

PEOPLE LIVING WITH DISABILITIES AND SOCIO-ECONOMIC WELL-BEING IN GBOKO LOCAL GOVERNMENT AREA, BENUE STATE, NIGERIA

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ABSTRACT: This study investigated People Living with Disabilities (PLWDs) and their Socio-economic Well-being with specific emphasis on the effect of Visual impairment on the Socio-economic Wellbeing of PLWDs, and the influence of walking impairment on the Socio-economic Wellbeing of PLWDs in Gboko Local Government Area of Benue State, Nigeria. The study adopted Medical Model of Disability and Eugenics and the Social Model of Disability as its theoretical framework. Cross-sectional survey design was adopted for the study, and the multistage sampling technique was used to reach the respondents. Primary data was collected using questionnaires and an interview guide. Data was processed and analyzed using Statistical Packages for Social Sciences (SPSS) version 27. The results showed that 96.3% of the respondents agreed that people with partial or complete loss of sight struggle to complete formal education, and that people with walking disabilities face discrimination in social gatherings, 92.1% of respondents believe that having a sight-related condition affects self-esteem. The study concludes that disabilities not only limit access to education and employment opportunities but also intensify social exclusion for PLWDs in Gboko Local Government Area. The study therefore recommends improved implementation of existing laws that promote social inclusion, provision of adaptive learning materials in educational institutions, creation of adaptive workspaces, and eradication of biases against disabled persons in Gboko Local Government Area of Benue State, Nigeria.

Keywords: Disabilities, Socio-economic, Well-being, Discrimination, Stigma

INTRODUCTION

Background to the Study

Throughout history, humanity has faced numerous obstacles that have jeopardized the unity, stability, and longevity of societies. One significant challenge is the discrimination faced by individuals, particularly those with disabilities. Disability is a global issue that transcends borders and affects people regardless of their nationality, gender, age, religion, ethnicity, social standing, or political affiliation. The prevalence and impact of disabilities in today's world are substantial and concerning (Salowu, 2019). The level of disability often correlates with increased unemployment rates and wider pay disparities (World Health Organization, 2021). WHO (2023) estimates, approximately 15% of the world's population lives with some form of disability. This percentage translates to over 1 billion people globally. Similarly, (WHO, 2021) estimated that 80 percent of the world's disabled population live in developing countries. Persons with disabilities (PWDs) are

amongst the poorest in any society in the world as economic opportunities for people with disabilities are restricted in numerous ways (Uduu, 2022).

In the United States, People Living with Disabilities (PLWDs) face significant socio-economic challenges, impacting their quality of life, economic stability, and social inclusion. These challenges are deeply intertwined with systemic barriers in education, employment, healthcare, and social services. According to the U.S. Census Bureau, in 2020 there were approximately 40.7 million Americans, or 12.6% of the population, living with a disability (U.S. Census Bureau, 2020). These disabilities can range from physical impairments to cognitive, developmental, or mental health conditions, all of which can profoundly impact a person's quality of life and economic well-being. One of the primary socio-economic effects faced by people with disabilities is lower employment rates and higher rates of poverty. Bureau of Labour Statistics (2021) reported that the employment rate for working-age adults with disabilities is around 37.5%, compared to 77.8% for those without disabilities. This employment gap contributes to higher poverty rates, with 25.9% of people with disabilities living in poverty, compared to 11.4% of those without disabilities (Erickson et al., 2021).

Similarly, in the United Kingdom, individuals living with disabilities face significant socio-economic challenges. According to the UK's Office for National Statistics, in 2021 there were over 14 million people with disabilities in the UK, comprising nearly 1 in 5 of the total population (Office for National Statistics, 2021). While disabled people in many Western societies are often concerned about equality and anti-discrimination legislation, disabled people in developing countries are mainly calling for meeting their survival needs in contexts of widespread poverty. Disabled people in these countries often place their need for a source of income at the top of their list of priorities followed by housing, transport, sex, and rehabilitation (Coleridge, 2023). In Africa, 200 million of the population live with one form of physical disability or the other (Lefley, 1989). Some African governments have implemented policies and legislation to protect the rights of people with disabilities and promote inclusion. For example, the African Union adopted the African Disability Protocol in 2018, which aims to enhance the inclusion and participation of people with disabilities in all aspects of society (Salowu, 2019). The World Bank (2021) reported that a considerable number of Nigerians, approximately 25 million individuals or 13% of the total population are living with various forms of disabilities. These disabilities in Nigeria encompass visual, hearing, physical, intellectual, and mental impairments. The socio-economic consequences for this group are significant, impacting their ability to access education, employment, healthcare, and social engagement. Issues like poverty, insufficient healthcare, and restricted availability of rehabilitation services worsen the difficulties experienced by individuals with disabilities in Nigeria. Similarly, the National Commission for Persons with Disabilities (2022) found that most of the PWDs in Nigeria continually face barriers to their participation in society and are often marginalised (Disability Rights Advocacy Centre, 2019).

Statement of the Problem

In both developed and developing economies, working-age people with disabilities experience significantly higher rates of unemployment and lower rates of labour-force participation than people without disabilities. Lower rates of Labour- Market participation are one of the key ways in which

disability can lead to poverty, while unemployment is similarly associated with wider adverse impacts on Health (including Mental Health), social status, relationships, independence, Independence, and Sense of Identity (Onota, 2023). According to Uduu (2022), the most common of these disabilities are visual impairment, hearing impairment, physical impairment, walking impairment, among others.

