Parents' Perception on Early Identification for 2-7 years old Children with Developmental Delay

By

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A thesis submitted to BRAC Institute of Educational Development in partial fulfillment of the requirements for the degree of Master of Science in Early Childhood Development

BRAC Institute of Educational Development
BRAC University
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Declaration

It is hereby declared that

1. The thesis submitted is my own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

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Ethics Statement

Title of Thesis Topic: Parents' Perception on Early Identification for 2-7 years old Children with Developmental Delay

Student name: Md. Mahfuj Rana Atul

1. Source of population

Purposive Sampling Approach

2. Does the study involve (yes, or no)

a) Physical risk to the subjects - no
b) Social risk - no
c) Psychological risk to subjects - no
d) discomfort to subjects - no
e) Invasion of privacy -no

3. Will subjects be clearly informed about (yes or no)

a) Nature and purpose of the study - yes
b) Procedures to be followed - yes
c) Physical risk - yes
d) Sensitive questions - yes
e) Benefits to be derived - yes
f) Right to refuse to participate or to withdraw from the study - yes
g) Confidential handling of data - yes
h) Compensation and/or treatment where there are risks or privacy is involved - yes

4. Will Signed verbal consent for be required (yes or no)

a) from study participants - yes
b) from parents or guardian - no
c) Will precautions be taken to protect anonymity of subjects? - yes

5. Check documents being submitted herewith to Committee:

a) Proposal - yes
b) Consent Form - yes
c) Questionnaire or interview schedule - yes

Ethical Review Committee:
Authorized by:
(chair/co-chair/other)

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Abstract

Early identification of developmental delays is crucial for improving long-term outcomes in children, yet parental awareness and systemic barriers often hinder timely intervention. This qualitative study explores parents' perceptions of early identification for children aged 2–7 in Dhaka, Bangladesh, through six in-depth interviews (IDIs) and two focus group discussions (FGDs). Findings reveal significant gaps in parental knowledge, with many attributing delays to natural growth variations or cultural beliefs. Financial constraints, familial pressures, and stigma further delay help-seeking, while systemic barriers like long wait times and limited access to services exacerbate challenges. Educated parents demonstrated proactive engagement, whereas low-income families prioritized immediate survival needs over developmental concerns. Recommendations include community-based awareness programs, mobile screening units, and policy reforms to integrate developmental screening into routine healthcare. By addressing cultural, economic, and structural barriers, stakeholders can enhance early detection and intervention, ensuring equitable support for all children.

Keywords: developmental delays; early identification; parental perceptions; barriers to access; Bangladesh; community-based intervention

Dedication

I dedicate this thesis to my beloved parents, **Md. Masud Rana** and **Mrs. Mahmuda Akhtar**. To my dear father—your final wish was for me to continue my education. Though you are no longer with us, your words guide me every day. I walk this path in honor of your dreams and unwavering belief in me.

To my loving mother, whose endless support and prayers have been my strength throughout this journey.

This work is also dedicated to **all the children and parents of the world**, whose hopes, struggles, and resilience continue to inspire change and progress.

Above all, I am profoundly grateful to **Almighty Allah** for granting me the strength, patience, and wisdom to pursue knowledge and bring this research to life.

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To all who have supported and inspired me—thank you.
May this modest work spark light and reflection for others, as many have done for me.

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1. Introduction and Background

1.1. Introduction

Physical, cognitive, emotional, and social development are all aspects of the dynamic and intricate process that is child development (Shonkoff & Phillips, 2000). A child's early years, especially the first five years, are crucial for laying the groundwork for their future behaviour, education, and health (Shonkoff et al., 2011). Developmental delays, which are marked by notable delays in reaching developmental milestones, might appear during this time in domains like motor skills, speech, cognition, and social-emotional functioning. If left unaddressed, these delays may evolve into more profound disabilities, impacting the child's quality of life and limiting their potential to succeed in various aspects of life (Shonkoff & Phillips, 2000). When a child fails to reach age-appropriate developmental milestones in one or more areas, like motor, cognitive, or social skills, it is referred to as a developmental delay (Choo et al., 2019). When a child does not reach developmental milestones at the anticipated age, it is referred to as a developmental delay. Delays can occur in one or multiple areas of development. Examples of developmental delay are Cognitive Delay, Speech and Language Delay, Motor Delay, Social and Emotional Delay, Adaptive Skill Delay (Bhargavi, 2024).

According to parent-reported data, there are about 240 million children with developmental disorders globally (Olusanya et al., 2023). According to data from the Multiple Indicator Cluster Survey (MICS) conducted in 2019, over 70% of Bangladeshi children were developing normally, indicating that 30% might be experiencing some kind of developmental delay (Hasan et al., 2023). Although there are few statistics on the development of developmental delays in Bangladesh, worldwide evidence shows that children with developmental delays are more likely to experience ongoing challenges if they are not identified and treated early (Guralnick, 2011; World Health Organization, 2018).

Parents play an indispensable role in this process. They are frequently the first to notice and react to their child's developmental growth because they are the primary carers (Shonkoff & Phillips, 2000). Their perceptions and awareness of developmental milestones significantly influence their

willingness and ability to recognize potential delays and seek professional evaluation (Guralnick, 2011). For instance, some parents may attribute developmental delays to temporary phases of slow growth or external factors, leading to delays in seeking intervention (Pavão et al., 2017). Others may face systemic barriers, such as limited access to healthcare or social stigma, that hinder their ability to act promptly (World Health Organization, 2018).

The purpose of this research project is to investigate how parents see the early detection of developmental deficits in children. This study intends to identify the underlying elements impacting parental decision-making by investigating their attitudes towards early screening, understanding of developmental milestones, and obstacles to receiving diagnostic services.

1.2. Statement of the Problem

Developmental delays affect approximately one in six children worldwide, impacting motor, cognitive, language, and social-emotional skills. (CDC, 2023). Parental awareness of developmental delays is generally low across many regions. A global study found that around 40-60% of parents are unaware of key developmental milestones, which delays early identification and intervention (Guralnick, 2011). Regular developmental checkups are recommended, but participation rates vary significantly. For example, in a U.S. study, only 63% of parents reported receiving developmental screening for their children as part of routine care (CDC, 2022).

According to the Early Childhood Development Index, over 29% of Bangladeshi children between the ages of three and four are not developing normally (ECDI), indicating a high prevalence of developmental delays (UNICEF, 2019). About 2.8% of children under five years in Bangladesh exhibit early childhood disabilities, including developmental delays. (PLOS ONE, 2021). About 3% of toddlers in Bangladesh between the ages of 2 and 4 and 8% of children between the ages of 5 and 17 have severe functional impairments, which may be a sign of developmental delays (UNICEF, 2021). Additionally, a study conducted in Dhaka found that only 22% of parents sought medical consultations for developmental concerns, with the rest attributing delays to slow growth phases or external factors (Rahman et al., 2018).

Parents may dismiss delays as temporary phases, delaying necessary interventions (ResearchGate, 2022). If not addressed, developmental delays can lead to profound disabilities that significantly impact a child's quality of life and potential (Van Cleave et al., 2013). Delayed detection impacts not only the child but also families, schools, and society, leading to emotional, financial, and systemic burdens due to the lack of timely support (The Lancet Child & Adolescent Health, 2021).

Parents, as primary caregivers, are uniquely positioned to observe their children's growth and recognize potential developmental concerns. Their perceptions, knowledge, and attitudes toward early identification play a pivotal role in the timely detection process. Research suggests that when parents are aware of developmental milestones and the importance of early screening, they are more likely to seek professional evaluations and engage with available support services. For instance, a study conducted in the United States discovered that early screening rates increased by 30% when parents were aware of developmental milestones, greatly increasing the chance of prompt intervention (CDC, 2022).

Conversely, a lack of awareness or misconceptions about typical development can delay the identification of issues. Globally, approximately 40-60% of parents lack adequate knowledge about developmental milestones, resulting in missed opportunities for early detection and intervention (Guralnick, 2011). In Bangladesh, only 22% of parents seek medical consultations for developmental concerns, highlighting the significant knowledge gap and its impact on early detection efforts (Rahman et al., 2018). This delay reduces the effectiveness of interventions and increases the burden on families and healthcare systems over time (WHO, 2018).

The failure to address developmental delays early not only affects the child but also has far-reaching implications for families, schools, and society at large. When delays are discovered too late, parents may feel guilty, frustrated, and powerless. Research shows that up to 65% of parents of children with untreated developmental delays report high levels of stress and mental health issues (Bailey et al., 2007). In Bangladesh, where resources are limited, families often bear a significant financial burden, with up to 35% of household income spent on healthcare for children with developmental disorders (Rahman et al., 2018).

The goal of this study is to explore how parents view early developmental delay detection, the variables that influence their perception, and the obstacles they encounter when trying to get timely evaluations.

1.3. Purpose of the Study

This study seeks to explore and understand how parents view the significance of early detection of developmental impairments in children. The research initiative specifically intends to explore how parents identify developmental milestones, how aware they are of early indicators of delays, and what variables affect their views and choices about seeking early diagnostic assistance.

