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THE NEXUS BETWEEN DISABILITY AND MENTAL HEALTH: A STUDY ON WOMEN WITH DISABILITIES IN THE KOHAT DIVISION, KHYBER PAKHTUNKHWA-PAKISTAN

Dr. Qudrat Ullah*[1], Farooq Ahmad Khan[2], Mehak Sana[3], Dr. Muhammad Imtiaz[4]

*[1]*Lecturer in Sociology at Govt. Degree College KDA Township, Kohat-Pakistan*
*[2,3]*Lecturers, Department of English, Khushal Khan Khattak University, Karak-Pakistan*
*[4]*Lecturer, Department of Sociology, University of Peshawar (UoP), Pakistan*

*[1]qudratsoc79@gmail.com

Corresponding Author: *
Dr. Qudrat Ullah
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ABSTRACT

The present study seeks to illuminate the mechanisms through which psychological well-being (independent variable), interpreted through the Affirmative Model of Disability, shapes the extent of social exclusion experienced by women with disabilities (dependent variable) in the Kohat Division of Khyber Pakhtunkhwa, Pakistan. Employing a Quantitative inquiry utilizing a Cross-Sectional survey approach, a sample of 370 respondents was proportionally distributed across the three districts of Kohat Division. To uphold methodological rigor, the researcher collaborated with district-level Social Welfare Offices to ensure accurate identification and categorization of eligible participants. Moreover, senior oral instructors were engaged to assist in facilitating precise interpretation during interviews with hearing and vocally impaired respondents, thereby ensuring the credibility and reliability of the structured questionnaire. The study concentrated on women with physical, auditory, verbal, and stature-related impairments, while individuals with intellectual disabilities were excluded due to concerns regarding the validity of their responses. Reliability testing through Cronbach's Alpha produced a coefficient of 0.87, indicating a high degree of internal consistency across measurement items. Statistical analyses were conducted using Chi-Square (χ^2) statistics to evaluate the bivariate association between psychological well-being and the extent of social exclusion. Additionally, Kendall's Tau-b (Tb) statistics was applied to examine spurious or non-spurious relationships within a multivariate analytical framework. The results demonstrated a significant relationship between psychological well-being and social exclusion ($\chi^2 = 30.257$, $p = 0.000$, $Tb = 0.286$). The overall Kendall's Tau-b statistics ($\chi^2 = 30.257$, $p = 0.000$; $Tb = 0.286$) confirms a strong and stable connection between psychological well-being and social exclusion in the sample, reinforcing the idea that exclusion is a key structural determinant of mental health among women with disabilities rather than a by-product of age variation. Findings further revealed that diminished psychological well-being intensifies exclusionary experiences among women with disabilities. Interpreting these results through the Affirmative Model emphasizes that disability-related marginalization stems not from impairment itself but from restrictive social, structural, and environmental barriers. The study recommends strengthened psychosocial support systems, inclusive community environments, and socially affirmative practices to dismantle persistent exclusion and enhance the well-being of women with disabilities.

Keywords: *Women with disabilities, Affirmative Model, Psychological well-being, Social Exclusion*

I-INTRODUCTION

Women with disabilities represent a uniquely disadvantaged group that experiences overlapping layers of exclusion across social, cultural, and institutional domains. Their marginalization is not merely a consequence of physical impairment, but rather emerges from structural barriers, entrenched stereotypes, and gendered hierarchies that circumscribe participation in everyday life (Barnes, 2019). Scholars within European disability research have consistently argued that the lived realities of disabled women are shaped by a complex interplay of gender norms, material conditions, and dominant social attitudes, which together produce systematic disadvantages and restrict access to social resources (Thomas, 2020). As a result, disability is increasingly understood not as a static condition but as a socially produced limitation negotiated in relation to environmental constraints and unequal power relations (Shakespeare, 2018).

