



ACCESSING SOCIAL SAFETY NET INTERVENTIONS FOR PERSONS WITH DISABILITIES, A QUANTITATIVE ANALYSIS FROM PAKISTAN

**Dr. Muhammad Zaheer Khan^{1*}, Dr. Farrukh Shahzad², Dr. Nouman Khaliq³,
Dr. Ehtesham ul Hiq⁴, Dr. Nazia Malik⁵, Masroor Ahmad⁶, Dr. Muhammad Idrees⁷,
Muhammad Saeed Ahmad⁸, Dr. Muhammad Hussain⁹, Mujahid Iqbal¹⁰**

¹ A BPS- 18 Officer in Pakistan Bait-ul-Mal (PBM), Ministry of Poverty Alleviation and Social Safety & Ph.D. (Sociology), Government College University Faisalabad,
Email: smzaheerkhan@gmail.com

² Bahria University, Islamabad, Email: farrukh.buic@bahria.edu.pk

³ Assistant professor, Department of Sociology, Riphah International University Campus, Faisalabad, Email: nouman.khaliq@riphahfsd.edu.pk

⁴ Ph. D (Sociology) from Government College University Faisalabad, currently working as Literacy Coordinator, Literacy & Non Formal Basic Education Department, Govt of Punjab. Working for improvement of Non Formal Education as NFE is key to achieve the target of 100% Literacy rate in Pakistan. NFE includes life skill & income generating techniques of poor people of Pakistan,
Email: pakhiwaas@hotmail.com

⁵ Assistant Professor Department of Sociology Government College University Faisalabad,
Email: naziamalik@gcuf.edu.pk

⁶ Assistant Director Pakistan Bait-ul-Mal Head Office, Islamabad. He is a Govt official in a social safety organisation, freelance opinion writer and visiting lecturer of media studies/social sciences in Islamabad based universities, Email: mindshare2000@gmail.com

⁷ Assistant professor, Department of Rural Sociology, University of Agriculture Faisalabad,
Email: dr.midrees@uaf.edu.pk

⁸ Assistant Director Pakistan Bait-ul-Mal (PBM), M.Phil (Public Policy) Pakistan Institute of Development Economics (PIDE), Islamabad, Email: saadsaeedraza1234@gmail.com

⁹ Ph.D. (Sociology), Department of Sociology, Government College University,
Email: hussainbaloch890@gmail.com

¹⁰ Department of Sociology, Government College University, Faisalabad is presently working in Social Sector Organization (Working on elimination of Poverty, eradication of Child Labour and Women Empowerment) namely "Pakistan Bit-ul-Mal" as Assistant Director. He has done his M.Sc. in Rural Sociology from university of Agriculture Faisalabad and presently doing M. Phil. Sociology from Government college university Faisalabad. mujahidiqbal12@gmail.com

***Corresponding Author:** Dr. Muhammad Zaheer Khan

*A BPS- 18 Officer in Pakistan Bait-ul-Mal (PBM), Ministry of Poverty Alleviation and Social Safety & Ph.D. (Sociology), Government College University Faisalabad,
Email: smzaheerkhan@gmail.com

Abstract:

This study is designed to explore the social safety net interventions particularly for persons with disabilities (PWD). There is a broad range of social safety net interventions; however, the present

study focuses on social assistance broadly in the form of cash transfer, health care facilities, and accessibility to social safety net interventions by the persons with disabilities in Pakistan. In Pakistan, private safety net interventions in the form of informal and formal arrangements by the state help lessen the adverse outcomes on marginalized segment. The goal of social safety net Interventions (SSNIs) is to protect marginalized segment from the economic and social consequences of a large plunge in family earnings. As compare to savings or financial institution accounts, SSNIs are mostly projected to provide as a redistributive instrument, distributing money to the poorest of the poor to lift them out of poverty, as well as to give beneficiaries better opportunities to shrink their risk of incurring tragic monetary loss. Quantitative information gathered through 500 disabled persons registered in BISP Database i.e. National Socio-Economic Registry (NSER). Data was coded and entered in SPSS-20. Descriptive statistics and Bi-variate analysis was conducted to know the relationship between explanatory variable and response variable. Findings reveal that social safety nets interventions social protection empowers persons with disability.

