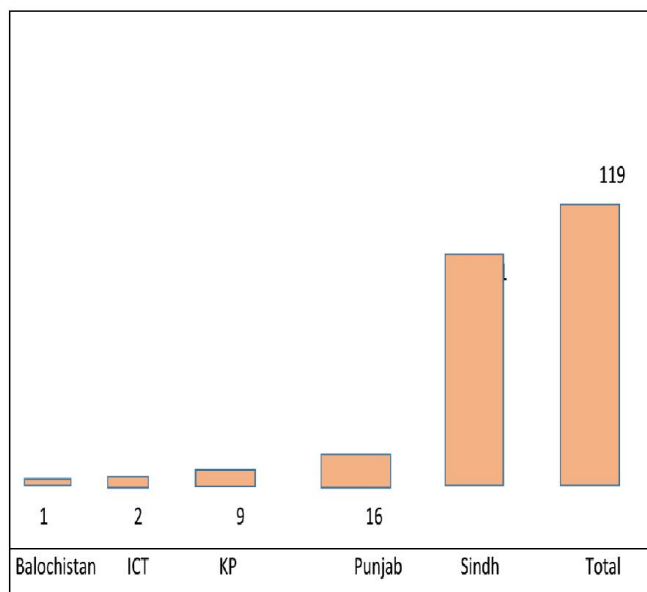
In the year 2020, it was noted that the total cases of child marriages and its different categories show that there is an increase in vanni by 5 cases, and 2 new cases were recorded as Sawara and Wattasatta. A decrease seen in abduction and child marriages by 3 cases and Sangchatti by 5 cases.

Crime Categories in child marriages	Boys	Girls	Total
Child marriage	5	82	87
Abduction and child marriage	-	10	10
Marriage for money	-	7	7
Vanni	-	7	7
Sangchatti	-	5	5
Swara	1	1	2
Watta satta	-	1	1
Total	6	113	119

The pie chart and graphs were made to see the provincial division and rural-urban division of child marriages. In the previous year, Sindh province was on the top of list of child marriage as well as in the cases of abduction this year.



This particular data shows that out of the total 119 cases, 76 cases were from Sindh. Whereas there was a decline in the cases in Punjab. i.e. from 18 to 16 years. Talking about the rural-urban division of child marriages, it was noted that the child marriages in rural areas were more as compared to urban areas. i.e. 75% in rural areas and 25% in urban areas.



Discussion

Early wedding can be called as an association of relationship before 18 years of age, which is applicable to males and females of young generation, yet it is most frequently applicable to younger generation of females. While talking about the yearly weddings held in Bangladesh, 6 percent of the females are committed in a martial relationship before 18 years, then comes India and Pakistan, in which occurrence of early marriages rates are 47% and 40% respectively. (UNFPA) The Sindh Early weddings Marriages Confined Action of 2013 files a condition that 18 should be the age at which both the genders can marry, in comparison with the condition that Punjab sets, where 18 for boys and 16 for females as a restraint. The other provincial districts observe The Child Marriage Restraint Act 1929. As stated by Article 1 of the Child Rights Agreement, any individual whose age is below 18 years is a youngster and this particular explanation has been approved by 194 nations.

In a study done in 2013 in Pakistan by Nasrullah revealed that majority (71.0%) child marriage cases occurred in rural areas almost similar to our study where 75% child marriage cases reported in rural areas.⁵

The comparing survey of the statistics assembled by Sahil in 2012 and 2015 specifies the improvement in early weddings with 4.17 percent in Punjab, 34.89 percent in Sindh, 19.08 percent decline in KPK, accompanied by 12.87 percent in Baluchistan. While just 2 instances were analyzed from federated districts,

i.e. Islamabad Capital Territory (ICT) in 2012, whereas not a single occurrence of incidence was announced in 2015 in ICT. In our study, Sindh province remained on the top of list of child marriage as well as in the cases of abduction. This particular data shows 76 incidence were from Sindh and the total number of cases were 119. On the contrary, there was a decline in the cases in Punjab. i.e. from 18 to 16 years. Whereas talking about the current study, Graphical analysis was done to see the total case comparison of Child Marriages from year 2019 to 2020. In 2020, 119 incidences were reported. It was seen that in the year 2020, early child marriages cases number was 119, which comprised of 113 girls and 6 boys. There was another graph which comprised of the ages of the victims of child marriages. In the year 2020, there were cases of child marriages which were mostly the age of 11-15 years. This particular graph portrays that, in almost all the age groups, only girls are forced for child marriages. This shows that more girls are not only being married at a young age but also with the grooms older than the girls and most of them are above 18. In all the age groups, cases of child marriages involving girls have increased while that of boys have decreased in the year 2020.

In the year 2020, it was noted that the child marriages registration cases were registered more than the previous year. There was a total of 119 cases that were reported, police registered 85% cases. While talking about cases registered by the police, there was an incidence in which police stopped the marriage of the girl underage. The police thus did raid in a house under the jurisdiction of B-section police station. After the raid, the girl was taken into the protective custody. An FIR was registered on a complaint by Child protection Cell in-charge and woman constable.

Conclusion

Thus, child marriage is something that gives an alarming action when a person listen to this word. It was seen that in almost all the age groups, only girls were forced in the child marriages. This shows that more girls are not only being married at very young age but also with the grooms who are much older than them.

Resultantly, the case of early wedding is progressively increasing in the females who are not educated that much and those included in the poverty stricken and agricultural families. These particular results accentuates the adjacent connection and association

which is there between early wedding, impoverishment and industrialization.

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Original Article

An Overview of Missing Children scenario 2020 in Pakistan

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Abstract

Objectives: To determine the frequency of missing children in Pakistan with respect to their provincial placement along with age and gender based distribution.

Subjects & Methods: A cross-sectional survey was done by gathering the data of missing children from Sahil NGO regarding their provincial belonging and their age as well as gender grouping. The data was analyzed by using Microsoft Excel 2010.

Results: Of the total 345 missing children, most (55.6%) of the children belonged to Sindh followed by 20% from Khyber Pakhtunkhwa (KPK) and 14.8% from Punjab. First Information Report (FIR) of only 209 was registered at police station. 43.8% of the missing children were 11-15 years old and about 86.1% of the missing were boys.

Conclusion: Boys in 11-15 years age group residing in Sindh, KPK and Punjab are most likely to be missed.

Keywords: missing children, provincial placement.

Introduction

Missing of the children is recurrently reported in Pakistan. Approximately 2-3 children including both boys and girls have been reported at national police stations for misplacement since last one year¹. According to international statistics, there are about 1.5 million street children in Pakistan and approximately 115 children were missed during 2016². Children have the same human rights as those of adults. Even they are bestowed with some explicit rights in accordance with their distinct needs. Certain rights declared in Convention on the Child's Rights should be recognized by all to ensure growth of children to their full potential³. International Missing Children's Day is celebrated across the globe on 25th May. Around 1 million children are quantified annually as missing. International Centre for Missing and Exploited Children (ICMEC) is devoted to save every missing child⁴. On scrutinizing the cause of children's missing; they are known to be abducted, kidnapped or even brutally killed. With rise in missing children cases. However some are also determined as runaway cases⁵.

Missing or abduction of children is reported every 40 seconds at United States. Although most of them are recovered within hours but still majority seems to be permanently missed. About 1 out of 7 children are 10-18 years old and they are more likely to suffer from depression, anxiety and develop suicidal tendency due to indulgence in certain illegal and suspicious activities⁶. Missing Children's Network is a non-profit organization that was established in 1985 with an intention to sensitize and inform the public about safety of children. Moreover, this Network was meant to get the people aware of relevant laws and steering agencies to facilitate the recovery of missing children⁷. In Convention on Right of Children ratified by General Assembly on 20th November 1989, it was affirmed that childhood is authorized to receive special consideration regarding their personal growth and fulfillment of all basic human rights including provision of remarkable care and legal defense⁸. The current study is intended to highlight the countrywide cases of missed children that were reported by Sahil during 2020. Sahil is a Non-Government Organization that is committed to establish child protection across the country. This organization has also reported the increase in child abuse cases by 17% in 2020⁹. The findings of this survey would prove beneficial to our society by sensitization of our policy makers pertinent

to misplacement of children and discerning its grave consequences.

Subjects and Methods

A cross-sectional survey was conducted by assembling the data of missing children from Sahil NGO. This NGO is working dedicatedly for protection of children nationwide⁹. The data was collected from this organization about the missing children with respect to their provincial placement and their age distribution as well as gender grouping. The data was analyzed by using Microsoft Excel 2010. Percentages and frequencies of all variables were computed.

Results

Of the total 345 reported cases of missing children, most (55.6%) belonged to Sindh province as illustrated below in Figure 1.

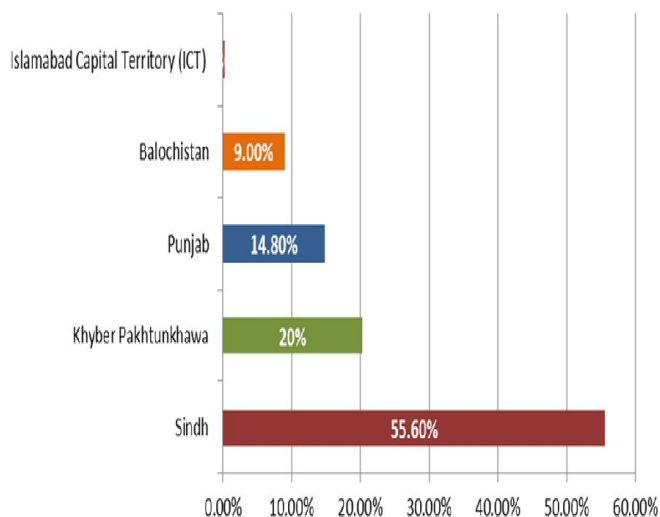


Figure 1: Provincial distribution of the missing children

Out of 345 missing children, about 209 were registered in police station while police refused to register the case of 2 kids and registration status of 134 children was not evident. Most (297) of the missing kids were boys. However majority of the missing boys and girls were of 11-15 years of age; age of 88 boys and 9 girls was unknown as depicted below in Figure 2.

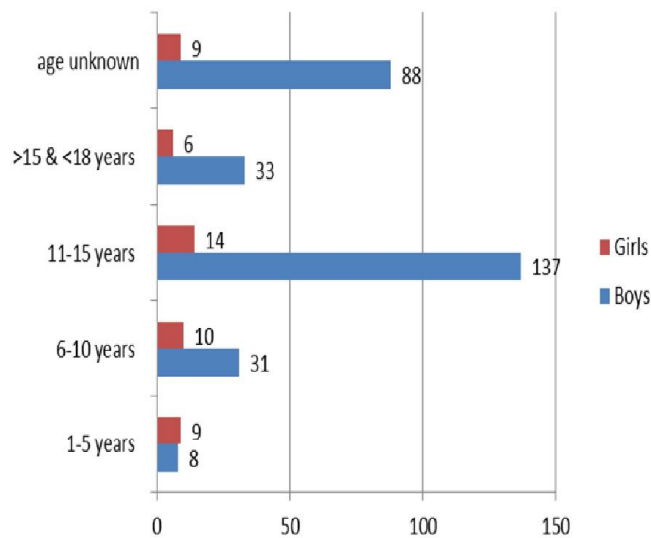


Figure 2: Age distribution of the missing children

Discussion

Child protection is averting and reacting to child exploitation happenings including their abuse and trafficking¹⁰. In current study, maximum propensity (55.6%) of the missing children was residents of Sindh. Although in present study Punjab appears to be afflicted for this distressful happening; of all the provinces of Pakistan, Punjab seems to be particularly targeted in the context of misplacement of children¹¹. Similarly data retrieved from another NGO (Roshni) revealed that bodies of 30 missing children were recovered from different territories of Punjab and Sindh during 2018. Despite the registration of FIR about 18 missing children, the police could not gather any information or evidence pertinent to these cases¹². Thousands of children are known to be missed in Pakistan annually; numerous are abducted in order to demand huge ransom from their parents and countless are reduced to slavery¹³. The missing of the children is quite distressing not only for their parents but also frightening with respect to deterioration of their rights. Our provinces at risk of this menace should be given due consideration for prevention of child misplacement with an intention to minimize the confrontation of victims with resultant violence or abuse.

Of the 345 missing children presented in our study, the highest frequency (151) were determined to be in 11-15 years age bracket and among them about 90.7% were boys. A similar research carried out by Dawson M et al in order to determine the association of child missing with social exclusion also illustrated that about 47.6%

of the missing persons were above 15 years of age¹⁴. Similarly in England and Wales, approximately 60% of all missing children were reported to be less than 18 years old¹⁵. Likewise 35% of the missing individuals detected in United States were under 18 years¹⁶. A research done in 2018 disclosed the association of racial differences with missing of children as well¹⁷. Although missing of children in our society is attributed to social crimes due to poor law and order implementation but sensitivity of adolescence should also be deliberated for avoidance of such adversities in the community.

A child can be considered missed due to run away from home, abduction by someone or confrontation with certain mishap on his way to home¹⁸. Searching the details for this threat can help the parents as well as legal authorities extensively in mitigating such misfortunes.

Conclusion

Boys 11-15 years old belonging to Sindh, KPK and Punjab are determined to be more at risk of missing. This might be due to their more indulgence in outdoor activities. However, scrutinizing the reasons for getting missed and spreading awareness via social media can substantially facilitate in minimizing the escalating trend of this social issue.

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Exploring the Experiences of Child Domestic Labor: A Qualitative Study

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Abstract

The current study was conducted to know the experiences of the children domestically working. The aim of the study was to explore the experiences of the children who are working as domestic laborer. For this purpose, the phenomenological approach was used. It was based on in depth interviews which was semi structured with open ended questions. Children were taken with the age range of the 12-18 years. The duration of working was more than 5 years. At the completion of gathering the data from participant's data analysis by using "NVivo 11 pro" was done with labeling, generating themes and categorization of the themes.

The main categories were emerged into the central experiences of the child domestic labor biological factors, psychological issues, financial issues, social factors. Overall study results indicate that children who are domestically working are facing several challenges which is threatening to their physical health conditions, risks on mental health, rising financial issues and rejecting them socially by discrimination & unjust. The concluding points is that these children as if working in threatening situation is harmful for their physical health, worsening psychological conditions and damaging their social lives, keeping them unskilled in the long run.

Key words: Child Domestic Labor, unjust, discrimination, maltreatment, unskilled.

Introduction

The time of the childhood is the period for children to be in school and at play, to grow to feel secure, to stay around healthy and safe environment. This phase is to experience the love, affection, security and encouragement of their family, teachers, and community by the guardians and care takers. In childhood children nurtured by their parents or care figures to enrich their potential and abilities. Parents wants their children to have a healthier quality life for children as young people deserves special kind of attention, resources and opportunities. Every nation, parents, teachers, leaders, community and society is committed to provide children education, protection and engaged to improve their life conditions as well as their psychological wellbeing¹.

According to the study that parents plays important role in the learning of a child. Parental role is full with responsibilities. Parent's role is expected to endorse the child's mental health and emotional development as well as to achieve the high level of confidence, optimistic life style, and higher academic levels and positive social life². Parenting also provide all kind of basic needs and satisfactory life style. Unfortunately, situation is turning off instead of taking responsibility of bringing up a child our millions of children are compelled to work a labor in the age when they should not work more than their physical capacity³.

