



The Biopolitics of the Body with Disabilities: How Dual Stigma Controls Accessibility and Shapes the Subjectivity of Persons with Disabilities in Public Spaces

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Abstract

Background: Urban public spaces are essential for the social participation of persons with disabilities. However, accessibility is often hampered, not just a matter of facilities, but of the biopolitical forces that construct "disability" and control the body and subjectivity. This research aims to explain why accessibility is still limited despite inclusive policies. Methods: A systematic review of 28 scientific articles was conducted. The study selection process involves rigorous screening (inclusion/exclusion) after a comprehensive search. Data were extracted and categorized into three main themes namely biopolitics and disability body control, multiple stigma and intersectional discrimination, and accessibility and public space. Manuscripts are dominated by qualitative studies and literature reviews, with most of the publications current (2021-2025). Results: Multidimensional discrimination was identified, including social exclusion, barriers to access to services, structural/policy discrimination, and bullying. Stigma (external and internal) is the root of the problem, affecting autonomy and quality of life. Biopolitical control manifests itself in the institutional's determination of norm-based access and the system's slow response to the needs of people with disabilities. Conclusion: The limitations of accessibility, despite the existence of policies, are caused by policy failures to dismantle deep stigmas, structural discrimination, and biopolitical controls. Existing policies tend to only touch the surface, do not change the construction of "flaws" or empower subjectivity fundamentally. A comprehensive approach that addresses biopolitical barriers and stigma is absolutely necessary to achieve true inclusion.

Keywords: Accessibility, Biopolitics, Discrimination, Disability, Public Spaces, Stigma.

INTRODUCTION

Urban public space is an important aspect in the sustainability of social processes, including media for individuals and communities in activities, interactions, and improving social cohesion and welfare (Putra, 2024). Therefore, public spaces are designed to be accessible and used by all groups of people, including people with disabilities (Bezyak et al., 2020). People with disabilities also have the same rights as other communities in utilizing public spaces without exception including access to public facilities such as transportation, shopping centers, government services, health and others (K. Park et al., 2023a). The government is fully responsible for guaranteeing equal rights for persons with disabilities so that they can travel freely and participate fully in society (J. Park & Chowdhury, 2022a).

The accessibility and inclusivity of public spaces for people with disabilities is currently an issue of justice that continues to be guarded by many groups and community interests (Stafford et al., 2022). The reason is that people with disabilities still get physical injustice in public spaces such as difficult access to toilets, unsuitable wheelchair lanes, and the absence of special tracks for visually impaired pedestrians (Kapsalis et al., 2024). In addition to the injustice of physical facilities, people with disabilities also often receive social oppression such as exclusion, derogatory comments, physical violence, social isolation, and even bullying behavior (Jampel, 2018). Lack of freedom in public spaces will have a profound impact on the well-being of people with disabilities, can lead to social isolation and self-destruction (Invalid, 2017). To

achieve social justice, a strategy is needed to break down neoliberal structures and systems that still violate the rights of people with disabilities (Mladenov, 2016).

The limited accessibility for people with disabilities in public spaces is inseparable from the analysis of social models in the context of disability (Lawson & Beckett, 2021a). Social models are concerned with social responses (society) and interactions with people who have differences (disabilities). This means that the obstacles experienced by disabilities are also influenced by the social environment (social stigma) which is then internalized and causes internal stigma such as shame and self-isolation (Lawson & Beckett, 2021a). Social stigma greatly determines the internalization of the internal stigma of people with disabilities, this depends on the public's understanding of people with disabilities (Levitt, 2017). Public understanding has a great influence on the welfare of people with disabilities. This was also revealed in studies conducted by (Haegele & Hodge, 2016), (Berghs et al., 2019), dan (Oliver, 2013), showing that the language people use to describe individuals with disabilities affects their expectations and interactions with those individuals.

In this discussion I will ask a critical question: Why is there a policy that is still limited? The argument that "disability" is not merely a medical condition, but rather the result of biopolitical forces that control the body and subjectivity. Although many countries have policies and laws that guarantee rights and accessibility for people with disabilities, their implementation is often hampered (Reindal, 2008). This happens because the policy tends to only touch the surface, for example, the construction of ramps or elevators without dismantling the deeper roots of the problem. The root of the problem is the way biopolitics has constructed "disability".

Understanding the double stigma, both social stigma attached to society and internal stigma internalized in people with disabilities, is the key to uncovering why, despite a myriad of policies, accessibility in public spaces is still limited. The fundamental argument of this study is that "disability" is not merely a medical condition, but a social construct created and managed by biopolitical forces. This power systematically controls the bodies and subjectivity of people with disabilities, forming them as "the other" and justifying restrictions on access. Therefore, this research does not simply describe the problem, but seeks to deconstruct the dominant narrative about disability and pave the way for a more critical and inclusive understanding, for the realization of a truly liberating public space for all.

