Healthcare Access for All: Addressing the Structural Barriers Faced by Persons with Disabilities in Pakistan

Maria Saif[1]

Abstract

This qualitative study analyzes the structural barriers that persons with disabilities face in healthcare institutions in Pakistan. By adopting the social model of disability as a theoretical framework, this study emphasizes that disability is not just a medical condition but a social construction; institutions and policy interventions also impact persons with disabilities. This study draws on insights from sixteen individuals who participated in in-depth informal interviews, selected using a purposive sampling technique. The findings reveal that prominent structural barriers hinder a person's access to healthcare institutions. Thematic analysis uncovers themes such as provision of inferior treatment, inaccessibility, financial issues, and structural barriers. This study highlights the importance of challenging these barriers to promote inclusive healthcare.

Introduction

Healthcare is a basic human right. Good health is the foundation for socio-economic development. According to the World Health Organization (WHO), "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" (World Health Organization, 2020). Treating, diagnosing, preventing, and managing the social and physical well-being of individuals are the basic services provided by medical, nursing, and allied health professionals. To promote economic productivity, equity, and social stability, an accessible, affordable, and efficient healthcare system is crucial.

In the modern healthcare system, the primary healthcare system serves as the initial and essential point of contact for individuals, while tertiary healthcare services provide advanced medical care and treatment lies at the other end of the spectrum. A robust healthcare system must consist of trained staff, data-driven administration, affordable and accessible infrastructure, and universal healthcare coverage. However, in low and middle-income countries, significant gaps in healthcare provision affect the quality of care and accessibility for individuals. Those most affected by these

[1] M. Phil in Government and Public Policy, Department of Governance and Public Policy, National Defense University, Islamabad, Pakistan. Email: mariasaif610@gmail.com

healthcare disparities include low-income individuals, rural communities, persons with disabilities, and marginalized groups who often face challenges in accessing, affording, and culturally accepting medical services. Overcoming these challenges requires fair financing, an inclusive health policy, and the integration of e-health solutions (Haider et al., 2023).

The effective provision of healthcare to all citizens in Pakistan is influenced by several issues. Pakistan's healthcare system suffers from a lack of financial stability, a shortage of medical personnel, and poor infrastructure. Moreover, compounded discrimination, inaccessibility, and inadequate policy implementation primarily affect people with disabilities. These disparities are further worsened by the interconnectedness of disability with various factors, including gender, financial status, and geographical location. People with disabilities make up 12-15% of Pakistan's population, yet they are one of the most marginalized groups when it comes to access to healthcare services. The sources of these discrepancies arise from structural, financial, and behavioral limitations. Despite Pakistan's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011 and the passage of the Islamabad Capital Territory Rights of Persons with Disability Act (2020), a significant gap remains between policy and practice.

According to Khan et al. (2024), the major healthcare challenges that Persons with disabilities face in Pakistani healthcare institutes are structural barriers, such as our medical institutes' lack of disability-friendly healthcare services, non-adaptive transportation systems, and inaccessible physical infrastructure. The situation further worsened in rural areas, as it is nearly impossible for persons with disability to even access the primary healthcare services due to inadequate public health infrastructure and transportation services. The organizational uncertainty of the healthcare system makes service delivery further complicated. It is often debatable in Pakistan whether rehabilitation falls under the umbrella of social welfare or health. According to a recent Johns Hopkins University policy analysis from 2023 (Johns Hopkins, 2023), Pakistan's rehabilitation system is fragmented and lacks administrative clarity, resulting in incompatible service delivery and duplication of services. Financial inaccessibility worsened the issue. People with disability in Pakistan mostly depend financially on their caregivers and are unable to pay for healthcare services, essential types of equipment, and transportation. According to a 2023 country position paper on universal health care in Pakistan (GCAP, 2023), these financial barriers often exclude

people with disabilities from universal health coverage programs. It is also argued that due to a lack of sufficient training, healthcare professionals find it difficult to interact effectively with persons with disability. Consequently, persons with disability often complain about discriminatory behavior and mistreatment in healthcare settings. The absence of standardized disability-sensitive training and policy enforcement measures exacerbates these systemic issues.

