

Unveiling the consequences: How ignorance of laws and policies inhibits the social inclusion of persons with disabilities

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Abstract: Ignorance of laws and policies creates barriers to the social inclusion of persons with disabilities (PWDs), hindering their full participation in communal life and opportunities. The current study aims to analyze the social inclusion of PWDs in the context of ignorance of laws and policies and how it influences their overall social inclusion. To achieve the study objectives, data were collected from a sample of 488 PWDs, comprising 284 males and 204 females, in the selected six Union Councils (sub-administrative units) of District Malakand, Pakistan. Respondents were chosen through multistage stratified random sampling. In the univariate and multivariate level analyses, the chi-square test and Kendall's Tau-b test statistics were used to test the relationship between ignorance of laws and policies and the social inclusion of PWDs. Gender and level of disability were used as control variables at the multivariate level. The results of Kendall Tb and chi-square significance values depicted a spurious relation among ignorance of laws and policies and social inclusion of PWDs while controlling respondent's gender. The results highlighted that ignorance of laws and policies reduced social inclusion in male to a higher extent than female. Additionally, the social inclusion of PWDs with moderate disabilities is more significantly hampered by ignorance of laws and policies than those with severe disabilities.

Keywords: ignorance of laws and policies; gender; level of disability; PWDs; social inclusion

1. Introduction

The social inclusion process takes care of all the individuals and groups (Grignoli and D'Ambrosio, 2023) that are either unable to participate in social life (Rozynek et al., 2023) or shut out by the society not to participate through their denial and ignorance of laws and policies (Boardman et al., 2022; Opoku et al., 2017). The inability on part of individual includes their physical, psychological and mental incapability's to participate in the mainstream society (Aldersey et al., 2017). Persons with disabilities are those who are more likely to be shut out by the society and are discriminately treated with respect denial of basic human rights and ignorance of laws and policies. In this way fissure is created among physically fit and physically disabled people that lead to societal disintegration (Aldersey et al., 2017; Schenk et al., 2020). This inequality-based polarization threatens social disorder, which compels the policy makers for taking economic, political, and societal measures to reintegrate the

excluded people in mainstream society (Le Boutillier and Croucher, 2010; Nwaogaidu, 2013). In light of above discussion, the term social inclusion is defined as, “Having the opportunities and resources to participate fully in economic, social and cultural life and to enjoy a standard of wellbeing that is considered normal in the society in which we live” (Commission of the European Communities, 2000). The issue of social inclusion of a person with disabilities is gaining moral and political momentum all over the world (Lee, 2002) and is believed more like a human right issue (Degener and Quinn, 2002).

Globally. People with disabilities are ranked low in socio-economic and political statuses (Hart et al., 2022). However, deprivation and exclusion of persons with disabilities (PWDs) is specifically high in low income and developing countries, such as Pakistan (Ahmad et al., 2022; Saran et al., 2023). For enabling social inclusion of these people in mainstream society, various approaches have been adopted in different parts of the world. These approaches include charity, medical, social and rights-based approaches (Patel and Midgley, 2023). The rights-based approach, the latest among various approaches, is grounded in the United Nations Convention on the Rights of Persons with Disabilities, which emphasizes the provision of the same rights to persons with disabilities (PWDs) as a normal person enjoy with specific reference to basic human rights and awareness of laws and policies (Nations, 2007). The importance of right based approach for social inclusion of PWDs is also reflected in 2030 agenda for sustainable development, so as to ensure their participation and recognition as active contributing member of the society besides protecting them against any discrimination (Lockwood, 2022).

Currently 0.997 million population of Pakistan are disabled and the number is expected to increase overtime as the population ages increases. To the dismay, most of the national developmental agendas have neglected or forgotten the concept of disability in developmental goals except considering PWDs as receptionist of charity and welfare services. The fate of PWDs, under past national developmental agendas, was put in the hands of charitable organizations, professional experts, particularly doctors, rehabilitation and social care staff. This service delivery approach was changed to Right Based Approach by the late of 1990s so as to enable PWDs to exercise their civil, political, social, economic, and culture rights on equal basis with others. The rights-based approach aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by PWDs under the national legal cover. This approach tries to overcome exclusion and inequality at institutional, attitudinal, physical, legal and communication levels. The current study is, therefore, designed to assess the state of ignorance of law, and its effectiveness in social inclusion of person with disabilities into the mainstream society.

1.1. International policies on inclusion of person with disabilities

The term “disability” and its definition have remained controversial since its inception (Kiuppis, 2013; Le Clair, 2011). In past versions. international organization like United Nations and its sub organization (WHO, UNICEF) believed disability as an individual’s personal tragedy and therefore people with disabilities were main focus in the disability rehabilitation process (Barnes and Mercer, 2005). During these early

years, some basic developments were made in understanding and working for disabilities. These included the framing of the UN Decade of Disabled Person (1983–1992) and the publication of the Standardized Rules on the Equalization of Opportunities for Person with Disabilities (United Nations, 1994).

United States of America (USA), the United Kingdom (UK) and Canada pioneered and updated the disability studies during 1980s. UK took lead in changing this conventional model of disability and presented “social model” which didn’t attribute disability to individuals rather consider it as societal imposition on people who are physically impaired (Finkelstein, 1996; Bunbury, 2019). The model emphasizes on understanding the societal context for better understanding of disability. The physical and psychological barriers imposed by society, under their perspective, are of greater importance to understand the disability in its true spirit. The social model is a dynamic approach to understanding disability in terms of social, political, cultural, and economic factors, in addition to considering biological and physical aspects (Kiuppis and Soorenian, 2017).

Meanwhile, a right based approach was introduced to address physical disability. Common elements emphasized by the rights-based approach to define disability include the presence of impairment (internal and external limitation/barriers that hinder full and equal participation), the abilities of the person with disabilities, lack of access to opportunities due to environmental barriers, and negative perceptions and attitude of society. In this context, the disability is a result of the interaction between persons with impairments and attitudinal as well as environmental barriers (World Health Organization, 2011). Therefore, disability is a state of human physical, psychological, and mental condition that poses difficulties in normal human function (Ferguson, 2001; Mishra and Gupta, 2006; Zola, 2005). It represents an interaction between society, environment and individuals (Francescuitt et al., 2011).

The United Nations plays the role of a flag bearer in advancing human rights for persons with disabilities. The Universal Declaration of Human Rights (Bornman, 2023) laid down foundational principles of equality for all persons, including those with disabilities, under its article-25. Under this agenda, the United Nations (UN) assisted governments in preventing disabilities and offered traditional rehabilitation services to persons with disabilities (PWDs) during the 1950s. However, it soon became evident that these provisions were insufficient to protect PWDs and enable them to become productive members of society. Meanwhile, in the 1960s and 1970s, the movement for disability rights prompted the UN to change its approach, emphasizing the integration of persons with disabilities (PWDs) into society alongside their physical well-being. This philosophy was reflected in the Declaration on the Rights of Mentally Retarded Persons (1971), the Declaration on the Rights of Disabled Persons (1975), and the World Programme of Action Concerning Disabled Persons (Iguh and Ugwu, 2023). These were the first policy instruments specifically for PWDs and were based on medical and charity models of disabilities. Due to their limited focus, these documents were soon outdated (Jackson, 2018; Oliver, 1983).

