

Formal support services for People living With Disabilities (PWDs) in Southeast Nigeria

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Abstract

Owing to a lack of functional formal support services, persons with disabilities face numerous challenges in daily life in Nigeria. The Nigerian government enacted the Discrimination against Persons with Disabilities (Prohibition) Act 2018 to cater to the needs of persons with disabilities and support services. However, knowledge and types of formal support services available to persons with disabilities have received little research attention. Our research assessed the formal support services available to persons with disabilities in Southeast Nigeria. A qualitative research method was adopted. Focus Group Discussions and In-depth Interviews were used to collect data from 65 purposively-selected participants. Data was analysed using themes and quotes. Findings revealed that the majority of persons with disabilities are unaware of any coordinated formal support services for members. Persons with disabilities' difficulties in completing daily tasks were exacerbated by a lack of organised and functional formal support. We established that inadequate resources and assistive devices occasioned by lack of political will, impede the effectiveness of available formal support services for persons with disabilities. We recommended that state governments establish functional disability commissions under the Disability Act, for effective coordination of support services and inclusion and integration of PWDs in society.

Keywords: Availability, disability, formal support services, knowledge, Nigeria, persons with disabilities

Introduction

Owing to a lack of functional formal support services, persons with disabilities [PWDs] face numerous challenges in daily living in Nigeria. PWDs account for about one billion people worldwide, with about 80% residing in low-middle income countries [LMICs], such as Nigeria (World Bank, 2020; World Health Organisation [WHO], 2011). This equates to around 15% of the world's population (WHO, 2021). PWDs are those with long-term physical, mental, sensory, or intellectual impairments that, when combined with other impediments, prevent them from fully participating in society (United Nations [UN], 2006). Disability refers to a variety of impairments and abnormalities

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that limit people's capacity to function in society and are measurable impairments or limitations that affect a person's ability to see, walk, lift, hear, or learn (Onalu & Nwafor, 2021; Okoye, 2011).

Nigeria is estimated to have around 25 million people with various disabilities (Umoh & Unaka, 2019; Obiakor & Eleweke, 2014; Centre for Disability and Development Innovations, 2016). This high prevalence of disability is caused by frequent traffic accidents and outbreaks of infectious diseases, (Akinkugbe, et al., 2010), as well as conflict, drug misuse, and unchecked chronic illness, all of which incapacitate people and affect their capacity to function. An estimated 7% of household members above the age of five experience some level of difficulty in at least one functional domain such as seeing, hearing, communication, cognition, walking, or self-care (National Population Commission, 2018). Nigeria signed and ratified the UN Convention on the Rights of Persons with Disabilities in 2007. Domestication has remained a challenge (Christian Blind Mission, 2019). This means that despite the declaration of full participation in the disability agenda of the UN, PWDs still face numerous challenges (The Guardian, 2018; 2020).

The Discrimination against Persons with Disabilities (Prohibition) Act, 2018 prohibits disability discrimination and imposes penalties for violations (Institute of Development Studies, 2020). It gave PWDs new hope by aiming to reintegrate them fully into society. Unfortunately, due to a lack of political will and a clear legal framework for its implementation, PWDs in Nigeria have continued to face many challenges, ranging from stigma and discrimination to difficulties in accessing basic services, limited education, and inadequate social infrastructure (Amadasun, 2020; Lang & Upah, 2008). PWDs who were previously served by the kinship system now live on the margins, dejected, isolated, and often without hope, as a result of globalisation and neoliberal economic policies (Akihihero, 2011). In light of the aforementioned, several organisations provide social services to PWDs, with the majority of these organisations operating on a non-profit basis (Amadasun, 2020). The Ministry of Women Affairs and Social Development, Non-Governmental Organisations [NGOs], Faith-Based Organisations [FBOs], Civil Society Organisations [CSOs], and Disabled Persons' Organisations [DPOs] such as the Joint National Association for People with Disabilities [JONAPWD] provide formal support services to PWDs.

