

EDITORIAL

THE ESSENCE OF RE/HABILITATION

Pakistan is an incredible country of extremely intelligent and resilient people, capable of benevolent magnanimity in care of the needy and underprivileged. Yet the country boasts of no surplus of professionals in health care, education and other realms. Rehabilitation in health care is the process of treatment or therapy that helps a person return partially or totally to a physically, mentally or emotionally able condition, or as s/he used to be earlier; whilst habilitation is the process of helping a young child acquire or learn skills, by way of education or treatment through, medication, training and therapy.

Congenital disorders, often disabilities, such as global developmental delay, physical, speech, and language disorders of neurogenic origin, emotional disorders, autism, hearing impairment, blindness, and disorders resulting from chromosomal aberrations such as Down's syndrome or Apert's syndrome to name a few, warrant habilitation; whilst acquired disorders warrant rehabilitation towards overcoming a disability caused by illness, or accident. Both processes usually extend over a long term (3 months or more) and involve more than a single health care professional amongst doctors, dentists, nurses, physical, occupational, speech language therapists, psychologists, audiologists, educationists, and remedial or special educationists, social workers, along with family and other care givers.

Development of gross and fine motor skills, or speech and language skills are often delayed or impaired in children who have had neurological damage in the perinatal period. Verbal communication is by far the most superior and complex skill that a typical human baby acquires, naturally. Children with delayed speech and language development are at a substantial risk of having a speech and/or language impairment, learning problems, or social and behavioral problems in later life, which can make a significantly detrimental impact on their social, educational and vocational well-being. It is vital that children with motor, speech, language, cognitive and learning difficulties receive intervention as early as possible. Early diagnosis is needed for intervention planning and prevention. Parents play a key role in identifying difficulties in socio-communicative behaviors, as well as in treating them with the help, support and guidance of speech language therapists and other allied professionals.

There are an estimated higher percentage of Persons With different Disabilities (PWD) in rural Pakistan in comparison with urban cities. They usually present with varying degrees of impairment in physical, mental (intellectual and/or cognitive), sensory (hearing and vision) or speech and language development. Some children may even present with multiple disabilities. Literature has often attributed the prevalence of disabilities to consanguinity, along with impoverished maternal health and nutrition and reduced hygienic conditions, which must be resolved in the near future of Pakistan. People in the rural areas usually visit the local general physician for health care needs; who must identify and diagnose a potentially debilitating condition in a baby; and make referrals for further assessment to the pediatrician, neurologist or other specialists. This process has usually been seen to delay intervention, beyond the critical period of development in young children, reducing prospects of good prognosis; subsequently habilitative care is either not or negligibly available in smaller towns and rural areas, compared to the metropolitan cities, which also suffer a dearth of these professionals, in current day Pakistan.

It is incumbent to identify and habilitate PWDs early if we desire to reduce the unfavorable economic impact of having dependent and un-contributing members in our society. Optimal and successful habilitation services must be provided to young children within the critical age (0 – 2 years), when the brain is most receptive to learning, because of high neural plasticity in this period. Treatment includes direct patient care as well as counselling and training of parents and caregivers, who play a crucial role through the processes of assessment (structured, formal, standardized assessments, and unstructured, informal assessments) and therapy. The objectives of therapy usually extend beyond the clinic, into the patients' home, place of work and society at large, with the transference of newly learnt skills functionally into daily life so as to make the individual self-reliant and independent, thus removing the stigma of dependence.

Education is a fundamental right of all children and habilitative support services must extend to schools where children can be enrolled in inclusive settings. Inclusive education warrants that the schools provide equal opportunity of academic instruction, as well as sports facilities to all children without discrimination, by managing their logistics for inclusive placement by re-structuring facilities to meet the needs of these children. Training of teachers and other support personnel must be a mandatory on-going process to ensure that children receive optimal stimulation within and outside the classroom, in synchrony with their potential.

Rehabilitation of adults entails the arrangement of vocational opportunities in congruence with their potential and skills, enabling them to become well-adjusted members of society. It must be made mandatory for all business houses and industries to have employment opportunities for persons with different abilities. Financial support may be extended to individuals to establish small scale business, depending upon their competence.

Pakistan's population is rising at a sharp rate, making it imperative to have many more qualified, and highly competent health care professionals, than those that exist today. Speech language therapists, audiologists and occupational therapists are few and far between. We beseech the government to play a larger role towards habilitation/rehabilitation of the affected individuals by developing human resource in all realms of allied health care services, by having more teaching and training programs in HEIs across Pakistan. Higher Educational Institutions must offer undergraduate, graduate and doctoral programs structured on both theoretical and clinical teaching and training in these realms. The existing curricula must be revised to have culturally appropriate objectives and should beat par with those in developed countries. New re/habilitation institutions for patient care must be built on a war footing that are equipped with state of the art tools of assessment, evaluation, therapy and vocational development; to cater to the entire spectrum of congenital and acquired disorders in children and adults, in Pakistan.

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