

## Examining Self-Determination as a Catalyst for the Social Inclusion of Persons with Disabilities: An Empirical Study

Imran<sup>1</sup> Shakeel Ahmad<sup>1</sup> Imtiaz Ahmad Khalil<sup>1</sup>

**ABSTRACT:** Self-determination is one of the major rights discussed in the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The current study aimed to analyze the social inclusion of Persons with Disabilities (PWDs) in the context of a human rights-based approach. This study was designed to analyze the social inclusion of PWDs based on self-determination. The data were collected from a sample size of 488 PWDs, including 204 females and 284 males. The respondents were selected through multistage stratified random sampling. At the univariate analyses, the frequency distribution test was used to test the frequency of self-determination and social inclusion of PWD. Family types were used as control variables at the multivariate level. The study found that self-determination and access to education improved the social inclusion of PWDs from a high family monthly income (PRs 16,500 and above) to a greater extent than did those from a low family income group (below PKR 16,500). Moreover, self-determination and participation in decision-making improved the social inclusion of PWDs with moderate disability to a greater extent than did those with severe disability.

**KEYWORDS:** Self-determination, Family Type, PWDs, Social Inclusion

<sup>1</sup> Assistant Professor of Sociology, Department of Social and Gender Studies, University of Swat, Swat, Khyber Pakhtunkhwa, Pakistan.

Email: [imran\\_sociologist@uswat.edu.pk](mailto:imran_sociologist@uswat.edu.pk)

 <https://orcid.org/0000-0002-9215-2145>

<sup>2</sup> Assistant Professor, Department of Sociology, Hazara University, Mansehra, Khyber Pakhtunkhwa, Pakistan.

Email: [shakeel.soicologist@hu.edu.pk](mailto:shakeel.soicologist@hu.edu.pk)

 <https://orcid.org/0000-0003-1902-8698>

<sup>3</sup> Deputy Librarian, Hazara University, Mansehra, Khyber Pakhtunkhwa, Pakistan.

Email: [imtiazahmadkhalil@gmail.com](mailto:imtiazahmadkhalil@gmail.com)

**Corresponding Author:** Shakeel Ahmad

✉ [shakeel.soicologist@hu.edu.pk](mailto:shakeel.soicologist@hu.edu.pk)

### Introduction

The concept of disability and its semantics has been a controversial issue since its creation (Kiuppis, [2013](#)). The previous forms of the disability rehabilitation process focused on the disability population because the international organisations like the United Nations and its sub-organisations (including the World Health Organization and UNICEF) viewed the disability as a personal tragedy (Dalboni et al., [2023](#)). In these years of development, much has been done to comprehend and deal with disabilities, such as creating the UN Decade of Disabled Persons (1983-1992) and the release of the Standardised Rules on the Equalisation of Opportunities of Persons with Disabilities (Soni et al., [2020](#)).

Disability studies were developed and perfected in the 1980s through the United States of America (USA), the United Kingdom (UK) and Canada. The United Kingdom was the first to spearhead the change in the traditional approach to disability. It presented a “social model” that does not attribute disability to individuals but rather considers it a societal imposition on people who are physically impaired (Beck, [2024](#);

Finkelstein, [1996](#)). The model emphasizes understanding the societal context to better understand disability. From their perspective, the physical and psychological barriers imposed by society are highly important for understanding disability in its true spirit. The social model has the concept of disability as a dynamic model that takes into account social, political, cultural, and economic issues along with biological and physical disabilities (Kiuppis & Soorenian, [2017](#)).

Furthermore, a rights-based framework was institutionalized in order to deal with physical disability, which focuses on several key elements, namely: the existence of the impairment, which is the internal and external factors that limit full and equitable participation, the abilities of people with disabilities, the limited access to opportunities that environmental barriers cause, and the negative perceptions and attitudes of society. In this paradigm, disability is as a result of the interplay between persons with disabilities and the attitudinal and environmental barriers (World Health Organization, 2011). Disability, therefore, is a condition that involves physical, psychological as well as behavioural aspects that hinder the normal functioning of humans (Mishra & Gupta, [2006](#)). There is a mutual interaction between society, the environment, and individuals (Francescuitt et al., [2011](#)).