According to the estimate of International Labor Organization⁴ for the year 2012 which indicated that numbers of adolescents aged 15–17 years in hazardous work and this age range is in child domestic labor is dangerously increasing. During this crucial period of time hazardous work is threatening for the health, security and safety for the adolescents also harmful for physical and mental health. Alongside this harmful living conditions impair their educational and leaning opportunities. In the several forms of labors one of the most vulnerable form in which particularly young children are involved that is a child domestic labor.⁵

Child Domestic Labor is one of the worst form of labor and considered as modern form of slavery as well as the most common and traditional forms of work for children particularly age 7-18 specifically for girls⁶. Although now the young boys also working as girls in homes. Child domestic Labor is carried out in private homes where child lives in the boundaries of owners homes and therefore it is hidden from the view of public and community's supervision and control. This situation makes child domestic workers particularly vulnerable to exploitation, physical, emotional and

sexual abuse. There are several cases which has been reported by Pakistani news in which children who are working in domestic labor brutally treated by their employers. Nearly Nearly 12 million children are in labor in Pakistan and they mostly offered the job of child domestic labor.

A child domestic labor is kind of employment which in which is under 18 child perform all domestic chores on nominal wages⁷. The type of tasks are cooking, washing clothes, cleaning and looking after babies and toddlers. Sometimes purchasing house essentials usually done by young boys. Girls stay inside of homes and more over involved in baby siting.

There are numerous factors that Child Domestic Labor is dangerously increasing for instance orphan hood, poverty, poor living conditions. Around world specifically in Asia ILO reported in (2003) that around 175,000 children under 18 are employed in domestic labor in Central America. Although most child laborers are between 12 and 17 years of age but some are as young as 5. In South Africa nearly 54,000 children under 15 are working as domestics and in Guatemala around 38,000 children between 5 and 7. It is also estimated that more girls below the age of 16 work in domestic service than in any other category of child labor. In Pakistan according to the report of Dawn 12.5 million in labor and specifically in Domestic Labor nearly 8.52 million children are working in domestic labor⁸.

Literature has revealed that this working situation is where a child experience maltreatment such as discrimination, isolation, particularly they cannot even resist against any kind of physical, emotional and sexual exploitation. They cannot express their desires also lose their self-respect⁹. Study have shown that experiences of child domestic labor more significantly related with psychological problems than the children who are non-working¹⁰. Literature have shown that among these children psychological problems are bedwetting, sleeplessness, withdrawal, regressive behavior, depression and phobic reactions. According to the study depression among child domestic workers has also been reported in Bangladesh¹¹ and in Latin American countries¹².

In this working conditions children face high level of emotional abuse and it has been identified through the studies that the emotional abuse is highly harmful for the growth & development of a child. At this stage maltreatment can lead to structural and chemical changes which can involve in emotional and stress regulation. (National Scientific Council on the Developing Child, 2010). Maltreatment can cause

anxiety and depression in late adolescence¹³. Continually facing emotional abuse or severe deprivation can permanently effect on the brain ability to use serotonin, a neurotransmitter that helps produce feelings of well-being and emotional stability¹⁴. Psychologically emotional abuse can influence their physical wellbeing, crash potential & abilities, deprived them from education they cannot complete their schooling, loss of right to play. In the long run the long term consequences can lead them to with many psychological issues for instance anti-social behavior. They are also highly vulnerable to emotional, physical and sexual abuse.

Studies have shown that child who are working in homes are separated from their parents and siblings where they deprived from the familial love, care and bonding. They also have the less opportunities to socialize also threatening to their emotional and mental health. Feelings of disorientation also amplified among these children.

Rationale of the Study

This study has been carried out to identify the factors associated in child domestic labor and risk factors effecting a child biologically, psychologically, morally and socially. This study will also identify these hazardous working conditions of domestically working children and evaluating that how these working conditions are contributing to elevate the mental health risks.

Materials and Methods

In order to explore the cultural specific expression of a domestic labor among adolescents: Phenomenological approach was used to explore the experiences of the child domestic labor. For this purpose, 8 adolescents were selected among them 6 were girls and 2 were boys. All were from domestic child labor and duration of working in homes was more than 5 years. The operational definition was provided to the domestic labor adolescents and they responded. The semi structured Interview technique was used to explore the underlying issues. Interviews were conducted individually.

Participants: Participants of this study were taken who are working in homes and who have left their work and came back to their homes. Snow ball sampling technique was used to identify the domestic laborers. The age range of the participants was 12-18 girls and boys.

Procedure: The procedure of this current study was that participants consent was taken before interviews

as well as the employer's consent. They understood the instructions properly that they were assured to keep their identity confidential.

Ethical guidelines: Consent was taken from the participants and from the parents. The participants who were living with the employers their proper consent was taken. They were assured the information and identity will be kept confidential and right to withdraw will be given.

Data management and analysis: in the current study initial coding process was done by the reviewing all data obtained from interviews. This data from the domestic labors was coded through the labeling process with NVivo 11 plus software. Then the interconnected codes were arranged to give themes and inter related themes were arranged to give categories.

The given categories represent the actual factors of child domestic labor.

Results labelling the data, codes, themes and categories were generated from the interviews. We presented categories first followed by themes and codes.

Categories, by using Nvivo 11 plus software, the process of initial coding was completed in which Four major categories were explored by the experiences of child domestic labor.

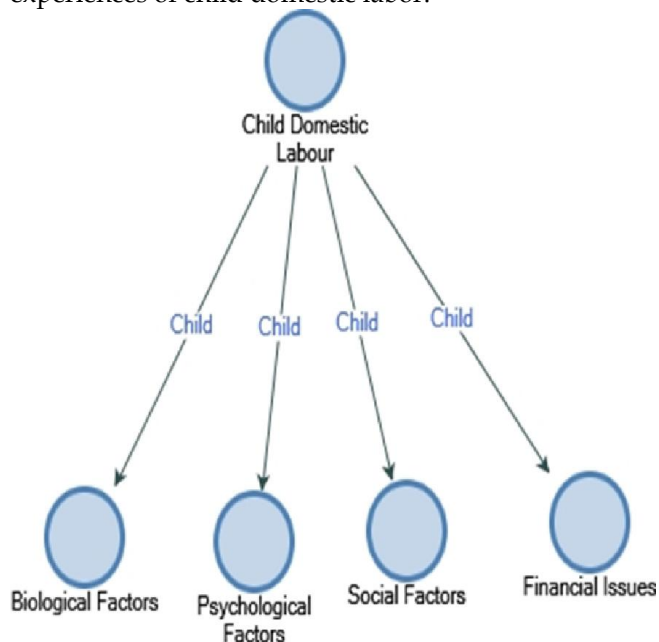


Figure 1: Four major categories are emerged after data analysis through NVivo 11 plus software.

According to the image the causes and impact of the child domestic labor mainly is associated with biological issues, psychological issues, financial problems and social issues.

Themes: By using NVivo 11 plus software, the themes were produced in order to condense the data into their corresponding categories. Overall, eight has been identified which has been reduced into four major categories. Each theme is explained as follow:

1. Physical Issues

According to the child domestic labor a child experiences are closely related with physical issues. Child is with this working age range is also a period of

growth & development but these working conditions effect on child physically for instance they feel insecure, heavy work load, bonded to work, feels lethargic, work in poor working conditions, looks after young babies more than their physical capacity, have a problem of sleeplessness, lack of security, poor health conditions.

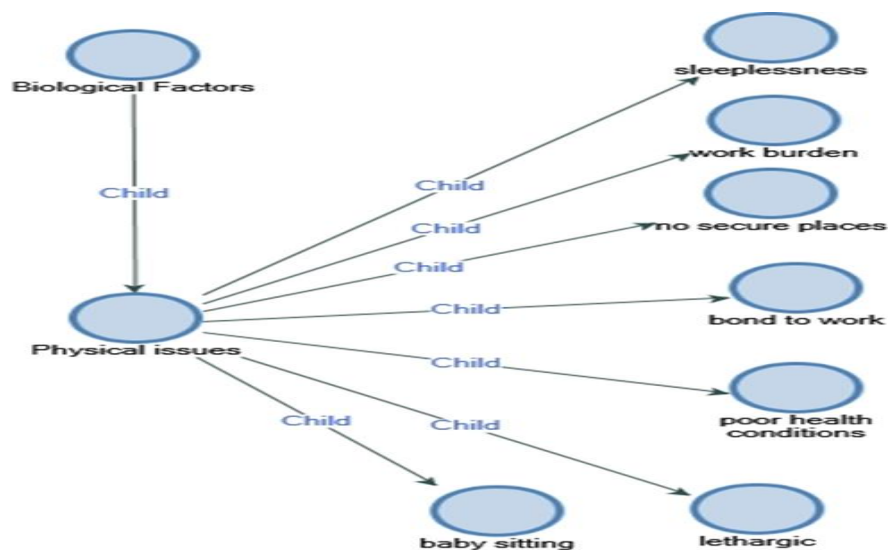


Figure 2: This picture explains that the themes comes under the category of physical issues, are more commonly associated with the child domestic labor

2. Low Self Esteem

As the child domestic labor experiences highlighted the low self-esteem issues such as feels in himself or herself inferior than other children as if one participant described "I sometimes I don't sleep because I feel fear that people will come to know I am domestic labor" lose their confidence, helplessness, worthlessness,

unable to concentrate on learning new skills, and feels fearful.

3. Maltreatment

In child domestic labor the experience of maltreatment is highly perceived in which smacking, hitting, rebuking, ridicule by others, using an abusive language. "Our parents are greedy they don't allow us to study they want us to do child domestic labor".

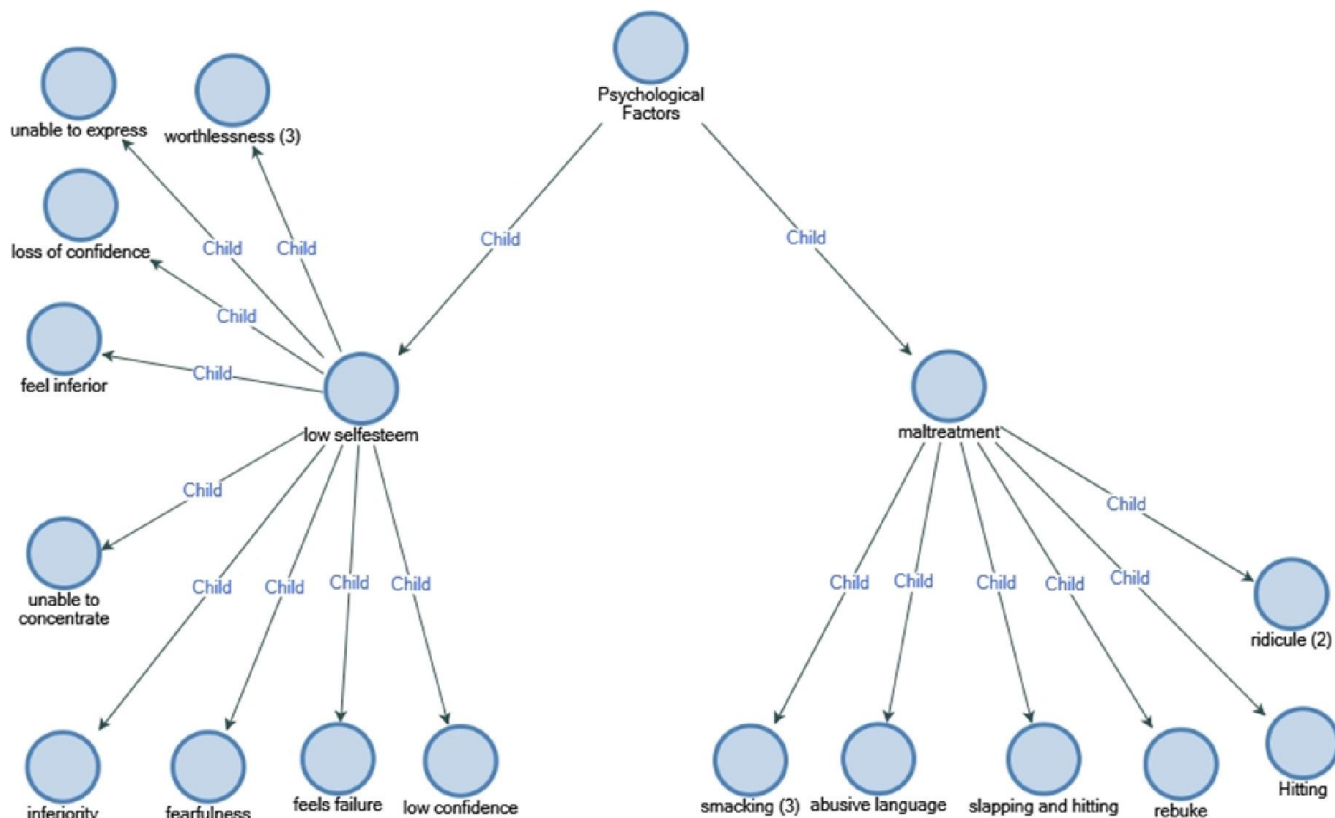


Figure 3: This picture explains that the themes come under the category of psychological factors, low self-esteem and maltreatment are more commonly associated with the child domestic labor working conditions

4. Lack of Opportunities

The children working as domestic laborers they deprived from the all kind of childhood opportunities, they cannot go to school, unable to fulfill their needs, they cannot afford their education, deprived from any kind of play activities, and basic learning skills.

5. Lack of Social Support

While exploring the experiences of domestic child labor this has been figured out that these children miss their social support system, they feel "they are compelled to work because their parents are self-centered and sent them to work". They don't have any social support, no family support, no acceptance by society, no acceptance by family and parents if they don't want to work.

6. Unjust

By exploring experiences child domestic labor this category of people feels that they are discriminated by main stream society, facing unjust of opportunities, they are oppressed, belongs from poor communities. And have disrespectful position in the society.

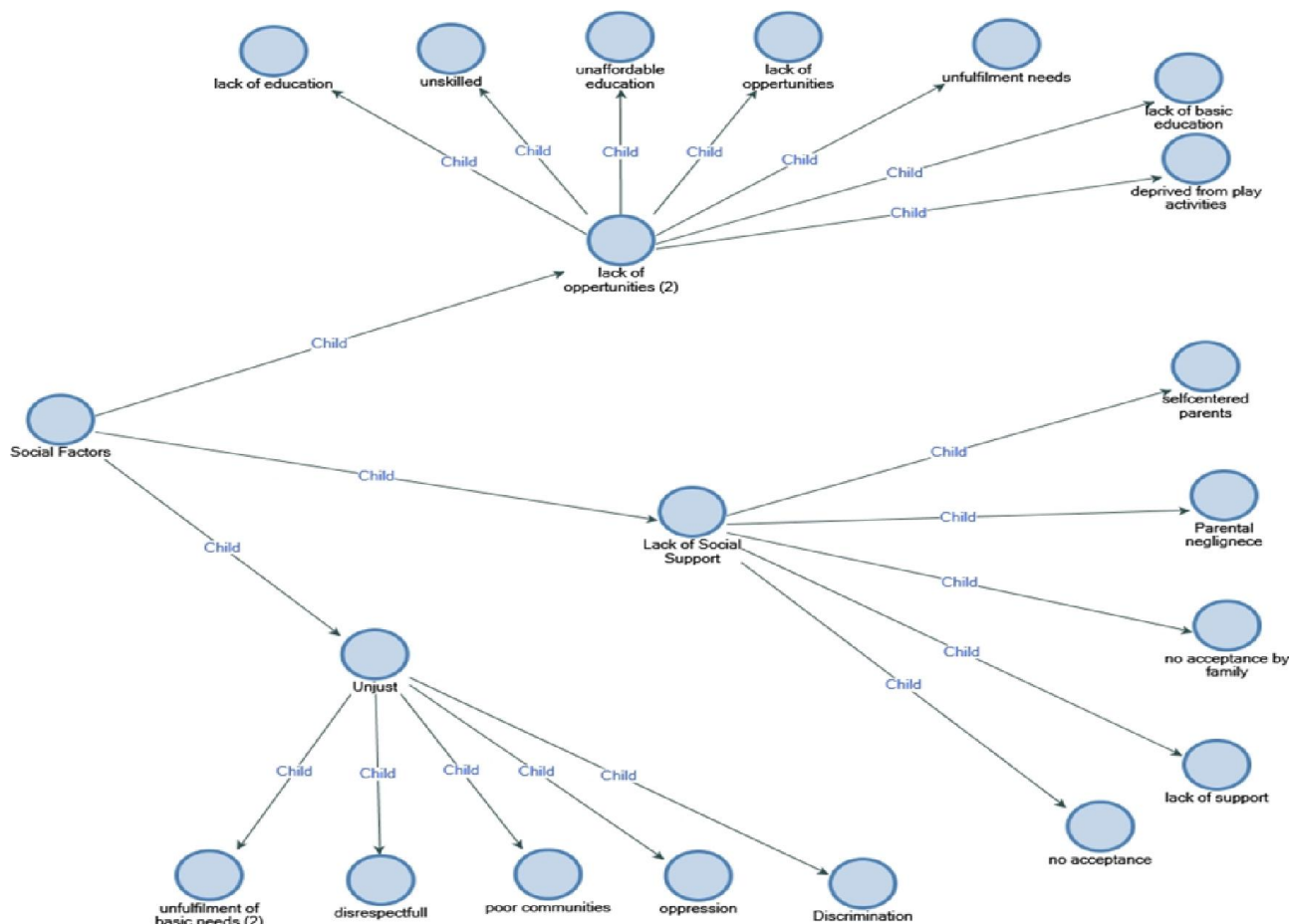


Figure 3: This picture explains that the themes come under the category of social factors, are more commonly associated with the child domestic labor working conditions

7. Financial Issues

Domestically working children shared experiences of financial issues is the main cause of working as domestic labor. They are bread winner of the family, rising poverty, familial economic issues and have low wages, exploitation in wages mean paid less than they work.