People with physical disabilities in Nigeria are often seen as a disgrace to their families; therefore, they are often confined to discrete places where people will not readily notice them (Ebigbo, 2020). By such measures, the disabled person is prevented from participating in normal activities such as educational, economic, political, and social activities. Within most ethnic groups in Nigeria, it is generally believed that the disability is either a curse from the gods or an act of witchcraft. In either case, the family with a disabled member is stigmatized. Many of them face several human rights abuses, violence, and lack of access to healthcare, housing, and education (Goffman, 2023).

In Benue State, there are negative, positive, myths, socio-economic and superstitious beliefs among others towards persons with disabilities (Maduekwe, 2014). ILO (1994), defined community based rehabilitation (CBR) as a strategy within general community development for rehabilitation, equalisation of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined effort of persons with disabilities, and the appropriate health, education, vocational and social services.” The legal framework for disability rights in Nigeria includes the Persons with Disabilities (Equal Opportunities) Act of 2018, which aims to promote inclusivity and provide equal opportunities for people with disabilities (Federal Republic of Nigeria, 2018). However, the implementation of this legislation in Gboko LGA of Benue State, remains inconsistent. Empirical data further illustrated the extent of discrimination faced by people with disabilities in Gboko LGA of Benue State. A survey conducted by the Benue State Ministry of Women Affairs and Social Development (2023) revealed that over 60% of individuals with disabilities in the area reported experiencing discrimination in public spaces. This discrimination manifests in various forms, including denial of access to public buildings, lack of accessible transportation, and negative attitudes from the community.

Healthcare access also presents challenges for people with disabilities in Gboko LGA of Benue State. According to a report by the Benue State Health Services (2023), individuals with disabilities often encounter barriers in accessing healthcare services due to physical inaccessibility, lack of specialized services, and inadequate health insurance coverage. These barriers exacerbate health disparities and limit the quality of life for people with disabilities in the region. Social integration and participation are also affected by discrimination. A study by Idoma and Otobo (2021) found that individuals with disabilities in Gboko LGA of Benue State are often excluded from community activities and social events.

From the discussed literature, it is evident that PLWDs face numerous challenges in society despite policy measures put in place by the government and other stakeholders, making this study timely.

Research Questions

The following questions guided this study:

- i. How does Visual Impairment affect the Socio-economic Well-being of People Living with Disabilities in Gboko Local Government Area of Benue State, Nigeria?
- ii. What is the influence of Walking Impairment on the Socio-economic Wellbeing of People Living with Physical Disabilities in Gboko Local Government Area of Benue State, Nigeria?

Research Hypotheses

The following hypotheses were tested in the study:

1. **H₀**: Visual impairment has no significant effect on the Socio-economic Well-being of People Living with disabilities in Gboko Local Government Area of Benue State, Nigeria.
2. **H₀**: Walking Impairment has no significant influence on the Socio-economic Well-being of People Living with Disabilities in Gboko Local Government Area of Benue State, Nigeria.

THEORETICAL PERSPECTIVE

The study is anchored on the Medical Model of Disability and Eugenics and the Social Model of disability.

Medical Model of Disability and Eugenics

The medical model identifies disability as an individual defect to be eliminated or cured. At its extreme, the elimination of people with disabilities became the primary aim of the early twentieth-century eugenics movement globally and in Australia, effected by sterilisation and the segregation of people with disabilities in closed institutions. Although explicit eugenics practices came to an end with the Second World War, presumptions about the poor quality of life of the people with disabilities judged 'defective' still justify medical practices aimed at preventing or ending the lives of persons with intellectual disability and other impairments, sometimes labelled by disability theorists and advocacy groups as new eugenics. For all the benefits of medicine, the medical model, seeing impairment as abnormality, a tragic problem to be fixed, establishes professional power and control over people with disability. Medical and diagnostic classifications of disability, which involve identification of biological and functional divergences from the norm, are so central to our understandings and systems of managing disability that a half-century of critique by social theory advocates has not shaken their primacy. Under the medical model, disability is an overarching label that incorporates classifications of a wide variety. Some, such as blindness, are relatively stable over time, while others emerge and reform, and sometimes disappear as diagnostic horizons shift with medical research and cultural changes. Some critics point to the growth of classifications of mental illness and disability to suggest that we are in danger of pathologizing and medicalizing life itself. The medical model's focus diverts attention and resourcing away from building social and economic supports sorely needed by people with disability in the community.

Social Model of Disability

The social model distinguishes between individual impairment and disability, asserting that disability is the social exclusion imposed on top of impairment (Farber, 2012). The model confronts the conventional wisdom of charity and medicine that disability is a personal tragedy, instead making it a matter of justice. It stresses that people with disability are excluded from full social participation by the inaccessibility of the built environment and social systems designed without taking their diverse functional requirements into account. It seeks to redress systemic discrimination and empower people with disabilities. It looks to reform disability support systems, public policy, and the institutions and domains that frame human life from birth to death. In its earlier theoretical development, Farber (2012) stated that proponents tended to draw on Marxist and materialist views of history, arguing that industrial capitalism and individualism established the conditions in which people with impairments were unable to meet the demands of wage labour and were thus rendered useless and worthless, and removed from the support of families and local communities. While the Marxist analysis is no longer prominent, the social model retains an emphasis on the importance of changing the economic and material conditions of disablement. It intends to transform relations of power, increasing the agency of people with disabilities. As people are given power to choose and direct their own lives, they are better equipped to resist personal and systemic violence, and to shape their horizons according to their personal interests, values, and meanings.

