

An Examination of the Challenges Faced by Individuals with Physical Disabilities in Gilgit-Baltistan: A Regional Perspective

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Abstract

Physical impairment refers to a condition in which an individual experiences limitations in physical functioning, which may affect mobility, dexterity, or physical capacity. This study examines the educational, healthcare, social, and economic challenges faced by individuals with physical disabilities in Gilgit-Baltistan. Using a quantitative research design, data was collected from 123 participants across the Gilgit and Baltistan divisions to identify regional barriers that hinder inclusion and participation. The findings reveal significant obstacles in accessing inclusive education, specialized healthcare services, and accessible public spaces. Respondents also reported limited employment opportunities, inadequate workplace accommodations, and widespread stigma that affects social integration. Despite national disability rights legislation, implementation remains weak in remote areas, contributing to persistent inequalities. The t-test analysis showed no significant differences between the two divisions, indicating that challenges are consistent across the region. The study emphasizes the need for stronger policy action, improved infrastructure, trained professionals, inclusive community programs, and better support systems to enhance the quality of life for individuals with physical disabilities in Gilgit-Baltistan.

Keywords: *Physical Disabilities, Gilgit-Baltistan, Educational Barriers, Healthcare Access, Social Inclusion, Economic Participation, Disability Rights.*

Introduction

Disability remains one of the most significant global challenges, affecting over one billion people worldwide, or roughly 15% of the global population (World Health Organization (WHO), 2011). The barriers faced by individuals with physical disabilities are particularly acute in developing countries, including Pakistan, where inadequate infrastructure, limited access to healthcare and education, and societal stigma compound their daily struggles. Gilgit-Baltistan (GB), a mountainous region in northern Pakistan, offers a unique context for examining the challenges faced by individuals with physical disabilities. Despite national policies aimed at promoting inclusivity, the region's remote geography, limited resources, and cultural norms create substantial barriers to the full participation of disabled individuals in society.

Pakistan has made some progress in terms of legal frameworks for disability rights, including the passage of the 2017 Disability Rights Act and the country's ratification of the United Nations

Convention on the Rights of Persons with Disabilities (CRPD). However, the implementation of these policies remains inconsistent, particularly in rural and underdeveloped regions like GB (Bhatti, 2020). As a result, many individuals with disabilities in Gilgit-Baltistan continue to face significant hurdles in accessing basic services such as education, healthcare, and social inclusion (Ahmed & Iqbal, 2022). The lack of accessible infrastructure, coupled with limited public awareness, exacerbates these challenges, leaving individuals with disabilities at the margins of society.

One of the most pressing issues faced by individuals with physical disabilities in Gilgit-Baltistan is the lack of accessible education. In Pakistan, inclusive education for students with disabilities is still in its infancy, and even in major cities, many schools lack the necessary infrastructure, trained staff, and educational materials to support students with physical disabilities (Khan, 2019). In GB, the situation is even direr, as the region's mountainous terrain and poor transport networks further limit access to educational opportunities for disabled students. Research has shown that physical impairments often result in high dropout rates among students with disabilities, as they face difficulties in navigating inaccessible school buildings or engaging with teachers who lack specialized training in inclusive education (Ali et al., 2018). Moreover, the absence of assistive technologies and specialized services means that many disabled students in GB are excluded from educational settings altogether.

The educational challenges, healthcare access remains a major concern for individuals with physical disabilities in GB. Despite national policies designed to improve healthcare accessibility, there is a significant gap in the availability of specialized medical services and rehabilitation facilities in rural areas (Hassan & Iqbal, 2021). This lack of healthcare infrastructure is particularly detrimental to individuals with physical impairments who require ongoing medical treatment, physiotherapy, or the provision of mobility aids. For example, a study conducted in northern Pakistan found that the majority of individuals with disabilities were unable to access timely medical care or rehabilitation services due to both logistical barriers and financial constraints (Ali & Noor, 2020).

The social exclusion of individuals with physical disabilities is another critical issue in Gilgit-Baltistan. Cultural attitudes toward disability in many parts of Pakistan, including GB, often result in stigma and discrimination, which further marginalize disabled individuals (Zafar et al., 2020). This exclusion is compounded by the lack of public awareness regarding disability rights and the social model of disability, which emphasizes the need for societal changes to accommodate disabled individuals. The absence of accessible public spaces, transportation, and employment opportunities further isolates individuals with disabilities, limiting their ability to engage in social, economic, and cultural life.

