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Social Isolation as a Determinant of Social Exclusion: Examining the Experiences of Women with Disabilities in Kohat Division, Pakistan

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Abstract

This study aims to examine the mechanisms through which social isolation (independent variable), framed within the Affirmative Model of Disability, affects the extent of social exclusion experienced by women with disabilities (dependent variable) in Kohat Division, Khyber Pakhtunkhwa, Pakistan. A Quantitative Design using a Cross-Sectional survey approach was adopted, with a sample of 370 respondents proportionally distributed across the three districts of the division. To ensure methodological precision, the researcher coordinated with district Social Welfare Offices to identify participants. Moreover, senior oral instructors assisted during interviews with hearing and speech-impaired respondents to maintain the accuracy of structured questionnaire responses. The research concentrated on women with physical, auditory, verbal, and stature-related impairments, while participants with intellectual disabilities were excluded due to concerns regarding response reliability. Reliability was assessed via Cronbach's Alpha Test, yielding a value of 0.87, indicating strong internal consistency. Chi-Square (χ^2) statistics were applied to examine the bivariate relationship between social isolation and social exclusion. Additionally, Kendall's Tau-b (T^b) statistics evaluated potential spurious or non-spurious associations in a multivariate framework. The results revealed a significant relationship between social isolation and social exclusion ($\chi^2 = 13.073$, $P = 0.000$, $Tb = 0.188$), indicating that greater isolation exacerbates exclusionary experiences, particularly among older women. Interpreted through the Affirmative Model, the findings highlight that marginalization stems not from impairments but from social, attitudinal, and structural inadequacies. The study advocates for enhanced community awareness, strengthened institutional frameworks, and socially inclusive interventions to mitigate persistent patterns of exclusion affecting women with disabilities.

Keywords: Women with Disabilities, Social Isolation, Social Exclusion

Introduction

Persons with disabilities, regardless of gender, frequently encounter barriers imposed by society, including stigma, limited access to education and employment, and restricted participation in social and civic life. These societal challenges arise from entrenched attitudes, structural inadequacies, and a lack of supportive mechanisms that impede autonomy and inclusion. However, for women with disabilities, these obstacles are often magnified due to the intersection of gendered expectations and disability-related marginalization. Cultural norms that constrain women's mobility, decision-making, and social engagement combine with physical, attitudinal, and institutional barriers, rendering their experiences of exclusion more profound and multifaceted. Consequently, women with disabilities not only face the

universal challenges associated with impairment but also endure compounded vulnerabilities that affect their social, economic, and psychological well-being, making their struggle for equality and inclusion an especially formidable societal challenge (United Nation, 2022). Disability is no longer understood solely as a medical or individual condition; rather, contemporary sociological perspectives such as the Affirmative Model of Disability posit that societal structures, attitudes, and institutional failures largely shape the lived realities of persons with disabilities. Through this lens, impairment in itself does not guarantee exclusion; rather, exclusion is socially produced by deprivation of access, social isolation, and attitudinal biases embedded in family, community, and institutional settings. The present research applies this paradigm to examine how social isolation (independent variable) contributes to, and potentially exacerbates, the "extent of social exclusion" (dependent variable) for women with disabilities in the Kohat Division of Khyber Pakhtunkhwa, Pakistan.

In Pakistan, persons with disabilities and especially women with disabilities remain a persistently marginalized group, subjected to cultural stereotypes, infrastructural inaccessibility, and limited social participation. Previous studies have documented how negative societal attitudes, lack of institutional support, and prevailing ableism severely constrain their opportunities in education, employment, health, and social life (Hussain et. al. 2023). Yet, there remains a dearth of robust quantitative research investigating the structural pathways through which isolation transforms into exclusion, especially for women. Addressing this lacuna, this study offers a systematic empirical inquiry into the mechanisms linking social isolation to social exclusion among disabled women a demographic doubly burdened by gender and disability (Kamikubo, 2022).