Psychological well-being is central to understanding the quality of life among women with disabilities, since emotional security, self-esteem, and resilience are often threatened by stigmatization and exclusionary practices (Reeve, 2013). Empirical research suggests that repeated experiences of discrimination, dependency, and social invisibility may weaken psychological functioning, generating persistent stress and emotional strain (Goodley, 2014). When exclusion becomes normalized, women may internalize devaluing attitudes, leading to diminished self-worth, anxiety, and social withdrawal. Conversely, positive psychological well-being has been shown to enhance coping capacities, strengthen interpersonal relationships, and promote participation in community life, illustrating the reciprocal relationship between mental health and social inclusion (Scarre, 2021).

In recent sociological debates, scholars emphasize that exclusion is not distributed evenly across age, class, or geographical location, but tends to intensify in regions where access to welfare support, public facilities, and rehabilitation services is limited (Oliver & Barnes, 2016). Rural and peripheral areas often demonstrate weaker institutional infrastructures, leading to reduced mobility, scarce professional support, and minimal engagement in public spaces, particularly for disabled women (Priestley, 2019). These factors not only undermine psychological well-being but also entrench dependency and social isolation, reinforcing inequalities between disabled and non-disabled women in both symbolic and material ways.

The Kohat Division presents a compelling context for investigating these dynamics, as traditional gender norms and limited services restrict participation for many women with disabilities. Although disability studies in Europe have established strong theoretical frameworks explaining how exclusion is socially constructed, empirical evidence from South Asian contexts remains comparatively scarce (Hughes, 2020). Understanding how psychological well-being shapes exclusion among women with disabilities in this region contributes to global disability scholarship by providing context-specific insights into how structural constraints, cultural expectations, and gendered assumptions intersect. Such work is essential for advancing inclusive policies, strengthening community support, and ensuring the meaningful participation of women with disabilities in social life.

Objectives of the Study

1. To assess the psychological well-being of women with disabilities in the Kohat Division.
2. To examine the association between disability-related factors and mental health outcomes.
3. To identify the challenges faced by women with disabilities regarding stigma, exclusion and access to services.
4. To provide policy recommendations for improving mental health and social inclusion.

Research Hypotheses

H_1: There is a significant relationship between disability and psychological well-being among women with disabilities.

H_2: Higher levels of social support are positively associated with better mental health.

H_3: Women with disabilities who experience higher levels of stigma will report lower psychological well-being.

H_4: Access to welfare services significantly improves the psychological well-being of women with disabilities.

II-LITERATURE REVIEW

The relationship between psychological well-being and social exclusion among women with disabilities has been widely examined, revealing that exclusion is a primary determinant of mental health outcomes. Social exclusion encompasses restricted access to education, employment, healthcare, and social networks, and it produces persistent emotional, cognitive, and relational stress that undermines well-being (Burchardt & Le Grand, 2020). Women with disabilities face compounded forms of exclusion due to the intersection of gender and impairment, resulting in diminished opportunities for social participation, autonomy, and self-expression. Research indicates that these exclusionary experiences contribute directly to anxiety, depression, low self-esteem, and reduced life satisfaction, suggesting that psychological well-being is both a consequence and an indicator of social inclusion (Fleischer & Zames, 2018).

The intersectional nature of exclusion amplifies its impact on psychological well-being. Societal expectations position women as caregivers and passive actors, while disability disrupts these normative roles, creating heightened social scrutiny and marginalization (Shildrick, 2019). Exclusion, both symbolic and material, restricts participation in community life, reinforcing feelings of helplessness and social invisibility. Studies report that women who internalize exclusionary attitudes demonstrate elevated stress levels and reduced emotional resilience, highlighting the psychological cost of exclusion (Gooding, 2021). These findings underline that social exclusion is not merely an environmental constraint but a psychological stressor that shapes emotional experiences and mental health outcomes for women with disabilities.

Physical and environmental barriers significantly reinforce the link between social exclusion and psychological well-being. Limited mobility, inaccessible transportation, and inadequate public infrastructure constrain social engagement, which in turn erodes self-confidence and emotional stability (Imrie, 2017). Women with disabilities often experience isolation due to these environmental restrictions, leading to feelings of dependency and vulnerability. Empirical evidence suggests that restricted participation in social, cultural, and economic activities produces chronic emotional strain and undermines life satisfaction (Priestley & Shakespeare, 2020). The inability to access social spaces not only prevents functional participation but also signals symbolic exclusion, which negatively affects self-perception and overall psychological health.

