



LIVED EXPERIENCES OF PERSONS WITH PHYSICAL DISABILITIES IN LOW-RESOURCED COMMUNITIES. A 10-YEAR LITERATURE DISCLOSURE, 2015-2025

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Abstract:

Disability is a human-rights concern demanding inclusive infrastructure, equitable policy enactment, and community participation to ensure persons with physical disabilities are included in development. A synthesis of 40 studies examines their lived realities and connects disability inclusion to Sustainable Development Goals 4, 6, 10, and 11. Across settings, five interrelated themes recur: accessibility and environmental barriers; discriminatory social attitudes and stigma; threats to independence, autonomy, and self-determination; constrained social participation and community exclusion; and adaptation and coping strategies across the life course. These themes reveal persistent structural obstacles and sources of resilience, demonstrating that barriers are systemic rather than individual. The evidence underscores urgent priorities: mainstream accessibility in education, water and sanitation, urban planning, and anti-discrimination policy; strengthen community-based engagement; and monitor implementation through disability-disaggregated indicators. Centering persons with physical disabilities in policy and practice is essential to uphold rights and advance the SDG commitment to leave no one behind.

Keywords: barriers, enablers, lived experience, physical disability, community

1. Introduction

This article is part of the main researcher's doctoral thesis. In this discourse, we review literature on enablers and barriers experienced by PwPDs relating to 21 countries across the world namely, Albania, Australia, Bangladesh, Canada, Colombia, Ethiopia, Ghana, India, Malawi, Malaysia, Nepal, Nigeria, Philippines, Senegal, South Africa, Tanzania,

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Timor Leste, Uganda, UK, United States and Zambia The article is arranged in several units, namely, theoretical underpinnings, procedure followed, Characteristics of included studies databases visited, findings and discussion, conclusion and recommendations.

1.1 Prevalence of Persons with Physical Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) has achieved near universal ratification, but its impact in low-resourced communities remains constrained by structural inequalities, underfunding, and persistent stigma. Globally, around 1.3 billion people (16% of the population) live with significant disabilities, and approximately 80% reside in low and middle-income countries where access to assistive devices, inclusive infrastructure, and quality services is limited (WHO, 2023; UNDRR, 2023). These deficits directly undermine the realization of CRPD rights to accessibility, health, independent living, education, and work. In many cases, states have established disability legislation and policies in line with the CRPD, but implementation is fragmented, poorly resourced, and often urban-centred, leaving rural and poor communities behind (CRPD Committee, 2018; OHCHR, 2022).

In sub-Saharan Africa, disability prevalence is higher than global averages due to preventable health conditions, conflict, injury, and inadequate rehabilitation (WHO, 2017). Zambia reflects these regional patterns. An estimated 10.9% of its population, over 2 million people, live with disabilities, with physical impairments being most common and especially prevalent among older adults and rural residents (UNICEF, 2023; ZamStats, 2023). Women report slightly higher disability rates than men, and some provinces, such as Eastern and Western, show higher prevalence than Lusaka (UNICEF, 2023). Despite ratifying the CRPD and introducing the Persons with Disabilities Act, Zambia continues to face major barriers: inaccessible infrastructure and transport, limited access to assistive devices, and weak inclusion in civic and political life (ZAPD, 2020; WHO, 2017).

Educational and economic outcomes illustrate the depth of the implementation gap. Only about 29% of persons with disabilities in Zambia complete primary school, reflecting inaccessible school environments, insufficient teacher training, and poverty-related constraints (ZAPD, 2020). In the labour market, only around 35% of persons with physical disabilities are employed, predominantly in informal and low-paying work without social protection (ZAPD, 2020; WHO, 2017). These realities conflict with the CRPD's commitments to inclusive education (Article 24) and decent work (Article 27), and are compounded by gender, age, and rural disadvantage. Overall, the current state of affairs can be characterized as one of high formal commitment to the CRPD but partial and uneven realization of rights, especially in low-resourced communities where poverty, weak systems, and discrimination intersect to limit meaningful inclusion (Banks *et al.*, 2021; OHCHR, 2022).

2. Theoretical Underpinnings

This section discusses the social model of disability, which views disability as a result of societal barriers, not individual impairments. It emphasizes inclusion, accessibility and rights, challenging the medical focus on fixing people. This approach drives advocacy and systemic change to empower disabled individuals in shaping society.

