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Review Article

The Social Model of Disability in Global South Contexts: A Critical Review

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ABSTRACT

The Social Model of Disability has shifted the focus from the medical nature of disabilities to socially constructed barriers to living and a focus on rights and inclusion, yet is not universally accepted as applicable in all contexts within the Global South, given variations in material conditions, cultural values, colonial history, and systems of social support. The study uses a qualitative critical literature review of academic publications, international reports, policy documents and grey literature published primarily from 2006 to 2026, and adopts an intersectional and postcolonial thematic approach to interrogate the structural, cultural, economic and policy barriers to disabled people in the global south. The results show that poverty, poor health, low quality health services and infrastructure, state fragility, informal economies, and colonial histories are frequently disablers. The review also highlights the conflict between Western individualism and relational notions of personhood as found in Indigenous ways of knowing, Ubuntu and family-based support. In addition, disability intersects with gender, caste, religion, and rural-urban inequalities, resulting in different kinds of exclusion. The study concludes that the Social Model is still useful for disability rights and anti-discrimination work, but cannot be a universal model. Therefore, in the Global South, a decolonized, pluralistic, context-sensitive, and social and medical lens, including Indigenous knowledge, relationality, and material realities, is needed to foster disability justice.

Keywords*: Social Model of Disability; Global South; Disability Studies; Decoloniality; Indigenous Knowledge Systems*

1. Introduction

The Social Model of Disability, developed by disabled people in the Global North in the 1970s, has had a significant impact on the study of disability and international policy at a global level on (Pickard et al., 2020). This model shifted the concept of disability from an individual medical problem to a social problem, and served as the ideological basis for key human rights instruments such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Grech et al., 2023; KC, 2016). While the universalist position of 'inclusion' and 'rights' has groundbreaking, the Social Model is

being challenged due to its Eurocentric and Anglocentric perspectives (Ndlovu, 2024; Roy, 2024). To gain a understanding of the disabled population, it is important to conduct a separate and critical analysis of the contexts found in the Global South, which includes the context of Africa, Asia and Latin America around 80% of the world's disabled people live (Grech & Goodley, 2011). The process of transferring a theory developed in rich western industrialized societies to the 'majority world' out the material and historical differences between these worlds. In many parts of the South, the 'barriers' to inclusion are not just architectural, attitudinal, but are also entrenched in the colonial past and socio-economic disadvantage (Abdulrahman et al., 2021; Ndlovu, 2024).

Throughout history and in its modern-day neocolonial forms, colonialism has a 'disabling force'. It has created 'disability' through conflict, extraction and the imposition of Western medical categories which can often commit epistemic violence to indigenous ways of knowing (Brocco, 2024). The material deprivation-disability nexus is clearly embedded in this historical context, and extreme material deprivation and disability are 'dynamic and intricately linked' (Mitra et al., 2011). The emphasis on 'individual independence' that underlies the Western concept of individualism may seem culturally and economically foreign in countries where these basic survival needs are including food and basic health care. Additionally, the indigenous cultural practices and ontologies provide a direct alternative to the North's individualism. The philosophy of Ubuntu, which translates to a person is a person through other people, is a key concept in many African societies that emphasizes the importance of belonging and interconnectedness over individual autonomy (Ndlovu, 2023; Berghs, 2017). These are the contexts in which a person with Impairment is valued for a "relational role" in the family and community, but not for their functional independence (Karten, 2018; Mbazzi & Kawesa, 2022). If these indigenous knowledge systems are ignored, the resulting interventions misaligned, even if they 'culturally adjusted' to align with the people they are intended to serve. This critical review is necessary because of the great need to decolonize disability studies (Grech & Goodley, 2011; Roy, 2024). It aims to transcend the 'theoretical colonialism' of the Northern theorists and post-theorists who view the Southern subjects as recipients of theory or aid from the North (Karten, 2018). Rather, here I call for a pluralist view which is 'expansive in its alliances' and firmly grounded in the 'material truths of the Global South'. The following key research questions guide this research:

1. How well does the Social Model of Disability reflect the experience of people within limited-resourced contexts in the Global South?

2. What is the impact of colonialism and the poverty-disability nexus on the structural "barriers" to disabled people in the majority world?

3. How can the IKS and relational ontologies help develop a more culturally responsive and inclusive global disability picture?

2. Background of the Literature

The Social Model of Disability has radically challenged our understanding of disability collection of biological 'defects' to a model of disability as a failure of the societal system (Pickard et al., 2020; Grech & Soldatic, 2024). This model however, saw a significant clash between theory and practice as it moved from its original context in the Global North to the varied context of the Global South (Ndlovu, 2024; Roy, 2024). This literature review is the principles of the Social Model, the development of Southern disability scholarship and the relationship between poverty, culture and colonial heritage as it manifests in the experience of disability for the 80% of disabled people living in the majority world (Mitra et al., 2011).