The main objective of this paper is to identify the structural barriers that hinder persons with disability' access to healthcare services in Pakistan. the research question that this study tries to answer is "what are the major structural barriers faced by persons with disability in accessing healthcare services in Pakistan?

Literature Review

Poor infrastructure, economic constraints, uneven policies, and a poorly trained workforce are some of the structural issues Pakistan's social services, including healthcare, are facing. These issues affect the access of persons with disabilities to healthcare sectors. Contemporary studies have identified various structural challenges such as inconsistent policies, inequity, and biases in urban-rural healthcare infrastructure, lack of advanced technology, and financial shortcomings (Shah, 2024). However, these issues become further complicated by attitudinal barriers that persons with disability face in the healthcare structure. Moreover, organizational culture within healthcare facilities notably contributes to service inequalities. According to Kanwal et al (2025), healthcare staff are often hesitant to report these kinds of issues due to insecurities, fear of reprisal, safety and service concerns, which ultimately affect the quality of healthcare services and their inclusivity. Another study by Minhas (2025) proposed that language barrier is another unique challenge that the multilingual population in Pakistan faces. Medical education and service delivery are often dominated by English and Urdu. Due to the dominance of these languages, non-Urdu speakers find it challenging to communicate effectively. The lack of regional language support in healthcare settings is especially detrimental to Persons with disabilities, who already face cognitive or sensory communication impairments. Pakistan's healthcare system is mostly comprised of out-of-pocket expenditures. A study conducted by Memon et al (2025) in Southern Sindh concluded that due to financial constraints, approximately 17% of the patients having long-term illnesses like hypertension are unable to afford quality treatment. Not only this, but persons with disabilities find it economically challenging to afford mobility aids, professional consultancies, assistive technologies, and transportation. Despite Pakistan's formal commitment

to disability inclusion as of the National Policy for Persons with Disability and ratification of the CRPD, it still faces implementation challenges. The top-down approach to policy making and its disconnection from realities further complicates the issue for persons with disabilities. The pressing need for inclusive policy advocacy that incorporates disability rights into mainstream health governance is highlighted by a recent social work study (Balogun et al., 2025).

Due to the unfriendly or uncaring attitude of medical staff, people with disabilities choose not to seek medical assistance at all. The healthcare system's hierarchical power dynamics and the social stigmas associated with impairments frequently marginalize patients and lower-level healthcare personnel who are campaigning for reform. In Pakistan, women with disabilities are further marginalized due to gender exclusion. Rural women are affected by a lack of local services, transportation, and cultural restrictions.

Individuals with a disability and their families are considered at a high risk of poverty (Pinilla-Roncancio & Alkire, 2020). In Pakistan, many individuals live below the poverty line. Poverty increases the risk of disability like poor living and working conditions, malnutrition, inadequate access to healthcare services, lack of education, etc. Overall, GDP spent on health is very low in Pakistan (Mirza, 2021). The people with disability in Pakistan are isolated and are not actively involved in society when compared with their counterparts, able-bodied individuals, because it is considered shameful and stigmatizing and as a sign of punishment or the will of God. Not only this, but the individuals with disability in Pakistan are facing social and mobility barriers because the buildings, educational institutions, and religious places don’t cater to their needs (Rathore and Mansoor, 2019).

Theoretical Framework

Social Model of Disability

There are different models of disability; the most prominent of them are the medical model and the social model of disability. All models of disability discuss disability within some specific system; for instance, the medical model observes disability as a biological defect, while the social model stresses the role of society in shaping disability. The social model of disability engulfs people with disabilities as a marginalized group due to similarity in experiences like discrimination, stigma, and prejudice. According to this, society sets some rules which define

normality or abnormality, and abnormality is a disability. Disability is the societal perception of the body. It propounds that bodies are materialized and are judged based on physical appearance. These judgments are not absolute but about the observer's point of view, which means people with more power stigmatize individuals who are powerless and sustain inequalities between groups. The Union of Physically Impaired Against Segregation (UPIAS) defined disability as

> "The disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream social activities."

