

# **Influence of social exclusion on psychosocial consequences of persons with disabilities in Hargeisa Somaliland.**

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## **Abstract**

This study aimed to explore the impact of social exclusion on the psychosocial well-being of persons with disabilities (PWDs) in Hargeisa, Somaliland. PWDs are particularly vulnerable to psychological issues due to both their disabilities and the exclusion they encounter. The research investigated the psychosocial consequences arising from the social exclusion experienced by PWDs in Somaliland. Participants comprised both male and female PWDs aged 20 and above, drawn from various regions of the country. Employing a descriptive research method, the study described various aspects through surveys conducted via questionnaires and the utilization of a positive psychology assessment tool.

The findings shed light on the stark realities of the psychosocial consequences faced by PWDs in Somaliland. Drawing from both primary and secondary data sources, the study confirmed that PWDs indeed encounter exclusion, significantly impacting their psychological well-being. Objective one revealed that social exclusion has a substantial impact on the psychological health of PWDs in Somaliland, with a mean score of 2.733 and a standard deviation of 1.4389. Objective two indicated that psychosocial consequences arise from impairments or exclusion, with a mean score of 1.818 and a standard deviation of 0.859. Objective three sought possible solutions to address these consequences. Respondents proposed inclusive protection programs and the enactment of disability laws. To reduce discrimination, respondents suggested initiatives such as lobbying to decrease stigma and protecting the rights of PWDs. Furthermore, respondents highlighted the importance of strengthening self-confidence among PWDs through training, knowledge development, self-promotion, and building their strengths to instill self-trust.

### **Keywords**

Social exclusion,  
Disability,  
Welbeing,  
Consequeece

## I. Background of study

Disability is an evolving concept which results from a number of factors including but not limited to; interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (UN Convention, 2015). In Somaliland, the exact population of persons with disabilities is not substantiated, however, it is approximately The Somaliland National Disability Policy estimates based on international figures that there were 535,000 to 546,000 persons with disabilities in Somaliland in 2012 (MOLSA, 2012, p. 4). In 2014, the estimated number persons with disabilities in Somaliland had risen to between 635,000 to 646,000 (Hayan, 2014, p.).

Somaliland with disabilities make up a big population that should not be ignored when matters affecting the Somaliland citizens are being discussed. Approximately 10% of the world's population is made up of People with Disabilities.

This translates to approximately 650 Million people with Disabilities world-wide. As an inclusive society, we should recognize that disabled people enjoy the same rights as everyone and that we have a responsibility towards the promotion of their quality of life.

Latest research facilitated by the WHO and the World Bank (2011, WB and WHO: World Report on Disability, p. 27,29) suggest that any society has around 15.3- 15.6-% of its population living with varying degrees and types of impairments. Out of the total global population an estimated 2.2- 2.9% live with severe difficulties. Hence, given the lack of data and statistics from census, we can estimate, based on international figures, between 535,000 to 546,000 persons with disabilities in the Republic of Somaliland. The majority of the Somalilanders with disabilities don't have access to the existing few services. Moreover, all of them are facing various barriers and lack of opportunities to participate equally in our society.

People with disabilities in Somaliland are undoubtedly among the most vulnerable at risk of social exclusion, as this valuable article clearly shows. Poverty and social exclusion are inextricably linked, and a major cause of poverty is the lack of employment. For people with disabilities, the situation with regard to employment is far from ideal.

On average, the participation rate of severely disabled people in the workforce is less than half that of able-bodied workers. Efforts have been made in Somaliland government to improve the participation rate but the obstacles to gaining – and retaining – employment, such as lack of access to education and to vocational training, limited availability of housing, assistive technology, and accessible transport are still significant.

A person with any disability is entitled to respectful and dignified treatment as well as being addressed in a manner not demeaning. PWDS have a right to access educational institutions and disability friendly facilities integrated into the society to a compatible extent with their interest. PWDS are entitled to reasonable access to all places and also access to information as well as to use any form of communication in formats friendly to their disabilities. Disability friendly communication include; Sign language, Braille and others. PWDS have a right to access materials and devices to overcome constraints arising from the person's disability and the state should ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive positions are PWDS.

