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Abstract: This study examines how social support, interpreted through the Affirmative Model of Disability, shapes the extent of social exclusion experienced by women with disabilities in the Kohat Division of Khyber Pakhtunkhwa, Pakistan. Using a quantitative cross-sectional survey of 370 proportionally selected respondents, data were collected with the support of district Social Welfare Offices and senior oral instructors to ensure accurate interpretation for participants with auditory and verbal impairments. The study focused on women with physical, auditory, verbal, and stature-related disabilities, excluding those with intellectual impairments due to concerns about response reliability. Reliability analysis yielded a Cronbach's Alpha of 0.87, indicating strong internal consistency. Chi-square tests and Kendall's Tau-b statistics revealed a significant association between social support and social exclusion ($\chi^2 = 13.073$, $p = 0.000$; $Tb = 0.188$), with social support becoming increasingly critical for older women. Findings show that inadequate support structures intensify exclusion, affirming that marginalization stems not from impairment itself but from social, attitudinal, and structural shortcomings. The study recommends enhanced community awareness, institutional strengthening, and affirmative social practices to reduce exclusion among women with disabilities.

Introduction

Women with disabilities occupy a distinctly marginalized social location shaped by the intersection of gendered oppression, impairment-related constraints, and entrenched sociocultural norms. Globally, disability affects a substantial proportion of the population, and the lived realities of disabled women are marked by disproportionate exposure to poverty, restricted mobility, limited access to education and employment, and heightened vulnerability to violence and exclusion (World Health Organization & World Bank, 2011). In Pakistan, where patriarchal codes and conservative communal norms structure everyday life, women with disabilities face a compounded form of disadvantage: the double bind of

gender and impairment, which frequently produces systemic marginalization and social invisibility (Government of Pakistan, National Policy for Persons with Disabilities, 2002; Islamic Relief Pakistan, 2018). These contextual features render the examination of social support as a determinant of social exclusion both urgent and analytically fruitful (World Health Organization, 2022).

The conceptualization of disability has evolved from deficit-oriented medical framings to models that foreground social relations and structural barriers. The social model of disability shifted analytical attention from individual impairments to disabling social environments, thereby highlighting how attitudinal, architectural, and institutional factors engender exclusion (Oliver, 1990; Shakespeare, 2013). Building on these critiques, the Affirmative Model of Disability advances a more positive hermeneutic: it treats disability as a legitimate identity and cultural form that can embody value, agency, and collective meaning rather than exclusively a problem to be remedied (Thomas, 2007; emerging affirmative-discourse literature). This theoretical orientation is especially useful for interrogating how social support functions not simply as assistance but as a relational and normative field that either reproduces or challenges exclusionary practices (World Bank, 2011).

Social support, comprising familial care, peer networks, community institutions, and formal welfare mechanisms operates in multiple registers: affective (emotional), instrumental (material/practical), informational (knowledge/advocacy), and normative (social acceptance). The presence, quality, and orientation of such support profoundly shape disabled women's capacity to participate in civic, economic, and cultural life; conversely, paucity or maladaptive forms of support can exacerbate isolation and exclusion (Ahmad et al., 2022; Lakhani, 2024). In Pakistan, variations in familial attitudes, community stigma, and institutional responsiveness influence whether social support acts as a protective buffer or as a mechanism that reinforces dependency and marginalization (Mushtaq, 2020; Ali, 2024). These patterned differences underscore the need for context-sensitive empirical inquiry that charts how support networks mediate the relationship between impairment and exclusion (Ahmad et al., 2022).

The Kohat Division of Khyber Pakhtunkhwa, comprising Kohat, Hangu, and Karak offers a salient milieu for this inquiry. The division's socio-cultural topography is characterized by robust kinship ties, localized moral economies, and gendered prescriptions that tightly regulate women's mobility and public presence. In such environments, disability may be assimilated into existing stigmatizing narratives that associate impairment with dishonor, burden, or misfortune, thereby intensifying the exclusion of affected women from education, labor markets, and community life (Khalid, 2022). At the same time, informal networks extended family, religious leaders, and locally-based welfare actors may supply crucial resources and advocacy, illustrating that social support is neither monolithic nor uniformly beneficial. A granular, regionally anchored analysis can therefore illuminate the complex interplay between normative expectations and support practices that shape exclusionary outcomes (Islamic Relief Pakistan, 2018).

