

## Disaster and Disability: A Qualitative Study of the 2005 Earthquake in District Bagh, Azad Kashmir

Rahat Ahmed<sup>1</sup> and Iqra Riasat<sup>2</sup>

### Abstract

This research explores the long-term experiences of individuals who became disabled due to the 2005 earthquake in Bagh Azad Kashmir. The study adopts a qualitative methodology to understand the long-term psychological, social, and economic difficulties that survivors face and the coping mechanisms they adopt to adjust to their new realities. The findings bring out a raft of significant issues: PTSD, social exclusion, financial dependency, and limited access to healthcare, employment, and assistive devices. Survivors reported feelings of isolation and loss of identity but showed resilience through family support, community involvement, and spiritual practices. Using the Social Model of Disability, the research shows how systemic barriers, such as inaccessible infrastructure and societal stigma, increase the challenges faced by disabled individuals. The study calls for the need for all-inclusive disaster recovery policies that address enhanced mental health services, vocational training programs, accessible infrastructure, and anti-stigma campaigns that ensure survivors with disabilities are integrated into the mainstream of society. These findings aim to better inform the equitable management of disasters, addressing the distinct needs of the most marginalized populations. <sup>1</sup>

**Keywords:** Earthquake, Disability, Disaster, Azad Kashmir, Qualitative

### 1. Introduction

Natural disasters include various calamities that destroy community livelihoods, cause widespread devastation, and leave indelible marks on the citizens of the affected areas. No region is completely excluded from such disasters, but these have more severe consequences in developing countries because of weak governance, poverty, and an overall lack of preparedness for disasters (Zorn, 2018). Among these disasters, earthquakes are particularly

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<sup>1</sup> Graduate student of Bachelor of Social Sciences major in Development Studies department of Humanities and Social Sciences Bahria University E-8 Islamabad [rahatahmed0121@gmail.com](mailto:rahatahmed0121@gmail.com)

<sup>2</sup> Graduate MS Scholar, Applied Anthropology, Department of Humanities and Social Sciences, Bahria University E8, Islamabad [zoyariasat12@gmail.com](mailto:zoyariasat12@gmail.com)

devastating, often resulting in significant loss of life, injuries, and long-term socio-economic consequences. The 2005 earthquake in Kashmir stands out as a tragic example, claiming over 73,000 lives and leaving 69,000 injured, with many survivors acquiring permanent disabilities. This research examines the experiences of these individuals, focusing on their struggles, resilience, and the barriers they face in rebuilding their lives. Globally, individuals with disabilities constitute approximately 16% of the population, with 80% living in developing nations (UNDRR, 2023). In disaster scenarios, this demographic is disproportionately affected due to systemic exclusion and a lack of disability-inclusive preparedness and recovery measures. For example, research from other disasters, including the 2010 Haiti earthquake, which resulted in around 300 000 injuries or disabilities, demonstrate the importance of setting up specific interventions to cater to their needs (Verlag, 2011).

Natural disasters increase comparability rates to the vulnerable such as individuals with disabilities, who have significant structural barriers and various socio-economic disadvantages related to limited access to healthcare services, transportation, and livelihoods. The 2005 earthquake that hit Azad Jammu and Kashmir and Khyber Pakhtunkhwa was one of the deadliest in the region's history especially districts like Bagh. The magnitude 7.6 earthquake destroyed everything from schools and healthcare facilities to other critical infrastructures. Economic losses were over \$5 billion, while recovery was further hampered by the mountainous terrain and scarce resources (Mulvey, 2008). This disaster left many individuals with permanent disabilities, and they had to face dual challenges: the immediate physical and psychological trauma of the event and the long-term struggle to adapt to their new realities. lack of inclusive 2 infrastructure and environment with less support system has further compounded their challenges. Acquiring a disability due to a disaster has profound implications for personal identity, social relationships, and mental health.