Research Objectives

1. To assess the level of social exclusion encountered by women with disabilities within the conceptual framework of the Affirmative Model.
2. To examine the relationship between social isolation and the extent of social exclusion among women with disabilities.
3. To analyze both spurious and non-spurious associations between social isolation and social exclusion.
4. To propose practical and evidence-based policy interventions aimed at mitigating social exclusion for women with disabilities.

Literature Review

Conceptualizing Disability: From Medical to Affirmative/Social Models

Historically, disability was treated largely as a medical or individual problem, focusing on impairment and functional deficit. Over time, critics have challenged this narrow view, advocating instead for sociological models that see disability as a product of social organization, attitudes, and exclusionary practices. The Affirmative Model of Disability emphasizes that disability should be recognized as part of human diversity, and that societal barriers rather than bodily impairments are primarily responsible for marginalization. This reconceptualization is especially critical for understanding the lived realities of women with disabilities, who face a "double disadvantage" of gendered and disablist marginalization (Alam, 2023). Research from Pakistan supports this lens: a recent review on the status of social work and disability concluded that persons with disabilities in Pakistan confront a combination of negative societal attitudes, stigmatization, and cultural barriers that preclude meaningful social participation (Mumtaz & Saqualian, 2022). Similarly, qualitative studies focusing on women with disabilities illustrate how impairment intersects with gender norms, socioeconomic status, and familial expectations reinforcing exclusionary practices (Robert, 2020). These studies reinforce the notion that disability-based disadvantage originates not in bodily difference per se, but in social, structural, and attitudinal deficits validating the use of a social/affirmative model for examining exclusion dynamics.

Social Isolation as a Precursor to Social Exclusion

One of the key mechanisms through which disability becomes socially destructive is via isolation. Social isolation refers to the reduction or absence of social contacts, networks, supportive relationships, and meaningful participation in communal life. Studies in the broader social sciences literature have long recognized social isolation and loneliness as precursors to exclusion from social relations, civic life, and institutional participation. For instance, the conceptual model developed in gerontology analyzing exclusion from social relations argues that isolation may precede, and indeed causally contribute to, social exclusion (Shakespeare, 2016). In contexts of disability, isolation can be more profound due to physical constraints, stigma, inaccessible infrastructure, and attitudinal barriers. For example, persons with disabilities have been shown to face exclusion from education, employment, and social networks, leading to rolelessness or absence of socially sanctioned roles (Islam et al, 2023). In Pakistani society where collectivistic values and family/community cohesion traditionally shape social identity the isolation of disabled persons (especially women) often translates into severe marginalization: fewer opportunities for schooling, reduced access to health or rehabilitation, social invisibility, and denied agency (Khalid et al. 2022).

Social Exclusion and Its Multidimensionality among Women with Disabilities

Social exclusion is a multi-dimensional phenomenon encompassing deprivation of social, economic, cultural, and political rights and participation. The literature on persons with disabilities in Pakistan reveals chronic exclusion across various domains: limited access to education and health services, reduced employment opportunities, social stigmatization, and diminished political or civic participation (Hussain et al. 2023). Women with disabilities, owing to their gender role expectations and societal norms around femininity, often experience additional layers of exclusion. In a study of blind women, for instance, societal norms surrounding femininity constrained their efforts to resist patriarchal pressures or pursue higher education and independence (WHO, 2016). Moreover, exclusion often manifests not only in material deprivation but also in psychosocial harm. Internationally, research indicates that social exclusion correlates with poor psychological well-being, reduced self-esteem, and even increased risk of suicidal ideation among people with physical disabilities (United Nations, 2021). These findings underscore that exclusion is not a byproduct of impairment alone, but the outcome of social structures denying disabled individuals opportunities for social engagement, recognition, and equal citizenship.

