

## BARRIERS, BURDENS, AND BELONGING: A SOCIOLOGICAL INQUIRY INTO THE EXCLUSION OF WOMEN WITH DISABILITIES IN KOHAT DIVISION, KHYBER PAKHTUNKHWA-PAKISTAN

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### Abstract

The present study investigates how the level of participation (independent variable) influences the extent of social exclusion experienced by women with disabilities (dependent variable) in the Kohat Division of Khyber Pakhtunkhwa, Pakistan. A Quantitative Inquiry based on a Cross-Sectional Survey design was employed, and a proportionate stratified sample of 370 respondents was collected from the three districts of the Kohat division. In order to maintain methodological integrity, the researcher collaborated with district-level Social Welfare Offices for participant verification and classification. Trained facilitators were also engaged during interviews with respondents experiencing auditory, verbal, or stature-related impairments to ensure accurate interpretation of questions and responses. The research concentrated on women with physical, auditory, verbal, and stature-related disabilities, while individuals with cognitive or intellectual impairments were excluded due to concerns about response validity. The reliability of the instrument was assessed through Cronbach's Alpha, producing a coefficient of 0.87, indicating high internal consistency across the measurement items. To examine the association between participation and exclusion, Chi-Square ( $\chi^2$ ) Statistics were applied, while Kendall's Tau-b ( $T^b$ ) Test was used to determine whether relationships remained spurious or non-spurious when multivariate controls were introduced. The statistical results demonstrated a significant relationship between the level of participation and social exclusion among women with disabilities ( $\chi^2 = 50.702$ ,  $p = 0.000$ ;  $T^b = 0.370$ ). Additional analyses conducted across age and educational categories revealed that the association persisted, confirming that the relationship remained statistically significant rather than disappearing under controlled conditions. Although education moderated the strength of the relationship, it did not eliminate it, establishing a non-spurious association, whereby limited participation continues to predict exclusion, regardless of schooling. Findings further revealed that restricted participation intensifies exclusionary experiences by limiting access to decision-making, physical mobility, and community-based interaction. Interpreted within a rights-based disability perspective, these results affirm that exclusion is not a natural consequence of impairment but is generated by social, attitudinal, and environmental barriers. The study recommends enhanced participation opportunities, accessible

*environments, and inclusive community initiatives as key approaches to reducing exclusion and promoting social integration for women with disabilities in the region.*

## 1. INTRODUCTION

Disability is increasingly understood as a socially constructed phenomenon not simply a result of individual impairments but arising from the interaction between a person's condition and the barriers embedded in social, environmental, and institutional structures. Globally, about 16% of the world's population roughly 1.3 billion people live with significant disabilities, a prevalence highlighted in both global health analyses and scholarly reviews. Epidemiological and sociological research emphasizes that disparities in accessibility, negative social attitudes, inadequate infrastructure, and lack of inclusive policies often exacerbate disability's impact on social inclusion (Mitchell & Snyder, 2015; Shakespeare, 2013). For women with disabilities who at times face gender-based marginalization on top of disability such structural obstacles translate into limited mobility, reduced access to education, health services, employment, and decision-making, and a pervasive sense of exclusion.

In contexts like Pakistan, scholarly studies substantiate that women with disabilities frequently encounter cultural, economic, and institutional barriers. For instance, a qualitative study examining challenges faced by women with disabilities in both urban and rural Pakistan found pervasive restrictions on social interaction, limited employment opportunities, and psychological disempowerment as common themes (WHO, 2023). These findings illustrate that even when impairments are similar, the level of societal inclusion or exclusion varies greatly depending on social acceptance, infrastructure, and legal protections. When participation is facilitated via accessible transport, inclusive education, equal opportunity employment, social acceptance, and representation in civic life women with disabilities are better able to build networks, assert agency, and mitigate isolation.

Conversely, when participation is blocked, social exclusion tends to increase.

Empirical research across global disability studies confirms that level of participation is a key determinant of social inclusion or exclusion for persons with disabilities. Reviews comparing health inequities and social outcomes among disabled and non-disabled populations demonstrate significant gaps in access to services, employment, and social support for the disabled, especially in low- and middle income countries (Mitra et al., 2022; Shakespeare, 2013). For women, particularly, limited participation in social, economic, and civic spheres amplifies marginalization. Therefore, enhancing participation through structural reforms, inclusive policies, attitudinal change, and accessibility improvements is not just a matter of charity but a matter of justice, dignity, and social equity.

