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INVISIBLE WALLS: UNCOVERING HEALTHCARE ACCESS BARRIERS FOR PERSONS WITH DISABILITIES IN BAHAWALNAGAR

Sadaf Abdul Latif
Mphil scholar
University of okara
sadaf.kashif24@gmail.com
Dr. Arfan Latif
Assistant Professor Sociology, University of Okara
arfanlatif9292@uo.edu.pk

ABSTRACT
The aim of this study is to identify the key factors that create barriers in accessing healthcare services for persons with disabilities in District Bahawalnagar. A qualitative research approach was employed, in which data were collected from key stakeholders—including doctors, paramedical staff, and individuals with disabilities—through structured interviews and focus group discussions. Thematic analysis of the responses led to the identification of twelve core themes representing the major challenges faced by disabled individuals in availing healthcare services. These include economic constraints, physical mobility limitations, infrastructural barriers, discriminatory practices, and communication gaps, among others. The findings highlight critical systemic and social shortcomings that need to be addressed to ensure inclusive and equitable healthcare access. Based on the study's outcomes, it is recommended that the Health Department formulate disability-inclusive policies and design service delivery operations specifically tailored to meet the unique needs of persons with disabilities in the district.

Keywords: *Healthcare Services, Disable Person, Service Delivery, Barriers, and Discrimination.*

1. INTRODUCTION
Access to quality healthcare remains a fundamental human right, yet millions of individuals with disabilities in low- and middle-income countries face persistent challenges in securing this right. According to the World Health Organization (2023), over 1.3 billion people globally live with some form of disability, representing 16% of the world's population. In Pakistan, the 2017 Census estimates that at least 2.5% of the population is living with disabilities, though the actual figure is likely much higher due to underreporting and definitional discrepancies (Pakistan Bureau of Statistics, 2017). Bahawalnagar, a largely rural district in southern Punjab, mirrors these national challenges with poor healthcare infrastructure, low literacy rates, and heightened vulnerabilities for disabled individuals—amplifying their exclusion from healthcare access. In addition, various international and national studies have addressed barriers to healthcare for individuals with disabilities, identifying key challenges such as economic constraints, limited mobility, inaccessible infrastructure, stigmatization, and lack of trained healthcare personnel. A study by Shakespeare et al. (2019) emphasized that disabled individuals in developing countries often face double discrimination—both as patients and as people with disabilities—resulting in poorer health outcomes. Similarly, Mitra et al. (2017) noted that disability-related barriers intersect with poverty and rural marginalization, particularly in South Asia. However, these studies often take a macro-level approach and lack district-specific data, which is crucial for tailoring effective interventions in areas like Bahawalnagar.

In Pakistan, few empirical studies have explored healthcare barriers from a disability perspective at the district level. Studies such as those conducted by Khan and Bano (2020) in Khyber Pakhtunkhwa, and by Javed et al. (2021) in urban centers like Lahore and Islamabad, have shown that people with disabilities are less likely to access preventive and curative

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services, largely due to physical inaccessibility, lack of information, and societal stigma. However, there remains a significant research gap concerning rural districts like Bahawalnagar, where socio-cultural and economic factors may uniquely shape the experiences of disabled individuals. No prior study to date has comprehensively analyzed these barriers in this specific locale using qualitative or mixed-method approaches. This study is of critical significance as it addresses the often-overlooked issue of healthcare accessibility for individuals with disabilities in rural Pakistan, with a specific focus on Bahawalnagar District. Despite global and national commitments to inclusive healthcare, people with disabilities continue to face multidimensional barriers that are poorly documented at the local level. By highlighting the lived experiences of individuals with disabilities and the perceptions of those involved in healthcare delivery, this research contributes to the development of more equitable and responsive health systems. In this study, qualitative data were collected from key stakeholders, including doctors, paramedical staff, and disabled patients, to ensure a comprehensive understanding of the healthcare access challenges from multiple perspectives.