The United Nations' charter gives recognition to the innate dignity and worth as well as the equal and unchallengeable rights of every human being as the basic freedom, justice and peace across the world. The UN Universal Declaration of human rights and the international convention on human rights decrees and agrees that everyone is entitled to all the rights and freedom mentioned therein without discrimination of any kind. The universal nature of the human rights and fundamental

freedom, their indivisibility, their interdependence and interrelatedness calls for the need for PWDS to be guaranteed their absolute enjoyment without any form of discrimination (UN Convention, 2015.)

Social exclusion is a killer that is yet to be faced by many researchers with clear means to deal with it. This affects PWDS and their disabling conditions that make it hard for them to reach the society hence increasing the exclusion leading to possible psychological consequences (Hollomotz, 2013). The exclusion brings the feeling of loneliness; one fears other people leading to emotional bitterness and negative self-esteem.

However in this study we will determine influence of social exclusion on psychosocial consequences of persons with disabilities in Hargeisa Somaliland.

## **II. Statement of the Problem**

Social exclusion facing PWDS leads to an added disability on top of the already existing impairments that PWDS have, this is termed as psychosocial disability. The aspect of psychosocial disability faced by PWDS in the society is more disabling than their impairments. This is a condition that the society and professionals have not focused on when addressing the challenges facing PWDS. This leads to exclusion of PWDS from social behavioral perspective, political representation and participation as well as economic independence (Stein, Silvers, Areheart & Pickering, 2014).

Somaliland National Disability Forum (SNDF) has been formed in 2004 as the umbrella organization for Disabled People's Organization's and service providers. Its membership consists currently of 30 local NGOS with representations from regions. SNDF's main activities serve to enhance the situation of persons with disabilities via advocacy for human rights of persons with disabilities, public awareness raising organized on the yearly event of the International Day of

persons with disabilities and capacity building for member organizations. It also serves as a forum for coordination and information sharing between the DPOS and other agencies. In Somaliland, the Somaliland National disability forum (SNDF) for PWDS has a responsibility to ensure its representation in the implementation of the National health program run by the relevant ministry for the purpose of; prevention of disability, early identification of disability, early rehabilitation of PWDS. The challenge currently is that, there is lack of address to the psychosocial challenges facing PWDS, Psychosocial disability has a number of characteristics including but not limited to; poor self-concept, low self-esteem, negatively internalized identity, poor social integration and conflicts in social relations. This further increases self-administered social exclusion, reduces quality of life and well-being and more so, the psychological or mental health challenge (Pallickal, Cherayi & Sadath, 2016). This study aimed at showing how socially excluded PWDS are and the psychosocial Consequences they live with in everyday life. The researcher paid more attention on studying exclusion facing PWDS in Somaliland with support of relevant literature from societies around the world that have a similar viewpoint by drawing and analyzing data from secondary sources as documented by different bodies and authors. The study then looked for possible ways by which PWDS can develop coping mechanisms. On the other hand, the study applied the transactional theory of stress to see the relationship between the psychosocial challenges facing PWDS and their environmental relationship

## **III. Objectives of the Study**

### **General objective**

The general objective of the study was to determine influence of social exclusion on psychosocial consequences of persons with disabilities in Hargeisa Somaliland.

## Specific objective

Objective to achieve during the research process;

1. To find out how social exclusion impacts the psychological well-being of PWDS in Somaliland
2. To find out whether the psychosocial consequences result from the impairments or from the exclusion
3. To find out what can be done to combat the psychosocial effects of exclusion facing PWDS in Somaliland

## IV. Literature Review

### Psychosocial Effect of Exclusion Facing People with Disability

Paul Deany spoke on a panel at the 9<sup>th</sup> session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, June 15, 2016. Here are his remarks.

As a person with bi-polar and someone who has worked in the field of psychosocial disabilities, I believe this is one of the most marginalized areas of disability. Indeed, if disability is one of the great human rights challenges of this century, then within this, psychosocial disability remains one of the most challenging and misunderstood areas of disability.

Persons with psychosocial disabilities face many forms of stigma and discrimination, as well as barriers to exercising their civil, economic, social and cultural rights. These barriers are heightened by urbanization, increasing human insecurity, poverty, natural disasters, migration, hunger and conflict. As I will outline, further barriers are posed by discriminatory legislation and practices depriving persons with psychosocial disabilities of legal capacity and liberty, and by violence, abuse, cruel, inhuman and degrading treatment on the basis of disability.

Psychosocial disability differs in that it can be episodic, invisible and often not well identified. It

may be hidden by individuals or their families out of shame, denial or the fear of being locked up and stripped of their most basic rights. In countries where persons with psychosocial disabilities are victims of repressive laws, forced incarceration, stigma and systemic abuse, this fear is very real.

