
Community Integration of People with Disability in Nigeria

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Abstract

In Nigeria disabled people have been marginalized in many ways, including in terms of economic, political and social development matters. The disabled people are seen as being dependent people in need of special care and services (which are not available in most cases) and often not seen as part of productive or contributing members of the society. This paper examines the importance of community integration toward people with disability, changing the attitude of people towards people with disability, and determine the method best available for the people with disabilities to conform, live in the community and have ability to live freely and associate with other people who do not have disabilities. Therefore, the paper highlights who the disabled are, types and nature of disabilities, and the care of people with disabilities in Nigeria from pre-colonial to post-colonial era. In addition, the paper also delineates the available traditional and modern welfare system available for people with disabilities in Nigeria. Relevant sociological theories are used to shed more light on the subject matter. Conclusion and recommendations are also drawn at the end of the paper.

Keywords: Disability, Stigmatization, Marginalization, Community Integration

Introduction

The notion of disability is difficult to conceptualize since virtually no one individual is free from some form of disability or another. So what does the term disability mean? We can understand that a disability is any condition which limits or restricts a person's behavior or potential. This means that most people at some point in their lives, are likely to be disabled in one way or another (Amao, 1988).

The World Health Organization (1990) defines disability as an impairment or abnormality of psychological, physiological or anatomical structure or function, disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. A handicap is a disadvantage for a given individual, resulting from an impairment or disability that prevents the fulfillment of a role that is considered normal (depending on age, sex social and cultural factors) for that individual.

This definition draws attention to three terms:

impairment, disability and handicap. There is often some confusion when these three terms are used interchangeably. Confusion also exists on how the terms are defined. During the 1970s, there was a strong reaction among representatives of organizations of persons with disabilities and professionals in the field of disability against the terminology of the time (Smith, 2007). The terms "disability" and "handicap" were often used in an unclear and confusing way, which gave poor guidance for policy-making and service provision. The terminology reflected a medical and diagnostic approach, which ignored the imperfections and deficiencies of the surrounding society.

The WHO in 2000 adopted an international classification of impairments, disabilities and handicaps; this classification system suggested a more precise approach to define disabilities from an international perspective. The International Classification of Impairments, Disabilities and Handicaps has been used in areas, such as rehabilitation, education, statistics, policy, legislation, demography, sociology, economics and anthropology.

These terms are interchangeably used to mean the same thing as disability (Eskay et al 2012).

According to Adeshina, (2001), impairment, disability and handicap, are words often loosely and interchangeably used in describing aspects of physical, intellectual, emotional and sensory functions, he noted that WHO summarized definitions of these terms when the International year of the Disabled was launched in 1981 as follows:

1. Disability: is the term used for the measurable functional loss resulting from an impairment.
2. Impairment: is a medical term for anatomical loss of bodily function.
3. Handicap is defined as the consequence of environmental and social conditions which prevent a person with a disability from achieving his or her maximum potential

Disability as a Social Problem

According to Sen (2009), disability may increase the risk of poverty, and poverty may increase the risk of disability. A growing body of empirical evidence from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disability. The onset of disability may lead to the worsening of social and economic well-being and poverty through a multitude of channels including the adverse impact on education, employment, earnings, and increased expenditures related to disability (Jenkins and Rigg, 2003).

Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood.

In addition, people with disabilities are more likely to be unemployed and generally earn less even when employed. Both employment and income outcomes appear to worsen with the severity of the disability. It is harder for people with disabilities to benefit from development and escape from poverty due to discrimination in employment, limited access to transport, and lack of access to resources to promote self-employment and livelihood activities Thomas (2010).

Coleridge (2005) asserts that people with disabilities may have extra costs resulting from disability, such as costs associated with medical care or assistive devices, or the need for personal support and assistance and thus often require more resources to achieve the same outcomes as non-disabled people.

Stigmatization and Discrimination of Disabled people

Goffman (1963), described stigma as an attribute that is deeply discrediting within a particular social interaction. His explanation of stigma focuses on the public's attitude toward a person who possesses an attribute that falls short of societal expectations. The person with the disability is reduced in our minds from a whole and usual person to a tainted, discounted one. To him, diseases associated with the highest degree of stigma share common attributes. Therefore, the person with the diseases or disability is seen as responsible for having the illness.

The disease is progressive and incurable.

The disease is not well understood among the public.

The symptoms cannot be concealed.