During the 1980s, human rights-based approaches became central to international efforts for the rehabilitation of PWDs. Within this framework, both symbolic and instrumental initiatives were introduced to integrate PWDs into society and engage them in decisions related to their development (Jackson, 2018). Meanwhile, the

Standard Rules on the Equalization of Opportunities for PWDs (1994) were formulated. These rules served as a blue print for policy making concerning PWDs and provided the basis for technical and economic cooperation among states (Bornman, 2023).

Adoption of United Nation Convention on the Rights of Persons with Disabilities during 13 December 2006, and its entering in to force on 3 May 2008 was a milestone to adopt a comprehensive approach that would promote the dignity of those persons with disabilities in meaningfully concrete ways (Hinckley, 2010; UNMAS, 2012). Meanwhile, the Millennium Development Goals Framework (MDGs) developed during 2000 was found flawed because of ignoring PWDs for their inclusion (Schenk et al., 2020; UN MDGS, 2015). Therefore, the MDGs framework was soon replaced with Sustainable Development Goals (SDGs) framework during 2012 that took care of multiple and complex challenges faced by PWDs with reference to their education, health, employment opportunities, self-determination, participation in decision making, participation in culture, recreation, leisure and sports, and access to mobility and transport services (UNDP, 2012).

1.2. Policies and programs for the welfare of PWDs at national level in the context of Pakistan

In response to the United Nations international year of disability 1981 the government of Pakistan initiated its first constitutional efforts to specifically deal disability. Under this initiative the disabled persons employment and rehabilitation ordinance 1981 was promulgated to promote equal working rights, focusing on employment, rehabilitation and welfare of disabled person. A quota of one percent employments was fixed for PWDs (ILO, 1981). A fund was established for providing financial support, physical rehabilitation, training and education of disabled persons. This law, however, was far from achieving its goal (ILO, 1981; Mughees et al., 2011).

Later on, a welfare fund with nomenclature of “Bait-ul-Mal” was established under Pakistan Bait-ul-Mal Act, 1992 to provide financial support to PWDs and marginalized group for their educational, health and other social needs. Furthermore, a comprehensive policy exclusively for disabled persons “National Policy for PWDs” was formulated in 2002 for inclusive and comprehensive planning and enforcement of 1981 legislations while involving the government sectors, Non-Governmental Organizations (NGOs) and PWDs representatives. The guiding principles outlined in the policy are supposed to ensure protection of PWDs rights in term of medical and rehabilitation services, education, employment and social participation (Jahanzaib et al., 2023; Mughees et al., 2011).

The road map for the implementation of national policy for person with disabilities was sketched under the National Plan of Action (NPA) 2006, with a focus on the short and long term measures. The NPA emphasized integration of intervention with the philosophy for improvement of access, inclusion and equalization of opportunities for PWDs. The short-term measures focus on rehabilitation, employment, education and legislative support to PWDs besides boosting of public opinion and enhancing NGOs role for social inclusion of PWDs. The long-term objectives of NPA focus on creation of barriers free environment for PWDs in all

public, private and commercial buildings and public places and revision of construction bylaws (Fazil, 2023; Mughees et al., 2011; World Health Organization, 2011). Once again, the goals could not be achieved due to devolution of power and departments to provinces (British Council, 2014; Jahanzaib et al., 2023).

The Special Citizen Act 2008 played a crucial role as legislation and intervention. It granted disabled citizens accessibility to public places, designated seats for them in public transport, and facilitated their mobility in buildings and infrastructures, thereby enhancing overall accessibility. Under this act the road and traffic laws were amended in favor of PWDs (Fazil, 2023; Mughees et al., 2011). In continuation to this act a Special Citizens (Right to Concessions in Movement) Act was framed in 2009 to provide concessional rates to PWDs in public and private transport (Kett et al., 2020). In the meanwhile, Pakistan signed the Convention on the Right of Person with Disabilities (CRDP) on 28 September 2008 and formally ratified it on 5 July 2011 for which social welfare department was assigned the responsibilities of implementation agency (Maluleke, 2019).

The 18th constitutional amendments lead to devolution of legislative power from federal government to provincial governments. The disabled rehabilitation and employment ordinance 1981 was adopted by Khyber Pakhtunkhwa assembly through a resolution passed on 10 September 2012 and enforced on 17 September 2012 (Fazil, 2023). In addition, the government of Khyber Pakhtunkhwa emphasized on inclusion of PWDs in national development through innovative skill development programs under the Khyber Pakhtunkhwa Deserving Widows and Special Persons Welfare Foundation Act, 2014. Under this act a foundation was to be created to generate resources for welfare of PWDs and widows (Jahanzaib et al., 2023).

Despite of the long history of policy and reforms for inclusion of PWDs and adoption of the Convention on the Rights of Persons with Disabilities (CRPD) as a blue print for right based approach to mainstream PWDs, many agree that little has changed in accordance with the CRPD framework and millions of PWDs remain excluded from health care, rehabilitation and social participation. To summarize, originally, the disability, at the global and national level, was seen from medical point of view only where the physical incapacities that limited performance of certain duties were the criteria for defining it. This understating of disability changed during 1970s when the disability was explained in close relationship with personal factors, physical environment and general attitude of the society where they lived (Mirete et al., 2022). The most recent explanation given by World Health Organization (2011) focuses on limitation of PWDs in performing activities and social participation (Colom, 2022).

1.3. State of social inclusion of PWDs at global, national and regional levels

Rehabilitation of PWDs is the problem faced by both developed and developing nations. However, the developing nations are shouldering the greater share of this problem. The United Nations took notice of this problem when United Nations (UN) secretary general highlighted the issue in 1984 by stating that 20–25 percent people of the population of developing countries were affected by disability. The report also

stated that 350–500 million of persons with disabilities (PWDs) lived in areas with inappropriate and insufficient services required for these persons. Population of PWDs jumped from 10 percent to 15 percent of world's population during the period of 1970 to 2010 (World Health Organization, 2011). Another UN report (Nations, 2007) estimated that 20 percent of the world poorest were those people with disabilities. To the dismay 65 percent of the total global population with disability (650 million people) lived in Asia pacific region equating to 1 in every 6 persons (World Health Organization, 2011).

The number of PWDs in Pakistan fluctuated to a greater extent due to changes in criteria for defining and selecting PWDs, and the sample size fixed for various census and surveys. In the 1961 census, PWDs were selected based on criteria such as complete blindness, deaf, dumb and crippled. According to this census 0.34 percent population was ranked as disable. The proportion of PWDs jumped to 2.08 percent of the total population in 1973 housing, economic and demographic survey (1973). 1981 census of Pakistan counted mentally retarded persons only as disabled, hence, the proportion of PWDs dropped to 0.54 percent. During 1984–1985 a comprehensive national survey of disabled person was conducted. According to this survey 4.9 percent of national population was physically or mentally disabled. The 1998 census reported 2.54 percent (3.3 million) of the nation population has some form of mental and physical disability with Sindh leading at 3.05 percent, followed by Punjab (2.8 percent), Baluchistan (2.32 percent) and Khyber Pakhtunkhwa (2.21 percent) respectively. A sharp decline of 80 percent in total population of PWDs during 1998 to 2017 was recorded in 2017 census report, according to which only 0.48 percent of the national population was ranked as disabled (Metwally et al., 2023).