This study aims to explore parents' attitudes towards early screening, their knowledge and understanding of developmental milestones, and the crucial role early detection plays in correcting delays, including their beliefs about its effectiveness and relevance, to identify barriers and challenges parents face in recognizing developmental delays and accessing diagnostic and intervention services, such as cultural perceptions, and to explore facilitators that support parental engagement in early identification processes, including education, community resources, and healthcare support. By approaching these goals, the study hopes to offer insightful information about how parents see and handle the early detection of developmental deficits. The findings will help inform the development of targeted educational programs, policies, and community interventions designed to enhance parental awareness, lower obstacles to early detection and encourage prompt intervention availability.

1.4. Significance and Justification of the Study

Children's general well-being, schooling, and social integration may suffer significant and enduring consequences if developmental delays are not recognised and treated in a timely manner (Ma, 2015). It is commonly known that preventing these delays, boosting developmental outcomes, and improving the lives of kids and their families all depend on early detection and

prompt intervention (Guralnick, 2011; Shonkoff & Phillips, 2000). However, the success of early identification efforts relies heavily on the active engagement and awareness of parents, who are often the first to observe potential developmental concerns (World Health Organization [WHO], 2018).

This study is significant because it seeks to address a critical gap in understanding parents' perceptions of the importance of early identification for children with developmental delays. While numerous studies have explored the benefits of early intervention, there is limited research examining the role of parental attitudes, knowledge, and behaviors in initiating the process of early identification (Zaman et al., 2021). Understanding these perceptions is essential for designing strategies that effectively engage parents, who are the cornerstone of early developmental monitoring and intervention (Rahman et al., 2018).

The study's ability to guide the creation of focused educational initiatives, regulations, and interventions meant to empower parents serves as its justification. By identifying gaps in knowledge and understanding the factors that influence parental attitudes, stakeholders can develop culturally sensitive and contextually relevant approaches to raise awareness about developmental delays and the importance of early action (Guralnick, 2011). This includes creating accessible and inclusive resources that educate parents about developmental milestones, training healthcare providers to engage with families effectively, and developing community-based support networks to address systemic barriers (Centers for Disease Control and Prevention [CDC], 2022).

Furthermore, by emphasizing the necessity of improved access to diagnostic and intervention services, the study's conclusions can aid in the creation of policies. Governments, non-governmental organizations, and healthcare systems can use the insights gained from this research to advocate for expanded services, such as early screening programs, affordable diagnostic tools, and accessible intervention centers (Shonkoff & Phillips, 2000; WHO, 2018). Addressing these systemic gaps will ensure that parents have the resources and support they need to act promptly when developmental concerns arise.

The broader significance of this study extends to improving outcomes not only for children with developmental delays but also for their families and society. Early identification reduces the long-term costs associated with delayed interventions, such as specialized education, healthcare, and

social support services (Bailey et al., 2007). Moreover, it enhances the capacity of children with developmental delays to participate fully in educational, social, and economic opportunities, fostering inclusion and equity (UNICEF, 2019).

1.5. Research Questions

1. How do parents perceive early identification of developmental delays in their children?
2. What factors influence parents' decisions to seek or delay professional evaluation for suspected developmental delays?
3. What barriers do parents face in accessing developmental screening services?

1.6. Operational Definition

Early identification of developmental delay refers to the timely recognition and acknowledgment of a child's lag in achieving age-appropriate developmental milestones in areas such as motor skills, language and communication, cognitive abilities, social interaction, and emotional regulation. This process is considered "early" when it occurs during the child's formative years—typically before the age of six—when the brain is most adaptable and responsive to intervention. Early identification is critical because it creates an opportunity to provide targeted support during a period when intervention can have the greatest impact on a child's developmental trajectory and future learning.

In practice, early identification involves both informal and formal methods. Informally, it can begin when a parent, caregiver, or teacher observes behaviors or patterns that deviate from typical developmental progress. For example, a parent might notice that a two-year-old is not speaking any words, avoids eye contact, or does not respond to their name—signs that may raise concerns. These early observations often prompt families to seek guidance from health professionals or educators.

Formally, early identification includes the use of standardized developmental screening tools administered by healthcare providers or early childhood professionals. These tools, such as the

Ages and Stages Questionnaires (ASQ), Denver Developmental Screening Test, or the Modified Checklist for Autism in Toddlers (M-CHAT), help systematically evaluate whether a child is meeting expected developmental milestones. Screenings are often conducted during well-child visits, at preschools, or through community health programs. If delays are detected, children may be referred for more in-depth assessments or evaluations by specialists such as developmental pediatricians, psychologists, or speech and language therapists.

Importantly, early identification does not necessarily mean a formal diagnosis has been made. Rather, it is the recognition that a child may need further evaluation or support, and that proactive steps—such as referrals, counseling, or early intervention services—are initiated as a result. In many cases, especially in low-resource settings, early identification might begin with a community health worker, school teacher, or parent who flags a concern, even in the absence of formal diagnostic infrastructure.

This definition emphasizes that early identification is a **process** rather than a one-time event. It is ongoing, relational, and dependent on awareness, access to information, and the availability of responsive services. It also acknowledges the influence of socioeconomic and cultural factors on when and how developmental delays are recognized. Regardless of setting, early identification is a foundational step in supporting children with developmental challenges and ensuring they receive the assistance necessary to thrive.

2. Literature Review

Developmental Delay

Developmental delay is the term used to describe when a child does not meet developmental milestones in comparison to others in the same age range. The delay may occur throughout several domains or in just one (i.e., isolated developmental delay). Global developmental delay is the phrase used to describe a substantial delay in two or more developmental domains that affects children under the age of five (GDD) (Choo et al., 2019). A child's capacity to meet developmental milestones is greatly impacted by developmental delays, which also influence the child's physical, cognitive, social, and emotional development. Early identification of these delays is critical for mitigating their effects and providing timely intervention to improve outcomes.

Developmental delay can be caused by genetic, environmental, and neurological factors. Significant developmental obstacles are linked to genetic abnormalities including Down syndrome and fragile X syndrome (Kaufmann et al., 2017). Environmental influences, including prenatal exposure to toxins, poor nutrition, and adverse childhood experiences, also contribute to developmental delays (Shonkoff & Garner, 2012). Low birth weight and premature birth have been found to be important risk factors for delays in cognitive and motor development (Allen, 2017).

Parents' Knowledge and Understanding of Developmental Delays

Parental knowledge of developmental milestones varies widely and is influenced by cultural, educational, and socioeconomic factors. Studies indicate that parents often lack adequate information about typical child development, which can hinder their ability to recognize delays. A study by Oberklaid et al. (2013) revealed that many parents attribute delays to temporary variations in growth, often adopting a "wait-and-see" approach. This perception delays intervention and reduces the effectiveness of available support services.

A child's brain develops quickly throughout the first five years of life, making this a critical time for interventions aimed at addressing developmental deficiencies. Early identification leverages the brain's plasticity during this period and improves long-term outcomes, such as cognitive and

social skills (Shonkoff & Phillips, 2000; Guralnick, 2011). However, parental awareness of this critical period varies. Research shows that parents often underestimate the importance of early detection and may fail to act promptly due to limited knowledge or misconceptions about child development.

Moreover, parents' understanding is shaped by interactions with healthcare providers. A study by Milestones: How Parents Understand Child Development (2021) highlighted the pivotal role of healthcare providers in educating parents about developmental milestones. Alghamdi et al. (2023) emphasized that parents who are aware of their child's typical developmental trajectory and seek medical help when needed play a critical role in addressing delays early, potentially paving the way for an independent life for their child.

Studies in low- and middle-income countries (LMICs) demonstrate that low parental awareness often results in the normalization of developmental concerns (Divan et al., 2012; Khan et al., 2019). This normalization is sometimes rooted in fatalistic beliefs or cultural narratives that frame delays as temporary or as divine will (Salahuddin et al., 2021). Parents with lower levels of formal education often interpret developmental challenges through non-medical lenses, attributing delays to spiritual causes or late blooming (Yousafzai et al., 2014).

Conversely, parents with greater educational attainment and financial stability tend to have increased access to digital information and health consultations, making them more likely to identify developmental red flags (Zeanah et al., 2018). A study in Pakistan found that mothers with higher education were significantly more likely to seek early intervention services for developmental delays compared to their less educated counterparts (Khan et al., 2019). These disparities underscore the need for targeted awareness campaigns that are culturally resonant and adapted to low-literacy populations.

Early Identification of Developmental Delays

The importance of early identification in shaping a child’s developmental trajectory is well-documented. Intervening during the first 1,000 days—the period from conception to a child’s second birthday—has the highest potential to mitigate developmental concerns and promote

cognitive, emotional, and physical growth (Black et al., 2017). Yet, in many LMICs, the lack of routine screening and parental awareness leads to identification well beyond this critical window.