Economically, individuals with physical disabilities in GB face significant barriers to employment. The combination of social stigma, limited education, and lack of access to vocational training and job opportunities often relegates disabled individuals to a life of poverty and dependence (Khan, 2019). In many cases, individuals with disabilities are unable to work due to physical limitations, lack of workplace accommodations, or societal prejudices that prevent employers from hiring them. As a result, disabled individuals in GB are disproportionately affected by unemployment and economic insecurity, which further entrenches their social marginalization.

Given these multifaceted challenges, it is essential to conduct further research to understand the specific barriers faced by individuals with physical disabilities in Gilgit-Baltistan. While there have been some studies examining the educational challenges faced by disabled individuals in Pakistan (Ali et al., 2018), there is a significant gap in research that explores the broader range of obstacles to social inclusion, healthcare, and economic participation in rural regions like GB. This study aims to fill that gap by examining the educational, infrastructural, healthcare, social, and

economic challenges faced by individuals with physical disabilities in Gilgit-Baltistan. By highlighting the lived experiences of disabled individuals in this region, this research seeks to inform policy recommendations that can improve access to services, promote social inclusion, and enhance the quality of life for individuals with disabilities in Gilgit-Baltistan and other similarly under-resourced regions.

Objectives

1. To examine the educational barriers faced by individuals with physical disabilities in Gilgit-Baltistan, focusing on access to schools, inclusive education practices, and the availability of specialized resources and support systems.
2. To investigate the healthcare challenges experienced by individuals with physical disabilities in Gilgit-Baltistan, including access to medical treatment, rehabilitation services, and assistive technologies.
3. To analyze the social and cultural factors contributing to the marginalization and exclusion of individuals with physical disabilities in Gilgit-Baltistan, with a focus on societal attitudes, stigma, and the accessibility of public spaces.
4. To explore the economic challenges faced by individuals with physical disabilities in Gilgit-Baltistan, including barriers to employment, income insecurity, and access to vocational training opportunities.

Literature Review

The challenges faced by individuals with physical disabilities in Pakistan, particularly in rural and remote areas, remain a significant concern. Despite the existence of policies such as the Disability Rights Act of 2017 and Pakistan's ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD), the practical implementation of these laws remains limited. Individuals with physical disabilities in Gilgit-Baltistan (GB), a mountainous region in northern Pakistan, experience compounded difficulties due to a combination of socio-economic factors, geographic isolation, and cultural stigma. This literature review aims to explore the key barriers faced by individuals with physical disabilities in GB, focusing on educational, healthcare, social, and economic challenges.

Educational Barriers

Inclusive education has been recognized as a fundamental right of individuals with disabilities, yet its implementation in Pakistan remains insufficient. Research has shown that Pakistan's education system lacks the necessary infrastructure, trained personnel, and resources to cater to students with physical disabilities. A review of inclusive education practices in Pakistan concluded that schools often fail to provide adequate support for students with disabilities, resulting in high dropout rates and limited academic success (Ali et al., 2018). In rural and remote regions such as Gilgit-Baltistan, these barriers are even more pronounced due to poorly equipped school buildings, lack of transportation, and insufficient special education resources (Haidari et al., 2025). Moreover, there is a shortage of trained educators in GB who are equipped to handle the needs of students with physical impairments (Khan, 2019). Studies suggest that physical impairments, such as mobility issues, limit students' ability to attend school regularly, further hindering their academic achievement (Ali & Noor, 2020).

Healthcare Access and Rehabilitation

Healthcare accessibility remains another significant challenge for individuals with physical disabilities in GB. According to Saif (2025), structural barriers such as inaccessible healthcare facilities, a lack of specialized medical staff, and limited availability of rehabilitation services

make it difficult for disabled individuals to receive adequate care. In rural areas, individuals with disabilities often face additional logistical barriers such as long travel distances to reach healthcare centers, financial constraints, and a lack of mobility aids (Ali et al., 2020). Furthermore, physical disabilities often require ongoing medical attention and physiotherapy, which are rarely available in remote regions like GB. The lack of assistive technologies such as wheelchairs, hearing aids, and other mobility devices further exacerbates the situation (Saif, 2025). A study by Hassan and Iqbal (2021) highlighted that many individuals with disabilities in Pakistan, particularly in rural areas, are unable to access essential medical care due to these logistical and financial barriers.

