

# The Problems of Living with Disability in Nigeria

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## Abstract

Disabled persons like the able have certain peculiar qualities that are innate. Most of them are trainable. Therefore, with proper care and support from the government and members of the civil society, their talents can be fully harnessed to reduce their dependency and promote their economic and social development. But there are bottle-necks on the way to alleviating the suffering of these people and improving their living conditions. This paper examines the problems of living with disability in Nigeria and focuses its attention on the multiple problems faced by disabled persons and their significant others with a view to understanding their negative experiences of living with disability. Documentary source was used to collect the data for this paper. Most of the materials used were sourced from the library, internet and the personal collections of individuals. The chosen theoretical framework for the paper is the Medical Model of and the Social Model of disability. The paper pointed out that disabled persons suffer and experience discrimination by the government and most members of the society in which they live. Majority of them have negative experiences with respect to employment, proper training, sustainable and dependable empowerment, exclusion from social interaction and participation in decision making on issues that affect their lives such as lack of access to public facilities. The paper argued that the absence of effective laws for the protection and promotion of their rights hamper proper and adequate funding of disabled organizations and the provision of a comprehensive welfare service to them, in particular, free health care services, among others. It is recommended that the Nigerian government should, as a matter of urgency, ensure the signing of the Disability Bill into law and also consider the provision of welfare and social security services to disabled persons as a priority. There is the need to change the negative attitude and perception of the public towards disabled persons into a positive one through education and enlightenment campaigns.

**Keywords:** Disability, Discrimination, Stigma, Disability bill, Empowerment.

## 1. Introduction

Disability is a world-wide phenomenon that has no boundary and cuts across countries, sex, age, religion, race, social status, economic and political positions. Its prevalence and incidence in the contemporary world are high and worrisome. It is estimated that there are more than 2 billion physically challenged people world-wide and majority are from developing countries. The Nigerian National Assembly in 2013 estimated that there are over 20 million people living with disability in the country ([www.nassnig.org/nass/](http://www.nassnig.org/nass/)). However, this number has increased with a wide margin because, according to the Center for Disability and Development Innovations (CeDDI, 2016), the approximate number of disabled people in the country is 25 million. The United Nations (UN) projected that in every ten people in Nigeria, one person is suffering from one type of disability or the other. It is also reported that out of every 10 persons with disability in the country, 9 live below the poverty level (NILS, 2010). Frequent and fatal road accidents that cause serious injuries that lead to stroke, paralysis, and mental illness as well as the continuous threat and suffering from infectious diseases, such as meningitis, tuberculosis, small pox, polio, and the emergence and suffering from chronic diseases that include blindness, stroke, cardiovascular diseases, hypertension, diabetes and cancer (Akinkugbe et. al, :2010), among others, are responsible for the ever increasing disabilities that millions of Nigerians suffer from. There are millions disabled children in the world, including Nigeria, who suffer from different kinds of impairments that include learning disability, blindness and loss of limbs. It is evident that, compared to non-disabled persons, people with disability have lesser legal protection and live in extreme poverty and poor health, as well as poor educational achievement and are rarely involved in social, cultural and political participation. Disability mostly affects vulnerable and marginalized people with a high level of prevalence among lower income people in particular women, children and older people (Mitra et al, 2011).

Disability causes poverty and vice versa. Thus, disability is both a cause and a consequence of poverty. There is a strong relationship between the two with a cyclical tendency. Thus, poverty makes an individual more vulnerable to disability and disability reinforces and deepens poverty. Therefore, disability along with old age, gender and low socio-economic status interacts to make people poor (Mitra et al, 2011). Several unsuccessful attempts have been made by international organizations, the government and other stake-holders on disability to alleviate the suffering of disabled persons and improve their living conditions. This paper examines the problems of living with disability in Nigeria and focuses its attention on the multiple problems faced by disabled people with a view to understanding their suffering.

## 2. Defining Disability

According to the Convention on the Rights of Persons with Disabilities, disability is used to describe the condition whereby physical and social barriers prevent a person with impairment from taking part in the normal life of the community on an equal footing with others (Article 1). The World Health Organization defined disability as a contextual variable dynamic over time and in relation to circumstances. Therefore, disability is not just a mere health predicament. It is a multifarious experience that affects the person's body and his or her ability to function equally in the society in which he or she lives. Disability may be physical, cognitive, mental, sensory, emotional and developmental or some combination of these and may be present from birth or occur during a person's life. Disability is an umbrella term convening impairment, activity limitation and participation restrictions and is an outcome of interaction between impairment and negative environmental impact. It is a fact that most people at some points in their lives will experience one type of disability or the other (WHO, 2001, 2012). Disability is of different types and can be classified into Physical disability, Sensory Disability, Visual Impairment, Intellectual Disability, Mental Health and Emotional Disability, Developmental Disability and Olfactory and Gustatory Impairment. There are various olfactory disorders, which include: Anomie (inability to smell), Dysomia (aroma smelling differently as it should smell), Hyperosmia (anabnormally acute sense of smell), Hyposmia (decreased ability to smell), Olfactory reference syndrome (people assuming or imaging that they have body odor) and Parosmia, that is, things smelling worse than they should (McLaughlin and Margolskee, 1994). Therefore, the impairment in interaction with different barriers may hinder the disabled person's from full and effective in society participation on equal basis with others.