Many of them suffer from various mental health problems like PTSD, long-term anxiety, and depression, and also from social stigma and discrimination. Besides these, physical barriers, inaccessible areas, and financial difficulties owing to a lack of opportunities stand as barriers in their way. These challenges underline the need for support systems comprising physical rehabilitation and mental health services to empower them for better inclusion into society. The study investigated the long-term impacts of the 2005 earthquake on persons who acquired

disabilities in Bagh, Azad Kashmir. This paper focuses on persons with physical disabilities and tries to comprehend the social and economic difficulties these survivors go through by focusing on their experiences, this research intends to contribute to the development of disability-inclusive disaster recovery policies and practices, ensuring that the voices of this marginalized population are heard and their needs addressed.

### **Research Question**

- What are the long-term social and economic challenges faced by individuals who became disabled after the 2005 Bagh earthquake in their daily lives and relationships?

### **Research Objectives**

- To understand the long-term challenges faced by individuals who became disabled after the 2005 Bagh earthquake, particularly in their daily lives, social relationships, and economic activities.

### **Literature Review**

#### **2.1 Psychological Toll on Disabled Individuals**

In the aftermath of earthquakes, survivors with lower physical and mental functioning encounter more environmental barriers. Those who perceive more barriers also exhibit more severe symptoms of post-traumatic stress disorder (PTSD). This suggests that environmental barriers play a mediating role in the development of PTSD symptoms among earthquake survivors (Reinhardt, 2011). Previous studies (Mulvey, 2008) and (Zorn, 2018) have focused on the immediate physical and psychological impacts of such events, but fewer studies have explored the long-term, evolving challenges faced by survivors.

#### **2.2 Socio-Economic Struggles of Disabled Survivors**

Disasters cause not only direct injuries but also long-term socio-economic problems for survivors, especially those with disabilities. Usually, people with disabilities face huge discrimination and marginalization, which bars them from actively participating in social, educational, and economic activities (Lord, 2016). The stigma of disability furthers their exclusion, with societal attitudes defining them as dependent or incapable, in addition to the

vulnerability (Stough & Kelman, 2018). One key area of concern has to do with work for these disabled disaster survivors, whose quests to find meaningful employment have been particularly constrained by structural and attitudinal barriers. Contributors to their economic marginalization include inaccessible workplaces, a lack of vocational training programs, and biased employers. Most often, if employed at all, survivors find themselves consigned to unstable or low-paying jobs, leaving them insecure financially. Most of them have to rely on their families for economic support; this may make them feel guilty and lessen their self-esteem (Sadiki & Kibirige, 2022). These experiences are central to the current study, which seeks to understand how survivors of the 2005 Bagh earthquake navigate the persistent financial dependence that often accompanies their disabilities.

### **2.3 Post Disaster Scenario**

Post-disaster recovery processes have failed to address the specific needs of persons with disabilities, further increasing socio-economic disparities. Relief programs usually fail to address important aspects like accessible shelters, health facilities, and inclusive livelihoods. This exclusion delays recovery and reinforces systemic inequities, leaving survivors more vulnerable to future crises (Park, 2019). The present study examines the extent to which survivors of the 2005 Bagh earthquake have benefited from or been excluded by such recovery efforts, with a particular focus on the support systems they rely on today.

### **2.4 Inclusion and Social Integration of Disabled Individuals**

Social inclusion requires elimination or minimizing of physical, social, or attitude barriers impeding people with disabilities from opportunities and participation in society. The importance of this concept not only contributes to the betterment of their lives but also towards a more equitable and resilient society (Stough & Kelman, 2017). Disasters often highlight social inequalities, and it tends to leave disabled survivors isolated and excluded from post disaster recovery processes. Also, stigma and discriminatory attitudes further limit their access to education, employment, and social services, creating a cycle of exclusion and dependency (Lord et al., 2016). Research underlines the necessity for an enabling environment where persons with disabilities can actively be a part of economic and social activities. It is also

evident that community-based initiatives, such as support groups and skills development programs, promote inclusion and reduce stigma, as noted by (Waterstone & Lord, 2009).

## **Methodology**

The research design was qualitative which helped to identify the rich and unexplored experiences of respondents in terms of post-condition.