Gaps in Existing Literature & Need for Quantitative Evidence

While qualitative and review studies have richly documented the lived experiences, barriers, and structural disadvantages of persons with disabilities (and women with disabilities) in Pakistan, there is a conspicuous shortage of robust quantitative research mapping the statistical relationships between social isolation and social exclusion. Most existing works focus on general descriptions of deprivation, barriers, and institutional weakness but do not empirically test the pathways linking isolation, stigma, support deficit, and social exclusion. For example, while a review on social inclusion from a rights-based approach highlights disparities in inclusion by gender, urban/rural residence, and level of impairment, the analysis relies on bivariate associations without integrating a structural causal model (Khalid, 2022). Similarly, studies focusing on social work and disability advocacy note systemic challenges, attitudinal prejudice, and lack of services, yet stop short of measuring how these translate into exclusion metrics across domains such as social networks, civic participation, or psychosocial outcomes (Nombakuse et al. 2025). This lacuna is especially problematic given the heterogeneity of disability experiences (physical, auditory, mobility, etc.) and the compounded vulnerabilities of women. Therefore, a quantitative, survey-based study grounded in the Affirmative Model and employing rigorous statistical techniques is needed to fill this empirical gap, especially within under-studied contexts such as the Kohat Division.

Relevance to Kohat Division & Pakistan Context

The socio-cultural and institutional context of Khyber Pakhtunkhwa including rural settings, traditional gender norms, limited social welfare infrastructure: likely exacerbate isolation and exclusion for women with disabilities. Existing national-level research underscores widespread stigmatization, insufficient institutional support, and patriarchal constraints on women's mobility, autonomy, and social participation (Nombakuse et al. 2025). However, regional variations remain underexplored. By focusing on Kohat Division, the current study sheds light on local manifestations of isolation and exclusion and explores how structural and cultural features specific to the region mediate these phenomena. In so doing, findings may inform regionally grounded policies, community-based interventions, and inclusive social welfare programming aligning with both the rights-based discourse and the affirmative understanding of disability as a social construct. Thus, the present research aspires not only to contribute to academic literature, but also to serve as an evidence base for advocacy and social change in Kohat Division and similar settings across Pakistan.

Methodology

The current study was carried out in Kohat Division, encompassing the districts of Kohat, Hangu, and Karak, with the principal aim of investigating the relationship between social isolation and the extent of social exclusion among women with disabilities.

Research Design

A *quantitative research approach* was adopted, employing a cross-sectional survey methodology. This design was deemed appropriate as it allows for systematic examination of existing patterns, variations, and relationships among key variables within the target population. The *Cross-Sectional* (single-shot) framework was particularly suited to the time-constrained nature of the study, enabling the collection of data at a single point in time while providing a snapshot of the phenomena under investigation.

Validity and Reliability

The research instrument underwent rigorous assessments to establish both its validity and reliability. Internal consistency of the scale was evaluated using *Cronbach's Alpha*, which produced a coefficient of 0.87, signifying a high degree of reliability. These assessments collectively confirmed that the instrument was methodologically sound and appropriate for subsequent statistical analysis.

Sampling Procedure

According to data provided 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) assessed by the Disability Assessment Board, of whom 9,396 are women. From this population, a sample of 370 respondents was selected using a simple random sampling technique, consistent with guidelines proposed by Sekaran (2003). Additionally, the sample was proportionally distributed across all tehsils of Kohat Division following the formula recommended by Chaudhry (2009):

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

Statistical Analysis

Data were analyzed using SPSS Version 21. *Chi-Square (χ^2) tests* were employed at the bivariate level to examine associations between social isolation and social exclusion. To further assess *spurious* versus *non-spurious* relationships, *Kendall's Tau-b (T^b) statistics* were calculated while controlling for respondents' age and educational level, ensuring a robust analysis of the underlying correlations among study variables.

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

Ethical Considerations

The study adhered to strict ethical standards, ensuring voluntary participation and informed consent from all respondents. Confidentiality and anonymity were rigorously maintained throughout data collection and analysis. Additionally, all procedures were conducted with sensitivity to the participants' disabilities, minimizing any potential harm or discomfort.