2.1 Principles of this model

The Social Model of Disability was developed as a result of the political work carried out in the United Kingdom by the Union of the Physically Impaired Against Segregation in the 1970s (Pickard et al., 2020; Grech & Soldatić, 2024). The main principle of it is the difference between impairment (the functional limitation of body or mind) and disability (disadvantage or restriction of activity due to the

social organization of the present). The Model shifted the perception of disability from a 'medical tragedy' to a 'human rights issue' and enabled persons with disabilities to demand access to the removal of architectural, attitudinal and institutional barriers (Grech et al., 2023; KC, 2016). But there is growing debate that this model was constructed on the premises of a stable, industrialized western welfare state, where the major contestation was participation in the formal economy and in physical infrastructure (Grech & Soldatić, 2024; Ndlovu, 2024). In the Global North, the model's focus on 'individual independence' and 'solitary autonomy' was set as the standard for successful inclusion and this conception can be seen as culturally and economically foreign from the Global South (Brocco, 2024). In recent years, however, it has been argued that this model was constructed on the basis of the assumptions of a stable, industrialized Western welfare state, where the main conflict was for entry into an already established formal economy and physical infrastructure. In the Global north, the focus of the model on 'individual independence' and 'solitary autonomy' set the standard for successful inclusion, a standard that sometimes seems culturally and economically out of sync with the Global south (Berghs, 2017). However, counterarguments highlight the continued relevance of the Social Model's focus on the separation between impairment and societal barriers for rights-based advocacy and hybrid approaches that combine local cultural values such as Ubuntu (Grech et al., 2023).

2.2 Global South Studies and De-coloniality

There is a growing body of "Southern" disability studies that aims to "re-write the disability script" by putting the voice of the post-colony at the heart of the disability process (Ndlovu, 2024). The theorists behind this study, led by Tsitsi Chataika and Shaun Grech, suggested that disability studies need to be decolonized to break free from 'theoretical colonialism' (Grech & Goodley, 2011) – the uncritical transfer of Northern models to Southern settings. De-colonial disability studies focus on how colonialism is and has been a 'disabling force' that has 'manufactured' disability through historical conflict, resource extraction and the imposition of Eurocentric binaries (Pirmasari & McQuaid, 2023). Moreover, there is the 'epistemic violence' that happens through the imposition of western medical and social categories over indigenous knowledge of the body and community (Abdulrahman et al., 2021; Brocco, 2024). Studies in this field call for the decolonization of methodologies in favor of those that look at the 'Southern subject' as an agent of their own history, not as a recipient of aid, as 'embedded partnership-building' suggests (Katsui & Swartz, 2021).

2.3 Regional Cultural Constructions of Disability

In the Global South Disability culturally understood in various ways with relational and spiritual ontologies that are very different from the individualism of the West (Brocco, 2024).

Africa and Ubuntu: The concept of Ubuntu (or unhu), 'a person is a person through other people' (Berghs, 2017; Ndlovu, 2023), is a philosophy that is prevalent in Southern Africa. This relational approach places the focus on disability as a shared experience and on the processes and outcomes of maintaining a relationship as a measure of 'humanness,' and defines participation in the community as the ability to do. Berghs (2017), in contrast to the Social Model's emphasis on individual rights, Ubuntu-based inclusion is based on the principles of hospitality and shared responsibility. This has worked well for disabled women in South Africa's informal sector who are able to access communal support and to achieve sustainable livelihoods (Lorenzo & Sefotho, 2025).

South Asia: Disability is experienced in a different way in rural India; a family-centred approach is championed, focusing on the "socially-abled self" (Karten, 2018). Often, a disabled person deemed of no value if they are not a contributing member of a family; the worth of a disabled person is tied with their relational position in the family, not their ability to do tasks alone (Mbazzi & Kawesa, 2022). The linkage with disability and caste and/or religion, however, adds a layer of complexity as traditional beliefs around karmas or ancestral connection can influence community support and social stigma (Brocco, 2024; KC, 2016).

Southeast Asia: The researcher of Indonesia noted the nexus between disability and other issues such as environment (climate change/disasters) that the focus on disability in such settings is on collective vulnerability and collective resilience, and the focus of disaster response is more on the community level than on the institutional level, with the state's role often supplanted by the community's role (Pirmasari & Mc Quaid, 2023).

