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Parental Perceptions and Challenges in Supporting Children with Developmental Delays and Behavioral Issues in Punjab's Special Education System

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ABSTRACT

Developmental delays and behavioral disorders in Pakistan are a very under-served community within the larger community of special education. Pakistan's most populous province, Punjab has the largest network of special education institutions in the country, but there are system failures, socio-cultural difficulties, and professional resource shortages that hinders the effective support and inclusion of affected children. This study explores parents' views, experiences, and the multifaceted difficulties they face in the context of managing a child with special needs in Punjab's special education system. In this article, it is argued that there is a dynamic relationship between microsystemic parental interactions, mesosystemic school-family relationships, exosystemic policy-level processes, and macrosystemic cultural-level processes, and these all contribute to the nature of parental engagement and the resulting child outcomes. Based on a comprehensive review of the existing empirical literature, government policies and institutional reports, the study provides five thematic challenge domains: (1) diagnostic and referral barriers; (2) emotional and psychological burden on caregivers; (3) financial and logistical constraints; (4) inadequate institutional capacity and professional training; and (5) stigma and sociocultural exclusion. Findings show that Punjabi parents of developmentally delayed children tend to have limited access to evidence-based therapeutic support, have less capacity to advocate and have delayed access to interventions due to resource scarcity and social marginalization. The article ends with policy recommendations that are consistent with the provisions of the National Policy for Persons with Disabilities (2002, revised 2018) and International policies such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Keywords: *parental perceptions, developmental delays, behavioral disorders, special education, Punjab, Bronfenbrenner's ecological systems theory, inclusive education, Pakistan*

1. Introduction

Children with developmental delays and behavioral disorders are one of the most challenging issues facing educational systems in low and middle income countries. Families of children with disabilities in Pakistan face an additional burden in accessing the services they need, particularly due to the lack of institutional and institutional-bureaucratic and sociocultural support for special education (Saeed et al., 2020). The most populous province of Pakistan, Punjab, has the largest number of special education institutions such as government run Special Education Centres (SECs), vocational rehabilitation units and the newly opened resource rooms in mainstream schools. Yet, as evidenced by the literature on policy implementation, these gaps persist

between policy intent and service provision, especially regarding the impact on parents' experiences and children's developmental pathways.

Developmental delays include a wide range of conditions in which many children fail to acquire a cognitive, communicative, motor, social or adaptive behavior that is expected of their age (American Psychiatric Association, 2013). They include, but are not limited to, intellectual disability, autism spectrum disorder (ASD), speech and language delay, attention-deficit/hyperactivity disorder (ADHD), cerebral palsy and Down syndrome. Developmental delays are often paired with behavioral dysfunctions such as oppositional defiant disorder (ODD) and conduct disorder, making planning for education and parental management more difficult and complex (Emerson & Hatton, 2014). These factors combine in children to create additional stressors for families, especially in cultures and societies where disability is a stigmatised phenomenon and social support services are underdeveloped.

Parents and primary carers in Punjab are confronted with a cascade of issues, which go beyond the immediate needs of day-to-day care. The challenges are overlaid by learning disabilities, and systemic challenges of having a health and education system that disproportionately provides access to diagnostic services in urban areas, a special education system that is poorly prepared for working with learners with learning disabilities and a policy framework that is more aspirational than operational in its practice of disability rights (Mian, 2012). Furthermore, the interpretation and resulting attitudes of the culture towards disability often occur from religious and fatalistic perspectives that influence how families conceptualise, react and access support to address their children's disability (Miles, 2002).

While the number of academic studies covering the experiences of parents in special education within the context of developing countries has increased over the last 20 years, there are fewer studies that focus specifically on the parents of children with special educational needs in Punjab. The lack of theorization of the lived experiences of parents, specifically their perspectives on the special education system and the difficulties they face when accessing and maintaining support, is seen in most Pakistani scholarship, which has focused on epidemiological prevalence, institutional audits and/or analysis of laws (Akhtar & Yasmin, 2011). This article addresses that need by summarizing the existing empirical findings with an eye to the interconnections of the various factors influencing parental engagement and the outcomes for children in the unique special education context of Punjab, in the context of Bronfenbrenner's Ecological Systems Theory.