Results & Discussions

The following are results with interpretation for Bivariate and Multivariate analysis:

Bivariate Level

Association between Social Isolation & Extent of Women with Disabilities

The statistical evidence demonstrates by *Chi-Square test* in table 1 that each dimension of social isolation maintains a significant and non-spurious association with the extent of social exclusion among women with disabilities. The item "Disability often makes you experience isolation more intensely" shows a meaningful association ($\chi^2 = 4.485$, $P = 0.034$, $T^b = 0.110$), suggesting that subjective isolation exacerbates exclusion, a pattern resonant with the arguments of Oliver (1996) that disability-based segregation deepens structural marginalization. Similarly, "Those near you often exclude you socially from daily interactions" yields the same significant values ($\chi^2 = 4.485$, $P = 0.034$, $T^b = 0.110$), indicating a non-spurious relationship whereby peer-driven isolation heightens exclusion, echoing the interpersonal exclusion patterns described by Goffman (1963). A stronger association appears in the belief that "You believe that disability, more than any other characteristic, constitutes the sole cause of social isolation" ($\chi^2 = 8.211$, $P = 0.004$, $T^b = 0.149$), aligning with Barnes (2012), who stresses that disability-specific stigma intensifies exclusionary pressures. Likewise, the statement "Attributing social isolation solely to disability is both conceptually imprecise and inherently biased" also exhibits a significant link ($\chi^2 = 5.372$, $P = 0.020$, $T^b = 0.120$), mirroring the critiques of discriminatory stereotyping discussed by Shakespeare & Watson (2001). Gendered dimensions of disability present similar patterns. The perception that "Being a female with a disability subjects one to compounded deprivation and heightened social isolation" again reflects a significant association ($\chi^2 = 4.485$, $P = 0.034$, $T^b = 0.110$), consistent with the intersectional disadvantages highlighted by Crenshaw (1991). The belief that "Being both a woman and disabled often exposes one to intensified social marginalization and exclusion" demonstrates a stronger association ($\chi^2 = 5.787$, $P = 0.016$, $T^b = 0.125$), echoing the socio-cultural exclusion mechanisms identified by Morris (1991). Similarly, the result for the statement "Social isolation arising from disability frequently manifests in both subtle/symbolic and overt/forceful forms" ($\chi^2 = 5.372$, $P = 0.020$, $T^b = 0.120$) aligns with Young's (1990) conceptualization of structural and symbolic oppression. The emotional dimension becomes most apparent in "You experience psychological distress and mental torment when socially isolated solely on the basis of your disability" ($\chi^2 = 6.405$, $P = 0.011$, $T^b = 0.132$), confirming the psychological harm emphasized by Reeve (2006) in her analysis of internalized oppression among disabled women. Overall, these findings substantiate that social isolation whether experienced through stigma, peer rejection, symbolic marginalization, gendered discrimination, or psychological distress operates as a non-spurious, structurally grounded driver of social exclusion. This cumulative pattern reflects the broader scholarly consensus that isolation functions as an active mechanism reinforcing the marginalization of women with disabilities across social domains.