Globally: in the regions of the world, the West's focus on 'independence' is often criticized. For example, in Uganda, the family is considered a key network of care, and the state is unable to substitute for it in children's neurodevelopmental disability (Brocco, 2024; Mbazzi & Kawesa, 2022).

2.4 Bridging the Poverty-Disability Gap (Structural Barriers)

A strong conclusion drawn in Southern literature is the dynamic and intricate relationship between disability and poverty (Grech et al., 2023). In resource-poor environments, the main barrier to accessing ramping is rarely the lack of ramps, but rather the lack of basic survival requirements (KC, 2016). Extreme poverty (with a lack of food, clean water and basic healthcare) is the starting point for many before they even demand social inclusion (Mitra et al., 2011).

Infrastructural and State Failure: The number of countries in the Global South with "limited" or "non-existent" state welfare systems is high Whereas in situations of "multi-layered crises" (as in certain parts of the Middle East), the State "does not care", while disabled people are left to relying on strained family networks or international NGOs (Khawam & Akerkar, 2023).

2.5 The effect of caste, gender and rural-urban differences

Disability is not the same for everyone. It is defined by multiple intersecting identities.

Gender: Disabled women in the Global South suffer from a "double burden" – challenges to access reproductive healthcare and to economic participation (Lorenzo & Sefotho, 2025; Rugoho et al., 2022).

Rural-Urban: There is a big gap between access to services in rural and urban areas. For instance, in Malawi, national policies exist to facilitate disabled people's working, but in rural areas, the informal sector makes it nearly impossible for most of the population to benefit from these provisions (Wanggren et al., 2022).

Formal vs. Informal Economy: The formal economy is assumed in Western social models. Whereas, in many countries in the South, where the majority of jobs are in the informal sector, there is little success in implementing rights-based approaches based on workplace "reasonable accommodation" (Grech et al., 2023; Wanggren et al., 2022).

The Western social model is being discussed in terms of whether it can be applied to non-Western contexts. The applicability of the Western social model is being debated. The major controversy in the literature concerns whether the Social Model is a "theoretical export" or an "empowering tool" that fails to account for material conditions. The Social Model's opposition to medicine is, according to the southern activists especially in South Asia, a "luxury" of the North. A medico-social hybrid model is more commonly preferred in areas of high prevalence of preventable impairments, whether due to malnutrition or poor maternal care (Grech & Goodley, 2011). This model is based on the premise that medical rehabilitation is a condition for social participation (KC 2016). The need to "glocalize" international instruments such as UNCRPD (Grech et al., 2023) is growing. This includes adapting the universal human rights language to the "relational and spiritual languages of local communities, ensuring that the rights are sustainable and culturally relevant.

2.6 Gaps in current literature

While Southern research has increased, there are several gaps:

1. Longitudinal data: Disabled people in remote, rural parts of the Global South lack

long-term data on their life outcomes (Wanggren et al., 2022).

2. Indigenous Theory needs to be centered: Ubuntu is mentioned, but more in-depth, peer-reviewed theory, grounded within the local oral history and rituals, is needed in the broader field of disability studies (Ndlovu, 2023; Roy, 2024).

3. Technological Inclusion: There is a growing need for research into the implications of the use of digital technologies and AI in the global education and health care sector, and the possibility that these "imported" technologies may perpetuate biases of the North and that new digital divides can emerge for disabled persons in the South (Jin et al., 6 C.E.; McDonald et al., 3 C.E.).

Finally, the Social Model of Disability needs to be 'deconstructed and rebuilt' to take the Global South into account of its necessitates a change of paradigm from universalist to pluralistic view, which takes into account the interconnection, spiritual richness and material challenges of the majority world.

3. Methodology

This study adopts a qualitative critical literature review method to summarize existing understandings about the Social Model of Disability in the context of the Global South. A critical review differs from a traditional view that may exist within the exportation of Northern disability frameworks to the majority world. It is a method that is especially appropriate for the consideration of the relationship between colonial legacies and indigenous knowledge systems and international human rights standards.

3.1 Sources and Data Collection

The data used for this review were from a variety of secondary sources, such as:

Academic Databases: peer-reviewed articles and books from JSTOR, and Google Scholar journals, particularly journals focusing on Southern disability studies. International Reports: UN and WHO related policy documents and status reports, such as those of what focus on the implementation of the UNCRPD in a resource-limited environment. To apprehension the 'grassroots' perspective, grey literature was also used, to include position papers from Disabled People's Organizations in Africa, Asia and Latin America.