### 2.1 Disabled Person

A disable person is someone who has a physical or mental disability which has an effect on his or her ability to carry out normal day-to-day activities. The disable are those persons who are 'unable', 'unfit', 'cripple' or incapacitated as a result of congenital defects, hereditary and environmental influences, accidents and diseases. The effect of his or her disability must be substantial and should be more than minor and trivial. The effect must also be adverse and long term. An individual may be qualified as disabled if he had an impairment in the past or is seen as disabled based on a personal or group standard, or such impairment includes physical, sensory or developmental disabilities (Adima, 2011). Thus, a disabled person can be regarded as any person who is unable to obtain for him fully or partially, the normal requirements of an individual and is unable to participate fully in the community due to shortcomings either physically or mentally and whether it occurs since birth or later in life. Therefore, if a person sees handicap as an absolute reality, it means he cannot do anything to it and must learn to live by it and groan under its heavy load but he is educated against the physical limitations and forges his ways ahead of life even if the physical problem is not reversed towards healing, he does not have to despair over it. He masters the situation and overcome self pity and apathy. It is important to point out that disable people may have their own definition of disability from their own perspective. For instance, Amina who attended rehabilitation center, Kakuri in Kaduna said: 'A disable person is someone who cannot do anything/useless and I believe nobody is useless, a disable person is someone who is dead and gone' (UNDP, 2015:31).

## 3. Theoretical Framework

This paper is informed by a combination of two theories namely, the Bio-medical Model of diseases, illness and disability and the Social Model which emphasizes the social and environmental context of disability.

### 3.1 The Bio-medical Model

The bio-medical model states that health and illness are simply biological descriptions of the state or condition of human bodies, there by ignoring and neglecting the social basis of health and illness (Nettleton, 1995). The model is based on three basic assumptions:

1. Disease is viewed as a breakdown within the human body that diverts it from its 'normal' state of being. The germ theory of disease, developed in the late 1800, holds that there is a specific identifiable agent behind every disease. In order to restore the body to health, disease must be isolated and treated.
2. The mind and body can be treated separately. The patient represents sick body pathology – rather than a whole individual. The emphasis is on curing the disease, rather than on the individual's well-being. The model holds that the sick body can be manipulated, investigated and treated in isolation without considering other factors.
3. Trained medical specialists are considered the only experts in the treatment of disease. The medical profession as a body adheres to a recognized code of ethics and is made up of accredited individuals who have successfully completed long term training. There is no room for self-taught healers or 'non-scientific medical practices (Giddens, 2009:392).

The bio-medical model has dominated the practice of modern orthodox medicine world-wide and evidently made a number of contributions in key areas of health, such as vaccination, the genetic mapping of human body

and in the search for the basis of human pathology. The model also underlies the official definition of health and disease adopted by states and international authorities, including the World Health Organization. The major limitation of this theory is its failure to address the social aspects of disability (Parsons, 1951). However, the model is relevant in alleviating or reducing the suffering of disabled people through the provision training, rehabilitation, technical aids, medical interventions and professional support all of which are important ways of promoting empowerment and self reliance.

### **3.2 The Social Model**

In the social model disability is considered to be a social construct and is not a characteristic of the person, instead it is created by social environment and addressing it requires social change (Mitra et al., 2011). The social model of disability is the product of the Human rights approach to disability. This model perceived the constraints and limitations of disabled persons as resulting from barriers within the society and do not arise from their impairments. It is the society that denies disabled persons access to the basic social services, developing their potentials fully and from enjoying their rights. This model emphasizes equality and non-discrimination as contained in international human rights instruments. The model rejects the long established idea that obstacles to the participation of disabled people arise primarily from their impairment and focuses instead on environmental barriers. These barriers include “prevailing attitudes and preconceptions, leading to underestimation; the policies, practices and procedures of local and national government; the structure of health, welfare and education systems; lack of access to buildings, transport and to the whole range of community resources available to the rest of the population; and the impact of poverty deprivation on the community as a whole and more specifically on persons with disabilities and their families” (Innocent Digest, 2007:5). This model is concerned with liberating and empowering the disabled persons and the positive contribution that they can make in removing the barriers to their participation. The model also emphasizes the role of government and civil society in removing the obstacles faced by citizens with disabilities in becoming active participants in the various communities in which they live and learn to work.

### **4. Methodology**

Secondary data were used for the writing of this paper. The data both theoretical and empirical on the problems of living with disability among the disabled persons, their significant others and the Nigerian society at large were generated from various sources. Documentary sources that include publications and documents of various national and international governmental and none-governmental organizations were utilized. In addition, books, published journal articles and newspapers were used. The extracted relevant data from these sources, with reference to the objective of the paper, were grouped, categorized into major and sub-themes and thematically subjected to narrative analysis.

### **5. Attitude towards Disabled Persons**

Although there are some individuals whose attitudes towards the disabled persons is positive, it is undeniable that the predominant attitude is negative and it is of rejection, isolation and are conceived as a liability from a charity perspective. However, this is not something new or peculiar to Nigeria because it could be traced back to Midlevel and Ancient periods. In Athens and Spartan cities the handicapped children were dealt with severely because of the ruling class interest in having a society free of what they referred to as defective children who were regarded as sub-human. In Rome the elite keep disabled people who were referred to as “fools” and “jesters” for amusement of their masters and their guests. The mentally retarded children who failed to satisfy their masters were locked in cages or sentenced to death and, some of them were left alone to roam and eventually die. In support of this Aristotle equated deafness to mental incapacity and Spencer advocated the survival of the fittest (Kanner, 1964).