Foucault's Biopolitical Concept

The term biopolitics was first coined by Michel Foucault in the late 1970s. Foucault popularized the term in his educational process at the College de France to analyze the logic of power that emerged in the 18th and 19th centuries (Means, 2022). According to Foucault, biopolitics is defined as the process by which human life in the realm of population arises as a separate political problem in western society (Lemke, 2001). Foucault's study of biopolitics is based on the history of political power formulated in post-Marxist theory. In addition, Foucault considers that the concepts of the state are mechanistic, functionalist, deterministic, and monolithic because they fail to recognize a multivalent form of power and other knowledge that transcends the state in the broader political economy (Rose, 2001). Foucault's innovations in the context of biopolitics focus on the nature of power that works not only through knowledge but also through the security practices that underpin a particular political economy (Whittaker, 2015). Biopolitics is not limited to regulation or coercion but forms the basis of liberalism as an art of government (Unnithan & de Zordo, 2018).

In the context of disability, biopolitics is very closely related in understanding how biopolitics works through normalization mechanisms in shaping norms, so that society makes standards about what is considered normal and healthy for life. A body that is productive and able to conform to certain standards becomes ideal, so that individuals with disabilities feel empowered (Barber-Stetson, 2016). In addition, disability is also closely related to neoliberalism in the context of being a subject that needs to be regulated in order to function optimally in the free market (Bennett, 2022). Meanwhile, those who are categorized as severely disabled are not optimized for their functioning, resulting in marginalization. The neoliberal framework for persons with disabilities indirectly removes the state's responsibility as a provider of welfare guarantees for persons with disabilities. The state, in this case, no longer has the burden to provide support to people with disabilities, of course this will cause discrimination (Mladenov, 2015). Furthermore, the biopolitical framework towards disability has an impact on the classification of population management and interventions. This means that populations are grouped in their biological characteristics. Of course, people with disabilities are the object of this distinction, which will then be taken into consideration in the interventions that will be given (Grumley, 2017).

Double Stigma

Double stigma refers to two concepts that affect the development of individuals in society. Both concepts include social stigma and internal stigma, both of which have different contexts of definition. First, social stigma can be interpreted as society's assessment of certain individuals or groups, this assessment is certainly negative and positive. Studies conducted by (Adugna et al., 2025a), (Tsatsou, 2021), (Mueller, 2019), (Lalvani, 2015), dan (Salinger, 2020), explain that stigma is formed on the norms, values, and beliefs that apply in society. When individuals do not conform to these norms or values, individuals will be labeled, stigmatized, and even discriminated against. Then social stigma is interrelated with internal stigma, where the response from social stigma is internalized into the individual so as to form self-perception (Mikami et al., 2015; Čolić, 2023; Čolić et al., 2022). Internal stigma arises from the experience of individuals who accept society's responses to themselves, then individuals begin to absorb those responses and form their own identity (Lei & Kantor, 2025).

In the context of disability, dual stigma arises when individuals experience layered pressures of social stigma (external) and internal stigma (self). Social stigma is prejudice, negative stereotypes, and discrimination that come from society, such as the assumption that people with disabilities are "incapable" or "burdened," leading to discrimination in education, employment, or access to services (Khanh et al., 2025; Botha et al., 2022). As a result of constant exposure to social stigma, people with disabilities often internalize these negative views, developing internal stigmas in the form of shame, low self-esteem, anxiety, and even social withdrawal (Salleh et al., 2022). Dual stigma becomes increasingly complex when individuals with disabilities also have other stigmatized identities (e.g., women with disabilities, or people with disabilities from minority groups), exacerbating isolation, limiting access, and increasing the risk of mental health problems, necessitating a comprehensive approach to public education, real inclusion, and self-empowerment to address their impacts.

Accessibility and Public Space:

Accessibility refers to the simple notion of equal access for all citizens, both access to space, products, services, public facilities, and many more. Accessibility does not look at individual background, all are the same without exception including people with disabilities (Godwyll et al., 2025). Accessibility is closely related to environmental justice, including access to public spaces. This is very important because it will have an impact on the well-being and social activities of the individual with his social environment (Godwyll & Buzinde, 2023). Accessibility in public spaces is a fundamental aspect in realizing an inclusive society, ensuring that every community gets equal rights in public spaces (Samavati et al., 2025). To guarantee accessibility in public spaces, it is necessary to plan and design spaces that are friendly to the disability, this allows the reduction of the barriers experienced by people with disabilities in accessing various services not included in social barriers (Burns et al., 2024).

METHOD

This study uses a systematic review approach in answering research questions related to why there are still limited access for people with disabilities in public spaces, even though many policies have been implemented by the government. Does this have to do with the double stigma that is used as an instrument for biopolitics?

The systematic review approach uses explicit and systematic strategies in analyzing, identifying, assessing, and critically selecting previous studies relevant to this research topic. This approach is used to reduce bias, so that it can produce more reliable findings in answering research questions (Bangdiwala, 2024; Mallett et al., 2012). To adhere to the standards described earlier, this study follows the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). (Dhingra et al., 2024) There are several stages carried out including the classification of research topics, the selection of data sources, the identification of search words or search strategies, the application of eligibility criteria, the selection of studies, the assessment of the quality of the methodology, and the extraction of data.