The major universal causes of disability (world over) included heredity, birth defects, lack of care during pregnancy and child birth, unhealthy housing, disasters, unawareness of health services, hygiene and sanitation problem, fetal diseases, malnutrition, accidents, sports, drugs, alcohol, psychological stresses and unhealthy life style (Eide et al., 2016; Stace, 1986; Sultan and Mamdani, 2006). Although, the above mentioned factors are universal in causing disability, these causes vary according to different age and gender groups to initiate disability. Moreover, some types of disability are regional on its origin and are specific to certain personality groups e.g., men are more prone to fetal illnesses that are life threaten whereas illness in women are mostly causing physical limitation in them (Mutt et al., 1996).

Disability in itself is a cause to multiple disadvantages. In developing countries 98 percent of disabled children did not attend school, 30 percent of the world street children are disabled and only 3 percent of the world's disabled persons are literate, to the dismay, only 1 percent PWDs are literate women (Metwally et al., 2023). The multiple disadvantaged groups of disabled people are marginalized by the society and are pushed to the darkness of social exclusion (Nations, 2007; Fazil, 2023). Inappropriate policies, standards and strategies for social inclusion of PWDs are the major inclusion barriers faced by disable persons (Robinson and Norton, 2019). In addition, societal prejudices in term of attitude and beliefs restrain the disabled persons from getting education, employment, health facilities etc. and their social participation. These attitudes are framed at individual, group and its societal levels to develop a dominant belief about non-productiveness and ineffectiveness about PWDs.

As a result, this group faces problems in getting access to righteous facilities like education and employment and is unable to adjust in the mainstream society as the society shut them out (Jahanzaib et al., 2023; World Health Organization, 2011).

While willing to be productive members of the society and seeking recognition, people with disabilities face obstacles that put them at a disadvantage in attaining this goal. In order to address these obstacles and also in recognition of the fact that the universal declaration of Human Rights did not adequately protect the rights of PWDs, the United Nations promulgated a convention on the right of person with disabilities. Accordingly, disability rights were not based on enjoyment in specific areas, rather PWDs were entitled to equal human rights that everyone has without being discriminated because of their incapability to perform certain duties in addition to some specific concessions to them (Robinson and Norton, 2019).

The developed nations immediately responded to the call of United Nations Convention on the Right of Persons with Disabilities and initiated policies and established institutions for providing services to people with disabilities. However, these initiatives could not fully overcome the miseries of PWDs. It was noticed that there were several problems with service delivery from rehabilitation organizations established for PWDs which included poor coordination of services, insufficient funds/finances, incompetent and inadequacy staff and accessibility and inadequacy of services for persons with disabilities (Macias et al., 2017). Beside structural obstructions, the personality traits also hindered mainstreaming of PWDs in normal society. These traits included their low interest in participation and actualization of existing facilities for their facilitation. Furthermore, negligence in consulting people with disabilities during policy making and implementation process resulted in development of such designs that were least owned by disabled persons and were short of achieving the desired goals of inclusion of PWDs (World Health Organization, 2011).

Pakistan still follows the conventional understanding of PWDs as it defines a PWDs, under 1981 ordinance as PWDs are persons “who on account of injury, disease or congenital deformity, is handicapped for undertaking any gainful profession or employment in order to earn his livelihood, and includes a person who is blind, deaf, physically handicapped or mentally retarded” (GOP, 1981). In the same way the government follow the conventional charity model for the welfare of PWDs as the Khyber Pakhtunkhwa Deserving Widows and Special Persons Welfare Foundation Act, 2014 explains that the “deserving special person” means a person declared special person by an authorized medical board and eligible for charity, endowment, dole or any assistance for food, shelter, health, training, small business, education and permanent rehabilitation, etc. (Fazil, 2013).

The state of human rights of PWDs and their empowerment in taking control of their life events and needs has been partially tracked in Pakistan under rights-based approach. Major focus of disability research was on limitations arising of impairments instead of barriers within society that prevent PWD’s inclusion (Fennell and Khaliq, 2011). These societal barriers posed to social inclusion, however, are comprehensively explained under the human rights-based model presented by Handicap International and Christian Blind Mission. Various domains of the model include ignorance of laws, denial of basic human rights, limited access to adequate health service, limited access

to education, limited access to employment opportunities, no opportunities for self-determination, limited participation in decision making and exclusion from social activities (Teklemariam, 2018). Due to oversighting these important societal barriers in disability research, the most significant reasons of failure in leading a dignified life among PWDs remained hidden (Robinson and Norton, 2019).

1.4. Feminist perspective of PWDs

The feminist theories provide a more gender-based focus on the concept of disability. This perspective views disability and gender as socially constructed from biological realities (Zola, 2005). Both the female and disabled bodies are casted as deviant and inferior within cultural discourse and are therefore excluded from full participation in social and economic life due to their inferior socially defined ranks (Garland, 1997). Majiet and Africa (2015) reported that in patriarchal societies the male PWDs are more dominant and independent than female in terms of activity and productivity. They enjoy the freedom of democratic rights and participation. However, women in such societies are passive, and in most cases, unable to participate in social events and in some extreme cases are lacking control of their own life (Wynn and Barron, 2010).

In a patriarchal society, disability equates to deprivation, with female persons with disabilities (PWDs) experiencing multifaceted forms of marginalization. The picture of developed nations in terms of gender and disability is quite different than developing nations. Human rights are universally applicable, prioritizing the preservation of human dignity without any discrimination based on gender (Fazil, 2023; Glänzel and Schubert, 2004).

2. Study methodology

This research study was conducted to analyze the state of ignorance of laws and policies concerning disabled persons in the district Malakand-Pakistan and its effectiveness in their social inclusion. As per Social Welfare Department District Malakand record, a total of number of disabled persons is 8028 in the district. These persons with physical disabilities are willing/able for an interview constituted the study population.

2.1. Research questions

- Whether ignorance of laws and policies is negatively associated with social inclusion of PWDs?
- To what extent do gender and the level of disability of PWDs influence their social inclusion?

2.2. Objective of the study

- To know about the demographic characteristics i.e., gender and level of disability of PWDs influence their social inclusion.
- To assess the prevailing state of social inclusion of PWDs in the study area.
- To measure the association between ignorance of laws and policies with social inclusion of PWDs.

2.3. Operationalization and instrumentation of variables

For measurement of study variables (social inclusion is the dependent variable and independent variable namely ignorance of laws and policies and the background variables consisting gender and level of disability) the following procedure was adopted.

The scale for measuring the dependent variable i.e., social inclusion consists of 13 items, a positive response on 07 or more items considered the social inclusion of disabled persons. The independent variable “ignorance of laws and policies” was measured on 12 items scale. Negative response on 07 or more items was considered as ignorance of laws and policies.