### Research Objectives

1. To examine the extent of participation of women with disabilities in social, economic, and civic activities within Kohat Division.
2. To assess the level of social exclusion experienced by women with disabilities in relation to age, education, and type of disability.
3. To investigate the association between the level of participation and the extent of social exclusion among women with disabilities.
4. To identify factors that facilitate or hinder participation and explore how these factors influence the social inclusion of women with disabilities.

### Research Hypotheses

**H<sub>1</sub>:** There is a significant negative association between the level of participation and the extent of social exclusion of women with disabilities, such that lower participation is associated with higher exclusion.

**H<sub>2</sub>:** Educational attainment moderates the relationship between participation and social exclusion, with higher education reducing the impact of low participation on exclusion.

**H<sub>3</sub>:** Women with disabilities who experience higher societal acceptance and accessibility opportunities report significantly higher participation and lower social exclusion compared to those facing barriers.

## II- LITERATURE REVIEW

Disability has increasingly been reconceptualized in social science and disability studies scholarship not merely as an individual impairment or medical condition, but as a socially constructed phenomenon shaped by structural, environmental, and attitudinal barriers. The distinction between “impairment” (a bodily, sensory or mental condition) and “disability” (the social disadvantage resulting from that condition) is central to the social model of disability. As argued in a foundational review, inclusion and participation are sociopolitical responses to the historically exclusionary impacts of impairment with social exclusion often rooted in institutional neglect, inaccessible infrastructure, stigma, and discriminatory policies (Shakespeare, 2013; Gooding, Anderson & McVilly, 2017). This reconceptualization underlines that the level of participation in public, cultural, economic, and civic life becomes a key determinant of whether persons with disabilities experience inclusion or marginalization.

Empirical research confirms that limited participation correlates strongly with social exclusion among disabled individuals. For instance, a recent systematic review focusing on women with physical disabilities identified a wide range of barriers to physical activity, many of which were gender-specific: inaccessible facilities, social attitudes, financial constraints, and lack of adaptive programs. These barriers reduce opportunities for engagement in sports or physical recreation, which in turn restricts social integration, peer interaction, and community belonging all of which contribute to exclusion. Similarly, in the realm of cultural participation, a 2025 review found that participation in cultural

activities (arts, community events, creative expression) is strongly linked to social inclusion: access to culture fosters emotional well-being, resilience, self-esteem, and a sense of belonging among people with disabilities (Suleman, 2015). The authors argue that cultural participation, when accessible, constitutes a pathway to social inclusion, challenging marginalization and enabling disabled persons (including women) to claim visibility and agency.

Barriers to social inclusion for disabled people go beyond physical or logistical obstacles; they are often embedded in social norms, institutional practices, and systemic discrimination. For example, qualitative research on women with disabilities in Pakistan reveals how intersecting disadvantages disability, gender, poverty, and social stigma limit their social networks, employment opportunities, access to education, marriage prospects, and community acceptance (Mitra, Posarac & Vick, 2022). These structural and psychosocial constraints severely limit their ability to participate in social, economic, and civic affairs, reinforcing cycles of exclusion. Moreover, studies indicate that even access to basic services such as healthcare remains problematic for women with disabilities globally, due to economic, attitudinal, and infrastructural barriers (e.g., inaccessible facilities, lack of information, negative provider attitudes) factors that both reflect and exacerbate social exclusion (Gooding et. al; 2017).

Participation in meaningful social roles employment, civic engagement, arts and culture, decision-making, community life emerges from literature as a critical mechanism for countering social exclusion. In research on disabled persons’ inclusion in performing arts, for example, barriers were identified across four dimensions: access, participation, representation, and empowerment (Cambridge University Press & Assessment, 2022). When these dimensions are facilitated, disabled persons gain opportunities not only to participate, but also to represent themselves, assert agency, and challenge social stereotypes. Such engagement promotes social inclusion by transforming disabled persons from passive recipients of charity into active

contributors to community life. Likewise, inclusion in employment and community decision-making has been linked to improved self-esteem, economic independence, and a sense of belonging (Mitra, Posarac & Vick, 2022).

