

SELF-ESTEEM IN THE MARGINS: ABLEISM AS A FOUCAULDIAN DISCOURSE AND THE SOCIAL EXCLUSION OF WOMEN WITH DISABILITIES—A SOCIOLOGICAL ANALYSIS THROUGH FRENCH & SWAIN'S AFFIRMATIVE MODEL IN KOHAT DIVISION, PAKISTAN

Dr. Qudrat Ullah^{*1}, Muhammad Nadeem², Hasib Ullah Shah³, Ibrar Ahmad⁴,
Muhammad Umair Khan⁵

^{*1}Lecturer in Sociology at Govt. Degree College KDA Township, Kohat-Pakistan

²Assistant Professor, HoD English, Govt. Degree College KDA Township, Kohat-Pakistan

^{3,4}Lecturer in English at Govt. Degree College KDA Township, Kohat-Pakistan

⁵M. Phil English (Linguistics) Scholar, Kohat University of Science & Technology (KUST)-Pakistan

^{*1}qudratsoc79@gmail.com

Corresponding Author: *

Dr. Qudrat Ullah

DOI: <http://doi.org/10.5281/zenodo.19060084>

Received	Accepted	Published
17 January 2026	02 March 2026	17 March 2026

ABSTRACT

The present study seeks to elucidate the mechanisms through which self-esteem (independent variable), conceptualized within the 'Affirmative Model of Disability' developed by French & Swain, influences the extent of social exclusion experienced by women with disabilities (dependent variable) in Kohat Division, Khyber Pakhtunkhwa, Pakistan. Employing a Quantitative Research Design through a cross-sectional survey, a sample of 370 respondents was proportionally allocated across the districts of Kohat Division. To ensure methodological rigor, collaboration with district-level Social Welfare Offices facilitated accurate identification and categorization of eligible participants. Additionally, senior oral instructors assisted in interpreting interviews with hearing and speech-impaired respondents, thereby enhancing the credibility and reliability of the structured questionnaire. The study focused on women with physical, auditory, verbal, and stature-related impairments, while individuals with intellectual disabilities were excluded to maintain validity. Reliability analysis using Cronbach's Alpha yielded a coefficient of 0.87, indicating high internal consistency across all measurement items. Statistical analyses were performed using Chi-Square (χ^2) statistics to assess bivariate associations between self-esteem and social exclusion, supplemented by Kendall's Tau-b (Tb) test to examine the strength and direction of relationships. When the entire sample was analyzed collectively, the association remained statistically significant ($\chi^2 = 106.993$, $p = 0.002$; $Tb = 0.538$), confirming a strong and non-spurious relationship between self-esteem and social exclusion across the population. These findings underscore that self-esteem functions as a central psychosocial determinant of social inclusion among women with disabilities, aligning with Rosenberg's (1965) theory of self-worth and Bogart's (2014) work on disability self-concept. Moreover, the results indicate that lower self-esteem exacerbates experiences of marginalization and exclusion. The study recommends the implementation of robust psychosocial support programs, inclusive community initiatives, and socially affirmative practices to reduce persistent exclusion and enhance the well-being of women with disabilities.

Key Words: Social Exclusion, Women with Disabilities, Self-Esteem, Affirmative Model.

I- INTRODUCTION

Disability is no longer understood merely as a biological limitation but as a socially constructed phenomenon shaped by cultural norms, institutional arrangements, and power relations. Early sociological and symbolic interactionist perspectives emphasized how disability acquires meaning through social interaction and labeling processes (Goffman, 1963). From this viewpoint, disability becomes a “spoiled identity,” not because of impairment itself, but due to stigmatizing social responses. British scholars further advanced this understanding through the social model of disability, arguing that social barriers rather than physical impairments are the primary source of disadvantage (Oliver, 1990; Barnes, 1991). This shift redirected scholarly attention from individual deficits to structural inequalities, exclusionary practices, and discriminatory attitudes embedded in everyday social life. Consequently, disability is now widely examined as a social category intersecting with class, gender, and culture, particularly within marginalized populations.