In most Nigerian societies, traditional beliefs on the causes of disability determine, to a large extent, peoples’ attitude and reactions towards the disabled in particular exceptional children. Disability conditions such as deafness, blindness, mental retardation and orthopaedic impairment in traditional settings are mostly attributed to punishment by vengeful gods in the present or past incarnations including murder, infidelity etc. There is also a strong belief in witchcraft and evil spirits that cause havoc in forms of disabilities to those who ignore their warning. In this regard the disabled persons are conceived as sinners and deviants and they experience social exclusion. Disabled children also suffer from social exclusion and separation from other children and they are teased and jeered within the neighborhood. The impact of these attitudes on the parents is enormous and disturbing and they experience agony together with their children and at times carry most of the burden (Iyabo, 2014).

Parents of disabled children have mixed attitudes towards their children. It was discovered that in North Western Nigeria fathers exhibit more favorable attitudes towards their handicapped children in comparison with mothers and this is attributed to the mothers’ expectation of an “ideal child”. It could also be because health care

in the Nigerian context almost exclusively rests on mothers, the intensive contact could lead to maternal burn-out or fatigue which could in turn lead to unfavorable attitudes towards the child. Another reason is that the average Nigerian mother is more emotionally dependent on her child as compared to the father and her disappointment with disabled child may be more. These parents experience exhaustion, fear, hope, despair, anger, intimidation, commitment, and acceptance and love (Iyabo, 2014).

## **6. Stigma and Discrimination**

The term stigma is of Greek origin and was used to describe a mark or scar left typically when branding animals. There is no clear consensus on the definition, but in everyday parlance it can now be described as a severe disapproval due to believed or actual individual characteristics, beliefs or behaviors that are against the societal norms, be they economic, political, cultural or social. Therefore, stigma has its roots in “differences”. The pain and emotional hurt experienced by the stigmatized persons is a deviation is linked to others’ pity, fear, disgust and disapproval of this difference, whether that difference is that of personality, physical appearance, illness and disability, age, gender and sexuality. Thus, stigma can be defined as an attribute that serves to discredit a person or persons in the eyes of others (Franzoi, 1996). Attitudes towards these discreditable attributes vary over time. Stigma is also culturally defined, and variation is evident in the ways in which particular attributes are either accepted or otherwise between culturally diverse groups. The impact of stigmatizing attitudes on the stigmatized individuals can vary in form and intensity. Much of the behavior, however, towards the stigmatized serves to emphasize ‘difference’, and thus there are forms of discriminations and prejudice which can be identify in the interactions between the normal and the discredited (Goffman, 1990). Discrimination and prejudice in any form serve to separate and exclude individuals from society and many of the benefits of society, such as equitable access to services like housing, education, health and social support. Discrimination in this way is a form of social exclusion. At the individual level the impact of stigma and social exclusion can be devastating, leading to low self-esteem, poor social relationships, isolation, depression and self-harm. The impact of stigma on those individuals who are already coping with acute or chronic health problems can be profound (Mason et.al, 2005).

In Nigeria once a disabled person is stigmatized he suffers from a change of identity and this has a profound impact on him as a person and on his social identity because he is no longer considered as Mr. A. but Mr. A. the blind man or the deaf and in this case reference is always made to his disability which is the new identity. This change of identity carries along with it discrimination of various forms against the disabled persons economically, socially, politically and educationally among others.

### **6.1 Discrimination**

Disabled persons experience and suffer from the discriminatory attitude of most members of the public and the government in terms of policy, decision making and implementation on issues that affect their lives. In Anambra State about 5000 disabled persons protested because of their bitter experience of neglect and humiliation by the government on ‘World Disable Day’. One of the disabled persons reacted by saying:

Although they were not beggars, they wanted government to touch their lives and assist them in various areas, instead of treating them like animals...Our members were angry because they kept us waiting from 10:00am to 4:30pm without a word from either the Governor or any official (Collins, 2010:4).

Generally, disabled persons suffer from social and economic exclusions, intimidation and harassment from members of the public. A number of disabled women suffer from triple jeopardy because they are discriminated as women, as poor and as disabled. They lived a life of absolute dependency and suffering. Women who become disabled as a result of permanent suffering from Vesico Viginal Fistula experience rejection from husbands and are deserted by close associates and some of their relatives. Lawal (2013:31) reported that in Kano and Katsina 95.53% of the women disclosed that they were rejected by their husbands, 66.17% by their parents and 90.55% were shunned by members of their communities.

A number of trainable disabled persons would like to be trained, become self employed, or be employed by the government, private organizations and individuals. Most of them are willing to work and have been waiting for the opportunity because work increases their self esteem and quality of life. Disabled persons are functional and run a normal life, have families and children to take care of. In the absence of mass training or any reliable policy for financial assistance from the government either in the form of unemployment benefit or disability benefit, most of them have no choice but to resort to begging for survival and endure all kind hardship. Realizing this government shortcoming and the enormous problems facing vulnerable persons in the country, the disabled began to form associations of people living with disability to demand for their rights.