The decreased self-determination of PWDs makes them believe that decisions and choices made for them by others are more important than their own choices. Hence, they fail to reject the opinions of others (Quinn, [2009](#)). Continuous dependence on others makes PWDs believe that they cannot make choices for themselves or set goals for their lives. As a result, PWDs stop accepting challenges or engaging in tasks necessary for their social inclusion in society (Wehmeyer & Field, [2007](#)). In some extreme cases, a decreased sense of self-determination limits the decision-making ability of PWDs and shreds their basic identities. Therefore, charity-based welfare is not the solution to the problems of PWDs; rather, the choices of PWDs must be highlighted and acknowledged at the family, community, and other institutional levels (Sagen & Ytterhus, [2014](#)).

To conclude, a sense of self-determination is important for the emergence of a unique self in PWDs. In this context, sociopsychological support from close groups such as family and community members is important for encouraging self-determination in decision-making and making choices with respect to PWDs. Self-determined PWDs, therefore, are likely to believe themselves as honorable members of society, plan and implement their work programs, and be willing to work with others more productively.

## Research Question

- ▶ To what extent is self-determination positively related to the social inclusion of PWDs?

## Objectives of the Study

- ▶ To measure the association between self-determination and social inclusion of PWDs.
- ▶ To assess the variation between self-determination and social inclusion based on their family type.
- ▶ To put forward policy recommendations based on the study findings.

## Research Methodology

This study falls under the positivist paradigms with quantitative research methodology. A cross-sectional research design was adopted while conducting this research study.

For the measurement of the study variables (social inclusion was the dependent variable, self-determination was the independent variable, and the background variables consisted of family type), the following procedure was adopted.

The research was carried out in the District Malakand, Khyber Pakhtunkhwa, Pakistan. The Population Census 2017 indicated that the overall population of the District Malakand is 720,295, and among this population, as per the record of the Social Welfare Department, 8,028 are registered individuals living with disabilities in the district. The study concentrated only on physically disabled and the blind individuals who could answer interview questions.

The unit of analysis was the Persons with Disabilities residing in District Malakand. A total of 06 Union Councils of District Malakand were chosen for this study to collect the primary data. The total population of PWDs was 8,028. Using a standard sample size determination formula (Chaudhary, 2018) with 95% confidence level ( $Z = 1.96$ ), a population proportion ( $p = 0.50$ ), and a margin of error ( $e = 0.043$ ), the required sample size was calculated as 488 respondents.

Primary data were collected through a structured interview schedule developed in line with the objectives of the study. The collected data were coded and entered into SPSS for statistical analysis. Analysis was carried out at univariate and multivariate levels. At the univariate level, frequencies and percentages were calculated to describe the distribution of family type, self-determination, and level of social inclusion of PWDs. At the multivariate level, cross-tabulation was performed to examine the association between self-determination and social inclusion while controlling for family type. The Chi-square test was applied to determine statistical significance, and Kendall's Tau-b was used to measure the strength and direction of association. Ethical standards were strictly maintained throughout the research process. Respondents were informed about the purpose of the study and assured of confidentiality. Participation was voluntary, and respondents had the right to withdraw at any stage. No personal identifying information was disclosed, and data were used strictly for academic purposes.

## Results and Discussion

The results and discussion comprised the univariate and multivariate analyses. The details of each section are given in the following lines.

Self-determination is an important socio-psychological aspect of human life that is measured in terms of self-awareness and the possibilities of planning, deciding, and achieving life objectives. The ability of self-determination is helpful in self-regulation, self-advocacy, and problem-solving. Lack of self-determination reduces the ability to make choices, form opinions, make decisions, and overall social inclusion, especially with respect to PWDs. frequencies distribution and percentage proportion of the respondents with respect to their state of self-determination are given in Table 1 and explained below.