From a structural–functionalist perspective, disability can be interpreted through the concept of the sick role proposed by an American Sociologist Talcott Parsons. Parsons conceptualized illness and bodily impairment as forms of social deviance because they disrupt the normal functioning and productivity required for the stability of the social system. Within this framework, disability is socially organized through institutional mechanisms particularly the medical profession that legitimize an individual’s exemption from ordinary social roles while simultaneously imposing obligations to seek treatment and strive toward recovery. The medical system therefore functions as a regulatory structure that manages deviance by restoring individuals to normative patterns of social participation. Disability, in this sense, is shaped by societal expectations about functional capacity and role performance; individuals identified as disabled are positioned within a socially sanctioned status that both protects them from moral blame and subjects them to professional

authority aimed at reintegration into the social order (Parsons, 1951).

From a Foucauldian perspective, disability is not merely a biological impairment but a historically contingent construct produced through regimes of power/knowledge and discursive practices. Michel Foucault argues that modern institutions such as medicine, psychiatry, education, and law operate as disciplinary apparatuses that classify, normalize, and regulate bodies according to dominant standards of productivity, rationality, and bodily functionality. Within this framework, disability emerges through discourses that pathologize deviation from the norm, thereby transforming bodily difference into an object of surveillance, categorization, and social control. Through mechanisms of biopower and normalization, individuals labeled as “disabled” are positioned within institutional narratives that define them as subjects requiring correction, rehabilitation, or management. Consequently, disability is discursively constituted through historically embedded epistemic frameworks that privilege able-bodiedness while marginalizing corporeal and cognitive difference, illustrating how power relations actively produce and stabilize the category of disability rather than merely describing a pre-existing reality (Foucault, 1977).

According to *Morris Rosenberg* (1965), self-esteem refers to an individual’s overall evaluation of self-worth, shaped significantly by social interaction and societal feedback. From this perspective, disability particularly the experience of women with disabilities can be understood as a socially mediated condition that influences global self-esteem. In societies where ableism and gender bias intersect, women with disabilities are often exposed to stigmatization, marginalization, and lowered social expectations, which may negatively affect their sense of personal value. They experience double marginalization, first as women within patriarchal social structures and second as persons with disabilities within ableist systems, intensifying their vulnerability to exclusion. This layered discrimination compounds social rejection and reinforces internalized feelings of inadequacy. *Rosenberg’s*

framework suggests that when individuals internalize society's unfavorable attitudes, their global self-worth declines; conversely, supportive and affirming social environments enhance positive self-regard. Thus, the diminished self-esteem often observed among women with disabilities is not inherent to impairment itself but is largely a product of socially constructed devaluation and exclusion (Rosenberg, 1965).

Ableism is a system of beliefs and practices that privileges able-bodiedness while marginalizing persons with disabilities through social, cultural, and institutional barriers. It constructs disability as deficiency rather than diversity, thereby undermining the dignity, autonomy, and self-worth of persons with disabilities. For women with disabilities, ableism intersects with patriarchy, producing multiple layers of discrimination in education, employment, healthcare, and marriage. They are often rendered invisible in public discourse, stereotyped as dependent, asexual, or incapable, which further deepens their social exclusion. Challenging ableism therefore requires a gender-sensitive sociological approach that affirms identity, agency, and the lived experiences of women with disabilities. The intersection of patriarchy & disability provides swift way to ableism to wear a gendered-face (Barnes, 1991; Linton, 1998).

From a Foucauldian standpoint, ableism can be understood as a discursive system that defines what is considered a "normal" or "abnormal" body. According to Michel Foucault, power and knowledge interact to produce social norms and classifications (Foucault, 1977). Institutions such as medicine and education construct discourses that label certain bodies as deficient or disabled. These discourses regulate and discipline individuals in society. Thus, ableism functions as a power-laden discourse that privileges able-bodiedness as the social norm.

Gender significantly mediates the experience of disability, rendering women with disabilities doubly disadvantaged. Feminist disability scholars from the United Kingdom and Australia have highlighted how patriarchal social structures intensify exclusion by reinforcing dependence,

invisibility, and devaluation of disabled women (Shakespeare, 2006; Campbell, 2009). Women with disabilities often face restricted access to education, employment, and social participation, alongside heightened exposure to social control and moral surveillance. Canadian feminist research further emphasizes that disabled women's experiences are shaped by intersecting systems of inequality, where gender norms and disability-based stigma operate simultaneously to undermine agency and self-worth (Morris, 1991). In traditional and semi-traditional societies, these intersecting disadvantages are often magnified, making self-perception and psychological well-being critical areas of inquiry.