The social model of disability further holds that it is not the physical or mental characteristic of an individual that makes them disabled but social attitudes towards human differences and the ways rules, behavior, institutions, and policy interventions are structured which define normality (Kazmierski, 2016). The social model of disability is challenging to the medical model of disability which sees disability as a biological malfunction and a person can only be cured by fixed medical interventions. It also explains the footprint of the outcome of disability on social inclusion. For example, employment opportunities may lessen for people with disabilities due to the lower productivity of these individuals. Another study titled *The interactions of disability and impairment* applies Goffman's concept of stigma, stating that this notion is useful in revealing power relationships planted in cultural constructions (Fountain & McLaughlin, 2012: 136).

Methodology

Locale of the Study

Saaya Association of Persons with Disability and a public sector tertiary care hospital in Rawalpindi were chosen as the study area.

Subjects of the Study

The main subjects of the study were persons who had disabilities, along the lines of polio and cerebral palsy, and persons who acquired a physical disability after an accident. Cerebral palsy is a neurological disorder that persistently affects the body's movement, muscle coordination, and balance. Cerebral palsy is associated with abnormalities of the spine and hips, which can make sitting, standing, and walking difficult and cause chronic pain (Yang & Wusthoff, 2022).

Polio or poliomyelitis is a disabling and fatal disease caused by the poliovirus. The virus spreads one-on-one and can potentially infect the spinal cord, resulting in paralysis (inability to move parts of the body). Paralysis is most severe poliovirus symptom which can cause permanent disability and death. Because the virus affects the muscles that help people breathe, between 2 and 10 people out of every 100 who have paralysis from poliovirus infection die (CDC, 2022). The other category that was chosen for research was the individuals who secured disability after accidents. Road traffic accidents are common in Pakistan and it is one of the major causes of death and disability.

Methodological Approach

This exploratory study employed a qualitative approach for data collection. The rationale for selecting this approach was to understand both individuals' and doctors' perceptions of disability, as well as to identify the structural barriers faced by persons with disabilities in Pakistani society. Informal interviews and a semi-structured questionnaire were utilized to gather the primary data. Purposive sampling was adopted for data collection. The interviews with doctors and individuals with disabilities began as normal conversations to build rapport and encourage participants to respond openly and honestly. The purpose of the study was explained to them, and consent was obtained prior to commencing the interview and audio-recording. All interviews were conducted face-to-face. Primarily, data was collected from the twin cities of Rawalpindi and Islamabad in Pakistan. A total of 16 individuals, including doctors and persons with disabilities, were interviewed informally. All respondents were adults, aged between 25 and 60 years. The respondents included individuals with cerebral palsy, one-leg polio, both-leg polio, disabilities resulting from accidents, and doctors. The primary mode of communication was Urdu, with Punjabi also used for the convenience of the interviewees. Questions predominantly addressed the social construction of disability, societal attitudes, everyday challenges faced by persons with disabilities, and prominent barriers in accessing healthcare services. Doctors and people with disabilities further highlighted the healthcare challenges and barriers encountered in the healthcare sector. Additionally, doctors pointed out the attitudinal, socio-cultural, and transportation barriers faced by persons with disabilities. Despite varying backgrounds, most individuals reported similar experiences. Following data collection, the data was transcribed into Urdu and subsequently translated into English. A thematic analysis approach was employed for data analysis. Themes that emerged from the data included financial issues, provision of inferior treatment, accessibility,

structural barriers, and societal restrictions. Ethical considerations were addressed, with informed consent obtained prior to the interviews.

Thematic Analysis

Themes that emerged from the literature are as follows.