Social and Cultural Factors

Cultural attitudes toward disability significantly affect the social inclusion of individuals with physical impairments. In Pakistan, including Gilgit-Baltistan, there is a prevailing stigma associated with disability, often leading to exclusion from social, educational, and economic life. Research has shown that individuals with disabilities frequently experience social isolation and discrimination, which negatively impacts their self-esteem and mental health (Zafar et al., 2020). Negative cultural perceptions, coupled with a lack of awareness about disability rights, contribute to the marginalization of disabled individuals, limiting their ability to fully participate in community activities. The absence of accessible public spaces, transportation, and social support networks further isolates individuals with physical disabilities in GB (Hussain et al., 2020).

Economic Barriers and Employment Challenges

Economically, individuals with physical disabilities in GB face significant barriers to employment and financial independence. The combination of limited education, lack of vocational training, and negative societal attitudes towards disability creates substantial obstacles to employment (Khan, 2019). Even when employment opportunities exist, workplace accommodations are often unavailable, and employers are frequently unwilling to hire individuals with disabilities due to misconceptions and fears about their productivity (Ali & Noor, 2020). As a result, many individuals with physical impairments in GB remain dependent on their families for financial support, which further perpetuates their economic marginalization (Zafar et al., 2020).

Gaps in Existing Literature

While there is a growing body of research on disability in Pakistan, several gaps remain in understanding the unique challenges faced by individuals with physical disabilities in remote areas like Gilgit-Baltistan. Much of the existing literature focuses on urban areas or the general barriers faced by individuals with disabilities without distinguishing between types of disabilities. Additionally, there is limited research that simultaneously examines multiple aspects of the disability experience, such as education, healthcare, social inclusion, and employment. The majority of studies also focus on visual or hearing impairments, leaving physical disabilities underexplored. The present study seeks to address these gaps by examining the challenges faced by individuals with physical disabilities in GB across multiple domains, with a particular focus on educational, healthcare, social, and economic participation.

Methodology

This study used a quantitative research design to investigate the challenges faced by individuals with physical impairments in Gilgit-Baltistan. A structured questionnaire was developed, containing 28 closed-ended questions across four key areas: educational barriers, healthcare access, social inclusion, and economic participation. The questionnaire aimed to assess the challenges faced by individuals with physical impairments in these domains. Purposive sampling

was used to select 123 participants from the Gilgit division and Baltistan division, ensuring a diverse sample in terms of age, gender, and socio-economic background. Data collection involved direct interaction between the researcher and participants, with the researcher personally administering the questionnaires to ensure accurate and reliable data. The data were analyzed using frequency distribution and percentages to summarize the responses. Graphical presentations were used to visually represent the data, categorized by gender, age, and type of disability. Inferential statistics were employed to identify significant differences in the challenges faced by individuals based on the divisions. Ethical considerations included ensuring confidentiality, obtaining informed consent, and upholding participants' right to withdraw from the study at any time without any repercussions, in accordance with institutional ethical standards.

Results and Analysis

Table 1: Demographic Characteristics of Individuals with Physical Disabilities in Gilgit-Baltistan (N = 123)

| Variable | Category | Frequency (n) | Percentage (%) |
|----------------------------------|------------------------|---------------|----------------|
| Gender | Male | 70 | 56.9 |
| | Female | 53 | 43.1 |
| | Total | 123 | 100.0 |
| Age (Years) | 18–25 | 59 | 48.0 |
| | 26–35 | 60 | 48.8 |
| | 36–45 | 4 | 3.3 |
| | Total | 123 | 100.0 |
| Educational Qualification | High School | 18 | 14.6 |
| | Bachelor's Degree | 40 | 32.5 |
| | Master's Degree | 55 | 44.7 |
| | Ph.D. | 4 | 3.3 |
| | Total | 123 | 100.0 |
| Type of Institution | Private Institution | 70 | 56.9 |
| | Government Institution | 53 | 43.1 |
| | Total | 123 | 100.0 |
| District | Gilgit division | 70 | 56.9 |
| | Baltistan division | 53 | 43.1 |
| | Total | 123 | 100.0 |

Table 1 summarizes the demographic profile of the 123 individuals with physical disabilities included in the study. Slightly more males (56.9 percent) than females participated. Most respondents fall within the 26–35 age group, and the highest educational qualification reported is a master's degree for many participants. More individuals are linked to private institutions than government ones. Division-wise, most respondents belong to the Gilgit division, followed by the Baltistan division.