## **7. Associations of People with Disabilities**

There have been some attempts towards capacity building of persons with disabilities but this is mostly organized by the Civil Society, Joint National Association of Persons with Disabilities and other Development

Agencies. Together they jointly organize few capacity building workshops for persons with disabilities. Even in this the workshops were done in a non coherent manner because the workshops and leadership training programs do not last long. The disabled persons in Nigeria, like in other nations, forms associations or organizations under the Corporate Affairs Commission (CAC), the body mandated by the government to register organizations. In addition the disability organizations may also register with the department of rehabilitation under the federal states Ministries of Women Affairs and Social development in order to acquire the needed recognition to enable them work with the department on disability issues. The Federal and states ministries of women Affairs are supposed to fund these organizations to conduct their activities (JNAPWD, 2016). A few times the Nigerian government provides funds for some projects, workshops and international travels for persons with disabilities, in particular participating in international sports such as Para Olympic which project the government image in the world of sports. However, the funding is inefficient to enable the disabled peoples to function effectively. Under this situation, donor agencies come to the aid of Disabled peoples organizations either in kind or in direct funding. According to the president of the Joint National Association of People with Disability received its first direct funding in November 2014 from USAID Nigeria (JNAPWD, 2016). More funding and material assistance were attracted with the establishment of 60 Nigerian Network of NGOs. These NGOs engage in various development activities including assistance to the organization of disable people. For example, UNDP Nigeria in association with Anambra state Government has started the “Special Target Enterprises Development and Monitor Initiative for persons with disabilities. This is aimed at empowering 30 participants only with vocational skills in shoe making, tailoring, and hair dressing and computer application. In a disability survey conducted in Nigeria it was revealed that the common occupations were begging, studying, farming and trading, but the majority (60%) were unemployed due to their disability and only about 4% have access to economic empowerment (UNDP, 2015). This demonstrates the extent to which a large number of disabled person are waiting for the opportunity to be trained and empowered

## 8. Access to Education

Persons living with disabilities including children or adults have a right to education. Attention is mainly focused on the child’s right to education as enshrined in human right treaties, including articles 28 and 29. In these treaties it is required that the provision of primary education should be compulsory, available and free to all children and secondary education should also be made available and accessible to every child, with the provision of financial support when needed. The majority children with disabilities especially those with moderate, severe and profound impairments, are still far from enjoying full access to any kind of school, let alone to regular education. Children with special needs require special education and rehabilitation services which should be provided to them as a right like their counter parts, the able children. The provision of these services was started by a few church affiliated schools and government sponsored vocational centers prior to the Nigerian independence in 1960 (Mba, 2002). In the post independence period, some state governments and philanthropists established special schools in different parts of the country, in response to a new educational policy of the Federal government (National Policy on Education, 2004). This policy for the first time accorded greater importance to special education in the national education. In support of government desire to promote quality education for children with special needs, they needed personnel to work with special needs the living standard of children with all learners (Ajuwon, 2011; Mba, 2002). Regrettably, the few tertiary institutions that prepare special educators, rehabilitation specialists and social workers are yet to infuse into their curricula the competency needed to assist families and care givers in terms of how to cope effectively with disabling conditions in children, youth and adults. Furthermore, Ajuwon (2011) pointed out that hundreds of certified special educators have been trained in Nigerian tertiary institutions since 1974; however, there is evidence to indicate that some of these front line workers have not been assigned to schools and agencies where their expertise can be harnessed to improve the quality of education and living standards of children with disabilities.

This gap paved the way for establishing none governmental special learners such as the Open Doors for special learners, Jos. The school has the capacity to enroll 60 students only which is not enough for the state. In addition, some state government established special schools and training centers for people with special needs. As at 2009, Oyo State had 18 facilities for primary education but 14 local governments have none. Oyo State had 26 public primary and junior secondary schools for disabled children and Osun State had 18. In Oyo and Osun states residential facilities and lunch are provided. In Bayelsa State students are given bursary award annually. This is not sufficient much is needed in terms of assistive technologies. Bayelsa state has no residential facilities and this makes access to education difficult for children with special needs, and as at 2008 there were only 89 students for both primary and secondary schools (Nkechi, 2013).

Despite the level of commitment demonstrated towards the education of children with special needs in some states, there are enormous problems and much need to be done in order to accommodate and provide qualitative education to a large number of children with special needs in the country. It is observed that:

The number of special educators is small and limits how many special education units

can be established in schools as well as the extent inclusive education can be practiced. Similarly, facilities are too few and far apart, and many are not disabled people friendly. At such facilities equipment, aids and material equipment are such inadequate. Some blind people lacked basic learning tools such as mentypewriters, brailing machines, brailing sheets, stylus, textbooks, and talking calculators; and some learning impaired needed hearing aids etc. In fact many were unaware of existing learning aids. This lack discourages continued schooling, as it leads only to highly determine exceptionally intelligent choosing to pursue their education to a reasonable extent (Nkechi, 2013:137).

In addition, to the logistic and financial problems on the part of the government, children with special needs are denied access to special education because it is expensive for families to bear the coast and the environment is unsafe and not people friendly for the disable to move freely. The transportation of children with special needs from home to school is extremely difficult that some of the poor families fail to pick up their children during the holiday. The financial coast of educating a child with special needs in Nigeria, where the government's support is insufficient, is more than four times compared to that of a none disabled child. It is observed that the incentive of household to enroll their disabled children is discouraged by lack of appropriate schooling options, poor accessibility of facilities, long distance and lack of transportation, school fees and coast of uniforms and/or low expected returns to schooling for disabled children (Johson and Wiman, 2001:11).

### **9. Access to Health**

Disabled people in Africa, Nigeria inclusive, are usually extremely poor people who often live in rural and other areas where medical and other services are scarce, or even totally absent, and where disabilities are not detected in time. When disable people receive medical attention, if at all, the impairment may have become irreversible (WHO, 2012).