Data Sources and Search Strategies

To obtain relevant literature, we searched Taylor and Francis' and Scopus leading electronic databases. The selection of the database aims to cover a wide range of disciplines including psychology, sociology, humanities, medicine, urban design studies, politics, and disability studies. Our research strategy will use a careful combination of keywords based on three axes of thematic review including Biopolitics and Disability Body Control (e.g. regulation, governance, body politics, disabled body, embodiment, corporeal, disability studies, medicalization, normative body), Multiple Stigma and Intersectional

Discrimination (e.g. prejudice, social exclusion, marginalization, oppression, ableism, identity politics, intersecting, identities, compounding disadvantage), and Accessibility and Public Space (e.g. access, inclusion, participation, barrier, built environment, urban planning, selfhood, agency, self perception, social construction of disability, community participation). The terms used will be presented in the following table.

Table 1. Search Term List

Search Term List		
Biopolitics and Body Control of Disabilities	Dual Stigma and Intersectional Discrimination	Accessibility and Public Space
Regulation; Governance; Body politics; Disabled body; Embodiment; Corporeal; Disability studies; Medicalization; Body Regulations; Ideal body; Body image; Body standard	Prejudice; Social exclusion; Marginalization; Suppression Ableism; Identity politics; Intersecting identities; Compounding disadvantage; Cumulative disadvantage; Intersectional discrimination; Complex discrimination	Access; Inclusion; Participation Barrier; Built environment; Urban planning; Selfhood; Agency; Self-perception; Social construction of disability; Cultural model of disability; Disability as a social construct; Community participation; Embodiment; Impairment; Handicap; Disabled

Eligibility Criteria

In order to ensure that the research articles to be reviewed are of excellent relevance and quality, we use strict eligibility criteria. We collected and reviewed research publications using a quantitative, qualitative, mixed, and systematic review approach, published in English-language manuscripts, with a publication range between January 2010 and June 2025.

Studies will be considered if the research focuses on discussing people with disabilities as research subjects and explicitly examines how biopolitics or power control mechanisms affect their bodies. Then, we also focused on research that analyzed the double stigma or intersectional discrimination experienced by people with disabilities and their impact on accessibility in public spaces. Furthermore, the research reviewed must be primary research including journal articles, theses or dissertations published in high-reputable journals. We will eliminate publications that fall into the category of book reviews, editorials, film reviews, news, opinions or single case studies that do not provide a deep understanding that can be generalized. The determination of this criterion is intended to filter the most relevant and quality literature in order to be able to answer research questions comprehensively.

Study Selection

At this stage, the literature that has been identified will go through a systematic study selection process so that the articles are relevant and of high quality to be reviewed. This process begins with removing duplication from all search results collected from the database. Afterwards, two independent reviewers separately conducted an initial screening by analyzing the titles and abstracts of each literature. Research that is not relevant to our research question such as does not examine social stigma, internal stigma, disability, biopolitics, accessibility, and public space, will be excluded.

Studies that pass the initial screening stage will proceed to the full-text screening process. In this process, independent reviewers will read and analyze the entire text of each article and carefully identify it based on existing eligibility criteria. If an article is found to be unworthy, the exclusion of the article will be discussed first to get a final decision. All the process of screening the reviewed articles is clearly presented using flowcharts in accordance with the PRISMA guidelines.

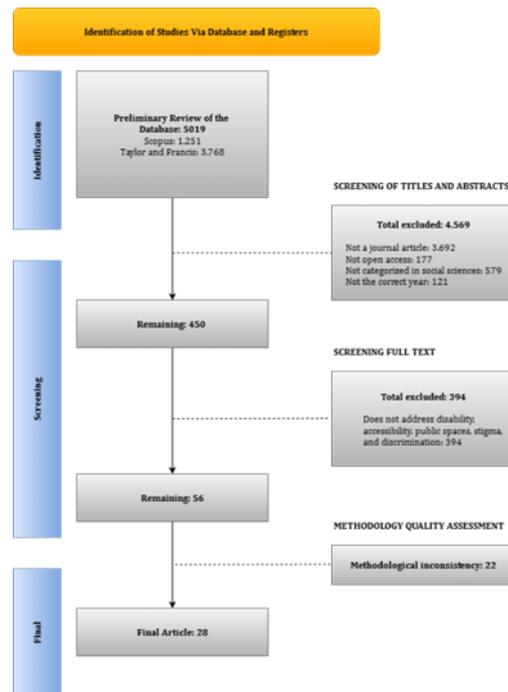


Figure 1. Study Selection Flow Chart and Eligibility Criteria

Methodological Quality Assessment

After the article goes through the screening stage through the feasibility criteria and the selection of studies in accordance with the PRISMA guidelines, the next stage is a methodological quality assessment. The assessment of the quality of the methodology was carried out by the reviewer by looking at the suitability of the phenomenon with the research approach used. When studies are found to have such discontinuities, the reviewers have a discussion to decide on the exclusion of the study.

Data Extraction

At the data extraction stage, we perform a coding scheme to extract information from the reviewed article. The researcher is responsible for creating such a coding scheme. This coding scheme includes the characteristics of the article (the author's name and year of publication of the article), and the core information of the article (research methods and research findings).