Results in Table 1 show that 75.6 percent of respondents believed that they didn't agree with other people's opinions and ideas, and 65.4 percent of respondents agreed with the views of the people that PWDs couldn't do anything. Moreover, 71.9 percent of respondents couldn't tell other people when their feelings were hurt, and 71.5 percent of respondents couldn't make their own decisions. The above results reflected an overall unsatisfactory state of self-determination among PWDs. The prevailing cultural norms highly value

the trait of obedience and subordination to the authority of elders and the respected segment of society. Children are socialized to obey the orders of elders and other significant members of society without questioning them. This cultural value is considered important to discipline a child; however, it has some negative effects on the personality of those being socialized. The same is the case with the PWDs, as most of their life needs, plans, and objectives are planned and implemented by others in the name of helping PWDs. As a result, the PWDs develop a sense of non-significant and dependent membership in society with shattered self-determination. These results are also supported by FGDs findings that due to unequal treatment of PWDs at the family and community level, the participation of PWDs in family and community level decisions was on the lowest ebb. Quinn (2009) pointed out that the prevailing charity approach of dealing with PWDs treats the disabled persons as objects to be managed and cared. There is a general perception in society that PWDs are dependent on the community for their needs, protection, and decisions (Shakespeare et al., 2017). This perception of society portrays PWDs as insignificant and dependent members of society with fewer opportunities to make choices and express preferences according to their needs (Chambers et al., 2007). The human rights-based approach, however, rejects this perspective by treating PWDs as able to take decision about their self and considers it as their basic human rights (Leibowitz, 2016).

The results illustrated that 69.1 percent of respondents were of the view that they could make good choices; however, the choices of 65 percent of respondents were dishonored. Moreover, 64.1 percent of respondents agreed that they chose their clothes and personal items for daily use. These results show a bleak state of self-determination among PWDs in the study area. Despite the fact that PWDs could make good choices according to their needs, they were unable to materialize their choices. The PWDs are dependent on their family members. The household heads have the authority to decide matters and issues for the whole family and especially for PWDs. The household head exercises their authority to make decisions that are accepted and implemented by all dependent family members without any reason. Such decisions, in general, are taken almost always for the welfare of PWDs; however, these decisions are seldom made according to the wishes of PWDs. In some minor needs like making choices in clothes, shoes, and personal utilities, however, the PWDs were more at liberty to opt for their preferences. The lowered state of self-determination among PWDs makes them believe that decisions and choices made for them by others are more important than their own choices. Hence, they failed to reject the opinion of others made for them (Quinn, 2009). Continuous dependence on others makes PWDs believe that they cannot make choices for themselves or set goals for their lives (Jones et al., 2008). As a result, PWDs stop accepting challenges or engaging in tasks necessary for their social inclusion in society (Wehmeyer & Field, 2007). In some extreme cases, the lowered sense of self-determination limits the decision-making ability of PWDs and shatters their basic identities (Chambers et al., 2007). Therefore, charity-based welfare is not the solution to the problems of PWDs; rather, the choices of the PWDs must be highlighted and acknowledged at the family, community, and other institutional levels (Sagen & Ytterhus, 2014).

The results further show that the majority of respondents (71.3 percent) disagreed that they were able to work with others; however, 84.6 percent agreed that they were important for society, and almost half (48.4 percent) agreed that their family members encouraged them to start working on their plan right away. The sense of self-determination in terms of considering oneself as an important member of society requires some additional intervention from the family and community members to actualize the inner potential of PWDs for

the greater welfare of society. When such support from closely-knit group members is provided to PWDs, the inner potential of PWDs has materialized in the form of working with others. However, restrictions from family members shatter the self-determination of the PWDs and lead them to consider themselves unworthy members of society. Kirsh et al (2009) noticed that a combination of self-motivation and family motivation is necessary for accessing mainstream employment opportunities. Rebeiro (2012) further added that legislation and provision of facilities are insufficient to mainstream PWDs until there is a high sense of self-determination and family support for economic involvement of PWDs in the open labor market. Low levels of self-determination were found to be an important factor in the low productivity of PWDs. Subsequently, the employer’s response towards the employment of PWDs has its roots in their working experience with PWDs. A series of studies on employment of PWDs in developed countries found unequal employment rates among PWDs and non-disabled peers from the same age group (Garrels, 2016). Most of the PWDs reported that their families and schools didn’t help them set goals for themselves. However, those PWDs inculcated with a strong sense of self-determination refused to accept a subordinate role as a disabled person in society and no longer accepted welfare support (Svensson & Lundgren, 2002).