The data collection process employed structured interviews and focus group discussions (FGDs), which enabled the exploration of complex, context-specific issues in depth. Through rigorous qualitative analysis, the study identified a series of critical themes representing the barriers to healthcare access—ranging from economic and mobility constraints to social stigma, attitudinal biases, and systemic inefficiencies. The findings of this study will be particularly valuable for health policymakers, local government authorities, disability rights organizations, and healthcare administrators seeking to improve service delivery for marginalized populations. Furthermore, the study adds to the limited empirical literature on rural healthcare accessibility for people with disabilities in Pakistan, paving the way for future research and targeted interventions. By providing evidence-based insights rooted in the real-world experiences of stakeholders, this research supports the advancement of inclusive healthcare practices, in alignment with both the United Nations Sustainable Development Goals (SDGs) and Pakistan's national disability inclusion strategies.

2. LITERATURE REVIEW

Persons with disabilities (PWDs) often experience systemic disadvantages in accessing basic services, with healthcare being among the most critically affected areas. The World Health Organization (WHO, 2023) estimates that over 1.3 billion individuals globally live with some form of disability, and these individuals are nearly three times more likely to be denied healthcare, experience delays in treatment, or receive poor-quality care. These disparities are more profound in low- and middle-income countries, where health systems are under-resourced and not tailored to accommodate the specific needs of disabled populations. The medical model of disability still dominates in many parts of the world, including Pakistan, focusing more on impairments than on removing societal and structural barriers, thus reinforcing exclusion and marginalization (Shakespeare, Bright, & Kuper, 2019). Empirical studies across various developing nations have consistently reported multiple forms of barriers that limit healthcare access for PWDs. These include physical inaccessibility of health facilities, lack of transportation, inadequate information about services, and unaffordable costs. Mitra et al. (2017) argue that individuals with disabilities often face a "double burden"—suffering both from their health condition and from the systemic failures of health systems to accommodate them. In many cases, these challenges are exacerbated by poverty, low education levels, and rural residency. Studies conducted in India and Bangladesh have shown similar patterns, where poor infrastructure, financial constraints, and stigma contribute to poor health outcomes for PWDs (Banks, Kuper, & Polack, 2017). These findings resonate with the situation in rural

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Pakistani districts like Bahawalnagar, where infrastructure and social attitudes remain major hurdles.

However, within the Pakistani context, several studies have begun to explore the complex interface between disability and healthcare, although most are centered on urban areas. For instance, Khan and Bano (2020) conducted a study in Khyber Pakhtunkhwa which revealed that the majority of disabled respondents experienced discriminatory attitudes from healthcare providers, often leading to reduced quality of care and patient dissatisfaction. Similarly, Javed et al. (2021) examined barriers in Lahore and Islamabad and identified structural, attitudinal, and informational barriers, including a lack of staff training and improper communication methods for patients with hearing or speech impairments. These studies underline the need for a rights-based approach and inclusive policy reforms in the health sector but highlight a gap in localized, district-specific data—especially for rural, underserved areas. Moreover, attitudinal and cultural factors further deepen exclusion. A study by Ahmad and Saeed (2019) on the role of social stigma in healthcare access reported that PWDs are often perceived as a burden, leading to their health issues being trivialized by family members and medical staff alike. In many traditional communities, including those in southern Punjab, negative societal perceptions contribute to a lack of autonomy among disabled individuals in making healthcare decisions. When combined with gender, caste, and socioeconomic status, these factors multiply the disadvantage and make it nearly impossible for some PWDs to access even the most basic healthcare services (Nishtar et al., 2020). As a result, their healthcare needs remain unmet, contributing to higher rates of preventable disease, poor mental health, and premature death.

Given the paucity of research focused specifically on rural areas such as Bahawalnagar District, this study aims to fill a critical gap. Although national policies such as the *Disabled Persons (Employment and Rehabilitation) Ordinance* and the *National Policy for Persons with Disabilities* exist, their implementation remains weak, particularly in rural districts. Understanding the localized challenges faced by people with disabilities—such as communication gaps, staff insensitivity, lack of accessible infrastructure, and financial burden—will help tailor more effective, inclusive policies and service delivery mechanisms (Government of Pakistan, 2018). The present study therefore contributes to the growing body of evidence that calls for disability-inclusive development, especially in the health sector.