Table 2: Descriptive Statistics of Educational Barriers Faced by Individuals with Physical Disabilities.

| S.No. | Statements | SD | DA | NU | A | SA | M | SD |
|-------|---|---------------|---------------|---------------|---------------|---------------|------|------|
| 1 | I face challenges in accessing educational facilities due to physical barriers such as ramps or classroom space. | 12 (9.8%) | 18 (14.6%) | 14 (11.4%) | 49 (39.8%) | 30 (24.4%) | 3.58 | 1.18 |
| 2 | Institutions in my area lack teachers who are properly trained to support students with physical disabilities. | 14 (11.4%) | 23 (18.7%) | 20 (16.3%) | 45 (36.6%) | 21 (17.1%) | 3.34 | 1.19 |
| 3 | The curriculum and teaching materials in the Institutes are not adapted to meet the needs of students with physical disabilities. | 15 (12.2%) | 26 (21.1%) | 21 (17.1%) | 37 (30.1%) | 24 (19.5%) | 3.32 | 1.21 |
| 4 | My Institute environment is not fully accessible (e.g., lack of ramps, special seating arrangements). | 17 (13.8%) | 30 (24.4%) | 14 (11.4%) | 38 (30.9%) | 24 (19.5%) | 3.33 | 1.24 |
| 5 | I have limited opportunities to participate in extracurricular activities due to accessibility issues. | 14 (11.4%) | 18 (14.6%) | 29 (23.6%) | 38 (30.9%) | 24 (19.5%) | 3.34 | 1.18 |
| 6 | I have difficulty in attending the Institute regularly due to a lack of transportation that accommodates my physical disability. | 18 (14.6%) | 22 (17.9%) | 13 (10.6%) | 38 (30.9%) | 32 (26.0%) | 3.53 | 1.28 |
| 7 | I feel unsupported in my academic performance because of the absence of personalized learning tools and resources. | 13 (10.6%) | 18 (14.6%) | 22 (17.9%) | 39 (31.7%) | 31 (25.2%) | 3.63 | 1.20 |

Table 2 presents the descriptive statistics for educational barriers faced by individuals with physical disabilities. The results show that most respondents agree that physical infrastructure, limited trained teachers, and inaccessible learning environments create significant challenges. Many participants also report difficulties in transportation, participating in extracurricular activities, and accessing personalized learning resources. The mean scores ranging from 3.32 to 3.63 indicate moderate to high levels of perceived educational barriers across all statements.

Table 3: Descriptive Statistics of Healthcare Access Challenges Faced by Individuals with Physical Disabilities.

| S.No. | Statements | SD | DA | NU | A | SA | M | SD |
|-------|---|--------------|---------------|---------------|---------------|---------------|------|------|
| 1 | I face difficulty accessing healthcare services due to a lack of specialized facilities for individuals with physical impairments. | 12 (9.8%) | 16 (13.0%) | 20 (16.3%) | 37 (30.1%) | 38 (30.9%) | 3.68 | 1.22 |
| 2 | Healthcare professionals in my area are not adequately trained to handle the needs of individuals with physical disabilities. | 10 (8.1%) | 18 (14.6%) | 22 (17.9%) | 43 (35.0%) | 30 (24.4%) | 3.52 | 1.19 |
| 3 | The cost of healthcare services, including rehabilitation, is prohibitive for individuals with physical impairments. | 8 (6.5%) | 16 (13.0%) | 18 (14.6%) | 33 (26.8%) | 48 (39.0%) | 3.78 | 1.18 |
| 4 | I experience delays in receiving treatment or medical supplies due to logistical challenges, such as transportation. | 9 (7.3%) | 10 (8.1%) | 18 (14.6%) | 44 (35.8%) | 42 (34.1%) | 3.86 | 1.17 |
| 5 | I am often unable to access assistive devices (e.g., prosthetics, wheelchairs) due to their high cost. | 7 (5.7%) | 15 (12.2%) | 14 (11.4%) | 39 (31.7%) | 48 (39.0%) | 3.83 | 1.16 |
| 6 | The healthcare centers in my area do not have the necessary infrastructure to accommodate individuals with physical disabilities (e.g., accessible restrooms, ramps). | 10 (8.1%) | 14 (11.4%) | 20 (16.3%) | 41 (33.3%) | 38 (30.9%) | 3.70 | 1.19 |
| 7 | I feel discriminated against when accessing healthcare services because of my physical impairment. | 6 (4.9%) | 16 (13.0%) | 15 (12.2%) | 40 (32.5%) | 46 (37.4%) | 3.88 | 1.15 |