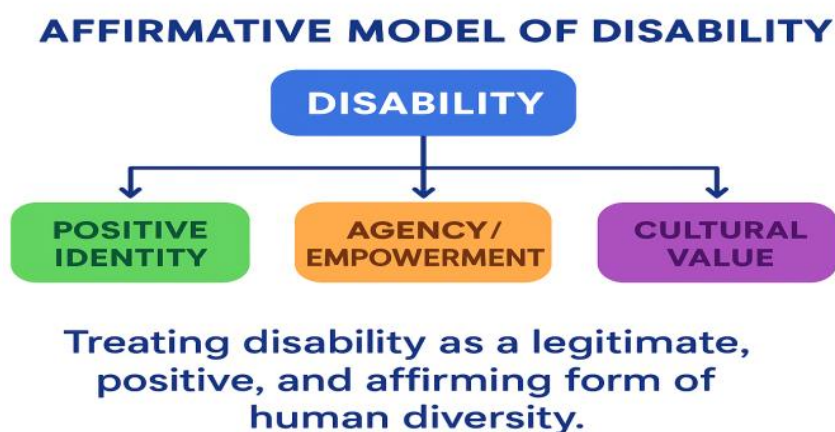
Empirically, scholarship on disability in Pakistan remains nascent and unevenly distributed. While national policy frameworks and international commitments (e.g., Pakistan's ratification of the UN Convention on the Rights of Persons with Disabilities) signal formal recognition of disabled people's rights, implementation deficits and limited data continue to hamper policy efficacy and service delivery (UN CRPD; Government of Pakistan policy critiques). Recent empirical work has documented high levels of stigma, underreporting, and constrained access to services for disabled populations in Pakistan, and has highlighted the special invisibility of disabled women in research and policy discourses (Pakistan Ministry reports; Lakhani, 2024; Khalid, 2022). These lacunae reinforce the need for research that

attends to locally specific mechanisms particularly social support as proximate determinants of exclusion (CREAW, 2011).

The present study therefore adopts an affirmative-model lens to interrogate how social support dynamics shape the extent of social exclusion among women with disabilities in Kohat Division. Methodologically, this focus permits attention to not only the absence or presence of material assistance but also the normative valence of support whether it affirms disabled women's agency and social worth or inadvertently reproduces stigma and dependency. Theoretically, the Affirmative Model reorients empirical interpretation away from impairment as the causal fulcrum and toward the social architectures that determine inclusion or exclusion (Thomas, 2007; emerging affirmative scholarship). In policy terms, an affirmative orientation implies interventions that cultivate dignity, societal recognition, and structural accommodation rather than paternalistic charity (Ullah, 2025).

This research contributes to the literature in four main ways. First, it empirically evaluates the association between social support and social exclusion among a neglected population of women with physical, auditory, verbal, and stature-related impairments in a socio-culturally specific Pakistani setting. Second, it operationalizes social support across affective, instrumental, and normative dimensions to capture both material and relational mechanisms. Third, by applying the Affirmative Model, the study foregrounds identity, agency, and societal recognition as analytical categories that illuminate exclusionary processes beyond biomedical explanations. Fourth, the study's findings aim to inform locally relevant policy and programming community sensitization, family counseling, peer-support initiatives, and institutional accessibility that can mitigate the social construction of disability and foster more equitable participation for women with disabilities in Kohat Division (Oliver, 1990).

Situating the analysis within both the Affirmative Model and the socio-cultural contours of Kohat Division, this study interrogates how the quality and orientation of social support operate as dynamic determinants of social exclusion. By doing so, it advances both theoretical debates in disability studies and pragmatic pathways for policy reforms that foreground empowerment, respect, and inclusive social relations for women with disabilities in Pakistan (Ullah, 2025).



Research Objectives

1. To determine the degree of social exclusion experienced by women with disabilities when viewed through the framework of the affirmative model.
2. To measure the association between social support and extent of women with disabilities.
3. To quantify the spurious & non-spurious correlation between the study variables.
4. To recommend feasible recommendations for the policy measures.