None of this is entirely new. Persons with psychosocial disabilities have been marginalized, shunned and demonized throughout history. We often see psychosocial disability associated with criminality, deviance and detention. Having a psychosocial disability is still used as grounds for excluding people from entry into countries, including the US, and from other basic freedoms afforded under the disability convention. Much of the discourse on psychosocial disabilities is also couched in medical and health terms. There is still a strong push from parts of the psychiatric community to view psychosocial disabilities as largely biomedical and health issues. Many people have expressed strong concerns about the increasing push to overprescribe anti-psychotic drugs, mood stabilizers and other pharmaceuticals in a well orchestrated global push to increase medication of mental health problems, which blatantly promotes an expansionist agenda of the mental health industry and not the rights of individuals.

The challenge here is that in many countries, the system is dominated by the medical model to the detriment of rights and quality of life. Building more psychiatric hospitals is seen as the main solution. Fundamental issues such as housing, support, jobs, education, voting, and political and legal rights are seldom considered. Persons with psychosocial disabilities are under the domain of psychiatry and in this domain, their rights are abused. Of even greater concern are countries which classify psychosocial disability as a separate form of disability, governed under mental health legislation, and then use this legislation to remove many of the rights and protections guaranteed under the CRPD and instruments, such as the Convention Against Torture. Some countries are bringing back retrograde and draconian mental health laws



which strip people of their rights. This begs the question: Why is psychosocial disability dealt with by law in many countries as an entirely different form of disability? It seems we are still heavily influenced by centuries of mainly western legislation and treatment which views psychosocial disability as a separate type of disability.

Disability and feeling of Distress Emotional distress has strong roots in stress, depression, anxiety and any other form of psychological disturbance that affects PWDs. This is called nonspecific psychological distress resulting from stressful events. PWDs are at a high risk of acquiring psychological distress as compared to the rest of the population. The psychological distress results from stressors that are related to the aspect of having a disability which are chronic hence leading to distress which gets intense when they are coupled with social exclusion (Livneh, 2013). Women with Disabilities experience more intense psychological distress than men with disabilities due to the aspects of social exclusion both basing on gender as well as disability.

Social exclusion is seen in various ways like poor or lack of access to education, employment and these contribute a lot to psychological distress (Warner, Scott, Adams, 2016). On the other hand, health status of persons with disabilities leave them out of participation in a lot of social activities and this leads to psychological distress because of the feeling of isolation and marginalization. When a person with disability cannot mingle with other people and they are left out of important social activities, they end up feeling the loneliness which comes with a lot of self-defeating and judging thoughts that leaves them with a low level of self-worth hence leading to psychological distress. Distress related to health also has roots in the aspect of the already existing vulnerability and lack of resources to take care of their health (Pande & Tewari, 2011).

### **Psychosocial Consequences Factors Affecting Persons with Disabilities**

Study, Pande and Tewari (2011) added that the social exclusion facing PWDs increases the levels

of depression that is already possibly present due to the disabling conditions.

The exclusion leads to the feeling of inadequacy due to the tight relationship between physical, social and mental functioning in PWDs as it is the case in the general human population. Any 25 aspect of a sense of negative physical, social or sensory deficiency disturbs one's overall psychological functioning by creating an obstruction in normal flow of such processes. This in the long run is seen to be leading to a negative experience of the world, which is distinct in context. PWDs experience low social interaction and acceptance in the society in which they live, this is a clear indication of their low frustration tolerance levels.

When finding out the effectiveness of working on rehabilitation and disability in the United States, Mushtaq and Akhouri (2016) found that depression is common among PWDs, the aspects like race, gender do not make the depression disparity any different among PWDs. PWDs face a lot of biological, social, economic and psychological challenges which increase their vulnerability to depression. Lack of ability to perform gender roles and social isolation or exclusion contribute to depression among PWDs. This is to a higher extent related to low levels of supposed control, lack of support groups, little access to income, poverty as well as abuse. On the other hand, Kummitha (2015) carried out a research on social exclusion from a sociological perspective among Women with Disabilities in India and came up with findings that depression and disability are intertwined because the somatic depression principles are common symptoms of disability. This is because depression has a connection with conditions that go along with disability like; cerebral involvement and medication underlying diseases. Factors like social isolation, lack of intimate relationships, and poverty among others play a role in high levels of depression among PWDs. These are things that are under detected and underrated when addressing the needs of PWDs.