Self-esteem constitutes a central dimension of psychological and social well-being, reflecting an individual's overall evaluation of self-worth. Rosenberg (1965), an American social psychologist, conceptualized self-esteem as a relatively stable attitude toward the self, shaped by socialization, feedback, and perceived social value. Subsequent American scholarship has consistently demonstrated that self-esteem is deeply influenced by social acceptance, role recognition, and perceived competence (Coopersmith, 1967; Bandura, 1997). For individuals with disabilities, self-esteem is not merely an internal psychological state but a socially produced outcome, contingent upon societal attitudes, opportunities for participation, and experiences of inclusion or exclusion. Persistent exposure to stigma, discrimination, and lowered expectations can erode self-esteem, reinforcing feelings of inadequacy and social withdrawal.

Empirical studies conducted in Western contexts reveal that people with disabilities frequently report lower levels of self-esteem compared to non-disabled populations, particularly when social support and inclusion are limited (Hahn, 1988; Bogart, 2014). American quantitative research demonstrates that variables such as education, employment status, family support, and social participation significantly predict self-esteem among disabled individuals (Bogart et al., 2017). British sociological studies similarly suggest that self-esteem among women with

disabilities is closely associated with autonomy, social recognition, and resistance to internalized stigma (Thomas, 2007). These findings underscore the importance of examining self-esteem not in isolation, but in relation to broader social and structural determinants.

Despite the growing international literature, quantitative research focusing on self-esteem among women with disabilities in non-Western contexts remains limited. The socio-cultural environment of Pakistan, characterized by strong gender norms, family-centered social organization, and limited institutional support, presents a distinct context in which disability and self-worth are negotiated. Applying established quantitative frameworks to this setting enables systematic measurement of self-esteem and its socio-demographic predictors, contributing to cross-cultural sociological knowledge. By empirically examining self-esteem among women with disabilities in Kohat Division, this study seeks to bridge a critical research gap, offering statistically grounded insights into how social conditions shape psychological well-being within marginalized female populations.

The *Affirmative Model of Disability* was proposed by John Swain and Sally French in 2000 as a non-tragic framework rooted in disability culture, pride, and the arts. It rejects the view of disability as a personal tragedy, instead affirming positive identities, valuing impairment as a form of human difference, and emphasizing the lived experience. *The Affirmative Model* offers both a conceptual lens and an ethical charge that reorients empirical inquiry: rather than treating disability primarily as a problem to be managed, the model invites researchers and policymakers to interrogate how institutions can embody affirmation by enabling capabilities, fostering positive social identity, and valuing the full participation of disabled women. Interpreted through this lens, psychological deficits are not merely mental failings but affronts to social dignity failures that systematically transform corporeal difference into exclusion. Hence, an analysis that marries robust empirical methods with affirmative theory can reveal not only the distributional contours of exclusion but also the institutional levers most amenable to reform (Dixon, 2023).



Objectives of the Study

1. To measure the level of self-esteem among women with disabilities.
2. To examine the association between disability-related factors (type, severity, and duration of disability) and self-esteem among women with disabilities.
3. To analyze the influence of socio-demographic variables (age and education) on the self-esteem of women with disabilities.
4. To assess the extent to which social inclusion factors (social support, participation in

community activities, and experiences of discrimination) predict self-esteem among women with disabilities.

TESTABLE HYPOTHESES:

Hypothesis (H₁)

There is a statistically significant relationship between disability characteristics (type, severity, and duration of disability) and self-esteem among women with disabilities in Kohat Division, Pakistan.

Null Hypothesis (H₀):

There is no statistically significant relationship between disability characteristics and self-esteem among women with disabilities.

II- LITERATURE REVIEW

Disability is increasingly understood as a complex interaction between bodily impairment and the social environment in which individuals live. Rather than being confined to medical or biological explanations, contemporary sociological and psychological scholarship emphasizes that disability acquires meaning through social attitudes, institutional practices, and cultural expectations (Goffman, 1963; Oliver, 1990). These social processes determine how individuals with disabilities are perceived, treated, and valued within society. As a result, disability often becomes associated with dependency, incompetence, and social inferiority assumptions that profoundly shape personal identity and psychological well-being. Among the most significant psychological outcomes influenced by these social meanings is self-esteem, which reflects an individual's sense of personal worth and social acceptance.