## **Locale**

The study was conducted in the district Bagh Azad Kashmir, Pakistan. This region was among the most severely affected areas during the 2005 earthquake, with significant devastation to infrastructure and livelihoods.

## **Sampling Technique**

It was necessary to ensure that all participants were individuals who became disabled due to the earthquake, as they were the specific population that the study sought to understand. As the research progressed, snowball sampling was also used. Initial respondents, identified through purposive sampling, were asked to refer friends, relatives, and acquaintances who also became disabled because of the 2005 earthquake.

## **Sampling size**

The sample size for this research consisted of 18 respondents, including 16 men and 2 women aged between 26 and 45 years. This age group and sample were specifically chosen to provide insights into the personal and social experiences of individuals who acquired disabilities during the 2005 earthquake. The sample size was designed to show the diverse perspectives on how acquiring a disability has influenced their personal identity and social relationships, as well as to explore the long-term challenges they face in daily life and social integration. This group offers a focused representation of survivors, which allow for a deeper understanding of their lived experiences. The under-representation of females in the

interviews is primarily due to their reluctance to provide data, influenced by cultural barriers. Traditional norms and societal restrictions often limit women's willingness to openly share their experiences.

### **Method**

This research study was qualitative in nature and used the interview method for the data collection. In-depth interviews are a valuable technique for collecting a rich variety of data, as they require intensive involvement from respondents. This method was specifically chosen considering the variability in the time respondents might need to narrate their experiences. Open-ended questions were used to explore the respondents' perspectives and experiences, particularly focusing on the challenges they face due to their disability. These challenges include long-term issues such as social and economic exclusion, family relationships, and societal barriers. Facetoface in-depth interviews were deemed the most suitable approach for this study, as they allowed for individual attention to each participant and facilitated rapport building. This method also enabled the interviewer to distinguish between valid and invalid information by observing respondents' body language and facial expressions. A total of 18 interviews were conducted, each lasting 30–40 minutes. These interviews took place either at the respondents' homes or at the Chal Foundation, depending on their comfort and convenience. All interviews were transcribed afterward for detailed analysis to ensure a comprehensive understanding of the data.

### **Data Analysis**

Thematic analysis was performed for analyzing the collected data. The data collected i.e., the interviews were transcribed and analyzed based on Thematic Analysis. since this technique ensured that themes within the obtained data could be identified, analyzed and interpreted. Since the theoretical framework used for this research provides a strong existing knowledge of the themes that could potentially be found in the data analyzed, this research considered a deductive approach to thematic analysis of the data. The emerging themes are discussed below.

## **4 Results**

#### 4.1 Socio-Economic Struggles of Disabled Survivors

Social and economic factors present many challenges in the day-to-day lives of these survivors. Social challenges like stigma, discrimination or exclusion from education, work, or different facet of social life. This social ignorance can make people with disabilities feel lonely, which can have an impact on their mental health. Economically, they frequently contend with limited work prospects, low wages and the expensive nature of medical care, assistive technology and transportation. This financial pressure may lead to poverty, which make them unable to meet their needs.

##### 4.1.2 Financial Dependency on Family

For many individuals with disabilities, financial dependency on family members is a harsh reality. As they are unable to work due to their disabilities, even if they are able, they won't find employment that is favorable for them, or they may face rejection most of the time. That is why most of them rely on their families. One respondent shared:

*"My father is taking care of me. Sometimes, I feel so ashamed and consider myself a burden on my parents because, at my age, boys are usually taking care of their parents. Yet my father is still fulfilling my needs. I am also the eldest among my siblings, so I feel a sense of responsibility. Even though they never made me feel like I am doing nothing or that I am disabled, I want to be financially independent so that I can look after my family."*

##### 4.1.3 Employment Barriers for Disabled Individuals

In many countries, employing disabled people is still a pertinent issue as they face so many social, economic and structural challenges. Discrimination and stigma are major barriers, with employers typically holding negative stereotypes regarding the level of output disabled 25 individuals can provide, indeed believing that they will need to offer too much assistance. Furthermore, a number of workplaces do not have adequate physical and support environments e.g., wheelchair spaces, assistive devices or adaptable work schedules. Poor educational and vocational training opportunities intensify the situation further, as a considerable number of disabled people are unskilled and cannot participate in the wider

employment market. Most of my respondents were facing these challenges. One respondent expressed the profound change in their life after acquiring a disability