Key Word: Social Safety net Interventions (SNNIs), disability, Persons with Disabilities (PWDs), Pakistan.

1. Introduction

The social safety net interventions (SSNIs) protect vulnerable people from the economic and social consequences of a large fall in family earnings. In contrast to savings or financial institution accounts, SSNIs help mitigate the adverse effect of inflation, shock, and drop in family income. Both the World Health Organization (WHO) (2001) and the United Nations (UN)' standard guidelines on the equalization of opportunities for persons with disabilities (PWDs) provide the finest description of disability characteristics available in two major government publications (both documents are included in the U.N. Standard Rules on the equity in creation and access to Opportunities for People with Disabilities). Their characteristics are described as follows by the Americans with Disabilities Act (ADA U.S.): A physical or mental characteristic referred to as an impairment or malfunction, as well as a personal or social limitation associated with that deficiency In impairment classification, a statistical method based on the average of certain reference groups for categorizing a physical or mental variation as an impairment is used to categorize a physical or mental variation. Similar to biological classifications of human functioning, normative classifications of human flourishing are referred to as perspectives of human flourishing, while biological classifications of human functioning are referred to as theories of human functioning. When it comes to disabilities, most people think of something about them that they can't readily alter. Despite the fact that it is difficult to define what precisely constitutes a feature or characteristic, there is considerable agreement on the most apparent examples (Kahane and Savulescu, 2009).

A significant 'real life' justification against safety net interventions is their cost. The contestants' claim that only developed countries or population-wise smaller countries can execute state-funded broad social safety net interventions. Countries having large population and under developed infrastructure, it is logistically infeasible to fund large number of poor ones. In such scenario, the feasibility for social safety net interventions is much greater than in the countries that can afford them, but resource constraints requires targeting of social safety net interventions (Barrientos, 2009). There is a large number of widely practicing SSNIs in various countries across the world, though, frequently in developing countries SNNIs have certain limitations and insufficiencies that obstruct their efficiency, only some of which are as under (World Bank, 2015):

- i. Failure in targeting the right households for assistance.
- ii. There is no plausible change in the lives of beneficiaries due to meager amount of cash assistance.
- iii. Fragile administrative infrastructure lead to corruption and managerial inefficiencies due to which benefits is transferred at higher cost.

1.1 Distinguishing Social Security, Social protection and Safety Net Interventions

Social security or social safety net is a term that refers to the social protection provided to all beneficiaries through a variety of community procedures in order to satisfy for a significant decline in labor income as a result of any natural threat or unpredictable problem, such as the death of primary breadwinners, unemployment, old age, or disease (Shepherd et al., 2004). Individuals employed in the formal sector are often covered by social security categories, which primarily include social assistance and social insurance plans. As such, it is studied as a component of social protection.

Social protection is the civil right that every national should get whereas safety nets are the interventions designed to achieve the objectives i.e. reduction in poverty and inequality, employment promotion and improvement in socio-economic conditions. Social Safety net interventions have following three basic features:

- a. Protecting the poor and marginalized.
- b. Assist poor to accept marketplace based transformations.
- c. Facilitate poor to cater vulnerability.

Therefore, social safety net interventions are classified as interventions to protect, safeguard, protect vulnerable, and contribute to the improvement of overall consumption and economic activities in the state.

2. Persons with Disability and Social Safety Net Interventions

Two consequences of safety net interventions are chronic poverty and its inverse, minimal means for survival with limited resources (Subbarao et al, 1997). There are many social safety net interventions accessible for the individual and the community. To deal with the aforementioned problems, private safety nets may include informal or community-based agreements in certain countries. Other methods of revenue creation for the general population include things like family aid and in-kind transfers, as well as microfinance and public works projects. All in all, it is a varied collection of income-generating solutions. The definition of "social safety net" differs from one source to another. This passage implies to the conception of a social safety net, which may include government-funded safety nets, as well as other forms of government support for individuals, including transfers, income-generation initiatives, and social insurance systems (Welch, 2002).