Stress and Anxiety When looking at the level of stress found in the general population in the society, PWDs record higher levels of stress than those without disabilities. This is due to their disabilities coupled with social aspects of poverty, social exclusion, violence and all sorts of victimization and discrimination. Their stress related to social exclusion is fueled by a lot of factors like; low or no income, poor or no education, being less likely to get marriage partners or even to get jobs, less or no access to disability benefits in the society. This was presented by Bendtsen and Tassorelli (2013) in study carried out on the European concept of social exclusion in the United Kingdom. Mushtaq and Akhouri (2016) in their study also found that stress among PWDs is associated with greater depressive symptoms, less satisfaction with life, low levels of health assessment, poor integration in the society and lack of social support. The social exclusion that PWDs go through has roots in negative health consequences, increase in functional disability and other underlying diseases. Most PWDs experience anxiety due to loss and as well as due to the changed behaviors of people around them. Disability is commonly associated with vulnerable self-esteem which then makes the individual to constantly face episodes of anxiety in daily life. This, to a greater extent, affects those who acquired disability later in life because they happened to have been ambitious and could have achieved their life goals easily in the absence of their present disability. The psychosocial problems in PWDs are high when compared to able bodied people. In any instance where PWDs interact with able bodied people, there are common exclusion experiences which lead to symptoms of anxiety and depression (Pande & Tewari, 2011)

Social Connections Pallickal, Cherayi and Sadath (2017) found that relationships are important aspects of life for any individual or group of people, when people are excluded basing on their different status, then this brings about a sense of lack of belonging. Intimate relationships and any other form of being connected and supported in the society is seen to be a big source of self-worth for PWDs. Social exclusion, on the other hand,

has been greatly associated with a lot of health problems and also psychological instability and mortality. The physical restrictions that most PWDs go through as a result of mobility limitation and pain may be a cause of discouraging them from making social networks with people in the society (Jose, Cherayi & Sadath, 2016). A combination of environmental barriers, negative societal feedback and messages as well as diminished social activities are causes or disconnectedness facing PWDs. These lead to isolation and loneliness hence thoughtful lives that contribute to poor mental stability because of the link between social isolation, stress and depression (Pande & Tewari, 2011). This denies them even a chance to experience intimacy and get employment opportunities. When PWDs are able to form and join groups, this reduces isolation and stress because they are able to share their experiences in life with others and also learn coping mechanisms. This, therefore affirms that self-esteem is associated with greater integration in social networks (Mushtaq & Akhouri, 2016)

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of legal capacity and liberty, and by violence, abuse, cruel, inhuman and degrading treatment on the basis of disability.

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None of this is entirely new. Persons with psychosocial disabilities have been marginalized, shunned and demonized throughout history. We often see psychosocial disability associated with criminality, deviance and detention. Having a psychosocial disability is still used as grounds for excluding people from entry into countries, including the US, and from other basic freedoms afforded under the disability convention. Much of the discourse on psychosocial disabilities is also couched in medical and health terms. There is still a strong push from parts of the psychiatric community to view psychosocial disabilities as largely biomedical and health issues. Many people have expressed strong concerns about the increasing push to overprescribe anti-psychotic drugs, mood stabilizers and other pharmaceuticals in a well orchestrated global push to increase medication of mental health problems, which blatantly promotes an expansionist agenda of the mental health industry and not the rights of individuals.

The challenge here is that in many countries, the system is dominated by the medical model to the detriment of rights and quality of life. Building more psychiatric hospitals is seen as the main solution. Fundamental issues such as housing, support, jobs, education, voting, and political and legal rights are seldom considered. Persons with psychosocial disabilities are under the domain of psychiatry and in this domain, their rights are abused. Of even greater concern are countries which classify psychosocial disability as a

separate form of disability, governed under mental health legislation, and then use this legislation to remove many of the rights and protections guaranteed under the CRPD and instruments, such as the Convention Against Torture. Some countries are bringing back retrograde and draconian mental health laws which strip people of their rights. This begs the question: Why is psychosocial disability dealt with by law in many countries as an entirely different form of disability? It seems we are still heavily influenced by centuries of mainly western legislation and treatment which views psychosocial disability as a separate type of disability.