To conclude, the sense of self-determination is important for the emergence of a unique self in PWDs. In this context, socio-psychological support of close groups like family and community members is important to encourage self-determination in decision-making and making choices with respect to PWDs. Self-determined PWDs, therefore, are liable to believe themselves as honorable member of society, plan and implement their work programs and are willing to work with others more productively.

**Table 1**

*Frequency distribution of self-determination*

Statement	Yes	No	Total
You usually agree with other people’s opinions or ideas.	119 (24.4)	369 (75.6)	488 (100)
You usually disagree with people when they tell you that you can't do something	169 (34.6)	319 (65.4)	488 (100)
You tell people when they have hurt your feelings	137 (28.1)	351 (71.9)	488 (100)
You can make your own decisions	139 (28.5)	349 (71.5)	488 (100)
You can make good choices	377 (69.1)	151 (30.9)	488 (100)
Your choices are honored	171 (35.0)	317 (65.0)	488 (100)
You choose your clothes and the personal items you use every day	313 (64.1)	175 (35.9)	488 (100)
You can work with others	140 (28.7)	348 (71.3)	488 (100)
You are an important person	413 (84.6)	75 (15.4)	488 (100)
People at home encourage you to start working on your plans right away.	236 (48.4)	252 (51.6)	488 (100)

► Values in the table present frequency, while values in the parenthesis indicate percentage.

**Association between Social Inclusion of PWDs and Self-Determination Controlling the Family Type**

Results in Table-2 showed that among PWDs from joint families with high self-determination, 55.5 percent were socially included, compared to 12.3 percent among those with low self-determination. Similarly, for all

those PWDs from nuclear families having high self-determination, 46 percent were socially included, compared to 14.5 percent of those having low self-determination. The influence of self-determination on social inclusion of PWDs in the context of family type showed a positive ( $T^b=0.457$ ) and highly significant association ( $P=0.000$ ) for joint family. The association of the above-mentioned variables was positive ( $T^b=0.347$ ) and highly significant ( $P=0.000$ ) for respondents from a nuclear family. Value of the level of significance and Tau-b for the entire table shows a highly significant ( $P=0.000$ ) and positive association ( $T^b=0.434$ ) between self-determination and social inclusion for both family types. It was depicted from Kendal  $T^b$  values and chi-square significance values that the effects of self-determination on social inclusion of PWDs were spurious while controlling for family type. Therefore, self-determination affects social inclusion more positively for PWDs belongs to a joint family compared to a nuclear family.

In a joint family system, due to its larger size, there are greater number of decisions and discussions taking place regularly. In addition, there are high chances that someone in the family prefers the choices of PWDs and encourages them to express. As a result, the PWDs from a joint family, due to their higher exposure to discussion and decision on family and other associated matters, are at a slight advantage to be more self-determined and self-confident than PWDs from nuclear families. The same is evident from the above result that high self-determination of PWDs in joint families is having slightly higher inclusionary effect than that of nuclear families. Therefore, a supportive family enhances the strength of self-determination among PWDs through strengthening their feeling of autonomy and self-confidence. This helps in the development of self-control over the outcomes of the events with respect to the lives of PWDs and reducing the effects of external forces in shaping these events (Nielsen & Einarsen, 2018). Legault (2017) described the critical impact of the social and cultural context in either facilitating or thwarting people’s basic physical and psychological needs, perceived sense of self-direction, performance, and well-being. The idea of basic psychological needs explains that all individuals strive for and need autonomy, competence, and relatedness to flourish and grow. The family is the major institution that provides support in all these psychological aspects. The responsibility of the family towards the development of Persons with Disabilities also includes supporting their education, financial assistance, emotional support, support during crisis, advocacy for their acceptance, and housing (Palmer, 2013). Caring for children with disabilities is a source of stress to families, but those families that consistently support these PWD members could have a lasting impact on their lives (Badu, 2016).