2. Theoretical Framework: Bronfenbrenner's Ecological Systems Theory

The study is grounded in Urie Bronfenbrenner's Ecological Systems Theory (EST) which was first formally stated by Bronfenbrenner (1979) and later developed into the bioecological model (Bronfenbrenner & Morris, 2006). EST assumes that human development is influenced by the person, but primarily by the developing person's interactions with several nested environmental systems. These are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, all of which are interdependent and dynamic with respect to each other, and together make up the ecological context of development.

The microsystem includes the child's actual environment in which he lives, such as the family home, special education classroom, therapy room. In this proximal layer, parental behaviours, teacher practices, peer interactions and sibling relationships directly impact development. Studies of parental stress and coping in families of children with developmental delays have found that microsystemic dynamics are intense; that parenting self-efficacy, emotional coping adaptation, and parent-child interaction are important factors that mediate child outcomes (Hastings & Brown, 2002).

The mesosystem refers to the relationships between the two or more microsystems in which the child is involved. The interplay of the family-special education institution (SEI), ranging from the degree of parent-teacher interaction, the frequency of communication, and the quality of dialogue, to the generation of Individualized Education Plans (IEPs) in the family and their coherence with the SEI-based interventions, is a key mesosystemic dynamic in special education. Positive school-family partnerships have been shown to be one of the most important factors that positively influence academic and behavioral outcomes for children with special needs (Epstein, 2001) and are often fragile in under-resourced school systems.

The exosystem is a context in which the child does not have direct contact, but which still has a strong impact on the child's development through its impact on actors in the microsystems. For parents in Punjab, the most important exosystems include the government's special education policies and funding streams, professional diagnostic or therapeutic services that are available, employer policies that impact parental leave and flexibility, and community based services providing support. The accessibility, responsiveness and resourcefulness of this exosystemic structure significantly influence the quality of parental support that children receive (Guralnick, 2011).

The macrosystem is the most comprehensive of all the ecological systems, which includes the cultural values, belief systems, ideologies, and socioeconomic structures in which all lower-order systems are part of. The macrosystemic context is characterized in Pakistan by the interaction between Islamic religious structures, patriarchal family structures, collectivist social norms and high socioeconomic differences, which affect the attitudes towards disability and, in turn, special education (Singal, 2010). Such macrosystemic processes are not simply preexisting conditions, but rather are part and parcel of the interpretive context in which parents make sense of their children's circumstances and the social acceptability of their attendance at formal educational interventions.

Finally, the chronosystem is about the dimension of time and how it crosses with the ecological processes, such as the timing of diagnosis, the way in which parents cope throughout the child's developmental experiences, and the changes over time in the disability policies and social attitudes. In the case of Pakistan, the chronosystemic dimension is prominent for families; the average delay between the first parent's concern and formal diagnosis is significantly longer in Pakistan than other high-income countries, and can exacerbate developmental disadvantage due to system delays (Klin et al., 2004).

The present analysis is best suited to Bronfenbrenner's framework, one that does not lend itself to reductive, individualistic explanations of parental experience and child developmental outcomes. Instead of focusing on what is deficient in parents, or what is lacking in children, in EST the focus is on the systemic, cultural and structural factors that limit or enhance the ability of parents to support their children's development. This orientation fits with the current thinking in disability studies about the social model of disability and the need to consider environmental modification for better inclusive outcomes (Shakespeare, 2006).

3. Special Education in Punjab: Policy and Institutional Landscape

3.1 Legislative and Policy Framework

The laws and policies related to disability and special education in Pakistan have undergone a number of important changes. The Disabled Persons (Employment and Rehabilitation) Ordinance of 1981 laid down the starting foundation for vocational training and employment quotas for people with disabilities and the National Policy for Persons with Disabilities (2002) revised in 2018 expressed general statements for education, rehabilitation and social inclusion of PWDs. In 2011, Pakistan ratified the United Nations Convention on the Rights of Persons with Disabilities

(UNCRPD) which contained international obligations on inclusive education (Article 24, United Nations, 2006).