Following (**Tables 1 and 2**) are the scales.

Table 1. Ignorance of laws scale.

S. No.	Statement	Yes	No
1	Do you have information about laws/policies to facilitate PWDs		
2	National laws are sufficient to address your problem/needs		
3	Do you know which court to consult when you need legal support		
4	Concerned authorities are bound in making construction infrastructure accessible for PWDs (both public and private)		
5	In public transport seats are reserved for PWDs		
6	PWDs have concessions in fare (public and private transport)		
7	PWDs can import duty free cars		
8	You know about the quota percentage (%) for PWDs in employment		
9	PWDs know about concession in performing jobs		
10	You know about the welfare benefits provided to PWDs		
11	You get priority attention at health institutions		
12	Do you have the necessary document (health card/passport/Computerized National Identity Card (CNIC)		

Table 2. Social inclusion.

S. No.	Social isolation	Yes	No
1	I have felt terribly alone and isolated		
2	I have felt accepted by my friends/classmate		
3	I have been neglected by my friends in usual interaction		
4	I have felt I am playing a useful part in society in my surrounding of neighborhood		
5	I have friends I see or talk to every week		
6	I have felt what I do is valued by others		
7	I have been involved in a formal/informal group outside my family/school		
8	I have felt accepted by my family		
9	I I have felt accepted by my neighbors		
10	I can exercise my rights with freedom		
11	My social life has been mainly related to person with disabilities		
12	I have felt insecure about where I live		
13	I have done a sport, game or physical activity		

According to Mugenda and Mugenda (2008), reliability is the extent to which a research instrument consistently produces dependable results. To ensure the instruments' reliability, a pretest was conducted. An instrument must be reliable to be valid, meaning it consistently measures what it claims to measure. Cronbach Alpha (α) was used for estimating internal consistency because of its ease of use and that only a single test is needed. It can also be used for both binary and large-scale data. Reliability coefficients were computed to ascertain the internal consistency of the scale items. A reliability of 0.60 is generally considered a minimum threshold for reliability (Scholle, 2008).

The formula of Cronbach's Alpha (α) is given by Cronbach (1951).

$$\alpha = \frac{N\bar{c}}{(\bar{v} + (N - 1)\bar{c})}$$

where,

N is the number of components (items or testlets), \bar{v} is the average variance and \bar{c} is the average of all covariances between the components.

The results of Cronbach's Alpha (α) test are given in the following **Table 3**.

Table 3. Results of Cronbach's Alpha (α).

Variable	Cronbach's Alpha (α) value
Ignorance of laws and policies	0.785
Social inclusion of PWDs	0.815

2.4. Sampling and sample size

The total population of disabled persons in the study area comprises 8028 persons. For calculation of sample size, the following formula was used as recommended by Chaudhry (2009).

$$n = \frac{N\hat{p}\hat{q}Z^2}{\hat{p}\hat{q}Z^2 + Ne^2 - e^2} \tag{1}$$

where " N " denoted the total population which is 8028 disabled persons for this study, p represented the population proportion which is 0.50, $q = 0.50$, z denoted the confidence level which 1.96 and e represented margin of error which is taken 0.043 while 0.05 is enough for social sciences.

The required sample size for a population of 8028 was worked out to be 488 persons with disabilities after the above-mentioned formula in Equation (1).

2.5. Data collection

For data collection from male respondents of the study, the researchers themselves collected data, while, for data collection from female respondents a female was hired and was trained before data collection. The data collection process was led by the researcher himself. As the respondents of the study were illiterate, the researchers collected primary through a well-thought-out and comprehensive interview design, encompassing all the basic aspects of the study. The variables i.e., dependent (social inclusion) and independent (ignorance of laws and policies) were indexed to measure their association.

2.6. Focus group discussion

For collecting qualitative data on the mentioned domains and dimensions of the study, two Focus Group Discussions (FGDs) were carried out by using interview guide. Participants of the FGD's were person with disabilities and social activist working for protection of disabled rights.

2.7. Conceptual framework

Conceptual framework for this study was designed while keep in consideration a rights-based model promulgated by Christian Blind Mission and Care International. It comprises four backgrounds, 01 independent, one dependent and two background variables as given in **Table 4**.

Table 4. Conceptual framework.

Background variables	Dependent variable	Independent variable
Gender Level of disability	Social inclusion	Ignorance of laws and policies

2.8. Data analysis

The collected data was coded and entered in Special Package for Social Sciences (SPSS) software version 25 for its analysis. The data was analyzed at uni and multivariate levels. At uni-variate analysis, frequency and percentages distributions of the background, independent and dependent variables were worked out (Equation (2) (Chaudhry and Kamal, 1996)).

$$\text{Percentage of data class} = \frac{f}{N} \times 100 \quad (2)$$

f = frequency of data class, N = number of observations in the data set.

At multivariate analysis, for measurement of association between variables Chi-Square test was applied, the tau-b test was used to assess that either variation in study variables is affected by the control variables or not. The procedure is as follow;

The Chi-Square values were based on the following equation proposed by Mary (2009) in Equation (3).

$$x^2 = \sum_i \frac{(O_i - E_i)^2}{E_i} \quad (3)$$

The following formula of Kendall's Tau-b test was used in Equation (4) (Nachmias and Nachmias, 1992).

$$\tau_B = \frac{n_c - n_d}{\sqrt{(n_0 - n_1)(n_0 - n_2)}} \quad (4)$$

3. Results

3.1. Ignorance of laws

The mainstreaming of PWDs require some staunch actions from the state in terms of promulgation of law and policy to mainstream these PWDs in the society. It is mandatory for the signatories of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to devise and implement policies and laws that facilitate

normal living of PWDs and safeguard their basic human rights. Such laws range from proper documentation of PWDs to facilitating them in accessing their basic needs, rights and facilities. However, these laws and policies are of no use until the PWDs are kept aware of their legal rights and the mechanism of availing such rights. Questions on ignorance to the legal rights of PWDs were asked from the respondents and their relevant answers are given in **Table 5**.

A big chunk of 54.1 percent respondents was uninformed about the law and policies facilitating PWDs, alongside a huge majority 95.3 percent respondents considered national laws as insufficient to address their needs, in addition, a major proportion of 31.6 percent respondents were not having the necessary documents (CNIC, health card and passport, etc.) to reveal their privilege status. Further, the results further show that majority of 85.9 percent respondents negated that concerned authorities were bound to construct accessible infrastructure for PWDs. Similarly, 85 percent refuted that seats were reserved for PWDs in public transport, moreover 87.5 percent disagreed that PWDs were given concession in fare while traveling in public or private transport and 99.2 percent respondents were unaware that they could import duty free cars.

The result further shows that the PWDs had low awareness of their legal employment rights as 86.3 percent respondents were unaware of the quota percentage for PWDs in employment, 85.2 percent didn't know about the legal concessions admissible to them in performing job and 78.3 percent were unaware of the welfare benefits to which PWDs were legally entitled during their employment. The results further explore that majority of the respondents (67.2 percent) got priority attention at health institution and 81.1 percent respondents were aware of which court to consult when they needed legal support.