**Table 2**

*Association between Social Inclusion of PWDs and Self-Determination while Controlling Family Type*

Family Type	Self-determination	Socially Excluded	Socially Included	Total	Statistical Values	Statistical Values for Entire Table
Joint family	Low self-determination	164 (87.7)	23 (12.3)	187 (100)	$\chi^2=77.129$	$\chi^2=91.741$ $P=0.000$ $T^b=0.457$ $T^b=0.434$
	High self-determination	81 (44.5)	101 (55.5)	182 (100)	$P=0.000$	
	Total	245 (66.4)	124 (33.6)	369 (100)	$T^b=0.457$	
Nuclear family	Low self-determination	59 (85.5)	10 (14.5)	69 (100)	$\chi^2=14.361$	$\chi^2=91.741$ $P=0.000$ $T^b=0.347$
	High self-determination	27 (54.0)	23 (46.0)	50 (100)	$P=0.000$	
	Total	86 (72.3)	33 (27.7)	119 (100)	$T^b=0.347$	

## Conclusions

The research concluded that disability was prevalent, particularly among young adults and adults of all genders and family types. PWDs frequently resided in low-income households, possessed limited education, and were illiterate. Unemployment and unattached status were the result of the combination of destitution and disability. The investigation also revealed that Persons with Disabilities were frequently unaware of their legal rights and encountered cultural and administrative impediments to obtaining them. Additionally, they encountered obstacles in obtaining fundamental services, including education, healthcare, and sustenance. PWDs encountered physical, financial, and attitudinal challenges in obtaining health, education, and employment opportunities, despite the support of their families and communities. The study also discovered that PWDs were less inclined to make personal, familial, and community-level decisions because of their socioeconomic status, sex, family type, literacy status, and disability level. The study determined that most recreational activities, with the exception of religious and free-of-cost cultural events, were inaccessible to PWDs.

## Recommendations

The study recommends revitalizing the social institutions of “family”, “Jirga”, and “Hujra” for instigating the sense of self-determination among PWDs. Through enhancing confidence in oneself and a sense of autonomy to have control over the outcomes of events in their lives by themselves and the least influence of external forces. Moreover, active involvement of PWDs in these institutions can give confidence to PWDs, improve their normal interaction with others, create a sense of honor and self-respect, and improve their abilities in taking initiatives.

Furthermore, launching an integrated drive for social inclusion of PWDs through coordination of family, neighborhood, government, NGOs and other welfare organizations to overcome the physical, financial, institutional, psychological and social problems faced by PWDs, with a specific focus on those poor, illiterate and unemployed PWDs belonging to large families and who are female in gender.

## References

- Badu, E. (2016). Experiences of parents of children with intellectual disabilities in the Ashanti Region of Ghana. *Journal of Social Inclusion*, 7(1), 20–30. <https://josi.journals.griffith.edu.au/index.php/inclusion/article/view/796/757>
- Barnes, C., & Mercer, G. (2005). Disability, work, and welfare: Challenging the social exclusion of disabled people. *Work, Employment & Society*, 19(3), 527–545. <https://doi.org/10.1177/0950017005055669>
- Beck, M. (2024). Empowering vulnerability: The social model of disability and digital government. *Technology and Regulation*, 2024, 273–290. <https://doi.org/10.26116/techreg.2024.020>
- Chambers, C. R., Wehmeyer, M. L., Saito, Y., Iida, K. M., Lee, Y., & Singh, V. (2007). Self-determination: What do we know? Where do we go? *Exceptionality*, 15(1), 3–15. <https://doi.org/10.1080/09362830709336922>
- Chaudhry, S. M. (2009). *Introduction to statistical theory* (8th ed.). Ilmi Kitab Khana.
- Dalboni, G. L., Garcêz, R. L., Assis, Í. C., & Vaz, D. V. (2023). Conceptions of disability among physiotherapists: an exploratory qualitative study. *Physiotherapy Theory and Practice*, 39(8), 1662–1671. <https://doi.org/10.1080/09593985.2022.2042757>
- Finkelstein, V. (1996). The disability movement has run out of steam. *Disability Now*, 11.
- Francescutti, C., Gongolo, F., Simoncello, A., & Frattura, L. (2011). Description of the person–environment interaction: Methodology issues and empirical results of an Italian large-scale disability assessment study using an ICF-based protocol. *BMC Public Health*, 11(Suppl. 4), S11. <https://doi.org/10.1186/1471-2458-11-S4-S11>
- Garrels, V. (2016). Goal-setting and planning for Norwegian students with and without intellectual disabilities: Wishing upon a star? *European Journal of Special Needs Education*, 1–15. <https://doi.org/10.1080/08856257.2016.1261487>
- Jones, J., Ouellette-Kuntz, H., Vilela, T., & Brown, H. (2008). Attitudes of community developmental services agency staff toward issues of inclusion for individuals with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 5(4), 219–226. <https://doi.org/10.1111/j.1741-1130.2008.00183>
- Kirsh, B., Stergiou-Kita, M., Gewurtz, R., Diredre, D., Krupa, T., & Shaw, L. (2009). From margins to mainstream: What do we know about work integration for persons with brain injury and mental illness? *Work*, 32(4), 391–406. <https://doi.org/10.3233/WOR-2009-0851>
- Kiuppis, F. (2013). Pedagogikkens Pentagon revis(it)ed: Considerations on emancipation from a disability studies and inclusive education perspective. In J. Steinnes & S. Dobson (Eds.), *Pedagogikk under livets tre* (pp. 147–160). Akademika.
- Kiuppis, F., & Soorenian, A. (2017). Bridging continents, cultures, and crip theories: teaching Comparative and International Disability Studies in education and sociology. *Scandinavian Journal of Disability Research*, 19(2), 118–128. <https://doi.org/10.1080/15017419.2016.1224200>
- Legault, L., Green-Demers, I., Grant, P., & Chung, J. (2007). On the self-regulation of implicit and explicit prejudice: A self-determination theory perspective. *Personality and Social Psychology Bulletin*, 33, 732–749. <https://doi.org/10.1177/0146167206298564>
- Leibowitz, T. (2016). Looking differently at disability and decision-making. Open Society Human Rights Initiative. <https://www.opensocietyfoundations.org/voices/looking-differently-disability-and-decision-making>