Provincially, the Special Education Department, under the directorates of special education, is responsible for government-sponsored special education centres, resource rooms and vocational rehabilitation institutes. The Punjab Special Education Policy (2018) made a pledge to increase access, ensure quality of instruction, use technology, and enhance the coordination between special education and mainstream schools. The policy also had a vision for inclusive education as the ultimate target and highlighted mechanisms for transitioning children with mild-to-moderate developmental delays into mainstream schools, where appropriate assistance and support could be provided progressively. (Government of Punjab, 2018)

But there are tremendous gaps between the legislation and practice. Ahmad (2008) reported that most children with disability in Pakistan are not receiving any formal education, and the most marginalised children are girls, children from low income groups and children from rural areas. The limited availability of government special education centers that are only located in district capitals and large urban areas further compounds these access barriers, thereby limiting access to specialized support infrastructure in peri-urban and rural communities.

3.2 Institutional Capacity and Workforce

Children with various kinds of disabilities are treated at special schools in Punjab, such as intellectual disability, hearing impairment, visual impairment, autism spectrum disorder and physical disability. According to the Department of Special Education Government of Punjab, as of 2022 there are more than 300 special education schools in the province, but the government's reviews and independent evaluations have consistently highlighted issues of poor institutional quality, staffing ratios and lack of specialized therapeutic services such as Speech and Language Therapy, Occupational Therapy and Applied Behaviour Analysis (ABA).

Of the two training programs, special education teachers in Punjab are mostly trained in the programs of Punjab Institute of Special Education (PISE) or Allama Iqbal Open University, however there have been concerns about the limited coverage of these pre-service training programs in contemporary evidence based practices in behavioral intervention, early childhood special education, and family centered service delivery (Akhtar & Yasmin, 2011). As a result, employees are committed but often do not have the skills to create individualized behavioral support plans, effectively conduct functional behavioral assessments, and effectively involve parents as collaborative partners in the planning for their child's education.

There is a huge lack in the majority of special education centers in Punjab of multidisciplinary teams comprising psychologists, speech-language pathologists and behavior analysts. Effective support for children with developmental delays and behavioral disorders in models of best practice internationally will involve coordinated, transdisciplinary assessment and intervention planning (Guralnick, 2011). Access to such coordinated services is extremely low for the parents belonging to the Punjabi community, especially outside the main cities like Lahore, Faisalabad and Rawalpindi.

4. Parental Perceptions and Challenges: Thematic Analysis

4.1 Diagnostic and Referral Barriers

One of the more uniform findings in the empirical literature is how hard it is for families to get timely, accurate and complete diagnoses for children with developmental delays and behavioral disorders. Access to diagnostic services for neurodevelopmental conditions is limited in a few tertiary-care hospitals and in private clinics in major cities, and is not available in secondary cities, towns and rural areas, making access to such services a geographical and financial challenge in Punjab (Saeed et al., 2020). Many parents also report that it took several years before they

received formal diagnostic confirmation, and qualitative research studies have suggested that primary healthcare providers often were not trained to identify early signs of autism, intellectual disability or ADHD and refer appropriately to specialists (Ghias et al., 2014).

There are also significant cultural factors which influence the diagnostic process. A tendency to first blame developmental differences as spiritual issues, the result of a parent's sin, or because of jinn possession has been documented in research with Pakistani families of children with ASD, which may impede families from seeking medical or educational services, and is often reinforced by religious leaders and by families' extended families (Imran et al., 2011). Though families may request psychiatric or developmental evaluation, the stigma that often surrounds the psychiatric or developmental diagnosis can also have strong motivations to cover up or deny the child's condition, which can further delay the child's access to educational intervention.