2.1 Social Model

Disability was traditionally seen through a medical lens, focusing on individual impairments. Michael Oliver (1990, 1995) introduced the social model, shifting blame from individuals to societal barriers. Popularized in Britain's disability movement (Shakespeare & Watson 2002), it argues that with proper services, disabled individuals can thrive, underlining that society's failure to provide access is the true source of disadvantage.

The social model of disability serves as a theoretical framework for understanding the lived experiences of persons with physical disabilities, though its applicability varies across contexts and conditions. Research demonstrates that the social model effectively explains how societal barriers create disability experiences, with studies showing that environmental factors significantly impact participation regardless of impairment type (Koca-Atabey, 2013; Strømsø, 2008).

Further, Grech (2009) argues that the social model of disability is central to understanding disability. The core needs of a person with an impairment are the same as anyone else's: life, love, education, employment, having control and choice in one's life as well as access to adequate services, including medical and rehabilitation when necessary. However, the model has limitations in capturing the full reality of disability experiences, particularly for individuals with non-visible disabilities who may not identify with traditional disability communities (Johnson, 2005). Studies reveal that persons with physical disabilities experience disability through multiple dimensions including impairment effects, social attitudes, and structural barriers (Connors & Stalker, 2007; Bartolac & Sangster Jokić, 2018). The model emphasizes removing attitudinal, institutional, and physical barriers to promote inclusion (Naami, 2014; Harpur, 2014), while recognizing that disability experiences involve complex interactions between social structures and individual agency across different cultural contexts (Bampi *et al.*, 2010).

In sum, the social model of disability provides a powerful framework for examining the interplay between disability and environment in a low-resourced community. It supports a research approach that is inclusive, critical and responsive to the lived realities of persons with physical disabilities.

3. Methodology for Literature Review

The research utilized various databases to gather literature, including Academia, the Education Resources Information Center (ERIC), Directory of Open Access Resources,

JSTOR, SAGE Online Journals, Elicit, Google Scholar, Research Gate, University of Zambia, among others. The literature review was confined to articles and journals published within the last decade (2015-2025), using key terms derived from the topic while navigating the specified databases. We analyzed 40 sources from an initial pool of 53, using 0 screening criteria. Each paper was reviewed for 14 key aspects that mattered most to the research topic. The chosen journals were then reviewed systematically using Elicit.

3.1 Study Characteristics

The included literature comprised diverse methodological approaches: qualitative primary research (interviews, case studies, phenomenology, and PhotoVoice), quantitative studies (cross-sectional surveys and secondary data analyses), one mixed-methods study, eight systematic, scoping, or narrative reviews and reports, and three conceptual or methodological papers. Of the 40 studies, 23 employed qualitative designs, five were quantitative, one used mixed methods, eight were reviews or protocols, and three were conceptual or methodological, reflecting a predominance of in-depth, interpretive inquiry alongside synthesis efforts.

3.1.1 Population, Disability Types and Geographic Distribution

Participants represented heterogeneous populations, including university students, older adults, adolescents, caregivers, and people living with specific conditions such as spinal cord injury or HIV. Twenty-seven studies focused on physical or mobility disabilities; nine on sensory impairments; eight on cognitive, intellectual, or developmental disabilities; one on mental illness; five on heterogeneous disability samples; four on caregivers or families; and four on professionals or stakeholders. Five studies targeted older adults and six targeted children, adolescents, or young people; two studies did not focus on disabled populations. Geographically, research spanned Africa, Asia, Australia, Europe, and North America, with country-level representation including Zambia (5), the United States (3), Nigeria, Australia, Tanzania, South Africa, India, and Canada (2 each), and single studies in Nepal, the Philippines, Albania, Timor-Leste, Malawi, Colombia, Bangladesh, Ghana, Ethiopia, Senegal, and Malaysia; several reviews covered multiple regions and four studies had global scopes, while three studies lacked clear location data.

4. Review of Related Literature

Living with a physical disability involves navigating environmental barriers, social discrimination and exclusion across multiple life domains, while actively developing adaptive responses, including practical problem-solving and spiritual coping mechanisms.