Research in South Asia shows a systemic gap in early identification services. In Bangladesh, for example, public health programs have limited focus on child development beyond nutrition and immunization (Haque & Sharmin, 2022). This neglect results in developmental surveillance being sporadic or absent. Parents are often unsure where to go or who to speak to if they have concerns. Moreover, even when concerns are expressed, general practitioners or informal healthcare providers may dismiss them due to inadequate training in ECD (Khan et al., 2019; Sharma et al., 2017).

Some successful interventions in LMICs highlight the role of simplified tools and task-sharing. For example, in India, the use of the "Mother and Child Protection Card," which incorporates developmental milestones, has empowered community health workers to screen children and initiate referrals (Nair et al., 2015). Similarly, Brazil's use of structured checklists during routine checkups has increased developmental surveillance in low-income settings (Paula et al., 2020).

Digital innovations also offer promise. In Kenya and India, mobile-based developmental screening tools like the mVacciNation app and SMS-based reminder systems have increased awareness and referral uptake, especially among mothers with limited access to formal healthcare (Abubakar et al., 2013; Singh et al., 2019). These interventions are particularly impactful when combined with face-to-face counseling and community-based peer support.

Factors Influencing Parental Knowledge and Decision-Making

Financial Constraints

Economic limitations are among the most consistent barriers reported by families across LMICs in accessing developmental services (Peters et al., 2008). In countries without universal early childhood services, developmental assessments and therapies are often offered through private clinics at a cost beyond the reach of most families. For instance, in Bangladesh, despite the

presence of tertiary hospitals in urban areas, many low-income families cannot afford transportation, let alone the cost of diagnosis and therapy (Haque & Sharmin, 2022).

Moreover, the indirect costs—such as time away from work, child care for siblings, and travel-related expenses—exacerbate the financial burden (McCoy et al., 2016). For single mothers or those in informal employment, the opportunity cost of seeking care may be prohibitive. A study in India revealed that nearly 60% of families reported financial strain as a reason for discontinuing therapy services after diagnosis (Gupta et al., 2020).

Nonetheless, there are scalable models that address financial constraints. Conditional cash transfer (CCT) programs, such as Mexico's "Oportunidades" and Brazil's "Bolsa Família," have shown significant improvements in child health outcomes when designed to include ECD milestones as conditionalities (Fernald et al., 2012). While these programs primarily target nutrition and health, their model could be extended to include developmental screening and follow-up.

Familial and Social Pressures

In collectivist cultures like those in South Asia, decision-making about child health is not confined to the nuclear family. Grandparents, in-laws, and community elders often play influential roles (McConkey et al., 2016). This can be both a source of support and a barrier. In many cases, elders discourage seeking care due to stigma, shame, or misconceptions about developmental disabilities (Islam et al., 2020). A mother's intuition may be overridden by older relatives who dismiss concerns as overreactions or compare the child to late-developing relatives from previous generations.

Social stigma surrounding developmental disorders—especially autism, cerebral palsy, and intellectual disability—is widespread. Studies in rural Pakistan and India report that parents fear labeling their children, leading to school exclusion, bullying, or reduced marriage prospects for siblings (Nixon et al., 2021). These fears contribute to silence and delay.

Women, particularly mothers, bear the brunt of this burden. They are often blamed for their child's condition, accused of poor parenting or karmic punishment (Salahuddin et al., 2021). This

gendered blame, coupled with a lack of decision-making power in patriarchal households, can trap mothers in cycles of helplessness and inaction.

Yet, community-driven interventions have shown promise. Peer-led counseling models, such as "Mother Leaders" in India and "Care Groups" in Ethiopia, build maternal confidence and provide social validation (Nair et al., 2015; Tekola et al., 2020). Programs that engage fathers, religious leaders, and elders in educational sessions can shift community narratives and create enabling environments for early care seeking (Baingana et al., 2015).

Cultural Beliefs

Parental attitudes toward developmental delays are heavily influenced by cultural beliefs. In some cultures, delays are viewed as natural variations in growth or attributed to external factors such as parenting styles or environmental influences. These beliefs can discourage parents from seeking early evaluation or intervention. Furthermore, stigma surrounding developmental disabilities in certain communities prevents parents from discussing their concerns or accessing services (Dababnah & Parish, 2013).

Socioeconomic and Educational Backgrounds

Parents' socioeconomic and educational backgrounds significantly influence their knowledge and decision-making. Research shows that parents with higher education levels and better access to resources are more likely to recognize delays and seek timely interventions (Smith et al., 2023). In contrast, families from lower socioeconomic backgrounds may face challenges such as financial constraints, limited healthcare access, and reduced exposure to information about developmental milestones.

Barriers and Gaps

Systemic weaknesses in health systems often discourage or prevent access to developmental services. These include a lack of trained personnel, fragmented referral pathways, insufficient integration between health and social services, and inadequate infrastructure (Peters et al., 2008).

In Bangladesh, despite a growing child population, there are few developmental pediatricians, and most services are concentrated in urban centers (Khan et al., 2019). Parents from rural or peri-urban areas often report traveling for hours only to be turned away or given inconclusive assessments (Haque & Sharmin, 2022).

Health system responsiveness also plays a crucial role. Studies in Nepal and Ethiopia have documented cases of dismissive attitudes by health providers, lack of privacy during consultations, and limited explanation of the diagnosis or next steps (Sharma et al., 2017; Tekola et al., 2020). These encounters erode trust and reduce the likelihood that parents will return for follow-up or recommend services to others.

Structural solutions require both vertical and horizontal interventions. On the vertical side, national policies should mandate developmental screening at primary care level, ensure budgetary allocations for ECD, and train frontline workers in early identification (WHO, 2013). On the horizontal side, services must be made physically accessible (e.g., through community-based health centers), culturally acceptable (e.g., via local languages and norms), and emotionally safe (e.g., through non-judgmental staff and peer support groups).

Models from countries like Chile and Rwanda illustrate that investing in community health workers trained in child development can decentralize care, reduce stigma, and increase uptake (Black et al., 2017). Additionally, integrating parental feedback systems—such as hotlines, surveys, or parent councils—can create accountability and foster demand-driven service improvement.

Social Stigma

Many parents avoid seeking professional support due to social stigma and the fear of being labeled. According to Dababnah and Parish (2013), parents of children with developmental delays frequently encounter judgment from friends and family, which can result in feelings of isolation and hesitation to seek interventions.

Global Context

Worldwide, the early detection of developmental delays is shaped by a complex interplay of socioeconomic resources, healthcare infrastructure, policy environments, and cultural beliefs. These factors significantly influence whether children receive timely assessments and interventions, with outcomes varying widely across different national and regional contexts.

In **low-resource environments**, such as many countries in Sub-Saharan Africa, South Asia, and parts of Latin America, major obstacles hinder effective early identification. Limited access to trained developmental specialists, insufficient screening tools, inadequate funding, and fragmented healthcare delivery systems are among the primary challenges (Choo et al., 2019; Ertem et al., 2008). Health systems in these contexts often prioritize acute care and infectious diseases, leaving child development services under-resourced and marginalized. Furthermore, cultural norms and stigma surrounding disability can exacerbate delays in help-seeking, as many families either do not recognize early signs of developmental disorders or fear social exclusion if a diagnosis is confirmed (Groce & Trani, 2009; McConkey et al., 2016). In such settings, parents often rely on traditional healers or community elders rather than trained health professionals, further delaying medical intervention (Olusanya et al., 2020).

Financial constraints also play a significant role. Even where services exist, the cost of travel, consultation, diagnostic testing, and therapy can be prohibitive for low-income families. Moreover, the opportunity cost of seeking care—such as missed work or needing childcare for other siblings—adds an additional layer of burden. These barriers are compounded by weak referral systems, poor data collection on child development, and a lack of public awareness campaigns targeting early childhood intervention.

In contrast, **high-resource settings**, including countries like the United States, Canada, the United Kingdom, and Australia, typically benefit from more structured early childhood screening and intervention programs integrated into routine pediatric care. Government-backed initiatives such as the “Learn the Signs. Act Early” campaign in the U.S. (CDC, 2020) and the “Healthy Child Programme” in the U.K. ensure that most children are screened at regular intervals for developmental concerns. These systems often rely on standardized tools, such as the Ages and

Stages Questionnaire (ASQ), administered during well-child visits to identify potential delays (Squires et al., 1997).

However, despite these advances, high-resource settings are not without challenges. Disparities in healthcare access persist among marginalized populations, including racial and ethnic minorities, immigrants, and families with lower socioeconomic status. Research has shown that children from these groups are more likely to experience delayed diagnoses due to systemic bias, language barriers, and reduced access to culturally competent care (Zuckerman et al., 2014; Jimenez et al., 2014). Additionally, parental misconceptions or fears about labeling a child can deter families from seeking evaluations even when concerns arise (King et al., 2010). Thus, while the availability of services may be higher, equitable access and utilization remain persistent issues.