Self-esteem is not formed in isolation; rather, it emerges through ongoing social interaction, evaluation, and comparison. Rosenberg (1965) conceptualized self-esteem as a global assessment of one's value as a person, deeply influenced by feedback from significant others and society at large. American social psychologists have consistently demonstrated that social approval, role performance, and perceived competence play a crucial role in sustaining positive self-esteem (Coopersmith, 1967; Mead, 1934). For individuals with disabilities, these social sources of affirmation are often limited or distorted due to stigmatization and exclusion. Negative stereotypes, lowered expectations, and restricted opportunities contribute to a social environment that systematically undermines self-worth, making low self-esteem a common psychosocial consequence of disability.

The relationship between disability and self-esteem is therefore best understood as socially mediated rather than inherently determined by impairment. Goffman's (1963) theory of stigma

explains how visible or socially known impairments mark individuals as "deviant," exposing them to rejection, pity, or discrimination. Over time, repeated experiences of social devaluation may lead individuals with disabilities to internalize negative societal beliefs, resulting in diminished self-esteem and self-efficacy. Empirical research from the United States confirms that perceived discrimination and internalized stigma are strong predictors of low self-esteem among people with disabilities, even after controlling for severity of impairment (Bogart, 2014). Thus, it is not disability per se, but the social response to disability that most powerfully shapes self-esteem.

Women with disabilities experience this dynamic in particularly intensified ways due to the intersection of gender and disability. Feminist scholars from England and Australia argue that disability interacts with patriarchal gender norms to produce "double marginalization," whereby disabled women are simultaneously devalued as women and as persons with disabilities (Shakespeare, 2006; Campbell, 2009). Traditional gender expectations often associate femininity with physical attractiveness, emotional labor, caregiving, and dependency-free functioning. When women with disabilities are perceived as unable to fulfill these socially prescribed roles, they are frequently subjected to social exclusion, infantilization, or moral judgment. These experiences directly affect self-esteem by undermining women's sense of social legitimacy and personal worth.

Canadian feminist disability research further demonstrates that women with disabilities are often denied autonomy and agency within both family and community contexts (Morris, 1991). Overprotection, restricted mobility, and exclusion from decision-making processes communicate implicit messages of incompetence and dependency. Such practices, although sometimes justified as care or protection, can erode self-confidence and reinforce feelings of inadequacy. Quantitative studies reveal that women with disabilities report lower self-esteem than disabled men, largely due to reduced access to education, employment, and social

participation (Hanna & Rogovsky, 1991). These structural disadvantages limit opportunities for achievement and recognition, which are crucial sources of positive self-evaluation.

The social construction of disability also intersects with cultural ideals of marriage, motherhood, and productivity, further shaping self-esteem among women with disabilities. American sociological research highlights that women's self-worth is often closely linked to relational roles and social acceptance (Gilligan, 1982). When women with disabilities are perceived as unsuitable for marriage or motherhood, they may experience social rejection and symbolic exclusion from valued life trajectories. British studies suggest that such exclusion contributes to chronic feelings of shame, invisibility, and diminished self-esteem, particularly in contexts where women's social value is strongly tied to family roles (Thomas, 2007). These experiences underscore the deeply gendered nature of self-esteem formation among disabled women.

Empirical evidence consistently supports the link between social participation and self-esteem among women with disabilities. Studies conducted in the United States show that higher levels of education, employment, and social support are associated with significantly higher self-esteem (Bogart et al., 2017). Conversely, social isolation, unemployment, and dependence are associated with lower self-esteem and increased psychological distress. These findings highlight the importance of examining self-esteem through a quantitative lens that captures the influence of socio-demographic variables, social support systems, and structural opportunities. Without such empirical assessment, the psychological consequences of disability risk being misunderstood as individual deficiencies rather than socially produced outcomes.

Despite extensive research in Western societies, there remains a critical lack of quantitative studies examining the relationship between disability and self-esteem among women in non-Western contexts. Social norms in societies characterized by strong gender hierarchies and

limited institutional support may intensify the negative effects of disability on self-esteem. Applying established quantitative frameworks to such contexts allows for systematic measurement and comparison, contributing to global disability scholarship. By focusing on women with disabilities, this study foregrounds a population whose psychological well-being is shaped by intersecting systems of gender inequality and disability-based exclusion. Understanding this relationship empirically is essential for informing inclusive social policies and interventions aimed at enhancing self-esteem and social integration among women with disabilities.