4.1 Accessibility Barriers and Environmental Challenges

A predominant theme across the reviewed literature is the profound impact of physical and environmental barriers on daily life. These barriers were consistently identified in diverse contexts, from low-income neighborhoods in Colombia to university campuses in South Africa and public transportation systems globally. Specific barriers were reported across several life domains:

Regarding public transportation, the scoping review by Sarsak *et al.* (2024) synthesizes evidence showing that barriers include a lack of ramps, long walking distances and unavailable information. These findings are echoed in primary studies, such as a qualitative study by Amin *et al.* (2021) in Malaysia, which found that inaccessible buses and trains were significant obstacles leading to psycho-emotional distress and social exclusion. Similarly, Mckinne *et al.* (2020) reported that inaccessible built environments in South Africa led to feelings of disempowerment and rejection.

In educational settings, literature shows that these barriers manifest as a lack of accessible infrastructure, hindering academic participation. Gloria *et al.* (2024) reported that students with disabilities in the Philippines faced challenges with a lack of ramps and accessible restrooms. Studies in Tanzania by Mwitango *et al.* (2025) and Zambia by Kaumba (2021), found that inadequate and inaccessible infrastructure, along with a lack of appropriate learning materials, created significant obstacles for students. Simui (2023), specifically noted that a university library in Zambia was not accessible to students with visual impairments.

In addition, literature reveals that persons with disabilities experience civic life with various challenges, including environmental barriers that extend to political participation. The case study by Katz (2023) found that physically inaccessible polling places and voting procedures in Australia effectively disenfranchise citizens with physical disabilities. Despite Australia's reputation for voter-friendly procedures, people with physical disabilities face inadequate accommodation in electoral processes, with barriers including cost, logistics and limited political will.

The conceptual paper by Prasad (2025) frames accessibility not merely as a matter of convenience but as a fundamental prerequisite for inclusion and the fulfilment of human rights and Kalimaposo *et al.* (2023) on experiential narratives of persons with disabilities on Zambia's electoral processes, findings documented civic exclusion and inaccessible infrastructure due to urban design flaws in Lusaka. Collectively, the findings from these studies portray the physical environment as a primary determinant of disability, consistently reporting its role in limiting mobility, education, employment and community participation.

The reviewed studies illuminate systemic barriers and pedagogical innovations in inclusive and civic education across Zambia and South Africa. Kaumba (2021) identified infrastructural and human resource deficits hindering ICT integration in rural Zambian schools, yet highlighted grassroots adaptations like mobile phone use and peer training. Mphahlele *et al.* (2021) emphasized digital inequality and the need for design-thinking approaches in early childhood education during COVID-19 disruptions. Simui (2021)

revealed partial inclusion practices and inadequate teacher support for learners with disabilities, also underscored the limited depth of reflective teaching among Zambian lecturers, advocating for critical pedagogical introspection. Mtonga *et al.* (2021), on the other hand, exposed policy-practice gaps and attitudinal barriers in higher education inclusion. Collectively, these studies call for systemic reform, capacity building, and context-sensitive pedagogies to advance equity and inclusion (Kaumba, 2021; Mphahlele *et al.*, 2021; Simui, 2021, 2023; Mtonga *et al.*, 2021).

4.1.1 Social Attitudes, Discrimination and Stigma

Parallel to physical barriers, the social environment characterized by negative attitudes, stigma and discrimination emerges as a powerful and pervasive force shaping the lived experiences of persons with disabilities. This theme is documented across numerous studies, affecting mental health, social relationships and access to opportunities.

Stigma and discrimination were frequently reported in specific contexts such as healthcare. In a study from Zambia, Parsons *et al.* (2015) found that stigma rooted in societal assumptions about the asexuality of people with disabilities was a central barrier to accessing HIV treatment. In Senegal, young people with disabilities have very low knowledge of and limited use of sexual and reproductive health services despite a clear need. Financial constraints, negative provider attitudes, and physical and communication accessibility barriers substantially limit service access. The studies report heightened vulnerability to sexual violence, especially among young women with hearing impairments. Experiences of stigma and discrimination from providers and communities further reduce help-seeking and service uptake (Burke *et al.*, 2017; Eva *et al.*, 2017). Heath *et al.* (2025) noted that participants ageing with a disability in Australia experienced discrimination.