Local Context

In certain communities, parents rely heavily on informal networks for guidance on child development. Community health workers and peer support networks have been effective in bridging gaps in healthcare access by providing culturally relevant information and support to families (McLean et al., 2019). Collaborative efforts between healthcare providers, schools, and community organizations have also improved early identification efforts, particularly in underserved areas.

However, informal advice is not always accurate and may delay recognition of developmental issues. In some cases, symptoms like delayed speech, poor social interaction, or atypical motor behavior are dismissed as part of a child's unique personality, or even spiritual or karmic consequences, leading to normalization of delay rather than prompt intervention (Groce & Trani, 2009; Salahuddin et al., 2021). Despite these challenges, informal networks can be powerful conduits for change if leveraged strategically.

Strategies to Enhance Parental Engagement in Early Identification

Parent-focused educational programs have proven effective in enhancing awareness of developmental milestones and emphasizing the value of early intervention. Community-based workshops, digital tools, and online resources have been effective in providing accessible information to parents (Gupta et al., 2013). Additionally, regular developmental screenings during well-child visits and effective communication between healthcare providers and parents are crucial for timely identification.

Collaborative efforts between healthcare providers, schools, and community organizations have proven successful in creating comprehensive support systems. Peer support networks and community health workers play an essential role in reaching underserved populations and addressing cultural and systemic barriers.

Research emphasizes the essential role parents play in recognizing developmental delays early, along with the various factors that shape their awareness and responses. While the benefits of early detection and intervention are well-documented, gaps in parental knowledge, cultural influences, and systemic barriers continue to hinder timely identification efforts. Strategies to address these challenges include improving access to healthcare services, enhancing parental education, and fostering collaboration between families, healthcare providers, and community resources. This study seeks to expand on these findings by examining parents' views on early identification, offering important insights to guide policy and practice.

3. Methodology

3.1. Study Design/Approach

This research employed a qualitative approach to gain an in-depth understanding of parents' perspectives. A phenomenological method was used to explore how parents perceived and reacted to possible developmental delays in their children based on their personal experiences. Through this approach, the study uncovered personal beliefs, cultural influences, and challenges that shaped parents' perceptions of early identification.

3.2. Research Participants

The study focused on parents of children aged 2–7 years, as this age range represented the critical period for early childhood development and the optimal window for identifying developmental delays. A total of 18 parents (9 fathers and 9 mothers) were selected as participants. The study included parents of children aged 2-7 years from diverse demographic backgrounds. Participants comprised an equal gender distribution, with 9 mothers and 9 fathers taking part in the research. The age distribution of participants showed that 4 parents were between 20-29 years old, 9 fell within the 30-39 age range, and 5 participants were aged 40-49 years. Educational backgrounds varied significantly among participants: 2 had no formal education, 3 had primary education, 5 had completed secondary education, and 8 parents had pursued higher studies. Regarding employment status, 10 participants were engaged in either formal or informal employment sectors, while 8 were either unemployed or homemakers. This diverse participant profile provided a comprehensive understanding of parental perspectives across different socioeconomic strata.

Children under five years of age are at a critical stage for brain development, making early identification of developmental delays essential during this period. Research supported that early interventions during this window could significantly improve developmental outcomes (Shonkoff & Phillips, 2000; Guralnick, 2011). Thus, interviewing parents of children within this age group provided insights into their perceptions and actions during the most critical period for early detection.

3.3. Research Site

Participant recruitment took place inside the Bashundhara Residential Area and outside of the Bashundhara Residential Area but limited within Dhali, Kuril and Jagannathpur in Dhaka to reach a diverse and representative sample.

These environments offered access to parents who may have had concerns about their child's development or had pursued developmental evaluations.

3.4. Sampling

A total of 6 parents will be selected for 6 IDIs and 12 parents will be selected for 2 FGDs (6 parents for each group) using purposive sampling. This sample size is considered appropriate for qualitative research to allow for rich, detailed data collection while still being manageable for thematic analysis (Braun & Clarke, 2006; Creswell, 2013).

The purposive sampling method will ensure that participants who have relevant experiences or concerns regarding their child's development is among them.

3.5. Data Collection Method

Six IDIs consisted of six individuals, and two FGDs consisted of 12 participants (six in each group), which were developed and conducted to facilitate the collection of qualitative data. Open-ended interview questions enabled participants to share their perspectives and experiences.

Individual in-depth interviews were used to gather data; these took place in person, based on the preferences and availability of the participants. With the participants' permission, all interviews were audio recorded and transcribed verbatim for analysis.

3.6. Data Analysis

Qualitative data were examined through a structured analysis process aimed at uncovering recurring themes, patterns, and categories. This approach helped interpret parents' perceptions and beliefs regarding early identification. Interview transcripts were reviewed multiple times to develop a thorough understanding of the content.

During this process, notes were taken to highlight initial observations, key statements, and emerging patterns. Each transcript underwent systematic coding, where specific sections of text (such as words, phrases, or paragraphs) related to the research questions were labeled. These codes were then organized into broader categories based on their commonalities and connections.

From the categories, overarching themes were identified. Themes represented the core ideas that answered the research questions. For example, a theme might have been “limited access to developmental screening.” Once themes were established, they were interpreted in the context of the research objectives. The final stage involved synthesizing the findings into a coherent report. This report included a detailed presentation of themes supported by direct quotes from participants to illustrate key points.

Validity & Reliability:

To ensure the credibility of the data, triangulation was applied. The research tools were pilot tested in the field, and the guidelines for conducting In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) were reviewed and validated by experts from the BRAC Institute of Educational Development (BIED).

3.7. Ethical Issues

Ethical approval for this study was obtained from the Ethics Committee at BRAC University, ensuring that the research met established ethical standards for working with human participants. All participants were fully informed about the purpose, procedures, and voluntary nature of the

study prior to their involvement. Informed consent was obtained from each participant, with the assurance that they could withdraw from the study at any stage without any negative consequences.

To uphold the confidentiality and privacy of all participants, data collection was conducted in a manner that protected personal information. Additionally, all data were securely stored in password-protected digital formats and physically secured where applicable, accessible only to authorized members of the research team.

Participants were encouraged to take part voluntarily and were given the flexibility to choose the time and location of their participation to ensure convenience and comfort. Throughout the research process, every effort was made to ensure that participants' dignity, autonomy, and rights were respected. The final research report excluded any personal identifiers to maintain strict participant anonymity.

3.8. Limitations of the study

1. Heterogeneous Participant Composition

The study included both mothers and fathers in interviews rather than homogeneous focus group discussions (FGDs). This may have influenced group dynamics and limited deeper exploration of gender-specific perspectives due to potential differences in roles and experiences. Scheduling conflicts made it difficult to gather parents for FGDs.

2. Potential for Social Desirability Bias

Participants may have provided responses that they perceived as socially acceptable or desirable, particularly during in-depth interview. For instance, middle- and high-income parents may have overstated their awareness and engagement with formal healthcare services or underreported reliance on informal beliefs due to perceived expectations from the researcher.

3. Language and Translation Nuances

Interviews were conducted in Bangla and later translated into English for analysis. While care was taken to preserve meaning and cultural context, there is an inherent risk of loss of nuance or subtle

shifts in interpretation during translation, particularly for idiomatic expressions or culturally specific references.

Despite these limitations, the study contributes meaningful and contextually rich data to the literature on early childhood development in low- and middle-income countries (LMICs) and offers a foundation for future research with broader and more diverse samples.

4. Results / Findings & Discussion

Result

This section presents qualitative findings derived from six in-depth interviews (IDIs) and two focus group discussions (FGDs) conducted with parents and caregivers of 2-7 years old children residing in Dhaka, Bangladesh, between February 1 and 21, 2025. Participants were intentionally selected to reflect a rich and comprehensive understanding of perceptions and challenges related to early identification of developmental delays among children aged 2–7 years.

The analysis is organized thematically, highlighting three major areas: parental perceptions of early identification for children with developmental delays, factors that influence parent's decision-making, and perceptions of parents regarding barriers to accessing services. Within each major theme, sub-themes provide deeper insights. To maintain participant confidentiality, pseudonyms are used. Quotes are attributed using interview or focus group identifiers, and all personal communications are cited accordingly (American Psychological Association [APA], 2020).

Theme 1: Parental Perceptions of Early Identification for Children with Developmental Delays

Sub-theme 1: Understanding Developmental Delays

Parental understanding of developmental delays varied considerably by different perceptions of parents. Among parents with little to no formal education, cultural explanations and traditional beliefs heavily influenced their perceptions. Many regarded developmental differences in speech, movement, and social engagement as variations within normal growth trajectories rather than warning signs requiring medical evaluation. Several parents reflected that children develop by their own. For example, Abdul, a security guard, stated, "Elders say children will catch up naturally. Doctors are for serious illnesses" (IDI 1, February 1, 2025). He also said that he doesn’t know about developmental delay, he knows about fulfilling his family’s daily needs.