On the other hand, Gilmore and Somerville (1994) have described what they see as the four-main features of any stigmatizing response: the problem that initiates the reaction; the identification of the group or individual to be targeted; assignment of stigma to this individual or group; and the development of the stigmatizing response. Scambler and Hopkins, (1986) and Jacoby, (1994) have tried to distinguish between felt and enacted stigma. Felt stigma is more prevalent - feelings that individuals harbor about their condition and the likely reactions of others. Enacted stigma refers to actual experience of stigmatization and discrimination (UNAIDS, 2000).

Okoye (2010) believed that in situations where a disabled person is not able to cope, it results in stereotyping, derogatory labelling and depersonalization. This opinion was supported by Adesina (2003) when he noted that most disabled persons suffer rejection, isolation, and maltreatment from other members of the society.

According to the United Nations (2013), Nigeria has roughly 19 million citizens who are disabled. This disabled population includes people with functional limitations such as physical, intellectual, or sensory impairment, medical conditions, or mental illness. The history of this group can be characterized by marginalization, silence, and invisibility. According to the Center for Law Enforcement Education (CLEEN) (2004), people with disabilities are the least cared for, and they experience widespread discrimination from their families and the society in general (Akhidenor, 2007). Most families in Nigeria who have a disabled family member are afraid of being ridiculed and laughed at by their neighbors and the public; therefore, they tend to keep the disabled person indoors and in isolation. On the other hand, some societies in Nigeria used their disabled as a source of income through begging more

especially children and women. Okafor (2003) believed that 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. By such measures, the disabled person is prevented from participation in normal activities such as educational, economic, political, and social pursuits.

Community integration of people with Disability

Community integration means a situation whereby people with disabilities live in the same communities and are able to do the same things as people who do not have disabilities. Integration in this way mean everything from the sharing of a physical environment such as a suburban street by handicapped and non-handicapped people, through to the complex range of relationships and experiences that we experience in our own lives (Jackson, 1997).

In all societies there is a group of people who are unable to work for living primarily because of a number of factors such as physical, mental and social disability like old age, underage, poverty recession etc. It is quite normal for government and non-governmental organizations to develop institutional mechanisms and values for care of this section of the population. Majority of people with disability happen to come from poor families and the poor section of the working population of the society, which need care and rehabilitation through integrating them into the society (Jackson,1997).

People with disability are in needed to promote their social inclusion within their communities, and their acceptance within mainstream services and facilities. This position recognizes that people with disability have the same right to achieve their personal goals and ambitions as the rest of the community, and in ways commensurate with achieving the fullest possible quality of life (Clement & Bigby 2008). Community attitudes to disability and improving them are important, because social inclusion and exclusion are largely determined by dominant cultural values and perceptions. Many of the disabled rely heavily on their disability condition to expect separate and special treatment among others. This attitude especially distracting among the disabled in Nigeria, as many of them have decided to lose hope to feel inferior and refuse to engage in serious effort to explore available opportunities to become self-reliant. This makes many; among the disabled perpetually dependent on others.

After recovery, the individual is re-integrated into the

society where he/she continues with previous role obligations and other daily activities. It is important for the person to be accepted and defined as a healthy member of the social system. This is very important, especially in the case of mental illness and other forms disability. It may be difficult to resume obligations if an individual is not defined as being healthy. This indicates that the process of recovery and reintegration might continue indefinitely (especially in case of chronic illness) or cut short by permanent retirement (mortality) from social roles. This implies that not all patients get well and not all that get well fully resume normal social roles. Hence, adherence, recovery, reintegration, and retirement are affected by illness attributes and efficacy of regimen; illness attributes in particular because many diseases are not curable, but manageable for a long time, or might lead to a terminal end (Amzat and Razum, 2014).

Method of Community Integration of People with Disability

In developing countries like Nigeria, about 90 percent of children with disabilities do not attend school and because of lack of education, these people find themselves in marginalized position as they could not be employed or access self-sustaining jobs. As a result, they form a poor family which will in return raise a poor child and access poor education which prepares him to live a poor life. (Uromi & Mazagwa, 2014).

According to United Nations (2006), for many people with disabilities, assistance, support and integration are prerequisites for participating in society. The lack of necessary support and integration services can make people with disabilities overly dependent on family members and can prevent both the person with disability and family members from becoming economically and socially active. Throughout the world, people with disabilities have significant unmet needs for support and integration by the community members. Therefore, the services rendered to disabled people should be provided in the community, not in segregated settings. Person-centred services are preferable, so that the disabled are involved in decisions about the support they receive in order to be integrated and have maximum control over their lives.