It is very common in Nigeria to see disable persons on the streets holding prescription cards asking for money to purchase medicine. It is common to hear the voices of disable denied medical treatment because of their inability to settle the bill and as a result a number of them seek for financial assistance from members of the public without which with continue to live and die under suffering. This problem is more pronounced among disabled children who due to their condition of disability miss out on vaccinations or treatment for simple fever or diarrhea, easily curable illnesses which can become life-threatening if left untreated. For those children with severe disabilities many of them may not survive child hood because of lack of access to basic primary health care facilities which many not be readily available in some parts of the rural settings. Sometimes a number of medical decisions made have come to convey that the life of a child with disability is considered to be worth less than that of a child who has no disability. There are documented cases of physicians in both income-rich and income-poor countries who have chosen to deny children with disabilities access to essential operations (because of the inability to pay the medical bill). Children with disabilities have been subjected to clinical and pharmacological interventions that would be considered unacceptable if carried out on children without disability in the same community as was the case of Pfizer sponsored clinical trial of trovafloxacin on children suffering from meningitis in Kano (Mohammed, 2008). There are established teaching, orthopaedic and other specialist hospitals in Nigeria, but the disable persons have no access to the health care services provided by these institutions. They have no access to the health care services as provided by the National Health Insurance Scheme.

In addition, even the disable persons among the Boko Haram insurgency survivors living at Internally Displaced Persons camp at Dalori in Borno State have no access to appropriate and adequate health care services. Fatima et al. (2017) studied the living condition of disable persons living in the camp reported that their condition was bad because there was no medical rehabilitation therapy made available to them and none of them was ever referred to any psychological and social services. These services, including mental health services are not put in place at the camp.

The attitude of some health workers towards the disable persons who managed to access the general and other health centers is sometimes negative. A study in Calabar by Ogunjimi (2007:201) revealed that 56.33% have negative attitude towards the handicapped persons, 63.2% are of the opinion that health of the handicapped persons is not as important as that of the normal persons, 57.74% indicated that handicapped persons are only good enough for drug trial testing and experimentation of new medical inventions and 57.36% would prefer separate hospitals for the handicapped persons.

### **10. Access to Buildings and Transport**

Environmental obstacles for disabled persons come in many guises and are found at all levels of society. Some of these obstacles are physical and include transportation and access to both public and private buildings. Transportation as an essential aspect of welfare services that provides access to basic facilities, goods and

services promotes a good quality of life is denied to the Nigerian disabled due to lack of adequate arrangement that meets their needs. In his study of Nigerian cities that include Bauchi, Enugu, Kano, Lagos, Rivers and Abuja, Odufuwa (2007) argued that for many persons with disabilities in Nigerian cities they have little or no access to good transportation facilities and this hinders their daily activities and participation in urban life. Poor state of public transportation services in Nigerian cities necessitated the need for disabled people to make provision for extra economic expenditure in hiring a professional attendant during trips in the society. As a result disabled people are compelled to spend much part of their income on transportation, thus forcing them to be isolated and live within the margin of poverty and likewise curtail their number of trips that they make and use modes of transport that do not incur a direct cost, such as walking or to live in locations that minimize their transport costs. For some essential trips, disabled people are bound to face different mobility or travel difficulties. They face difficulties in boarding available public transport, most especially the uncomfortable yellow painted buses or the large “geriatric clumsy buses” in Lagos called “molues” and the siblings of the molues known as “damfos”. The attitude and driving behavior of most drivers as well as the overcrowding of available modes of travel, prolong waiting time, poor travel information and unaffordable travel cost are major travel difficulties to the disabled persons. Drivers of most public transport in Nigerian cities do not give disabled people enough time to board and alight in comfort and safety. Those using wheel chairs and other mobility aid like walking stick; are unable to use public transport in most Nigerian cities (Odufuwa, 2007:98). The basic means of transportation used by paraplegic in Enugu city are public buses and taxis, the use of wheel chair, the use tri-cycle and the use of commercial motor-cycle. There is no special transportation arrangement for them except that they have to compete with the able-bodied against all odds to access available and ill adapted public transportation means. These three modes of movements are rather dehumanizing and energy wasting and they expose these poor stricken paraplegics to numerous traffic dangers (Ubani & Ugwu, 2013:21).

In addition to the problem of access to transportation, facilities for disabled persons in public buildings seem to be inadequate in Nigeria. There is apparently no wheel chair access for street crossings or adequate facilities that aid access into public buildings and affordable and practical mobility aids are still rare; if a person is physically disabled, he or she generally does not leave home. Although some government rehabilitation centers exist, they are limited in number and most of them do not cater well for the needs of disabled persons (Ubani & Ugwu, 2013). In his study of paraplegics in Enugu city, Ubani observed that the constituents of their housing needs include the unsuitability of the housing facilities such as the presence of ramps too steep for which some of them will require some assistance to get into the building, toilets that cannot be accessed with wheel chairs and the absence amenities, either as in-house installation or the premises of their housing also creates a housing need for paraplegics. It was discovered that 77.59% of public places in Enugu city are not accessible to wheel chair-bound paraplegic and 22.41% of the public places could be accessed, although with some relative difficulties. The factors responsible for lack of or difficult access include:

Absence of a wheel-chair accessible pedestrian bridge; the presence of steps/stairs without complementary ramp; rough, unpaved, and uneven floor surfaces; uncovered drainages or other openings in premises; absence of lift in high rise buildings; absence of side walk, the presence of curbs as well as hilly and undulating terrain (Ubani & Ugwu, 2013:21).