Formal support services assist people in dealing with various life challenges. Social support systems can be emotional, physical, instrumental, or informational. Formal support aids in the reduction of psychological stress, improvement of quality of life, and attainment of social inclusion. Government welfare services, or formal social support, include areas such as health, education, housing, transportation, and social security (Ekpe & Mamah, 1997).

Furthermore, social workers collaborate with other professionals, the government, and NGOs to ensure the demolition of structural and societal barriers that impede PWDs' well-being. Studies have investigated the availability, accessibility, nature, and impacts of formal support services on PWDs (Iwuagwu et al.; Anazonwu, et al; Onalu & Nwafor, 2021; Okoye, 2011; Arimoro, 2019; Khan, et al., 2018; Kabir, 2018). However, these studies have primarily focused on government disability policies and the need for special education and inclusion for PWDs. To the best of our knowledge, the perspectives of PWDs and other major stakeholders have not been explored in southeast Nigeria. This research is designed to fill this void.

Materials and methods

Study design and area

The study adopted a qualitative research design to ascertain the opinions of PWDs, NGOs, governmental agencies, and other individuals working in partnership with PWDs on the availability of formal support services for PWDs in the Southeast geopolitical zone of Nigeria. The Southeast is made up of five states (Abia, Anambra, Ebonyi, Enugu, and Imo). The choice of the Southeast zone was informed by the unavailability or inadequacy of formal support services available to PWDs in the area, which further subjected them to harsh living conditions as most of them depended on informal support services for survival. Most of the states in the zone have yet to implement the Discrimination against Persons with Disability (Prohibition) Act 2018 (Anazonwu et al., 2022), meant to improve the conditions of PWDs in Nigeria. The available record revealed that it is only Anambra State that has commenced implementation of the Disability Act 2018.

Sampling procedure

Purposive sampling procedures of snowballing and availability were used to select the study participants. PWDs were sampled purposively through their clusters. According to Anazonwu et al., 2022, the number of PWD clusters varies across the zone's five states (Abia, seven; Anambra, four; Enugu, five; Ebonyi, five, and Imo, five). As a result, we had an average of five clusters in the zone. As a consequence, we selected one cluster in each of the five Southeast states. The physically challenged, albino, blind, deaf and dumb, and intellectually challenged were the clusters chosen.

The snowballing sampling technique was used to select individual participants for the study. This is a method of sampling in which one interviewee provides the researcher with the name of at least one additional potential interviewee. That interviewee then provides the name of at least one more potential interviewee, and so on, with the sample growing like a snowball if more than one referral is provided per interviewee (Bhattacharjee, 2012). The participants for Focus Group Discussions [FGDs] were drawn from members of

JONAPWD. Contact information of the JONAPWD chairmen in these states was sourced and obtained through the Ministries of Women Affairs and Social Development and Offices of the Governors on Disability in the five states. With the help of the JONAPWD chairmen who had the contacts of their registered members in their various states, 40 participants (8 from each of the selected clusters/states) were selected for the study. Furthermore, the purposive sampling technique was used to select 25 participants (5 from each of the five states) for the In-depth Interviews [IDIs]. They included politicians, lawmakers (Local Government/state/federal), NGOs/FBOs/DPOs, hotel managers, private school proprietors, public buildings managers, and government Ministries, Departments and Agencies [MDAs] that work for improved lifestyles for PWDs in Southeast Nigeria. The choice of these participants stemmed from the fact that they are knowledgeable about available formal support services in the area. In all, 65 participants were selected and participated in the study. The participants include 40 PWDs (24 males and 16 females) and 25 key stakeholders (20 males and 5 females) who work in partnership with PWDs in the zone.