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Social exclusion is seen in various ways like poor or lack of access to education, employment and these contribute a lot to psychological distress (Warner, Scott, Adams, 2016). On the other hand, health status of persons with disabilities leave them out of participation in a lot of social activities and this leads to psychological distress because of the feeling of isolation and marginalization. When a person with disability cannot mingle with other people and they are left out of important social activities, they end up feeling the loneliness which comes with a lot of self-defeating and judging thoughts that leaves them with a low level of self-worth hence leading to psychological distress. Distress related to

health also has roots in the aspect of the already existing vulnerability and lack of resources to take care of their health (Pande & Tewari, 2011).

### V. Methodology

A design was used to structure the research, to show how all major parts of the research project work together to try to address the central research questions. It was the scheme or plan that was used to generate answers to research problems. This study used mixed research of quantitative and qualitative research approaches

particularly it adopted a survey research design. Survey design is adopted because it does not involve manipulation. Specifically, a cross-sectional survey research design was adopted. Cross-sectional survey design collects data from a large number of respondents in a relatively short time where they gone back to collect the same data with the same tools for the future (Bailey, 2018). This design was being chosen because it is cost efficient due to time and resources than the alternative longitudinal design which would require more time due to repeated data collection at several points in time (Margared, 2016).

### VI. Result and findings

Table 1 Demographics

	Characteristics	Frequency	Percentage
Gender	Male	5	33%
	Female	10	67%
Age	21- 31	3	20%
	31- 40	8	53%
	41-351	2	13.3%
	41 above	2	13.3 %
Marital status	Single	8	53%
	Married	7	47%
Education Background	Didn't attend	2	13%
	Quranic school	4	27%
	Primmery school	3	20%
	Secndry school	1	7%
	University	5	5%
Work status	Yes	5	33%
	No	10	67%
Type of diability	Hear	1	7%
	Intellectual	1	7%
	Multiple	1	6%
	Physical	4	27%
	Other	8	53 %

#### Source primary Data

#### Interpretation:

The data presents a breakdown of respondents based on gender, age, marital status, education background, work status, and type of disability. Among the respondents, 67% were female and 33% were male. In terms of age distribution, the

majority fell within the 31-40 age bracket (53%), followed by 21-31 (20%), and an equal percentage of 41-35 and 41 above (13.3% each). Regarding marital status, 53% were single, while 47% were married. Educationally, the respondents varied, with 27% having attended Quranic school, 20% primary school, 13% secondary school, and



5% university. In terms of work status, 33% were employed, while 67% were not. When it comes to disabilities, physical disabilities were the most prevalent at 53%, followed by "other" disabilities

at 27%, while hearing, intellectual, and multiple disabilities each constituted smaller percentages at 7% each.

**Table 2 Social Exclusion and social welbeing**

<b>Descriptive Statistics</b>				
<b>Social Exclusion</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Interpretation</b>
1.there is the inaccessibility for persons with disability in public buildings like school health centers mosques transportation models etc	15	2.4667	0.83381	High
2.Public information and orientation for citizens are largely inaccessible due to a lack of sign language, audiotapes, Braille, or pictorial provisions	15	2.6667	1.72375	Very high
3.Persons with disabilities do not have special schools with the educational facilities and types of equipment that persons with disabilities are needing.	15	2.6000	0.63246	High
4.The existing curriculum and teaching styles in the country are challenging for the persons with disability	15	2.6000	0.63246	High
5.Persons with disabilities face accessibility problems of medical care, rehabilitation services, and other special services to fit into society.	15	2.7333	1.59362	Very High
6.The accessibility of Information & communication for persons with disabilities is difficult	15	2.4667	1.83381	Vey High
7.Lack of therapy services in the nearby area.	15	2.2000	0.86189	Moderate
8.Persons with disabilities do not have places to play	15	2.1333	1.91548	High
9.Persons with disabilities do not have jobs because of their disability	15	1.8667	1.74322	High
Pooled mean		2.733	1.4389.	

Source: Primary data (2022)

**Interpretation**

Table 2 displays the Social Exclusion and social wellbeing, with an average mean of 2.733 and a standard deviation of 1.4389. The initial inquiry pertains to the accessibility issues faced by persons with disabilities in public buildings, yielding a mean of 2.4667 and a standard deviation of 0.83381. Subsequent to this, the survey addresses the challenges regarding public information and orientation, registering a mean of 2.6667 and a standard deviation of 1.72375. Following this, another aspect explored is the absence of specialized educational facilities for individuals with disabilities, resulting in a mean score of 2.6000 and a standard deviation of 0.63246. This is followed by an examination of the difficulties posed by the existing curriculum and teaching styles, returning a mean score of 2.6000 and a standard deviation of 0.63246.