Discrimination was also reported in the employment sector. Sapkota *et al.* (2022) found that discrimination by employers in Nepal, who doubted the working capacity of applicants with disabilities, was a major barrier to securing employment. Also, Naami's (2015) survey of 110 Ghanaian adults with disabilities revealed high unemployment, particularly among women, driven by pervasive discrimination. Those employed were largely in marginal, seasonal, or menial roles and still faced negative perceptions and exclusion at work regardless of their disability. Both studies identify employer discrimination rooted in doubts about disabled applicants' work capacity as a major barrier, resulting in high unemployment or confinement to low-skilled, marginal jobs, especially for women. To counter this, Naami (2015) recommends educational workshops and showcasing success stories to shift attitudes, plus government provision of start-up capital and funding for formal education to bolster self-employment and improve access to public and private sector jobs.

Wasonga & Bukania (2015) revealed that access to latrines in Kakuma refugee camp is severely limited for people with physical disabilities, increasing their risk of diarrheal disease and deepening vulnerability. Rfat *et al.* (2023) did a review of 34 empirical studies (2000–2022), which revealed barriers including fear of disease, shame,

lack of financial resources to build or adapt latrines and inappropriate technological design that fails to meet mobility needs. Both studies show refugees with disabilities face exclusion from essential services due to inaccessible infrastructure, financial constraints, discrimination, and inadequate institutional support, resulting in heightened health risks, social vulnerability and urgent need for targeted, disability-inclusive policies and funding.

Several studies from Africa and Asia reported that disability may be viewed culturally as a curse or the result of past sins by family and community, leading to social exclusion. For instance, Singogo *et al.* (2015) reported that mothers of children with cerebral palsy in Zambia experienced blame and negative attitudes from their families and communities.

The psychological impact of these social attitudes is significant. Mushtaq and Akhouri (2016) quantitatively demonstrated in an Indian context that individuals with physical disabilities had significantly lower self-esteem and higher levels of depression, anxiety, and stress compared to a non-disabled population. A systematic review by Tough *et al.* (2017) further supports this by concluding that negative social interactions are consistently associated with poorer mental health outcomes. The intersection of disability with other marginalized identities, such as race or gender, can exacerbate these experiences, as explored by Thompson *et al.* (2023) in India and Hughes (2021) in the US.

4.1.2 Independence, Autonomy and Self-determination

The desire for independence, autonomy and self-determination is a central theme, often framed in contrast to the dependency created by environmental and social barriers. The reviewed studies highlight how individuals strive for control over their own lives. The struggle for autonomy is evident in civic participation. The case study by Katz (2023) illustrates how the inability to cast a secret and independent vote is a denial of a fundamental right. A conceptual paper by Sarkar (2024) reinforces this, arguing that political participation is essential for empowerment. In the economic sphere, employment is described as a key enabler of independence and dignity, and a study in Nigeria (Marques & Balogun, 2025) found that inclusive entrepreneurship education empowers students to pursue economic self-determination.

Additionally, the transition to adulthood is a critical period for negotiating autonomy. The study by Tang (2023) in Canada highlights this as a challenging but rewarding process where support services can promote self-advocacy. On the contrary, reliance on others can be a major source of negative experience. Koon *et al.* (2018), studying older adults in the US, noted that assistance can enable participation but also create feelings of dependency. The reliance on family for daily activities, as described by Pinzon-Rondon *et al.* (2020) in Colombia, can limit the autonomy of both the individual with a disability and their caregivers.

4.1.3 Social Participation and Community Inclusion

Experiences of social inclusion and exclusion are a critical dimension of lived experience, profoundly affecting well-being. The systematic review by Tough *et al.* (2017) found that while social support is a vital resource, the quality of relationships is paramount, and people with physical disabilities may have fewer opportunities for favourable social exchange.

Ndesaula and Simui (2021) report that learners with disabilities at Lunsemfwa Primary School experience peer stigma, limited parental support, and negative teacher attitudes, which together contribute to emotional distress during classroom tasks, although some learners benefit from a minority of supportive teachers. Similarly, Hlengwa and Masuku (2022) found that students with disabilities in South Africa were frequently excluded from group work and other collaborative classroom activities, thereby diminishing their participation and learning opportunities. Taken together, these studies highlight social exclusion, negative attitudes from peers and educators, reduced classroom participation, and the buffering role of a few supportive teachers as central factors constraining educational inclusion. In contrast, Muzata *et al.* (2021) observed that students with visual impairments in Zambia felt academically included by their peers but remained socially isolated in out-of-class activities, underscoring the multidimensional nature of inclusion. In a related Zambian study, Mtonga *et al.* (2021) documented pervasive myths, stereotypes, and discrimination in regular schools, including negative teacher attitudes and a lack of patience or additional support, which prompted many learners with albinism to self-exclude. By comparison, most of these learners reported greater safety and a more conducive learning environment in special schools, a preference that was shared by many parents. Mtonga *et al.* (2021) therefore recommend enhanced teacher training and community sensitization regarding disability and albinism.