3.2 Sampling and Inclusion Criteria

The focus of the review was on the past decade and a half of the last 20 years (2006–2026), coinciding with the global introduction of the UNCRPD and the emergence of de-colonial disability studies. As 80% of the world's disabled people exist in the global south, the researchers' criteria based on the work done in or by scholars from the global south. Studies were accepted if they offered empirical or theoretical understanding of structural, cultural or economic challenges disabled people encounter in the majority world.

3.3 Analytical Lens

Thematic synthesis was performed based on in intersectional and postcolonial theoretical approach (Grech & Soldatić, 2024; Pickard et al., 2020). Data were coded across three main thematic areas:

Structural Barriers: Understanding the 'poverty-disability nexus' and state fragility as well as the consequences of conflict (Khawam & Akerkar, 2023; Mitra et al., 2011).

Cultural and Spiritual Barriers: Epistemic presumptions" and the importance of indigenous relational ontologies (e.g., Ubuntu)

Economic and Policy barriers: Understanding of mismatch between western concept of rights-based approach and informal economies in rural Southern regions (Grech et al., 2023; Wanggren et al., 2022).

One of the main challenges to this review is that academic search engines tend to favor English language publications. This can result in the under-representation of important studies written in Spanish, Portuguese or indigenous languages. Moreover, since indigenous knowledge is not always shared in academic texts, but through oral history or rituals, it is not possible for this review to represent all the indigenous 'local epistemology' of disability

in some remote or marginalized communities. Lastly, the wide variation in the Global South where results from one Global South region (Southern Africa) may not necessarily be relevant for other regions (Southeast Asia) (Pirmasari & McQuaid, 2023).

4. Discussion

4.1 The Social Model in Global South Contexts

This section critically examines the operation of the Social Model of Disability within socio-economic and cultural contexts in the Global South. Although the model has helped to shift the focus of the international debate from a medical to a rights-based approach, it is clear that there are deep structural, cultural and economic complexities to the model's application in the majority world that are not captured by Northern theories (Pickard et al., 2020; Grech & Soldatić, 2024).

a. structural barriers

In the context of the 'Global South,' 'the barriers' identified by the Social Model become very different - in many cases, infrastructure is not only inaccessible to some or all users, but is not adequate for all members of society (Mitra et al., 2011).

Multi-layered Crisis of Inaccessible: Infrastructure and State Fragility: The infrastructure of many Southern countries are highly underdeveloped and these state are in a multi-layered crisis of transportation, housing, and healthcare services. Among other things, research in the Middle East indicates that in these contexts, the state' does not care' and the implementation of disability rights legislation is more linked to the biological survival of people. In these contexts the "barrier" is not just a lack of ramps but a systemic lack of even the most fundamental social protections (Grech et al., 2023; Khawam & Akerkar, 2023).

Weak implementation of International Law: Many Southern countries have ratified the UNCRPD, but the 'localization' of the rights is still a major challenge (Grech et al., 2023). For example, in Malawi, although policies are progressive with regards to employment and education, most disabled people remain outside the mainstream as the law is geared toward formal employment markets and does not represent the massive informal sector that dominates the actual economy of the country (Wanggren et al., 2022). So, the laws that uphold rights are "on paper only", not significantly affecting the rural poor.

b. Cultural and Attitudinal Barriers: The Stigma Factor

In the Global South, the emphasis on 'attitudinal barriers' in the Social Model can sometimes simplify the complex relationship between religion, spirituality and indigenous ontologies (Brocco, 2024).

Spirituality and Ancestral Links: In many Southern ontologies disability is not considered a secular "social construct," but rather a spiritual or ancestral concept. The beliefs of the indigenous people can be looked at as superstition or stigma by Western scholars, but by indigenous scholars the beliefs are legitimate manifestation of how to deal with the human condition (Abdulrahman et al., 2021). These beliefs can result in isolation in some situations, and in others of community care and 'wholeness' that is not dependent on physical normality (Berghs, 2017).

In societies that value interdependence, the idea of 'independence' or 'normalcy' imposed by the West is often foreign. A disabled child's worth in Uganda is often tied up in the 'relational role' they play in the family collective, not as an independent functioning person (Mbazzi & Kawesa, 2022). Thus, community perceptions of 'normalcy' are linked to social belonging and the engagement in relational duties, which can lead to the pathologizing of communal care, almost as a form of 'dependency' as emphasized in the Social Model, with its focus on solitary independence (Brocco, 2024; Mbazzi & Kawesa, 2022).

c. Economic and Development-Related Barriers

The 'poverty-disability nexus' is arguably the most 'Southern' issue, and arguably the most challenging to be addressed by the traditional Social Models moreover, Poverty and the Informal Economy: Disability and poverty go hand in hand in the Global

South – ‘dynamic and intricately linked’ (Mitra et al., 2011). The ‘barrier’ to inclusion is often outside of the participant's control and requires attention in the first place, before rights-based advocacy can occur, and that is the absence of basic survival needs (food, clean water, basic healthcare) (Grech et al., 2023; KC, 2016). The combined effect of disability and gender and poverty leaves disabled women highly vulnerable to sexual abuse, with little access to justice and economic means to remedy the situation, as is the case in Zimbabwe (Rugoho et al., 2022).