However, the literature also documents persistent gap structural and societal that impede participation, especially for disabled women, often due to intersectional disadvantages. Women with disabilities face compounded exclusion because of both gender inequality and disability-related stigma. Intersectional analyses reveal that these dual disadvantages restrict access to socially valued roles, deny recognition of their rights and potential, and limit opportunities for mobility, employment, and cultural engagement (Karami et al. 2021). In many contexts, societal expectations around gender roles, dependency, and modesty further inhibit the participation of women with disabilities, making social exclusion more entrenched. Research also highlights that even where policies exist to support inclusion, implementation often remains lacking especially in low- and middle-income countries due to weak institutional capacity, lack of infrastructure, and insufficient awareness (Sáez-Velasco et al. 2015).

Taken together, these strands of scholarship converge on a clear conclusion: level of participation plays a crucial role in determining whether women with disabilities are socially included or excluded. When participation is enabled through accessible infrastructure, inclusive policy, social acceptance, cultural and economic opportunities women with disabilities can claim agency, build social networks, engage in community life, and resist marginalization. Conversely, when participation is restricted by infrastructural barriers, stigma, lack of institutional support, and gendered exclusion social exclusion becomes entrenched, depriving women of opportunities, dignity, and rights. This body of literature underscores the need for research, policy, and programs to centre

participation as a fundamental human right and essential measure of social justice for persons with disabilities, especially women.

### III-METHODOLOGY

The present study was conducted in Kohat Division, encompassing the districts of Kohat, Hangu, and Karak, with the principal aim of examining the relationship between level of participation (independent variable) and the extent of social exclusion experienced by women with disabilities (dependent variable).

#### Research Design

A *Quantitative Research Design* was employed, anchored in a *Cross-Sectional* survey approach. This design was selected to systematically capture prevailing patterns, variations, and interrelationships among the study variables within the target population. The cross-sectional (single-shot) design was particularly appropriate given the time-bound nature of the study, allowing for efficient data collection from a large and diverse sample of respondents, while providing an empirical snapshot of participation levels and social exclusion experiences.

#### Validity and Reliability

The survey instrument underwent rigorous validation and reliability assessments to ensure methodological rigor. Internal reliability was evaluated using *Cronbach's Alpha*, which produced a coefficient of 0.87, indicating a high degree of internal consistency. These evaluations affirmed that the instrument was robust, reliable, and suitable for the planned statistical analyses. Content validity was ensured through expert consultation and pilot testing, confirming that the instrument accurately captured both the level of participation and social exclusion dimensions.

Conceptual Framework of the Study

Control Variables	Independent Variable	Dependent Variable
Age & Education of The Respondents	Level of Participation	Extent of Social Exclusion with Disabilities

Sampling Procedure

According to the 2022 report issued by the Directorate of Social Welfare, Special Education, and Women Empowerment, Khyber Pakhtunkhwa, Kohat Division has 22,492 registered persons with disabilities (PWDs), of whom 9,396 are women. From this population, a sample of 370 respondents was drawn using a simple random sampling technique, following guidelines suggested by Sekaran (2003). To ensure proportional representation, the sample was allocated across all tehsils using the formula proposed by Chaudhry (2009):

$$\frac{N\hat{p}\hat{q}z^2}{\hat{p}\hat{q}z^2 + Ne^2 - e^2}$$

Statistical Analysis

Data were analyzed using SPSS version 21. Chi-Square ( $\chi^2$ ) Statistics were employed to examine bivariate associations between level of participation and social exclusion. Furthermore, Kendall's Tau-b ( $T^b$ ) Statistics were applied to determine spurious or non-spurious relationships while controlling for respondents' age and education.

$$\chi^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{(O_{ij} - e_{ij})^2}{e_{ij}}$$



Ethical Considerations

The study strictly adhered to ethical principles, ensuring informed consent was obtained from all participants prior to data collection. Respondents' anonymity and confidentiality were maintained throughout the research process. Additionally, the study was conducted with sensitivity to the needs and dignity of women with disabilities, minimizing any potential harm or discomfort.

participation opportunities, and constrained cultural integration. Each dimension evaluates the degree of exclusion experienced by women with disabilities. Higher scores indicate greater exclusion, and the scale has been validated for reliability and construct validity, making it suitable for the study's analytical framework.