Table 5. Frequency distribution and proportion of respondents showing their ignorance of laws.

Statement	Yes	No	Total
You have information about laws/policies to facilitate PWDs	224 (45.9)	264 (54.1)	488 (100)
National laws are sufficient to address your problem/needs	23 (4.7)	465 (95.3)	488 (100)
You don't have the necessary document (health card/passport/CNIC)	154 (31.6)	334 (68.4)	488 (100)
Concerned authorities are bound in making construction infrastructure accessible for PWDs (both public and private)	69 (14.1)	419 (85.9)	488 (100)
In public transport seats are reserved for PWDs	73 (15.0)	415 (85.0)	488 (100)
PWDs have concessions in fare (public and private transport)	61 (12.5)	427 (87.5)	488 (100)
You know that PWDs can import duty free cars	4 (0.8)	484 (99.2)	488 (100)
You know about the quota percentage (%) for PWDs in employment	67 (13.7)	421 (86.3)	488 (100)
You know about concession admissible to you in performing jobs	72 (14.8)	416 (85.2)	488 (100)
You know about the welfare to which PWDs are entitled	106 (21.7)	382 (78.3)	488 (100)
You get priority attention at health institutions	328 (67.2)	160 (32.8)	488 (100)
You know which court to consult when you need legal support	396 (81.1)	92 (18.9)	488 (100)

- Value in the table present frequency while values in the parenthesis indicate percentage.

3.2. Social inclusion of PWDs

PWDs face multiple deprivations in socio-psychological and economic aspect of their life. Most of their needs remained unmet due to insufficient and inappropriate mechanisms adopted by social institutions to meet their basic needs. The increase likelihood of discriminated treatment at society level creates fisher among physically fit people and PWDs that in its turn may lead to disintegration. The reintegration and social inclusion of PWDs into mainstream society requires of two prong efforts i.e., enhancing the capacities of PWDs to think themselves as valuable productive member of society and remove structural and institutional barriers to help PWDs getting to mainstream societal process. The whole process of taking care for all the individuals and groups that are either unable to participate in social life or shutout by the society not to participate through their denial is turned as social inclusion. Some questions and their responses, asked from respondents on social inclusion, are given in **Table 6** and explained below.

It was found that 76.4 percent respondents didn't feel terribly alone and isolated, acceptance from friends/classmate was admitted by 79.7 percent respondents, 68 percent were not neglected by friends in usual interaction, however, 74 percent didn't play useful part in society in their surrounding of neighborhood. Majority of the respondents (72.3 percent) reported that they have friends that they can see or talk to every week. However, 69.7 percent respondents felt that what they do was not valued by other and they have not been involved in formal/informal groups was reported by 93 percent respondents. In addition, 93.9 percent respondents felt that they were accepted by their family, however, 91 percent respondents felt that they were not accepted by their neighbors, 61.9 percent respondents couldn't exercise their rights with freedom and 65.4 percent admitted that their social life was not mainly related to PWDs. The results further explore that 55.5 percent respondents felt insecure about where they lived and 94.5 percent respondents were not involved in sport, game or physical active.

The PWDs face societal pressure in terms of disapproval, non-acceptance and stigmatization to shut them out from normal societal activities. One of the negative consequences of this unfavorable societal attitude towards PWDs is the development of attitude of inability to participate and prefer to exclude. Some of the cultural and religious traits help in increasing the intensity of interaction between PWDs and their close relative and friends. However, the normal persons extend such interaction by considering it is an act of charity instead of fulfilling basic rights of PWDs. As a result, these interactions are insufficient to include PWDs into mainstream society.

Table 6. Frequency distribution and proportion of respondents showing their social inclusion.

Statement	Yes	No	Total
I have felt terribly alone and isolated	115 (23.6)	373 (76.4)	488 (100)
I have felt accepted by my friends/classmate	389 (79.7)	99 (20.3)	488 (100)
I have been neglected by my friends in usual interaction	156 (32.0)	332 (68.0)	488 (100)
I have felt I am playing a useful part in society in my surrounding of neighborhood	361 (74.0)	127 (26.0)	488 (100)
I have friends I see or talk to every week	353 (72.3)	135 (27.7)	488 (100)
I have felt what I do is valued by others	148 (30.3)	340 (69.7)	488 (100)

Table 6. (Continued).

Statement	Yes	No	Total
I have been involved in a formal/informal group outside my family/school	34 (7.0)	454 (93.0)	488 (100)
I have felt accepted by my family	458 (93.9)	30 (6.1)	488 (100)
I I have felt accepted by my neighbors	44 (9.0)	444 (91.0)	488 (100)
I can exercise my rights with freedom	186 (38.1)	302 (61.9)	488 (100)
My social life has been mainly related to person with disabilities	169 (34.6)	319 (65.4)	488 (100)
I have felt insecure about where I live	271 (55.5)	217 (44.5)	488 (100)
I have done a sport, game or physical activity	27 (5.5)	461 (94.5)	488 (100)

- Value in the table present frequency while values in the parenthesis indicate percentage.

3.3. Association between ignorance of laws and policies and social inclusion of PWDs (controlling gender of the respondents)

Results in **Table 7** revealed that for all those female PWDs who were aware of law 75 percent were socially included, compared to 21.4 percent those who were ignorant of laws and policies. Similarly, for all those males who were aware of laws and policies for PWDs 86.3 percent were socially included, compared to 27.9 percent of those who were ignorant of laws and policies. The influence of ignorance of laws and policies on social inclusion of PWDs in context of respondents’ gender showed negative ($T^b = -0.245$) and significant association ($P = 0.002$) for female respondents. However, the association of the above said variables was negative ($T^b = -0.461$) and highly significant ($P = 0.000$) for male. Value of level of significance and T^b for entire table show a highly significant and negative association ($P = 0.000$ and $T^b = -0.417$) between ignorance of laws and policies and social inclusion for both genders.

The results of Kendal T^b and chi square significance values depicted spurious relation among ignorance of laws and policies and social inclusion of PWDs while controlling respondent’s gender. The results highlighted that male PWDs were more socially excluded due to ignorance of laws and policies then female.

Table 7. Association between ignorance of laws and policies and social inclusion of PWDs while controlling gender.