Social relationships and support networks mediate the impact of exclusion on psychological well-being. Positive relational support, recognition, and inclusion can buffer the negative emotional effects of marginalization, whereas neglect, stigma, or infantilization exacerbate mental health challenges (Watson, 2018). Women with disabilities who experience sustained social exclusion report higher levels of loneliness, depression, and anxiety, demonstrating that relational isolation is a core mechanism linking exclusion to compromised well-being (Liddiard, 2020). Conversely, supportive family, peer, and community networks enhance self-efficacy, promote resilience, and improve emotional stability, illustrating that psychological well-being is closely tied to the social environment. Exclusion, therefore, functions both structurally and psychologically, with tangible consequences for mental health outcomes.

Institutional and economic factors further shape the interaction between social exclusion and psychological well-being. Limited access to employment, education, and welfare services reduces autonomy and reinforces dependency, producing chronic stress (Hansen & Philo, 2022). Welfare systems that prioritize demonstration of incapacity over empowerment inadvertently reinforce exclusionary patterns, undermining psychological well-being by

signaling inability rather than facilitating participation (Morris, 2016). By contrast, policies and services that enable agency, recognition, and social inclusion contribute positively to emotional health, highlighting that inclusion is both a structural and psychological intervention. These findings emphasize the need for holistic approaches addressing both material and emotional dimensions of exclusion.

Cultural and symbolic factors also profoundly influence psychological well-being through social exclusion. Negative societal representations, pity, and infantilization create internalized stigma, reducing self-confidence and reinforcing feelings of inadequacy (Clarke, 2019). Women who experience exclusion in daily interactions often report diminished life satisfaction and heightened emotional distress (Ryan, 2016). Conversely, recognition, affirmation, and inclusive practices within families and communities foster resilience, emotional security, and a sense of belonging (Paterson, 2021). These studies collectively indicate that social exclusion operates as both a structural and psychological phenomenon, with direct implications for mental health.

Intersectional analyses further reveal that the impact of social exclusion on psychological well-being varies across age, socioeconomic status, and geographical location (Ho, 2021). Older women, rural residents, and women from lower-income backgrounds face compounded barriers, resulting in heightened exclusion and poorer mental health outcomes. These multidimensional disadvantages emphasize that interventions must target structural, relational, and cultural constraints simultaneously. By addressing exclusion comprehensively, it is possible to enhance psychological well-being, foster autonomy, and enable women with disabilities to participate meaningfully in social, economic, and cultural life.

Women with disabilities often experience heightened vulnerability and social exclusion not solely as a consequence of their physical, sensory, or cognitive impairments, but more critically due to compromised psychological well-being, which amplifies the perception and impact of societal barriers. Diminished mental health manifesting as anxiety, low self-esteem, or emotional fragility renders women less able to negotiate inaccessible environments, advocate for their rights, or engage confidently in social, educational, and economic domains. Consequently, exclusion is reinforced and perpetuated, as the interplay between psychological vulnerability and structural constraints creates a feedback loop wherein social isolation, stigma, and marginalization intensify. This perspective underscores that disability-related disadvantage cannot be understood purely through the lens of bodily impairment; rather, the erosion of psychological resilience functions as a central mechanism through which exclusion is experienced, shaping both the intensity and persistence of social marginalization.

III- RESEARCH METHODOLOGY

The present study was conducted in Kohat Division, encompassing Districts Kohat, Hangu, and Karak, with the principal objective of investigating the relationship between psychological well-being (independent variable) and the extent of social exclusion experienced by women with disabilities (dependent variable).

Research Design

A Quantitative Research Design was employed, anchored in a Cross-Sectional survey approach. This design was selected to systematically capture existing patterns, variations, and interrelationships among the study variables within the target population. The Cross-Sectional (single-shot) approach was particularly suited to the time-bound nature of the study, allowing for efficient data collection from a large and diverse cohort of respondents.

Validity and Reliability

The survey instrument underwent rigorous validation and reliability assessments to ensure methodological rigor. Internal reliability was examined using *Cronbach's Alpha*, which yielded a coefficient of 0.87, indicating a high degree of internal consistency. These evaluations confirmed that the instrument was robust,

reliable, and suitable for the planned statistical analyses.