Many disabled people depend on communal and family support systems, which are further undermined by neoliberal globalization and austerity policies (Grech & Soldatić, 2024). Austerity measures focus on the very social protections that are most essential in the South, thereby incurring what can be termed as ‘slow violence' towards disabled bodies in resource-poor areas (Brocco, 2024; Khawam & Akerkar, 2023).

d. The strengths and limitations of the Social Model

While flawed, the Social Model is still a powerful advocacy tool in the Global South. It succeeded in providing anti-discrimination framework local activists in the struggles against the “medical tragedy” narrative and call for political representation (Grech et al., 2023; KC, 2016). It gave a common vocabulary for rights for local organizations to demand accountability from their governments to international standards. Critics suggest that the Social Model is a ‘luxury’ which assumes the body is healthy and pain-free (KC, 2016). Many ‘Impairments’ in the Global South are caused by preventable diseases or by malnutrition and/or conflict, and the model’s incompleteness with respect to the impaired body and physical pain are significant drawbacks (Grech & Goodley, 2011). In South Asia, activists have been demanding the creation of a hybrid between medicine and social engagement, with medical rehabilitation as a basic right and a precondition for social involvement. There's a strong need for models that combine social rights with 'embodied perspectives' in the context of the materiality of physical suffering in the post-colony.

e. The value of critical and postcolonial disability studies

Critical disability studies from the South, like Tsitsi Chataika's, highlight the inseparability of disability and colonial history. Colonialism "manufactured" disability by using violence and taking away its resources and continues to affect the "barriers" disabled people experience today (Ndlovu, 2024; Pirmasari & McQuaid, 2023).

Localization and Relationality: In Terms of the localization of disability and spiritual languages, local languages, Abdulrahman et al. (2021) and Ndlovu (2023) argue that the community needs to be engaged in this process. Focusing on the indigenous philosophy of Ubuntu, practitioners can create models of inclusion that are based on interdependence and a sense of belonging, rather than on individual rights (Berghs, 2017; Lorenzo & Sefotho, 2025). This shift acknowledges the ‘socially-abled self’ of the family, which is a family member's worth to others, not in their individual productivity, but rather in their interaction with others (Karten, 2018).

Moreover, the disability policies de-harmonized in the Global South, which hinders the analysis of these policies in a unified way (Wanggren et al., 2022; Grech et al., 2023). The UNCRPD's ‘implementation gap’ is a complex phenomenon, depends on a country's fiscal and financial stability, and the existence of ‘multi-layered crises’ (Khawam & Akerkar, 2023; Grech et al., 2023). Lastly, the’ majority world’ is extremely diverse, making conclusions drawn from a single cultural context (like Ubuntu in Southern Africa) difficult to reflexively apply to other cultures, such as those in South Asia with a caste system or Indonesia with high rates of disasters (Berghs, 2017; KC, 2016; Pirmasari & McQuaid, 2023). This review, then, provides a thematic synthesis, not a diagnostic of the overall experience of disability in the South (Abdulrahman et al., 2021; Brocco, 2024).

4.2 Advantages and Disadvantages of the Social Model

The anti-discrimination framework of the Social Model is the most significant aspect in bringing together global activism and giving a common language for the UNCRPD (Grech et al., 2023; KC, 2016). But, in the South it is being increasingly

criticised for its limitations: The emphasis on Barriers has tended to overlook the lived experience of pain and impairment (Pickard et al., 2020; Grech & Goodley, 2011). For those without preventable impairments (due to poor maternal care or malnutrition), such as in regions where maternal care is poor, rejection of medical intervention as ‘oppressive' is a luxury that the Southern activists simply cannot afford.

Hybridity: Scholars call for integrating social rights with biological support, such as ‘medico-social integrated approaches. In the Global South, the process of medical rehabilitation models as an ‘enabling’ step towards a person's social participation, instead of a drive to "normalize" the person (KC, 2016).