III- MATERIAL AND METHODS

The present study was conducted in Kohat Division, comprising the districts of Kohat, Hangu, and Karak, with the primary aim of examining the relationship between self-esteem (independent variable) and the level of social exclusion experienced by women with disabilities (dependent variable). The study sought to generate empirical evidence regarding how variations in self-esteem influence social participation, inclusion, and exclusionary experiences among women with disabilities within this regional context.

Research Design

A Quantitative Research Design based on a *Cross-Sectional* survey approach was employed to systematically investigate the relationship between the study variables. This design was considered appropriate for capturing measurable patterns, associations, and variations in self-esteem and social exclusion within a defined population at a single point in time. The cross-sectional nature of the study enabled efficient data collection from a geographically dispersed population while providing a comprehensive overview of prevailing psychosocial and social exclusion dynamics among women with disabilities.

Validity and Reliability

To ensure methodological rigor, the research instrument underwent extensive procedures to establish its validity and reliability. Internal

consistency reliability was assessed using Cronbach's Alpha, which yielded a coefficient of 0.88, indicating a high level of reliability across all scale items. Content validity was ensured through expert evaluation and pilot testing, confirming that the instrument adequately captured the dimensions of self-esteem and social exclusion relevant to women with disabilities. These procedures collectively enhanced the

accuracy, consistency, and credibility of the data for subsequent statistical analysis.

Conceptual Framework

The framework assumes that self-esteem directly influences the extent of social exclusion, while age and education function as control variables that may moderate or condition this relationship.

Control Variables	Independent Variable	Dependent Variable
Age & Education of The Respondents	Self-Esteem	Social Exclusion of Women with Disabilities

Sampling Procedure

According to the 2022 records of the Directorate of Social Welfare, Special Education, and Women Empowerment, Khyber Pakhtunkhwa, the total number of registered persons with disabilities in Kohat Division is 22,492, out of which 9,396 are women. Based on this population, a sample size of 370 respondents was

determined using the sampling guidelines recommended by Sekaran (2003). Simple random sampling was applied to ensure that each eligible respondent had an equal probability of selection. Furthermore, proportional allocation was employed across all tehsils using the formula proposed by Chaudhry (2009) to maintain representativeness of the population:

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

Statistical Analysis

Data were analyzed using SPSS version 21. Descriptive statistics were initially computed to summarize the socio-demographic characteristics of the respondents. Chi-Square (χ^2) tests were applied to examine the association between levels of self-esteem and social exclusion. Additionally,

Kendall's Tau-b (T^b) statistics was employed to determine the spuriousness, strength and direction of the relationship while controlling for age and education, thereby assessing whether the observed associations were spurious or non-spurious.

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

Scale for 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 and marginalization experienced by

women with disabilities. Higher scores on this scale reflect greater levels of social exclusion, and the embedded measurement techniques have been validated for reliability and validity, making them suitable for the present study's analytical framework. This is the first study on disability that has applied the *Affirmative Model* in a real-world setting.

Dimensions	Description
I- Material Deprivation	Lack of essential resources and material possessions, reduced quality of life, burdensome debt, and repeated financial shortfalls
II- Restricted access to Social Rights	Delayed services, fair distribution, social welfare safeguards, community assistance, employment opportunities, healthcare, education, fairness, respect, acknowledgment
III- Limited Opportunities for Social Participation	Limited participation in formal and informal networks, social seclusion, and involvement in leisure or recreational activities
IV- Constrained Cultural Integration	Insufficient adherence to social norms and civic responsibilities that promote active citizenship, encompassing cultural obligations and divergence from widely accepted perspectives

Ethical Considerations

The study strictly adhered to established ethical principles throughout the research process. Informed consent was obtained from all participants prior to data collection, and respondents were assured of complete confidentiality and anonymity. The research was conducted with due sensitivity to the dignity, privacy, and specific needs of women with disabilities. Participation was voluntary, and care was taken to avoid any form of psychological, social, or physical discomfort during data collection.

IV- RESULTS & ANALYSIS

The results indicate a statistically significant association between self-esteem and the social exclusion of women with disabilities at the bivariate level (*while employing Chi-Square (χ^2) test*), highlighting that perceptions and adequacy of quotas influence exclusionary experiences. At the multivariate level (*while employing Kendall's Tau-b (T^b) statistics*, controlling for age and education, the relationship remains largely non-spurious, confirming that job quota policies exert an independent and genuine effect on social exclusion.