*"The biggest change is losing my independence. Before, I was active, working as a driver, and I could move around freely. But now It's difficult to accept that I can no longer do what I used to, like working or supporting my family financially. Because I am unable to get a decent job"*

## **4.2 Disability and Social Inclusion**

Disability and inclusion are interconnected, with a focus on including persons with disabilities' rights and opportunities in all walks of life. Social inclusion is multi-dimensional and looks at the removal of barriers, social and economic, that prevent disabled people from accessing education, work, socializing, and practicing healthcare. It is crucial to eliminate stigma, discrimination, and the unavailability of social services to achieve equality. Inclusion makes it possible for persons to provide and receive community care services, mitigating alienation and supporting engagement and active participation, and combating policies that promote fairness and equity. A focus on inclusion enables a change in the empowering direction of advancing disabled people to have more autonomy and be active members of society.

### **4.2.1 Societal Attitudes and Social Exclusion**

The social participation of individuals with disabilities is profoundly influenced by societal attitudes and stigma, which in turn affects their self-worth, opportunities, and sense of belonging. Stigma, often viewed as a mark of shame linked to a specific condition, frequently results in discrimination, marginalization, and the infringement of fundamental human rights. For those with disabilities, stigma appears in the form of erroneous assumptions, negative views, and cultural or religious beliefs that serve to further alienate them from the community. While there are some communities that support people with disabilities and include them in societal activities, others face significant challenges that limit their participation in social, economic, and community environment activities.

### **4.2.2 Facing Stigma and Exclusion**

The stigma surrounding disability can lead to feelings of isolation and exclusion. One respondent shared:

*"I am now 29, and I am still unmarried because no one is ready to give their daughter to me because of my disability. I have accepted my disability a long time ago. I try to do everything so that I am not dependent on others. But when it comes to my marriage, and I hear people talking that 'Who will give his daughter to him?' then I feel so disappointed, and I truly feel disabled."*

This response illustrates the ways in which societal perceptions and discriminatory behaviors sustain the stigma surrounding disability, especially in cultural environments where marriage is viewed as an essential life achievement. Likewise, experiencing a decline in respect and authority within social contexts following the onset of a disability can be profoundly disheartening. Another respondent mentioned,

*"Before this disability, I was completely independent and the head of the household. Everyone listened to me. But after becoming disabled, I feel like I've become dependent. Even in society, no one gives importance to my opinion."*

#### **4.3 Healthcare Accessibility**

In most low-resource areas, the medical facilities are either very poor or nonexistent, and specialized care that fits the needs of disabled persons is lacking. Besides structural barriers, such as buildings and transportation that are inaccessible, makes it physically impossible for individuals to get to these facilities. Almost all of the respondents highlighted the limited resources available in their area. One respondent said

*"While there are some resources available, they often fall short in terms of accessibility and support. For instance, the Chal Foundation is the only local organization providing medical care, and they are currently facing funding issues, which limits the services they can offer."*

The lack of financial support for such organizations reduces the quality and range of services they can offer, leaving disabled individuals with very few options for treatment and care.

### 4.3.1 Difficulties Maintaining Mobility Aids

Prosthetics and assistive devices play a vital role in the process of regaining independence and improving the quality of life for persons with disabilities. However, these devices are not easy to maintain due to financial difficulties, frequent repairs or adjustments, and wear and tear associated with long-term use. People who lack regular support to help maintain these devices experience reduced mobility and independence. Most of respondents encountered these issues. One respondent highlighted the financial strain they anticipate and said:

*"I still rely on my prosthetic leg. It's been almost 19 years, and Chal Foundation has provided replacements, but now I'm hearing that we might have to pay for future treatments. With my current financial situation, that's impossible. The prosthetic needs maintenance, and I fear it will break down one day, and I won't have the means to fix it."*

### 4.3.2 Barriers to Daily Mobility

People with disabilities face immense difficulty regarding daily mobility due to insufficient infrastructure and accessibility barriers. Most of the public areas, transportation system, and buildings are not adapted for their needs, thus not allowing free movement and participation in everyday life. Some of the challenges include a lack of ramps, elevators, accessible public transport, and suitably designed walkways. Such challenges not only limit mobility but also create feelings of isolation and dependence on others. The solution lies in making infrastructure inclusive and ensuring accessibility in public spaces so that disabled people can move around with ease and independence.