METHODOLOGY

This study adopted a cross-sectional survey design. A cross-sectional is a type of design in which you collect data from many different individuals at a single point in time. The data for this study were collected within a specific period of time to address the objectives it sets to achieve. Given that, this study was limited in scope to a specified period, and data collected at a single point in time makes it necessary to use a cross-sectional research design. Based on inclusive design, two (3) forms of disabilities were the focus (visual disabilities and walking disabilities) in the study. This study was conducted in Gboko LGA of Benue State. Gboko is an LGA in Benue State, North-central Nigeria. It is headquartered in the town of Gboko. Gboko LGA was created on the 11th of May 1976 with a landmass of 2,264 square kilometres. Gboko LGA shares boundary with Tarka Local Government Area to the North, Ushongo Local Government Area to the South, Buruku Local Government Area to the East/North, Gwer Local Government Area to the West and Konshisha Local Government Area to the Southwest.

With a population of 358,936 according to the 2006 census and an estimated annual growth rate of 3%, it is the largest of the twenty-three (23) Local Governments in Benue State. Tiv, English and Hausa are the languages most widely spoken in Gboko LGA. The town of Gboko LGA also doubles as the ancestral headquarters of the Tiv people. The palace of the Tor Tiv, who is the supreme traditional leader, is situated right in the heart of the town. The current Tor Tiv, honorifically called Begha U Tiv (Lion of the Tiv people), is His Royal Majesty, Begha U Tiv Orchivirigh, and Professor Ortese Iorzua James Ayatse.

The choice of Gboko LGA. as the study area is just like in other parts of Benue state and Nigeria, there is the prevalence of people living with one form of disability or the other in the area and such

individuals face one discrimination or the other in every sector and institution in the society ranging from employment opportunities, education, and access to healthcare and other essential services among others, as was seen in their recent protest in 2024. Hence, it became imperative to investigate the socio-economic well-being of the PLWDs and the society at large.

The current projected metro area population of Gboko LGA. in the first quarter of 2024 is 506,000 people, with a 3.69% increase from 2023, which was at 488,000, at 3.39% increase from 2022 (National Bureau of Statistics NBS, 2024). This was the population of this study. The universe of the population comprised adult males and females in the study area. The target population of this study were people living with Visual and Walking impairment, as well as members of communities in Gboko LGA. These categories are chosen because people living with disabilities and members of the society were in a better position to provide in-depth information on the phenomenon under study. Members of the communities were included because they have a direct or indirect influence on people living with visual and walking disabilities, either as family members, relatives and/or friends in the society.

The study employed the sample size determination formula by Cochran to select the minimum sample size that was used, since the population of PLWDs in the sample area is unknown. Cochran's formula is stated as thus:

$$N = \frac{Z^2 Pq}{e^2}$$

Where: N = the desired sample size (if the target population is greater than 10,000)

Z = Standard normal deviate at the required confidence level (1.96)

P = the proportion of the population which has the attribute in question, estimated to be 509% (0.5)

q = 1-p (1-0.5 = 0.5)

e = desired level of precision which is 0.05

Therefore,

Z = 1.96, P = 0.5, q = 0.5

$$N = \frac{1.96^2 (0.5) (1-0.5)}{0.5^2}$$

$$N = \frac{1.96^2 (0.5) (0.5)}{0.5^2}$$

$$N = \frac{3.8416 (0.5)}{(1-0.5)}$$

$$0.0025$$

$$N = \frac{3.8416 \times 0.25}{0.0025}$$

$$0.0025$$

$$N = 384$$

A multi-stage sampling technique was utilised in this study. The reason for the adoption is that the study area is relatively large and cannot be wholly covered by the study. Gboko LGA have seventeen (17) political wards which was clustered into 17 political wards available namely: Gboko/Central Market, Gboko East, Gboko North-West, Gboko South, Igyorov, Mbaanku, Mbaa Varakaa, Mbadam, Mbadiam, Mbakper, Mbakwen, Mbatan, Mbatser, Mbatyu, Ukpekpe, Yandev North and Yandev South. The second stage involved using the simple random sampling method where the seventeen (17) political wards were given a serial number (1-17) and after a reshuffle, a ward was picked continuously until six (6) wards were selected. In each of the selected wards, purposive and snowball sampling methods were used to select households based on the availability of individuals who meet the criteria of the population of study such as people living with visual disabilities, and walking disabilities, as well as significant and generalized others in the area. For qualitative data, key informant interview (KIIs) was conducted with people living with visual disabilities, and walking disabilities, of which the respondents were selected using snowball sampling technique. This is a form of sampling where existing study subjects recruit future subjects from among their acquaintances; consequently, the first settlement with persons living with any of the forms of disabilities served as a catalyst that referred to the other settlements with persons that meet the criteria for the study. The choice of adopting snowball technique is because most persons living with disabilities stay in clusters of strategic locations and the researchers may not have trouble in locating them. Consequently, the first location was used to refer the researchers to subsequent locations, from which respondents were obtained for the study.