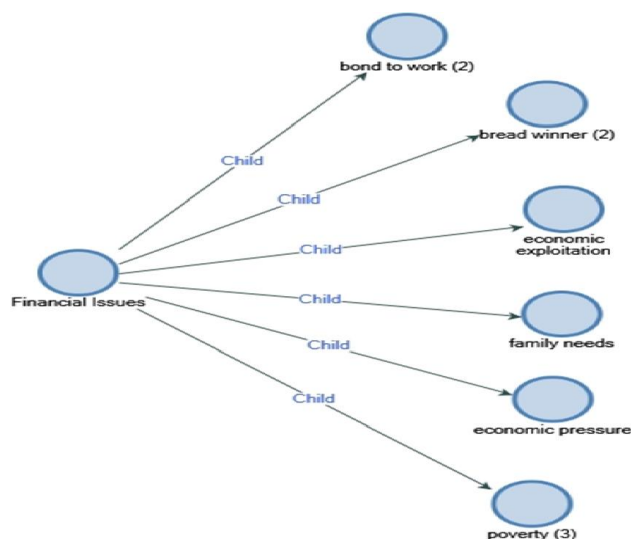
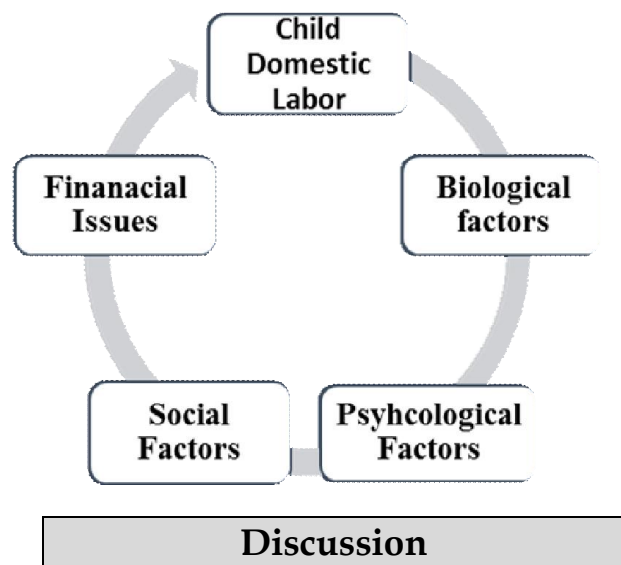


Figure 4: This picture explains that the themes come under the category of social factors, are more commonly associated with the child domestic labor working conditions

Theoretical Model

The theoretical model obtained on the basis of results shows that the child domestic labor is basically revolving around issues which are contributing in developing a child with several deprivations from a childhood, by indorsing biological factors, psychological problems, social issues and financial issues. These main issues are described as that domestically working children facing. This theoretical model has been obtained through the perception of children working as a domestic labor.



The study was aimed to explore the experiences of the child domestic labor. For this purpose, the qualitative research design was used to explore from as a qualitative research methodology this is a unfolding model that occurs in a natural setting that enables the researcher to develop a level of detail from high involvement in the actual experiences¹⁵. Interviews to explore the phenomenology is most common method of gathering a data in qualitative research, it helps to explain, better understand and explore research subject's opinion and behavior. Interview questions are open ended and in depth information has been collected.

The child domestic labor is a worst form of slavery and many children are bonded to work due their familial circumstances, particularly financial issues literature revealed that denying children's fundamental right to be educated between the ages of 5 to 16 exposes them to health hazards, creels their development and indulge them at risk to several forms of violence, exploitation, which is physical, psychological and

sexual. Nearly 80% children want to go to school in Pakistan who are working as domestic labor¹⁶. The study suggests child domestic labor is hazardous occupation for children in which it has harmful effect on child 's growth & development, safety & security. Study indicate that child domestic labor is hazardous occupation, which restrict their normal growth & development, they at risk of maltreatment and emotional harm.⁸ It also a denial of childhood needs and deprived to fulfill biological essentials of a child. Study indicates that experiences of the child domestic labor which is explored through the perceptions of the children is more closely related to their issues, threatened to their safety & security, no fulfillment of basic needs, deprived to play and less social activities to socialize as normal human being.¹⁷

Literature stated that that hazardous working conditions are causing discrimination, isolation, children are away from care takers and also experience the maltreatment in which physical abuse, and oral abuse is also reported by the children which assures that child also understood and perceives and lose of self-respect.⁹

Study also shown when they feel helpless and bond to work they also repress their true feelings children with domestic labor indicated through the interviews they feel unexpressed can't express their desires¹⁸. Few studies reported that the experiences of child domestic labor is more significantly associated with the psychological problems in children with long term consequences than non-working children.¹⁰ Current study clearly explore the experiences of children with mental health issues as well long term outcome on psychological well-being by reporting feeling of inferiority, sleeplessness, fearfulness, worthlessness, loss of confidence, fear to be ridiculed and rejection by society.¹² In the long run literature have shown this particular problem can be turned into clinical issues such as depression, anxiety, violent and aggressive behavior.¹⁹ Children pay heavy price of this domestic labor even brutally tortured and killed.

This study also has identified that this segment of society their children feels that they suppressed, oppressed portion of society which is facing extreme level of discrimination and unjust. They live in marginalized areas where they do not have any kind to resources to have better quality life. As if poverty, discrimination, unjust, lack of opportunities and lack of resources, no place of acceptance, less opportunities of play and get education and have skillful knowledge. Working in domestic labor playing a massive role in

Therefore, study suggests that by exploring the fact and the experiences of the children domestically working can be addressed by knowing their opinions. Role of the stakeholders can be identified appropriately. Parents should be aware about the hazardous conditions and later on impact of child's mental health and physical development. Further the children who are survivors' psychological prevention and counseling should be implemented for their better healthy life.

Conclusion

A word cloud centered around the phrase "child domestic labour". The words are arranged in a circular pattern, with "child domestic" and "labour" being the largest and most prominent. Other words include "smacking", "poverty", "bond", "work", "unable", "breast", "sitting", "places", "exploitation", "winner", "lethargic", "fearfulness", "ridicule", "inferiority", "secure", "loss", "feel", "poor", "confidence", "smacking", "health", "language", "sleeplessness", "winner", "lethargic", "fearfulness", "ridicule", "inferiority", "secure", "loss", "feel", "poor", "confidence", "smacking", "health", "language", "sleeplessness".

The phenomena of Child Domestic Labor is global it is increasing swiftly, Asian countries and Pakistan

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Child Abuse Cases in Pakistan: A Five-year Analysis

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Abstract

Objectives: To analyse the number of child abuse cases in Pakistan over the course of five years (2012-2016) along with multifactorial impact of demographic variables on the situation.

Subjects & Methods: It was a cross sectional study done by collecting the data from the non-profit organization working for child rights, Sahil. After the data collection, the cases were distributed according to various factors such as gender and age. Graphical demonstration for clear distribution of cases has also been done.

Results: Over the time, cases have gradually risen from 2788 in 2012 to 4139 in 2016. The highest number of these cases were reported in Punjab and lowest in Gilgit Baltistan with predominantly higher percentages in girls (61%) than boys (39%). 70% of all these cases had involvement of perpetrators known to child or child's family. However, regardless of the situation's adversity, a large number of cases still remain unreported and very few of the reported cases result in court convictions.

Conclusion: Children in age group 11-15 are most likely to be the child abuse victims, with biggest threat from their relatives/acquaintances.

Keywords: Child abuse cases, five-year analysis.

Introduction

Child Sexual Abuse – an issue rendered “immoral” and a “taboo.” An issue most likely to never get addressed amidst its “sensitivity.” A crime against humanity yet treated as a non-existent sentiment. Child Sexual Abuse falls into the category of those crimes that happen every day but are talked about once in a decade. It's one of those crime that have the fewest chances of ever getting justice. Why? Because society has developed an illusion that something as heinous could never exist. And even if does – it should not exist and the best way to keep thinking like that is to never actually acknowledge its existence. This is particularly true for Pakistan. Child rape is an anathema. Pakistani people don't like hearing about it. It's a “sensitive” topic and in the light of all the sensitiveness, staying quiet – ironically, just like the child victims, is the best solution for Pakistani people. Although, over the course of years with better recognition of the events, as a result of mass media campaigns, the overall scenario has gradually shown a positive side in Pakistan.³

Unlike the physical abuse or trauma, where personal experiences or extent of punishment may cloud the definition, the definition of what actions constitute child sexual abuse is rarely debated. Child sexual abuse is generally defined as any sexual activity with a child without their legal consent.¹ The age of legal sexual consent varies greatly among different countries or even states of the same country. The dilemma of reporting sexual assaults resulting from post-traumatic stress is the major contributing factor towards a very low number of reported cases unlike the actual number of cases.⁴

Subjects and Methods

In the following report, an in-depth analysis of child abuse cases in Pakistan from 2012-2016 is done. For this purpose, data has been collected via Sahil- a non-profit organization working for child protection in Pakistan since 1996. A detailed account of the methods and analysis of data collected will be further delineated in the following section.

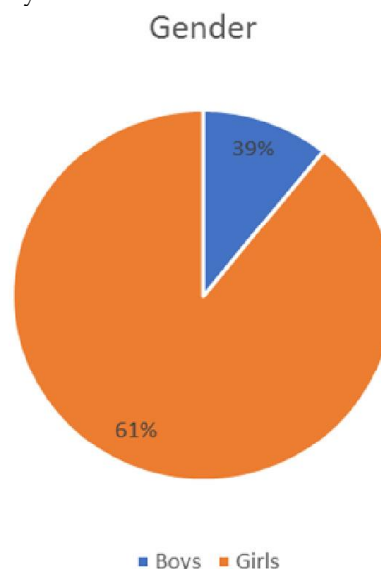
The study was conducted in all the provinces of Pakistan including Gilgit-Baltistan and Federal territory through scanning numerous newspapers on a daily basis for the reported abuse cases.

Results

The total number of cases from 2012-2016 were 17205 with the highest number reported in 2016 and least in 2012. A surge in cases could also be a result of increased awareness among public and inclination towards reporting of such incidents.

1. Gender:

61% of these victims were girls and 39% were boys. Despite the widely held view of public regarding just a handful abuse cases against boys, these stats are contradictory.



2. Age:

The reported cases broadly ranged from as young as 5 years up to 18 years. However, majority of the reports did not mention the age of victim, followed by highest number of people in 11-15 years age group, showing that children are most vulnerable around puberty.

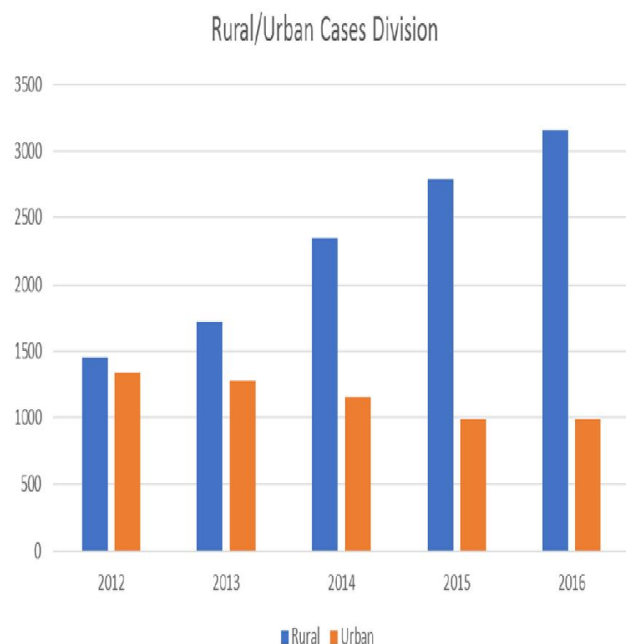
3. Place of Abuse:

Among the option of 13 closed places given, the greatest percentage of crimes happened at acquaintance's place making a total of 45% followed by victim's place (38%). These statistics indicate peak negligence of public towards accepting that most child abuse cases are committed by people known to family or the victim themselves.

The highest cases for open spaces were reported in fields (~50%), suggesting escalated number of cases in rural areas throughout years.

4. Rural/Urban Division of Cases:

As indicated earlier, there has been a steady increase of cases in rural areas over the years. During the five-year span (2012-2016) child abuse cases per year have nearly doubled from 1450 to 3154 in rural whereas a slight decrease from 1338 to 985 cases per year in urban vicinities.



Issue of child abuse cases still tend to be veiled, owing to the conservative cultural and traditional practices and lack of social security and empowerment of the victims.² Despite an average of 9 abuse cases daily, lack of scrutiny and lawful negligence regarding this issue has worsened the situation over time giving the offenders confidence regarding their actions.

Conclusion

In the light of these findings, it is imperative that child sexual abuse should be considered as a matter of major public health concern which is preventable and therefore be placed on the national agenda. The biggest advantage for perpetrators is this conservative society's reluctance. Empty denunciations of 'vulgarity and obscenity' made for political by some quarters only drive the real problems further underground. And the shameful part is that we allow this horrendous act to fester through our silence. Evident through the data obtained that despite substantial number of cases, only a handful offenders were convicted with some even acquitted later due to lack of evidence.^{5,6}

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Original Article

Challenges, Opportunities and Moving Forward the Agenda of Addressing Maltreatment in Children with Disabilities - An Example from Pakistan

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Abstract

Background: Children with disabilities, are entitled to the same rights as enshrined in UNCRC because of the universality of this document. However, children with any kind of disability are at a much higher risk of maltreatment, especially in developing countries. This dynamic may be shaped by a lack of adequate laws, policies, trained staff, and coordination along with social context.

Objective: While writing this article, a detailed desk review was carried out to explore the policies and legislations relevant to rights and protection of children with special needs. A small study was also conducted to explore the present situation of children with disabilities in terms of abuse and neglect and how they can be safeguarded against neglect and abuse in Pakistan.

Materials and Methods: We did detailed desk review of policies and legislations regarding protection of children. We also conducted 10 in-depth interviews to understand the condition of children with special needs in reference to child rights and child protection. Themes emerging from qualitative research are discussed to elaborate on the results.