Methodology

The present study was conducted in Kohat Division (comprising Districts Kohat, Hangu, and Karak) with the primary objective of examining the relationship between the extent of social exclusion of women with disabilities and social support.

Research Design

The present study employed a *Quantitative Research Design* based on a *Cross-Sectional survey* approach. This design was selected to systematically capture the prevailing patterns, variations, and relationships among key variables within the target population. The *Cross-Sectional* (single-shot) design was specifically adopted due to the time-bound nature of the study.

Validity & Reliability

The instrument underwent rigorous validity and reliability assessments to ensure its empirical soundness. Internal Reliability was assessed using *Cronbach's Alpha*, which yielded a coefficient of 0.87, indicating a high level of internal consistency. Collectively, these evaluations affirmed that the scale was methodologically robust and fully suitable for subsequent statistical analyses.

Sampling Procedure

According to the report issued by the Directorate of Social Welfare, Special Education, and Women Empowerment, Khyber Pakhtunkhwa, the Kohat Division has a total of 22,492 registered persons with disabilities (PWDs) who have been evaluated by the Disability Assessment Board. Among them, 9,396 are women with disabilities. From this population, a sample of 370 respondents was drawn and randomly selected using the simple random sampling technique, in accordance with the criteria recommended by Sekaran (2003). Furthermore, the proportional allocation of the sample size was made across all tehsils of Kohat Division using the equation proposed by Chaudhry (2009), as presented below:

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

Statistical Association

For data analysis SPSS 21 version was used to run Chi-Square (χ^2) statistics at Bivariate level.

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

Similarly, for ascertaining spurious and non-spurious correlation Kendall's Tau-b (T^b) statistics was carried out which keep age & education as controlled variables.

Measuring Extent of Social Exclusion

To measure the extent of social exclusion with greater precision, the researcher utilized the *Social Exclusion Scale* developed by Jahoel-Gijsbers and Vrooman (2007). The scale comprises four dimensions—material deprivation, inadequate access to social rights, insufficient social participation opportunities, and limited cultural integration—each designed to assess the degree of exclusion and deprivation experienced by women with disabilities. These indicators form the operational definition of social exclusion, and the measurement techniques embedded within the scale are considered reliable for drawing valid inferences. In this Social Exclusion Scale, higher scores indicate greater levels of social exclusion among women with disabilities.

Dimensions	Description
I- Material Deprivation	Deficiencies in basic necessities and material assets, diminished living standards, onerous debt, and recurring financial arrears etc.
II- Inadequate access to social rights/institutions	Service backlogs, distributive justice, welfare protection, communal support, job services, medicine, schooling, equity, dignity, recognition
III- Insufficient social participation	Restricted involvement in formal and informal networks, social isolation, and engagement in recreational activities.
IV- Insufficient cultural integration	Inadequate compliance with social norms and civic values supporting active citizenship, including cultural duties and deviation from commonly accepted views.

Results & Discussion

Social support plays a pivotal role in assisting women with disabilities, particularly when societal exclusion occurs solely due to impairment. Below the results illustrates the association between social support and the extent of social exclusion among women with disabilities.

A non-significant association ($P = 0.074$) was observed between social support when desired and the extent of social exclusion. This suggests that, in many instances, social networks fail to provide essential assistance, contrary to Green et al. (2005), who emphasize timely support as critical to alleviating the social isolation of persons with disabilities. Fear, stigma, and parental discouragement often inhibit friends from engaging with disabled individuals, despite disability not being directly transmissible through social contact (Sengonul, 2018).

Conversely, significant associations were found in multiple dimensions of social support. Encouragement from peers to withstand social taunting ($P = 0.042$) positively correlates with reduced exclusion, aligning with Goffman (1963), who highlights informal counseling and companionship as vital to social integration. Similarly, support in coping with disability ($P = 0.042$) functions as psychological sustenance when formal assistance is absent (Scribano et al., 2018; Green et al., 2005).