Data collection

The Focus Group Discussion (FGD) guides and In-depth Interview (IDI) schedules were the instruments used for data collection. Five FGDs (3 males and 2 females) were conducted with the five different clusters of PWDs in the zone. Each FGD session comprised eight participants. The reason for the cluster-by-cluster and gender arrangement was to enable participants to mingle and speak freely. 25 IDIs (five in each state) were conducted. Participants were provided with consent forms with clear explanations regarding the aims and objectives of the study. They were assured of voluntary participation, confidentiality of information, and their right to withdraw from the study at any stage without penalty. The researchers and participants also agreed on days, times, and venues for interviews and discussions. The languages used for FGDs and IDIs were English and Igbo, depending on participants' preferences. With the permission of participants, responses were audio-recorded and notes were taken by a note-taker. The interviews and discussions lasted between 30 and 45 minutes. FGDs took place at state offices of JONAPWD, while IDIs took place in individual offices and homes. The study lasted from June to December 2021. We took care to ensure that our prior experiences, assumptions, and beliefs did not influence the research process.

Data analysis

The researcher who administered the instruments to the cluster in each state transcribed verbatim the data generated from the state. To ensure that no response was missed, the transcribed data was compared to the notes. Each researcher read the transcript to ensure understanding and accuracy. The transcribed data was entered into the Nvivo9 software for thematic analysis.

The researchers checked the themes that emerged for uniformity. The availability of formal support services, the types of formal support services available, and the impacts of formal support services on the lives of PWDs and their family members are among the major themes that emerged. The research questions guided these themes, which in turn guided the presentation of results. To underscore the points made by participants, illustrative quotes from the transcripts were used.

Results

Demographic characteristics of participants

Sixty-five participants (40 PWDs and 25 stakeholders) aged 18 years and older participated in the study. 44 were males and 21 were females. Ten had primary education, 15 completed secondary education, 25 completed tertiary education, and 15 had no formal education. Five were farmers, 13 were petty traders, 17 were beggars, and 10 were self-employed. Four were lawmakers, four were politicians, five were NGO staff, five were MDA staff, one was a hotel manager, and one was a private school proprietor. 55 were Christians, eight were traditionalists, and two were Muslims.

Knowledge of available formal support services

Participants, particularly PWDs, had little knowledge of available formal support services. Many of the publicised support services can only be found in newspapers, social media platforms, and government information dissemination media. They deplored the lack of ramps in public buildings, which made accessibility difficult. Some participants bemoaned the government's and the general public's insensitivity to their plight, claiming that they rarely provide assistive devices or sign language interpreters for the benefit of those with auditory and speech defects at church services, weddings, funerals, public functions, and so on.

Data revealed that, aside from the Anambra state government, which passed the disability law and mandated key government agencies, NGOs, and the public to make necessary provisions for PWDs accessibility as stipulated by the law, no other coordinated support services are available. They stated that there were subventions from the government to PWDs, which stopped on May 29, 2015. This means there are no support services from the government, except support from NGOs in the form of seminars, radio programmes, awareness creation, stipends, hearing and mobile aids, and even training some of our members in schools. According to an IDI participant, 'There is no free education for PWDs from primary to university level, no healthcare, no access to public infrastructure, and no government employment opportunities' (**Male respondent 57, (IDI), Ebonyi State**).

However, some IDI participants revealed that formal support services are available, particularly from the government. They stated that the government and some NGOs have provided and continue to provide for PWDs in the areas of employment, provision of hearing aids, mobility aids, scholarship programmes, and support services ranging from vocational training to a monthly stipend of N5, 000. A participant narrated:

PWDs have access to a wide range of support services. For example, the Ministry of Women Affairs and Social Development has been training PWDs in vocational skills. Every year, we send three students to the Nigerian Farm Craft for the Blind in Lagos and gave them COVID-19 palliatives, and some learning and mobility aids. PWDs are placed in jobs based on their skills at the Ebonyi State Vocational and Rehabilitation Centre after two years of vocational training (tailoring, hairdressing, fashion/designing, bead making, shoe making, and so on). We have trained and empowered 40 PWDs... Due to inadequate funds, the last training was held in 2014 (**Male respondent 45, (IDI), Ebonyi State**).

Another said:

The current administration has done an excellent job establishing the Governor's Office on Disability Issues. This office is separate from the Ministry of Women and Children Affairs, which has a rehabilitation department that oversees the inclusion of PWDs as one of its five thematic areas. Our office has installed ramps in every corner of the ministry to facilitate the movement of PWDs. Following government directives, some hotels have also installed ramps in their facilities. The administration also hired five sign language interpreters for the deaf and appointed some PWDs to government positions (**Male respondent 50, (IDI), Anambra State**).