Provision of Inferior treatment

Upon asking about the provision of treatment to people with disabilities, according to some respondents, individuals with disabilities are not prioritized for treatment. One of the difficulties for the physically challenged is that they cannot visit the hospital every day. There are many structural and functional issues that people with disability face in the healthcare sector, including insufficient wheelchairs and non-dedicated paths. The major problem is that people are not aware that there is a dire need for infrastructure for disabled patients.

> "Even in Pakistan, inferior treatment is provided to disabled patients. This is all community-based, and it is a reflection of our society. Society surrounds you in such a way that you have to behave accordingly. This society influences you".
>
> (Extract of Interview by the Author with a Doctor)

"We are not prioritized for the treatment. I have to wait in a long queue for my turn".

Financial issues

People with disability are considered responsibility for their family. Some of them are not financially stable. Moreover, it is financially challenging to travel to other cities for treatment.

> "We have to compromise on the treatment. The reason is we have limited resources and the unavailability of advanced technology, our hands are tied. Patients also face financial issues which is a reason for delay in treatment".
>
> (Extract of Interview by the Author with a Doctor)

> "As I said earlier, the doctor will not tell you that there is no cure for disability. He will just give medicine. Obviously, when I go, I will have to pay the fee. Basic health facilities are not available. It also affects the mental health of a person who keeps thinking about where to get money from. How to go to the doctor, how to pay his fee. There should be some policies from the government that provide facilities to the disabled. It is also seen that people also sell their property in the hope that their child may start walking".
>
> (Extract of Interview by the Author of a Person with a Disability)

Negative Societal Attitudes

While talking about societal attitudes; it was responded that society has put so much pressure on disabled individuals. Society restricted them to take part in mainstream activities. Persons with disability are discriminated against and stigmatized. Due to their negative attitude, they prefer to be alone and avoid mingling with others. This is the reason they have a high prevalence of stress and depression.

> "Society's attitude is very wrong toward disabled people. Social pressure is too much. We are called by different names. Don't do this, don't do that. There are many misconceptions. Even one thinks that either I should die or be separated from the world. Due to this, I prefer to be alone. A very negative attitude is called by different names. Then this makes our mind run on a negative level. Disabled individuals are kept behind in every field and are made to feel their disability."
>
> (Extract of Interview by the Author of Person with Disability)

The problems for persons with disability start at home. Their families do not recognize them as an independent and free individual. They are bound.

> "First of all, no one recognizes the disabled people at home that they can do something, what will people recognize when they go out? The first thing is to convince the family that I can do it, then go and convince the outsiders There are many names like, 'barran washing'. It is everyone's responsibility not to badmouth a person".
>
> (Extract of Interview by the Author of a Person with a Disability)

> "Culture has a great influence on individuals. For example, in society, we commonly use the term 'dumb' for persons with a specific disability. But doctors use 'deaf' and 'mute' because people with disability are not dumb".
>
> (Extract of Interview by the Author with a Doctor)

Structural barriers

People with disability face many challenges, including access to educational institutions, healthcare services, and employment opportunities.

> My disability is polio. It happened to me when I was three years old. You must know that this virus is contracted due to not drinking polio drops. I went to school. Our society treats us as different kinds of creatures. We cannot leave the house. I could not go to school because of these things. If we went out, people used to make fun of us. Disabled individuals are also limited to one room in the house. If I talk about the school, we don't even have access there. We can't enter the school easily. Even though the teacher did not pay any attention, the teacher did not understand that we also have a right to education. My

family members also had the same thought that he is disabled, how would he study, even if he studies, what will he do next? He would not get a job. If there were any thoughts in my mind to do something, it was said; that no matter how you do it, I will not be able to do it. I also left school because of these things. Couldn't read some because of accessibility and some because of people's attitudes. I have seen many difficulties. People used to call me a burden on my family. Society sees us as poor, (Bechara), what can he do, lame, he is a burden. I have heard a lot".

(Extract of Interview by the Author of a Person with a Disability)

Infrastructural Issues

There are significant infrastructural issues that persons with disability face in institutions in Pakistan.