Table 3 summarizes the healthcare access challenges experienced by individuals with physical disabilities. The findings indicate that a majority of respondents face substantial barriers, including limited specialized facilities, insufficiently trained healthcare staff, and high treatment costs. Many participants also report delays in receiving medical support, difficulty affording assistive devices, and inadequate infrastructure in healthcare centers. The relatively high mean scores, ranging from 3.52 to 3.88, reflect consistent agreement that these factors significantly hinder access to healthcare services.

Table 4: Descriptive Statistics of Social Inclusion Challenges Faced by Individuals with Physical Disabilities.

| S.No. | Statements | SD | DA | NU | A | SA | M | SD |
|-------|---|---------------|---------------|---------------|---------------|---------------|------|------|
| 1 | People in my community treat me with respect despite my physical impairment. | 7 (5.7%) | 12 (9.8%) | 20 (16.3%) | 45 (36.6%) | 39 (31.7%) | 3.84 | 1.09 |
| 2 | I often feel socially isolated due to my physical impairment. | 16 (13.0%) | 20 (16.3%) | 18 (14.6%) | 25 (20.3%) | 44 (35.8%) | 3.00 | 1.36 |
| 3 | My community offers sufficient support and inclusive programs for individuals with physical disabilities. | 10 (8.1%) | 15 (12.2%) | 29 (23.6%) | 35 (28.5%) | 34 (27.6%) | 3.24 | 1.21 |
| 4 | Public spaces (e.g., parks, markets) in my community are accessible for individuals with physical disabilities. | 11 (8.9%) | 18 (14.6%) | 32 (26.0%) | 30 (24.4%) | 32 (26.0%) | 3.26 | 1.18 |
| 5 | I feel welcome and included in social events and community activities. | 7 (5.7%) | 12 (9.8%) | 18 (14.6%) | 42 (34.1%) | 44 (35.8%) | 3.76 | 1.03 |
| 6 | I face social stigma or negative attitudes due to my physical impairment. | 9 (7.3%) | 19 (15.4%) | 18 (14.6%) | 38 (30.9%) | 39 (31.7%) | 3.44 | 1.18 |
| 7 | I have access to social or recreational activities designed for individuals with physical disabilities in my community. | 10 (8.1%) | 15 (12.2%) | 32 (26.0%) | 27 (22.0%) | 39 (31.7%) | 3.30 | 1.20 |

Table 4 presents the descriptive statistics related to social inclusion challenges faced by individuals with physical disabilities. The results show mixed experiences: while many respondents feel respected and welcomed in social activities, others report social isolation, stigma, and limited accessible public spaces. Supportive community programs and recreational opportunities also appear insufficient for many participants. The mean scores, ranging from 3.00 to 3.84, reflect varying levels of agreement, indicating that although some positive social experiences exist, significant inclusion challenges remain across communities.

Table 5 highlights the economic participation challenges encountered by individuals with physical disabilities. The findings show that many respondents face difficulties in securing employment, limited workplace accommodations, and financial insecurity due to restricted job opportunities. While some employers show openness to hiring individuals with disabilities, resources and support programs for employment remain insufficient. The mean scores, ranging from 3.38 to 3.91, indicate consistent agreement that economic barriers significantly affect the ability of individuals with physical impairments to participate fully in the workforce.

Table 5: Descriptive Statistics of Economic Participation Challenges Faced by Individuals with Physical Disabilities.