Many persons with disabilities need assistance, care and support to achieve a good quality of life and to be able to participate in social and economic life on an equal basis with others. Sign language interpreter, for instance, enables a deaf person to work in a mainstream professional environment. A personal assistant helps a

wheelchair user travel to meetings or work. An advocate may support a person with intellectual impairment to handle money or make choices. People with multiple impairments or older persons may require support to remain in their homes. These individuals are thus empowered to live in the community and participate in work and other activities, rather than be marginalized or left fully dependent on family support or social protection.

Current Situation of Persons with Disabilities in Nigeria

Persons living with disabilities in Africa Nigeria inclusive still face several challenges which have remained unattended for quite sometimes with no proper mechanism to curb them. These challenges include lack of universal access in the structural buildings, persons with disabilities living under extreme poverty, the high unemployment rate among persons with disabilities and poor provisions of education and health services (Uromi&Mazagwa, 2014). Hence, the poverty rate to persons with disabilities is at an alarming situation which has turned some of disabled in Nigeria into beggars in the street. This is accelerated by lack of opportunities for this group.

People with Disability in Nigeria are interacting with the communities in which they live in a variety of roles, as patients, businesspeople, friends and customers. They are exposed to several limitations when trying to access services, either for lack of money or because of their disability. Often they adopt special behaviors in dealing with their fellows, such as excluding themselves, being aggressive, being afraid or reserved (not asking for their rights) (UNDP,2005).

Common challenges facing Disabled People in Nigeria

i) The disabled face challenge in accessing health services as they usually get humiliated by health providers, while health centers' infrastructure pose obstacles for them to reach the areas specifically those are from rural areas.

ii) There is gender imbalance of employment opportunities to people with disability as men with disabilities are more employed than that of their counterparts for instance, in Kano state all appointed Special advisors on disabled were male even the present one is male, this indicated that gender bias is carried even to the level of the disabled.

iii) Persons with Disabilities face challenges such as denial of employment, and general economic

marginalization. They are regarded as people who cannot contribute to anything, are dependent and always wait to be helped.

iv) Due to lack of physical power female people with disability sometimes face sexual harassment.

v) Most of people with disabilities are poor so they have to look for means of survival through begging and in the process they may end up with other health problems.

Theoretical Frame Work

Sociological theory is defined as a set of interrelated ideas that allow for the systemization of knowledge of the social world (Ritzer & Stepnisky 2014). Sociological perspectives or theories involve frameworks and insights derived from empirical observations and systematic reasoning about the social world. The theories focus on structural relationships and factors and consider individuals to be embodied (social) agents patterned to create and recreate the social world.

According to Haralambus and Holtorn (2008), sociology provide a change of biomedical model on the issue of disability and related chronic illness. Traditionally disability has been viewed as physical deviation from the normal body function, hence, the reason why disabled people are unable to perform their normal task. This paper intends to use the Sick role Theory and the Social Capital Theory of Health to explain the subject matter.

Sick Role Theory

Generally, the functionalists view health as a prerequisite for the smooth functioning of society while illness is a form of deviance. Health is a social value and every society needs it for its survival and development. Illness is a form of infraction on the ability of the individual to carry out daily activities. Lupton (2003) observed that illness indicates a failure to conform to societal expectations and norms in some way. It is thus an unnatural state of the human body, causing both physical and social dysfunction, and therefore must be alleviated as soon as possible. The functional role of the medical practitioners or health care institution as a subsystem (in the whole social system) is to help in the control of disease, especially by helping people to get well and return to their normal roles in the society. This implies that disabled people need to be integrated into their society to function like other members of the society, rather than to see them as deviant due to the nature of sickness or disability. Thus, the disabled people are seen as permanently deviant as far as their disability cannot be corrected and dissuaded them participation adequately in social relation and fulfilling social roles.

Talcott Parsons (1951), has designed a model primarily

to explain illness behavior. He sought to analyze individual behaviour in the context of large scale social systems (Bradby 2012). The individuals are primary units that contribute to the society in terms of the roles performed. Unfortunately, a high prevalence of illness is dysfunctional for the society, preventing people from fulfilling their social roles, this influences the wider functioning of the society (Parsons 1951). This is so in a situation where a person became disabled and his disability prevented him/her from fulfilment of social roles, such as paid employment and parental duties, more especially in society like Nigeria where some people believed that disabled people are not part of contributing members in the community. Parson (1951), developed sick role theory in order to identify the right and obligations of sick people like other normal individuals in the society and allow them to feel that they are part of the community. Therefore, Parsons identified that sick people has two right, and two obligations, which stated below, the first two are rights and the later are obligations.