"The major problem is that people are not aware that there is a dire need of infrastructure for disabled patients. There are ramps in hospitals, but not functional; they are just a formality".

(Extract of Interview by the Author with a Doctor)

"Why should we make such a huge investment for them to build ramps or change classrooms for them"?

(Extract of Interview by the Author of a person with a disability)

"Patients face various problems, for example, structural and functional problems in hospitals. Like wheelchairs and stretchers, for example some of the wheelchairs do not work. There are no good dedicated paths from the top on which to take the ramp. Patients face financial or transportation problems".

(Extract of Interview by the Author with a Doctor)

Accessibility

Inaccessibility makes it challenging for persons with disability to seek medical care. The situation worsened for people living in rural areas.

"The difficulties are many. One has to have a special vehicle. By the way, I can't sit on the car (public transport). Most of the vehicles are not available in my village. Someone has to come with me. I have my brother with me".

(Extricate from an interview by the Author of a Person with a disability)

"Our patients come from faraway areas. They say that we cannot come every day. They don't have that much money to pay. They do not have so many facilities. Or hospitals are

> too far away. Even if there are hospitals, they do not have all the facilities. As not every hospital has physiotherapy.
>
> (Extract of Interview by the Author with a Doctor)

People with disability have lower access to educational institutions and employment opportunities. It was communicated,

> "If we talk about jobs, first of all, there are no jobs for us. We apply to many companies, I applied myself. Nestlé, Mobilink, and Telenor. These multinational companies claim equal opportunities. We even get interview calls. When we talk to them that we are disabled, we need a ramp or some facilities to come to the company. They forbid us that our infrastructure accessible to you. No accessibility for wheelchairs. At first, the job is not found, but even if it is found, people's attitudes change. Disabled individuals do not get equal opportunities to work together with others in the same place. First of all, people with disabilities lack confidence due to a lack of opportunities."
>
> (Extricate from an interview by the Author of a Person with a disability)

Discussion

The negative attitudes further include discrimination, marginalization, stigma, and other factors related to it. Disabled people face social exclusion from healthcare, employment, education, and participation in basic activities. A study conducted in Australia concluded that disability-based discrimination is widespread and has an impact on an individual's health, as well as their social and economic circumstances. This study, *Disability-based discrimination and health: findings from an Australian-based population study,* also discovered that discrimination was more prevalent among the unemployed, those in low-status occupations, those who were younger, and those who lived on lower incomes (Krnjacki et al., 2017).

Healthcare professionals play an important role in the marginalization and oppression (Reddy, 2011) of disabled people and have the power to control the disabled person's life. Five major problems in the negative attitude of healthcare professionals include a lack of specific knowledge to conduct health assessments specific to disability, poorly skilled to address the complicated requirements associated with disability, discomfort in working with disabled people, communication challenges, and unfavorable attitudes -misconceptions about disability. A study conducted on Greece's *Attitudes towards people with physical or intellectual disabilities among nursing, social work, and medical students* concluded that Greek nurses have a more negative

attitude towards people with disability due to the insufficiency of special services and education (Kritsotakis et al., 2017). Studies indicate that healthcare professionals who have a negative attitude towards patients with disabilities provide inferior treatment to patients as compared to those who have a positive or neutral attitude. It is stated that "Even in Pakistan, inferior treatment is provided to disabled patients," extracted from an interview with a neurosurgeon. The reason is the lack of resources and advanced technology that can fulfill the needs of persons with disability. They face discrimination and negative attitudes in healthcare sectors, professional attitude is also a hindrance in gaining quality treatment and leads to barriers.

A study was conducted in rural Punjab by Mehtab Ahmed (2013) to assess the efficacy of healthcare facilities, equity, and users' satisfaction and to assess the respondents' overall level of access to healthcare. This indicated that overall access to public healthcare facilities for patients with physical disabilities was low, and the hurdles were the created environments, healthcare distribution method, ceiling of health subsidies, health inequities, and the absence of disability rights. People with disability face many challenges in every aspect of life. Persons with disability face challenges in accessing quality healthcare services due to disability-unfriendly infrastructure. A study conducted in Zimbabwe stated that some of the challenges involved are negative attitudes of health personnel towards people with disabilities, disability-unfriendly infrastructure at health facilities, and a lack of trained staff for persons with disabilities i.e. sign language (Porras et al., 2019). Individuals with physical disabilities face more challenges in accessing primary healthcare in contrast to the general population.