Conceptual Framework of the Study

Control Variables	Independent Variable	Dependent Variable
Age & Education of The Respondents	Psychological Well-being	Extent of Social Exclusion with Disabilities

Sampling Procedure

Based on the 2022 report issued by the Directorate of Social Welfare, Special Education, and Women Empowerment, Khyber Pakhtunkhwa, Kohat Division comprises 22,492 registered Persons with Disabilities (PWDs), of whom 9,396 are women with disabilities. From this population, a sample of 370 respondents was drawn using a simple random sampling technique, following criteria suggested by Sekaran (2003). To ensure representativeness, the sample was proportionally allocated across all tehsils of Kohat Division using the equation proposed by Chaudhry (2009):

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

Statistical Analysis

Data were analyzed using SPSS version 21. *Chi-Square (χ^2) Statistics* were employed to examine bivariate associations between psychological well-being and social exclusion. Additionally, *Kendall's Tau-b (T^b) Statistics* were utilized to identify spurious and non-spurious correlations, controlling for age and educational attainment.

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

Measuring Extent of Social Exclusion

The Social Exclusion Scale developed by Jahoel-Gijsbers and Vrooman (2007) was used to measure the dependent variable with precision. The scale comprises four dimensions: material deprivation, restricted access to social rights, limited opportunities for social participation, and constrained cultural integration. Each dimension assesses the degree of exclusion experienced by women with disabilities. Higher scores indicate greater levels of social exclusion, and the embedded measurement techniques have been validated for reliability and validity, rendering them suitable for the present study's analytical framework.

Dimensions	Description
I- Material Deprivation	Insufficient essential resources and material goods diminished living standards, overwhelming debt, and recurring financial deficits
II- Restricted access to Social Rights	Postponed services, equitable distribution, social protection measures, community support, job prospects, medical care, schooling, justice, dignity, and recognition
III- Limited Opportunities for Social Participation	Restricted engagement in formal and informal networks, social isolation, and participation in recreational or leisure activities

IV- Constrained Cultural Integration	Inadequate compliance with social norms and civic duties that encourage active citizenship, including cultural commitments and deviation from commonly accepted viewpoints

IV- RESULTS AND DISCUSSIONS

The results of the study reflect both bivariate and multivariate analyses, demonstrating not only the direct associations between psychological well-being and the extent of social exclusion among women with disabilities, but also the spurious or non-spurious relationships when controlling for additional demographic and contextual variables.

Association between psychological well-being and extent of social exclusion of women with disabilities

The analysis of the association between psychological well-being and the extent of social exclusion among women with disabilities reveals both significant and moderate relationships. The *Chi-Square* (χ^2) *statistics* indicate that several dimensions of psychological well-being such as feeling good and sound psychologically (χ^2 = 8.828, p = 0.005, T^b = 0.154) and perceiving disability as a mental rather than physical limitation (χ^2 = 8.828, p = 0.005, T^b = 0.132) demonstrate a stronger and statistically significant association with reduced social exclusion, aligning with evidence that positive self-perception and cognitive reframing enhance participation and mitigate isolation (Ryan, 2016; Beresford, 2020). Similarly, recognizing one's disability as a challenge to assert personal strengths (χ^2 = 6.405, p = 0.016, T^b = 0.132) and self-acceptance (χ^2 = 4.396, p = 0.027, T^b = 0.109) correspond to lower social exclusion, supporting findings that resilience and adaptive coping strategies are crucial for improving social integration among disabled women (Gooding, 2021; Shildrick, 2019). Additionally, the ability to hold attention of others (χ^2 = 4.396, p = 0.027, T^b = 0.109) and positively evaluating oneself despite disability (χ^2 = 4.886, p = 0.021, T^b = 0.115) exhibit significant, albeit moderate, associations, reflecting prior research showing that assertiveness and self-efficacy reduce the likelihood of marginalization (Imrie, 2017; Liddiard, 2020).