4.3 Significance of the Study

This critical review is important because it challenges the theoretical colonialism that has for too long characterized disability studies globally, while providing a more nuanced understanding of the 80% majority world disabled people (Grech & Goodley, 2011; Grech & Soldatić, 2024; Ndlovu, 2024). This work's contribution to the academic conversation is to be developed through its focus on the specific socio-cultural and economic contexts of the Global South and also to challenge ‘one-size-fits-all’ Northern perspectives and validate indigenous relational ontologies such as Ubuntu. This theoretical shift is essential about Western ideals of individual autonomy. The concept of ‘inclusion’ must be understood in terms of local standards of belonging and interdependence. Moreover, the study is of great relevance to the ‘globalization' process of international policies such as the UNCRPD (Grech et al., 2023). It underscores the need for interventions that tackle the deeply entrenched poverty-disability nexus and the informal economy, if the value of human rights is to be realized in resource-limited environments (Mitra et al., 2011; Wanggren et al., 2022; Grech et al., 2023). This research can help developing inclusive development programs that are culturally relevant and sustainable, by amplifying marginalized voices from Africa, Asia and the Middle East (Katsui & Swartz, 2021; Khawam & Akerkar, 2023; Ndlovu, 2024). In the end, this research adds to the global effort, toward achieving epistemic justice, which affirms that the knowledge originating from the South has a legitimate basis for achieving social justice and equitable development for disabled persons all over the world.

5. Key Findings

The findings of this review reveal that disability in the Global South is not a uniform construct but is rather complex, with multiple structural, cultural and historical barriers (Grech & Soldatić, 2024; Ndlovu, 2024). The synthesis of existing scholarship revealed the following main findings:

The poverty-disability nexus is a central theme in this discussion. The poverty-disability nexus is a key focus of this discussion. One of the main findings of the report is that there is an overwhelming association between disability and material deprivation (Mitra et al., 2011). For the vast majority of the world's disabled (80%), extreme poverty (lack of clean water, nutrition, basic health care) is by far the biggest disabling factor (Grech et al, 2023; Mitra et al, 2011). In many contexts in the South, the right to live is essential for the realization of social rights, which is what this "poverty-disability nexus" refers to (KC, 2016; Grech et al., 2023).

5.1 Theoretical Misalignment and Contextual Adaptation

As mentioned, the Social Model is important to anti-discrimination work, but it needs contextually adapted (KC, 2016; Grech et al., 2023). Western approaches on ‘individual independence’ and ‘solitary autonomy’ are in tension with indigenous relational ontologies, such as Ubuntu in Africa and family-based care in rural India (Berghs, 2017; Karten, 2018; Ndlovu, 2023). In these cultures, the meaning of inclusion is related to the sense of belonging and interdependence and not functional independence (Berghs, 2017; Mbazzi & Kawesa, 2022). On the other hand, the review shows that the intersection of disability with gender, caste and religion exacerbates the exclusion (KC, 2016). Rugoho et al. (2022) highlighted that the gendered vulnerability of people with disabilities in Zimbabwe is associated with heightened vulnerability to sexual assault and limited access to justice.

Socio-Economic Disparities: Western employment rights policies do not reach people in the rural areas of Malawi due to the prevalence of the informal sector in these areas (Grech et al., 2023; Wanggren et al., 2022).

Caste and Spiritual Beliefs: Traditional hierarchy and religious perspectives of karmas create unique attitudinal barriers to be addressed with 'globalized' interventions in South Asia (Brocco, 2024; KC, 2016).

5.2 Models with multiple dimensions are needed

Results suggest that there has been a rise in demand for the 'medico-social' hybrid models (Grech & Goodley, 2011; KC, 2016). Global South activists make the case for medical rehabilitation to engage in social advocacy because there are high rates of preventable impairments in the region due to conflict and poor healthcare. This shift to 'embodied perspectives' recognizes the physical experience of pain and the social experience of biological needs, in addition to social rights (Grech & Soldatić, 2024).

5.3 Policy implementation lags and state neglect

Finally, the review reveals a huge policy-implementation gap (Grech et al., 2023). While many countries have ratified the UNCRPD, low state capacity and 'multi-layered crises' in areas such as the Middle East commonly led to the creation of 'paper rights' only (Grech et al., 2023; Khawam & Akerkar, 2023). The responsibility for inclusion becomes completely on the shoulders of the family and local community when the state 'does not care'. To wrap up, these results indicate that de-colonizing disability studies needs to move toward epistemic justice and put into the central, the relational, material and spiritual truths of the Global South (Abdulrahman et al., 2021; Ndlovu, 2024; Roy, 2024).