Results: Lack of awareness, illiteracy, parental poverty are risk factors whereas the joint family system contributes positively to the protection of children with disabilities.

Conclusion: Linking with Pakistan's commitments, policies, laws, existing systems, and social context, this study provides an insight on challenges, opportunities, and how the rights-based agenda of protecting children with disabilities can be taken forward. However, for more in depth knowledge of situation more detailed research needs to be conducted.

Keywords: Children with disabilities, child abuse and neglect, child protection, Pakistan.

Introduction

Although children have been victims of abuse and neglect since antiquity, attention was drawn towards their plight in the landmark paper "The Battered-Child Syndrome" by Henry Kempe as recently as 1962.¹ Since then there have been many significant advances, the latest being its inclusion as target 16.2 "end abuse" in the United Nations Sustainable Development Goals.²

According to the United Nations Convention on the Rights of the Child³, all the rights are universal i.e. every child has the all the rights mentioned in the UNCRC, and these rights belong to each child of the world, irrespective of their country or place of origin, socio-economic status, race, or religion. Children with disabilities or difficult circumstances also have the same basic rights. These rights are linked to the responsibility of the state, society, and their parents or adult guardians. Unfortunately, thirty years since the signing and ratification of the United Nations Convention on the Right of the Child by all the countries of the world except the United States of America, these rights have yet to be implemented in their true spirit. According to the Kids Right Index 2019 developed by Kids Rights and Erasmus University Rotterdam, an index that looks at how well the countries adhere to the UNCRC, there is gross lack of 'enabling environment for child rights' and right to life, health, education and protection in most countries.

Employing the indexes scale range with 0.97 highest possible overall score of Iceland, ranking 16 on right to protection with a score of 0.99 to the lowest possible overall score of 0.2 of Afghanistan (ranking 181) and ranking 136 on right to protection with the score of 0.5, Pakistan ranks 151 on the overall index with a score of 0.5 and ranking 127 on the right to protection index with a score of 0.567.⁴

Prevention and response to Child Abuse and Neglect also have not been uniform. These differ from region to region, country to country, district to district, and even within districts. These also differ from child to child according to the circumstances they are living in and according to the abilities and disabilities of the child.

There is very limited research conducted on the maltreatment of children with disabilities, as this topic faces research challenges in the developed and the developing world, we have not come across any study conducted in South Asia or Pakistan. One reason may be that there are challenges related to definition and

methodology in researching child abuse and neglect of children with disabilities.

In this paper, we have tried to highlight the situation, advancements, and gaps in the provision of child rights, specifically protection rights to children with disabilities along with risk and protective factors within the Pakistani society.

Officially called the Islamic Republic of Pakistan, Pakistan is located in South Asia and is the fifth most populous country in the world. With such a large multi-ethnic and diverse population, ongoing issues such as the fight against terrorism and a struggling economy (Burki & Ziring, 2020), children with special needs have not been the state's priority. With special emphasis on norms and attitudes attached to both disability and maltreatment along with the support structures present, this paper also looks at the socio-ecological climate of Pakistan. Due to the lack of existing data, we conducted a qualitative study for a better understanding of contexts of child abuse and neglect in children with disabilities.

Disability

Disability has been defined differently over time. Persons having lost mental or physical functionality, having long term illness or neurological dysfunction are classified as a 'person with disability' by Australian disability standards.⁵ United Nations Convention on the Rights of Persons with Disability⁶ describes disability as an interaction of impairment and environmental barriers resulting in limitations in independent living. The medical definition of disability sees disability arising from the malfunction or failure of an individual body's system. This disability can be ameliorated, cured, or rehabilitated through intervention and the 'person with disability' (PWD) is expected to avail the services offered for treatment or rehabilitation.⁷

According to the International Classification of Functioning, "disability is an umbrella term for impairment, participation restriction or activity limitations" which happens due to a person's health condition or impairment and personal and environmental factors. An estimated 5.1% of children below the age of 14 have disabilities, with 0.7% having "severe disability".⁸ Poorer health outcomes, lower educational achievements (Filmer, 2008), less economic participation⁹, a high rate of poverty along with restricted participation and increased dependency¹⁰, are all associated with disability. Additionally, it is seen that people from vulnerable populations are more susceptible to disability. Low-income countries have a

higher disability prevalence as compared to those from high-income countries.⁸ Children from poorer households and those from ethnic minority groups are at a significantly higher risk of disability, as seen from Multiple Indicator Cluster Surveys data.¹¹

Child Abuse and Neglect

According to the Report of the Consultation of Child Abuse and Prevention, in World Health Organization Appendix¹² "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

A review looking at a series of meta-analyses on child abuse and neglect prevalence research suggested that the global prevalence for child sexual abuse can be estimated to be 7.6% for boys and 18.0 % for girls. The prevalence for children experiencing child physical abuse is 22.6%, 35.3% for emotional abuse, and 18% for neglect¹³. A critical review of 29 studies, focusing on adult retrospective reports, indicated that a considerable overlap is found in the forms of abuse, hence a child can experience multiple forms of abuse and poly-victimization¹⁴. While this gives us an estimate of global prevalence, the interpretation is open to limitations such as no global consensus to the definition and indicators of child abuse and neglect along with varying ways of data collection and methodologies¹⁵.

Child abuse and neglect among children with disabilities

According to an American population-based-epidemiological study, as compared to children without disabilities, children with disabilities are at 3.7 times higher risk of physical abuse, 3.14 times higher risk for sexual abuse, and 3.8 times higher risk of emotional maltreatment¹⁶. The risk of maltreatment is variable within the different types of disabilities¹⁷. While the study by Sullivan and Knutson¹⁶ may not be generalized to the population from the developing world, it gives a good glimpse and understanding of the link between childhood maltreatment and disability in detail. Firstly, children with various types of disabilities may have a varying risk of the type of maltreatment. For example, children with visual impairment are more likely to be sexually abused and neglected as compared to typically developing peers.¹⁶ Secondly, children with disabilities were more likely than children without disabilities to experience

multiple forms of maltreatment (63% vs. 54.9%, respectively) and recurring episodes of maltreatment rather than a single episode (71% vs. 29%, respectively). For children with and without disabilities, it was seen that the perpetrators from immediate family accounted for 82.2% of cases of physical abuse, 89.5% of emotional abuse and 92.4% of neglect cases, whereas 53.1% of cases of child sexual abuse were accounted for by immediate and extended family members.¹⁶

Thirdly, it can be seen that males with disabilities are at a much higher risk for physical abuse and neglect as compared to females, however, more females with disabilities are at a higher risk for sexual abuse than males. Whereas, among the non-disabled, maltreated children, girls are significantly more at risk for maltreatment including neglect, physical abuse, and sexual abuse.¹⁶

Alternatively, in an Australian population-based record linkage study it was found that not all disabilities have a consistent increased risk of maltreatment. After adjusting for child, family and neighbourhood risk factors, children with either intellectual, conduct disorders or mental/behaviour problems had an increased rate of the allegation and substantial allegation, whereas children with Down Syndrome and birth defects had the same risk as children without disabilities.¹⁷

Even though the causal factors associated with maltreatment of children with disabilities are very similar to those of children without disabilities, certain factors increase the risk in children with disabilities. These include a higher demand on the caregiver¹⁸, parental or caregiver stress¹⁹, presence of multiple caregivers limited access to information or material about personal safety and body protection¹⁸ poverty, illiteracy and lack of awareness²⁰ and communication and cognitive impairment.²¹ Early identification of risk factors for maltreatment associated with family and the child and implementation of interventions can decrease the stress and in turn prevent child maltreatment of children with disabilities.¹⁹

Data and research on maltreatment and children with disabilities

Very few studies specifically focus on why children with disabilities are at an increased risk for maltreatment compared to those without disabilities.²² Most studies conducted on childhood maltreatment do not include disability status as a variable.²³ The question as to what is the criteria for determining child abuse remains. While most studies focus only on

substantiated cases of child abuse, useful information embedded in suspected and reported cases of child abuse is not adequately considered. There is an overlap in these criteria but they are not completely in sync with each other.²⁴

Pakistan Perspective

CRC observations

Pakistan ratified the convention on the rights of the child in 1990 but maintained its right to interpret the articles of the convention in the light of Islamic laws²⁵. In 2011 Pakistan became the 144th country to ratify the optional protocols of CRC. These protocols were about the child slavery, child pornography, and child prostitution. The government has agreed to “continue working for the welfare of children, women, and persons with disability” during the second Universal Periodic Review²⁶ but the execution has been weak.

According to an alternate report on CRC²⁷ submitted by Child Rights Movement (CRM), a network of more than 180 civil society organizations working for child rights, 48% of the Population of Pakistan comprises of children. This is one of the highest ratios in the world. The fifth periodic report on CRC submitted by the Government of Pakistan reports that there were 82 million children and adolescents (age 0-19 years) in Pakistan and 86 million are the projected estimates for the year 2020. These estimates highlight the importance of child rights, protection, development, and care-related facilities, procedures, and laws. Since 2010, after the 18th amendment to the Pakistani constitution, considerable powers are devolved to the provincial governments. Provinces are now responsible for legislation, laws, policies, and procedures, and the corresponding allocation of budget for activities related to child rights and child protection. The alternate report suggests to the Government of Pakistan to ensure proper compliance with UNCRC. Similarly, it recommends that to ensure comparative laws, a single definition child needs to be adopted.²⁸

Statistics

Availability of reliable and in time statistics on children with disabilities remains a big challenge in making informed policies and decisions. It was suggested in Pakistan's National Policy for Persons with Disabilities and followed up in its Action Plan that modules based on WHO's International Classification of Functioning, Disability, and Health (ICF) should be included in the national census.

Ironically even counting the simple number of existing persons with disabilities was included in the 2017 Pakistan census after a lot of hue and cry by civil societies for disabled persons, and yet no other details were included.

Multiple indicator cluster surveys (MICS)²⁹ conducted by the bureau of statistics Punjab, did not include any specific questionnaire about children with special needs. MICS 2017 data available on pre-testing does report on the introduction of a dimension on functional difficulties faced by children 2 to 17 years. Two questionnaires are being used, one for children under age five and second for 5 to 17 years old children. The questions ask about functional problems in hearing, vision, moving, learning & remembering, accepting change, making friends, focusing attention, etc. Results of the MICS survey report there are 17.9% children aged 5-17 who have functional difficulties. Hopefully, the introduction of such tools will improve the availability of statistics on disabilities.

Additionally, there is a dearth of data and research on child abuse and neglect in Pakistan. No record of reported cases is maintained as there is no national or provincial Child Protection Management System. Most of the information which is gathered is via newspaper reports or small-scale studies.

Legislation

Many international commitments have gradually placed pressure as well as paved the way for developing policies and legislation for the rights of persons with special needs. The same is true for Pakistan. While the rights of children/persons with a disability were gradually recognized, initially emphasis was only focused on creating an enabling and safe environment within education and employment.

- **First Policy for Persons with Disability**

The first and only policy for persons with disabilities was developed in 2002. After that, a National plan of action was developed in 2006 to implement ‘national policy for persons with disabilities’.³⁰ It was a very well-developed document but implementation on the plan remained weak.

- **Free and compulsory education for all**

An important milestone in the history of education in Pakistan has been in the form of the addition of article 25A in the constitution through the 18th amendment. In 2012 federal government enacted a “free and compulsory education act”. It was followed by the “Punjab free and compulsory education Act.³¹ This legislation stressed on compulsory and free education

for all and included children with special needs and disabilities. This paved the way for the gradual implementation of inclusive education. Federal and provincial governments realized that without including children with disabilities in the regular schools the goal of education for all could not be achieved.

- Employment opportunities

In 1981 an Act – ‘disabled persons (employment and rehabilitation) ordinance’, was enacted by the government of Pakistan. A two percent quota in general employment was allocated for workers with special needs. For example, if the government announces 20 vacancies of primary school teachers, two percent of seats are reserved only for persons with special needs. Persons with required qualifications and having a valid disability certificate can apply against those reserved seats. After devolution of responsibilities to the provincial governments, Punjab and Khyber Pakhtunkhwa provinces adopted the same ordinance while a new law – the Sindh differently-abled persons (employment, rehabilitation, and welfare) act 2014 was enacted by the Sindh government³².

- Protection against discrimination

Article 27 of the Pakistan constitution is regarding discrimination in services. It safeguards discrimination based on race, religion, place of residence or birth, caste, etc. but disability is not written in this article. An amendment is required to make sure that disability is explicitly mentioned in the article.³²

- Mental health

After the independence, Lunacy Act, 1912 remained the only act for mental health until it was replaced in 2001 by the Mental Health Ordinance. However, on the ground, it was poorly implemented at the provincial level. After devolution of power to provinces in 2010, this responsibility was laid on provincial governments and they had to adapt or enforce a new ordinance to meet requirements of changed rules of business. In Sindh “Mental health ordinance 2013” is enforced while in Punjab – Punjab mental health (amendment) Act 2014 is enacted³³. It includes clauses relevant to treatment, admission, and deciding guardianship for persons with mental impairment.

Even though the Government of Pakistan has tried to address the issue of child abuse and neglect through creating laws, the implementation remains weak. Lack of clear definitions and proper guidelines to report child abuse and neglect is maybe the reason.³⁴ Child Rights Committee of Pakistan Pediatric Association as

the leader of the core group against Child Sexual Abuse helped the government approve a “national policy and plan of action (NPA) for children in 2006”. Unfortunately, it was never implemented. However, it laid the foundation of the ‘Child Protection and Welfare Act 2010’ and was passed in one of the provinces.

The legal journey of defining child abuse and neglect took a turn with the Criminal Law (Second Amendment) Act 2016, which clearly states that “the provision in our criminal law statutes fails to cover a number of serious offenses and now the safeguards provided in this Act will go a long way in protection of all children”. This Act was passed as an amendment to the previous Pakistan Penal Code 1860 and the code of Criminal Procedure 1898. It covers very pertinent issues including minimum age of criminal responsibility, child sexual abuse, internal trafficking, cruelty to the child, exposure to seduction and explicit material, pornography, and its punishment. Previously no law or bill existed which looked at childhood maltreatment of children with special needs or circumstances. The closest we can get are the recommendations of the Child Care Commission in 2018 by the Lahore High Court Writ Petition No. 107273/2017 which will pave the way forward to protect children with disabilities within educational institutes.

There have been cases of mistreatment with special students in special schools. One of these cases where children with hearing and speech disabilities were physically abused by their special school bus conductor in a town in Punjab went viral on social media.³⁵ It prompted a petition in Punjab’s Lahore High Court by a civil society lawyer in 2017. (Writ Petition No. 107273/2017).

Naeem Zafar, (one of the authors) was inducted by the Lahore High Court as Amicus Curiae. Upon the request of the Amicus Curiae, the Honourable Chief Justice constituted a Child Care Commission in 2018 and framed its terms of reference and powers to formulate recommendations for establishing the system of care for children with disabilities. (Order sheet for Case no 107273/ 2017). The Commission co-opted relevant experts, as well as representatives of special persons, and constituted four committees on inclusive education, health, protection, and legal reforms. These committees deliberated for almost 10 months and their recommendations were finally collated and presented as a report to the Lahore High Court in October 2018 (C.M No. __ /2018 in W.p No. 107273/2017). Now we await the court’s decision and

its direction to the Punjab Government to implement the recommendations of the Child Care Commission.

