



## Pakistan

Population of Pakistan: 197 million (2017 estimate)

Pakistan is in South Asia, bordered by Iran, Afghanistan, China, and India. The Arabian Sea marks Pakistan's southern boundary. Pakistan has a large, mostly rural population with a high growth rate and a high youth population. There is a high level of sectarian violence in Pakistan, largely perpetrated by Sunni extremist groups, including affiliates of Al Qaeda and the Islamic State. Many of these groups seek to instate Sharia law in Pakistan, and to reunite Pakistan and Kashmir. The targets of sectarian violence are often Shi'a Muslims, Sufi Muslims, Hindus, Christians, and Ahmadi. Shi'a groups have also retaliated after Sunni attacks.

Pakistan has many ethnic groups. The largest is the Punjabi who make up 45% of the population. Pashtun make up 15.4%, Sindhi make up 14.1%, Saraiki 8.4%, and Urdu 7.6%. The remainder of the population is comprised of other smaller ethnic groups.

### Disability in Pakistan

**Stigma:** Persons with disabilities face social stigma in Pakistan. It is not uncommon for families to conceal the disabilities of female family members as to not limit marriage prospects. Religion often perpetuates superstitions leading to further stigma. Within very conservative societies, individuals with disabilities may be perceived as suffering from an affliction from God. This can lead the family to feel shame or to believe they are being punished. Language plays a large part in exacerbating stigma, with derogatory terms still commonly used to describe persons with disabilities in Pakistan.

**Education:** The Pakistani Constitution declares primary education to be a fundamental right. The Sindh Right of Children to Free and Compulsory Education Act 2013 and the Punjab Compulsory Primary Education Act 1994 are provincial laws that declare the right for the education of young children, but do not specify the educational needs of children with disabilities. Pakistan provides special education schools for persons with disabilities, however, the schools are often inadequate and of low quality. The government reports that there are 330 special education schools in mainly urban areas such as Islamabad, Punjab, Sindh, and Khyber Pakhtunkhwa provinces, but limited in rural areas. Less than half of Pakistani children with disabilities can access special education schools. Even if children can attend these schools, the quality of education may be lacking. Private schools have fees making them only accessible to wealthier families. Few children with disabilities go on to university because of these barriers.

**Services:** Accessing healthcare services in Pakistan is largely dependent upon a person's socio-economic status and geographic residence. Those in rural areas often lack the financial resources to pay for disability-related services. Persons with disabilities reside more in rural areas compared to urban areas and therefore have unmet needs. There are 10 vocational training facilities throughout Pakistan where persons with disabilities can receive free vocational training. However, considering Pakistan is the sixth most populous country in the world, these 10 facilities are not nearly enough to serve all of Pakistan's disabled population. There are also a number of rehabilitation facilities in Pakistan where some individuals can access assistive devices such as hearing aids or wheelchairs. However, these facilities are also few and far between.

People from Pakistan are referred to as Pakistani. Much of Pakistan's population (96.3%) is Muslim. There are different estimates of how many are Shi'a and how many are Sunni, but according to the CIA World Factbook, 85-90% are Sunni and 10-15% are Shi'a. Punjabis make up the largest linguistic group, and are divided into castes: Rajputs, Jats, and Arains.



**Health Beliefs:** The use of Western medicine is common even in rural areas. Some Pakistanis may hold traditional health beliefs stemming from the Koran. Some Pakistanis may use verses from the Koran or beads as an alternative method of healing. Some may also seek consultation from a *Pir of Fakir* (holy men) in place of or in supplement to Western medicine. These practices are more common amongst individuals of a lower socioeconomic status while higher socioeconomic families typically lean more towards Western medicine.

**Mental Health:** Treatment for mental health is generally avoided due to stigma and taboo. Mental health patients are often dismissed as weak and told they need to strengthen their faith. There are only 5 psychiatric hospitals in the entire country. Due to a lack of mental health care, many individuals will approach *hakims* (traditional faith healers) in place of receiving medical treatment. The lack of political stability and economic opportunity create significant risk factors for mental health challenges amongst Pakistanis.

**Gender Roles:** More than 50% of women in Pakistan lack a basic education, and most women are confined to their house and are excluded from decision making. Only 30% of women have any form of income. Disabled women are often considered bad prospects for marriage and therefore a burden to their family. Men are generally expected to be financially stable and strong leaders, therefore men with disabilities may be considered weak if they are unable to work and support their family. Many women in Pakistan experience domestic violence. It is important to place Pakistani individuals with same sex providers when possible.

## Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, “a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease.”

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world's population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women's Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client's history, life and experience in the country of origin or host country, and cultural perceptions of disability.

This project is supported by a grant from the Pennsylvania Developmental Disabilities Council.

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