6. Limitations

The flaws of this important review illustrate the systemic struggles that exist in the field of disability research in the Global South and in the "epistemic violence" of academic indexing (Abdulrahman et al., 2021; Brocco, 2024). One of the major difficulties is the language bias of the main academic databases, which are largely English-language publications (Grech & Goodley, 2011). This probably filters out major regional work that is written in languages other than English, such as Spanish, Portuguese and French, in Latin America, Francophone Africa and Southeast Asia, where critical research is more often published in other languages (Grech & Goodley, 2011; Grech & Soldatić, 2024). Moreover, Indigenous Knowledge Systems have not been adequately represented in the literature produced in the peer-review process (Ndlovu, 2023; Roy, 2024). This knowledge is not easily captured in a western style academic synthesis and this can often mean that local "ways of knowing" disability is overlooked (Brocco 2024, Ndlovu 2023, Roy 2024).

Moreover, the variability of disability policies in the Global South is a challenge for inter-country analysis (Grech et al., 2023; Wanggren et al., 2022). In other words, the implementation gap of the UNCRPD is highly affected by different countries' financial power, political stability, and the existence of "multi-layered crisis" (Grech et al., 2023; Khawam & Akerkar, 2023). Finally, the 'majority world' is very diverse and what is effective in one cultural context (e.g., Ubuntu in Southern Africa) may not be automatically translated to other contexts, such as caste-based hierarchies in South Asia and disaster-prone areas in Indonesia (KC, 2016; Pirmasari & McQuaid, 2023; Berghs, 2017). This review, therefore, does not take a one-size-fits-all approach when considering a universal diagnosis of the Southern disability experience.

7. Conclusion

While the Social Model of Disability undoubtedly an effective tool with which to fight for disability rights around the world, yet comprehensive or culturally relevant for the 80% of disabled people who live outside the Global North (Grech & Soldatić, 2024; Pickard et al., 2020). Its emphasis on the barriers in society does effectively challenge the medical pathologization, however, its Anglocentric origins – which are based on a stable welfare state in the West – do not reflect the 'multi-layered crises and systemic state neglect that many Southern contexts experience (Khawam & Akerkar, 2023; Ndlovu, 2024). The Social Model, therefore, has value as an anti-

discrimination model, but is not sufficient to tackle the realities of the majority world (KC, 2016; Grech & Goodley, 2011). This shift towards a more contextual and context-sensitive methodology isn't something we want to do for academic reasons, but for biological and social survival. Extreme poverty, malnutrition and conflict are 'manufacturing' impairment in regions where it is simply a luxury that southern communities cannot afford to deny medical intervention (Mitra et al., 2011; Ndlovu, 2024). A 'medico-social' approach is needed, as recommended by scholars from South Asia and Africa, where the right to medical rehabilitation is considered a basic entitlement to social participation and where structural justice is fought. This hybridity should not be based on relational ontologies like Ubuntu, which shifts the Western concept of autonomous individualism to one of shared responsibility and interdependency (Berghs, 2017; Karten, 2018; Mbazzi & Kawesa, 2022). Moreover, this review demands a dramatic turn- around in localized research and policy making. International mandates, such as the UNCRPD, must be translated beyond the mere tokenistic approach and a fundamental re-imagining of rights must take into account the informal economy, rural isolation and indigenous knowledge systems (Grech et al., 2023; Ndlovu, 2023; Wanggren et al., 2022). Intersectionality must be built into inclusive development strategies – e.g., the intersection of disability and gender-based violence in Zimbabwe, of caste and disability in India, and of climate related disasters and disability in Indonesia (KC, 2016; Pirmasari & McQuaid, 2023; Rugoho et al., 2022). Finally, for disability justice to be realised in the Global South, the 'script' needs to be rewritten, with the Southern subject no longer as a recipient of the North's aid, but as an active player in their own history (Ndlovu, 2024; Roy, 2024). To bring this about, the field needs to create an 'expansive alliance' between global human rights and local epistemologies, to allow for a more equitable and pluralistic future in which majority world inclusion becomes reality (Abdulrahman et al., 2021; Grech & Soldatić, 2024).

Author Contributions

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References

Abdulrahman, H. K., Adébísí, F., Nwako, Z., & Walton, E. (2021). Revisiting (inclusive) education in the postcolony. Journal of the British Academy, 47–75. https://doi.org/10.5871/jba/009s1.047

Berghs, M. (2017). Practices and discourses of ubuntu: Implications for an African model of disability? African Journal of Disability, 6. https://doi.org/10.4102/ajod.v6.292

Brocco, G. (2024). Theories and practices of disability from the Global South: a critical anthropological perspective. Frontiers in Health Services, 4. https://doi.org/10.3389/frhs.2024.1261091

Grech, S., & Goodley, D. (2011). Doing Disability Research in the Majority World: an Alternative Framework and the Quest for Decolonising Methods. Développement