Many parents exhibited transitional awareness, combining traditional views with partial exposure to modern information sources, such as social media. They spent time on social media and watch

various content regarding child development. But they are not sure about the source's authenticity. Fatima, the wife of a shopkeeper, shared, "I read about milestones on Facebook but wasn't sure if my son's speech delay needed intervention" (IDI 2, February 2, 2025). This group often faced uncertainty about when and whether to act on developmental concerns.

Some parents tended to adopt a more medicalized understanding of developmental delays. Familiar with pediatric developmental milestones and formal assessment tools, they were more likely to seek professional help proactively. These parents have higher education and financially stable background. Sabrina, a corporate employee, explained, "We tracked our daughter's development using pediatric checklists and sought specialist advice at 18 months" (IDI 4, February 5, 2025).

Sub-theme 2: Early Identification of Developmental Delays

Parents demonstrated varying degrees of understanding about what constitutes early identification of developmental delays. While some participants expressed a clear awareness of the importance of early detection and intervention, others highlighted significant gaps in knowledge and uncertainty regarding appropriate actions and available resources.

Certain parents reflected positive and proactive response regarding early identification of developmental delay. Farida, for instance, described early identification as a proactive step: "To me, it means catching problems early so we can help our child before it's too late. Like if a child isn't speaking, we should find out why quickly" (FGD 1, February 15, 2025). This perception reflects a growing awareness among some parents that early action can influence long-term developmental outcomes.

Echoing this perspective, Rahim emphasized the positive impact of early therapy based on personal experience: "Early detection means better outcomes. My nephew had speech therapy at 3, and now he's fine. But many parents ignore signs" (FGD 1, February 15, 2025).

Despite some informed views, several participants reported uncertainty and confusion about how to recognize delays or where to seek guidance. Shirin admitted: "I don't know much, but if my child isn't walking or talking like others, I'd worry. But where do we go for help?" (FGD 1, February 15, 2025). A parent said, "I don't know how to identify it early. Maybe if the child doesn't

talk or walk like others, I don't know much else. I feel that early identification could be useful, but in our community, we mostly rely on elders' advice instead of doctors." (IDI 1, February 1, 2025). This reflects a common dilemma: parents may sense that something is wrong but lack the knowledge or resources to take the next steps.

Other parents pointed to harmful cultural beliefs and misconceptions that contribute to delays in help-seeking. Tahmid noted, "Some parents think 'they'll grow out of it,' but waiting too long can make things worse" (FGD 1, February 15, 2025). Similarly, Nusrat highlighted intra-household disagreement, sharing, "I don't know how to identify delays. My child is slow in speaking, but my husband says it's normal" (FGD 1, February 15, 2025).

Theme 2: Factors that Influence Parents Decision-Making

Sub-theme 1: Financial Constraints

Some parents shared those financial limitations emerged as a decisive factor while pursuing early diagnosis and intervention. For these families experiencing economic hardship, healthcare decisions were overshadowed by immediate survival needs. Karim, a day laborer, remarked, "Choosing between a doctor's fee and a week's groceries isn't a choice at all" (FGD 2, February 18, 2025). For many families, economic hardship was a dominant factor shaping their choices. Nusrat noted the disparity in healthcare access, explaining, "We can't afford private doctors. Government hospitals have long lines" (FGD 1, February 15, 2025). Similarly, Shirin added, "If I take a day off for the doctor, I lose a day's wage. It's hard" (FGD 1, February 15, 2025). These reflections underscore the indirect costs of seeking care such as lost income and transport expenses which can be prohibitive for low-income families.

Farida further emphasized the burden of seemingly small but cumulative expenses: "Even transport costs add up. We need free or low-cost services" (FGD 1, February 15, 2025).

Sub-theme 2: Familial and Social Pressures

In many households, elders discouraged medical consultations out of fear that labeling a child could bring shame to the family. Ahmed, a schoolteacher, recalled, "My father-in-law forbade us from 'labeling' our child with doctor visits" (IDI 3, February 4, 2025). Several participants identified stigma as a major deterrent to seeking professional help. Despite having the financial means, Rahim shared that societal attitudes made him hesitant: “Money isn’t an issue for me, but stigma is. Relatives said, ‘Why label the child?’” (FGD 1, February 15, 2025). Family influence emerged as a powerful force in delaying or discouraging professional evaluation. Tahmid described being discouraged by a family member: “My mother said, ‘Your brother spoke late too, don’t waste money” (FGD 1, February 15, 2025). Multigenerational family dynamics and prevailing social stigmas significantly influenced whether parents pursued early intervention.

Theme 3: Perceptions of Parents Regarding Barriers to Accessing Services

Even when parents were motivated to seek help, systemic barriers posed significant challenges. Overcrowded clinics, long waiting times, and the lack of specialized pediatric services outside major urban centers hampered early intervention efforts for many parents. Rahim, a bank employee, described the situation bluntly: "The child development clinic at Dhaka Medical College has a 6-month waiting list" (FGD 1, February 15, 2025). Many parents reported a lack of awareness regarding available diagnostic and intervention services. Fatima explained, "I didn't know free screenings existed until a neighbor's child was diagnosed" (IDI 2, February 2, 2025).

A prominent barrier discussed by parents in the focus group was limited access to diagnostic and intervention services due to various systemic and financial challenges. Several parents shared that long waiting times at government hospitals made it difficult for them to access timely screening services. Babul, a participant, expressed frustration with the delays in the public health system, stating: “Long waiting times in government hospitals” (FGD 2, February 18, 2025).

Additionally, lack of awareness about available services emerged as a significant barrier for many participants. Rina noted: “No awareness. I didn’t know free screenings existed” (FGD 2, February 18, 2025). This highlights a common issue in many low-resource settings, where parents may be

unaware of free or subsidized health services for developmental delays, limiting their ability to take advantage of available interventions.

Finally, costs associated with private healthcare services were identified as a substantial barrier. Amina emphasized: “Private services are too expensive for most” (FGD 2, February 18, 2025).

Discussion

This study explored parental perceptions and challenges related to the early identification of developmental delays among children aged 2–7 years in Dhaka, Bangladesh. Using a qualitative approach, the research uncovered deeply rooted cultural, social, and structural factors that influence parental understanding and decision-making. The findings are organized into three major themes and associated sub-themes, revealing how beliefs, financial barriers, familial dynamics, and systemic shortcomings converge to create obstacles to timely identification and intervention. This discussion synthesizes the key findings, identifies gaps in current practices, and proposes evidence-based strategies to address the multifaceted challenges raised by participating parents.

Theme 1: Parental Perceptions of Early Identification for Children with Developmental Delays

Sub-theme 1: Understanding Developmental Delays

Parental understanding of developmental delays varied significantly, shaped by a combination of educational attainment, cultural traditions, community narratives, and exposure to healthcare information. Many parents, particularly those with limited formal education, tended to normalize developmental concerns or attribute them to non-medical causes. This often led to delayed help-seeking, based on the assumption that the child would eventually catch up. One parent expressed the belief that doctors are only necessary for serious illnesses, reflecting a widespread perception that developmental concerns do not require professional intervention. This aligns with broader South Asian patterns, where developmental delays are often viewed as temporary rather than as underlying conditions needing medical assessment (Divan et al., 2012; Khan et al., 2019).

In contrast, parents with higher levels of education and financial stability exhibited greater awareness of developmental milestones and were more proactive in seeking medical advice. Their approach was often influenced by access to digital resources, pediatric consultations, and interactions with educational institutions. This group perceived developmental surveillance as a routine component of child-rearing. The contrast between these two groups illustrates a critical equity gap in developmental health literacy that echoes findings from similar contexts. Research

by Yousufzai et al. (2014) affirms that parental education and socioeconomic status are significant predictors of developmental awareness and action.

To bridge this gap, community-level interventions must be both accessible and culturally resonant. Educational campaigns should be designed with consideration for low-literacy populations, using a combination of visual media, local dialects, and community storytelling. Religious gatherings, village markets, and women's groups could be leveraged as platforms for awareness sessions. Further, integrating developmental health education into routine maternal and child health services—such as antenatal care, postnatal follow-ups, and immunization programs—could ensure consistent exposure to critical information.

Sub-theme 2: Early Identification of Developmental Delays

While some parents recognized the importance of early identification, many expressed confusion and uncertainty about when to act, where to go, and whom to consult. A lack of standardized information and clear referral pathways compounded this uncertainty. One parent questioned where to seek help, highlighting a systemic communication failure in conveying available resources and next steps. This gap reflects broader issues in health system navigation and public education.

International models offer inspiration for scalable, low-cost innovations. For example, Brazil's use of simplified milestone checklists embedded in public health cards has shown promising results in improving early identification rates across socioeconomic groups (Paula et al., 2020). Adapting such tools for use in Bangladesh—translated into Bangla and pictorially designed—could empower frontline workers and parents alike to monitor children's development more consistently.