Coding Scheme

In order to ensure that the process of extracting data from article reviews is carried out systematically and comprehensively, we establish a structured and systematic coding scheme. This coding scheme is divided into two main categories, namely article characteristics and core information.

Table 2. Coding Scheme

Information Section	Code
Characteristics of the article	1. Author's name 2. Year of publication of the article
Core information	1. Research methods 2. Key findings

Article characteristics categories are intended to identify and group each article based on basic information about the author's name and year of publication. This encoding is very useful for tracking down the original source of the find. Then the core information category serves to provide substance information from the reviewed research article. In this category, we use two coding including the research methods used and the key findings of the review article.

Once 28 relevant articles were identified through the selection process, we conducted a qualitative data analysis using a thematic analysis approach. The goal of this approach is to identify, analyze, and report on patterns or themes that emerge from the data that has been collected. The process is divided into several stages, which ensure that the findings are explicit and systematic.

1. Familiarization with Data: We start by reading all 28 articles thoroughly to gain an in-depth understanding of their contents. At this stage, we note initial ideas and general impressions of key concepts such as discrimination, stigma, and power.
2. Initial Coding: Next, we do the initial coding by labeling each relevant segment of text. For example, a sentence that discusses "barriers to access in public transport" is coded 'physical discrimination', while a sentence about "negative views of society" is coded 'external stigma'. This coding process is done on each article.
3. Theme Grouping: The codes that have been created are then grouped into broader categories. Through this process, we identified three main recurring themes: Experiences of Discrimination, Stigma, and Stigma Impact. This grouping is based on the similarity of meanings and concepts that emerge from the data.
4. Review and Define Themes: Each major theme is reviewed and explicitly defined. We ensure that each theme, such as 'Experiences of Discrimination', has clear sub-categories, such as 'physical barriers', 'structural discrimination', and 'harassment'. This process ensures the internal validity of the findings.
5. Connecting Themes: Finally, we analyze the relationships between themes. This allows us to build a cohesive narrative about how stigma is at the root of the experience of discrimination, and how these two affect the subjectivity of people with disabilities. For example, our analysis shows that stigma not only leads to discrimination, but also triggers internalization that shapes the subjectivity of individuals.

RESULT AND DISCUSSION

An electronic database search yielded 28 scientific articles that have gone through a rigorous selection process to ensure their relevance and quality. The selection of study feasibility is carried out by setting clear inclusion and exclusion criteria. Each article is identified based on relevance to themes of biopolitics, discrimination, accessibility of public spaces, and stigma. Appropriate studies are then further identified to extract key findings that are useful to an in-depth understanding of the issue.

Table 3. Analysis of the General Characteristics of the Reviewed Article

Publication Details	Research Methods	Key Findings
(Tsakiri et al., 2025)	Qualitative	Ableism affects COVID-19 education policies, harming children with disabilities. Parents are against this discriminatory policy.
(Buljevac et al., 2012)	Qualitative	The stigma of disability, both intrinsic and extrinsic, leads to loss of autonomy and social exclusion.
(Best, 2025)	Mixture	People with disabilities are underrepresented in the workplace, especially women, the affirmation model overcomes this barrier.
(Vaughan et al., 2025)	Qualitative	Stigma keeps individuals stuck, but the social view of disability helps fight discrimination.
(Polo Martínez & Díaz Barriga Arceo, 2025)	Qualitative	Educational institutions do not yet understand disability; students seek support on their own; inclusion is not a right.
(Kibret et al., 2025)	Qualitative	Students with disabilities face barriers to accessibility, materials, and negative attitudes. It is important to support their academic achievement with rehabilitation strategies.
(Mampaso Desbrow et al., 2024)	Quantitative	Women experience lower disability stigma. Students with disabilities are more aware of public or self-stigma
(Pelleboer-Gunnink et al., 2021)	Mixture	The stereotypes of "friendly", "need help", "not intelligent" lead to subtle discrimination.
(Merrells et al., 2019)	Qualitative	Young adults with disabilities feel isolated, hard working, bored, and limited social interaction.
(Blonk, 2021)	Library Search	"Non-meeting" can be inclusive/exclusive. Interaction is good, but social tension remains. It is important to keep questioning how to change social culture.
(Fisher et al., 2016)	Library Search	More studies are needed on the victimization of intellectual disabilities; We recommend research, interventions, and policies.