Association between self-esteem and extent of social exclusion of women with disabilities

The statistical results of *Chi-Square (χ^2) test* indicate a significant and consistent association

between multiple dimensions of self-esteem and the extent of social exclusion experienced by women with disabilities. Feelings of self-confidence in social situations were significantly related to lower levels of social exclusion ($\chi^2 = 4.396$, $p = 0.027$; $T^b = 0.109$), suggesting that confidence functions as a protective psychosocial resource against marginalization, as theorized by Rosenberg (1965). Similarly, perceived acceptance among peers, family members, and colleagues showed a statistically significant relationship with social exclusion ($\chi^2 = 5.785$, $p = 0.013$; $T^b = 0.125$), reinforcing Goffman's (1963) argument that social recognition counteracts stigma and symbolic exclusion. Respondents who reported feeling comfortable with their disability status also experienced comparatively lower social exclusion ($\chi^2 = 5.785$, $p = 0.013$; $T^b = 0.113$), a finding that supports Bogart's (2014) contention that positive disability self-concept reduces internalized stigma and facilitates social participation.

Moreover, the recognition and acceptance of disability as part of one's identity demonstrated a significant association with social exclusion ($\chi^2 = 6.405$, $p = 0.016$; $T^b = 0.132$), indicating that identity integration plays a central role in mitigating exclusionary experiences. This finding aligns with Shakespeare's (2006) critique of ableist social norms, which emphasizes the empowering effects of resisting negative identity constructions. Perceptions regarding the impact

of disability on social role performance were also significantly associated with social exclusion ($\chi^2 = 7.031$, $p = 0.012$; $T^b = 0.138$), highlighting role disruption as a key mechanism through which stigma operates, as articulated by Goffman (1963). Finally, the belief that impairment does not hinder personal strength was significantly related to reduced social exclusion ($\chi^2 = 4.396$, $p = 0.027$; $T^b = 0.109$), consistent with Rosenberg's

(1965) and Bogart et al.'s (2017) assertions that self-esteem and perceived competence enhance resilience against marginalization. Collectively, these findings empirically confirm that self-esteem is a critical determinant of social exclusion among women with disabilities, reinforcing the view that exclusion is socially produced rather than an inevitable outcome of impairment (Thomas, 2007).

Table 1. Association between self-esteem and extent of social exclusion of women with disabilities

Independent Variable (Self-Esteem)	Dependent Variable (Indexed)	Chi-Square (χ^2) Statistics, (P-Value) & (T^b) Value
You feel self-confident in any social situation	Extent of social exclusion of women with disabilities	$\chi^2 = 4.396$ (0.027) $T^b = 0.109$
You are proper among your peer/family/colleagues	Extent of social exclusion of women with disabilities	$\chi^2 = 5.785$ (0.013) $T^b = 0.125$
You feel quite easy even knowing your status with disability	Extent of social exclusion of women with disabilities	$\chi^2 = 5.785$ (0.013) $T^b = 0.113$
You have recognized your identity being disabled	Extent of social exclusion of women with disabilities	$\chi^2 = 6.405$ (0.016) $T^b = 0.132$
Your disability matter when performing role	Extent of social exclusion of women with disabilities	$\chi^2 = 7.031$ (0.012) $T^b = 0.138$
You think your impairment does not hinder your actual strength	Extent of social exclusion of women with disabilities	$\chi^2 = 4.396$ (0.027) $T^b = 0.109$

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

The analysis through Kendall's Tau-b (T^b) of the association between self-esteem and social exclusion across different age groups reveals nuanced patterns of spurious and non-spurious relationships. For women aged 15–25 years, the Chi-Square test indicated no significant association between self-esteem and social exclusion ($\chi^2 = 0.766$, $p = 0.304$; $T^b = 0.108$), suggesting that in this subgroup, the observed relationship may be weak or potentially spurious. Similarly, for the 36–45 years ($\chi^2 = 0.540$, $p = 0.367$; $T^b = 0.065$) and 46 years and above ($\chi^2 = 0.432$, $p = 0.372$; $T^b = 0.078$) age categories, the associations were statistically non-significant, indicating that age may act as a confounding factor, and the influence of self-esteem on social exclusion cannot be reliably asserted without

accounting for other socio-demographic variables. In contrast, the 26–35 years group demonstrated a strong and statistically significant association ($\chi^2 = 14.383$, $p = 0.000$; $T^b = 0.368$), suggesting a non-spurious relationship in this cohort, where higher self-esteem is meaningfully linked to reduced social exclusion.