Gender	Ignorance of laws and policies	Socially excluded	Socially included	Total	Statistics χ^2 (P-value) T^b	Level of significance for entire table
Female	Ignorant of laws and policies	154 (78.6)	42 (21.4)	196 (100)	$\chi^2 = 12.260$ $P = 0.002$ $T^b = -0.245$	$\chi^2 = 85.009$ $P = 0.000$ $T^b = -0.417$
	Aware of law and policies	2 (25.0)	6 (75.0)	8 (100)		
	Total	156 (76.5)	48 (23.5)	204 (100)		
Male	Ignorant of laws and policies	168 (72.1)	65 (27.9)	233 (100)	$\chi^2 = 60.294$ $P = 0.000$ $T^b = -0.461$	$\chi^2 = 85.009$ $P = 0.000$ $T^b = -0.417$
	Aware of law and policies	7 (13.7)	44 (86.3)	51 (100)		
	Total	175 (61.6)	109 (38.4)	284 (100)		

3.4. Association between ignorance of laws and policies and social inclusion (controlling level of disability of the respondents)

Results in **Table 8** illustrated that for all those PWDs who have severe disability and were aware of law and policies 100 percent were socially included, compared to 36.8 percent of those who were ignorant of laws and policies. Similarly, for all those PWDs who have moderate disability and aware of law and policies 82.4 percent were socially included, compared to 10.8 percent of those who were ignorant of laws and policies. The influence of Ignorance of laws and policies on social inclusion of PWDs in context of level of disability showed negative ($T^b = -0.232$) and highly significant ($P = 0.000$) association for severe disability. However, the association of the above mentioned variables was negative ($T^b = -0.665$) and highly significant ($P = 0.000$) for moderate disability. Value of level of significance and Tau-b for entire table show a highly significant and negative association ($P = 0.000$ and $T^b = -0.417$) between ignorance of laws and policies and social inclusion for both severe and moderate disability.

The results of Kendal T^b and chi square significance values highlighted spurious relation between Ignorance of laws and policies and social inclusion of PWDs while controlling level of disability. The results highlighted that PWDs with moderate disability were less socially included due to ignorance of laws and policies then severe PWDs.

Table 8. Association between ignorance of laws and policies and social inclusion of PWDs while controlling level of disability.

Level of disability	Ignorance of laws and policies	Socially excluded	Socially included	Total	Statistics χ^2 (P -value) T^b	Level of significance for entire table
Severe disability	Ignorant of laws and policies	148 (63.2)	86 (36.8)	234 (100)	$\chi^2 = 13.026$ $P = 0.000$ $T^b = -0.232$	$\chi^2 = 85.009$ $P = 0.000$ $T^b = -0.417$
	Aware of law and policies	0 (0.0)	8 (100)	8 (100)		
	Total	148 (61.2)	94 (38.8)	242 (100)		
Moderate disability	Ignorant of laws and policies	174 (89.2)	21 (10.8)	195 (100)	$\chi^2 = 108.737$ $P = 0.000$ $T^b = -0.665$	$\chi^2 = 85.009$ $P = 0.000$ $T^b = -0.417$
	Aware of law and policies	9 (17.6)	42 (82.4)	51 (100)		
	Total	183 (74.4)	63 (25.6)	246 (100)		

4. Discussion

It is evident from the study results that despite of state’s efforts in promulgation of laws and policies to facilitate PWDs the benefits of these laws and policies were not trickling down to the appropriate beneficiaries due, mainly, to poor awareness of PWDs with respect to these laws. The probable reason of low level of awareness to the legal rights of PWDS was their inability to participate in the communication processes used by the government for awareness rising among PWDs or use of inappropriate mechanism for awareness raising that shutout PWDs from these communication channels. As a result, most of the PWDs are unable to legally document their disability status and get benefits of the facilities to which they are

legally entitled. The quantitative results of the study are also supported by the FGDs results which highlighted that despite of promulgation of pro PWD's laws the effects of these laws on welfare of PWDs are little achieved due to insufficient awareness campaigns and implementation of laws. The policies formulation doesn't involve participation of PWDs, therefore, the PWDs remain unaware of these policies and most of their needs remain untouched in these policies. These findings are in line with Acharya and Yang (2022) that PWDs are excluded from availing their basic legal rights due to their unawareness of laws, policies and programs devised to facilitate PWDs (Braithwaite and Mont, 2009). Fazil (2023) further added that devising laws to facilitate living of PWDs are important but implementation of these laws in its true spirit is doubly important. Insignificant awareness and insufficient implements of law lead to poor inclusion of PWDs in society. Pattberg (2017) also emphasized on awareness of PWDs regarding their legal rights and on implementation of law in its true spirit, otherwise the PWDs will face problems in securing education, employment, recreation and other community facilities. Unawareness and insufficient implementation of law open the doors for corruption and administrative complications in facilitating PWDs, as a result the rights admitted to PWDs under the law are practically denied or delayed by the service provider (Mohapatra, 2012).

Mobility is an important component of normal life in which PWDs are generally facing problem due to their physical disability. To overcome the mobility problem of PWDs the government of Pakistan has devised a national policy being implemented under National Plan of Action (NPA) 2006. The major focus of NPA is to create barrier free environment for PWDs in all public, private and commercial buildings and public places and revision of construction bylaws (Fazil, 2023; Mughees et al., 2011; World Health Organization, 2011). In addition, for encouraging PWDs mobility in public and private transport some special seats are reserved for PWDs and their transport fares are subsidized under the law (Ahmad et al., 2019). The results given above, however, negate provision of these legally admitted rights to PWDs, as majority of the respondents were unsatisfied from appropriateness of infrastructure to improve the mobility of PWDs, reserved seats for them in public transport and concession in fare. The respondents volunteered that laws facilitating PWDs were seldom implemented as there were no special passage ways at public and private buildings for PWDs. In addition, they faced tremendous problems in getting in and out of public transport with no reserved seats for them. They further added that although the government had improved concession in fare for PWDs yet the transporter charged full fare from them. There was no control of implementing agencies on transporters to implement concession in fare to PWDs. There is a clearly visible gap between law and its implementation. Therefore, the legally admitted laws facilitating mobility of PWDs, due to poor implementation, are unable to facilitate smooth traveling of PWDs.

In Pakistan Special Citizen Act was legislated to facilitate the accessibility of PWDs at public places, allocate them seats in public transport and facilitate their mobility in building to improve their accessibility. Moreover, the road and traffic laws were amended under this Act to facilitate PWDs. The creation of barrier free environment for PWDs is a long term objective of NPA. It requires revision of construction bylaws and standardization of building codes. However, construction of such PWDS friendly buildings is still a dream to achieve in Pakistan (Ahmad et al.,

2019; Mughees et al., 2011). Mohapatra (2012) added that poor economic standing of developing countries restrict their resort to replace conventional transportation system with a new PWDs friendly transport system. The best the government can do is to subsidize the traveling of PWDs by providing them concession in fare. The author further added that due to corruption and administrative complication acquisition of disability certificate and other entitlement is quite difficult. Moreover, the negative attitude of service provider and transporter deny the disabled people from acquiring the legal concession in fares admissible to them in the developing nations, on the other side, the laws facilitating mobility of PWDs are rarely implemented (Ostroff, 2001). Therefore, the building needs to be designed and constructed by professionals to provide all the comfort to PWDs in their mobility (Jackson, 2018).

The PWDs faced multiple problems in their employment in the study area. Majority of the PWDs were either illiterate or low educated to qualify the minimum requirement for employment opportunity. They were lacking in required skills to come up with requirement of employment opportunities. On the other side, the PWDs have to compete with physically fit, qualified and skilled labor force for employment. The employers also prefer to engage physically fit labor to enhance their production and profit. The government has intervened at this stage for economic inclusion of PWDs and promulgated laws to ensure mandatory employment of PWDs. An employment quota of 2 percent, therefore, has been set under the “Disabled Persons (Employment and Rehabilitation) Ordinance 1981”. The results however reveal a poor state of awareness among PWDs regarding employment laws and regulations giving special privileges and benefit to PWDs.