(Lawson & Beckett, 2021b)	Library Search	This article analyzes two models of disability in the UN Convention; The two complement each other, supporting the human rights model.
(Penfold et al., 2025)	Library Search	People with disabilities face barriers in English football. The study uncovered three ways they fought back: the politics of visibility, avoidance, and speech. This indicates their active resistance.
(Ocran, 2022)	Qualitative	Discrimination in Ghana is structural; 16 participants reported limited access and institutional rejection due to stigma.
(Badran et al., 2024)	Library Search	Israel's political conflict marginalizes Arab people with disabilities, restricting access to services/rights.
(Pincock et al., 2024)	Qualitative	COVID-19 exacerbated the marginalization of adolescents/youth with disabilities in Jordan/Ethiopia, due to the system's slow response.
(Adugna et al., 2025b)	Qualitative	Children with disabilities often experience bullying, discrimination, exclusion, emotional, social, and educational influences.
(Aldersey et al., 2025)	Qualitative	Discriminatory attitudes and behaviors make young people with disabilities drop out of school.
(Chapman et al., 2024)	Qualitative	People with disabilities face theoretical and practical difficulties in using trains and buses, mainly due to infrastructure, environmental, information, and attitudinal barriers.
(Wayland et al., 2022)	Qualitative	Young adults with disabilities in Australia experience discrimination in public transport, influenced by narrow perceptions.
(J. Park & Chowdhury, 2022b)	Library Search	Public transportation barriers for people with disabilities need comprehensive research, it is important to involve the community.
(K. Park et al., 2023b)	Library Search	People with disabilities face transportation barriers (environmental, social, systemic), limiting choices/travel. Essential for urban planning.
(Tarvainen, 2021)	Qualitative	Loneliness and disability have a double stigma, which affects the lives of people with disabilities.
(Macdonald et al., 2018)	Quantitative	People with disabilities are more lonely and isolated, due to barriers, not pathologies.
(Olsen, 2018)	Qualitative	People with disabilities are most affected by loneliness, due to marginalization and self-exclusion.
(Pagan, 2022)	Quantitative	Disability and loneliness are related. Social interaction and participation reduce loneliness.
(Sopamena et al., 2025)	Mixture	Individuals with stigmatized conditions face adverse attitudes, exclusion, and cultural discrimination.
(Nally et al., 2022)	Library Search	The government often reduces the personal assistance (PA) budget; PA law needs to protect disability rights, divert funds to community services.

The characteristics of the reviewed articles show that there is diversity in several aspects including the year of publication and the use of research methods. In terms of methods, as many as 14 articles used a qualitative approach, 3 manuscripts used a quantitative approach, 3 manuscripts used a mixed method, and 8 manuscripts used a literature search method. The dominance of the use of qualitative methods in the reviewed articles suggests that the findings are focused on the exploration of the in-depth experiences and subjective perspectives of people with disabilities. Furthermore, for the year of publication of the most articles, there are 23 articles in the range of 2020-2025 and as many as 5 articles are in the range of the 2010-2020 publication year. Then the studies reviewed were carried out in several countries ranging from Cyprus, Ethiopia, Spain, the Netherlands, Australia, Rwanda, the United Kingdom, Ghana, Israel, Jordan, Nepal, and Canada.

Forms of Discrimination Among People with Disabilities

Research on disability has consistently highlighted how the life experiences of people with disabilities are affected by various forms of discrimination. To deepen our understanding of the discriminatory landscape of persons with disabilities, we conducted a systematic literature review of 28 relevant articles. This review is intended to analyse and categorize the most common forms of discrimination found in studies. From the review we have conducted, we report three main categories of discrimination including stigma, stigma impact, and experience of discrimination. Of course, the findings of this category provide a framework for understanding not only what happens to people with disabilities, but also how society and systems interact with them.

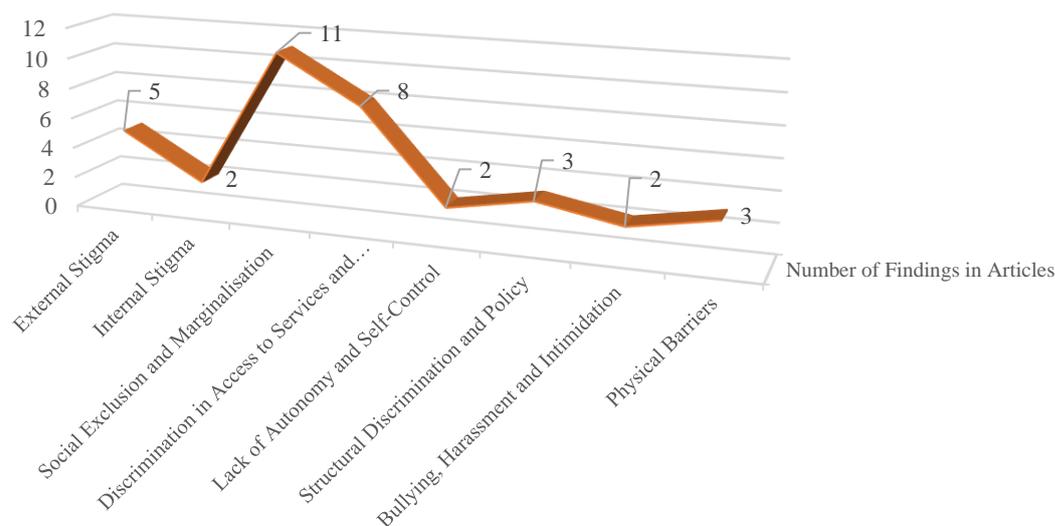


Figure 2. Graph of Findings of Forms of Discrimination

The graph above presents the distribution of the categories of findings of forms of discrimination against persons with disabilities from several research articles that have been reviewed. The categories are divided into Stigma (external and internal stigma), Stigma Impact, and Discrimination Experience. More findings were in the category of experiences of discrimination, of the 28 articles that have been reviewed, there are 14 studies that directly address discriminatory actions or situations experienced by people with disabilities. This dominance shows that the literature reviewed has real findings related to various forms of unfair treatment experienced by people with disabilities such as barriers to access in public facilities (transportation, health, and education), career barriers, interpersonal harassment, and denial of services. Then the Stigma category occupies the second position that is most often discussed in the articles that have been reviewed, which is as many as 8 articles out of 28. This means that the existence of negative societal views, stereotypes, and labeling are the basis for discriminatory treatment of people with disabilities. The smallest category was in Stigma Impact with 6 studies that specifically addressed the impact of stigma. This category focuses the analysis on the consequences of stigma and discrimination, including social exclusion, degraded attitudes, dropping out of school, and mental health problems including loneliness and uncertainty.