It is beyond the scope of this study to discuss the difficult problems related to defining and quantifying disability. An important point to take away from this overview is that many different conceptual frameworks for understanding disability have emerged throughout history. According to the charity paradigm, those with disabilities should be pitied and helped by welfare measures (Coleridge, 1993). A medical model perspective on disability recognizes that the disabled individual has a condition, which is directly caused by a disease, an accident, or another health issue. Regardless of whether the individual experiences limitations in his or her everyday activities, a person with a disability is handicapped, impaired mental or physical functioning (Sahdoulet, 2004). Disability happened due to some conflicts prevailing in the country, like unrest and war on terror left many Pakistanis handicapped (Hussain et al, 2023)

In contrast to the medical model, which sees disability as a physical condition, the social model considers disability a societal construct rather than an illness being a social issue. But it is not the person's handicap that accounts for the circumstances they find themselves in; it is rather due to the environment in which they find themselves. Thus, societal change is needed. For example, someone with a handicap may be unable to get employment due to an inability to do the job rather than because of a physical incapacity. This is because workplaces are inaccessible or because the individual was discriminated against. According to the social model, disability is raised to the status of a human rights issue at the political level. The International Classification of Functioning, Disability and Health (ICF), which was created by the World Health Organization (WHO), is a fourth model that may be useful. It proposes as a mixture of the medical and social models, which are seen as a single entity (WHO, 2001). This model begins with impairments and develops to

activity limitations and participation restrictions. Among other things, restrictions may be encountered in the following areas: knowledge acquisition and use, mobility, self-care, educational endeavors, remunerative employment, and economic self-sufficiency. A wide definition of disability includes conditions such as impairments, activity constraints, and participation limitations (WHO, 2001).

Finally, Sen's capacity methodology was used to determine whether someone was disabled, and it was especially important when it came to the issues of poverty and development. In order to study subjects such as the quality of life, poverty, and development in more depth and detail, the capacity approach was developed. Disability is a hindrance in this sense, when it means a lack of skills in daily life. Access to resources and personal characteristics such as handicap, age, and gender are all variables that may contribute to disability (physical, social, cultural, political, and economic). In this study, the term "disability" is utilized with regard to the capacity approach, although definitions and complexities of the concept will be omitted for the time being. The term impairment may apply to a physical, sensory, or mental problem. All of these disorders may be referred to as "impairment" (Zaidi and Burchardt, 2003).

2.1 Poverty, Disability, and Social Safety Nets

While poverty may play a role in the development of disability, the presence of social safety nets may also serve as a preventative strategy for the development of impairment. Unlike the curative function, which is one-dimensional, the preventive function has two dimensions: impairment prevention and disability prevention. In contrast to the common perception of disability as a lack of talents, in this context, disability is defined as a lack of access to key skills. Programs that provide cash and food transfers may be able to assist prevent malnutrition-related cognitive and behavioral impairments. The use of conditional monetary transfers to promote vaccinations and modifications in birth practices may be of assistance in preventing disability. Aside from that, assistive technology and personal care may help individuals with impairments to broaden their range of capabilities, enabling them to maintain or even improve their talents. Social Safety nets have the potential to avert severe disability. While it is essential to recognize the role that social safety nets play in guarding against impairment, the emphasis of this study is on impairment prevention rather than impairment mitigation. This study discusses the need of broadening social safety nets to include people who are underprivileged, as well as the inclusion of a disability component (Fox, 2017).

Pakistan has a long history of devised programs to address disabilities through SSNIs or SP but majority of the government programs in past relied on development programs for addressing disability i.e. Village Aid, Job quota, health care, education facilities and stipulation of other societal services. The direct Social Safety Net Interventions (SSNIs) in Pakistan, in past, was only limited to Zakat system, and private transfers.