While social support without hesitation showed a non-significant association ($P = 0.060$), it underscores the importance of culturally ingrained social bonds, which foster voluntary aid, unlike individualistic societies where reliance on formal institutions prevails (Southwick et al., 2016). Immediate sources of satisfaction provided by social networks were significantly associated with reduced exclusion ($P = 0.006$), reflecting the indispensable role of peers in promoting well-being and resilience among women with disabilities (Van der Heijden et al., 2016; Onyishi et al., 2016).

Emotional and counseling support was also significantly linked to decreased social exclusion ($P = 0.036$), demonstrating that informal guidance, encouragement, and therapeutic companionship bolster confidence and mitigate feelings of impairment (Kuiper et al., 2015; Green et al., 2005). Support to counteract associated stigmas ($P = 0.020$) further facilitates social integration by empowering disabled women to navigate societal prejudices and attitudinal barriers (Haruna, 2017; Jensen et al., 2014). Lastly, acceptance and normalization within social circles, irrespective of disability status, were strongly associated with lower exclusion ($P = 0.008$), underscoring the critical influence of inclusivity and peer perception on social well-being (Kvam & Braathen, 2008; Eisenberger, 2013).

Table.1 Association between Social support and extent of social exclusion of women with disabilities

Independent Variable (Social Support)	Dependent Variable (Indexed)	Chi-Square (χ^2) Statistics, (P-Value) & (T^b) Value
Your peer supports you whenever you desire to be supported	Extent of social exclusion of women with disabilities	$\chi^2 = 3.194$ (P= 0.074) $T^b = 0.093$
Your peer encourages you to live with disability and to avoid social taunting	Extent of social exclusion of women with disabilities	$\chi^2 = 4.135$ (0.042) $T^b = 0.106$
You believe that combating disability requires being supported and encouraged by a peer	Extent of social exclusion of women with disabilities	$\chi^2 = 4.135$ (0.042) $T^b = 0.093$
Members of society do not feel any irritation or hesitation in being with you	Extent of social exclusion of women with disabilities	$\chi^2 = 3.418$ (P= 0.060) $T^b = 0.096$
Social support serves as the immediate source of satisfaction for those marginalized or deprived due to their disability	Extent of social exclusion of women with disabilities	$\chi^2 = 7.608$ (0.006) $T^b = 0.143$
Your age-mates provide social and emotional counseling while boosting your confidence and supporting you consistently	Extent of social exclusion of women with disabilities	$\chi^2 = 4.396$ (0.036) $T^b = 0.109$
With peer support, a disabled person can effectively combat the so-called associated attributes of disability	Extent of social exclusion of women with disabilities	$\chi^2 = 5.372$ (0.020) $T^b = 0.120$
You feel completely normal when peers treat you ordinarily, without focusing on or knowing the nature of your disability	Extent of social exclusion of women with disabilities	$\chi^2 = 7.031$ (0.008) $T^b = 0.138$

Association between Social Support and Social Exclusion among Women with Disabilities, Adjusted for Age

Chi-square (χ^2) tests and Tau-b (T^b) statistics were applied to determine the significance and strength of the association between social support and social exclusion across different age cohorts of women with disabilities. Among women aged 15–25 years, social support did not exhibit a significant association with social exclusion ($\chi^2 = 1.660$, $P = 0.176$, $T^b = 0.141$), indicating that social support plays a limited role in reducing exclusion within this younger cohort. A similar non-significant association was observed for women aged 26–35 years ($\chi^2 = 0.367$, $P = 0.407$, $T^b = 0.070$), suggesting that social support does not substantially enhance social inclusion during early adulthood. Among women aged 36–45 years, although the relationship between social support and social exclusion appeared comparatively stronger, it remained statistically non-significant ($\chi^2 = 4.568$, $P = 0.270$, $T^b = 0.178$). Notably, for women aged 46 years and above, the association became statistically significant ($\chi^2 = 5.833$, $P = 0.045$, $T^b = 0.293$), suggesting that the influence of social support on reducing social exclusion increases with advancing

age. Considering the total sample, the overall association between social support and social exclusion was significant ($\chi^2 = 13.073$, $P = 0.000$, $T^b = 0.188$), indicating that while social support may have a limited impact for younger women, it becomes increasingly critical in promoting social inclusion among older women with disabilities.