When the entire sample was analyzed collectively, the relationship between self-esteem and social exclusion emerged as statistically significant ($\chi^2 = 16.096$, $p = 0.000$; $T^b = 0.209$), indicating that overall, the association is non-spurious and robust across the population. This implies that while age-specific variations exist, self-esteem exerts a genuine influence on social exclusion among women with disabilities, and its effects are not merely an artifact of age-related differences. These findings corroborate previous theoretical assertions by Rosenberg (1965) and Bogart (2014), emphasizing that self-esteem functions as a key psychosocial resource in mitigating

marginalization, though its impact may vary across different stages of adulthood. Moreover, they support Goffman's (1963) and Thomas's (2007) perspectives that exclusion is socially

mediated and contingent upon individual psychosocial factors, rather than solely determined by impairment or age.

Table 1.1 Association between self-esteem and extent of social exclusion of women with disabilities (controlling age of the respondents)

Age	Independent Variable	Indexed Variable	Dependent Variable	Statistics χ^2 , (P-Value) & T^b	Statistics χ^2 , (P-Value) & T^b for entire table
15-25 years	Self-esteem	Extent of social Exclusion of women with disabilities		$\chi^2=0.766$ P= 0.304 $T^b=0.108$	$\chi^2=16.096$ P= 0.000 $T^b=0.209$
26-35 years				$\chi^2=14.383$ P= 0.000 $T^b=0.368$	
36-45 years				$\chi^2=0.540$ P= 0.367 $T^b=0.065$	
46 years and above				$\chi^2=0.432$ P= 0.372 $T^b=0.078$	

Association between self-esteem and extent of social exclusion of women with disabilities (controlling education of the respondents)

The analysis of self-esteem and social exclusion across different educational levels reveals strong and consistent non-spurious associations. Among illiterate women, the relationship between self-esteem and social exclusion was highly significant ($\chi^2 = 43.622$, $p = 0.000$; $T^b = 0.611$), indicating that lower self-esteem is strongly linked to higher social exclusion in this subgroup. Similarly, women with primary education ($\chi^2 = 25.803$, $p = 0.000$; $T^b = 0.524$), middle-level education ($\chi^2 = 11.815$, $p = 0.004$; $T^b = 0.423$), high school education ($\chi^2 = 16.227$, $p = 0.000$; $T^b = 0.564$), and intermediate or higher education ($\chi^2 = 10.371$, $p = 0.000$; $T^b = 0.497$) all exhibited significant associations, suggesting that self-esteem consistently influences social exclusion irrespective of educational attainment. The relatively high Tau-b values across categories indicate that this relationship is robust and non-spurious, underscoring that education interacts with self-esteem to shape experiences of inclusion

or marginalization. Higher education levels appear to buffer the negative effects of lower self-esteem, likely by providing greater cognitive, social, and cultural resources that facilitate social participation.

When the entire sample was analyzed collectively, the association remained statistically significant ($\chi^2 = 106.993$, $p = 0.002$; $T^b = 0.538$), confirming a strong and non-spurious relationship between self-esteem and social exclusion across the population. This overall pattern reinforces the notion that self-esteem functions as a key psychosocial determinant of social inclusion among women with disabilities, in line with Rosenberg's (1965) theory of self-worth and Bogart's (2014) findings on disability self-concept. The results also align with Goffman's (1963) and Thomas's (2007) perspectives that social marginalization is mediated by both psychological and structural factors, where education serves as a critical resource enhancing self-esteem and reducing vulnerability to exclusion. These findings highlight the importance of integrating educational and psychosocial interventions to foster inclusion and mitigate the adverse

consequences of low self-esteem in this marginalized population.

Table 1.2 Association between self-esteem and extent of social exclusion of women with disabilities (controlling education of the respondents)

Education	Independent Variable	Indexed Dependent Variable	Statistics χ^2 , (P-Value) & T^b	Statistics χ^2 , (P-Value) & T^b for entire table
Illiterate	Self-esteem	Extent of social Exclusion of women with disabilities	$\chi^2=43.622$ P= 0.000 $T^b=0.611$	$\chi^2=106.993$ P= 0.002 $T^b=0.538$
Primary			$\chi^2=25.803$ P= 0.000 $T^b=0.524$	
Middle			$\chi^2=11.815$ P= 0.004 $T^b=0.423$	
High			$\chi^2=16.227$ P= 0.000 $T^b=0.564$	
Intermediate and above			$\chi^2=10.371$ P= 0.000 $T^b=0.497$	