Taking a child-centered, multidisciplinary and multispectral approach and building on the foundation that entire family, which could be nuclear or extended including siblings and parents of the child with special needs are vital for the child to reach his/her potential, a few recommendations were suggested. These included:

- A Commission for the Persons with Disabilities to be established by the Government of Punjab which could serve as an apex body with all stakeholders with due representation of gender, skills, geographical origin, and other specificities.
- All laws need to be amended to accommodate children with disabilities.
- The government of the Punjab needs to legislate on empowerment and inclusion of children with disabilities, mainstreaming all mild and moderate children with disabilities in private and public schools.
- The state needs to take adequate measures to implement existing frameworks for protecting children with disabilities. An independent complaint redressal system needs to be developed which would provide a platform for receiving complaints from children with disabilities and their families.
- A "Resource Directory for Persons with Disabilities" including the database of schools, vocational training centers, and professional services needs to be developed.

At the federal level different ministries and at the provincial level different departments are responsible for the wellbeing of and extending services for children with special needs, vulnerable groups, and minorities. In Punjab the responsibilities are distributed according to the Punjab Government rules of business, 2011 and ironically, disability being a cross-cutting issue, different departments are responsible for education, training, health, and protection of children with special needs. Children enrolled for inclusive education are the responsibility of The School Education Department whereas The Special Education Department has the responsibility for special education programs, development of policies, selection and training of teachers, curriculum development, teaching, and training of students and examination systems. The Department of Human Rights and Minority Affairs deals with violations of human rights while The Department of Social Welfare

has the responsibility of registration of persons with special needs, it arranges disability boards at the district hospital level in collaboration with the health department for issuance of disability certificate. The Social Welfare Department also provides vocational training, employment guidance, and financial assistance to persons with special needs. Similar administrative bifurcation is visible in administrative responsibilities.⁸

A serious gap that hinders the policy-making, budget allocation, systems, and procedures and prevents better results for the target population, is a lack of coordination between departments. While different departments develop their sectoral plans, there is a need to adopt a multi-sectoral approach to involve health, school education, special education, and social welfare departments for making unified and consolidated strategies. The Child Care Commission suggested that there needs to be a mandated coordination role of human rights and minority affairs department and linkages of the Special Education Department with District Education Authorities need to be maintained (C.M No. — /2018 in W.p No. 107273/2017).

Alternatively, there are no organized mechanisms or a department for managing abused and neglected children in the country. The Child Protection Welfare Bureau is mandated to look at child abuse cases however its focus is mostly on destitute children, completely ignoring children with disabilities. Apart from one solitary child protection unit at Lahore which is a hospital-based model looking at severe cases, there is no structured entity to manage cases of abuse and neglect. The data maintained at this Child Protection Unit is also not disaggregating for disabilities³⁶. While most NGOs look at and report severe cases such as that of commercial exploitation and rape, cases of physical and emotional abuse often go unnoticed and unreported.³⁴

Social Context

Both nuclear and joint family systems (where grandparents and other extended family members live together in a family home) prevail in Pakistan.³⁷ Though gradually awareness and acceptability of special needs are increasing in Pakistan, in a poor rural family where every member's contribution to earning enables the family to have both ends meet, a child with a disability is often considered to be an undue burden. Out of poverty, illiteracy, and ignorance, it is very hard for the family to provide necessary health, nutrition, and training facilities to the child. As about

two-thirds of the population lives in rural areas and a majority of cases, in joint family settings, a child with a disability grows up interacting with members of immediate as well as extended family. On one side joint family provides psychological and everyday support to the parents in taking care of the child but at the same time interaction with lots of familiar adults in the family increases the risk of being neglected and abused by close and trusted ones. Children with disabilities can easily fall victim to such inappropriate treatment because they are more vulnerable in terms of protecting themselves and also reporting such behavior. There have been cases where maternal uncle, an older cousin, and even domestic workers have been involved in the repeated incidence of abuse with these children. Quite similar conditions are visible in the urban area as well, in the nuclear family system, both working parents have to leave the child with a maid or at some other relative's home which increases the risk of neglect and abuse.

In rural areas, when it comes to education and training of children with disabilities, the non-availability of special schools in villages compels parents to keep their child at home, send him/her to a nearby public school of regular education or select any religious school (madrasa). In public schools, inclusive education has not been implemented by the government and thus the child faces multiple challenges. On the one hand, teachers lack required orientation and training and as a consequence, the child faces unacceptability and a relatively harsh attitude from the teacher. On the other hand, the child gets bullied or mistreated by class fellows or other students in school. Many blind and physically challenged children in villages end up landing in the Madrasahs for religious education. Teachers working there usually are very strict in disciplining the students. Many cases of physical and sexual abuse to normal as well as children with disabilities have made it to the national media, which very well gives us an idea that how bad the condition of students with disabilities might be there in madrasahs as well as in other educational institutions in rural areas. In urban areas, academic facilities are relatively better but attitudinal, social, and behavioral barriers are almost the same.

There are no mechanisms for managing abused and neglected children in the country and apart from one solitary child protection unit at Lahore, the systems which were recommended in this NPA could not be replicated.³⁶ While most NGOs look at and report severe cases such as that of commercial exploitation

and rape, cases of physical and emotional abuse often go unnoticed and unreported.³⁴

Objectives of the study

The present study was carried out to discover how persons with special needs and persons related to them comprehend the construct of child abuse and neglect. It was also aimed at identifying the risk factors and potential protecting factors in a socio-economic and cultural perspective of Pakistan. Objectives of the study were to:

- Analyze the present situation of children with special needs in Pakistan, in terms of abuse and neglect.
- Identify the factors that can contribute positively to safeguarding children with special needs against neglect and abuse.

Materials and Method

The study required in-depth knowledge of the present situation of children with special needs in Pakistan, so the qualitative approach was considered more appropriate. Detailed interviews of persons with special needs, their family members, and professionals working with special children were conducted to get a clear picture of the situation in Pakistan.

Participants

Purposive sampling was used for the selection of participants. Inclusion criteria for persons with special needs were "age above 18 years", "Pakistani national", "ability to communicate verbally, through sign language or through any other alternative way" and "willingness to participate in the study".

For family members and professionals' inclusion criteria were "minimum three years' experience of working with children having special needs", "relevant training & qualification" and "willingness to participate in the study". 30 persons with special needs and people related with them were personally contacted by the researchers but many of them were hesitant to talk about child abuse and eventually didn't show willingness for participating in the study. Finally, based on the inclusion criteria, 10 participants were selected for the study. Four participants were persons with special needs (visual impairment, hearing impairment, intellectual impairment, and muscular dystrophy), one participant was the mother of a special child and five participants were professionals working with special children.

Table 1: Participants of the study

<i>Participants</i>	<i>N</i>	<i>Qualification (years of education)</i>	<i>Age</i>	<i>Gender</i>
Persons with Special Needs (visual impairment (n=1), hearing impairment (n=1), muscular dystrophy (n=1), intellectual impairment (n=1))	4	10 – 18	18 – 43 years	Male(3) Female(1)
Family members of children with special needs	1	16	38 years	Male(-) Female(1)
Professionals working with children having special needs (Special educationist (n=1), Psychologist n=2), speech therapist (n=1), physical therapist (n=1))	5	16 - 18	25 – 47 years	Male(1) Female(4)

Data collection and analysis

An interview guide was developed. It had questions on five key areas; a) understanding of constructs of disability, neglect and abuse, b) reasons why children with special needs are more vulnerable to abuse and neglect, c) kinds of abuse children with special needs are exposed to, d) personal experience with any victim of abuse and neglect, and e) identification of factors which could contribute positively to the protection of children with special needs. An interview guide was then shared with three senior colleagues, having at least five year experience of working with children having special needs and having a minimum of 18 years of education. Their suggestions for improvements were incorporated into the interview guides.

Once the interview guide was finalized, two research assistants were given training, and data was collected through them. Standard procedures for qualitative data analysis were used to interpret the data. Audio recordings of the interviews were transcribed. Each file was coded with the ID number of each participant. After reading and re-reading the transcriptions word to word and sentence to sentence, many open codes emerged, which were eventually narrowed to categories and themes. At this point, categories and themes were shared with senior colleagues for suggestions and feedback. These themes were used as bases for discussing the findings.

Results

Themes emerging from Interviews provided the bases for discussing the findings. Each theme is used as a bullet point to describe the findings.

I. Defining Disability:

Participants were asked to describe disability. Persons with disabilities explained it as “a limitation by birth”, “any missing ability” and “a form of human diversity which translates into disability due to environmental

barriers”. A participant with muscular dystrophy explained it as a “hardship which should be faced with courage and positivity”. Professionals working with special children discussed different aspects of disability e.g. “limitations in using certain abilities”, “different types of special needs”, “different categories of severity” etc.

Almost all participants seemed to focus on the “limitation to work independently” dimension of the disability. The participant having muscular dystrophy explained it as a trial that needs to be faced bravely, which is quite understandable as this degenerative condition progresses with the time. The participant with mild intellectual impairment (who was diagnosed as having mild intellectual impairment as per the assessment record of his education institute) even went forward to say that few people consider them a burden.

Based on the views of all participant it became evident that almost all were pre-dominantly inclined towards a medical model in terms of describing disability. Only one participant (with visual impairment) seemed to understand the construct of disability from a social perspective. He explained “disability is human diversity, impairment and disability are two different things. If an accessible environment is provided, impairment might not translate into disability”.

II. Meaning of Neglect & Abuse:

To understand and interpret the responses of participants, it was critical to comprehend how they perceived the phenomena of child neglect and abuse. During the data analysis, it evolved as an important theme. To many participants, “neglect” meant ignoring or paying less attention to others. Many professionals in the sample thought that abuse was far more serious than neglect. To them, if peers, siblings, family, and teachers are less social or warm towards children with special needs, it is a form of neglect. It became quite clear that neglecting the presence and needs of special children was more close to their understanding of the concept of neglect. A special

educationist explained that “neglect refers to not giving attention or ignoring a person”. The participant with intellectual impairment said that “because special people are not capable of doing something substantial, they are neglected by others”.

“Abuse” on the other hand was better understood the way societies tend to explain it as compared to neglect. Many different types of abuse were discussed by the participants e.g. physical, sexual, psychological, verbal, etc. A psychologist described the abuse as “any kind of bad words or actions which disturbs or inflict pain on others”. The abuse was defined by a speech therapist as “something imposed on someone or compelling someone to do something unwillingly”. Few participants even shared that due to recent events of child abuse surfacing on media and consequent media campaigns have contributed positively in increasing understanding of child protection and safety in Pakistan. Although no inference can be made based on the small number of participants, it did suggest that media is gradually opening up to this issue and people are getting sensitized through media.

III. Children with special needs are at higher risk of abuse & neglect:

All participants shared that children with special needs are at a higher risk of being abused and neglected. According to the speech therapist, “children with special needs have challenges in understanding non-verbal cues, therefore they fail to understand and respond appropriately to the behaviors of others”. Their difficulty in communication places them at a higher risk of exploitation. It was shared by the participants that because many children with special needs are highly dependent on their family members and caregivers for meeting their basic needs, so they are more exposed to the potential risk of abuse. At times these children are physically abused by the frustrated caregivers and family members. Not being able to meet the expectations of others, dependence on others, difficulty in understanding the intentions of others, inability to appropriately communicating how they are treated, and potential neglect by the caregivers, all these factors put them at a higher risk of being abused.

IV. Types of abuse children with special needs are exposed to:

Many participants shared that children with special needs are potentially at risk of verbal, physical, and sexual abuse. The participant with muscular dystrophy shared that “hiding children with special needs from the society and denying them of their basic rights of participation, independence and respect are

also a form of abuse”. According to the participant with hearing impairment “lack of appropriate emotional and social support from the family and siblings sometimes leads them to depend more on external social circles. This over-dependence on external groups can expose them to exploitation and abuse”. Psychologists and special educationists shared that moderate to severe disabilities, especially those affecting communication abilities e.g. Autism spectrum disorder, cerebral palsy, and intellectual impairments, put children at a greater risk of being abused and neglected.

The Mother of a special child reported that not only children with special needs but their families are also a victim of constant abuse. Negative people call these children with bad names, mock their actions and don’t let their typically growing children be friends with special children. Constant stares by the general public make it difficult for the family to go to public parks, markets, and other social environments.

According to the participants if these children are abused or maltreated, parents usually do not report, rather they tend to hide these cases due to a) stigmatizing, b) involvement of family members in abuse, or c) to avoid social pressures.

Four participants shared that they have come across children with special needs who were physically/emotionally/sexually abused by their caregivers, drivers, or other support staff at home. They also shared that once these cases were reported to the parents, most parents tried to change their home environment to ensure the safety of their children.

V. Positive and negative factors in society:

According to the participants, certain risk factors in Pakistani society make children with special needs more vulnerable to abuse and neglect. These factors specifically include lack of awareness, illiteracy, and poverty of parents.

Participants shared that lack of parental guidance, financial challenges associated with disability & health impairments, lack of governmental support, insufficient medical & training facilities, and in some cases non-supportive behavior of extended family also make situation more critical.

Participants shared that in most cases, joint family system helps in keeping children safe from abuse. Joint families are a source of support for the parents, not only in parenting but also in keeping children in safe hands and protecting them from potential abuse and neglect.

Two participants shared that in their opinion rural setting is more responsive to needs of special children.

In rural settings habitants live in a very closely knitted social network where people know each other very well. This close network contributes to social support and acceptance of diversity with a more open heart. Older members of rural society also help in providing a safe social environment for all.

VI. How to protect children with special needs from abuse & neglect:

An important theme that surfaced during analysis was about suggested changes in the environment for improving the situation regarding abuse & neglect of children with special needs. Most participants shared that the issue of child abuse has sprung up on the media after certain cases of child sexual abuse, but abuse and neglect of children with special needs remains a highly neglected area.

Participants expressed that concentrated and structured efforts are required to use different forms of media for raising awareness on abuse & neglect of children with special needs. This will help in busting myths about disability and will create a more positive image of people with disabilities. A more socially supportive and positive environment will help in making our society a more secure and safe place for children with special needs.

According to the mother of a special child, “parents are the main actors for ensuring healthy personality development and safety of their child with special needs”. Parents must be given proper guidance and training so they can impart proper training to their children.

Discussion

While the overall state of children in Pakistan is ranked among the lowest in the world (Kids Rights Index, 2019), the rights of children with disabilities are further at risk. The topic of child abuse and neglect is considered taboo, so is the topic of disabilities which has an aspect of social stigma attached to it. There are little data and very limited research on the issue of child maltreatment among children with disabilities²². Although the present study had a limited number of participants, it does provide insights and grounds for more elaborated studies. There is a dire need for a centralized database that collects data from various sources to understand the dynamics of abuse among children with and without disabilities³⁶.

We found during this limited study that according to the respondents, the definition of disability has evolved. It was seen that disability was defined more along the lines of the medical model as compared to

the social or the systems model. Additionally, participants of this study reinforced the notion of “limitation to work independently” as a definition of disability. This may be linked to how it has been focused within the national context through the legal journey. As the journey of disability within Pakistan evolved, there was a strong focus on education and employment. It was only recently through the deliberations and then the report of the Child Care Commission, that issues of child maltreatment and rights of the children were connected to disability. The recommendations of the Child Care Commission have yet to be adopted by the government and then only can we expect a change in the rights-based perspective of childhood disabilities

Similarly, the global consensus to defining the indicators of child abuse and neglect and varying methods of data collection¹⁵ have added to the challenge of understanding child abuse and neglect in the disability context. In Pakistan exposure to media events³⁵ has not only revealed how child abuse and neglect are understood but have also contributed to stronger interest and awareness. Consistent with previous research, the findings suggested that children with disabilities are at a higher risk due to communication and cognitive impairment²¹, higher demand on the caregiver¹⁸, parental or caregiver stress, leading to child maltreatment¹⁹ and presence of multiple caregivers. They are at an increased risk due to lack of parental guidance¹⁸, poverty, illiteracy, and lack of awareness²⁰, lack of legislation, efficient administration, service provision, and overall government support.