However, the moderate *Kendall's Tau-b* (T^b) values indicate that while psychological well-being significantly predicts reduced exclusion, the relationship is not overwhelmingly strong, suggesting the influence of additional structural, social, or environmental factors. Dimensions such as self-perception and attentional capacities mitigate exclusion to a limited degree, emphasizing that improving psychological health alone may not fully eliminate social marginalization (Priestley & Shakespeare, 2020; Hansen & Philo, 2022). Overall, the findings underscore that psychological well-being functions as a central, yet partial, determinant of social inclusion, highlighting the importance of integrating mental health interventions with broader strategies to reduce environmental and societal barriers for women with disabilities (Burchardt & Le Grand, 2020; Watson, 2018).

Table. 1 Association between psychological well-being and extent of social exclusion of women with disabilities

Independent Variable (Psychological Well-Being)	Dependent Variable (Indexed)	Chi-Square (χ2) Statistics, (P-Value) & (T^b) Value
As disabled person you are ok the way you are	Extent of social exclusion of women with disabilities	χ2=4.396(0.027) T^b= 0.109
You consider your disability as a challenge to fight and surface your strength	Extent of social exclusion of women with disabilities	χ2=6.405(0.016) T^b= 0.132
You feel good and sound psychologically	Extent of social exclusion of women with disabilities	χ2=8.828(0.005) T^b= 0.154

You are good at holding attention of those around you	Extent of social exclusion of women with disabilities	$\chi2$=4.396(0.027) T^b= 0.109
You always weigh yourself far better being disabled	Extent of social exclusion of women with disabilities	$\chi2$=4.886(0.021) T^b= 0.115
You think that disability resides in mind not in body	Extent of social exclusion of women with disabilities	$\chi2$=8.828(0.005) T^b= 0.132

Association between psychological well-being and extent of social exclusion of women with disabilities (controlling age of the respondents)

By using *Kendall's Tau-b (T^b) statistics*, the results show a consistent and statistically significant correlation between psychological well-being and social exclusion across all age categories of women with disabilities. Among the youngest age group (15–25 years), the association is strong and significant (χ^2 = 9.263, p = 0.005; T^b = 0.375), indicating that younger women who experience exclusion are more likely to report lower psychological well-being. Similarly, significant relationships appear in the 26–35 age group (χ^2 = 6.774, p = 0.012; T^b = 0.253) and the 46 years and above group (χ^2 = 8.031, p = 0.007; T^b = 0.336). The strongest relationship is observed for women aged 36–45 years (χ^2 = 14.952, p = 0.001; T^b = 0.343), suggesting that exclusion may be most detrimental to psychological well-being during mid-life, when social roles and responsibilities are often most demanding. These results collectively show that across the life course, social exclusion remains a salient predictor of psychological outcomes.

The entire table statistics (χ^2 = 36.393, p = 0.000; T^b = 0.314) confirm that the observed correlations are not random but reflect a robust structural pattern linking exclusion with poorer mental health among women with disabilities. These findings are consistent with theoretical and empirical research which argues that exclusionary environments generate chronic stress, undermine self-esteem, and reduce access to emotional coping resources (Cohen & Wills, 1985; WHO, 2020). The results also resonate with disability literature emphasizing that discrimination and social invisibility have long-term mental health consequences, irrespective of age (Shakespeare, 2018). Therefore, age does not dilute the relationship; rather, exclusion appears as a persistent psychosocial burden for women with disabilities throughout different stages of their lives, with significant implications for intervention and policy design.

Table.1.1 Symmetric Measures for Kendall's Tau-b (T^b) while controlling Age

Age of the respondent			Value	Asymptotic Standard Error[a]	Approximate T^b	Approximate Significance
15-25 years	Ordinal by Ordinal	Kendall's tau-b	9.205	.119	0.375	0.005
	N of Valid Cases		66			
26-35 years	Ordinal by Ordinal	Kendall's tau-b	6.774	.104	0.253	0.012
	N of Valid Cases		106			
36-45 years	Ordinal by Ordinal	Kendall's tau-b	14.952	.092	0.343	0.001
	N of Valid Cases		127			
46 years and above	Ordinal by Ordinal	Kendall's tau-b	8.031	.117	0.336	0.007
	N of Valid Cases		71			