3. METHODOLOGY

This study employed a qualitative research design to explore and analyze the barriers faced by individuals with disabilities in accessing healthcare services in the Bahawalnagar District. Qualitative methods were selected to capture in-depth insights, lived experiences, and nuanced social, economic, and systemic factors that influence healthcare accessibility. The target population included three key stakeholder groups: doctors, paramedical staff, and individuals with disabilities who had attempted to access healthcare services in the district. Data were collected through structured interviews and focus group discussions (FGDs), allowing for triangulation of perspectives and validation of recurring themes. A purposive sampling technique was used to ensure the inclusion of participants with direct, relevant experience related to the topic. Interviews were conducted in local languages and later transcribed and translated into English for analysis. All data were analyzed thematically using coding techniques to identify dominant patterns and core barriers across responses (Braun & Clarke, 2006; Creswell & Poth, 2018). During the interviews and FGDs, the following guiding questions were posed to respondents:

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Q1. In your clinical experience, what are the most critical barriers that patients with disabilities face in receiving timely and appropriate healthcare at DHQ Hospital Bahawalnagar?

Q2. What practical difficulties do you observe that hinder disabled patients from smoothly navigating and accessing services within DHQ Hospital Bahawalnagar?

Q3. What are the main problems you face when trying to get medical treatment at DHQ Hospital Bahawalnagar?

These questions were designed to reflect the social, structural, attitudinal, and economic dimensions of access to care. Each interview and focus group session lasted between 45 to 90 minutes and was recorded with participant consent. Thematic analysis was guided by the frameworks used in similar studies exploring disability and health access in developing countries, ensuring both contextual relevance and methodological rigor (Shakespeare et al., 2019; Khan & Bano, 2020; Mitra et al., 2017). However, the further detail regarding the demographic and socio-economics characteristcs of the interviewees have been given in Table-I.

Table-I: Profile of the Interviewees

Demographics	Medical Staff and Disable Patients	
	N	(%)
Gender		
Male	25	56
Female	20	44
Age		
30 and below	10	22
31-40	8	18
41-50	15	33
51 and above	12	27
Stakeholders		
Doctors	15	33
Para Medical Staff	13	29
Patients	17	38

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4. FINDINGS

The details of the key themes identified as a result of structured interviews and focus group discussions with doctors, paramedical staff, and individuals with disabilities at DHQ Hospital Bahawalnagar have been comprehensively presented in Figure 1 and Table 1. These themes emerged through thematic analysis of the qualitative data and reflect the multifaceted barriers faced by disabled individuals in accessing healthcare. The data captures a wide range of challenges, including structural limitations, financial constraints, communication issues, discriminatory attitudes, and lack of staff training. Figure-1 visually illustrates the frequency and relative significance of each theme, while Table-II provides a detailed description and classification of the themes based on stakeholder responses.