Further scrutiny is directed towards the accessibility barriers encountered in medical care, rehabilitation services, and other societal integration amenities, with a mean score of 2.7333 and a standard deviation of 1.59362. Additionally, the survey delves into the challenges surrounding the accessibility of information and communication, yielding a mean of 2.4667 and a standard deviation of 1.83381. Moreover, it addresses the inadequacy of therapy services in nearby areas, garnering a mean score of 2.2000 and a standard deviation of 0.86189. Subsequently, it investigates the absence of recreational spaces for individuals with disabilities, resulting in a mean score of 2.1333 and a standard deviation of 1.91548. Finally, it examines the employment challenges faced by persons with disabilities, registering a mean score of 1.8667 and a standard deviation of 1.74322.

**Table 4 psychosocial consequence result from the impairments or the exclusion**

Phsycological consequence	Mean	Std. Deviation	Interpretation
1. impairment or exclusion result in feelings of isolation and loneliness	1.76	.845	<b>High</b>
2. ipairment or exclusion affect one's self-esteem and confidence	1.99	.955	<b>Very high</b>
3. impairment or exclusion leads to increased levels of anxiety or depression	1.84	.858	<b>Very high</b>
4. impairment or exclusion impact one's sense of belonging and social connectedness	1.82	.914	<b>Very high</b>
5. it is iportant is it for society to address the issues of impairment or exclusion to reduce feelings of isolation and loneliness	1.68	.708	<b>High</b>
Pooled mean	1.818	0.859	

**Source primary data:**

**Interpretations**

The data in table 4 presents the psychological consequences of impairment or exclusion, as perceived by respondents. By On average mean of 1.818 and std.dev of 0.859, respondents indicated high levels of agreement that impairment or exclusion results in feelings of isolation and loneliness (mean = 1.76 and std dev .845.), affecting one's self-esteem and confidence (mean = 1.99 and std. dev.955), and leading to increased levels of anxiety or depression (mean = 1.84 and std. dev.858). Additionally, impairment or

exclusion was seen to impact one's sense of belonging and social connectedness (mean = 1.82 and std.dev of .914). Furthermore, respondents strongly emphasized the importance of society addressing these issues to reduce feelings of isolation and loneliness (mean = 1.68 and std.dev of .708). These findings suggest a significant psychological toll associated with impairment or exclusion, highlighting the urgent need for societal intervention and support to mitigate these negative effects on individuals' well-being and mental health.

**Table 5: Objective 3 what can be done the Psychosocial effects of Exclusion**  
*Narrative analysis*

Narrative analysis	Qualitative Approach
Interview Questions	Thumb Analysis
1. What are the possible solutions to the psychosocial consequences of exclusion facing people with disabilities in Somaliland?	According to this question, the key informants were interviewed with different people in organization such as SNDF, MESAF and SABIRIN. The Majority of respondents were suggesting these solutions inclusiveness protection programs the law of disabilities must be found consultation “Respondents”
2. What can be done reduce discrimination people with disability?	Higher risk for mental health problems, including depression, conduct problems, personality disorders. The majority of the respondents to reduce sai, lobby to reduce the stigma and protection the rights “Respondents”
3. How do you thin selfconfidence can be strengthened in people with disabilities?	Majority of respondents were suggesting said to give training to develop their knowledge to promoting the self-confidence to build his own strengths to teach him how to trust him self

**Interpretations**

The second objective was to determined factors influencing psychosocial consequences people with disability in Hargeisa, Somaliland. Figure 8 gives the summary of the findings, the level of factors that contributes psychosocial. this Figure shows that 2(13.3%) of the respondents which

factor isolated person, 2(13.3%) of the respondents which factor to meeting discrimination 3(20.0%) of the respondents which factors is the lack of basic needs 8(53.3%) of the respondents which factor other factors This means that most of respondents to be answer other factor is to contributes to the psychosocial consequences.