The poor state of employment and illiteracy among PWDs is the main cause of their low interest and getting awareness of their legal employment rights. The employers, therefore, poor awareness level of the PWDs regarding their employment rights and discriminate them not only in their employment quota but also from the concession and welfare benefits admissible to them during employment. Furthermore, the efforts of labor department in enforcement of legal employment rights of PWDs were insufficient and unsatisfactory (Abdul Wahab and Ayub, 2017). Wuellrich (2010) also reported that government agencies and companies avoid or sideslip the employment quota laws for PWDs while getting benefits of the ignorance of PWDs from these laws. He further explained that the penalties imposed by the government for violation of PWDs quota laws are so meager that big companies preferred to pay these penalties instead of hiring PWDs. However, with the passage of time the awareness of these quota employment law is gradually increasing among PWDs resulting in their higher employment ratio (Kudo, 2010). Apparently there is a tug of war between optimistic government that set higher proportion of PWDs employment quota and pessimistic employers who have quarries on the work related abilities of PWDs (Acharya and Yang, 2022). As a result, laws safeguarding employment opportunities for PWDs existing, however, there is no motivation to conform to these laws (Saleh and Bruyère, 2018). To fill the gap between the abilities demanded by the employers and the existing working abilities of PWDs, the provincial government of Khyber Pakhtunkhwa has introduced an innovative skills development program for inclusion of PWDs in national development under the Khyber Pakhtunkhwa Deserving Widows and Special Persons Welfare Foundation Act, 2014. This welfare

foundation was supposed to generate resources for the welfare of PWDs and Widows (Ahmad et al., 2022).

PWDs need some special attention and care in accessing basic life facilities like health and education etc. A combination of cultural and legal support to these PWDs can facilitate their smooth life functioning. Being rural in nature, the people of the study area have strong cultural relation embedded in the rich traditions of sympathy, religion and mutual help. The strong socialization process inculcates the culture and tradition of helping the deserving segment of society like PWDs. The same is evident from the study result that whenever a PWDs approach a health facility for soliciting medical help the normal people facilitate them in getting these facilities. However, there are some loopholes in the formal legal system where the PWDs mostly remain unaware or unattended when they need legal support from these institutions. Grignoli and D'Ambrosio (2023) found that the PWDs experienced low priority attention when they came to access health care services (Moodley and Ross, 2015). Thomas (2011) also reported that provision of legal support to needy PWDs is not always up to the mark Governments provide low attention to the legal rights of PWDs as they are politically disorganized. Insufficient awareness of the PWDs regarding their legal rights is also a major cause of low proportion of cases lodged by PWDs in the courts (Brown et al., 1995). As a result, the legal rights of PWDs are neither safeguarded nor reviewed by the legal authorities (Fennell and Khaliq, 2011).

From the results it is assessed that unawareness of law and legal rights admissible to PWDs is widespread and deep. Therefore, majority of disability cases remained unreported and undocumented. Various laws promulgated for PWDs lose their significance due to unawareness of PWDs to these laws. Therefore, the PWDs remain unattended to their basic mobility, health and employment related rights. Those who are aware of their legal rights, fail to actualize these rights due to formal, administrative and cultural barriers to them. The PWDs knowledgeable of their legal rights fail to locate and consult the courts established to provide justice to them.

Being rural in nature, the study area has strong cultural values that encourage intimate and close interpersonal relations to integrate the community in uniform whole. Moreover, religious support and teaching for taking care of poor deprived and physically disabled is additional support for the charity-based welfare of PWDs. As a result, extreme sense of isolation and loneliness is not much high in PWDs due to their acceptance from societal members and usual interaction from friends. However, the PWDs still were unable to play a useful part in the welfare of society. Cooney et al. (2006) also noticed that the internalization of cultural traits of cooperation and mutual help is compelling on each societal member in a neighborhood to willingly extend help and trust with each other and especially to the physically dependent group like PWDs. Diez (2010) further added that strong bonds of interaction between community members and PWDs have strong positive influence on integration of PWDs into mainstream society (Jetha et al., 2018). Conversely, non-friendly attitudes towards PWDs in terms of low acceptance of peers, limited friendship, bullying and rejection have dramatic effects to detriment the quality of life of PWDs (De Boer et al., 2012). Kett et al. (2020) noticed that empowerment of PWDs at family and community level helps them to claim their rights and improve their own situation. Lewis et al. (2016) emphasized that there is always lack of understanding among community members to

visualize disability as a product of person-environment interaction. The myths and cultural beliefs, therefore, mask over the reality and result in discrimination of PWDs by considering disability as a curse of super nature. It became difficult for PWDs to manage the stigma associated with their impairment and in most cases, they are drowning into isolation (Kuyayama, 2011). Acharya and Yang (2022) further added that charity-based welfare of PWDs is good for physical survival of PWDs in terms of providing food and shelter, etc. However, such welfare-based approach is not sufficient to make PWDs a productive member of society and their complete social inclusion (Ahmad et al., 2019).

The result further portrayed the prevalence of a welfare-based approach of treating the PWDs instead of their empowerment and taking care of their human rights. The PWDs were not isolated in terms of their interaction with friends and relatives. However, their involvements in significant communal and family level tasks remain negligible and their contribution remained unnoticed and unavailable to other members of the society. Therefore, despite strong relations with family and friends, the PWDs were unable to express their needs as their rights could not positively contribute in the overall welfare of the community. Higgins et al. (2009) noticed that the PWDs frequently interacted with members in their community. However, their functional partnership in community member as active participation was non-significant. They were not involved in the community process except welfare-based dependence on other (Fazil, 2023). Degener (2016) therefore, emphasized on involvement of PWDs as experts to point out their problems and solutions in all activities that are designed for their welfare (Brennan et al., 2016). Grignoli and D'Ambrosio (2023) further added that the interaction of PWDs with normal healthy citizen too is not of that quality and duration to the satisfaction of PWDs. Therefore, PWDs are found complaining of lack of emotional support from family and community members despite of frequent interaction with them. Burke et al. (2014) stated that PWDs have desired to interact with the people outside of their home, however, they have very limited access to such clubs or activities in which they can contribute in valuable terms.

A normal human being has the basic right of membership, acceptance, freedom and participation. The same is true for PWDs except that they have some special requirements according to their daily needs. It is clear from the above results that except family the other societal groups were reluctant in adopting PWDs as societal member. In such situation the PWDs were shutout from the mainstream activities on the grounds of their physical disability. A regular exposure to such circumstances at community level creates the feeling of inability to participate among PWDs. therefore, these PWDs were found reluctant to exercise their rights with freedom or opt for membership in groups with disabled members only. Dhungana (2006) reported that family members and peer are the most significant persons in terms of interaction with PWDs. In the rest of the community their interaction is uncommon and mostly restricted from community side (Lang et al., 2011). Downing (2011) added that medical conceptualizations of disability overshadow the socio-psychological needs of the PWDs. Therefore, charity-based welfare is considered more important than establishing human rights of PWDs like those of normal societal members. Kwame (2022) therefore expressed its concerns regarding unawareness of PWDs with respect

to their rights. Therefore, the rights of PWDs remain un-established and a stigmatized identity is linked with disability to place PWDs in a group member with all disabled persons to experience and share disability (Nario-Redmond et al., 2013).