Sequel to the above, in-depth interview (IDI) was conducted with community leaders and employers of labour as well as other people who are knowledgeable about the subject. Two (2) discussants (one staff member of National Commission for Persons with Disabilities and an employer of labour or a community leader) were selected from each ward, making a total of twelve (12) respondents for qualitative data. We adopted both qualitative and quantitative data collection. The data was collected by the researcher with the help of four (4) trained field assistants, who are residents of Gboko LGA., and from the selected wards. This is because of their knowledge of the environment. The field assistants were given an orientation on the objectives and goals of the research by the researcher who will be part of study. This allowed the researchers to clearly define the responsibilities of the field assistant including their interactions with the respondents, the type of data collected. The field assistants helped administer the questionnaires to the respondents in the selected areas in the evening from 5-7pm. This was done based on the assumption that people in the area have engagements and may not be at home during the day and most of the respondents must have returned from their daily economic activities. The major occupation of some of the target

population (members of the public) in Gboko is farming which usually takes place in the morning. Thus, the retrieval of the completed questionnaires was in the evening when the respondents must have returned from their various engagements. The researchers administered the questionnaire in the form of an interview with the help of his field assistants. The researcher conducted the interview to compliment quantitative data.

The data collected for this study were both qualitative and quantitative and were thus analysed using descriptive and inferential statistical tools, as well as manual content analysis. Statistical Package for Social Sciences (SPSS) version 27 was used to process the quantitative data. The analysis was conducted at the following levels: univariate, using frequency distribution tables and charts. The responses were reported as counts and percentages, particularly for socio-demographic data and other quantitative variables. The qualitative data were analysed using manual content analysis, including listening to the recorder, transcription, and thematic analysis, to support the quantitative findings. The qualitative data were therefore used to complement the quantitative data. Pearson's moment correlation was used to test the relationship between the independent and dependent variables in the study. Thereafter, findings were synergised to identify areas of convergence and divergence between data generated from both techniques. The respondents' consent was sought, and the information was kept confidential and in strict confidence.

RESULTS

Three hundred and eighty-four (384) questionnaires were administered. Of this number, six (6) of the questionnaires had problems after retrieval. Some were incorrectly filled out, while others had double-ticking, rendering them invalid. By implication, 378 questionnaires constituting 98.4% were successfully retrieved and analysed, while only 6 (2.6%) were missing. For confidentiality, the interviewees were assigned labels (alphabets) to conceal their identities. This is presented in a tabular form and is discussed below:

Data Presentation

Table 4.1: Socio-Demographic Characteristics of Respondents

Characteristics	Frequency (N=378)	Percent (100)	\bar{x}	Std. D
Age				
20-24	40	10.6		
25-29	55	14.5		
30-34	109	28.8	35.50	20.05
35-39	138	36.5		
40-44	22	5.8		
≥45	14	3.7		
Sex				
Male	195	51.6		
Female	183	48.4		
Marital status				
Single	79	20.9		

Married	155	41
Divorced	87	23
Widowed	57	15.1
Religion		
Christianity	324	85.7
Islam	43	11.4
TRAS	11	2.9
Occupation		
Farming	199	52.6
Civil servant	29	7.7
Business	114	30.2
Student	21	5.6
Unemployed	15	4
Education		
No formal Education	97	25.7
Primary	118	31.2
Secondary	121	32
Tertiary	42	11.1

Source: Author's Fieldwork, 2025

Table 4.1 presents the socio-demographic data of respondents in this study. The result showed that those within ages 35-39 participated more in the study with 36.5% of the respondents followed by those between 30-34 years with 28.8% of the respondents, 25-29 years with 14.5% of the respondents, 40-44 years with 10.6% of the respondents, 20-24 years with 5.8% of the respondents and lastly, those that are 45 years and above with 3.7% of the respondents. The mean age of the respondents was 35.50 years, indicating that majority of the respondents in the study were still in their active years. This is a testament that all age brackets participated in the study which is an indicator that the conclusion arrived at will reflect the opinion of people from different ages. The table also showed that both sexes participated in the study with males accounting for 51.6% of the respondents and female respondents were 48.4%. This implies that there was no gender bias while the study was conducted since both sexes were represented. The implication herein is that the study will reflect the views of both males and females who may have various differing ideologies and will provide valuable information on the subject matter under study.

The result further revealed that the majority of the respondents (41%) were married, 20.9% of the respondents were single while 23% respondents were divorced and 15% were widowed which encapsulated the notion that Gboko LGA. depicts a typical African society where divorce is frowned at. On religion, 85.7% were Christians while 11.4% were Muslims and 2.9% respondents practice Traditional African Religion in the study area. The implication of these results is that it lends credence to the assertion that Benue state is a predominantly Christian state. From the result in the table above, the majority of the respondents (52.6%) were into farming, followed by 30.2% of the respondents who were into business with the least respondents (5.6%) who are students. This agrees with the assertion that agriculture is the mainstay of people in Gboko LGA. Also, the result revealed that respondents in the study have attained certain levels of education.

These findings are salient and relevant to the study because, by implication, they show that the respondents are from diverse socio-cultural and socio-economic backgrounds, and this heterogeneity of the population will add value to the study's findings through various ideas and experiences.