The category of experience discrimination consists of several forms ranging from social exclusion and marginalization to physical barriers. First, social exclusion is related to feelings of isolation experienced by people with disabilities, unnoticed, and lack of interaction in the community (Buljevac et al., 2012; Merrells et al., 2019; Blonk, 2021; Badran et al., 2024; Pincock et al., 2024; Adugna et al., 2025b; Tarvainen, 2021; Pagan, 2022; Macdonald et al., 2018; Olsen, 2018; Sopamena et al., 2025). Second, discrimination in access to services/opportunities includes barriers experienced by persons with disabilities in accessing education, health services, transportation access, and other public services (Polo Martínez & Díaz Barriga Arceo,

2025; Best, 2025; Kibret et al., 2025; Aldersey et al., 2022; Chapman et al., 2024; Wayland et al., 2022; J. Park & Chowdhury, 2022b; K. Park et al., 2023b). Third, structural and policy discrimination relates to policy systems that do not fully represent the rights of persons with disabilities, this includes government policies in terms of budget reductions for personal assistance schemes, slow system response in crisis situations, and discriminatory frameworks in services/rights/policies (Nally et al., 2022; Ocran, 2022; Badran et al., 2024). Fourth, bullying, harassment and intimidation relate to the experience of persons with disabilities when they are harassed, talked about, verbally harassed, bullied, or receive unwanted physical assistance (Adugna et al., 2025b; Wayland et al., 2022). Finally, physical barriers are related to the problem of lack of infrastructure facilities that can be accessed by persons with disabilities (Kibret et al., 2025; Chapman et al., 2024; K. Park et al., 2023b).

The stigma category consists of two forms, namely external stigma and self-stigma, external stigma related to society's assessment of individuals with disabilities including prejudice, negative views, stereotypes (society's labeling of individuals with disabilities including being unintelligent, always in need of help, and friendly), stigmatization based on ethnic group, interpersonal discrimination, and negative views about conditions with disabilities (Tsakiri et al., 2025; Buljevac et al., 2012; Sopamena et al., 2025; Mampaso Desbrow et al., 2024; Pelleboer-Gunnink et al., 2021). Furthermore, internal stigma that arises due to the internalization of individuals from the views and judgments that society gives to them. When they feel themselves degraded, judged negatively by society, it will be internalized and form feelings of shame, reluctance to participate, and social isolation (Vaughan et al., 2025; Mampaso Desbrow et al., 2024). The next category is the impact of stigma related to the consequences that individuals receive from societal judgments, this includes limited choice and self-determination, the onset of shame, difficulty participating, and social isolation (Pelleboer-Gunnink et al., 2021; Buljevac et al., 2012).

The findings of the 28 review articles make it clear critically that the limitations of accessibility experienced by people with disabilities are rooted in the complexity of the interaction between overt experiences of discrimination and deep-seated forms of stigma, despite the many policies. It is not just about the limitations of physical facilities or the lack of policies, but the fundamental failures in implementation and awareness caused by the stigma system.

1. **Discrimination with Multiple and Systematic Dimensions:** The results of the review show that acts of discrimination are not just a single phenomenon. The phenomenon of discrimination manifests in various forms ranging from social exclusion including feelings of isolation, unnoticed, and lack of participation of persons with disabilities in society (Buljevac et al., 2012; Merrells et al., 2019; Blonk, 2021; Badran et al., 2024; Pincock et al., 2024; Adugna et al., 2025b; Tarvainen, 2021; Pagan, 2022; Macdonald et al., 2018; Olsen, 2018; Sopamena et al., 2025). The existence of physical barriers includes the problem of lack of infrastructure facilities that can be accessed by people with disabilities (Polo Martínez & Díaz Barriga Arceo, 2025; Best, 2025; Kibret et al., 2025; Aldersey et al., 2025; Chapman et al., 2024; Wayland et al., 2022; J. Park & Chowdhury, 2022b; K. Park et al., 2023b). The most unique of these findings is the existence of policy and structural discrimination (Nally et al., 2022; Ocran, 2022; Badran et al., 2024). Then the manifestation of discrimination that aggravates the experience of people with disabilities is to get acts of harassment, bullying, and intimidation (Adugna et al., 2025b; Ocran, 2022).
2. **Stigma as the Foundation of Discrimination:** The fundamental reason for an act of discrimination against people with disabilities is inseparable from the construction of stigma that has been built by society. The emergence of social stigma has led to a social environment that is not supportive for people with disabilities to interact and participate fully (Tsakiri et al., 2025; Buljevac et al., 2012; Pelleboer-Gunnink et al., 2021; Sopamena et al., 2025; Mampaso Desbrow et al., 2024). Furthermore, the social stigma is internalized and forms feelings of shame, reluctance to participate, and causes social isolation (Mampaso Desbrow et al., 2024; Vaughan et al., 2025).
3. **The Impact of Stigma on Accessibility:** The results of the review show that the consequences of this stigma directly impact limited accessibility. When they feel embarrassed and reluctant to participate then their choices and destiny also become limited (Buljevac et al., 2012; Pelleboer-Gunnink et al., 2021).