These obstacles make life difficult for disabled persons and curtail their participation in economic and social activities in the city.

Similarly, in a survey of thirty eight public buildings in Ibadan, irrespective of government cadre and function categories, Hamzat and Dada (2005) discovered that a higher percentage of the buildings were inaccessible to wheel-chair users and that only one of the twelve story buildings had an elevator to connect the different levels. Thus, the physically challenged persons who use wheel-chairs to get around can only gain access to 20% of the public buildings which house facilities that provide basic services for health, recreation, social, financial, employment and educational needs. But two out of the three hospitals surveyed were accessible to the disabled persons. More specifically, it was found out that there was low accessibility to buildings for educational purposes in particular the libraries, the social and recreational buildings, government agencies and parastatals. In most cases accessible entrances were not linked by accessible routes (paths) and this shortcoming ultimately rendered the buildings inaccessible (Hamzat & Dada, 2005).

## 11. The Rights of Persons with Disability

The 1999 Constitution of the Federal Republic of Nigeria “enjoins the State to carry out its social objectives towards ensuring that all citizens without discrimination on any group whatsoever have the opportunity for securing adequate means of livelihood as well as adequate opportunity to secure suitable employment” (section 17 (3) (a) ). It also enjoins the State to ensure that “suitable and adequate shelter, suitable and adequate food, reasonable national minimum living wage, old age care and pensions, and unemployment, sick benefits and welfare of the disabled are provided for all citizens” (section, 17 (3) (a)). If these socio-economic objectives are properly and effectively implemented they will protect the rights of people with disability who are also

undeniably citizens of the state. Unfortunately, this provision cannot be enforced in a court of law and that they are “mere cosmetic declaration to garnish the constitution because they are subjective to the legislative powers of the state” (Akhiero, 2011). Thus, it becomes difficult if not impossible to be implemented.

The need to protect the rights of all vulnerable people in the world, disabled persons inclusive, prompted the UN to establish an Ad Hoc Committee to consider a proposal for an Integral International Convention to protect the rights and dignity of persons with disability. Later in 2006 the Convention and Protocol on the Rights of people with Disabilities was adopted and Nigeria rectified it in 2010. This raised the hope of disabled persons in Nigeria expecting the State to use it as a guide for the protection of their rights. Their hope ended in disappointment as the governments were passive and reluctant to use the UN document to address their rights.

However, during a legislative reform in the country, some laws, though not on disability, were enacted, that could be used to address the rights of persons with disabilities and protect their interests. These laws include the Child Right Act 2003, Universal Education Act 2004 and Employee Compensation Act 2010. In addition, some bills were sponsored at the National Assembly in an attempt to secure, protect and promote the rights of People with Disabilities, but none of the bills has become a law including the long awaited and much talked about Disability Bill. Some state governments have demonstrated commitment for the protection of the rights of disabled persons by enacting laws. These include Plateau State handicapped Law 1981, Disabled Person Welfare Law 2003, of Lagos state (no being implemented recently). Another law, Lagos State Special Peoples Law 2011, was also enacted in to ensure equal rights and protect the disabled from discrimination (Akhiero, 2011). These legislations indicate the intention of these governments to protect the rights of disabled person. It is evident and can be observed that implementation is a major obstacle that there are still a number of disabled persons living in difficulties, helpless and roaming on the streets, begging for survival and seeking assistance for medical care.

It is generally believed by the stake holders on disability that the long awaited Disability Bill waiting for the presidential assent will ensure the rights of disabled persons if seriously implemented with a commitment. The bill is important because among others:

1. It aligns Nigeria with its international obligations particularly the provision of the United Nations Convention on the Rights of persons with Disabilities (CRPD), which obligates parties to fully realize the right of persons with disabilities through the adoption of all appropriate legislative, administrative and other measures of the implementation of the rights recognized in the present convention.
2. The bill in tandem with article 4 (1) CRPD, also seeks to “ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.
3. Additionally, section 33 of the bill, in agreement with the provisions of section 1 Child Right Act (CRA), 2003, also states that “in all matters concerning children with disabilities, the best interest of the child shall be the primary consideration.
4. The bill also incorporates national and international mandate which obliges the equal treatment of persons with disability and the protection of same from discrimination as contained in the constitution, Child Right Act and CRPD.
5. Adequate provisions are also made in the bill to guarantee their right to health and education without discrimination or segregation.
6. The bill also proposes the establishment of a commission to be tasked with the responsibility of formulating and implementing the government policies and guidelines for the education and social development of persons with disability (Asiwe & Omiegbe, 2014:520)

This bill is so important that in October, 2013 during the disabled world day, Persons with Disability called Nigerian people to beg the president to pass the Nigerian disability bill into law. However, the government is not prepared to pass the bill into law before addressing the logistics, financial and other implications involved. Financially, schools have to be built with the disabled persons in mind giving them easy access and the installation of necessary facilities and other learning aids. Logistically, teachers have to be trained well on how to administer the laws without any hitches. These and any other reasons are not good and convincing enough to be accepted by the stake holders and other well meaning Nigerians as a justification for dumping the bill in a “dust bin” for many years. Contrary to the reasons given, the country has abundant natural and talented human resources to address the problems of disabled persons and the only genuine problem is the absence of political will, courage and commitment on the part of the government to do the right things (unwillingness to pass the Disability Bill into law) for ensuring the rights of people with disability (Asiwe & Omiegbe, 2014).