- Mishra, A. K., & Gupta, R. (2006). Disability index: A measure of deprivation among the disabled. *Economic and Political Weekly*, 41, 4026–4029. <https://www.jstor.org/stable/4418722>
- Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. Act Press.
- Nielsen, M. B., & Einarsen, S. V. (2018). What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and Violent Behavior*, 42, 71–83. <https://doi.org/10.1016/j.avb.2018.06.007>
- Palmer, M. (2013). Social protection and disability: A call for action. *Oxford Development Studies*, 41(2), 139–154. <https://doi.org/10.1080/13600818.2012.746295>
- Quinn, G. (2009). Bringing the UN Convention on the Rights for Persons with Disabilities to life in Ireland. *British Journal of Learning Disabilities*, 37(4), 245–249. <https://doi.org/10.1111/j.1468-3156.2009.00578.x>
- Rebeiro, G. K. (2012). Transitions to work for persons with serious mental illness in northeastern Ontario, Canada: Examining barriers to employment. *Work*, 41, 379–389. <https://doi.org/10.3233/WOR-2012-1315>
- Sagen, L. M., & Ytterhus, B. (2014). Self-determination of pupils with intellectual disabilities in Norwegian secondary school. *European Journal of Special Needs Education*, 29(3), 344–357. <https://doi.org/10.1080/08856257.2014.909174>
- Shakespeare, T., Watson, N., & Alghaib, O. A. (2017). Blaming the victim, all over again: Waddell and Aylward's biopsychosocial (BPS) model of disability. *Critical Social Policy*, 37(1), 22–41. <https://doi.org/10.1177/0261018316649120>
- Soni, A., Lynch, P., McLinden, M., Mbukwa-Ngwira, J., Mankhwazi, M., Jolley, E., & Gercama, I. (2020). Facilitating the participation of children with disabilities in early childhood development centres in Malawi: Developing a sustainable staff training programme. *Sustainability*, 12(5), 2104. <https://doi.org/10.3390/su12052104>
- Svensson, O., & Lundgren, K. (2002). *Mötesplats Tian – Om att erövra ett stycke liv: Rapport om en försöksverksamhet, en mötesplats för unga vuxna med lindrig utvecklingsstörning*. The Wigforss Group, Halmstad University.
- United Nations. (1993). *Standard rules on the equalization of opportunities for persons with disabilities*. United Nations.
- Wehmeyer, M. L., & Field, S. I. (2007). *Self-determination: Instructional and assessment strategies*. Corwin Press.