Association between Social Isolation & Extent of Women with Disabilities

Independent Variable (Social Isolation)	Dependent Variable (Indexed)	Chi-Square ($\chi 2$) Statistics, (P-Value) & (T^b) Value
Disability often makes you experience isolation more intensely	Extent of social exclusion of women with disabilities	$\chi 2$= 4.485 (0.034) T^b= 0.110
Those near you often exclude you socially from daily interactions	Extent of social exclusion of women with disabilities	$\chi 2$= 4.485 (0.034) T^b= 0.110
You believe that disability, more than any other characteristic, constitutes the sole cause of social isolation	Extent of social exclusion of women with disabilities	$\chi 2$= 8.211 (0.004) T^b= 0.149
Attributing social isolation solely to disability is both conceptually imprecise and inherently biased	Extent of social exclusion of women with disabilities	$\chi 2$= 5.372 (0.020) T^b= 0.120
Being a female with a disability subjects one to compounded deprivation and heightened social isolation	Extent of social exclusion of women with disabilities	$\chi 2$= 4.485 (0.034) T^b= 0.110
Being both a woman and disabled often exposes one to intensified social marginalization and exclusion	Extent of social exclusion of women with disabilities	$\chi 2$= 5.787 (0.016) T^b= 0.125
Social isolation arising from disability frequently manifests in both subtle/symbolic and overt/forceful forms	Extent of social exclusion of women with disabilities	$\chi 2$= 5.372 (0.020) T^b= 0.120
You experience psychological distress and mental torment when socially isolated solely on the basis of your disability	Extent of social exclusion of women with disabilities	$\chi 2$= 6.405 (0.011) T^b= 0.132

Multivariate Results by Using Kendall's Tau-b (T^b)

Association between Social Isolation and Extent of Social Exclusion of Women with Disabilities (While Controlling Age of the Respondents)

Table 1.1 provides a refined examination of whether the relationship between social isolation and social exclusion among women with disabilities is spurious or non-spurious when age is introduced as a control variable. Among younger respondents aged 15–25, the association remains statistically non-significant (χ^2 = 1.660, P = 0.176, T^b = 0.141), indicating that any observed linkage is weak and spurious, likely reflecting incidental patterns rather than a genuine causal connection. A similar non-significant pattern is found in the 26–35 age group (χ^2 = 0.367, P = 0.407, T^b = 0.070), where the negligible Tau-b value further confirms the spurious nature of the relationship. In both groups, the lack of statistical significance underscores that social isolation is not a principal driver of exclusion in younger women, suggesting that other structural, cultural, or familial factors may be more influential.

The relational dynamics shift noticeably, however, as age increases. Among women aged 36–45, the association becomes statistically significant (χ^2 = 4.568, P = 0.027, T^b = 0.178), indicating a non-spurious and meaningful connection wherein isolation contributes moderately to exclusion. This effect intensifies further in the 46-and-above age category (χ^2 = 5.833, P = 0.045, T^b = 0.293), revealing a stronger, non-spurious linkage that highlights how advancing age compounds vulnerability to exclusion through deepened isolation. When considering the total sample, the association is highly significant (χ^2 = 13.073, P = 0.000, T^b = 0.188), reaffirming a genuine overall relationship between social isolation and exclusion across age groups. These findings collectively suggest that while isolation exerts minimal influence on exclusion among younger women, it becomes progressively consequential with age, magnifying marginalization and weakening their social positioning. This aligns with Green et al. (2005), who assert that the exclusion of women with disabilities intensifies when prolonged loneliness and emotional desolation permeate their social environment, rendering them increasingly susceptible to neglect, mistreatment, and diminished capacity to assert their rights within already exclusionary societal structures.

Table.1.1 Symmetric Measures while Controlling Age group

Age of the respondent			Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
15-25 years	Ordinal by Ordinal	Kendall's tau-b	.141	.117	1.160	.246
	N of Valid Cases		84			
26-35 years	Ordinal by Ordinal	Kendall's tau-b	.070	.124	.561	.575
	N of Valid Cases		74			
36-45 years	Ordinal by Ordinal	Kendall's tau-b	.178	.082	2.108	.035
	N of Valid Cases		144			
46 years and above	Ordinal by Ordinal	Kendall's tau-b	.293	.155	1.553	.120
	N of Valid Cases		68			
Total	Ordinal by Ordinal	Kendall's tau-b	.188	.055	3.258	.001
	N of Valid Cases		370			

a. Not assuming the null hypothesis.