Measuring Extent of Social Exclusion

The Social Exclusion Scale developed by Jahoel-Gijsbers and Vrooman (2007) was utilized to measure the dependent variable. The scale comprises four dimensions: material deprivation, restricted access to social rights, limited social

Dimensions	Description
I- Material Deprivation	Insufficient essential resources and material goods diminished living standards, overwhelming debt, and

	recurring financial deficits
II- Restricted access to Social Rights	Postponed services, equitable distribution, social protection measures, community support, job prospects, medical care, schooling, justice, dignity, and recognition
III- Limited Opportunities for Social Participation	Restricted engagement in formal and informal networks, social isolation, and participation in recreational or leisure activities
IV- Constrained Cultural Integration	Inadequate compliance with social norms and civic duties that encourage active citizenship, including cultural commitments and deviation from commonly accepted viewpoints

IV-RESULTS & DISCUSSIONS

Association between level of participation and extent of social exclusion of women with disabilities

The results show that certain dimensions of participation have a significant association with social exclusion among women with disabilities. When respondents reported being able to participate in physical activities without hindrance, the association with exclusion was significant ( $\chi^2 = 4.752, p = 0.029; T^b = 0.113$ ), indicating that unrestricted participation corresponds with reduced exclusion (Oliver, 1996). Similarly, when they believed that society gives them room to participate in social activities, the relationship remained significant ( $\chi^2 = 6.192, p = 0.013; T^b = 0.129$ ), suggesting that social acceptance contributes to inclusion (Shakespeare, 2013). The findings also show significance for participation in decision-making, where respondents were allowed to express opinions ( $\chi^2 = 4.396, p = 0.036; T^b = 0.109$ ), implying that empowerment through voice lowers exclusion (Thomas, 2007). In addition, when respondents felt welcomed to participate irrespective of disability identity, the association was statistically significant ( $\chi^2 = 4.752, p = 0.029; T^b = 0.113$ ), showing that recognition and belonging enhance inclusion (Morris, 2005).

Belief in participation rights also demonstrated a clear association. Respondents who believed that disabled individuals deserve equal participation in all walks of life showed a significant

relationship with exclusion ( $\chi^2 = 6.705, p = 0.011; T^b = 0.132$ ), indicating that rights-based awareness may help challenge exclusionary structures (Priestley, 2003). A similar pattern was found where women reported that participation in society gives them strength to avoid negative identity with disability, and the association was significant ( $\chi^2 = 6.004, p = 0.014; T^b = 0.127$ ), suggesting that participation fosters self-confidence and reduces marginalization (Barton, 2001). Finally, when participants believed that they could contribute if given unlimited opportunities, the relationship remained significant ( $\chi^2 = 5.372, p = 0.020; T^b = 0.120$ ), showing that access to opportunities is linked with lower exclusion (Barnes, 2008). All these significant results confirm a non-spurious relationship, as the association persists across indicators and is not eliminated by other factors.

The only non-association was found in the item stating that disability obstructs participation ( $\chi^2 = 3.359, p = 0.067; T^b = 0.095$ ), which did not meet statistical significance. This suggests that the perception of disability as a barrier alone does not directly predict exclusion; exclusion is instead shaped by external social opportunities and acceptance, rather than internal self-perceptions (Hughes, 2012). Therefore, the results imply that exclusion is not simply the outcome of impairment but is more strongly related to whether individuals are given access, recognition, and opportunities for participation. Overall, these findings emphasize that inclusive policies

and social environments are necessary to counter exclusion and support meaningful participation

among women with disabilities.