Global research highlights that early detection of developmental conditions, such as autism spectrum disorder, cerebral palsy, and speech-language impairments, leads to better outcomes when followed by timely intervention (Zwaigenbaum et al., 2015). However, the realization of this benefit depends heavily on parental recognition and access to care. In many cases, delays in help-seeking arise not from apathy, but from a lack of confidence or confusion regarding appropriate action.

Addressing this requires strategic public communication. Government and non-government-led initiatives must disseminate structured, user-friendly guides on developmental milestones, red flags, and help-seeking protocols. These can take the form of printed posters in health centers, community health worker scripts, or interactive digital platforms. Mobile technology offers immense potential in Bangladesh, where mobile penetration is increasing. SMS-based reminders and multilingual mobile applications, if designed to overcome digital literacy challenges, could enhance parental engagement.

Theme 2: Factors That Influence Parents' Decision-Making

Sub-theme 1: Financial Constraints

Economic hardship remains one of the most formidable barriers to early identification and intervention. For low-income families, health expenditures are often weighed against essential survival needs. One parent described the impossible choice between paying for a doctor’s visit and buying groceries for the week, illustrating the broader challenge of health equity in low-resource settings. Even when parents are aware of developmental concerns, the costs associated with diagnosis and treatment including transport, clinic fees, diagnostic tests, and therapy can be prohibitive.

Moreover, hidden costs such as wage loss, long wait times, and childcare responsibilities further deter families. In densely populated urban areas like Dhaka, navigating congested transportation systems to attend medical appointments adds logistical strain. These economic and logistical barriers mirror findings from other low- and middle-income countries, including India, Nigeria, and Kenya, where affordability and access remain significant challenges to early intervention (Sinha et al., 2018).

Addressing these barriers requires a multifaceted approach. Public health policies should prioritize subsidized or free developmental screening and follow-up services. Implementing mobile or community-based screening initiatives using trained paraprofessionals could reduce the need for hospital visits. Studies in India and Kenya have shown that community health workers can effectively identify children at risk of developmental delays, enabling early referrals (Nair et al.,

2015; Abubakar et al., 2013). In addition, conditional cash transfer programs or transport vouchers could support families in accessing care without financial distress.

Sub-theme 2: Familial and Social Pressures

The influence of family and social networks is profound in determining parental health behavior. Many participants described resistance from family elders, who discouraged formal diagnosis out of fear that the child would be labeled or ostracized. In closely-knit communities, the opinions of senior family members often hold significant sway, and their skepticism can outweigh a mother's instinct or knowledge. This intergenerational conflict often silences parental concerns and delays help-seeking.

Stigma around disability, fueled by cultural misconceptions and societal expectations, plays a pivotal role in shaping these attitudes. Disability is often viewed through a lens of shame, punishment, or helplessness, rather than as a manageable condition. Some parents expressed fear of their child being excluded or labeled, demonstrating how deeply entrenched disability-related stigma remains in South Asian contexts (McConkey et al., 2016).

The gender dynamics in caregiving also emerged subtly, with mothers often bearing the brunt of responsibility while facing criticism or dismissal from male relatives. Empowering mothers with tools to communicate developmental concerns such as structured milestone checklists or support from health workers can help validate their experiences and encourage shared decision-making within families. Programs like India's "Mother Leaders" initiative, where trained mothers provide peer counseling in their communities, could serve as a model for replication in urban Dhaka neighborhoods.

Overcoming these challenges demands grassroots advocacy. Engaging community influencers including religious leaders, local teachers, and respected elders can help reshape norms. Public storytelling campaigns featuring real-life examples of children benefiting from early intervention could normalize developmental concerns and promote openness. Peer support networks for parents, facilitated through NGOs or community health centers, could provide both emotional support and practical advice, fostering resilience and informed decision-making.

Theme 3: Perceptions of Parents Regarding Barriers to Accessing Services

Sub-theme 1: Barriers and Gaps

Even parents who recognized delays and were motivated to act encountered significant systemic challenges. One of the most pressing issues was the long waiting period at public institutions. Some parents reported waiting up to six months for an appointment at a child development clinic, a delay that undermines the effectiveness of early intervention and erodes parental trust in the system. In many cases, these delays led families to abandon the pursuit of services altogether.

A second major barrier was a lack of information about available services. Many parents were unaware that free diagnostic services existed, pointing to a failure in communication and outreach from both government and healthcare providers. The underutilization of existing resources, due to poor dissemination of information, has been documented in comparable settings such as Ethiopia and Nepal (Tekola et al., 2020; Sharma et al., 2017).

To mitigate these issues, systemic reforms must prioritize the expansion of service capacity and the decentralization of care. Increasing the number of developmental screening centers, hiring more pediatric specialists, and integrating screening into primary health care could reduce wait times and improve access. In addition, health information systems should be strengthened to track service usage and identify gaps.

Another overlooked barrier is the lack of disability-inclusive environments in many service centers. Parents expressed discomfort or discouragement after experiencing insensitive behavior from health staff or encountering physical inaccessibility at clinics. Sensitizing healthcare providers through disability inclusion training and improving infrastructure can create more welcoming spaces for families. Furthermore, creating feedback mechanisms—such as anonymous complaint boxes or patient satisfaction surveys—could improve service responsiveness and foster trust.

Community health workers could serve as health navigators, guiding parents through the system and assisting with appointments and follow-ups. NGOs could support this initiative by training local volunteers and establishing community referral hubs. Public awareness efforts should use

multiple communication channels including radio, television, social media, and community events to ensure that information reaches diverse audiences.

This study sheds light on the complex, multifactorial barriers that hinder early identification and intervention for developmental delays among young children in urban Bangladesh. Cultural beliefs, economic hardship, social stigma, and weak health infrastructure collectively impede parents from recognizing and acting upon developmental concerns. Addressing these challenges requires comprehensive, equity-oriented interventions that operate at multiple levels—individual, community, and systemic.

At the individual level, increasing developmental health literacy through culturally relevant education is paramount. At the community level, stigma must be confronted through social engagement and storytelling, while family dynamics should be supported through peer networks and community champions. At the systemic level, health services must be expanded, made more accessible, and aligned with the needs of low-income and marginalized families.

Ultimately, the goal must be to empower all parents—regardless of background—with the knowledge, confidence, and resources to support their children's developmental health. This requires not only targeted programs but also a sustained political and institutional commitment to child development as a national priority. When parents are informed, supported, and engaged, they become powerful advocates for their children's futures, contributing to healthier families, communities, and societies.

Conclusion

This study explores barriers to early identification of developmental delays among children in Dhaka, Bangladesh, revealing how cultural beliefs, socioeconomic status, and systemic gaps hinder timely intervention. Many parents, especially those with limited education, view developmental concerns as temporary or defer to elder family members, delaying professional help. Stigma surrounding disability further discourages families from seeking assessments, while financial constraints force difficult choices between basic needs and healthcare.

Disparities in awareness persist, with educated parents more likely to recognize delays and seek support. Others rely on unreliable sources like social media due to limited access to credible information. Long wait times at public facilities and unaffordable private care exacerbate these challenges, compounded by poor awareness of existing free services.

Effective solutions require culturally sensitive awareness campaigns, community engagement through local leaders, and peer support networks. Policy measures should expand affordable services, integrate screening into routine healthcare, and improve referral systems. Training frontline workers and decentralizing care can enhance accessibility.

Sustainable progress demands coordinated efforts between government and NGOs to implement inclusive child development programs. Without systemic reforms, vulnerable children will continue facing preventable delays, underscoring the urgent need for equitable, evidence-based interventions.

Recommendation

Based on the findings of this study, it is evident that a multi-pronged, community-driven approach is essential to overcome the barriers to early identification of developmental delays in children. The following recommendations are proposed to guide policymakers, practitioners, and development partners in designing effective interventions that are locally grounded and accessible to all families:

- Launch community-based awareness programs that use visual aids, storytelling, and simple language to improve parental understanding of developmental milestones and the importance of early identification.
- Organize regular awareness campaigns at the Ward, Thana, Upazila, Health Complex, and City Corporation levels to ensure widespread and sustained outreach.
- Conduct free developmental screenings in familiar and trusted community spaces such as schools, mosques, and community centers to reduce logistical and psychological barriers.
- Leverage existing institutions including religious centers, NGOs, and local government units to reduce stigma and encourage participation in early screening and intervention efforts.
- Integrate developmental screening into routine community-based activities such as immunization drives, health fairs, and maternal-child health visits to normalize the process.
- Establish mobile diagnostic units to visit underserved urban slums and low-income neighborhoods monthly, bringing services closer to where families live.
- Equip mobile units with trained professionals, including child psychologists, therapists, and health workers, to offer quality developmental assessments and referrals.
- Facilitate joint initiatives between Government and Non-Government Organizations to deliver coordinated awareness, screening, and referral services in urban and peri-urban areas.
- Develop and implement supportive government policies that institutionalize early identification efforts, allocate funding for community-based services, and ensure sustainability through inter-sectoral collaboration.