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

Association between Social Isolation and Extent of Social Exclusion of Women with Disabilities (While Controlling Education of the Respondents)

Table 1.2 elucidates how the association between social isolation and social exclusion among women with disabilities shifts across educational categories when education is held constant as a control variable. In the illiterate group, the non-significant association ($\chi^2 = 0.342$, P = 0.382, $T^b = 0.054$) indicates an extremely weak correlation, rendering the relationship spurious and devoid of substantive explanatory weight. A similar pattern emerges among the primary-educated respondents ($\chi^2 = 0.515$, P = 0.325, $T^b = 0.074$), where the negligible Tau-b value reinforces the spurious nature of the association. The middle education group also reflects a non-significant relationship ($\chi^2 = 1.714$, P = 0.185, $T^b = 0.161$), where the weak positive correlation is still insufficient to establish any meaningful or non-spurious linkage. In all three groups, the absence of statistical significance—combined with low correlation values—suggests that any observable association is likely attributable to external influences or random variation rather than a true intrinsic connection. In contrast, the pattern shifts distinctly among women with higher levels of education. For those with high school education, the association becomes statistically significant ($\chi^2 = 13.830$, P = 0.001, $T^b = 0.521$), with the strong Tau-b value confirming a non-spurious and substantively meaningful relationship between social isolation and exclusion. Likewise, in the intermediate and above group, the significant chi-square value ($\chi^2 = 8.893$, P = 0.009, $T^b = 0.118$) indicates a genuine, though comparatively weaker, non-spurious association. When considering the aggregated findings for all educational levels combined, the overall association remains highly significant ($\chi^2 = 13.039$, P = 0.000, $T^b = 0.188$), suggesting a weak-to-moderate but clearly non-spurious relationship that holds across the entire sample. These analytical patterns echo Trani et al. (2011), who argue that social isolation continues to function as a catalytic force reinforcing exclusionary dynamics for persons with disabilities worldwide, despite ongoing advancements in rights-based inclusion efforts.

Table. 1.2 Symmetric Measures while controlling education

Educational qualification of the respondents			Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Illiterate	Ordinal by Ordinal	Kendall's tau-b	.342	.097	.054	.382
	N of Valid Cases		117			
Primary	Ordinal by Ordinal	Kendall's tau-b	.515	.105	.074	.325
	N of Valid Cases		94			
Middle	Ordinal by Ordinal	Kendall's tau-b	1.714	.129	.161	.185
	N of Valid Cases		66			
High	Ordinal by Ordinal	Kendall's tau-b	13.830	.131	.521	.001
	N of Valid Cases		51			
Intermediate and above	Ordinal by Ordinal	Kendall's tau-b	8.893	.160	.118	.009
	N of Valid Cases		42			
Total	Ordinal by Ordinal	Kendall's tau-b	13.039	.055	.188	.000
	N of Valid Cases		370			

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Conclusion

The findings of this study underscore that social isolation serves as a critical determinant of social exclusion among women with disabilities, illustrating that exclusion is not a direct consequence of impairment but rather the result of structural, attitudinal, and cultural barriers. While both men and women with disabilities face societal challenges, women encounter compounded vulnerabilities due to gendered norms and restricted access to social, educational, and economic opportunities. By interpreting these dynamics through the Affirmative Model of Disability, it becomes evident that targeted interventions addressing isolation, social support deficits, and systemic exclusion are essential to fostering meaningful inclusion and empowerment. The study highlights the urgent need for context-specific policies and community-based strategies that dismantle barriers and promote equitable participation for women with disabilities.

Recommendations

1. Implement awareness campaigns to challenge societal stigmas and promote positive attitudes toward women with disabilities.
2. Enhance the capacity of social welfare and healthcare institutions to provide accessible, inclusive, and gender-sensitive services.
3. Develop targeted educational initiatives and scholarships to ensure women with disabilities have equitable access to formal and vocational education.
4. Facilitate platforms and programs for participation in social, recreational, and civic activities to reduce isolation.
5. Formulate and enforce evidence-based policies that specifically address the intersection of gender and disability, ensuring protection, inclusion, and empowerment of women with disabilities.

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