**Table 1 Association between level of participation and extent of social exclusion of women with disabilities**

Independent Variable (Level of Participation)	Dependent Variable (Indexed)	Chi-Square ( $\chi^2$ ) Statistics, (P-Value) & ( $T^b$ ) Value
You can easily participate in any physical activity without any hindrance whether physical or social	Extent of social exclusion of women with disabilities	$\chi^2 = 4.752 (0.029)$ $T^b = 0.113$
Society gives you room to ensure your level of participation in social activity	Extent of social exclusion of women with disabilities	$\chi^2 = 6.192(0.013)$ $T^b = 0.129$
Your disability obstructs you from all types of participation you wish to be a part of	Extent of social exclusion of women with disabilities	$\chi^2 = 3.359(0.067)$ $T^b = 0.095$
In decision making you are often allowed to participate through your opinion	Extent of social exclusion of women with disabilities	$\chi^2 = 4.396 (0.036)$ $T^b = 0.109$
You are welcomed to participate in any particular activity irrespective of your identity with disability	Extent of social exclusion of women with disabilities	$\chi^2 = 4.752 (0.029)$ $T^b = 0.113$
You think disabled like you have the right to participate in all walk of life like non-disabled	Extent of social exclusion of women with disabilities	$\chi^2 = 6.705 (0.011)$ $T^b = 0.132$
Your participation in society give you the strength to avoid identity with disability	Extent of social exclusion of women with disabilities	$\chi^2 = 6.004 (0.014)$ $T^b = 0.127$
You can contribute a lot to society if given limitless opportunities of participation	Extent of social exclusion of women with disabilities	$\chi^2 = 5.372 (0.020)$ $T^b = 0.120$

**Association between level of participation and extent of social exclusion of women with disabilities (controlling age of the respondents)**

While using *Kendall's Tau-b ( $T^b$ ) Statistics* the data reveal a progressive pattern in the relationship between participation and social exclusion across age categories. Among the youngest cohort (15-25 years), the relationship is significant ( $\chi^2 =$

11.118,  $p = 0.004$ ), with a moderate association ( $T^b = 0.364$ ), indicating that lower levels of participation are already connected with perceptions of exclusion in early adulthood. The association becomes slightly weaker for the 26-35 age group ( $\chi^2 = 6.255$ ,  $p = 0.019$ ;  $T^b = 0.291$ ), implying that although participation still predicts exclusion, younger women may have more

opportunities for engagement through education, social networks, and mobility. However, the

age; instead, age acts as a strengthening factor that deepens the interaction between low

Table 1.1 Symmetric Measures Kendall's Tau-b ( $T^b$ ) While controlling Age

Age of the respondent			Value	Asymptotic Standard Error <sup>a</sup>	Approximate $T^b$	Approximate Significance
15-25 years	Ordinal by Ordinal	Kendall's tau-b	11.118	.131	0.364	0.004
	N of Valid Cases		84			
26-35 years	Ordinal by Ordinal	Kendall's tau-b	6.255	.114	2.135	0.019
	N of Valid Cases		74			
36-45 years	Ordinal by Ordinal	Kendall's tau-b	13.432	.079	0.305	0.000
	N of Valid Cases		144			
46 years and above	Ordinal by Ordinal	Kendall's tau-b	13.432	0.78	2.512	0.000
	N of Valid Cases		68			
Total	Ordinal by Ordinal	Kendall's tau-b	50.702	.053	0.370	0.000
	N of Valid Cases		370			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

relationship strengthens again for women aged 36–45 years ( $\chi^2 = 13.432$ ,  $p = 0.000$ ;  $T^b = 0.305$ ), revealing that exclusion intensifies in middle age when caregiving responsibilities, limited employment options, and normative gender expectations may further restrict participation (Barnes & Mercer, 2010).

The most substantial association appears among women aged 46 years and above, where the chi-square value is very high ( $\chi^2 = 31.302$ ,  $p = 0.000$ ) and the Tau-b coefficient is particularly strong ( $T^b = 0.780$ ). This suggests that exclusion becomes progressively cumulative in later life, reflecting compounded disadvantages, reduced mobility, and shrinking social networks. The aggregated statistics for the entire table ( $\chi^2 = 50.702$ ,  $p = 0.000$ ;  $T^b = 0.370$ ) confirm a consistent, non-spurious relationship between participation and exclusion across all age groups. Since the association remains significant in every category rather than disappearing when age is controlled, the relationship is not artificially produced by

participation and high exclusion (Creswell, 2014). These results highlight the need for age-sensitive interventions that prioritize the participation of older women with disabilities to counteract escalating social exclusion.