Table 4.2: Respondents' rating on visual impairment and socio-economic well-being of PLWDs in Gboko Local Government Area

S/N	Questions	Yes	No	Not sure	\bar{x}	Std.
1	Do people with partial or complete loss of sight struggle to complete formal education in your community?	364 (96.3%)	14 (3.7%)	--	1.04	.189
2	Does having a vision-related disability hinder individuals from obtaining well-paying jobs in your community?	345 (91.3%)	33 (8.7%)	--	1.09	.283
3	Are people with vision disabilities left out of social and economic activities in your community?	370 (97.9%)	8 (2.1%)	--	1.02	.144
4	Are public spaces like markets designed to accommodate those with vision challenges?	22 (5.8%)	337 (89.2%)	19 (5%)	1.99	.330
5	Do individuals with eyesight impairments have equal opportunities to start businesses or engage in trade?	137 (36.2%)	241(63.8%)	--	1.64	.481
6	Do you think having a sight-related condition affects the self-esteem of affected individuals?	351 (92.1%)	27 (6.1%)	--	1.07	.258

Source: Fieldwork, 2025

Table 4.2 displays the respondents' ratings on visual impairment and socio-economic well-being of PLWDs in Gboko LGA of Benue state. From the table, 96.3% of the respondents agreed that people with partial or complete loss of sight struggle to complete formal education in their community, while 3.7% of the respondents disagreed. Concomitantly, 91.3% of the respondents concurred that having a vision-related disability hinders individuals from obtaining well-paying jobs in the community, while 8.7% of the respondents disagreed to this assertion. The low standard deviation implies that there is consensus in the opinions of the respondents that visual impairment affects the socio-economic well-being of PLWDs in the study area.

The quantitative data is supported by data obtained through in-depth interviews. In the opinion of one of the respondents:

In our community, people with visual impairments face a lot of challenges, especially when it comes to education and employment. Many of them struggle to finish school because there are no special learning materials or trained teachers to assist them. Even those who manage to complete their education find it very difficult to get good jobs. Employers often prefer people without disabilities, and there are very few opportunities tailored for those with vision-related challenges. This makes it hard for them to earn a decent living and become independent. I know a young man who lost his sight in his teenage years. Despite his intelligence, he could not continue his education, and now he depends on family members for survival. It is a tough reality for many in our community (Respondent A, Male, 43 years, Mbakwen, 2025).

Table 4.2 further indicated that 97.9% of the respondents agreed that people with vision disabilities are left out of social and economic activities while disagreement by 2.1% of the respondents disagreed. The majority of the respondents (89.2%) denied that public spaces like markets are designed to accommodate those with vision challenges, while 5.8% of the respondents said that the places are designed to accommodate people with visual impairments. Meanwhile, 5% of the respondents were unsure. Data also revealed that 36.2% of the respondents agreed that individuals with eyesight impairments have equal opportunities to start businesses or engage in trade, while majority of the respondents (63.8%) disagreed. Lastly, 92.1% of the respondents believed that having a sight-related condition affects the self-esteem of affected individuals while 6.1% of the respondents disagreed. This shows that visual impairment poses significant threats to PLWDs. It distorts their chances of completing education, securing jobs and participating effectively in other social and economic activities. In tandem with the quantitative data, an interviewee asserted thus:

As someone who has lived with a visual impairment for over a decade, I can tell you that society is not designed for people like us. I was once denied a job because the employer felt I would be a liability. Even in markets, moving around is a challenge because there are no guiding pathways for the blind. Most businesses assume we cannot contribute economically, and this makes survival difficult for us (Respondent D, Male, 31 years, GBK/Central Market, 2025).

For another interviewee:

Losing my sight changed everything. I used to be very confident, but now I feel like a burden to my family. Many people assume that we cannot do anything productive, and that affects our self-worth. I have tried to start a business, but people hesitate to trust my abilities. The constant feeling of being left out has made me withdraw from many social gatherings (Respondent G, female, 28 years, Mbatser, 2025).

It can be concluded from the above that, visual impairment significantly affects the socio-economic well-being of people living with the condition in Gboko LGA, because majority of the respondents agreed that visual impairment influences access to educational, employment and other opportunities. This implies that measures have to be put in place to ensure that the challenges faced by people living with visual impairments in the area are mitigated.

Table 4.3: Respondents' Rating on Walking Impairment and the Socio-Economic Well-being of PLWDs in Gboko Local Government Area

S/N	Questions	Yes	No	Not sure	\bar{x}	Std.
1	Do people who have difficulty walking find it hard to use public or private transport?	196 (51.9%)	174 (46%)	8 (2.1%)	1.50	.541
2	Do people with mobility limitations face difficulties securing formal employment?	368 (97.3%)	9 (2.4%)	1 (0.3%)	1.03	.183
3	Do workplaces in your area have facilities like ramps, elevators, or flexible work options for people with difficulty walking?	22 (5.8%)	337 (89.2%)	19 (5%)	1.99	.330
4	Do people with walking disabilities face discrimination in social gatherings in your community?	320 (84.7%)	13 (3.4%)	45 (11.9%)	1.27	.661
5	Do people with walking disabilities encounter difficulties in accessing healthcare services?	316 (83.6%)	62 (16.4%)	--	1.16	.371

Source: *Fieldwork, 2025*

Table 4.3 shows the respondents' ratings on walking impairment and the socio-economic well-being of PLWDs in Gboko LGA of Benue state. From the table, 51.9% of respondents agree that people who have difficulty walking find it hard to use public or private transport while 46% of the respondents did not agree. Meanwhile 2.1% of the respondents were not certain whether or not people who have difficulty walking find it hard to use public or private transport. All the standard deviations are below 2, indicating consensus in the opinions of the respondents that walking impairment has significant implications on the socio-economic well-being of PLWDs in Gboko LGA of Benue State. This indicates the need for additional provision of infrastructural support for PLWDs.