While previous researches have established that most abuse is perpetrated by immediate or extended family members¹⁶, findings from this study highlight the protective role of the family. Immediate and extended family, especially grandparents are very protective of children with disabilities. Social support from family members eases the burden on the parents and helps in protecting the child. However, it was also seen from the findings that the non-supportive attitude of extended family members and their negative attitude can be a risk factor. Similarly, participants of this study felt that closely knitted social fabric especially in rural settings adds to acceptance of diversity and helps the child be included in the society. However, previous research suggests how increased dependence on multiple caregivers can be a potential risk factor. More research needs to be conducted to understand the dynamics of joint families and closely-knit social networks in collective cultures such as that of Pakistan

and prevention efforts need to include them as major stakeholders.

The challenges within the legal and administrative systems including lack of proper definitions and understanding, awareness among policymakers along communication and coordination among departments have created systematic loopholes which make children with disabilities even more at risk. While the Child Care Commission by Lahore High court (C.M No. __/2018 in W.p No. 107273/2017) has paved the way for protecting children with disabilities, implementation seems to be a farfetched idea. It can be seen that suggestions from the study are very similar to the Child Care Commission 2018 recommendations pointing towards a rights-based, multidisciplinary, child-centered approach with family being a key stakeholder. The need for awareness-raising and training of children with disabilities, parents, and professionals about child maltreatment is also emphasized.

To provide a safe and enabling environment for every child, with or without a disability, and to fulfill UN-CRC commitments and Sustainable Development Goals, we need to take a holistic, child-centered, multidisciplinary approach and understand that we need to act quickly to protect children from all kinds of maltreatment.

Limitations

This study only provides a glimpse of child maltreatment among children with disabilities in Pakistan. Although a diverse sample was selected for in-depth interviews, views of the participants cannot be generalized and the sample is not representative of the whole population. The participants were from urban areas, where facilities are present for children with disabilities. Understanding and situation might be different in rural areas and where factors such as poverty, parental education, overall literacy rates, parental mental health interplay. This also calls for larger and broad-based studies and data collection on the topic of Child Maltreatment within the context of Children with Disabilities.

Conclusion

Despite its limitations, this study is one of the first to look at child maltreatment among children with disabilities within the Pakistani context. Child maltreatment and disabilities are a neglected topic not

only for research but within the policy, legal, and social context. This small study provided a glimpse of how child maltreatment among children with disabilities is understood by professionals working with them and emphasizes the systematic loopholes making it difficult to protect these children. Further research needs to be conducted looking at dynamics of interaction between children with disabilities and various stakeholders, the association of joint family structure and collective cultures, systems of protecting children with disabilities, perceived and actual protective and risk factors and how to include and respect the views of persons with disabilities and professionals working with them.

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Parenting: A Learned Skill

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Author's Contribution

¹ Conception of study

¹ Experimentation/Study conduction

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Raising a child from infancy to adulthood is a daunting task, a skill parents need to learn. It involves not only promoting the physical development of a child but taking care of a child's emotional, social and spiritual needs. Parents mostly realize the need for education (taleem) but the all important aspect of training or tarbiah, i.e. inculcating positive behavior in a child. The latter is founded upon religion, family, and cultural values and relationships, which is the prime responsibility of parents or guardians. It involves raising a child in such a manner that he or she can become a good human being in addition to receiving factual education.

We often confuse the two, giving our children ta'leem (education) when they need tarbiyah. Formal Education (Tailem) is teaching our children the basic facts of life in school which often consist of sharpening the simple rote memory, Training (Tarbiyat) is developing the ethics and moral values in children, developing the art of conversation, instructing table manner, teaching prayers, highlighting duties to once neighbors, relatives, etc., most are not taught routinely in school. Building relationships with our children is the most important aspect of child-rearing. It has both emotional, social, and spiritual angles.

In Arabic, the term "al-tarbiyah" encompasses involving and contributing to the physical, psychosocial, and spiritual development of children. This involves continuous nurturing of body, mind, and soul. Tarbiyah involves the development of a child's physical, mental, emotional, and reasoning sense. This requires continuous guidance with love and care until the child is independent to play his/her role in society.

This remains the prime responsibility of parents and cannot be outsourced to another adult.

Factors that influence the relationship between parent/guardian and children include community support, cultural influences, parental relationship and temperament, previous experiences, and the educational and intellect of parents.

There are four types of relationship between parent and a child: Each involved a standard strategy based on psychological constructs

Secure relations: The child in this category is dependent on his parents or caretaker. He believes that a person will always be there to protect him. This is the most powerful relationship.

Avoidant relations: The children in this category will not get a sense of security, instead they learn to take care of themselves and thus appear too independent. The relationship they build is often too weak.

Ambivalent relations: The child in this attachment is also insecure. The children notice what behavior got their parent's attention in the past and use it over and over to get their attention. The child in this category is always insecure.

Disorganized relations: Parents are inconsistent with their attitude toward children. Children as a result are confused as to what to expect from their parents. They quickly learn to predict parental reaction and learn to do which acts will make their parents react in a way they like to.

Types of parenting styles: commonly parents exhibit four parenting styles during child-rearing

1, Authoritarian Style: such parents are strict disciplinarians, rigid in their rules, demanding but not

responsive, and expect absolute obedience from their children without question.

2. Authoritative Style: in this parents respect the opinion of their children and are responsive. At the same time, they are demanding, firm, and disciplining their children with affection without the use of power.

3, Permissive style: in this parents have little control over the behavior of their children. They are not demanding and impose a little restriction on their children and are inconsistent in disciplining them. Their threats of punishment are empty without enforcing limits. Role reversal occurs with the passage of time.

4. Detached style: In this parents are neither responsive nor demanding. They are unaware of the need for affection for their children and or careless or lack tactics to effectively discipline their children.

Do parents need to be taught parenting skills? Yes, everyone involved in child care and child-rearing needs to learn parenting skill which is acquired skill. The most common caretakers are biological parents but often, grandparents, guardians, elder siblings or other family members, persons working at an orphanage and other similar institutions, trusted with the care of children are also required to learn the basics of parenting skills and hone their skills as the child grows.

How parenting skills can be developed. There is no one size fit all formula, parenting need has to be tailored to the need of the child. At the same, the basic values to be taught cannot be overruled.

Few essential parenting tips are:

Communicate with child. Talk about everything and ask about everything. Give space and share space. Let them not fear you but love you. Keep communication open and be aware of their child's activities. This will set the tone for their relationship in foreseeable future.¹

Stay connected with your child and develop in them the ability to assess the child's behavior and notice any recent change in them. Creating a reward-oriented environment focusing on the positive outcome and responding to a child's problems with empathy is the key to good parenting.

Stay consistent, Set up regular routines, and remain consistent, this will reflect in developing positive behavior in children.

Be Flexible: recognize the child's needs and adapt to the changing needs of society. Help the children by giving clear directions and offering opportunities to choose and negotiate.

Appropriate boundary setting is most essential that parents to set up healthy boundaries with their

children. This can be reached with parents and child both to an agreeable limit and solution.

Discipline: this is a very important aspect of setting a healthy parent child relationship. Finding the solution to the child's problems, conflicts and behavior are more important in building a strong relationship than punishing children in order to teach.

Built a supportive social network for your child: by reaching out to the community and utilizing the resources available to them.

Focus on child's developmental needs in the early years of their life. This is most important, Play with your child. Take them to new and exciting places e.g. parks, museums, historical sites, etc. Give them small tasks and reward and praise them for their achievements.

Parenting in various stages: Parenting begins well before the birth of a child and continues well into adulthood.

Pre-pregnancy: The mother begins nurturing a child during the antenatal period. Studies suggest that from the 5th month onward, a baby is able to hear sounds and is aware of motion. Studies have shown that the baby is familiar with the parent's voices in utero. Research also shows that antenatal during the seventh month onwards, external factors influence the unborn baby's sleep habits. Planning to have a Family, spacing between birth, selection of one's place of delivery and the doctor, etc. are some aspects of child care that need to be thought and discussed with the potential father and the family.

Pregnancy: Decisions taken by parents, their lifestyles, health, and dietary habits of the mother can have a positive or negative impact on the child. Management of the pregnancy, clinical acumen of physician, hospital environment, and options as regard mode of delivery is important. Parents should ask the obstetrician about the frequency of their visit and who will provide covers for them in case the obstetrician is not available. Learn all about your backup physician as well as your primary doctor. Select maternity or hospital within reach and make arrangements for transport beforehand.² Prepare mother for breastfeeding, immunization, and baby's other anticipated needs, etc.

Newborns: Their basic needs are food, sleep, comfort, and cleanliness. A baby requires feedings frequently this may disrupt the parent's sleep so especially prepare the mother for this and give as much support to her as possible.

Breastfeeding is the only recommended source of feeding. The latter is on demand by the newborn

which is very often, in a normal weighing baby. Babies also require frequent cuddling and caressing. Recognize different types of baby crying representing different needs such as hunger, discomfort, loneliness, etc.

Establishing bonding and attachment is the foundation of the relationships between parent-child throughout life. Lack of attachment does serious damage to a child's health and well-being. Studies showed that children with secure attachment in early childhood will have long-lasting relationships and higher self-esteem. On the other hand, children neglected during early life exhibit more behavioral problems towards authority figures. Studies showed that children with secure attachment have the ability to form successful relationships and have higher self-esteem in adult life.

Toddlers (1-3 years of age):

Toddlers are more active and independent in doing simple tasks by themselves. They need help to explore the world around them, they seek greater independence and become frustrated when they do not get their way of doing things. They need parental support to build their vocabulary and develop their communication skills. At this stage, they begin to understand social etiquette such as being polite.

Tantrums are common at this stage. It is quite normal. It is an essential step to their development. They will learn through experience. Parents need to be aware of such behaviors, threatening children or punishments is not helpful and will make the situation worse. Guide and teach the child in establishing basic routines such as washing hands before meals or brushing teeth.³ Give children responsibilities according to their age. Parents should teach the child how to do things by themselves rather than doing things for them

Preschool: Children at this age subconsciously need you more than anybody else. Parents are role models for them. They expect the pampering you showed to them when they were two or three years old. Sibling rivalry is at its height. Parents need to be more conscious of the needs of such children. They often require more attention, the show of affection, and cuddling. Parents are too exhausted and occupied after the arrival of a new baby in the family that they often overlooked the emotional need of the older children.

Young Children: Children are more independent at this stage. They are beginning to build friendships. They learn to make decisions for themselves. They demand constant attention but learn to play independently. Parents should help their children by encouraging social interactions proper social behaviors

by involving them in activities and household work. Imparting responsibilities and explaining consequences of their actions e.g. Value of money. Proper parenting at this stage will be met with lesser problems when the children mature. Parents who are consistent and fair with their disciplining rule and who openly communicate and offer explanations to their children often find they have fewer problems with their children as they mature.

Adolescents: At this stage, children are beginning to establish their identity and are developing the interpersonal and occupational roles that they will assume as adults. Parents must treat them as young adults. Although adolescents look to peers, parents remain influential in their development. They need to keep the communication open. Adolescence is a time of high risk. New-found freedom can result in drastic consequences. Peer pressure is high. Parents often feel isolated, but they should make every effort to be aware of their adolescent's activities, and be ready to provide and offer guidance.⁴

Parents need to build a trusting relationship with their children and plan activities together, keeping their promises and spending quality time with them. Don't constantly remind children of their past mistakes rather, praise their strength and listen and talk to them.

Adulthood: Parenting is a process. Support is needed well beyond the adolescent years and should continue. An adult child may need financial support or advice which can also include providing an inheritance during life or after death. The wisdom and perspective about life given by parents benefit their children throughout life. Becoming a grandparent has many similarities with parenting. Roles can be reversed when adult children become caregivers to their elderly parents.

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Review Article

Child Abduction

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Author's Contribution

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Introduction

Child theft or abduction is the **crime of unlawfully eliminating or unlawfully preserving, or hiding a youngster or infant from custody of natural parents or guardians nominated for the child**. Kidnapping or in other words abduction can be called snatching away individual coercion, by deceit, deception or harassment, or cruelty and taking him away from his residence.

While talking about the type which is being practiced widely is familial kidnapping. It normally takes place when the parents of a child part their ways. In this type, one of the parents with which the child lives forbid the child not to meet or talk with the other parent. It is because he or she has a fear that if the child meets with the other parent or talks to them, resultantly, he will get attached with them and hence his position in the child's life will deteriorate. In some situations, children are taken by relatives for some time and later returned to either of their parents. In poor socioeconomic status and father's unemployment state may lead to detainment of children with mother, who cannot meet the basic living needs and children are abducted for slavery especially young girls. Familial kidnapping has been signalized as inhuman treatment of the child. Frustrated and separated parents show their emotional reactions in the form of lack of affection and love, child abuse, and child neglect which also precipitate child abduction and sexual exploitation later on.

In familial kidnapping or abduction, the youngster is bound to stay in a similar town, district, or area, in a similar nation. It can also be kept in mind that often

one of the parents sends the youngster to an entirely different country.

Global child kidnapping usually takes place when a parent goes with the youngster to a foreign state or even a condition that may imply that the youngster is forced to leave the country and not given a chance to come back to his native country. The incidence of global child abduction pursues to grow due to the facility of travelling abroad, growth of people being married based on two cultures, and excessive separation cases.

Abduction by a stranger

No one can predict child abduction by strangers or non-family members but there are ways by which parents and guardians can reduce the risk of a child being abducted.

Females and male strangers slowly develop friendly relations by giving money and persuasive things to children outside schools and homes, threatening children to harm their families, persuading them to leave home, and assisting them in abduction from homes. Later these children are supplied/ sold for sexual exploitation in exchange for their basic needs as food, a place to live, clothes, and money.

Different reasons are highlighted for child abduction by strangers;

- **For a sexual purpose:** Most abductions committed by non-family members are motivated by the offender's sexual interest in the child. The victim is either killed, deeply injured, or sold in other cities.¹

- **To exert control, aggression, or violence:** These types of abductions are motivated by an offender's desire to control, dominate, and cause harm to a child and/or a child's family.¹
- **Due to emotional/mental health issues:** the offenders have a psychiatric disorder that persuades them to commit child kidnapping or abduction. They have "the desire" to make the abducted infant her own child or think that the abducted child is "her own child." These females are sometimes not able to bear their own babies and for their internal satisfaction characterized by their mental trauma by kidnapping a youngster or an infant more readily than by having an adopted child. The illegal act is frequently planned and intentional, with the female frequently impregnation to lessen the intuition when a child comes across in the family.
- **Financial gains:** These types of abductions occur because an individual intends to get money from the abduction. The main aim is to draw money from the parents in the form of ransom.
- **Child slavery.** Young girls are abducted from parents for home slavery and later exploited as sex workers.
- **Child soldiers or sex slaves:** Especially in areas of warfare to satisfy the sexual needs of soldiers.

Effects of Child Abduction

All children who undergo abduction are adversely affected irrespective of their age and stage of development. Even parental child abduction fills them with anger, confusion, and insecurity about their living arrangements as they lose one of their beloved parents. They lose trust in their parents and they have feelings of shame and self-hate and experience of being torn up.²

Physical symptoms of stress, non-physical symptoms like lack of faith in the legal system and adults, the acceptance of conflict as normal, a general lack of trust, difficulties with schooling due to time missed, depression, bad behavior and regression, tensions in familial relationships when living with non-abducted siblings and family members on the return are the most observed effects documented in different studies. Friendships problems are seen among children

abducted for weeks to months. All these effects are long-lasting hurting them in their whole lives.³

Data Analysis

According to the report, 'Cruel numbers 2020' compiled by NGO SAHIL, in Pakistan 834 child abduction cases were reported from newspapers. It also included the crime cases of sexual abuse committed after an abduction. These reported cases are 4% less than the year 2019.

Gender:

Unfortunately, 74% of the abducted children were girls and 26% were boys.