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6. Appendices

Appendix- A: Data Collection Instrument (Research Tool)

Research Tools (English)

1. In-depth Interview (IDI) Guideline

1.1) Demographic Information

Name:

Age of the parent: _____

Gender: [ ] Male [ ] Female

Relationship to the child: [ ] Mother [ ] Father

Age of the child: _____

Number of children in the family: _____

Educational background of the parent: [ ] No formal education [ ] Primary [ ] Secondary [ ] Higher Studies [ ] Other: _____

Employment status: [ ] Employed [ ] Unemployed [ ] Self-employed

1.2 Interview Questions:

Section A: General Perceptions of Developmental Delays

1. What is your understanding about developmental delay?
2. Is it possible to identify developmental delays in the early ages? How?
3. Are there any benefits of identifying developmental delay early?

   Probe: Please elaborate, what are those?

4. Have you ever had concerns about your child's development? What did you do?

5. How confident do you feel in identifying developmental issues in your own child or other children?

Section B: Factors Influencing Decision-Making

6. What factors influence your decision to seek or delay professional evaluation if you suspect a developmental delay in your child?
7. What factors in your opinion influence other parents to seek or delay professional evaluation?
8. What role do family members, friends, or community play in your decision-making process?
9. How do financial considerations affect your decision to seek professional evaluation?
10. Are there any fears or concerns that might make you delay seeking help?

Section C: Barriers to Accessing Services

11. Are there any challenges in accessing developmental screening?

    Probe: Have you ever encountered a barrier when trying to receive developmental screening? If so, can you describe them?

12. Are you aware of the services available in your community for developmental assessments?
13. How easy or difficult is it to get an appointment for developmental screening?
14. Have you encountered any issues related to transportation, cost, or service availability?
15. What kind of support or resources would make it easier for you to identify and address developmental concerns early?

2. Focus Group Discussions (FGD) Guideline

2.1) Demographic Information

Name:

Age of the parent: _____

Gender: [ ] Male [ ] Female

Relationship to the child: [ ] Mother [ ] Father

Age of the child: _____

Number of children in the family: _____

Educational background of the parent/guardian: [ ] No formal education [ ] Primary [ ] Secondary [ ] Higher Studies [ ] Other: _____

Employment status: [ ] Employed [ ] Unemployed [ ] Self-employed [ ] Student [ ] Other: _____

Ground Rules:

Speak one at a time.

Respect different opinions.

There are no right or wrong answers.

Feel free to share your thoughts honestly.

2.2 Discussion Questions:

Section A: General Perceptions of Developmental Delays

1. What does early identification of developmental delays mean to you as a parent?
2. Have you ever had concerns about your child's development? What did you do?
3. How do you identify if a child might be experiencing developmental delays?
4. How important do you think it is to identify developmental delays early? Why?

Section B: Factors Influencing Decision-Making

5. What factors make it easier or harder to parents to get a professional evaluation for their child?
6. Can you talk about any personal experiences or stories related to seeking help for developmental concerns?
7. What role do family members, friends, or community play in decision-making process?
8. How do financial considerations affect decision to seek professional evaluation?

Section C: Barriers to Accessing Services

9. What are the common barriers parents face in accessing developmental screening services in your community?
10. Are you aware of the services available in your community for developmental assessments?
11. How easy or difficult is it to get an appointment for developmental screening?
12. What improvements would you suggest to make these services more accessible?

গবেষণা সরঞ্জাম (বাংলা)

১. গভীর ইন্টারভিউ (IDI) নির্দেশিকা

১.১) জনসংখ্যা সংক্রান্ত তথ্য

নাম:

পিতা/মাতার বয়স: _____

লিঙ্গ: [ ] পুরুষ [ ] মহিলা

সন্তানের সাথে সম্পর্ক: [ ] মা [ ] বাবা

শিশুর বয়স: _____

পরিবারে সন্তানের সংখ্যা: _____

পিতামাতার শিক্ষাগত পটভূমি: [ ] কোনও আনুষ্ঠানিক শিক্ষা নেই [ ] প্রাথমিক [ ] মাধ্যমিক [ ] উচ্চতর পড়াশোনা [ ] অন্যান্য: _____

কর্মসংস্থানের অবস্থা: [ ] নিযুক্ত [ ] বেকার [ ] স্ব-নিযুক্ত

১.২ **ইন্টারভিউ প্রশ্ন:**

বিভাগ A: বিকাশমূলক বিলম্বের সাধারণ উপলব্ধি

১. বিকাশমূলক বিলম্ব সম্পর্কে আপনার ধারণা কি?

২. প্রাথমিক বয়সে বিকাশমূলক বিলম্ব সনাক্ত করা কি সম্ভব? কিভাবে?

৩. প্রাথমিকভাবে বিকাশমূলক বিলম্ব সনাক্ত করার কোন সুবিধা আছে?

অনুসন্ধান: দয়া করে বিস্তারিত বলুন, সেগুলো কি?

৪. আপনার কি কখনও আপনার সন্তানের বিকাশ সম্পর্কে উদ্বেগ ছিল? আপনি কি করেছেন?

৫. আপনার নিজের সন্তান বা অন্যান্য শিশুদের মধ্যে বিকাশমূলক সমস্যাগুলি চিহ্নিত করার ক্ষেত্রে আপনি কতটা আত্মবিশ্বাসী বোধ করেন?

বিভাগ B: সিদ্ধান্ত গ্রহণকে প্রভাবিতকারী উপাদান

৬. আপনার সন্তানের বিকাশমূলক বিলম্বের সন্দেহ হলে কোন বিষয়গুলো আপনার পেশাদার মূল্যায়ন খোঁজার বা বিলম্বিত করার সিদ্ধান্তকে প্রভাবিত করে?

৭. আপনার মতামতের কোন বিষয়গুলি অন্যান্য অভিভাবকদের পেশাদার মূল্যায়নের জন্য বা বিলম্বিত করতে প্রভাবিত করে?

৮. আপনার সিদ্ধান্ত গ্রহণের প্রক্রিয়ায় পরিবারের সদস্য, বন্ধু বা সম্প্রদায় কী ভূমিকা পালন করে?

৯. কিভাবে আর্থিক বিবেচনাগুলি পেশাদার মূল্যায়নের জন্য আপনার সিদ্ধান্তকে প্রভাবিত করে?

১০. এমন কোন ভয় বা উদ্বেগ আছে যা আপনাকে সাহায্য চাইতে বিলম্ব করতে পারে?

বিভাগ সি: পরিষেবা গ্রহন করার বাধা

১১. বিকাশমূলক স্ক্রীনিং সেবাসমূহ গ্রহন করার কোন বাধা আছে?

প্রোব: বিকাশমূলক স্ক্রীনিং সেবাসমূহ গ্রহন করার চেষ্টা করার সময় আপনি কি কখনো কোন বাধার সম্মুখীন হয়েছেন? যদি তাই হয়, আপনি কি তা বর্ণনা করতে পারেন?

১২. আপনি কি আপনার সম্প্রদায়ে বিকাশমূলক মূল্যায়নের জন্য উপলব্ধ পরিষেবা সম্পর্কে অবগত?

১৩. বিকাশমূলক স্ক্রীনিং-এর জন্য অ্যাপয়েন্টমেন্ট পাওয়া কতটা সহজ বা কঠিন?

১৪. আপনি কি পরিবহন, খরচ বা পরিষেবার প্রাপ্যতা সম্পর্কিত কোনো সমস্যার সম্মুখীন হয়েছেন?

১৫. কোন ধরনের সহায়তা বা সংস্থান আপনার জন্য বিকাশমূলক উদ্বেগগুলিকে শনাক্ত করা এবং সমাধান করা সহজ করে তুলবে?

২. ফোকাস গ্রুপ আলোচনা (FGD) নির্দেশিকা

২.১) জনসংখ্যা সংক্রান্ত তথ্য

নাম:

পিতা/মাতার বয়স: _____

লিঙ্গ: [ ] পুরুষ [ ] মহিলা

সন্তানের সাথে সম্পর্ক: [ ] মা [ ] বাবা

শিশুর বয়স: _____

পরিবারে সন্তানের সংখ্যা: _____

পিতামাতা/অভিভাবকের শিক্ষাগত পটভূমি: [ ] কোন আনুষ্ঠানিক শিক্ষা নেই [ ] প্রাথমিক [ ] মাধ্যমিক [ ] উচ্চশিক্ষা [ ] অন্যান্য: _____

কর্মসংস্থানের অবস্থা: [ ] নিযুক্ত [ ] বেকার [ ] স্ব-নিযুক্ত [ ] ছাত্র [ ] অন্যান্য: _____

স্থল নিয়ম:

এক এক করে কথা বলুন।

বিভিন্ন মতামতকে সম্মান করুন।

কোন সঠিক বা ভুল উত্তর নাই।

সৎভাবে আপনার চিন্তা প্রকাশ করতে মুক্ত অনুভব করুন।

২.২ আলোচনা প্রশ্ন:

বিভাগ A: বিকাশমূলক বিলম্বের সাধারণ উপলব্ধি

১. অভিভাবক হিসাবে আপনার কাছে বিকাশমূলক বিলম্বের প্রাথমিক সনাক্তকরণের অর্থ কী?