Nigeria is a signatory to the United Nations Convention on the rights of persons with disabilities, but effective disability laws seem to be absent and there are no existing serious legislations and policies that recognize the right of people with disabilities to be consulted, involved and allow participation in decision making processes that directly concern them (in most cases reference is made to the human rights documents or the rights of the citizens as contained in the constitution). According to the president of JNAPWD disability work in Nigeria is done in a non coherent manner and most people with disabilities are not consulted by the



government when decisions are taken. Most of the times (Where necessary) disabled persons are brought into some of the programs organize by government only as an ‘after thought’ or just to ‘add up’ by implementers in order to meet a requirement. According to the president response to inclusion in all ramifications has been very frustrating because they still want to think and act on our behalf. Policies and bills that are not implemented are nothing but ‘toothless bull dog’. They are mere statements of intent that are not binding. Since 2009, the Nigerian Disability Bill has been waiting for assent by the president before it can become legal (JNAPWD, 2016).

Therefore, participation of persons with disabilities in mainstream decision making process is a huge issue in Nigeria because over 90 percent of the populace still views persons with disabilities from the charity perspective, they are regarded as people who are good enough to receive aids, support and other forms of humanitarian efforts rather than being active citizens in society and in National development. Most time they are excluded from participating in decision making.

It is on record that there are a number of disabled persons that are functional and productive to themselves and their societies, and they have immensely contributed to the social, political and economic development of their societies. Among these disabled persons of exceptional talents and ability include Gouverneur Morris, who helped to draft the constitution of the United States of America in 1780 who had an artificial limb, and rose to become a senator in New York, Benjamin Franklin, a congress man and a great American Statesman who was carried about in wheel chair, Franklin Delano Roosevelt, the 32<sup>nd</sup> American President a victim of polio who overcame his disability and ruled American from his wheel chair during the period of the great depression, Louis Braille who became blind after he accidentally stabbed himself in the eye he later designed he Braille writing system which enables blind people to read through organized bumps representing letters. There are also famous blind musicians like Ray Charles, the legendary Steve Wonder and Cobhams Asuquo, a blind music producer from Cross River State of Nigeria (Akhihero, 2011). The famous manufacturer of tri-cycles, Aminu Ahmed T/Wada, for disabled persons in Kano state of Nigeria who is disabled is a trainer and job provider to disabled as well as able persons in Kano. Therefore, trainable disabled persons can become self reliant, useful to themselves and the society if supported and properly empowered by the government and other nongovernmental organizations.

## 12. Conclusion and Recommendations

Despite the effort of international organizations such as the United Nations and other regional organizations, and various governments in formulating and enacting laws aimed at ensuring the rights of disabled people throughout the world, this has not been adequately materialized in Nigeria for a number reasons socially, culturally, politically and economically. But some of the reasons given by the authorities, such as lack of money to supply the needed facilities and equipment, are not convincing and have no basis in a country like Nigeria which is endowed with abundant natural and human resources. It is a fact that adequate and functional facilities for the health care of disable persons, their education, transportation, training and empowerment are not readily available and the few but limited facilities put in place are not easily accessible to most of them. They are to a large extent discriminated against, segregated and marginalized. What is evident is that there is no political will and commitment on the part of the government to ensure, protect and promote the interest of people living with disability in Nigeria. The whole nation is still patiently waiting for the president to act positively on the Nigerian Disability Bill. This paper recommends that:

1. The Nigerian president should as a matter of urgency pass the disability bill into law and implement its content that has addressed the protection of disable persons against all forms of discriminations socially, economically, politically and in terms of education, transportation, health and other welfare matters.
2. The government should engage in a wide and rigorous public enlightenment campaign against the discrimination of disable people in the Nigerian society.
3. The Federal government should introduce Disability Tax Fund (DTF) which should be used for the provision of social security and welfare of disabled persons.