In Punjab referral process from general health services to special education assessment is not well formalized. In contrast to other education systems that have multi-tiered structures of support and universal screening protocols to enable early identification, the identification process in the Punjab system is largely teacher-led or parental-led. People who are not educated, not aware of their special education entitlements and not socially connected enough to traverse bureaucratic processes are at higher risk of facing long delays in being placed in an appropriate setting (Miles & Singal, 2010).

4.2 The emotional and psychological burden on caregivers.

Parental stress, anxiety, depression and lower quality of life are significantly higher among parents of children with developmental delays and behavioural disorders. The evidence of this relationship is plenty and it is empirical and transcultural, but the contextual factors in Punjab make these psychological costs very high. Bitsika and Sharpley (2004) reported significantly higher rates of depression among mothers of children with autism than among mothers of typically developing children, and Khanna et al. (2011) also reported that the lack of respite care was significantly associated with maternal psychological distress in Pakistani samples.

In the socio-cultural context of Punjab, the burden of care for a child with a disability is overwhelmingly shouldered by the mother, and this is in line with the deeply entrenched gender division of labour in the household (Mirza & Shamsi, 2018). Mothers often complain about social isolation, limited occupational participation and limitations on personal aspirations as a direct effect of their motherhood role. Fathers, on the other hand, although less directly involved in day-to-day care, express that raising children with special needs is a financial burden, as is the payment for private diagnostic, therapy, and special-school services, and that there is social disempowerment over disability in community settings where disability is seen as having "genetic" connotations (Rao, 2006).

Chronic sorrow or the persistent emotional reaction to continued losses due to a child's disability and grief is an important aspect of parental psychological experience that has been neglected in the clinical and educational environment in Pakistan (Olshansky, 1962). It is reported by many parents that there is no formal psychological support, no grief counselling or parent support groups provided by the special education system, and that they are left to deal with their deep emotional experiences without professional support. Not having mental health integration in the provision of special education services is a human rights issue and is a problem for effective parental involvement in their child's education program.

4.3 The financial and logistical limitations

Childhood with developmental delays and behavioral disorders in Punjab has a significant and multi-faceted cost. For government special education centers, fees are waived, however, the indirect expenses associated with accessing SE centers, such as transportation to the center

(which may be far from the family's home), the impact of assistive devices, therapeutic materials, and supplementary private therapy may be a large portion of the household income, especially for families living below or near the poverty line (Amin et al., 2019). Limited financial flexibility for expenditures related to disability is evident on the background of Pakistan's overall poverty situation and the share of food and basic household costs in the income.

The public education system's failure to provide adequate special education services often forces families with resources to pay for private special education schools, applied behavior analysis (ABA) therapy centers and speech-language therapy clinics. Increase in the number of private special education services in urban Punjab within last 10 years was due to unmet demand of the services and the belief of the higher income families that the government provided services were not of good quality (Mohsin et al., 2019). Private services are, however, minimally regulated, very variable, not available to all families, and further contribute to inequalities in developmental outcomes.

As a result of Punjab's fragmented urban-rural landscape, transportation becomes a significant logistical challenge. For families living in rural subdivisions and smaller towns, many may have to traverse long distances to get to the nearest government special education center, resulting in travelling costs and time that may be prohibitive. This geographic barrier can effectively de-integrate children's access to special education programs for mothers who provide primary care and either have no private means of transport or insufficient funds to pay for public transportation (Singal, 2010). In part, the Punjab government's decision to set up resource rooms in mainstream schools was to address this accessibility issue, but the implication of it has not been uniform in the districts..

4.4 Inadequate Institutional Capacity and Professional Training

A significant proportion of parents' evaluations of the quality of special education schools in Punjab are negative, with complaints of large classes, insufficient individualized attention, the lack of therapeutic care, and the lack of training on behavioral management techniques among teachers. There have been reports from qualitative studies conducted with the parents of children with intellectual disabilities in Pakistan that special education teachers are well-meaning but lack the skills necessary for supporting children with complex behaviour (Akhtar & Yasmin, 2011). The perceptions are in line with the structural analysis of special education workforce in Punjab which shows that many of the currently practicing teachers have general teaching credentials and are not qualified in special education.