### 4.3.3 Dependence on public transport and its limitations

Public transportation is a lifeline for many persons with disabilities, especially those from the poorer or middle classes who may not have access to private vehicles. On the other hand, reliance on public transport often creates a huge problem in their movements and even accessing basic services such as seeking medical treatment

*"For transportation, I mostly rely on public transport, as I don't have my own vehicle. It is very challenging at times, especially getting in and out. Because of*

*transportation issues, most of the time, I miss my treatment because I have to travel a lot to get there."*

This not only confines them in terms of mobility but also restricts their access to basic services such as medical treatments and job opportunities, contributing to their marginalization in both social and economic terms. These are recurring problems among the respondents, depicting systemic problems about public transportation infrastructure: lack of properly managed seating arrangements, and the inability to have support from transport staff. These shortcomings make things even worse for a disabled individual who is already struggling to survive through financial and logistical issues. Inability to travel in comfort and with ease results in stress, deterioration in health outcomes, and perpetuation of dependency either on family or community

## **Discussion**

Disasters have profound impact not only on individuals with preexisting disabilities but also on those who acquire new disabilities because of the disaster. Major injuries such as amputations, traumatic brain injuries, spinal cord injuries, and fractures can occur during disasters like earthquakes, tornados, hurricanes, and floods, leading to lifelong disabilities. Research (Stough & Kelman, 2018) suggests that physical injuries during disasters increase the risk of subsequent psychological distress, necessitating immediate mental health and social service assistance for affected individuals. While direct exposure to disasters can elevate the incidence of post traumatic stress disorder (PTSD), new cases of other mental illnesses rarely emerge because of disasters. Trauma is generally associated with psychological distress, especially post-traumatic stress disorder.

Research evidence by (Zhou, 2015), shows that following traumatic events such as earthquakes, fires, tornadoes, or tsunamis, a significant proportion of survivors developed symptoms of PTSD. For example, about 25% of fire survivors, 22.1% of tornado survivors, and 20–30% of tourists affected by the 2004 tsunami developed PTSD. They will lead to immediate loss of life and also long-term physical disabilities, including injuries in the spinal cord, brain traumatic injuries, and amputation of parts of the body. Usually, physically

disabled survivors are exposed to traumatic experiences and may face more significant prevalence in mental health problems as compared to the general population (Zhou, 2015).

Generally, post-disaster recovery processes have failed to address the specific needs of persons with disabilities, further increasing socio-economic disparities. Relief programs usually fail to address important aspects like accessible shelters, health facilities, and inclusive livelihoods. This exclusion delays recovery and reinforces systemic inequities, leaving survivors more vulnerable to future crises (Park, 2019).

## Conclusion

Survivors face exclusion from community activities and discrimination which limit meaningful participation. Stigma associated with disability interferes not only in social interactions but also in marriage, holding leadership positions and integration into society. On the other hand, the study uncovered a few events in the community where acts of love and adjustment made the survivors feel wanted and valued. These elements of the duality deserve attention as there is a need for the construction of inclusive societies that fight against the stereotypes surrounding the disabled. Survivors lose economic security and have low chances of getting employed and access to medical and assistive devices that are very costly. A considerable number of respondents are dependent on family members for their sustenance thus inviting humiliation and low self-worth. Inadequate infrastructure for working or employer prejudice are factors that also concur in maintaining this dependency. This position calls for the need for innovative programs for vocational education as well as employment policies that best emphasize the empowerment of the disabled.

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