Goffman (1963) underscores the critical role of social support as informal counseling, companionship, and advocacy that empowers women with disabilities to navigate societal barriers and assert their agency. Those who receive comprehensive social support including emotional guidance, social companionship, and practical assistance are far less likely to experience exclusion, whereas those neglected by their networks remain vulnerable to marginalization. The importance of support from one's social environment transcends cultural boundaries and is universally recognized as essential for mitigating social exclusion, promoting resilience, and enabling persons with disabilities to fully participate in society.

Table. 1.1 Association between Social Support and Social Exclusion among Women with Disabilities, Adjusted for Age

Age	Independent Variable	Indexed Dependent Variable	Statistics χ^2 , (P-Value) & T^b	Statistics χ^2 , (P-Value) & T^b for entire table
15-25 years	Social Support	Extent of social Exclusion of women with disabilities	$\chi^2=1.660$ $P= 0.176$ $T^b=0.141$	$\chi^2=13.073$ $P= 0.000$ $T^b=0.188$
26-35 years			$\chi^2=0.367$ $P= 0.407$ $T^b=0.070$	
36-45 years			$\chi^2=4.568$ $P= 0.270$ $T^b=0.178$	
46 years and above			$\chi^2=5.833$ $P= 0.045$ $T^b=0.293$	

Association between Social Support and Social Exclusion among Women with Disabilities, Adjusted for Education

The examination of educational categories reveals a nuanced pattern in which both spurious and non-spurious correlations emerge between social support and the extent of social exclusion among women with disabilities. Among illiterate respondents, the association is statistically insignificant ($\chi^2 = 1.669$, $p = 0.183$; $T^b = 0.112$), indicating a spurious correlation, as any perceived relationship is accidental rather than structurally grounded echoing Barnes' (2019) argument that exclusion cannot be meaningfully interpreted without identifiable institutional linkages. Similarly, the primary-educated group exhibits an insignificant association ($\chi^2 = 0.857$, $p = 0.256$; $T^b = 0.095$), representing another spurious relationship in which social support fails to operate as a systematic predictor of exclusion, reflecting Burchardt's (2004) contention that weak capability structures dilute the explanatory power of social variables. In contrast, the middle-educated group displays strong significance ($\chi^2 = 8.241$, $p = 0.008$; $T^b = 0.353$), clearly indicating a non-spurious correlation, as individuals in this category depend more heavily on social

networks to buffer institutional marginalization consistent with Oliver and Barnes' (2012) interpretation of disablement as shaped by relational and environmental dynamics. The high-educated group shows a marginal relationship ($\chi^2 = 4.280$, $p = 0.060$; $T^b = 0.290$), suggesting a borderline spurious correlation where social support is influential but not statistically robust, aligning with Priestley's (2003) life-course view that exclusion varies in intensity across developmental stages. Among those with intermediate and above education, the association remains insignificant ($\chi^2 = 1.207$, $p = 0.258$; $T^b = 0.170$), signifying another spurious correlation, consistent with Coleridge's (2007) assertion that higher education affords individuals greater autonomy and reduced reliance on external support. However, the entire table demonstrates a significant overall association ($\chi^2 = 11.533$, $p = 0.001$; $T^b = 0.177$), confirming a non-spurious relationship at the aggregate level, where social support functions as a meaningful moderator of exclusion, resonating with Trani and Loeb's (2019) argument that social and structural disadvantages operate cyclically to shape exclusionary outcomes.

Table 1.2 Associations between Social Support and Social Exclusion among Women with Disabilities, Adjusted for Education

Education	Independent Variable	Indexed Dependent Variable	Statistics χ^2 , (P-Value) & T^b	Statistics χ^2 , (P-Value) & T^b for entire table
Illiterate	Social Support	Extent of social Exclusion of women with disabilities	$\chi^2=1.669$ $P= 0.183$ $T^b=0.112$	$\chi^2=11.533$ $P= 0.001$ $T^b=0.177$
Primary			$\chi^2=0.857$ $P= 0.256$ $T^b=0.095$	
Middle			$\chi^2=8.241$ $P= 0.008$ $T^b=0.353$	
High			$\chi^2=4.280$ $P= 0.060$ $T^b=0.290$	
Intermediate and above			$\chi^2=1.207$ $P= 0.258$ $T^b=0.170$	