Persons with physical disabilities are unable to access primary healthcare services on account of a combination of four major factors, including accessibility, acceptability, geography, and affordability. People had to travel long distances for care due to the limited availability of healthcare services, and the barrier of geographic distance was exacerbated by transportation issues. The World Report on Disability also emphasizes that the affordability of health services and transportation are two major reasons why people with disabilities do not receive needed healthcare in low-income countries: 32-33% of non-disabled people cannot afford healthcare compared to 51-53% of people with disability. Transportation is one of the major environmental barriers that people with disability face. For them, public transport is not always an option, specifically those who use wheeled mobility devices. So, the unavailability of transport can limit

their access to healthcare services as well as their participation in the community. A study also observed that in the areas where there was the availability of healthcare services, most people could not afford the cost (Dassah et al., 2018).

The policies, production of public spaces, and infrastructure development reflect the negative perceptions and dominant societal values. Persons with disability are hardly involved in construction design and political constituency. That's why the built environment, city planners, and service providers exclude persons with disability. This indicates that persons with a disability suffer from exclusion due to unequal power relations. The Tamale hospitals are characterized as having poorly constructed ramps, non-functional elevators, and unpaved paths. The healthcare professionals and staff reportedly have a negative attitude toward persons with disability, which is leading to a lack of understanding and appreciation of disablement (Owusu-Ansah & Akanigba, 2021). People with disability face this kind of issue in Pakistan. According to them, there are not enough wheelchairs in hospitals, many hospitals don't have elevators as well and ramps are not in good condition. This can be due to the low allocation of the budget on health by the government in Pakistan.

In Pakistani society, persons with disability face discrimination in educational institutions, healthcare sectors, and in professional life as well. In Pakistan, the common perception about persons with disability is that they wouldn't be able to study, and if they do so, they wouldn't be able to secure a good job. Due to this attitude, people with disability are not sent to school in the first place. If they are sent to schools, some of them leave due to peer pressure and negative attitudes by teachers. A study conducted in Malawi observed that people living with disabilities in Malawi have low participation in education and employment, housing, have poor living and working conditions, and have poor health conditions; not only this, but people face discrimination (Braathen & Kvam, 2008). Literature showed that persons with disabilities have a lower employment rate as compared to their counterparts and mostly they ended up with non-standard forms of employment (Wang & Min Li, 2018). It is stated that in Pakistan, persons with disability are unemployed due to unequal employment opportunities. Another reason is that they don't find buildings accessible that can cater to the needs of persons with disability.

Conclusion

By the experiences of sixteen individuals, it is observed that in everyday life person with disability faces many challenges in the healthcare sector due to affordability, accessibility, attitudinal issues as well as structural barriers. They face these challenges because their needs are not taken into account and they are neglected. In the healthcare sector, they are provided inferior treatment and the reason behind this is the lack of advanced technology and disability-friendly infrastructure. Not only this, but due to these prevalent beliefs, individuals are facing discrimination, marginalization, and stigma is also attached to them. To better understand the implications of these outcomes, future studies could address the policy interventions and the ways of inclusion of persons with disability in society.

Recommendations

This study proposes several key recommendations based on the findings. Healthcare infrastructure should be disability-friendly, and advanced technology should be incorporated to promote universal health coverage. The buildings and infrastructure should be made accessible for persons with disability, so they can actively participate in mainstream society. It is the responsibility of society and government to include persons with disability in every field of life, and there should be equal opportunities for them as well, thus they can use their full potential. Involvement of persons with disabilities should be encouraged in policy making, and programs designed for them should be implemented smoothly.

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