Every Muslim who meets the necessary criteria of wealth according to the Islamic laws has to pay Zakat as a foremost economic compulsion. The main purpose behind the concept of Zakat is to sustain an economic balance in the community. Officially *Zakāt* is initiated in 1980 in Pakistan under the Zakat and Usher Ordinance. The program does not have any specially characterizes criteria for beneficiaries rather it includes widows, disabled persons, orphans and other needy personnel (Suhaib, 2009). Later one 1991 Pakistan Bait-ul-Mal (PBM) was established under Act of Parliament, and National Zakat Foundation was merged in PBM in 2000-2001.

Moreover, in the year 2008 Pakistan's Government initiated Benazir Income Support (BISP) currently named as Ehsaas/ BISP Kafaalat Program as a major SSN program. The main objective of this program was to enhance the income as well as livelihood of poor and susceptible communities through its unconditional cash grants.

It is important to stress that social safety nets are not expected to eradicate all instances of poverty among persons with disabilities. People with disabilities are negatively affected by welfare and disability laws and programs. Policies for inclusive employment, education, and health are very essential, but this study focuses on less important policies. The particular issue under investigation in this study is how to design, administer, and evaluate social safety nets in a way that doesn't

exclude those with impairments or disability. In order to be successful, answers to this problem must be woven into a country's overall disability policy. Until education, employment, and health policies are in place, income support for the poor with disabilities will be needed. Disability targeted transfers or disability inclusive safety net initiatives may be used to provide income assistance for people with disabilities.

3. Objectives of the Study

The objective of the study is to explore the relationship between social safety nets and disability and suggest some possible measure.

4. Methods

The survey "supports the research team in evaluating the overall health of your process" according to Brassard (1988). The survey took place between September 2020 and January 2021. The material was collected through a well-structured interview schedule for quantitative analysis. A total of 1,000 disabled beneficiaries and non-beneficiaries of BISP were taken from BISP national socio-economic data set, in which data from 500 respondents were collected. In this regard, country wide offices of BISP were used for data collection and 20 percent of respondents having somehow literate were interviewed on phone. All data was coded into SPSS at later stage. Quantitative analysis explains the dependency of two variables in the form of bivariate analysis that is computed through chi-square and gamma test and ANOVA.

5. Results and discussions

Results and discussion sections deals with the analysis of data and interpretation of the results, bivariate analysis is performed to check the relationship. It explains the interaction between explanatory and response variables. The strength of the ratio is checked by chi-square and gamma statistics. This relationship can be significant or non-significant. Two-variable analyses showing the relationship between the two variables were described as follows:

Table 5.1: Association between social assistance and empowerment of persons with disability

Test	Value	D.F.	P –Value (Significance)
Pearson Chi-Square	236.714	4	0.000**
Gamma	0.719	--	0.000**

** = Highly Significant

Table 5.1 describes the independence between social assistance and empowerment of disabled persons. The chi-square and gamma coefficients both suggest that the two variables are very significant. It shows that there is a strong correlation between the independent and dependent variables. Results are in line with Sifat (2020) found strong support for associations between different attributes of social assistance and empowerment of disabled persons. However, there is general recognition how much society assist the needy persons they will more empowered. Generally speaking, assistance is associated with higher levels of empowerment.

Table 5.2: Association between provision of health care facilities and persons with disabilities

Test	Value	D.F.	P –Value (Significance)
Pearson Chi-Square	193.654	3	0.000**
Gamma	0.637	--	0.000**

** = Highly Significant

Table 5.2 describes the independence between the provision of healthcare facilities and empowerment of disabled persons. The chi-square and gamma coefficients both suggest that the two variables are very significant. It shows that there is a strong correlation between the independent and dependent variables. Results are in line with Bitler et al., (2017) found strong support for

associations between provision of health care facilities and empowerment of disabled persons. However, there is general recognition that disabled person are more in need of healthcare facilities. Generally speaking, healthcare facilities are associated with higher levels of empowerment.