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

The age-disaggregated analysis delineates a sophisticated pattern distinguishing spurious from non-spurious associations between social support and the extent of social exclusion of women with disabilities. Among respondents aged 15–25 years, the association remains statistically non-significant ($\chi^2 = 1.660$; $p = 0.176$; $T^b = 0.141$), indicating that any apparent relationship is largely spurious—an artefact dissipating once age is held constant. A similar spurious configuration emerges within the 26–35 years cohort, where extremely weak coefficients ($\chi^2 = 0.367$; $p = 0.407$; $T^b = 0.070$) reveal no substantive interdependence between the variables. The 36–45 years group presents a somewhat elevated Tau-b ($T^b = 0.178$) but the association remains statistically void ($\chi^2 = 4.568$; $p = 0.270$), thereby retaining its spurious character despite slightly strengthened directional movement. In stark contrast, the 46 years

and above category demonstrates a statistically significant and robust non-spurious association ($\chi^2 = 5.833$; $p = 0.045$; $T^b = 0.293$), signifying that the relationship between social support and social exclusion acquires empirical solidity rather than evaporating under the control of age. The consolidated table for the entire sample further reinforces this inference, exhibiting a highly significant association ($\chi^2 = 13.073$; $p = 0.000$; $T^b = 0.188$), thereby confirming that while younger cohorts exhibit relationships that are essentially illusory, the association becomes demonstrably authentic, structural, and non-spurious particularly among older women with disabilities.

Table. 1.3 Association between social support and extent of social exclusion of women with disabilities (controlling age of the respondents)

Age	Independent Variable	Indexed Dependent Variable	Statistics χ^2 , (P-Value) & T^b	Statistics χ^2 , (P-Value) & T^b for entire table
15-25 years	Social Support	Extent of social Exclusion of women with disabilities	$\chi^2=1.660$ $P= 0.176$ $T^b=0.141$	$\chi^2=13.073$ $P= 0.000$ $T^b=0.188$
26-35 years			$\chi^2=0.367$ $P= 0.407$ $T^b=0.070$	
36-45 years			$\chi^2=4.568$ $P= 0.270$ $T^b=0.178$	
46 years and above			$\chi^2=5.833$ $P= 0.045$ $T^b=0.293$	

Conclusion

The findings of this study unequivocally underscore that the absence or insufficiency of social support significantly exacerbates the social exclusion experienced by women with disabilities. When social networks comprising peers, friends, or companions fail to provide timely encouragement, emotional sustenance, or informal counseling, women with disabilities are left vulnerable to marginalization and societal neglect. The data reveal that lack of support not only diminishes opportunities for social participation but also perpetuates stigmatization, reinforcing structural and attitudinal barriers that inhibit inclusion. In such circumstances, the psychosocial well-being of women with disabilities deteriorates, their autonomy is constrained, and their capacity to navigate social environments is substantially impaired. Moreover, the study illustrates that social support functions as a critical buffer against the deleterious effects of exclusion. The presence of empathetic and proactive companions mitigates the psychological ramifications of disability, enhances self-esteem, and fosters resilience, thereby reducing susceptibility to societal marginalization. Conversely, the absence of such support intensifies isolation, perpetuates the internalization of stigma, and amplifies the structural impediments

that impede full participation in social, cultural, and communal spheres. Collectively, these findings substantiate that social support is not merely ancillary but foundational in safeguarding the social integration, dignity, and well-being of women with disabilities.

Recommendations

1. Encourage the development of robust social support networks for women with disabilities, including peers, friends, and community members, to ensure consistent emotional, practical, and psychological assistance, thereby mitigating social exclusion.
2. Implement educational campaigns and workshops aimed at reducing stigma and fostering understanding of disabilities among peers, families, and society, emphasizing that disability is not transmissible and should not hinder social interaction.
3. Facilitate peer-led or informal counseling programs within educational and community settings to provide continuous guidance, encouragement, and emotional support, enhancing resilience and social participation among women with disabilities.
4. Advocate for organizational and governmental policies that recognize and incentivize social support structures, ensuring that women with disabilities have access to both formal and informal mechanisms to prevent marginalization.

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