**Association between level of participation and extent of social exclusion of women with disabilities (controlling education of the respondents)**

When education is controlled, the relationship between the level of participation and the extent of social exclusion of women with disabilities remains statistically significant across all categories. Among illiterate respondents, the association is significant ( $\chi^2 = 6.403$ ,  $p = 0.015$ ) with a moderate positive Tau-b ( $T^b = 0.234$ ), indicating that lower participation corresponds with higher exclusion. The pattern persists among women with primary education ( $\chi^2 = 6.673$ ,  $p = 0.011$ ;  $T^b = 0.266$ ) and further strengthens for middle education ( $\chi^2 = 6.945$ ,  $p =$

0.018;  $T^b = 0.324$ ), showing that exclusion remains connected to participation even as schooling improves. The highest associations are observed in the higher education categories: high school ( $\chi^2 = 8.151$ ,  $p = 0.008$ ;  $T^b = 0.400$ ) and intermediate and above ( $\chi^2 = 7.135$ ,  $p = 0.012$ ;  $T^b = 0.412$ ). These values indicate that although education equips women with greater awareness and potential for participation, it does not eliminate their experience of exclusion; in fact, more educated women may be increasingly aware of discriminatory social practices and systemic barriers (Barnes & Mercer, 2010).

The overall statistics for the entire table confirm the robustness of the relationship, with a highly significant chi-square ( $\chi^2 = 34.955$ ,  $p = 0.000$ ) and a moderate positive association ( $T^b = 0.307$ ). Since the relationship remains significant across all educational levels rather than disappearing

when education is controlled, it demonstrates a non-spurious relationship. Education does not create a false association; instead, education moderates the strength of the relationship while participation remains a key determinant of exclusion. A spurious relationship would have been evident if, after controlling for education, the association was no longer significant. However, the persistence of significance across all educational categories shows that reduced participation genuinely contributes to higher exclusion, independent of schooling (Creswell, 2014). These findings imply that efforts to reduce exclusion must focus not only on educational advancement but also on enhancing opportunities for participation in social, economic, and community life.

Table 1.2 Symmetric Measures Kendall's Tau-b ( $T^b$ ) While controlling Education

Educational qualification of the respondents			Value	Asymptotic Standard Error <sup>a</sup>	Approximate $T^b$	Approximate Significance
Illiterate	Ordinal by Ordinal	Kendall's tau-b	6.403	.096	0.234	0.05
	N of Valid Cases		117			
primary	Ordinal by Ordinal	Kendall's tau-b	6.673	.099	0.266	0.011
	N of Valid Cases		94			
Middle	Ordinal by Ordinal	Kendall's tau-b	6.945	.131	0.324	0.018
	N of Valid Cases		66			
High	Ordinal by Ordinal	Kendall's tau-b	8.151	.122	0.400	0.008
	N of Valid Cases		51			
Intermediate and above	Ordinal by Ordinal	Kendall's tau-b	7.135	.130	0.412	0.012
	N of Valid Cases		42			
<b>Total</b>	<b>Ordinal by Ordinal</b>	<b>Kendall's tau-b</b>	<b>34.955</b>	<b>.051</b>	<b>0.307</b>	<b>0.000</b>
	<b>N of Valid Cases</b>		<b>370</b>			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

**V- CONCLUSION & RECOMMENDATIONS**

The study highlights a significant relationship between the level of participation and the extent of social exclusion experienced by women with disabilities in Kohat Division. Findings indicate that limited participation in social, economic, and civic activities exacerbates exclusion, while inclusive engagement fosters empowerment, social recognition, and agency. The results underscore that social exclusion is not inherently caused by disability itself but is largely shaped by structural barriers, societal attitudes, and lack of opportunities. By prioritizing participation, policymakers and communities can mitigate exclusionary experiences and enhance the social, economic, and psychological well-being of women with disabilities.

**Recommendations**

- ✓ Develop and implement accessible infrastructure, including ramps, transport facilities, and public spaces, to enable greater physical participation for women with disabilities.
- ✓ Promote inclusive educational programs and vocational training to improve skills, self-reliance, and social integration of women with disabilities.
- ✓ Strengthen the enforcement of disability rights legislation and policies to ensure equal opportunities in employment, civic participation, and community engagement.
- ✓ Launch awareness campaigns to reduce stigma, promote social acceptance, and establish support networks that encourage participation and inclusion in all spheres of life.

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