## Data normality analysis

## Recommendations

1. Involvement of PWDs and Their Families: Encourage PWDs to engage in social activities and form support groups for mutual assistance and empowerment.
2. Government Initiatives: Prioritize mental health in healthcare facilities, ensure affordability of services, and enact laws protecting the rights of PWDs.
3. Inclusive Education: Promote integration of children with disabilities into mainstream schools to foster inclusion and provide quality education and support services.
4. Advocacy and Awareness: Increase public awareness of the psychosocial consequences of exclusion facing PWDs and advocate for equal treatment and opportunities.
5. Consultation with PWDs: Involve PWDs in policy-making and service delivery to ensure their unique needs and perspectives are addressed.
6. Enhanced Understanding of Disability\*\*: Foster mutual respect and understanding through education and awareness campaigns to create an inclusive society.
7. Recommendation for Further Research: - Further research should focus on conducting

Comprehensive studies involving larger populations of PWDs to generalize findings, investigating specific psychological challenges faced by different types of disabilities, and exploring socio-economic factors such as education level, marital status, and economic status in understanding the psychological challenges among PWDs.

## References

1. Allman, D. (2013). The Sociology of Social Inclusion. 59(12) 1–16. doi:10.1177/2158244012471957. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/2158244012471957>
2. Amnesty International (AI). (2015). Somali: Prioritise protection for people with

disabilities. AI.

<https://www.amnesty.org/download/Documents/AFR5211662015ENGLISH.PDF>

3. Ballan, S. M., Freyer, B. M., Marti, N. C., Perkel, J., Webb, A. K., & Romanelli, M.
4. (2014). Looking Beyond Prevalence: A Demographic Profile of Survivors of Intimate
5. Partner Violence with Disabilities. *Journal of Interpersonal Violence*, 29(17), 3167– 3179. doi: 10.1177/0886260514534776.
6. Government of Kenya (2003) The Persons with Disabilities Act, Nairobi
7. Cavallera, V., Reggi, M., Abdi, S., Jinnah, Z., Kivelenge, J., Warsame, A.M., Yusuf, A.M., & Ventevogel, P. (2016). Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes. United Nations High Commissioner for Refugees.
8. <https://data2.unhcr.org/en/documents/download/52624>
9. CEVSI & Handicap International (HI). (2012). Children with disabilities in Somaliland: A knowledge, attitudes and practices household survey. CEVSI & HI. <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/Somaliland%20Children%20with%20Disabilities%20KAP.pdf>
10. Disability Action (2012). Briefing paper: Sexual Health-Reproductive Rights/Sterilization, Portside Business Park, Belfast. Retrieved from <https://www.reproductiverights.org/document/briefing-paper-ensuring-sexual-and-reproductive-health-and-rights>
11. Diener, E., Inglehart, R. & Tay, L. (2013). Theory and validity of life satisfaction scales: Social Indicators Research, 1(31), 112-497. doi.org/10.1007/s11205-0120076-y <https://aidstream.org/files/documents/DFID%20Inclusive%20Elections%20proposal%20FINAL%20VERSION.pdf>
12. Handicap International Kenya/Somalia. (2014). Promoting the civic and political rights of persons with disabilities & increasing their participation in the electoral process in

- urban and rural Somaliland. Handicap International. 20
13. Hall, M. (2017). Disability, Discourse and Desire: Analyzing online talk by people with disabilities  
doi.org/10.1177/1363460716688675
  14. Hollomotz, A. (2013). Disability, Oppression and Violence: Towards a Sociological Explanation. *Sociology*, 47(3), 477-493
  15. Ministry of Labour and Social Affairs (MOLSA). (2012). THE NATIONAL DISABILITY POLICY. Republic of Somaliland.
  16. SNDF, Somaliland Centre for Disability Rights, Education and Advocacy (2008). State of Disabled Peoples Rights in somaliland Report. Retrieved from <http://www.sndf.ca/drpi/files/somilndReport.pdf>
  17. TRUPHOSAH FRIDAH MONAH 2018 MA counseling PSY6990) Psycho-Social Consequences of the Social Exclusion Facing Persons with Disabilities in Kenya 2.African Union of the Blind, Kenya Union of the Blind., & Centre for Disability Rights, Education and Advocacy (2007). State of Disabled Peoples Rights in Kenya Report. Retrieved from <http://www.yorku.ca/drpi/files/KenyaReport07.pdf>
  18. Freedman, G., Williams, D. K., & Beer, J. S. (2016). Softening the Blow of Social Exclusion: The Responsive Theory of Social Exclusion [Adobe digital Editions version]. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsyg.2016.01570/fulldoi.org/10.3389/fpsyg.2016.01570>.
  19. World Health Organization (1980): International Classification of Impairments, Disabilities and Handicaps, Geneva.

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