Biopolitical Manifestations in Accessibility Control

Biopolitics has a huge influence in providing control over the accessibility of the community, including people with disabilities. This is reflected in how power and socio-political control mechanisms move through the medium of policies, rules, and institutional practices used to regulate, manage, and impose restrictions on persons with disabilities. Persons with disabilities in this context are used as objects of governance in a reflection of life (bios) and population (demos). In addition, persons with disabilities

often have to go through the determination of eligibility indicators, resource allocation, and normalization that can make their autonomy and participation limited in public spaces (Polo Martínez & Díaz Barriga Arceo, 2025; Pelleboer-Gunnink et al., 2021; Nally et al., 2022; Badran et al., 2024; Pincock et al., 2024). This statement is reinforced by the findings of several research articles that have been reviewed, which can be seen in the table below.

Table 4. Biopolitical Control Findings

Findings of Biopolitical Control on Accessibility of Persons with Disabilities	Reference
First Findings: The case in the field of education shows that education providers, especially higher education, do not fully understand diversity, they act as determinants of access based on norms, and the lack of understanding of disability in the university environment causes people with disabilities to seek support on their own. Creating inclusive education for people with disabilities is often seen as an act of compassion, not a human rights issue. The emphasis on biopolitical control here lies in educational institutions that determine access to people with disabilities based on norms (who is eligible to enter)	(Polo Martínez & Díaz Barriga Arceo, 2025)
Second Finding: An analysis of 99 articles conducted by the (Nally et al., 2022) PA Act found that governments often reduce personal aid budgets rather than protect the rights of persons with disabilities. Budget cuts and controls through eligibility criteria are a tangible form of how governments manage resources and access, which is a manifestation of biopolitics.	(Nally et al., 2022)
Third Finding: Persons with disabilities do not always fully receive services, rights, and policies that favor them. This shows that there are not many models that can advance their struggle. The failure to implement systems or policies in providing full rights to persons with disabilities reflects a form of negative management of the population with disabilities.	(Badran et al., 2024)
Fourth Finding: The recent Covid-19 pandemic has exacerbated the marginalization of adolescents and young people with disabilities in Jordan and Ethiopia. This is due to the slow response of health systems, education, and social protection policies in providing support to reduce the occurrence of social exclusion among people with disabilities. Indications of biopolitical control can be seen from the slow response of the system in providing specific support, showing the existence of ineffective or biased population management mechanisms, thus having an impact on the welfare of persons with disabilities.	(Pincock et al., 2024)
Fifth Finding: The emergence of agency restrictions and choices for persons with disabilities is caused by entrenched structures and stereotypes in the form of subtle biopolitical controls.	(Pelleboer-Gunnink et al., 2021)

The five findings in the table above show that biopolitical control significantly limits accessibility for people with disabilities, despite many policies in place. This manifestation of control can be seen from various aspects. First, educational institutions take action as a determinant of access based on non-disability norms, having an impact on the inhibition of inclusion goals (Polo Martínez & Díaz Barriga Arceo, 2025). Second, the government controls resources through budget reductions and eligibility criteria that limit rights (Nally et al., 2022). Third, the failure of systems and policies in ensuring equal rights shows negative policy forms among people with disabilities (Badran et al., 2024). Fourth, the government's slow response to meet the needs of people with disabilities in crisis situations shows a biased policy implementation mechanism (Pincock et al., 2024). Finally, entrenched structures and stereotypes have limited the agency and choices of people with disabilities (Pelleboer-Gunnink et al., 2021). The overall findings explain that accessibility does not only include the infrastructure aspect but also the power system that limits and regulates the lives of people with disabilities to participate in public spaces.

The Formation of Disability Subjectivity in Public Space

This section interprets key findings from a literature review on discrimination and accessibility of disabilities in the public domain. We will integrate different categories of findings to understand the complexity of this issue and answer why accessibility is still limited despite policies. This discussion will highlight how "disability" is constructed by the biopolitical forces that control the body and subjectivity.