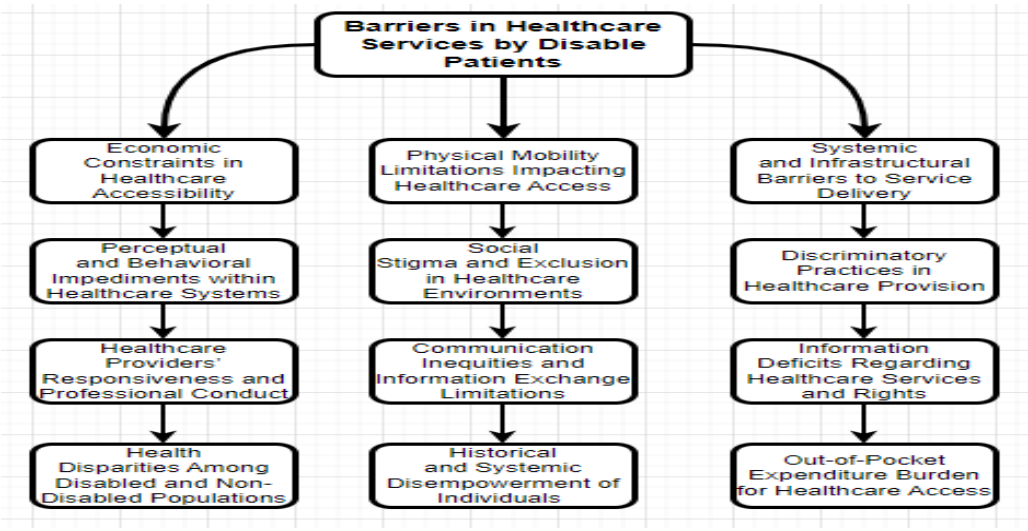

Figure-1: *Themes Regarding Barriers in Healthcare Services by Disable*

Table-II: Profile of the Interviewees

Sr. #	Themes and Categories Regarding the Barriers in Accessing Healthcare Services by Disable Person	Frequencies
01	Economic Constraints in Healthcare Accessibility	25
02	Physical Mobility Limitations Impacting Healthcare Access	20
03	Systemic and Infrastructural Barriers to Service Delivery	19
04	Perceptual and Behavioral Impediments within Healthcare Systems	15
05	Social Stigma and Exclusion in Healthcare Environments	14
06	Discriminatory Practices in Healthcare Provision	13
07	Healthcare Providers' Responsiveness and Professional Conduct	13
08	Communication Inequities and Information Exchange Limitations	12
09	Information Deficits Regarding Healthcare Services and Rights	11
10	Health Disparities Among Disabled and Non-Disabled Populations	08
11	Historical and Systemic Disempowerment of Individuals with Disabilities	07
12	Out-of-Pocket Expenditure Burden for Healthcare Access	05

4.1. Detail Regarding the Themes Pertaining to Barriers in Healthcare Services.

4.1.1. Economic Constraints in Healthcare Accessibility.

The theme of economic constraints identified in Table-II represents a significant barrier to healthcare access for disabled patients at DHQ Hospital Bahawalnagar. Many individuals with

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disabilities belong to low-income households and are either unemployed or financially dependent on others. The costs associated with transportation, medical tests, assistive devices, and follow-up care often exceed their financial capacity. Additionally, while DHQ hospitals offer subsidized or free services, hidden costs such as informal payments, medicines not available in the hospital pharmacy, or travel expenses for repeated visits place an added burden on disabled patients. These financial limitations discourage timely medical consultation and lead to delays in diagnosis and treatment, ultimately compromising the overall health and well-being of this vulnerable population.

4.1.2. Physical Mobility Limitations Impacting Healthcare Access

The theme of physical mobility limitations in Table-II underscores a critical barrier that significantly hampers the ability of disabled patients to access healthcare services at DHQ Hospital Bahawalnagar. Many patients with physical disabilities face immense challenges in navigating the hospital environment due to the absence of wheelchair ramps, non-functional elevators, narrow corridors, and inaccessible washrooms. These infrastructural shortcomings make it difficult for patients to move independently within the facility, often requiring assistance from caregivers, which is not always available. As a result, some disabled individuals avoid or delay seeking medical care altogether. The lack of disability-friendly infrastructure not only restricts physical access but also reinforces a sense of exclusion and neglect, thereby violating the principle of equitable healthcare access.

4.1.3. Systemic and Infrastructural Barriers to Service Delivery

The theme of systemic and infrastructural barriers identified in Table-II highlights deeply embedded institutional shortcomings that obstruct access to healthcare for disabled patients at DHQ Hospital Bahawalnagar. These barriers include the lack of disability-inclusive policies, absence of dedicated help desks, inadequate signage, and unavailability of assistive equipment such as wheelchairs and walking aids. Additionally, there is often no formal mechanism for priority service or specialized care tailored to the needs of individuals with disabilities. These systemic gaps reflect a healthcare environment that is not designed to accommodate the specific requirements of disabled patients, leading to delays, confusion, and dependence on others for navigation and support. As a result, many patients feel discouraged from using the facility, limiting their access to essential health services and reinforcing health disparities.

4.1.4. Perceptual and Behavioral Impediments within Healthcare Systems

The theme of perceptual and behavioral impediments within healthcare systems in Table-II refers to the attitudes, assumptions, and interpersonal behaviors of healthcare providers that unintentionally or overtly hinder access to care for disabled patients at DHQ Hospital Bahawalnagar. Many medical staff perceive patients with disabilities as overly dependent, less responsive to treatment, or burdensome, which can lead to dismissive behavior, lack of empathy, or insufficient time allocation during consultations. Such perceptions often stem from inadequate training and a lack of awareness about disability rights and inclusive healthcare practices. These behavioral barriers create a hostile or unwelcoming environment, making disabled patients feel undervalued, misunderstood, or even reluctant to seek care. Ultimately, these negative interactions contribute to reduced service utilization and poorer health outcomes for this already vulnerable group.