V- CONCLUSION

The present study empirically examined the relationship between self-esteem and social exclusion among women with disabilities in Kohat Division, Khyber Pakhtunkhwa, Pakistan. The findings underscore that self-esteem is a significant psychosocial determinant of social exclusion, with lower levels of self-esteem being associated with heightened experiences of marginalization, isolation, and restricted social participation. The results further reveal that socio-demographic factors such as age and education condition this relationship, indicating that social exclusion is not merely an outcome of impairment but a socially produced phenomenon shaped by psychological resources and structural opportunities. By highlighting the central role of self-esteem in mediating social inclusion, this study contributes to the growing body of sociological and disability research and emphasizes the need for integrated psychosocial and social interventions to address the multidimensional disadvantages faced by women with disabilities.

As seen in the findings of the current study, and in light of the insights of Michel Foucault, ableism can be understood as a product of discursive power that shapes social definitions of normality and difference. Such discourses influence how disability is perceived, categorized, and managed within institutions and everyday life. Therefore, challenging ableist discourse is essential for fostering a more inclusive and equitable social order.

In this regard, the findings resonate with the *Affirmative Model of Disability* proposed by French and Swain, which reconceptualizes disability not as personal tragedy but as a positive identity and a legitimate form of human diversity. The model challenges deficit-oriented perspectives by foregrounding empowerment, self-worth, and collective pride among persons with disabilities. Thus, strengthening self-esteem is not merely a therapeutic objective but a transformative social strategy aligned with affirmative disability discourse, aimed at fostering dignity, agency, and inclusive citizenship.

RECOMMENDATIONS

1. Structured self-esteem enhancement programs, including counseling, peer-support groups, and confidence-building workshops, should be introduced for women with disabilities to strengthen self-worth and reduce internalized stigma.
2. Targeted educational and vocational training initiatives should be expanded to improve educational attainment and employability, thereby enhancing self-esteem and facilitating greater social inclusion among women with disabilities.
3. Community-based awareness programs should be implemented to challenge negative stereotypes, reduce discriminatory attitudes, and promote positive social perceptions of women with disabilities as capable and valuable members of society.
4. Disability-inclusive policies should explicitly incorporate psychosocial dimensions, particularly self-esteem and mental well-being, into social welfare, health, and development programs to ensure holistic inclusion of women with disabilities.
5. Drawing on the insights of Michel Foucault, it is recommended that policymakers and educational institutions critically examine and reform dominant discourses that portray disability as deficiency, and instead promote inclusive narratives that recognize the dignity, agency, and social participation of Persons with Disabilities (PWDs).
6. Last but not least, society should internalize the motto of the French & Swain's *Affirmative Model* by understanding disability as a natural and valuable dimension of human diversity rather than a deficit. Public awareness, inclusive education, and equitable policies can help dismantle ableist assumptions. Such efforts foster not mere tolerance, but genuine respect and social inclusion for persons with disabilities.

REFERENCES:

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.

- Barnes, C. (1991). *Disabled people in Britain and discrimination*. London, England: Hurst & Company.
- Bogart, K. R. (2014). The role of disability self-concept in adaptation to congenital or acquired disability. *Rehabilitation Psychology, 59*(1), 107-115.
- Bogart, K. R., Lund, E. M., & Rottenstein, A. (2017). Disability pride protects self-esteem through the rejection-identification model. *Rehabilitation Psychology, 63*(2), 155-165.
- Campbell, F. K. (2009). *Contours of ableism: The production of disability and abledness*. London, England: Palgrave Macmillan.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco, CA: W. H. Freeman.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). Pantheon Books.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. Pantheon Books.
- Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Hanna, W. J., & Rogovsky, B. (1991). Women with disabilities: Two handicaps plus. *Disability, Handicap & Society, 6*(1), 49-63.
- Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York University Press.
- Mead, G. H. (1934). *Mind, self, and society*. Chicago, IL: University of Chicago Press.
- Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. London, England: Women's Press.
- Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. London, England: Women's Press.
- Oliver, M. (1990). *The politics of disablement*. London, England: Macmillan.
- Parsons, T. (1951). *The social system*. Free Press.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Shakespeare, T. (2006). Disability rights and wrongs. London, England: Routledge.

Thomas, C. (2007). Sociologies of disability and illness. London, England: Palgrave Macmillan.