Types of available formal support services

Assistive Technology (hearing, mobile, visual, and learning aids)

The majority of the participants stated that there are few formal support services for PWDs. They maintained that the only braille center in Enugu is at the College of Immaculate Conception [CIC], which is already dilapidated and out of commission due to government neglect. They insisted that the government provides no special or organised support services for PWDs such as wheelchairs, braille, hearing, and visual aids. According to data, the government and politicians provide some assistive devices to a small number of PWDs during electioneering campaigns. During festive seasons, some NGOs and a few generous individuals also make donations to them. Some of these activities take place on the International Day of People with Disabilities. They

complained that their members are frequently dehumanised as they drop their wheelchairs and crawl to gain access to many public infrastructures that do not have ramps.

Education

According to the FGD participants, there is no inclusive education for PWDs, because there are only dilapidated special secondary schools for the deaf, dumb, and blind, with no facilities for the physically challenged and mentally impaired. Apart from the government and church establishing a few special schools for PWDs and some NGOs providing scholarships, participants revealed that there are no other special arrangements for educating PWDs, as well as no learning aids to help them adjust to conventional schools. They claimed that scholarships promoted by some state governments do not exist or that if they do, they are frequently inaccessible to their members due to systemic corruption.

However, some IDI participants held contrary views: There is a special scholarship programme for all the disabled clusters in Imo state. We also have special education centres for disabled persons (**Female respondent 50, (IDI), Imo State**). We equally have a room in a normal school environment where assistive technology is installed to aid PWDs when the need arises (**Male respondent 54, (IDI), Abia State**). I am aware of the existence of a special school for the blind at Opa-Ofia, Izzi LGA of Ebonyi state, though it is built and managed by the Catholic mission (**Male respondent 58, (IDI), Ebonyi State**).

In lending her voice, a participant from one of the NGOs said:

Currently, our organisation sponsors 93 students with disabilities in schools. While 13 of them attend universities across the country, the rest attend nursery, primary, and secondary schools. We provide full scholarships to them. We also take care of their medical bills (**Female respondent, 59, (IDI) Ebonyi State**).

Employment

According to the data, there are no known coordinated efforts by state governments to employ PWDs in the public sector, despite their educational qualifications. The FGD participants in Ebonyi State averred that about 85 PWDs were employed in 2015, which was subsequently terminated by the current administration, putting us in financial and emotional hardship. According to them, it took years of criticism from the media and the general public, as well as interventions from CSOs, before the state government agreed to pay us the N5,000 monthly stipends. However, data indicated progress in Anambra State. According to a participant:

Anambra state government has employed approximately 250 PWDs into the public service and established a Governor's Office on Disability Matters, controlled by a visually impaired person. This was in a bid to enable the PWDs in the state to interact with the government on issues affecting their well-being (**Male respondent, 40, (IDI), Anambra State**).

Health

Participants revealed that they seek medical care and pay for medications and treatment at hospitals, as there are no healthcare arrangements for PWDs. According to the results of the FGDs, participants reported that when some of them with hearing impairments visit a hospital for treatment, they struggle to receive the necessary attention and services due to a lack of sign language interpreters to help them communicate correctly with medical personnel. They also have difficulties accessing the hospital buildings because they lack ramps, making them inaccessible to their wheelchairs. They also find it difficult to pay for their healthcare services because most of them are unemployed.

Housing and transportation

Findings confirmed the absence of a PWD housing scheme. Similarly, the government currently provides no transportation subsidies or special transportation arrangements for PWDs. PWDs compete with the 'able-bodied' for vehicles. To the best of our knowledge, vehicles do not have ramps, the majority of them have no crawl-in and-out arrangement.