4.1.5. Social Stigma and Exclusion in Healthcare Environments

The theme of social stigma and exclusion in healthcare environments reflects the societal attitudes and discriminatory perceptions that significantly hinder disabled patients' access to care at DHQ Hospital Bahawalnagar. Individuals with disabilities are often perceived as less capable, dependent, or even invisible within the healthcare system, leading to their marginalization during service delivery. This stigma can manifest through insensitive remarks,

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lack of attention, or being deprioritized in queues, making patients feel unwelcome or ashamed. Moreover, some family members or attendants internalize this stigma, further limiting the patient's autonomy in seeking care. Such exclusion not only impacts the mental and emotional well-being of disabled individuals but also reduces their willingness to visit healthcare facilities, thereby worsening health disparities and undermining efforts toward inclusive healthcare access.

4.1.6. *Discriminatory Practices in Healthcare Provision*

The theme of discriminatory practices in healthcare provision highlights how biased behavior by medical staff can create serious access barriers for disabled patients at DHQ Hospital Bahawalnagar. Some healthcare providers may treat disabled individuals as less of a priority, offer limited explanations about their condition, or assume they cannot make decisions about their care. These practices lead to feelings of neglect, disrespect, and mistrust, discouraging patients from returning for treatment. Such discrimination reinforces inequality and directly impacts the quality and continuity of care for this already vulnerable population.

4.1.7. Healthcare Providers' Responsiveness and Professional Conduct

The theme of healthcare providers' responsiveness and professional conduct reflects how the attitude and behavior of staff can affect disabled patients' access to care at DHQ Hospital Bahawalnagar. Delayed responses, lack of empathy, or dismissive communication can make patients feel ignored or unimportant. When providers fail to listen carefully or accommodate specific needs, it creates discomfort and discourages future visits. Poor professional conduct thus becomes a barrier to building trust and ensuring inclusive, patient-centered care for individuals with disabilities.

4.1.8. Communication Inequities and Information Exchange Limitations

The theme of communication inequities and information exchange limitations highlights a major barrier for disabled patients at DHQ Hospital Bahawalnagar, especially those with hearing, speech, or cognitive impairments. The absence of sign language interpreters, easy-to-understand materials, or patient-centered communication leads to misunderstandings, confusion, and incomplete treatment instructions. These gaps reduce patients' ability to fully engage in their care, increasing dependency and decreasing the quality of healthcare outcomes.

4.1.9. Information Deficits Regarding Healthcare Services and Rights

The theme of information deficits regarding healthcare services and rights reveals that many disabled patients at DHQ Hospital Bahawalnagar are unaware of the services available to them or their healthcare entitlements. This lack of accessible and targeted information—such as signage, guidance desks, or disability-specific outreach—prevents them from navigating the system effectively. As a result, they may miss out on essential services, face delays, or rely heavily on attendants, limiting their independence and timely access to care.

4.1.10. Health Disparities Among Disabled and Non-Disabled Populations

The theme of health disparities among disabled and non-disabled populations highlights unequal access to care and differences in treatment outcomes at DHQ Hospital Bahawalnagar. Disabled patients often receive less attention, slower service, and fewer follow-up options compared to others. These disparities stem from limited resources, staff biases, and a lack of disability-specific protocols, leading to poorer health outcomes and reinforcing exclusion from mainstream healthcare services.

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4.1.11. Historical and Systemic Disempowerment of Individuals with Disabilities

The theme of historical and systemic disempowerment of individuals with disabilities reflects long-standing neglect in policy, planning, and service delivery that affects disabled patients at DHQ Hospital Bahawalnagar. Due to decades of exclusion, many disabled individuals lack awareness of their rights and hesitate to seek care. Health systems have rarely prioritized their needs, resulting in low confidence, limited advocacy, and poor institutional responsiveness, which collectively hinder access to essential healthcare services.