Literature shows that community participation is often hindered by physical and social barriers. The scoping review by Sarsak *et al.* (2024) notes that the absence of accessible public transport is a barrier to social participation. The feeling of being part of a community is a key component of successful aging, according to Heath *et al.* (2025), whose participants valued social engagement. The study by Tang captures this sentiment with the quote, “Community is When People Notice “you’re Not There,” emphasizing the need for recognition and belonging.

Conversely, positive experiences can be transformative. Hughes (2021) found that an inclusive university environment helped African American male students with disabilities develop a positive self-identity. Thompson *et al.* (2023) also noted that some participants in India found acceptance within their religious communities, which served as a buffer against broader societal exclusion. These findings suggest that targeted inclusive environments can foster a strong sense of identity and well-being.

4.1.4 Adaptation and Coping Strategies Across the Lifespan

The final theme concerns the diverse ways in which individuals respond to and navigate the challenges associated with living with a disability. The literature reveals a wide array of functional and emotional coping strategies, personal agency and help-seeking behaviours.

The strategies reported are culturally and contextually mediated. In Ethiopia, Tesfaw *et al.* (2023) found that emotion-focused coping, particularly spirituality, was the most frequently used strategy to deal with psychological distress. In contrast, Ani *et al.* (2023) in Nigeria distinguished between “pragmatic” (active, problem-focused) and “unpragmatic” (passive, emotion-focused) coping strategies among older adults.

Away from spirituality as a coping strategy, personal agency and self-advocacy were reported as powerful forms of adaptation. Participants in Hughes’s (2021) study actively developed “counter narratives” to resist negative stereotypes. Similarly, Parsons *et al.* (2015) described how individuals in Zambia used “counter-stories” to assert their humanity and resist stigma. This resilience is also seen in the study from Timor Leste by Niner & Loney (2020), where participants took pride in their achievements and saw themselves as agents of change.

Help-seeking and support are key to adaptive behaviour, though access to support is often problematic. Support is sought from formal sources like healthcare professionals and informal networks of family and friends. However, studies like Burke *et al.* (2017) show that reliance on others can compromise confidentiality, and negative attitudes from providers can deter help-seeking. The evidence from these studies portrays individuals with physical disabilities not as passive recipients of societal barriers, but as active agents who employ a diverse toolkit of strategies to navigate their worlds, assert their identity, and strive for well-being.

5. Conclusion

Studies across 40 papers indicate that living with a physical disability means navigating persistent environmental and social challenges. In multiple global settings from university campuses in the Philippines to low-income neighbourhoods in Colombia, the lack of accessible public transportation, infrastructure, and civic spaces undermines mobility, limits participation, and often disenfranchises affected individuals. Quantitative work from India reports that such barriers are associated with lower self-esteem and elevated anxiety, while qualitative studies from Australia, Zambia, and elsewhere detail the exclusion encountered in educational and political arenas.

Reports further document that pervasive negative attitudes and discrimination in health care, employment, and community interactions shape these experiences. Accounts from Zambia and Senegal, for example, describe stigma that restricts access to treatment and curtails social inclusion. Simultaneously, many studies describe active responses ranging from pragmatic problem solving and counter-narratives to reliance on

spirituality that enable persons with physical disabilities to assert their autonomy and adapt across life's challenges.

5.1 Study Implications

1. Policymakers must improve accessible infrastructure in urban and rural areas to remove physical barriers for persons with disabilities.
2. Community-based awareness campaigns should reduce stigma and foster inclusive social attitudes and promote advocacy among persons with physical disabilities.
3. Support services should promote autonomy through personalized rehabilitation and self-determination resources across the lifespan.
4. Development strategies must integrate the experiences of persons with physical disabilities to advance SDGs 4, 6 10 and SDG 11 inclusively.

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Conflict of Interest Statement

There is no conflict of interest for this paper.

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