Humain Handicap et Changement Social, 19(2), 43–43. https://doi.org/10.7202/1086899ar

Grech, S., & Soldatić, K. (2024). Disability in the Global South: The Critical Handbook. https://doi.org/10.32920/27953808.v1

Grech, S., Weber, J., & Rule, S. (2023). Intersecting Disability and Poverty in the Global South: Barriers to the Localization of the UNCRPD. Social Inclusion, 11(4). https://doi.org/10.17645/si.v11i4.7246

Jin, Y., Yan, L., Echeverria, V., Gašević, D., & Martinez-Maldonado, R. (6 C.E.). Generative AI in higher education: A global perspective of institutional adoption policies and guidelines. Computers and Education: Artificial Intelligence, 8, 100348. https://doi.org/10.1016/j.caeai.2024.100348

Karten, A. F. (2018). THE DISABLED FAMILY IN RURAL INDIA: EMPOWERMENT OF THE SOCIALLY-ABLED SELF. WIT Transactions on Ecology and the Environment, 1, 315–326. https://doi.org/10.2495/sdp180291

Katsui, H., & Swartz, L. (2021). Research Methods and Practices of Doing Disability Studies in the Global South. Scandinavian Journal of Disability Research, 23(1), 204–206. https://doi.org/10.16993/sjdr.841

KC, H. (2016). Disability Discourse in South Asia and Global Disability Governance. Canadian Journal of Disability Studies, 5(4), 25–25. https://doi.org/10.15353/cjds.v5i4.314

Khawam, G., & Akerkar, S. (2023). When the state does not care: disability rights in a context of multi-layered crises, instability and disablism. In Edward Elgar Publishing eBooks (pp. 118–134). Edward Elgar Publishing. https://doi.org/10.4337/9781800373655.00017

Lorenzo, T., & Sefotho, M. M. (2025). An Ubuntu approach to disability and inclusive development for women with disabilities. African Journal of Disability, 14, 1600–1600. https://doi.org/10.4102/ajod.v14i0.1600

Mbazzi, F. B., & Kawesa, E. (2022). 'Impairments of the brain': Global South perspectives on childhood neurodevelopmental disability. Developmental Medicine & Child Neurology, 65(3). https://doi.org/10.1111/dmcn.15391

McDonald, N., Johri, A., Ali, A., & Collier, A. H. (3 C.E.). Generative artificial intelligence in higher education: Evidence from an analysis of institutional policies and guidelines. Computers in Human Behavior: Artificial Humans, 3, 100121. https://doi.org/10.1016/j.chbah.2025.100121

Mitra, S., Posarac, A., & Vick, B. (2011). Disability and Poverty in Developing Countries. In World Bank, Washington, DC eBooks. https://doi.org/10.1596/27369

Ndlovu, S. (2023). Indigenous Knowledge Systems in Africa: exclusion of students with disabilities in South African higher education. Curriculum Perspectives, 43, 127–140. https://doi.org/10.1007/s41297-023-00202-1

Ndlovu, S. (2024). Re-writing the Disability Script from the Global South: Tsitsi Chataika's Contribution to Disability Studies Scholarship in Africa. The Thinker, 99(2), 64–74. https://doi.org/10.36615/46d7xx09

Pickard, B., Thompson, G., Metell, M., Roginsky, E., & Elefant, C. (2020). "It's Not What's Done, But Why It's Done." Voices A World Forum for Music Therapy, 20(3), 19–19. https://doi.org/10.15845/voices.v20i3.3110

Pirmasari, D. A., & McQuaid, K. (2023). Halin ai: Intersectional Experiences of Disability, Climate Change, and Disasters in Indonesia. Social Inclusion, 11(4). https://doi.org/10.17645/si.v11i4.7105

Roy, A. (2024). Decolonizing Disability Studies: Identities, Epistemologies and Global South Perspectives. The Creative Launcher, 9(6),

70–81. https://doi.org/10.53032/tcl.2024.9.6.07

Rugoho, T., Stein, M. A., Wright, P., & Broerse, J. E. W. (2022). The Experiences of Sexually Abused Women with Disabilities Who Consulted Services in Zimbabwe: The Intersection of Disability, Gender, and Poverty. Dignity A Journal of Analysis of Exploitation and Violence, 7(3). https://doi.org/10.23860/dignity.2022.07.03.02

Wanggren , L., Remnant, J., Huque, S., Kachali, L., Sang, K., & Ngwira, J. M. (2022). Disability policy and practice in Malawian employment and education. Sociology of Health & Illness, 45(6), 1354–1375. https://doi.org/10.1111/1467-9566.13577