The PWDs have some specific mobility related requirements according to their disability needs, similarly it is the case of their needs for participation in sports and other physical activities. Developed nations has worked on this important aspect of welfare of PWDs by designing and constructing infrastructure according to mobility, sports and physical activities related needs of PWDs. In developing countries finding access to such infrastructure is a dream especially if a PWDs is hailing from rural and underdeveloped areas. Furthermore, situation is worsened when PWDs are exposed to harsh and discriminatory treatment by community members, employers, teachers or other colleagues (Milačić-Vidojević et al., 2017). Safe and secure participation in family, communal and sports activities have personal and societal benefits, participation in sports activities of choice have positive impacts on physical wellbeing of PWDs (Misener, 2014). However, due to low societal integration and poor facilities, participation of PWDs in sports activities remained low (Lawson, 2006). There is also knowledge gap in creating sense of security in PWDs and adequately involve them in sports activities besides limited facilities and physical barriers faced by PWDs (Carroll et al., 2018).

In a patriarchal society, as in the study area, there is clear division of labor based on gender. The males are ranked on higher status and assigned responsibilities outside the home. Such responsibilities are considered a masculine role and are mostly related to breadwinning activities. Women are supposed to perform indoor feminine tasks related to housekeeping and child care. The same is true for the PWDs to follow the gender-based division of tasks and responsibilities. As a result, the male PWDs are highly exposed to interaction outside home and are being discriminated at a higher rate than female on the grounds of ignorance of laws and policies, hence more liable to social exclusion. It was also observed that the male PWDs were more active to secure their social and economic rights whereas the female PWDs were restricted to their homes. As a result, the males were more likely to face the problem of discrimination due to ignorance of laws and policies than females. Moreover, a culturally based strong sense of protection to female PWDs at home was the additional reason that reduced the negative effect of ignorance of laws and policies and subsequent low level of social exclusion in them than males.

A research study conducted by Grech (2016) noticed that despite of development in human rights protection through promulgation of laws, the PWDs remain disproportionately marginalized in mainstream development. However, according to the author, the marginalization was evident when compared on the basis of gender and ethnicity as women were at high risk of exclusion due to their disability and Ignorance of laws and policies. The findings of Egüez-Guevara and Andrade (2015) also contradicted these results as they reported the high negative influence of unawareness of laws on female PWDs then male. Therefore, special attention is needed to protect PWDs of both genders against discriminatory laws (Umarova et al., 2022), ensure their greater socio-economic participation and social inclusion (Park, 2017).

Most of the PWDs were unable to secure their socio-economic, educational, health and employment rights due to their Ignorance of laws and policies. However,

those who were having severe disability and were unable to function normally without other's help were less affected due to Ignorance of laws and policies. For them their mere survival was more important than socio-economic participation. On the other hand, those PWDs who were able of independent survival catered more for social and economic inclusion and for them negative effect of ignorance of laws and policies was more severe. The same is the probable reason of high negative value of Tau-b for moderately disabled PWDs. The current system falls short of full support for the most severely disabled (Hancock et al., 2016). In developing nations, people with disabilities are subjected to numerous types of discrimination (Baba-Ochankpa, 2010) and much of the discrimination faced by people with severe disabilities can be found due to ignorance on the part of the general public' (El-Kurebe, 2010). Less severe PWDs manage to co-exist in normal society. However, they need special legal support for their full inclusion and avoiding discrimination (Etieyibo and Omiegbe, 2016).

5. Conclusion

This research study provides valuable insights into the challenges faced by persons with disabilities (PWDs) in terms of ignorance of laws and policies as well as social inclusion. The study reveals that a large proportion of PWDs are uninformed about laws and policies facilitating PWDs, with a majority considering national laws as insufficient to address their needs. Additionally, a significant part of PWDs lack necessary documents, indicating potential barriers to accessing their privileges and rights. The study further indicates low awareness among PWDs about their legal employment rights, with a majority unaware of quota percentages, legal concessions, and welfare benefits during employment. In terms of social inclusion, the study uncovers varied experiences among PWDs, with a significant portion feeling isolated and undervalued in society. The study also concluded that societal attitudes contribute to disapproval, non-acceptance, and stigmatization, hindering the social inclusion of PWDs.

Gender and disability levels were found to influence the association between ignorance of laws and social inclusion. Female PWDs who are aware of laws and policies exhibit a notably higher level of social inclusion compared to their counterparts who are ignorant of such legal frameworks. In contrast, the association between legal awareness and social inclusion is less pronounced for male PWDs. The results indicate that PWDs with severe disabilities, who are aware of laws and policies, experience significantly higher levels of social inclusion compared to those with moderate disabilities. This suggests that legal awareness plays a crucial role in mitigating social exclusion, especially for individuals with severe disabilities.

In summary, a holistic strategy, considering aspects like gender, disability level, awareness campaigns, effective law implementation, registration procedures, educational initiatives, and community engagement, holds the potential to significantly improve the social inclusion of Persons with Disabilities and contribute to the development of a more equitable and inclusive society.

Recommendations and suggestions

The following recommendations and suggestions are based on the study findings.

- 1) Targeted interventions considering gender and disability level:
 - Develop targeted interventions that take into account the intersectionality of gender and disability levels to enhance social inclusion. Tailor awareness campaigns to address specific challenges faced by female and male PWDs.
 - Consider creating programs that address the gender-based division of tasks and discrimination, especially in patriarchal societies, to reduce social exclusion among males.
- 2) Awareness campaigns and law implementation:
 - Design and implement targeted awareness campaigns focusing on laws and policies that protect the rights of PWDs. Ensure these campaigns reach not only the general public but also employers, service providers, and PWDs themselves.
 - Advocate for improved implementation of existing laws to bridge the information gap. This may involve collaboration between government agencies, NGOs, and community-based organizations.
- 3) Registration and documentation:
 - Emphasize the importance of registering and documenting all PWDs to ensure they receive their basic rights and are actively involved in policy-making processes. This documentation can serve as a tool for policy advocacy and targeted support.
- 4) Educational initiatives:
 - Implement educational programs aimed at enhancing awareness of laws and policies among PWDs. Collaborate with educational institutions and community organizations to develop inclusive curricula that cover the rights and legal protections available to PWDs.
 - Promote literacy and legal knowledge among PWDs to empower them to advocate for their rights effectively.
- 5) Community engagement and support:
 - Establish community-based support networks that provide information and resources related to disability rights. Encourage local communities to actively engage with PWDs, fostering understanding and acceptance.
 - Support initiatives that bridge the gap between legal frameworks and practical implementation, ensuring PWDs can access their rights effectively. Encourage social support to break down barriers and promote a more inclusive society.

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