Financial aid, food items, and palliatives

According to the majority of the FGD participants, PWDs are at the mercy of the public, as the majority rely on charity to survive. They reported that the majority of NGOs and CSOs exist to make money rather than improve their well-being. In fact, they conduct business with their organisations at the expense of PWDs. By December, you can see them inviting some PWDs for a television show and cheap popularity only to give them sachets of rice, salt, garri, and N1000. However, they acknowledged that the state government and some NGOs provided them with some palliatives during the COVID-19 era.

Perceived impacts of formal support services

Emotional/psychological

The majority of the FGD participants believed that the few services they receive from the government, NGOs, religious organisations, and caring individuals have improved their lives and those of their families. Support services provide PWDs with a sense of belonging in society. They also revealed that these services helped some of them become self-sufficient.

Physical/socio-economic

Participants stated that the assistance they received assisted them in achieving some of their goals, particularly in starting their businesses. They stated that without the support, the majority of them would not have been able to purchase mobility aids or start small businesses. Most PWDs indicated that they now care for their families. Mobility aids, for example, enable people to walk around independently, while skill acquisition enables them to be self-employed and self-sufficient. According to a participant, 'The aid they get from these NGOs had impacted them a lot, as some of them are now independent' (**Male respondent, 41 (IDI), Anambra State**).

Another participant said:

Of course, it impacts their lives by making them self-reliant. Assuming you start up a business for a disabled person, it will make him feel like he belongs, and their family members will be happy too since most of them have their own families (**Female respondent, 61, (IDI), Enugu State**).

Another said:

Something is better than nothing. If someone needs a wheelchair to be able to move about and gets one, and he will be happy, make do with it while expecting skills acquisition or other forms of empowerment to make him self-reliant. The wheelchair reduces the workload on the family because once a disabled person is assisted, the family is also assisted (**Male respondent, 42, (IDI), Ebonyi State**).

However, several participants, the majority of whom were owners of private NGOs, claimed that assistive devices have little or no impact on the lives of PWDs or their families. They contended that providing people with stipends or assistive devices in the absence of job or skill acquisition does not result in self-sufficiency and thus has no long-term positive consequences. Instead of being given fish, this group believes that PWDs should be taught to fish.

Discussion

This study examined the availability of formal support services for PWDs in Southeast Nigeria. The limited number of available formal support found in this study has resulted in poor life satisfaction and vulnerability among PWDs. Our analysis indicated that there are no integrated and functional formal support services as the majority of the well-recognised support services either do not exist or have become obsolete. Participants were unaware of regular and functional government or public-sponsored support programmes. According to the literature, a lack of equal access to school, work, healthcare, and legal support, has led to the poverty, marginalisation, and social exclusion of PWDs (Iwuagwu, 2023; Adebisi, et al., 2014). However, a few responses from IDIs

disclosed some formal support services. They maintained that the government and some NGOs look after PWDs, referencing the Disability Act of 2018.

Findings showed that the only time most southeast state governments, some NGOs, and philanthropists remember PWDs and distribute some assistive devices to them is during electioneering campaigns, festive periods, and the International Day of PWDs. Assistive technologies are not being utilised adequately in Nigeria (Yusuf et al, 2012), as they are expensive and not easily available, which limits mobility and access to technology for PWDs. Even at the tertiary level, many student-PWDs are frustrated with their programmes or perform poorly because of the nonexistence of support services, including ramps for those in wheelchairs (Eleweke & Ebenso, 2016; Martinez & Vemuru, 2020).

Our data revealed that apart from a few dilapidated special education centres and the provision of scholarship programmes to some PWDs by some NGOs and philanthropists, there are no other special arrangements by Southeast governments for educating PWDs. Furthermore, there is a lack of commitment by the government to provide the necessary human and other resources to ensure the functioning of these centres (Ofuani, 2021). While there has been a gradual move toward inclusion of students with disabilities in Nigeria promoted by the National Policy on Education as well as policies emerging from the United Nations Educational, Scientific, and Cultural Organisation [UNESCO, 2009], the infrastructure and resources to make inclusion materialise are generally lacking (Obiakor & Offor, 2011; Barrio, et al., 2018). The implementation of these laws and policies has stalled (Garuba, 2003) due to constraints such as a lack of resources and trained teachers (Fakolade, et al., 2009).