Limited and inconsistent implementation of Individualized Education Plans (IEPs), one of the core components of evidence-based special education practices globally, is found in the government special education system in Punjab. Studies of IEPs in developing countries also show that IEPs are often not specific enough in terms of behavioural objectives, and are not linked to measurable outcome objectives or include family input (Singal & Muthukrishna, 2014). A lack of educational literacy or knowledge of special education processes by parents is particularly worrisome: when parents are not involved in IEP processes, educators are unable to gain important information from parents about their child's behavior at home, learning experiences, and family values.

Parent training programs (structured intervention aimed at teaching caregivers how to use behavioral support strategies at home) are known worldwide as one of the most cost effective interventions for children with developmental delays and behavioral disorders (Kazdin, 2005). But these programmes are not available in the government special education system of Punjab. The lack of systematic parent training is reflective of a larger service delivery philosophy, one that puts the professional at the center of expertise, and leaves the parent as a less-than-

competent implementer of educational and behavioral interventions, inconsistent with both the international evidence base and the principles of family centered practice.

4.5 Stigma and Sociocultural Exclusion

One of the most significant and multifaceted challenges faced by Punjabi families of children with developmental delays and behavioral disorders is the issue of disability stigma. Stigma has been documented at three levels: at the individual family member level, when family members internalize negative social attributions that lead them to believe that they have disabilities and thereby lower their self-worth and expectations (self-stigma); at the level of extended family and community networks, where family and community members may withdraw social support, limit marriage opportunities for younger siblings, or actively discriminate against children with disabilities (social stigma); and at the level of institutional actors such as health care providers and educational professionals who may communicate lowered expectations, provide inadequate services, or engage in exclusionary practices towards children with disabilities (Corrigan, 2007). In Pakistan the concept of disability is often viewed from a religious and cosmological perspective, which attributes the cause of disability to parents' sin, the wrath of God, or a supernatural source (Miles, 2002). Islamic religious doctrines have elaborated on the moral predicament or rights of persons with disabilities, but in many communities in Pakistan the popular culture constructs disability in terms of shame and social marginalisation. The implications of these cultural interpretations for behavior are apparent: families may choose not to tell anyone about their child's condition in order to preserve the family honor, limit the child's community involvement to ensure minimal exposure, or prefer religious intervention over evidence-based medical and education support.

Stigma is a major concern in the educational and social settings in Punjab where behavioral disorders are concerned. Children with behavior problems are often seen as not having a neurodevelopmental problem but instead as bad, unwell or unlucky. This attributional context leads to a lot of parental shame and defensiveness and importantly places the parents as part of the problem and not part of the solution-development process. Negative perspectives held by teachers and/or school administrators about parents can lead to judgmental attitudes by these adults, which further disrupts teamwork between the family and school that Bronfenbrenner's mesosystemic model argues is essential to the child's developmental support (Epstein, 2001). Children with developmental delays are socially excluded from mainstream educational and community settings in Punjab, which can have implications for their developmental pathways, and for their parents' mental health. Being excluded from peer interaction denies children important opportunities to learn from peers and to communicate with them. This sends a message to parents that their children are not wanted in "regular" social space, further intensifying their feelings of loss or isolation and reducing their desire to defend the educational rights of their children (Reindal, 2010).

5. Discussion: Ecological interpretation of parental problems

The thematic challenges found in Section 4 are then broadly understood in the context Bronfenbrenner's Ecological Systems Theory, which provides a lens through which the multi-level systemic forces that converge to limit the capacity of parents to effectively engage with the special education context in Punjab are explored. The issues identified in this paper are not the result of single factors or institutional shortcomings, but are part of the cumulative impacts of ecological dysfunction on multiple environmental scales.

At the microsystemic level, the high stress, low energy and caregiving needs that have been found in Section 4.2 take a heavy toll on the quality of the parent-child relationship. Parents' ability to provide the responsive, stimulation-rich interactions that are important for the

cognitive and linguistic growth of children with delays can be reduced when they are experiencing chronic stress and psychological distress and do not have access to formal support (Crnic & Greenberg, 1990). The microsystem consequences of parental burnout are, therefore, manifested in less developmental stimulation for the child, which can exacerbate developmental disadvantage and result in a negative feedback cycle.