Qualitative data from the interview support this result. According to an interviewee:

As someone who uses crutches, getting around in Gboko is a daily struggle. Public buses rarely stop for me, and when they do, the steps are too high for me to climb without help. Even private transport, like motorcycles (Okadas), is risky because many riders refuse to carry me, saying it slows them down. This makes it difficult for me

to go to work or even run my small business (Respondent F, Female, 27 years, Mbaa Varakaa, 2025).

Walking impairment directly impacts the ability of those with the condition to work and sustain a livelihood. The lack of accessible public and private transport not only limits their mobility but also exacerbates their social and economic exclusion. Furthermore, data from Table 4.3 also indicated that 97.3% of the respondents stated that people with mobility limitations face difficulties securing formal employment; however, 2.4% of the respondents said no, while 0.3% of the respondents were not sure.

Data from Table 4.3 shows that the majority of the respondents (89.2%) denied that workplaces in the study area have facilities like ramps, elevators, or flexible work options for people with difficulty walking. On the other hand, 5.8% of the respondents said workplaces in the study area have the facilities, while 5% of the respondents were unsure whether such facilities are present or absent in workplaces in Gboko LGA. In the same vein, 84.7% of the respondents believed that people with walking disabilities face discrimination in social gatherings in the study area, 3.4% of the respondents said they do not face discrimination in social gatherings, while 11.9% said they were not sure. Lastly, the data showed that the majority of respondents (83.6%) agreed that people with walking disabilities encounter difficulties accessing healthcare services, while 16.4% disagreed. For an interviewee:

I have been trying to secure a job for the past three years, but every time I disclose my mobility limitations, employers either stop responding or tell me they need someone 'more physically capable.' It's frustrating because I have the qualifications and skills, but society still sees my disability before my abilities (Respondent J, female, 29 years, Gboko North-West, 2025).

In spite, of their competence, discriminatory hiring practices and workplace inaccessibility continue to limit the economic opportunities of PLWDs. Another respondent had this to say:

Most social events and public spaces in our community do not consider people like me. I often feel excluded because there are no ramps, and when I ask for help, some people act like I am a burden (Respondent A, Male, 34 years, GBK/Central Market, 2025).

People with walking impairments endure social discrimination and structural barriers. The lack of inclusive infrastructure and societal attitudes contributes to their isolation and limited participation in community activities. This poses a threat to their social, emotional, economic and overall well-being.

Test of Hypotheses

Hypothesis one:

H₀: Visual impairment has no significant effect on the socio-economic well-being of People Living with disabilities in Gboko Local Government Area of Benue State, Nigeria.

Table 4.4: Correlation Matrix of Visual Impairment and Socio-Economic Well-being of PLWDs in Gboko Local Government Area

Variables	1	2	3	4	5	6
Do people with partial or complete loss of sight struggle to complete formal education in your community?	1					
Does having a vision-related disability hinder individuals from obtaining well-paying jobs in your community?	.634**	1				
Are people with vision disabilities left out of social and economic activities in your community?	.750**	.475**	1			
Are public spaces like markets designed to accommodate those with vision challenges?	.600**	.150**	.450**	1		
Do individuals with eyesight impairments have equal opportunities to start businesses or engage in trade?	.148**	.233**	.111*	-.018	1	
Do you think having a sight-related condition affects the self-esteem of affected individuals?	.707**	.897**	.530**	.350**	.209**	1

** *Correlation is significant at the 0.01 level (2-tailed)*

* *Correlation is significant at the 0.05 level (2-tailed)*

The test of hypothesis on table 4.4 revealed that visual impairment significantly correlated socio-economic wellbeing of PLWDs at the 0.01 and 0.05 level of significance (2-tailed). Therefore, the null hypothesis which stated that “Visual impairment has no significant effect on the socio-economic well-being of PLWDs in Gboko Local Government Area of Benue State, Nigeria” is rejected. Qualitative data from the interview support the quantitative result. For an interviewee:

I lost my sight in my early twenties, and since then, I have struggled to secure a well-paying job because most employers believe I cannot perform like others. Even when I tried to start a small business, access to credit and support was limited because many believe a blind person cannot manage a business successfully (Respondent J, female, 29 years, Gboko North-West, 2025).

Visually impaired individuals face barriers, particularly regarding employment discrimination and financial exclusion. They have limited job opportunities and unequal access to business opportunities. For another respondent:

One of the biggest challenges for people with vision impairment in Gboko is the lack of inclusive infrastructure, especially in public spaces like markets and offices. Without proper accommodations, many of them lose self-esteem and are discouraged from participating in social and economic activities (Respondent D, Male, 33 years, Yandev North, 2025).