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## Biodata

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## References

- Adima, E. E. (2011). "Career Opportunity for the Disabled in Nigeria" in Azinge, P.E. and Ani, C. *The Rights of Persons with Disabilities*, 2011. *Nigerian Institute of Advanced Legal studies, Lagos*.
- Ajuwon, P.M. (2011). "Trainees' perceptions of Inclusive Education in Nigeria: A preliminary report." In Ajobiewe, T., Adebisi, B.A., & Nkangwung, F.O. (eds), *Contemporary Issues in the education of persons with visual Impairment*. Ibadan, Nigeria. *Glory-land publishing Co.* 6-24.
- Akhihero, P. A. (2011). "Mainstreaming Persons with Disabilities in the Vision 20:20 Agenda: A call for the Enforcement of their Social, Economic and Political Rights", *A paper presented at the 1<sup>st</sup> NAPVID "Right Above Charity" lecture to mark the International Day for People with Disabilities. Held at Excalibur Hotel, Etete Road, Benin City on the 2<sup>nd</sup> of December, 2011*.
- Akinkugbe, O.O., Lucas, A.O., Onyemelukwe, G.C., Yahaya, H. & Halima, A. (2010). "Non-Communicable Diseases in Nigeria: The Emerging Epidemics", *Nigerian Health Review* (2010), Published by Health Reform Foundation of Nigeria (HERFON).
- Announcement of Drac-Ceddi (2016). "Training Courses- Gender in Disability", *October 2016 (Abuja)*.
- Asiwe, C. C. & Omiegbe, O. (2014). "Legal and Ethical Issues in Persons with Special Needs in Nigeria", *Academic Journals Vol. 9 (15), pp. 516-522, 10<sup>th</sup> August, 2014*.
- Collins, C. (2010). "NBA, disable citizens, stage protest", *The guardian, January 31<sup>st</sup> p.4*.
- Fatima, B.G., Adetoyeje, Y.O., Sabbirah, A.P., Aliyu, L. & Adewale, L.O. (2017). "Camping Condition and Casual Status of Insurgency Survivors Living with Disability in Internally Displaced Persons Camp in North Eastern Nigeria: a Case Series", *Bayero University Journal of Evidence-Based Physiotherapy, Volume 3, Number 1, pp 28-32. June, 2017*.
- Franzoi, S.L. (1996). "Social Psychology", London: Brown and Benchmark.
- Goffman, E. (1990). "Stigma-notes on the Management of Spoiled Identity", 3<sup>rd</sup> ed. London, Penguin.
- Giddens, A. (2009). "Sociology", 6<sup>th</sup> edition. Revised and updated with Philip W. Sutton, Polity Press, 350 Main Street. Malden, MA 02148, USA.
- Hamzat, T.K. & Dada, O.O. (2005). "Wheel-Chair Accessibility of Public Buildings in Ibadan, Nigeria". *Asia Pacific Disability Rehabilitation journal*, Vol. 16 N0.5, 2005. Pp.115-124.
- Innocent Digest (2007). <https://www.unicef-irc.org/publications>, 2007, Accessed on 06/02/2017.
- Iyabo, O.M. (2014). "Parental Attitude towards Disability and Gender in the Nigerian context: Implications for Counseling", *Mediterranean Journal of Social Sciences. MCSER Publishing, Rome*.
- Johnson, T. & Wiman, R. (2001). "Education, Poverty and Disability in Developing Countries: A Technical note", Retrieved July 22, 2008, <http://siteresources.worldbank.org/Disability/Resources280658-1172610312075/education>.
- Joint National Association of People Living with Disabilities (2016). [www.jnapwd.org/](http://www.jnapwd.org/) Accessed 04/01/2017
- Kanner, L. (1964). "History of the Care and study of the Mentally Retarded", Thomsa publisher: Springfield, Illinois.
- Lawal, B. (2013). "Psychosocial Health Consequences on Vesico Vaginal Fistula patients". *Bayero Sociologist: A Journal of Sociological studies, Vol. 1, N0 4, pp. 28-38, July, 2013*.
- Mason, T., Carlisle, C., Watkins, C. & Whitehead, E. (2011). "Stigma and Social Exclusion in Healthcare". Routledge, London and New York.
- Mba, P.O. (2002). "Elements of special Education", *Ibadan, Nigeria: Codat publications*.
- McLaughlin, S. & Margolskee, R.F. (1994). "The Sense of Taste". *American Scientist* 82 (6): 538-545.
- Mitra, Sophie, Aleksandra, p. & Brandon, V. (2011). "Disability and poverty in Developing Countries: A Snapshot from the world Health Survey". *SP Discussion Paper No. 11*.
- Mohammed, I. (2008). "Acasemics, Epidemics, Politics: An Eventful Career in Public Health", Book Raft, Ibadan, Nigeria.
- National Assembly. (2013). "The Senate: National Assembly Federal Republic of Nigeria", 2, 5, Retrieved from <http://www.nassnig.org/nass/news>, 06/04/2014.
- Nigerian Institute of Advanced Legal Studies, Lagos, 2010, Retrieved from <http://www.nials-nigeria.org.>eidtedbookcovers> 02/0/2011
- Nigerian National Policy on Education, 4<sup>th</sup> Edition, 2004, [www.goodbooksafrica.com](http://www.goodbooksafrica.com) accessed 16/07/ 2016.
- Nettleton, S. (1995). "The Sociology of Health and Illness", Polity Press.
- Nkechi, C.M. (2013). "Education of the Disabled in Nigeria", *Journal Plus Education, ISSN: 1842-077X, E-ISSN (online) 2068-1151 Vol. X. N0.1 pp. 133-142, Accessed 07/04/2016*.
- Odufuwa, B.O. (2007). "Towards Sustainable Public Transport for Disabled People in Nigerian Cities". *Stud. Home Comm. Sci.*, 1(2):93-101 (2007).

- Ogunjimi, L., (2007). “Attitude of Health Personnel in Calabar and Factors Militating against Health care Services for Handicapped Persons in Nigeria, *Pakistan Journal of Social Sciences* 4(2) 200-203, 2007.
- Parsons, T. (1951). “The Social System”, Glancoe, Ill. The free Press.
- President Joint National Association of Persons with Disabilities, [info@jonapwd.org](mailto:info@jonapwd.org), Retrieved, on 04/08/ 2016.
- Innocenti Digest N0.13 (2007). “Promoting the Rights of Children with Disabilities”, *Unicef:Innocenti Research Centre*, Accessed on 05/02 2007.
- Ubani, O. J., Ugwu, L. N. (2013). “Accessibility and Housing Needs of Paraplegics in Enugu City, Nigeria”, *Civil and Environmental Research*, Vol 3, NO. 1 2013 pp. 17-25.
- UNDP (2015). “UNDP Implements Empowerment Programme for Persons with Disabilities”, Accessed on 6/4/2016.
- World Health Organization (WHO, 2001). “International Classification of functioning, Disability and health”, Geneva, WHO.Centre
- World Health Organization (WHO, 2012). “Disabilities” <http://www.who.int/topics/disabilities/en/> Accessed 25/11/12.