ANOVA

Table 5.3: Association between Social Assistance and PWDs Empowerment

Variables		Sum of Squares	df	Mean Square	F	Sig.
Social Assistance	Between Groups	1172.555	4	293.139	874.546	.000
	Within Groups	199.438	595	.335		
	Total	1371.993	599			
PWDs Empowerment	Between Groups	807.907	4	201.977	735.119	.000
	Within Groups	163.478	595	.275		
	Total	971.385	599			

Table 5.3 of ANOVA represents the degree of association between variables and level of dispersion among the variables. All of the variables had significant relationship with each that depicts that social assistance provided by the different social safety net interventions positively effects the empowerment of persons with disability are strongly associated with each other, and this also highlights the very high integration between data set. Social assistance provides an ease in the life of disabled person and make them empower. Results coincide with Dohmen, Josh (2016) concluded that No one can deny the effect of social assistance on poverty. The assistance provided by the different social safety nets programs positively affects the life of disabled person. He used ordinal regression model and results found that there is significant association between social assistance and disability.

Table 5.4: Association between Health Care Services and Empowerment of Disabled persons

Variables		Sum of Squares	df	Mean Square	F	Sig.
Health Care Services	Between Groups	64.885	4	16.221	198.557	.000
	Within Groups	48.609	595	.082		
	Total	113.493	599			
Empowerment of disabled persons	Between Groups	983.551	4	245.888	434.201	.000
	Within Groups	336.949	595	.566		
	Total	1320.500	599			

Table 5.4 illustrates the continuity with the previous one ANOVA table. Health care services are the important features of the empowerment of disabled persons. Health care services are the basic need of the disabled persons. Results show that there is strong association between both variables. So the association is accepted. Emeterio et al. (2017) reported that recent studies have shown that health care services have led to qualitative changes in family activities of disabled persons, the creation of new interaction scenarios and even the reorganization of family relational models. New entertainment experiences associated with the health care services because proper health care services improved the status of disabled persons and empower them.

Descriptive Statistics

Table 5.5: Respondents’ percentage distribution regarding hassle free healthcare facilities

Hassle free healthcare facilities	Frequency	Percentage
Disagree	270	54%
Neutral	30	06%
Agree	200	40%
Total	500	100

Table 5.5 depicts the opinion of the respondents that they get hassle free healthcare facilities. 54% respondents disagree that they get hassle free healthcare facilities while 40% respondents were agree that they get hassle free healthcare facilities. Furthermore, 6% respondents remained neutral and they did not give any opinion regarding hassle free healthcare facilities. Majority of the respondents i.e. 54 were disagree that they get hassle free healthcare facilities.

This finding is parallel with the prior study of Bitler et al., (2017). They also depicted in their study that most of the disabled persons cannot get hassle free healthcare facilities because in many countries there are no separate healthcare centers for disabled persons.

Table 5.6: Respondents’ percentage distribution regarding free of cost healthcare facilities

Free of cost healthcare facilities	Frequency	Percentage
Disagree	100	20%
Neutral	50	10%
Agree	350	70%
Total	500	100

Table 5.6 shows the response of the respondents about the free of cost healthcare facilities provided to disabled persons. 70% respondents replied that they get free of cost healthcare facilities while 20% respondents disagree with that, they get free healthcare facilities. Moreover, 10% respondents remain neutral about free of cost healthcare facilities and they did not give any response. Majority of the respondents i.e. 70% were agree that they get free of cost healthcare facilities.

Similar results also presented in the study of Al-Hasan (2017) and Balasuriya et al., (2021). They also showed in their study that majority of the disabled persons in their study are get free healthcare facilities which helps them to empower in the society.

Table 5.7: Respondents’ percentage distribution regarding SSNIs is game changer for the empowerment of disabled persons

SSNIs are game changer	Frequency	Percentage
Strongly Disagree	50	10%
Disagree	110	22%
Agree	150	30%
Strongly Agree	190	38%
Total	500	100

Table 5.7 describes the response of the respondents that social safety net interventions can be game changer to empower disabled persons. In response 10% respondents were strongly disagree while 22% respondents were disagree that social safety net intervention scan be game changer to empower disabled persons. Moreover, 30% respondents were agree and 38% respondents were strongly agree that social safety net intervention scan be game changer to empower disabled persons. Majority of the respondents i.e. 38% were strongly agree that social safety net interventions can be game changer to empower disabled persons.