This emphasizes the structural barriers that hinder the integration of visually impaired individuals into economic life. Furthermore, another respondent opined thus:

I completed my education with great difficulty, but getting a job has been almost impossible. Many employers assume I will be a liability, and even in social gatherings, I feel left out because most public spaces are not designed for people like me (Respondent D, Female, 27 years, Mbaa Varakaa).

The above clearly reflects the daily struggles of visually impaired individuals in completing formal education and finding employment. The triangulation of this data shows that people with visual impairment face multi-dimensional challenges, including discrimination and stigma which affect their social and economic well-being.

Hypothesis two:

H₁: Walking impairment has no significant influence on the socio-economic well-being of People Living with Disabilities in Gboko Local Government Area of Benue State, Nigeria.

Table 4.5: Correlation Matrix of Walking Impairment and the Socio-Economic Well-being of PLWDs in Gboko Local Government Area

Variables	1	2	3	4	5
Do people who have difficulty walking find it hard to use public or private transport?	1				
Do people with mobility limitations face difficulties securing formal employment?	.146**	1			
Do workplaces in your area have facilities like ramps, elevators, or flexible work options for people with difficulty walking?	.022	.004	1		
Do people with walking disabilities face discrimination in social gatherings in your community?	.379**	.416**	.010	1	
Do people with walking disabilities encounter difficulties in accessing healthcare services?	.407**	.359**	.011	.931**	1

***. Correlation is significant at the 0.01 level (2-tailed).*

The results from Table 4.5 show a strong positive relationship between walking impairment and the socio-economic well-being of people living with disabilities in Gboko LGA, Benue State. The p-value of the five sub-variables of walking impairment and how it influences the socio-economic well-being of PLWDs is less than 0.1, which is a confirmation that the correlation is statistically significant. Consequently, the null hypothesis, which stated that “Walking impairment has no significant influence on the socio-economic well-being of PLWDs in Gboko LGA of Benue State, Nigeria”, is therefore rejected, hence indicating that walking impairment has a significant influence on the socio-economic well-being of PLWDs in Gboko LGA of Benue State, Nigeria. This quantitative data is corroborated by data from the interview session. According to a respondent:

Using public transport is a real struggle for me because most buses and taxis are not designed for people with mobility issues. I often have to depend on friends or family to get around, which limits my independence and opportunities (Respondent F, Male, 31 years, GBK/Central Market, 2025).

Lack of accessible transportation is a major barrier to mobility and economic participation for PLWDs. Their reliance on others reduces their ability to engage in employment and social activities freely. In tandem with the above, another respondent added that:

Finding a job has been difficult because many employers assume I won't be able to perform well due to my disability. Even when I qualify for a role, most workplaces do not have ramps or accessible facilities, making it hard for me to function effectively (Respondent E, female, 28 years, Mbatser, 2025).

Workplace inaccessibility and discrimination contribute to unemployment among PLWDs. The absence of inclusive infrastructure and employer biases worsen their socio-economic challenges. Another interviewee stated that:

I have noticed that people with walking disabilities are often excluded from community events because public spaces are not designed with them in mind. This discourages them from participating in social gatherings, leading to isolation and a lower quality of life (Respondent F, Male, 46 years, Medical Doctor, GBK/Central Market, 2025).

Societal attitudes and structural barriers play key roles in restricting social participation for PLWDs. The lack of inclusive public spaces fosters exclusion and deepens the socio-economic challenges they face. In the opinion of another interview:

Many people with mobility impairments delay seeking medical care because health facilities are difficult to access. Some clinics lack ramps, and the long waiting times further discourage them from

receiving timely treatment (Respondent K, Male, 33 years, Yandev North, 2025).

The issue of healthcare inaccessibility for PLWDs is a very critical one because structural challenges in healthcare facilities contribute to worsened health outcomes for PLWDs. This further impacts their social and economic well-being.

DISCUSSION OF FINDINGS

Visual impairment and the socio-economic well-being of PLWDs

The quantitative and qualitative data established that an overwhelming 96.3% of respondents believe that individuals with visual impairments struggle to complete formal education. This aligns with the Social Model of Disability, which argues that disability-related challenges are not just a result of the impairment itself but of societal barriers (Shakespeare, 2013). Lack of inclusive learning materials, absence of specialized teachers, and limited adaptive technologies create significant roadblocks for visually impaired learners, mirroring findings from studies such as those by Adebayo (2017) and Oliver (1996), who emphasized the structural disadvantages faced by persons with disabilities in educational settings.

The study also found that vision-related disabilities hinder individuals from securing well-paying jobs. This is consistent with Becker's Human Capital Theory (1964), which posits that education and skills acquisition determine employment opportunities. However, in this case, even those with the necessary qualifications are excluded due to employer biases, limited adaptive workspaces, and a general lack of disability-friendly policies in workplaces. This finding resonates with past research, such as that of Barnes (2000), who highlighted workplace discrimination as a significant barrier for persons with disabilities. Unless workplaces are restructured to be more inclusive, visually impaired individuals will continue to be marginalized in the labor market.