According to the findings, having a good education does not overcome employment discrimination because many employers are concerned with productivity and are influenced by negative stereotypes about people with disabilities and their ability to perform their roles (Ofuani, 2021). Also, there are no known coordinated efforts or policies to recruit PWDs into the public sector. To survive, most PWDs have turned to begging, farming, and trading.

According to research, over 97 percent of Nigerians, including PWDs, do not have health insurance (Khan et al., 2018). This is consistent with the study's findings, which revealed that there are no healthcare arrangements for PWDs. Many existing health services lack policies to accommodate the needs of PWDs, resulting in prejudice, stigma, and discrimination by health service providers and other health facility personnel (WHO, 2021). Our data also revealed that many PWDs do not have a conducive living environment because there are no housing schemes for them, and no accessible or special

transportation arrangements or vehicles with assistive aids, despite the Act's five-year transitional period. The Nigerian public transportation system is insensitive to the plight of PWDs, and no social inclusion project or programme is planned (Umeh & Adeola, 2013).

Our investigations found that support services received by PWDs have impacted them positively, as some participants believe that 'something is better than nothing'. Formal support is a social determinant of health, improves immunity and longevity (Adedimeji, et al., 2010), and helps to reduce psychological stress, enhance the quality of life, and achieve social inclusion (Author, 2021). Including PWDs in the labour market also reduces stigma and promotes inclusion, as gainful employment can have a significant impact on feelings of worth, ability, and self-determination, as well as increasing their social and civic interaction (Lamichhane, 2015).

The findings revealed that PWDs have inadequate knowledge about available services. Some respondents argued that permanent support, such as employment or skill acquisition, should be provided to PWDs rather than seasonal support.

We recommend the following:

1. Provision of more organised formal support services to improve the welfare and independence of PWDs by the government and concerned groups;
2. More public awareness campaigns emphasising the importance of coordinating efforts to provide functional formal support services to PWDs, regular sensitisation programmes for PWDs on available services, and the need for them to access such services;
3. Empowerment of PWDs through the provision of permanent job opportunities, skills acquisition, assistive technology, and soft loans and grants for small-scale businesses;
4. Involvement of social workers in planning and implementing programmes to improve the welfare of PWDs;
5. Awareness creation by social service providers, including social workers, on the concept of disability to change negative stereotypes of the populace.
6. Finally, implementation and domestication of the Discrimination against Persons with Disabilities (Prohibition) Act in all states are highly recommended for the inclusion of PWDs in society and the abolition of discriminatory practices. Thus, there is a dire need for professionals like social workers and NGOs, well-meaning individuals, and humanitarian service providers to advocate for domestication and implementation. According to the study, only Anambra State has

domesticated and implemented the Disability Act in the Southeast Zone.

This study is not without limitations. The fact that this study was conducted only in the Southeast states means the findings may not be used to generalise the views of PWDs in Nigeria because the opinions of PWDs and disability stakeholders in other parts of Nigeria were not considered. Secondly, only one FGD, representing a cluster of PWDs, was conducted in each state, thus overlooking the opinions of the other clusters. Despite these limitations, the findings from this study remain relevant to humanitarian and social service providers such as social workers, the government, NGOs, and philanthropists who strive to improve the living conditions of PWDs.

Conclusions

Our research uncovered the perspectives of PWDs, as well as ministries, NGOs, CBOs, and CSOs concerned with disability issues, on the availability of formal support services to PWDs in Southeast Nigeria. We also discussed the types of formal support services available and their impacts. As revealed by the study, the positive effect of support services on the lives of PWDs cannot be overemphasised. It is recommended that sensitisation programmes on available formal support services be implemented for PWDs. The government and the general public should be made more aware of the concept of disability. We propose that, following Anambra State's lead, social workers and other humanitarian service providers' campaign for the implementation and domestication of the Disability Act in all Southeast zone states. This will contribute to ensuring that PWDs receive formal support and are protected from abuse, prejudice, and discrimination.

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