What is observed in Section 4.4 is a lack of effective communication, joint planning and respect between families and special education professionals in Punjab, at the level of the mesosystem. When parents feel institutions are inaccessible, uninformative or dismissive of their knowledge of their children, their involvement decreases, including in parent-teacher meetings, reinforcing learning at home, and advocating for service improvement. This mesosystemic disengagement is a missed opportunity for children with special needs to benefit from synergistic home-school partnerships regularly identified in international research practices as a key factor in positive outcomes for children with special needs (Blue-Banning et al., 2004).

From an exosystemic perspective, the current limitations with the special education system in Punjab such as lack of personnel, concentration of diagnostic services, transportation issues, and the lack of parent training infrastructure directly affect parents' ability to access and use available services. These external factors are not the result of parental preferences or family dysfunction, but the consequence of the allocation of government resources, the inadequate training systems of professionals and the inadequacy of service planning models to address the geographically and economically fragmented family population of Punjab.

The cultural stigma, religious beliefs about parenting, and systems of caring as experienced by gender that have been discussed previously in section 4.5 are strong macro-level ideologies that influence the whole ecology of parenting and caring for children. Macrosystemic change changes in cultural attitudes towards disability, the development of a disability consciousness and the incorporation of inclusive values into religious and community discourse is the most difficult and most important aspect of ecological change. This change occurs over generational time scales and is part of the chronosystemic aspect of Bronfenbrenner's model, and will only be achieved through a long-term investment in public awareness, advocacy and disability inclusion efforts in the community.

Most importantly, Bronfenbrenner's model emphasizes the two-way nature of ecological influences, in that parents are not only influenced by ecological factors, but actively contribute to their environments by advocating, community organizing, building social support networks, and engaging in politics. An influence trajectory that is emerging in recent decades in Pakistan is the relationship between a microsystem and a macrosystem of parental agency leading to changes in the system, such as the creation of parent-led disability advocacy groups (e.g. Forum for Dignity Initiatives and Pakistan Society for the Rehabilitation of the Disabled) (Mian, 2012). Building the capacity of these movements and establishing formal processes for parents to be involved in the process of shaping educational policy is an ecological intervention with the potential for transformative impact.

6. Policy Recommendations

Based on the foregoing analysis, the following set of evidence-informed policy recommendations at each ecological level are presented to tackle the structural, professional, cultural and relational challenges in the current context that prevent parental involvement in their children's development and needs in the special education system in Punjab.

At the exosystemic level, the Government of Punjab should focus on decentralizing the diagnostic and early intervention services by creating a multidisciplinary assessment team at the district-level within the existing public health infrastructure. Such teams consisting of

developmental pediatricians, psychologists, speech-language pathologists and special education professionals would offer assessment services that are easily accessible and free of charge to parents or guardians and would also create formal diagnostic and educational planning documents that will help parents or guardians to place their child into school on time. Developmental screening is integrated into the current Lady Health Worker (LHW) programme, which has been effective in reaching out to rural and peri-urban communities, providing a scalable approach to early identification at the community level.

Second, there should be a mandate to create and implement Individualized Education Plans (IEPs) in all government special education centers, and there should be formal guidelines for the engagement of parents in the development, review and monitoring of IEPs. Accessible parent orientation materials in Urdu and regional language and training of parent liaison staff should be undertaken in each institution so that the parents can participate meaningfully in these processes. Across the globe, studies show that the effectiveness of home-school cooperation is greatly enhanced when parents are authentic partners in developing IEPs, and that this cooperation can have a positive impact on child outcomes (Turnbull et al., 2006).

Third, service delivery for special education centers in Punjab needs to include third party access to evidence-based structured parent training programs, such as adaptations of internationally validated parent training programs (e.g., Incredible Years, the parent component in the Early Start Denver Model). Programs should be available in Urdu and be geared toward parents with a range of educational attainment and be accessible in a variety of formats such as community health worker home visits, in-person group formats and technology mediated platforms. Considering the high number of hours that children spend in the home setting compared to the special education setting, the systematic investment in parenting competencies is one of the highest return interventions in the special education setting.