The study further found that visually impaired individuals are left out of social and economic activities. This finding is deeply rooted in the social stigmatization of disability, as discussed in Goffman's (1963) theory of stigma. Social exclusion not only limits opportunities for economic participation but also affects mental health and self-esteem, leading to isolation and diminished life satisfaction. Mitra (2018), who asserted that disability-induced exclusion exacerbates poverty by limiting access to social capital and economic independence. To counteract this, community-based inclusion initiatives and disability-friendly policies are essential.

Another critical finding of the study is that public spaces, such as markets, are not designed to accommodate people with vision impairments. This suggests a serious infrastructural gap that hinders independent mobility and participation in everyday activities. According to the Universal Design Principle (Story et al., 1998), public spaces should be designed to be accessible to all. Findings from the study also revealed that visually impaired individuals do not have equal opportunities to start businesses or engage in trade. This contradicts the Disability-Inclusive Development approach (Groce et al., 2011), which emphasizes economic empowerment as a key factor in improving the quality of life for persons with disabilities.

Finally, the study shows that 92.1% of respondents believe that having a sight-related condition affects self-esteem. This finding aligns with Maslow's Hierarchy of Needs (1943), which posits that self-esteem and a sense of belonging are fundamental to well-being.

Walking impairment and the socio-economic wellbeing of PLWDs

The study found that individuals with walking impairments face substantial difficulties in accessing public and private transportation. Many transportation systems in Gboko LGA are not designed to accommodate people with mobility limitations. This leads to restricted movement and reduced opportunities for economic and social participation. The finding aligns with the findings of Adeyemi (2020), who emphasized that inaccessible transport systems exacerbate the marginalization of people with disabilities (PWDs). The Social Model of Disability also supports this perspective, arguing that disability is not merely a medical condition but a result of environmental and societal barriers. The absence of disability-friendly infrastructure in public transport further reinforces the economic exclusion of PLWDs, and it limits their ability to engage in employment and business activities.

Another significant finding is the difficulty faced by individuals with mobility limitations in securing formal employment. Employers often overlook their competence due to physical constraints. This behaviour reinforces discriminatory hiring practices. This finding is consistent with the work of Olofin et al. (2018), who noted that workplace discrimination against PWDs remains prevalent in Nigeria, with many employers assuming that physical limitations translate to reduced productivity. Furthermore, the study found that workplaces in the study area largely lack disability-friendly facilities such as ramps, elevators, and flexible work options. This aligns with the research of Johnson and Nwankwo (2017), who found that most workplaces in Nigeria fail to adhere to accessibility standards, making it difficult for PWDs to participate in formal employment. The lack of workplace accommodations not only violates global standards on disability inclusion but also undermines the principles of equal opportunity and fairness. According to the Social Role Valorization Theory, when societal structures fail to accommodate PWDs, they are pushed into roles that devalue their contributions, further reinforcing exclusion and stigmatization.

Discrimination in social gatherings is another key issue highlighted by the study. People with walking disabilities often experience social isolation due to negative societal attitudes and the lack of accessible venues. This is in line with the work of Umeh and Adeyinka (2021), who found that negative stereotypes about disability contribute to social exclusion and emotional distress. Structural barriers, such as the absence of ramps and designated seating areas, further alienate PWDs, limiting their participation in communal activities. Access to healthcare services also emerges as a significant challenge for individuals with walking impairments. Many healthcare facilities lack proper access routes, making it difficult for PWDs to seek medical attention when needed. This finding is consistent with the study by Eze and Bassey (2019), who emphasized that inaccessible healthcare infrastructure significantly contributes to poor health outcomes for PWDs. The Biomedical Model of Health, which primarily focuses on physical impairments as medical conditions, fails to address these infrastructural barriers. Instead, a more holistic approach, such as the Social Determinants of Health framework, is needed to address the systemic challenges that limit healthcare access for individuals with mobility impairments.

Conclusion

The study confirms the argument of Barnes and Mercer (2010) that disability is not just a medical issue but a complex interplay of societal structures, policies, and attitudes that determine the level of inclusion or exclusion experienced by individuals with disabilities. These realities bring to bear the urgent need for a paradigm shift in societal attitudes and policy approaches toward disability inclusion.

Recommendations

The following recommendations are proffered in line with the specific objectives of the study:

- i. Educational disparity is one of the challenges facing people living with disabilities. Better implementation of existing laws, enhanced access to education and vocational training, and increased awareness of the rights and capabilities of individuals with disabilities should be enforced. By fostering a more inclusive environment, Nigeria can help to break the cycle of poverty and empower individuals with disabilities to achieve greater economic independence. Gboko Local Government Council should collaborate with the Benue State Ministry of Education to provide adaptive learning materials, specialized teachers, and assistive technologies for PLWDs. The local legislative council should mandate employers to adopt disability-friendly policies, create adaptive workspaces, and eliminate biases against visually impaired individuals. Proper pathways and signage should be deployed in public spaces such as markets to enhance independent mobility for PLWDs. Essentially, NGOs and the government should launch awareness campaigns to combat stigma and promote social inclusion in education, employment, and community life.
- ii. The leadership of Gboko LGA should enhance accessibility in transportation, workplaces, and healthcare facilities to improve the socio-economic well-being of people with walking impairments. Public transport should incorporate ramps and designated seating, while employers must provide workplace accommodations to ensure equal opportunities. Also, sensitization programmes should be carried out to address negative stereotypes and promote social inclusion of PLWDs.

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