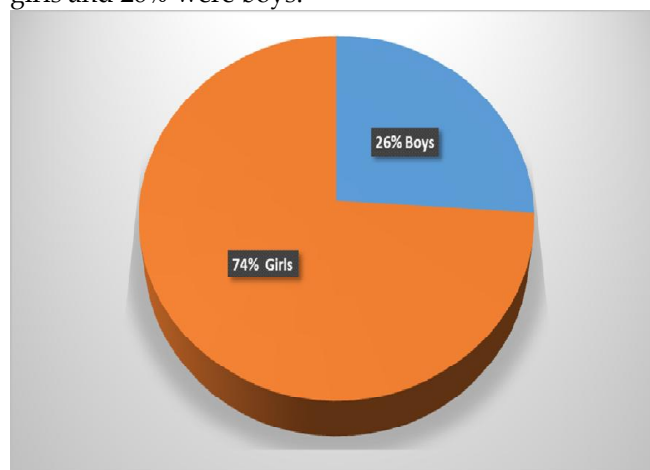
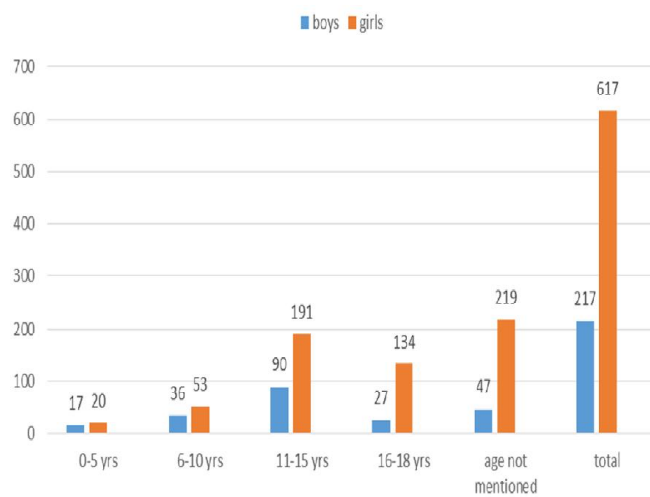


Chart to show female gender predominance among abducted children year 2020.

Ages of Abducted Children:

Most of the abduction cases were girls of 11 to 15 years.

Ages of Victims of Abduction Cases



Most children after abduction undergo sodomy, pornography, rape, gang rape, and murder. Forced marriages and child marriages were also reported.

Abuser Category of Abduction Cases:

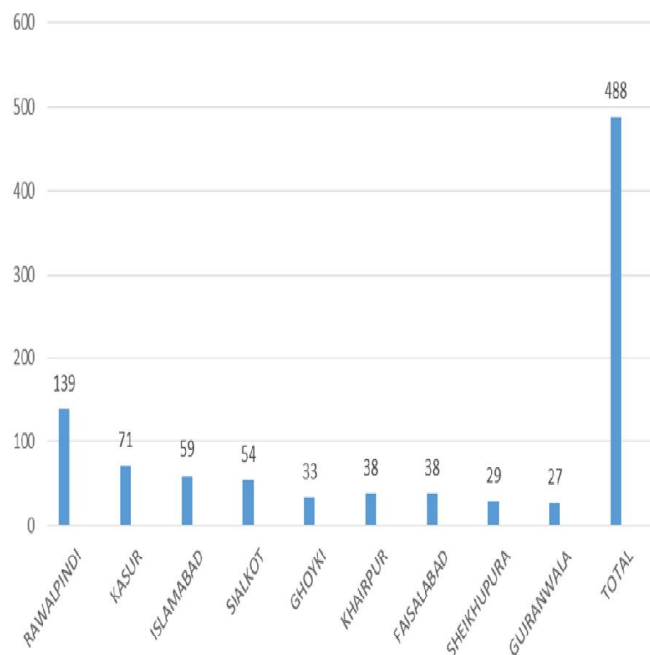
43% of abductions were performed by acquaintances and 57% of abductions by strangers. Unfortunately, people whom parents trust the most were also involved in child abduction and sexual abuse. Molvi, teachers, relatives, and neighbors were abusers of 5, 6, 10, and 12 cases respectively. Acquaintance with female abettor and acquaintance with a stranger was found in 24 and 117 cases while 14% were strangers responsible for child abduction. In 10% of cases, no abuser details were reported.

Places of Abduction Cases:

Most abduction cases were done at the workplace about 24% (workplace 5 cases), mosques/ madrissa (6 cases), fields (14 cases), and some cases are reported at school, jungle, graveyard, shop, hospital, and bus stops. Acquaintance's place constitutes 11% (92 cases), victim's place accounts 16% (133 cases), and streets (167 cases). In 49% of cases, places of abduction were not mentioned in the newspapers. No doubt, this is an alarming situation, depicting that no place is safe for kids except homes.

Geographical Distribution of Abduction Cases in Pakistan:

Out of 834 reported cases of child abduction, 60% were reported from 10 districts. As in the year 2019, Rawalpindi remained on the top of the list with 139 cases of child abduction, Kasur 71 cases, and Islamabad 59 cases. Child abduction cases were reported from 30 districts of the country and all provinces.



Punjab had 67% of child abduction cases, Sindh 22%, ICT 8%, KPK 14 cases, 4 cases from Baluchistan, and 2 cases from Azad Jammu Kashmir were reported.

41% of abduction cases occurred in urban areas while 59% occurred in rural areas of the country.

Almost 87% of abductions were registered with police depicting that our community wants to fight against this serious crime.

Recommendations for reduction of abduction of a child

There was a web known as Universal disappearance of youngsters was initiated in 1998 as a mutual journey for disappeared and used children and NCMEC, the Global Missing Children's Network (GMCN) is a web of nations that associate, allocate finest executions, and circulate knowledge and pictures of disappeared youngsters to ameliorate the efficacy of disappeared youngsters inspection and systematic search.

Similarly, We need a strong, vigilant, and co-operative system for the prevention of child abduction and child sexual exploitation through skilled professionals focusing on online and real-world safety of children. Awareness through Social Media, awareness programs at schools and institutions, and parental guidance together can assist in keeping children safe in our community. Parents must establish a friendly and cordial relationship with their children so they can share any threat/ favours from strangers. Physical and

mental torture culture at home and institutions must be abolished to reduce child abduction. Law enforcement agencies must take part in the implementation of laws to prevent child slavery and sexual exploitation of children.

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Image of the Issue

Child Labour in Coal Mine in Balochistan

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History of Coal Mining

The history of coal mining goes back thousands of years. It became important in the industrial revolution of the 19th and 20th centuries, when it was primarily used to power steam engine, heat building and generate electricity.



Child Labor in Pakistan

Thousands and hundreds of children are working in various places in Pakistan to secure their basic need of life. More than 17.2 percent children are employed in different factories including industries, houses and particularly in coal mining.



Working Conditions

- ❖ Older children are carrying coal on their backs in big baskets.
- ❖ Many children are injured due to exhaustion of working long hours.
- ❖ They are breathing problems from coal dust.
- ❖ Coal dust would destroy workers lungs.
- ❖ Some of these children are not even 16 years old and they look much older because of the lives they are living.

- ❖ Many children died in the coal mines during the time of collapse of mines.

Children working in mines experience can array of physical threat due to hazardous conditions and long working hours. After a long day work many are bleeding from their hands and feet, many have Developed dangerous respiratory problems due to constant exposure to dangerous gases. Apart from these, there are constant threat of sexual exploitation.

Child Labor Is Forbidden In Most Countries Especially In Our Country Pakistan

The Human Rights Commission of Pakistan estimated in the 1990s, 11 million children were working in the country, half of which were under the age of ten. In 1996, the median age for a child entering the work force was seven, down from eight years old in 1994. It was estimated that one quarter of the country's work force was made up of children. In a city of Pakistan, Hyderabad children enter work force at the age of 4 or 5 years old making bangles and bracelets. They make around 12 sets (per set containing 65 bangles) and only receive Rs.40 which takes around 2 to 3 days. This is not just a situation of Hyderabad but all other Katchi Abadis of Pakistan.

Efforts to Reduce Child Labour

- Help Balochistan against child labor has been raising awareness of the exploitation of children in Pakistan.
- Presently several organizations are working in Pakistan to reduce child labor. Factories are now registered with provincial social security programs which offer free school facilities for children of workers and free hospital treatment.

Original Article

Challenges faced by school going children during school closure and reopening in Covid times

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^{1,2,3,5} Experimentation/Study conduction

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^{1,2,3,4} Manuscript Writing

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Abstract

Background Covid-19 brought a diverse array of challenges for families, communities and people from all walks of life around the globe. Of these, school going children faced a number of issues. Numerous insights continue to be offered by the research community targeting the mental health challenges presented by school children as a result of school closure and reopening process. The focus of this study are the unexplored areas that will have an impact going forward on this generation of children after the reopening of schools and following a disruption in school-going norms as well as prolonged school closure.

Objective: The current study aims to explore the issues related to school closure and school re opening during covid-19 of school going children. The objective of this study is to identify the psychological, social and economic issues that accompany children attending school as they continue academic pursuits.

Method: Qualitative method of phenomenological research was used. A semi-structured interview and thought bubble technique was used to collect data. 16 participants (8 boys and 8 girls) from grades 8 to 10 were selected from public schools in Lahore.

Results: Findings from the current study show that children are substantially influenced by school closure and reopening the covid-19 pandemic. Uncertainty around new found routines or lack thereof left a psychological, academic, social and economic impact.

Conclusion: The process of school closure and reopening is reported to have a negative impact on the mental health of school going children. Owing to the expectation of snowballing effects, and possible long term mental health consequences, there is a need to address issues highlighted in this study. We suggest intervening using strategies that focus on supporting mental health rehabilitation after trauma, use of psychological health support sessions (i.e. in a group setting), psychological first aid and specialized services for those at higher risk based on individual case by case assessment.

Keywords: COVID-19, School Closure, School Re-opening, Academic Problems, Economic Problems and mental health, traumatic experiences.

Introduction

Identification and subsequent spread of the highly infectious coronavirus, also known as COVID-19 or SARS-CoV-2, has been a global public health issue since early 2020. It has claimed over 5 million lives globally over the course of 2 years. In October 2020, ongoing reported cases in multiple countries showed a high rate of infection with the advent of new mutations in the original strain, with a cumulative of above 34.8 million in total cases worldwide. COVID-19 has affected individuals from all walks of life in a different manner.

Caregivers and social support systems have been stretched to capacity. Long-term effects and rest symptoms experienced by those with post-COVID-19 syndrome, also known as "long COVID-19" continue to deal with on-going complaints of fatigue, headache, and body ache amongst others possibly owing to long-term damage to major organs: lungs, heart and the brain. Where the young workforce and those of child-bearing age have been reported to feel unwell for months after initial recovery, the victims also include school-goers of all ages as well as the elderly. Disruption to normal lifestyles has thus left short and long term impact on children, parents, teachers, and community members in different ways with the financial burden also weighing in across income brackets; reports of emotional disturbances, physical and mental health issues have been abundant.

Previous studies explored the negative impact of the pandemic in which children faced challenges and difficulties to manage their daily life activities including self-help, education, and interpersonal relationships. Closure of schools and the logistics around remote education along with reopening challenges faced by educational institutions in the wake of changing governmental directives to manage the epidemic has had a mental health toll. It also affected family systems as parents were unable to manage their families, many struggled financially with a sharp rise in unemployment during COVID-19¹.

Research has shown that children have shown signs of and continue to live with anxiety, fear, stress, and depression, all of which have severe repercussions for their physical as well as emotional and psychological well-being². The new normal as it came to be known worldwide left people of different ages to face multiple challenges. The consequent situational outcome on children is markedly different as compared to adolescents and older individuals and guardians. Castaneda³, discusses multiple perceptions

of COVID-19 in different age groups and reveals interesting findings. According to this study, children as well as adolescents report fear, isolation, uncertainty towards life and career, lack of motivation whereas parents report severe stress, anxiety, depression, amongst other emotional disturbances.

During the peak of the pandemic, lockdown and school closure, research has indicated an increase in screen time^{4,5}, child maltreatment⁶, decrease in physical activity⁷, restricted play and social interactions in children⁸.

Mental health effects of school closure have been reported⁹. Globally there was a shift to online and distance learning, and there has been a divide as many parents were dissatisfied as they were unable to keep the child's interest in learning for long⁹ while others felt that they were able to address the learning gap well¹⁰. Like many developing countries, Pakistan faced various challenges in shifting to online education and a huge population was unable to continue proper education during school closure¹¹.

Although school closure caused stress, lack of connection among children, and uncertainty towards life during the pandemic, children wanted to go back to school as soon as possible. However, school reopening results in many challenges in which the children showed difficulty to maintain their motivation and concentration in studies¹². On average, these children reported that they felt a lack of interest in studies and they did not want to go to school on a daily basis, only a handful were able to maintain their interest in going to school. School reopening has been a challenge as the children and parents are now finding it difficult to get back into a workable routine and a range of psychological factors have taken center stage such as stress of social presentation, fear of teachers on their dwindling performance and accountability process for time lost.¹³

School reopening is reported to have presented multiple challenges for teachers, parents and students. While some students experienced lack of motivation and concentration in their studies, some were struggling to make or keep friends in schools, and others still were spending most of their time playing with their peers and friends. On the other hand, teachers feel they are overburdened and management of the classroom after a long gap makes them feel stressed.

The Current Study

While there has been research done on reopening of schools in the context of spread of virus¹⁴, not much has been done to explore the challenges and

perspectives of children with regards to school opening¹⁵. Considering the need of the times following the pandemic caused by COVID-19, PAHCHAAN in partnership with UNICEF Pakistan is providing mental health and psychological support to children. The challenges related to school closure and opening were identified by our psychological team. The current study was designed to explore and identify the impact of covid-19 pandemic on the school going children's mental health, how the pandemic and uncertainty revolving around schooling situation affects the child's wellbeing. It also aims to understand how psychological management may facilitate as an intervention to tackle mental health challenges. The objectives of the study are:

1. To identify issues related school closure following Covid-19 as well as school re opening from the students' perspective;
2. To report the impact of Covid-19 related school closure and school re-opening on children's mental health and related academic challenges.

Materials and Methods

Research Design

Qualitative phenomenological research was used to assess subjects. Semi-structured interviews aided by bubble technique were used to collect data.

Participants

Participants were selected via purposive sampling from public Middle schools in Lahore. For this purpose, a total of 16 students (8 girls and 8 boys) were selected from grades 7 to 10 with an age range of 12 to 16. They were matched for similar socioeconomic status.

Procedure

After official permissions from the school authorities and class teacher, the participants were briefed about the purpose of the study. Ethical concerns such as right to withdraw, confidentiality, willingness to participate and informed consent were discussed. Participants were thereafter provided with operational definitions. In one phase, each participant was asked 2 questions and their responses were noted. To get in depth information, participants were asked probing questions, for example "Tell me something more about it." and, "Would you like to explain a little more about this?". In the other phase, thought bubble technique was used in which the participants were asked to fill out a worksheet with their thoughts. Responses from

both the interview and thought bubble sheet were transcribed and correlated.

Interview Questions

1. How did Covid-19 school closure and reopening affect school going children?
2. What are the issues you and your friends faced related to school closure and reopening?
3. Probing questions used were limited to: "Tell me something more about it" and "Would you like to explain a little more about this?".
4. Thought Bubble Technique was used to interlink school children perceptions with semi structured interviews, based on open ended questions.

Data management and Analysis

In the current study, the initial coding process was done by reviewing all the data obtained from interviews. Then the interconnected codes were arranged to assign themes and then sub-themes were generated to categories the perceptions of the participants regarding issues of school closure and school reopening. They were also provided thought bubble sheets to describe their reflections. Information from both, the oral interview and the written thought bubble sheets was correlated with each other.