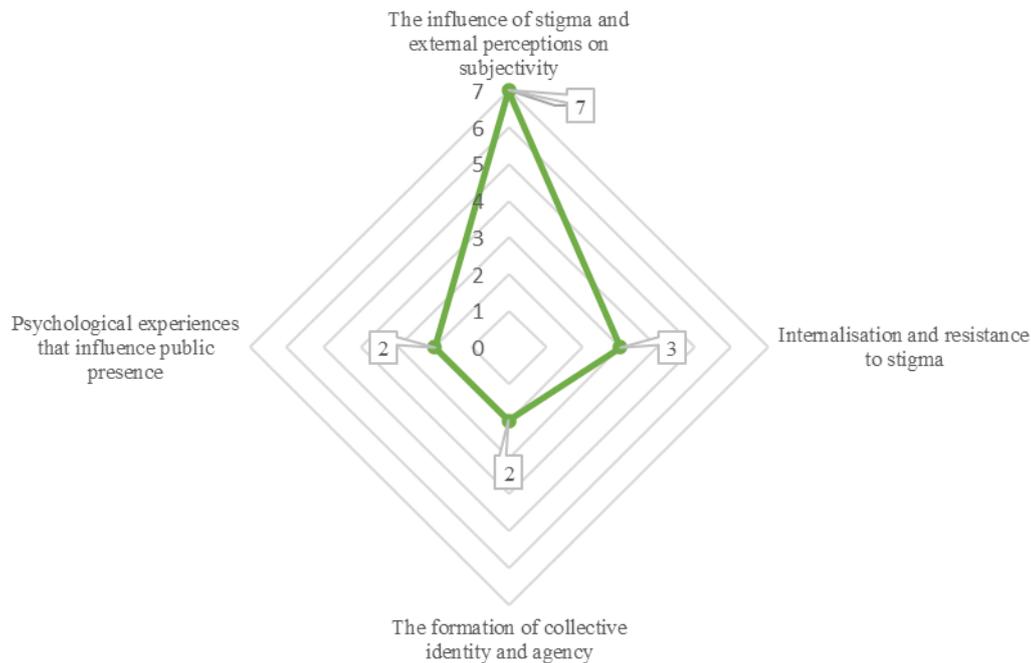


Figure 3. Graph of the Formation of Disability Subjectivity in Public Spaces

The graph above provides a visualization of the findings of the formation of disability subjectivity in public spaces. Of the 28 articles that have been reviewed, 14 articles discuss this. The findings show that the influence of stigma and external perceptions on subjectivity is the most discussed category, with 7 studies focusing on how negative views, labeling, and stereotypes sourced from society and institutions have a direct impact on the way people with disabilities are perceived, limit autonomy, and shape their identity. The in-depth analysis lies in how interaction and the social environment play an important role in determining how people with disabilities see and place themselves in the midst of society (Polo Martínez & Díaz Barriga Arceo, 2025; Buljevac et al., 2012; Pelleboer-Gunnink et al., 2021; Ocran, 2022; Wayland et al., 2022; Sopamena et al., 2025; Mampaso Desbrow et al., 2024). Then the results of the review also show that the categories of internalization and resistance to stigma occupy the second position, with 3 articles examining how disabilities can internalize negative stigma, despite efforts to fight back, but the influence of external pressure is still greater (Mampaso Desbrow et al., 2024; Vaughan et al., 2025; Olsen, 2018). Furthermore, the category of formation of collective identity and agency as well as psychological experiences that affect presence in public spaces are aspects that are little discussed in the article, with 2 articles each. This shows that the collective identity formation of groups of persons with disabilities in the face of the challenge of discrimination is still weak, then psychological experiences have an impact on their participation in public spaces (Penfold et al., 2025; Blonk, 2021; Adugna et al., 2025b; Merrells et al., 2019).

The results showed that the experience of discrimination (14 out of 28 articles) was the most visible manifestation of the challenges faced by people with disabilities, but it did not stand alone. An in-depth analysis shows the existence of a complex causal relationship. Using a sociological perspective, stigma (8 articles) serves as an ideological foundation that justifies and reinforces discriminatory actions. This stigma, which refers to negative labels and stereotypes, creates a stigmatized identity (Goffman, 1963) that influences the way individuals see themselves (internalized stigma) and how they are treated by society. Further, this phenomenon can be understood through the lens of Foucault's biopolitics, in which power (states, institutions) systematically manage and control populations of people with disabilities. Examples such as budget cuts or policy failures show that accessibility is not just a technical problem, but the result of power mechanisms that limit their autonomy and participation. Thus, discrimination is not just an interpersonal problem, but a structural problem rooted in social stigma and reinforced by biopolitical control.

CONCLUSION

Discrimination against people with disabilities is complex and multidimensional, operating at various levels ranging from social exclusion and barriers to access to services to structural discrimination and bullying. Stigma is the root of all these forms of discrimination, both from the outside (societal prejudice) and from within, which not only affects public perception but also undermines the identity and autonomy of people with disabilities. The impact of stigma and discrimination is widespread, leading to social exclusion, feelings of inferiority, and limiting participation in education and social life. The formation of the subjectivity of people with disabilities is often influenced by stigma and external perceptions, which limit their autonomy. In addition, biopolitical control also plays an important role in limiting accessibility, where government institutions and policies often fail to meet their needs, suggesting that disability is often not just a medical condition, but the result of the way biopolitical power controls the body and subjectivity. Although many policies have been created, their implementation is still limited because they only touch the surface without addressing the deeper root of the problem, such as entrenched stigma, structural discrimination, and biopolitical control. As long as these systemic barriers are not addressed, policies will not be able to create true inclusion.

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