২. আপনার কি কখনও আপনার সন্তানের বিকাশ সম্পর্কে উদ্বেগ ছিল? আপনি কি করেছেন?

৩. একটি শিশু বিকাশগত বিলম্বের সম্মুখীন হতে পারে কিনা তা আপনি কীভাবে চিনবেন?

৪. প্রাথমিকভাবে বিকাশমূলক বিলম্ব চিহ্নিত করা কতটা গুরুত্বপূর্ণ বলে আপনি মনে করেন? কেন?

বিভাগ B: সিদ্ধান্ত গ্রহণকে প্রভাবিতকারী উপাদান

৫. কোন বিষয়গুলি পিতামাতার জন্য তাদের সন্তানের জন্য পেশাদার মূল্যায়ন করা সহজ বা কঠিন করে তোলে?

৬. আপনি কি বিকাশমূলক উদ্বেগের জন্য সাহায্য চাওয়ার সাথে সম্পর্কিত কোনো ব্যক্তিগত অভিজ্ঞতা বা গল্প বলতে পারেন?

৭. সিদ্ধান্ত নেওয়ার প্রক্রিয়ায় পরিবারের সদস্য, বন্ধু বা সম্প্রদায় কী ভূমিকা পালন করে?

৮. কীভাবে আর্থিক বিবেচনাগুলি পেশাদার মূল্যায়ন চাওয়ার সিদ্ধান্তকে প্রভাবিত করে?

বিভাগ সি: পরিষেবা গ্রহন করার বাধা

৯. আপনার সম্প্রদায়ের বিকাশমূলক স্ক্রীনিং সেবাসমূহ গ্রহন করার ক্ষেত্রে অভিভাবকদের সাধারণ বাধাগুলি কী কী?

১০. আপনি কি আপনার সম্প্রদায়ে বিকাশমূলক মূল্যায়নের জন্য উপলব্ধ পরিষেবা সম্পর্কে অবগত?

১১. বিকাশমূলক স্ক্রীনিং-এর জন্য অ্যাপয়েন্টমেন্ট পাওয়া কতটা সহজ বা কঠিন?

১২. এই পরিষেবাগুলিকে আরও সুলভ করতে আপনি কোন উন্নতির পরামর্শ দেবেন?

Appendix- B: Interview Notes

1. "I've heard it means a child is slow to learn or walk or behaves differently. Some children don't interact properly, but I don't know much. If parents are educated, maybe they can help, but we are not."
2. "I don't know how to identify it early. If a child doesn't talk or walk like others, maybe it's a problem. But in our community, we listen to elders, not doctors."
3. "If we know early, maybe we can help, but how? We are uneducated—how will we teach our child? Other children speak normally, but ours doesn't."
4. "I'm not confident. I don't know what to look for."
5. "Money is the biggest problem. We can't afford doctors. I earn very little—it goes to food and rent. Unless it's an emergency, we can't go."
6. "My wife says to wait. Neighbors say boys develop slower. A friend said it will be okay, so we waited."
7. "I'm afraid people will think something is wrong with my child. What if the doctor says it's serious? What will we do?"
8. "We live in a crowded area with no clinics nearby. Government hospitals take all day, and I can't miss work."
9. "I've heard about free clinics but don't know where. If someone explained what to do, it would help."
10. "It's when a child doesn't reach milestones like talking or walking on time. Lack of support or awareness can cause it."
11. "I've seen Facebook videos—if a child doesn't respond to sounds or make eye contact, it could be a sign."
12. "Early help can improve a child's future. But we don't know where to go."
13. "I'm somewhat confident but need more information."
14. "We worry about cost and gossip. My husband doesn't earn much, and my mother-in-law says boys develop slower. Neighbors avoid my child."
15. "I'm afraid the doctor will say something is seriously wrong. What then?"

16. "Government hospitals are far, and private clinics are expensive. NGOs offer free screenings, but I don’t know details."
17. "It takes a whole day for an appointment. Crowds are huge, and doctors don’t spend time."
18. "Some children take longer to speak or move. Regular check-ups help spot delays early."
19. "If parents observe carefully, they can identify issues. My daughter struggles socially—we consulted a pediatrician."
20. "I’m fairly confident due to my education."
21. "We sought help early because we could afford it. Our child’s development is our priority."
22. "Some friends said we were overreacting, but we ignored them."
23. "Private clinics are costly, and government hospitals are overcrowded. Traffic in Dhaka makes travel hard."

Appendix- C: Consent Letter for Participants

Letter of Informed Consent

Title of the Study:

Researcher:

Institution:

Contact Information:

Dear _____,

You are invited to participate in a research study titled Parents' Perception on Early Identification for 2-7 years old Children with Developmental Delay. The purpose of this study is to explore and understand parents' perceptions regarding early identification of developmental delays and the factors that influence their decision-making.

Role of the Participant:
Your role in this research involves answering questions, which will take approximately 40- 60 minutes.

Voluntary Participation:
Your involvement in this study is completely voluntary. You are free to withdraw at any point without facing any repercussions.

Confidentiality:
All the information you provide will be kept strictly confidential. Your responses will be anonymized, and no personal identifying information will be disclosed in any reports or publications.

Risks and Benefits:
No risks or negative consequences have been identified for participants in this study.

By signing this form, you confirm that:

1. You have reviewed and comprehended the information given above.
2. You have been given the chance to ask questions, and all your queries have been addressed to your satisfaction.

3. You willingly consent to take part in this research study.

Participant's Declaration:

I, _____, acknowledge that I have read and understood the information provided above, and I give my consent to take part in this research study.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

A copy of this signed consent form will be provided to you for your records.

অবহিত সম্মতির চিঠি

অধ্যয়নের শিরোনাম:

গবেষক:

প্রতিষ্ঠান:

যোগাযোগের তথ্য:

প্রিয় _____,

আপনাকে ২-৭ বছর বয়সী শিশুদের বিকাশজনিত বিলম্বের জন্য অভিভাবকদের উপলব্ধি শীর্ষক গবেষণামূলক গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে। এই অধ্যয়নের উদ্দেশ্য হল বিকাশমূলক বিলম্বের প্রাথমিক সনাক্তকরণ এবং পিতামাতার সিদ্ধান্ত গ্রহণকে প্রভাবিত করে এমন কারণগুলির বিষয়ে তাদের উপলব্ধিগুলি অন্বেষণ করা এবং বোঝা।

অংশগ্রহণকারীর ভূমিকা:

এই গবেষণায় আপনার ভূমিকার সাথে প্রশ্নের উত্তর দেওয়া জড়িত , যা প্রায় ৪০- ৬০ মিনিট সময় নেবে।

স্বেচ্ছায় অংশগ্রহণ:

এই গবেষণায় আপনার সম্পৃক্ততা সম্পূর্ণরূপে স্বেচ্ছাসেবী। আপনি কোনো প্রতিক্রিয়ার সম্মুখীন না হয়ে যে কোনো সময়ে প্রত্যাহার করতে মুক্ত।

গোপনীয়তা:

আপনার দেওয়া সমস্ত তথ্য কঠোরভাবে গোপন রাখা হবে। আপনার প্রতিক্রিয়া বেনামী করা হবে, এবং কোন ব্যক্তিগত সনাক্তকরণ তথ্য কোন রিপোর্টে বা প্রকাশনায় প্রকাশ করা হবে না।

ঝুঁকি এবং সুবিধা:

এই গবেষণায় অংশগ্রহণকারীদের জন্য কোন ঝুঁকি বা নেতিবাচক পরিণতি চিহ্নিত করা হয়নি।

এই ফর্মে স্বাক্ষর করে, আপনি নিশ্চিত করেছেন যে:

আপনি উপরে প্রদত্ত তথ্য পর্যালোচনা এবং উপলব্ধি করেছেন।

আপনাকে প্রশ্ন জিজ্ঞাসা করার সুযোগ দেওয়া হয়েছে, এবং আপনার সমস্ত প্রশ্ন আপনার সন্তুষ্টির জন্য সম্বোধন করা হয়েছে।

আপনি স্বেচ্ছায় এই গবেষণা অধ্যয়নে অংশ নিতে সম্মত হন।

অংশগ্রহণকারীর ঘোষণা:

আমি, _____, স্বীকার করছি যে আমি উপরে দেওয়া তথ্য পড়েছি এবং বুঝেছি, এবং আমি এই গবেষণা অধ্যয়নে অংশ নিতে আমার সম্মতি দিচ্ছি।

অংশগ্রহণকারীর স্বাক্ষর: _____

তারিখ: _____

গবেষকের স্বাক্ষর: _____

তারিখ: _____

আপনার রেকর্ডের জন্য এই স্বাক্ষরিত সম্মতি ফর্মের একটি অনুলিপি আপনাকে প্রদান করা হবে।