The given categories represent the factors of school closure and re- opening issues.

Results

Following is the analysis of the results:

Labeling and Coding

Labelling of the data, codes, themes and categories were generated from the semi structured interviews and thought bubbles sheets. We present categories followed by themes and codes.

Categories

Four major categories were explored by interviewing school children, then the themes were produced in order to condense the data into categories. Overall identified themes include: academic problems, traumatic experiences, economic difficulties and psychological problems.

The following themes and sub themes emerged from the data:

A. Academic Problems

School children reported academic issues related to school opening. School re opening and uncertain school closure led the participants to talk about various emotional behavioral problems. We identified several risk factors as potentially contributing to mental health problems. There are sub themes identified from main themes; namely lack of

concentration, lack of school schedule, and overburdened with extra homework.

1. Lack of Concentration

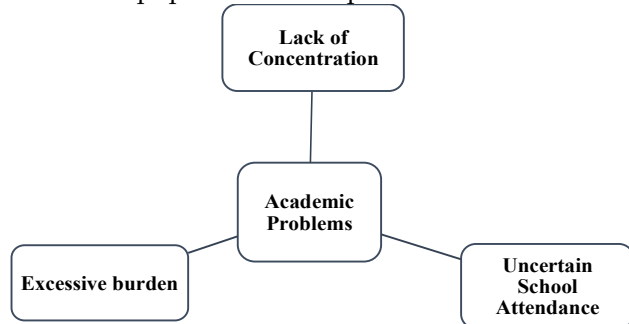
School boys and girls equally reported that lack of concentration became a bigger problem for them during school closure. One participant described in roman Urdu: "Study per tawaja daina mushkil hay (it is difficult to focus on studies)".

2. Uncertain term date

Participants responded that uncertain school closing and sudden opening has led us to lose our attention on study. "Kabi school bund hota hy kabi khulta hy (Sometimes the school is closed, sometimes open)". Described in indefinite form in their native language, this statement points to childrens' inability to gauge the normative routine for attending school, and whether it is open or shut. It also demonstrates an increase in their apprehension about the academic structure in place

3. Overburden

Participants from grades 9 and 10 in particular commented on having to single handedly deal with the syllabus. The statement, "Ghar mai rehny se humain school ka kam faida milta hay (Staying at home, we gain little out of school(ing))". This opens a wide-range of interpretations both in terms of a lack of instruction but also active interaction that helps to understand what is expected in learning objectives in a given task. Social isolation and the mode of learning with other pupils is also compromised.



B. Economic Difficulties

School boys and girls reported that COVID-19 brought many economic challenges in our lives. They have described unemployment and loss of business for parent(s). Logistically, transportation issues, restrictions, unavailability of digital tools and gadgets, inflation in the price of basic amenities and supplies were all identified by the school goers. Unmet nutritional needs and limitations pertaining to it were also a reality for our participants. Sub themes are detailed as follows:

1. Unemployment of Parents

Participants reported that loss of business and unemployment on account of the parents led to severe stressors on the home front and took shape in the form of familial conflicts. One participant described that, "Mery abu k pas kam nai tou mery rishtadaar unko batain krty hain jis ki waja se ghar k kafi kam nai hoty jis ki waja se main apny sabaq per dhaihan nai de pati (My father is out of work and my relatives taunt him because of it, which is why a lot of the chores get left undone at home. That is why I cannot concentrate on the assigned schoolwork)."

2. Lack of Transportation

Covid-19 related preventative guidelines specified using private vehicles to commute to school but this was not a luxury some participants could afford. One reported, "I do not have any transportation to come to School." "Mery pass school anay k liye koi convencie nai hoti".

3. Unavailability of gadgets

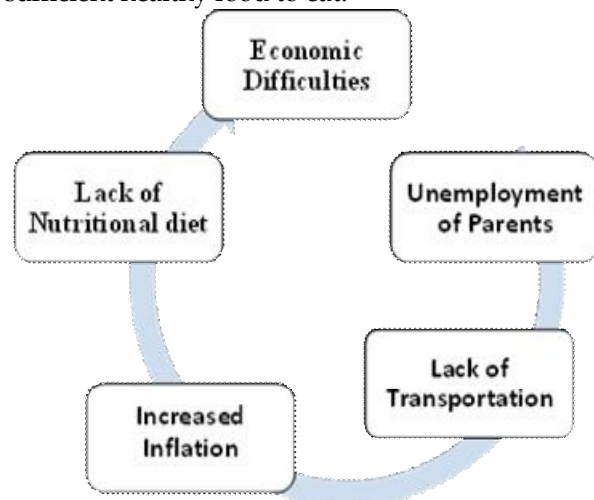
School children reported feeling helpless because they do not have any digital aids to enable them to use digital avenues of pursuing their studies from home. Expectation by schools to continue education in this way, unlike private schools, was simply not an option, neither was there adequate planning or systems in place beforehand. Participant described, "I do not have gadgets, even I cannot afford". Therefore, I feel helpless and inferior".

4. Increased expenses (Inflation)

Covid-19 brought a severe economic crisis and that also affected prices. "Increased Rates of basic goods made my family poorer to fulfill daily life needs".

5. No Nutritional and healthy diet

Low income meant restricted access to a healthy diet and nutritional deficiencies. "We do not have sufficient healthy food to eat."



C. Traumatic Experiences

School children faced traumatic situations including particularly loss of loved ones: "Our relatives died in covid-19 therefore we are now sad and fearful about covid-19". Few participants reported that they fear death and do not want to come to school for fear of infection.

1. Restricted in Homes

School children are usually enthusiastic about festive occasions like Eid. However, participants described that circumstances pertaining to covid-19 restricted us in homes and we missed our relatives and cousins during Eid holidays. Staying home also increased parental anger towards us "we sleep for long hours and awake late, that's why mothers are unhappy". Participants described that "life turned into death now". Participants also described that staying at home meant being overloaded with chores at home.

2. Death of Loved Ones

Participants described that we have lost our loved ones in the Pandemic. "Humaray relatives mai deaths ho gye hain is liye humain bohot dar lagta hy (We have lost our loved ones which has made us fearful)." Sadness associated with loss and fear of ending up with a similar outcome due to infection was a concern in attending school.

3. Isolation and Rejection

Respondents described that staying home gave feelings of loneliness, isolation and increased the risk of parental anger. "Parents are unhappy and sometimes show anger towards us".

Psychological

School children also reported issues related to social distancing. Participants described that "our stress level increases when we think about our syllabus and inconsistency of school schedules". Boys and girls equally responded that we have become "rude, disobedient and aggressive". Responding participants also described that their teachers are troubled by dealing with and teaching different groups each day, a measure put in place to ensure social distancing.

1. Tension and Stress

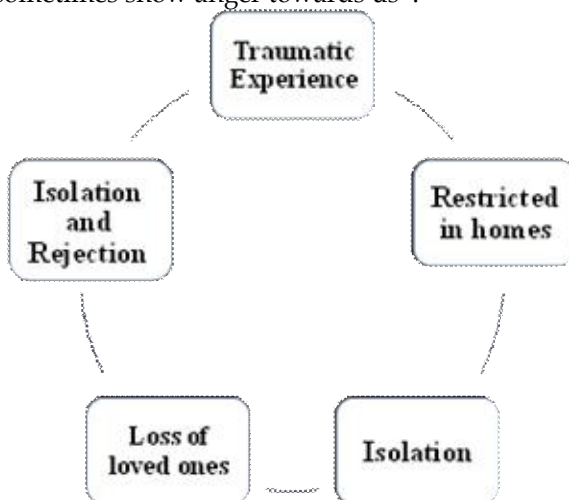
Participants described that inconsistency in school schedules increased our tension. One shared, "I am worried about how I will manage my course work in a short time." Another responded, "I am anxious that I will not be able to qualify for my exams".

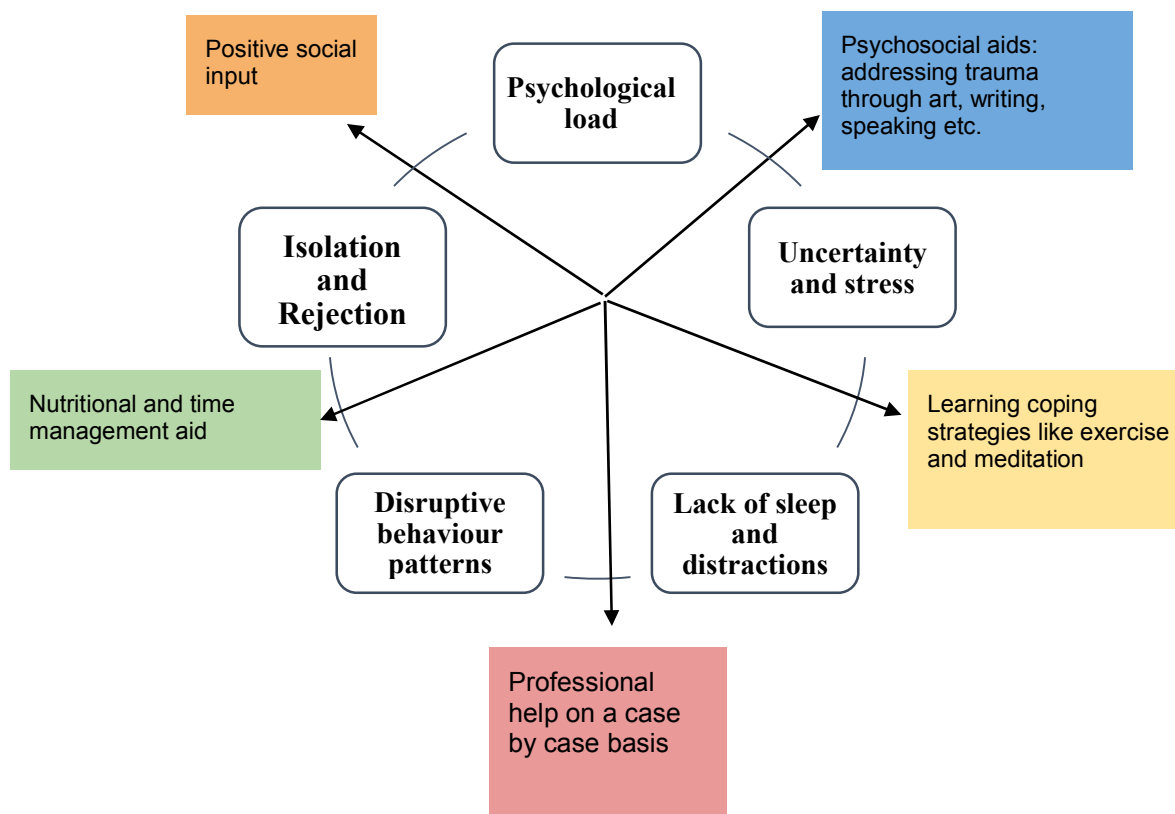
2. Aggression and Irritability

Most participants admitted that they have become irritable, aggressive and even rude according to their parents. A common perception was that "we become disobedient during the pandemic".

3. Excessive use of screen

Respondents explained that they spend significant amounts of time watching TV and on social media, and are lagging in time management. "Hum bht zyada TV daikhty hain (We watch too much TV)." Other participants described using mobile phones excessively. On the other hand, they also explained that staying home led to increased conflicts and disputes with siblings.





Discussion

Where the worldwide use of social distancing and home- or digital-schooling has been employed to limit the spread of covid-19, its spread and curbing strategies have left children and teenagers alike searching for normalcy. It is imperative that this home-bound generation will need counselling and help, both to approach the new normal, and thereafter to facilitate a return to their productive activities like those of going back to school and healthy physical activity. It would also be interesting to shed light on the successful coping strategies used by this generation to get through the challenges of this period. Here we discuss some recommendations towards areas of concern that emerge in relation to our study.

Digital Readiness

Creating a secure learning space requires putting systems in place that children are made familiar with and can rely on a day to day basis. This daily routine becomes second nature to school goers and is essential in instilling discipline in the young individuals. Hence, disruption of established routines and lack of structure otherwise provided by physical attendance in their

respective schools during term-time led students struggling to keep up with school-work.¹⁶

Additionally, students in the Punjab region have access to free educational supplies upto grade 10 but this does not include digital tablets or a reliable online pedagogical platform to help with self-learning in the case of school closure. An uncertain situation around school dates experienced by our participants owing to changing governmental policy during the pandemic points to the need of digitally accessible educational platforms sanctioned by the national and regional educational boards.

Recovering from Covid 19

Long haulers have a susceptibility to a myriad of symptoms even after covering from Covid-19. Clinicians have established a baseline to identify which symptoms remain and can cause distress to the physiological systems in patients reporting long-term difficulties in going back to their daily activities and routines. Young individuals of school-going age and otherwise healthy people have also been unwell for weeks to months after infection. This necessitates an understanding by teachers and fellow students alike to minimize stigma and scare of interacting with people who are suffering from rest symptoms but are not otherwise infectious. Since our participants shared

their concerns about getting infected in school on return, there is also a need for educating children returning to classes regarding practices that minimize infection, explain why it is safe to come back to school.

Covid Sensitive Lesson Planning

Sustainable Development Goals 2030, also known as SDG17 or 'The Global Goals', include quality education (nr. 4) as well as health and well-being (nr. 3). It is therefore, high time that lesson planning involves input from students regarding topics that affect their mental as well as physical well-being. In the context of returning to school post-pandemic, this includes holding activities that allow the children to share their feelings, express their experiences in the form of art and ask questions to help recover from the trauma of isolation. Leaving behind the onslaught of digital noise from school closure. One big change in daily routines of school goers has been excessive reliance on screen time to distract themselves from the situation. In order to help these young minds focus on their academic pursuits, it is essential to help them reboot healthy activities that stray away from screens. These involve healthy physical activity and a self-assessment of productive use of screens.

Even though lost time away from school is not easy to recover, returning pupils must also undergo a process whereby their concerns are addressed. A health assessment for instance could uncover signs of paranoia, violence or abuse. Those who have lost loved ones to the onslaught of the virus may also be in need of therapy to deal with grief.

Making space for a healthy new normal

The use of masks and hand-sanitizers are predicted to be a common stay in the near future. With the emergence of new variants of the virus, a return to home-schooling and curfews is also likely. The need of the hour is to use public platforms and schools to advocate for home environments that respect the space and growth for each individual in the household, even in the event of multiple family members sharing small spaces. Religious and cultural practices promoting meditation, kind treatment of minors and respectful voicing of opinions should be promoted to minimize violence in the household. Additionally, returning school-goers with a sharp change in behaviour should be given special attention and systems should be put in place so that peers and teachers can help report incidents to identify those in need of immediate psychological first aid and assistance.

Group Recovery

Sensitization of the learning space is essential to provide a safe return to schools. Where possible, time should also be given to train students on how to ask for help and what avenues are available for them. At a group level, outdoor spaces can be used to safely conduct ice-breaking activity. Distinguishing and promoting a supportive family culture, and arming school-goers with tools to deal with unhealthy pressures and unwanted sensory input is the key to raising a generation that has successfully overcome the pandemic period.

Conclusion

The process of school closure and reopening is reported to have a negative impact on the mental health of school going children. Owing to the expectation of snowballing effects, and possible long term mental health consequences, there is a need to address issues highlighted in this study. We suggest intervening using strategies that focus on supporting mental health rehabilitation after trauma, use of psychological health support sessions (i.e. in a group setting), psychological first aid and specialized services for those at higher risk based on individual case by case assessment.

Conclusion

We wish to thank UNICEF for partnering with PAHCHAAN for the project Prevention of Abuse, Protection from Violence, Exploitation and Neglect and provision of Mental Health and Psychosocial Services to children, women, families and other community members during and post COVID-19 in ten high burden districts of Punjab.

This study is an attempt to explore, document and share the work and learnings from the field.

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