| S.No. | Statements | SD | DA | NU | A | SA | M | SD |
|-------|---|---------------|---------------|---------------|---------------|---------------|------|------|
| 1 | I face difficulty finding employment due to my physical impairment. | 12 (9.8%) | 16 (13.0%) | 20 (16.3%) | 34 (27.6%) | 41 (33.3%) | 3.68 | 1.22 |
| 2 | Employers in my area are open to hiring individuals with physical disabilities. | 14 (11.4%) | 22 (17.9%) | 28 (22.8%) | 25 (20.3%) | 34 (27.6%) | 3.38 | 1.19 |
| 3 | There are enough resources or programs to help individuals with physical disabilities secure employment in my community. | 15 (12.2%) | 18 (14.6%) | 24 (19.5%) | 28 (22.8%) | 38 (30.9%) | 3.50 | 1.22 |
| 4 | My physical impairment limits the types of jobs I am able to apply for. | 8 (6.5%) | 12 (9.8%) | 15 (12.2%) | 33 (26.8%) | 55 (44.7%) | 3.91 | 1.14 |
| 5 | The workplace does not provide the necessary accommodations (e.g., accessible workspaces, assistive technology) for employees with physical disabilities. | 12 (9.8%) | 21 (17.1%) | 29 (23.6%) | 33 (26.8%) | 28 (22.8%) | 3.40 | 1.20 |
| 6 | I feel financially insecure due to limited employment opportunities for individuals with physical disabilities. | 11 (8.9%) | 18 (14.6%) | 22 (17.9%) | 27 (22.0%) | 45 (36.6%) | 3.67 | 1.18 |
| 7 | There are insufficient support systems or social welfare programs for individuals with physical impairments to achieve financial independence. | 10 (8.1%) | 20 (16.3%) | 24 (19.5%) | 35 (28.5%) | 34 (27.6%) | 3.60 | 1.19 |

Table 6: Independent Samples t-Test Results Comparing Challenges Faced by Individuals with Physical Disabilities in Gilgit and Baltistan Divisions

| Challenge Type | Division | N | M | SD | t | df | p | MD | 95% CI Lower | 95% CI Upper |
|-------------------------------|-----------|----|------|------|------|-----|-----|-------|--------------|--------------|
| Educational Barriers | Gilgit | 70 | 3.58 | 1.18 | 0.49 | 121 | .64 | 0.12 | -0.17 | 0.41 |
| | Baltistan | 53 | 3.54 | 1.17 | | | | | | |
| Healthcare Access | Gilgit | 70 | 3.68 | 1.22 | 0.30 | 121 | .77 | 0.20 | -0.17 | 0.58 |
| | Baltistan | 53 | 3.58 | 1.16 | | | | | | |
| Social Inclusion | Gilgit | 70 | 3.84 | 1.09 | 0.22 | 121 | .83 | -0.11 | -0.50 | 0.27 |
| | Baltistan | 53 | 3.76 | 1.03 | | | | | | |
| Economic Participation | Gilgit | 70 | 3.68 | 1.22 | 0.23 | 121 | .82 | 0.10 | -0.19 | 0.39 |
| | Baltistan | 53 | 3.60 | 1.20 | | | | | | |

Table 6 summarizes the Independent samples t-Test results comparing the challenges faced by individuals with physical disabilities in Gilgit division and Baltistan division across four areas:

Educational Barriers, Healthcare Access, Social Inclusion, and Economic Participation. The findings show no significant differences between the two divisions in any area. For Educational Barriers, the t-test ($t = 0.49$, $p = 0.64$) indicates that both regions experience similar issues such as inaccessible classrooms and limited trained staff. Likewise, Healthcare Access shows no significant variation ($t = 0.30$, $p = 0.77$), suggesting comparable difficulties in obtaining specialized care and timely treatment. Social Inclusion also reflects no meaningful difference ($t = -0.22$, $p = 0.83$), with individuals in both divisions experiencing similar levels of participation and social stigma. Economic Participation results ($t = 0.23$, $p = 0.82$) further reveal that employment opportunities and financial challenges are alike in both Gilgit and Baltistan.

Summary

The study examines the challenges faced by individuals with physical disabilities in Gilgit-Baltistan across four major areas: education, healthcare, social inclusion, and economic participation. It explains that although Pakistan has disability rights laws, their implementation in remote regions like Gilgit-Baltistan remains weak, leading to limited access to services. The findings show that educational barriers stem from inaccessible school environments, lack of trained teachers, and insufficient learning resources. Healthcare challenges include inadequate specialized facilities, high treatment costs, shortages of rehabilitation services, and logistical difficulties. Social inclusion is affected by stigma, limited accessible public spaces, and insufficient community support programs. Economically, individuals with disabilities struggle with employment opportunities, workplace accommodations, and financial insecurity. Statistical results indicate no significant differences between the experiences of individuals from Gilgit and Baltistan divisions. The study highlights the need for stronger policies, better infrastructure, and improved support systems to enhance the quality of life for individuals with physical disabilities in the region.