4.1.12. Out-of-Pocket Expenditure Burden for Healthcare Access

The theme of out-of-pocket expenditure burden for healthcare access highlights a key financial barrier for disabled patients at DHQ Hospital Bahawalnagar. Despite public healthcare being subsidized, patients often incur costs for medicines, diagnostic tests, mobility aids, and transport. For low-income disabled individuals, these expenses are unaffordable, leading to treatment delays, skipped appointments, or complete avoidance of care, ultimately worsening their health conditions.

5. Conclusion & Practical Implications

This study has highlighted the multifaceted barriers faced by individuals with disabilities in accessing healthcare services at DHQ Hospital Bahawalnagar, as identified through interviews and focus group discussions with doctors, paramedical staff, and disabled patients. The key themes—such as economic constraints, physical mobility limitations, systemic barriers, discriminatory practices, and communication challenges—reveal how deeply rooted structural and attitudinal issues contribute to healthcare exclusion. These findings reflect not only individual hardships but also institutional gaps that require urgent attention. Figure-2, which presents the identified themes, can serve as a valuable framework for health policymakers and hospital administrators in designing more inclusive and responsive healthcare systems. The themes may guide the formulation of disability-inclusive policies, improve staff training, and encourage the development of accessible infrastructure and patient-centered communication strategies. By incorporating these insights into operational planning and service delivery,

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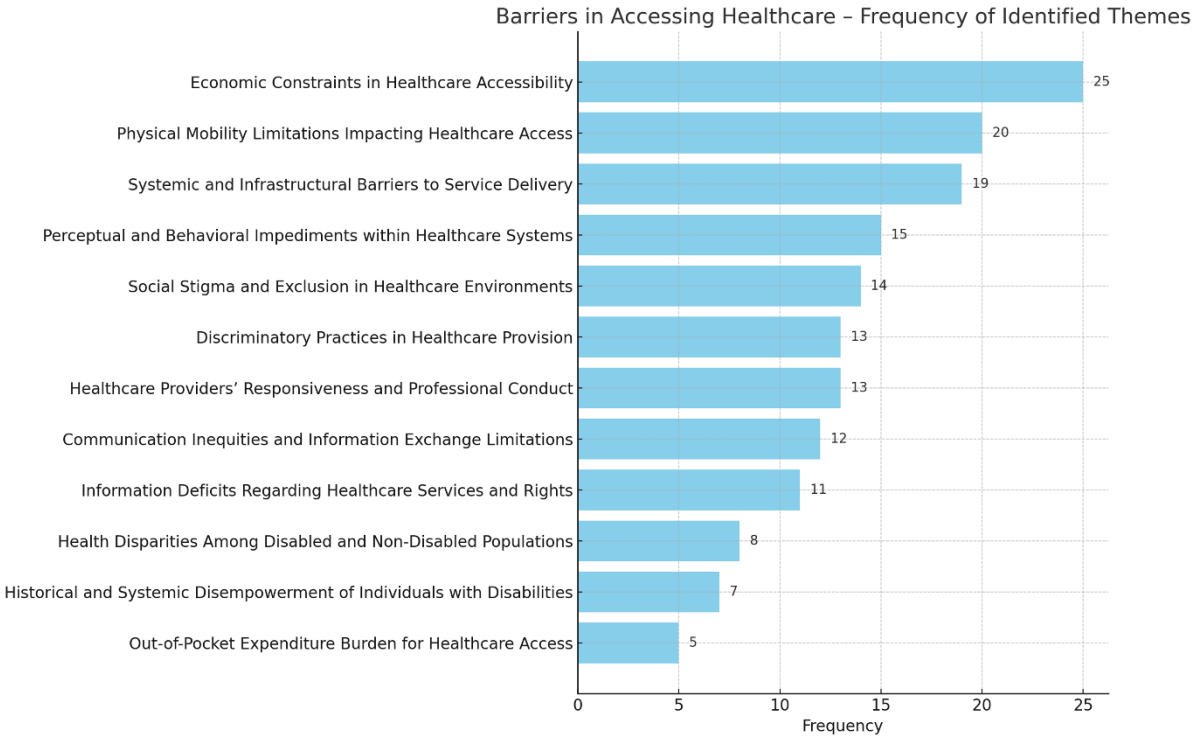
treatment quality and healthcare experiences for persons with disabilities can be significantly enhanced at both district and provincial levels.

Figure-1: *Themes Regarding Barriers in Healthcare Services by Disable*



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