Similar finding also presented by Sharma et al., (2018) in their study. They presented that social safety net interventions can change society entirely because disabled persons were that segment which was ignored badly in the past. Now governments are trying to empower this segment which will definitely be the game changer.

6. Conclusions

The overall objective of the study is to analyze the role of social safety net interventions on the empowerment of persons with disabilities. Findings reveals that Social safety net interventions established by the government is to lessen strains on poor families and households, reduce social gap, endow with a improved life and speed up endeavor to ease poverty. A study on the usefulness of social safety net interventions turn into a need to evaluate the programs and suggest better

activities and approach to be designed and implemented in the prospect. Thus, this study analyses the impact and the usefulness of social safety net interventions to the income of poor families and households.

Social Media and electric media can also be used as an effective tool about propagating (Shahzad et al, 2020) targeting, enrollment of existing Social Safety nets interventions, so that people with disabilities could get themselves enroll in such interventions implemented by the government in Pakistan.

The policy suggestion related objective concluded that the social development policy that has been implemented in Pakistan over the last 75 years, dating back to its independence, it is clear that a clear pro-poor agenda has never been implemented, despite the fact that these goals have been included in countless previous five-year plans and policy papers over the years. There have been many consequences of this contradiction between deeds and words.

References

- 1 Bitler, M., Hoynes, H., & Kuka, E. (2017). Child poverty, the great recession, and the social safety net in the United States. *Journal of Policy Analysis and Management*, 36(2), 358-389.
- 2 Coleridge, P. (1993) Disability, Liberation and Development. OXFAM: OxfordDohmen, Josh, (2016). "Disability as Abject: Kristeva, Disability, and Resistance", *Hypatia*, 31(4): 762–778. doi:10.1111/hypa.12266
- 3 Fox, A., M. (2017). "We Must Be Critical: The Current Purpose of Disability Studies", *Disability Studies Quarterly*, 37(3). doi:10.18061/dsq.v37i3.5925
- 4 Hussain, S., Shahzad, F., & Ahmad, S. (2023). A Classification Framework for Analyzing the War and Peacemaking Potential of News Media in Pakistan. *Journal of Asian and African Studies*, 58(5), 794-811. <https://doi.org/10.1177/00219096211069648>
- 5 Kahane, G., and J. Savulescu, (2009), "The Welfarist Account of Disability," in *Disability and Disadvantage* (eds.) Brownlee, K.; Cureton, A., New York: Oxford University Press, pp. 14–53.
- 6 Sadoulet, E. and A. de Janvry (2004), Making Conditional Cash Transfers More Efficient, Working Paper, University of California, Berkeley
- 7 *Safety Net Programs and Poverty Reduction: Lessons from Cross-Country Experience*, The World Bank, Washington, D.C, 2014..
- 8 San Emeterio, C., Menéndez, H., Guillén-Rogel, P., & Marín, P. J. (2022). The reliability of a smartphone application in measuring the foot structure of cyclists during sitting and standing. *Footwear Science*, 14(1), 45-56.
- 9 Shahzad, Farrukh, and S. A. Siraj. "Analysing intermedia agenda setting influence between social media and electronic media: A perspective from Pakistan." *Journal of Peace, Development and Communication* 4.2 (2020): 478-496.
- 10 Sifat, R. I. (2020). Social Safety Net (SSN) Programs in Bangladesh: Issues and Challenges. *Journal of Social Service Research*, 1-3.
- 11 Subbarao, K. (1997), *Namibia's Social Safety Net: Issues and Options for Reform*, The World Bank. Subbarao, K., A. Bonnerjee, J. Braithwaite, S. Carvalho, K. Ezemenari, C. Graham, and A. Thompson (1997), WHO (2001), *International Classification of Functioning, Disability and Health*, Geneva, World Health Organization.
- 12 World Health Organization. (2014). Disabilities. Retrieved September 18, 2014, from <http://www.who.int/topics/disabilities/en/>Zaidi, A. and T. Burchardt (2003), Comparing Incomes When Needs Differ: Equivalisation for the Extra Costs of Disability in the UK, CASE paper 64, London School of Economics