Total	Ordinal by Ordinal	Kendall's tau-b	36.393	.055	0.314	0.000
	N of Valid Cases		370			

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

Association between psychological well-being and extent of social exclusion of women with disabilities (controlling education of the respondents)

The analysis shows that the association between psychological well-being and social exclusion of women with disabilities remains largely non-spurious even after controlling for age group. Significant relationships were observed for illiterate (χ^2 = 11.001, p = 0.002; T^b = 0.307), primary (χ^2 = 10.270, p = 0.002; T^b = 0.331) and high education groups (χ^2 = 6.699, p = 0.018; Tb = 0.368), indicating a consistent positive correlation between higher exclusion and lower psychological well-being. These statistically significant values suggest that the exclusion–well-being nexus is not merely an effect of age differences, but persists as a genuine sociological pattern. By contrast, middle education (χ^2 = 0.756, p = 0.320; T^b = 0.107) and intermediate and above (χ^2 = 3.360, p = 0.088; T^b = 0.283) show non-significant or borderline values, implying that in these subgroups age may partially dilute the relationship, producing a mildly spurious outcome. However, the overall table statistics (χ^2 = 30.257, p = 0.000; T^b = 0.286) confirm a strong and stable connection between social exclusion and psychological well-being in the sample, reinforcing the idea that exclusion is a key structural determinant of mental health among women with disabilities rather than a by-product of age variation.

This empirical pattern aligns with previous scholarship which demonstrates that psychological distress among women with disabilities is exacerbated by exclusionary environments, limited participation, and social stigma rather than demographic factors alone (Shakespeare, 2018; World Health Organization, 2020). Social exclusion has repeatedly been identified as a chronic stressor that reduces self-worth and limits access to coping resources, leading to compromised psychological outcomes (Cohen & Wills, 1985). The persistence of significant chi-square and Kendall's tau-b values across most categories therefore supports the argument that exclusion operates as a structural barrier, producing disadvantage even when age is statistically controlled.

Table 4.55 Association between psychological well-being and extent of social exclusion of women with disabilities (controlling education of the respondents)

Table.1.2 Symmetric Measures for Kendall's Tau-b (T^b) 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	11.001	.094	0.307	0.002
	N of Valid Cases		117			
Primary	Ordinal by Ordinal	Kendall's tau-b	10.270	.106	0.331	0.002
	N of Valid Cases		94			
Middle	Ordinal by Ordinal	Kendall's tau-b	0.756	.134	0.107	0.320
	N of Valid Cases		66			

High	Ordinal by Ordinal	Kendall's tau-b	6.699	.145	0.368	0.018
	N of Valid Cases		51			
Intermediate and above	Ordinal by Ordinal	Kendall's tau-b	3.360	.167	0.283	0.088
	N of Valid Cases		42			
Total	**Ordinal by Ordinal**	**Kendall's tau-b**	**30.257**	**.055**	**0.286**	**0.000**
	N of Valid Cases		**370**			

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

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V-CONCLUSION & RECOMMENDATIONS

The findings of the present study underscore the significant interplay between psychological well-being and the extent of social exclusion experienced by women with disabilities in Kohat Division. The results indicate that women with higher levels of psychological well-being, including self-acceptance, resilience, and positive self-perception, experience lower levels of social exclusion, whereas compromised mental health exacerbates marginalization. The study further highlights that exclusion is not merely a consequence of physical or cognitive impairments but is strongly mediated by psychological factors, age, and educational attainment. These insights reaffirm the necessity of addressing both the structural and psychosocial dimensions of disability to promote inclusion, autonomy, and overall well-being.

Recommendations

1. Establish accessible counseling and mental health programs tailored for women with disabilities to enhance resilience, self-esteem, and coping capacities, thereby mitigating exclusionary experiences.

2. Design and enforce policies that address structural barriers, ensuring equal access to education, healthcare, employment, and social participation for women with disabilities.
3. Conduct targeted awareness campaigns to challenge societal stigma, promote positive perceptions of disability, and encourage inclusive social interactions at the community level.
4. Implement training programs aimed at enhancing self-efficacy, vocational skills, and social competencies among women with disabilities, enabling greater autonomy and active engagement in social and economic life.

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