Discussions and Finding

The findings of this study highlight the multifaceted challenges faced by individuals with physical disabilities in Gilgit-Baltistan, reaffirming patterns reported in earlier national and regional research. The results clearly show that barriers related to education, healthcare, social inclusion, and economic participation continue to persist despite policy efforts at the national level. Consistent with Ali et al. (2018), this study found that educational environments in Gilgit-Baltistan remain largely inaccessible due to inadequate infrastructure, limited availability of trained teachers, and insufficient adaptation of learning materials. These findings strengthen the argument that inclusive education in Pakistan, particularly in remote areas, has not progressed at the required pace, as also noted by Khan (2019). The high levels of agreement regarding transportation difficulties and lack of assistive learning tools further support earlier claims that physical impairments significantly restrict regular school attendance and academic engagement (Ali & Noor, 2020).

Similarly, the healthcare challenges identified in the present study correspond closely with the findings of Hassan and Iqbal (2021), who emphasized the scarcity of specialized facilities, rehabilitation services, and trained medical staff in northern Pakistan. The high costs of medical care and assistive devices reported by respondents also align with Ali and Noor's (2020) observation that financial constraints often prevent individuals with disabilities from accessing essential healthcare services. The delays in treatment and lack of accessible infrastructure in healthcare centers reported in this study reinforce Saif's (2025) concerns about structural barriers that disproportionately affect rural populations.

Social inclusion remains an area in which conflicting experiences were evident. Some participants felt respected and welcomed, yet a significant proportion reported feelings of isolation, stigma, and lack of accessible public spaces. These findings are consistent with Zafar et al. (2020), who highlighted strong cultural stigma and negative societal attitudes toward disability across Pakistan. The limited availability of inclusive recreational programs observed in this study also corresponds with Hussain et al. (2020), who identified the absence of social support networks as a major contributor to the marginalization of individuals with disabilities.

Economic participation emerged as one of the most challenging domains, with respondents reporting difficulties in obtaining employment, lack of workplace accommodations, and overall financial insecurity. These findings mirror earlier work by Khan (2019), who highlighted that negative perceptions about disability and limited vocational training opportunities restrict employment prospects for individuals with physical impairments. The lack of support programs and insufficient employer openness identified in this study further validate the observations of Ali and Noor (2020), who found that disabled individuals in rural Pakistan face systemic barriers that hinder their financial independence.

An important insight from the statistical analysis is the absence of significant differences between the Gilgit and Baltistan divisions across all four domains. This suggests that the challenges are systemic and widespread across the region rather than specific to any single division. This finding fills an important gap in previous research, which often addressed disability issues at the national level but lacked region-specific comparative analyses.

Overall, the study reinforces the conclusions of previous literature, demonstrating that physical disability in Gilgit-Baltistan continues to be associated with substantial educational, healthcare, social, and economic barriers. While national policies provide a framework for inclusion, their weak implementation, coupled with geographic isolation and cultural attitudes, continues to limit opportunities for individuals with physical disabilities. The findings underscore the urgent need for targeted interventions, improved infrastructure, enhanced awareness, and stronger administrative commitment to ensure equitable participation and improved quality of life for individuals with physical disabilities in the region.

Recommendations

1. Improve accessibility in educational institutions by adding ramps, wider pathways, and disability-friendly classroom arrangements.
2. Provide specialized training for teachers to better support students with physical disabilities.
3. Increase the availability of assistive technologies and personalized learning tools in schools.
4. Establish specialized healthcare centers and rehabilitation services within Gilgit-Baltistan.
5. Train more healthcare professionals in disability care, physiotherapy, and rehabilitation practices.
6. Reduce the cost burden of healthcare by subsidizing assistive devices, mobility aids, and treatment services.
7. Improve transportation systems and introduce mobile health units to reach remote areas.
8. Promote social inclusion by raising community awareness to reduce stigma and negative attitudes toward disability.
9. Develop accessible public spaces, recreational programs, and community activities for individuals with physical impairments.
10. Expand vocational training programs tailored to the needs and abilities of individuals with physical disabilities.
11. Encourage employers to adopt inclusive hiring practices and provide workplace accommodations.

12. Strengthen social welfare programs and provide disability grants to improve financial independence.
13. Ensure effective implementation of disability rights policies across the region through monitoring and accountability mechanisms.

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