Fourth, special education must also acknowledge that the psychological and emotional well-being of parents/caregivers is a valid and a priority concern of the special education system. Punjab's special education institutions should establish or provide access to counselling, support groups for caregivers and/or respite care facilities that are sensitive to the psychological impacts reported in Section 4.2. MCHWs who are integrated into the special education support system and peer support systems that pair experienced parents with families newly diagnosed with autism are low cost, high impact evidence-based approaches to decreasing caregiver isolation and distress.

Fifth, disability stigma must be tackled through multi-sectoral public awareness and advocacy campaigns, which must be sustained and include the involvement of religious leaders, community leaders and influencers, mainstream media and educational institutions. There is potential for Pakistan's Ulema to be a progressive disability movement spokesperson in some contexts, and if systematic efforts are made to engage Islamic scholars in articulating disability rights with a theologically informed perspective, this could have a profound impact on cultural attitudes in communities where religious authority is highly respected and valued socially. At the same time the integration of disability rights and inclusive education into the school curriculum would help to start the process of long-term cultural change, which would help to alleviate the social exclusion that children with disabilities and their families face.

Sixth, financial barrier reduction should be achieved by expansion of existing social protection measures, such as the Benazir Income Support Program (BISP) and the National Socioeconomic Registry, to make children's families of children with disabilities a priority group for financial support. The incremental costs associated with assistive devices, transportation to special education centers, and private therapeutic services in the absence of public services would be

covered by dedicated disability-linked cash transfer provisions, significantly eliminating financial exclusion to improve equitable access to special education.

7. Conclusion

The present article has discussed the perceptions of parents, and multidimensional problems faced by the families of children having developmental delays and behavioral disorders in the special education system of Punjab. The study has illustrated these challenges as not being limited to the individual characteristics of the family and the child but rather deeply rooted in the interwoven and interconnected structures of the immediate family environment, the school-family relationship, the larger service delivery system and the macrosystemic cultural and ideological contexts of Pakistani society.

The results show a situation where parents' engagement and affection for a child with a disability are separate from the significant structural, financial, professional and cultural challenges to access and quality of support for children. The poly-vitamins of unhelpful professional attitudes and denials, financial pressures, psychological distress, and ubiquitous stigma compound the developmental problems confronting affected children, and deepen the disparities between those who have access to private resources and social capital and those who do not.

Concurrently, the present analysis reflects the wide-spread commitment of the Government of Pakistan and the Government of Punjab with respect to the disability policy, the development of special education infrastructure and the principles of inclusive education which are endorsed in international documents like UNCRPD. The challenge now is far from vision; it is one of implementing the vision in service delivery in a meaningful way that reaches families across the economic, geographical and cultural spectrum of Punjab's population.

To overcome the problems reported here, a holistic ecological perspective of reform is needed: one that extends microsystemic parent competencies by using structured training; enhances mesosystemic school-family relations by engaging in collaborative planning requirements and parent liaison provisions; extends exosystemic gaps in diagnostic, therapeutic, and financial support services through collaborations; and addresses macrosystemic cultural change through advocacy in the community, involvement of religious leaders, and public education. This multi-level ecological reform is needed so that the special education system in Punjab can become a truly enabling system for children with developmental delays and/or behavioral disorders and for the families that love and support them.

Large scale mixed methods studies that provide a quantitative estimate of the prevalence of specific parental challenges in the Pakistani context across the geographic and socioeconomic spectrum in Punjab, as well as the effectiveness of culturally adapted parent training interventions in the Pakistani context, and the impact of policy reforms on parental engagement and child developmental outcomes, following the perspective of the mixed methods approach, should be a priority for future research. The development of disability research infrastructure in Pakistan and the inclusion of family perspectives and lived experience data in policy development and making are themselves ecological interventions that deserve continued academic and government funding.

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