1. An exemption from normal social role responsibilities relative to the nature and severity of the illness. The physician is usually the one to legitimize this right. At times, people are often resistant to admitting they are sick and it is not uncommon for others to detect and inform them that they need medical help. Here, Parsons identified the critical roles of significant others in recognition of ill-health and social referral for appropriate care. Parsons observed that the essence of legitimation has the social function of protection against "malingering" a social pretense of being sick to claim excuse from roles and expectations. The implication is that it is possible for certain individual to avoid responsibilities and thus the sick role also serves as a mechanism of social control (Amzat & Razum 2014). Hence, people suffering disability due sickness or otherwise supposed to enjoy sick role from their employers when they are granted by qualified medical personnel. However, Nigeria being a capitalist society majority of private and some government organizations are not employing the disabled, and even those working may be rejected when he /she became disabled, so long as the disability has reduced their level of performance.

2. An exemption from responsibility to get well by one's own actions alone. In other words, the sick person cannot be expected to get better on her/his own but has the right to (medical) assistance more especially a condition of chronic illness which may take long time before recovery or cause permanent disability. Therefore, the sick person cannot be expected by 'pulling himself together' to get

well by an act of decision or will." He or she needs support in the process of getting well. The importance of seeking medical and social assistance is stressed. This creates a state of dependence on social capital or significant others and health care institutions. For example, the patient having physical disability may needs assistance from physical and health educationist to guide him about exercise, social work and other roles.

3. The sick should accept both that the state of being ill is not desirable and an accompanying obligation to want to get well. Sickness is dysfunctional to the social system. Hence, it is an obligation that the sick should want to get well. This is required with the help of the physician, so that the patient can get out of illness condition or get relief as expeditiously as possible. Equally the disabled also required help from significant others as well as other people in the community to get well integrated.

4. An obligation to seek technically competent help, normally from a physician and to cooperate with him/her in the process of trying to get well. Parsons stressed two major issues in the last aspect technical competent help and cooperation. The patient has to seek for appropriate diagnosis from medical experts and submit to their directives, for instance, after treatment the patient with physical deformity need to see physiotherapist, or clinical psychologists if it is mental disability and so on.

Social Capital Theory of Health

According to Portes (1998; Song et al. 2010; Song 2013), the idea of "social capital" is one of the major sociological contributions to health social sciences and health studies in general. Social capital is a major factor in social patterning of health. In sociology, the intellectual origin of the concept of social capital can be traced to the works of a number of classical scholars including Emile Durkheim, George Simmel, Karl Marx, Max Weber, and Talcott Parsons.

The concept of social capital is to view it as social resources, it implies the links and support that individuals can access at a particular time. But it should be acknowledged that the concept is not as simple as primarily described. The concept has generated multiple definitions, conceptualizations, and empirical measurements (Lin, 2008). Where capital is often defined in terms of property and cash in economic terms, Hanifan (1916,) explained that social capital on the other hand, refers to good-will, fellowship, mutual sympathy and social intercourse among a group of individuals and families who make up a social unit. Thus, social contacts beyond the family are essential ingredients in human wellbeing not just because people meet face-to-face, but a lot of sociological processes both tangible and

intangible social exchanges take place. Close social support is a mirror of accumulation of social capital, essential in community building, integration and general living condition.

Disabled people need to be integrated into their community, so as live like other members of the community and contribute to societal development and societal stabilization. Some people are marginalised and discriminated due economic reasons and they may not feel comfortable to associate with other people if they are not like them. Hanifan explained that:

The individual is helpless socially, if left entirely to himself/herself. Even the association of the members of one's own family fails to satisfy that desire which every normal individual has of being with his /her fellows, of being a part of a larger group than the family. If he /she may come into contact with his/her neighbor, and they with other neighbors, there will be an accumulation of social capital, which may immediately satisfy his /her social needs and which may bear a social potentiality sufficient to the substantial improvement of living conditions in the whole community. (Hanifan, 1916:67).

Social capital theory has effect on disability especially in country like Nigeria and other developing countries where a majority of populations are living with low socioeconomic status, and formal health resources are grossly inadequate.

Amzat and Razum, (2010), viewed that social capital in most disability studies is often operationalized in terms of civic engagement or grassroots participation, neighborliness, social networks, social support, informal social control and perception of the local area. It is practically beneficial for individuals to feel some level of social connection with others. Such sense of belonging is crucial in mediating state of physical disability and mental health; this will help the disabled to behave like other community members without feeling of stigma or discrimination.

Conclusion:

In Nigeria, since independence there were numerous social policy programs for the disabled but most of the programs failed to address community integration of people with disability due to the inability of our leaders to carry forward the project or programs of their predecessors. A multi-dimensional problems like poverty which leads to social disability in most

instances, require multi-disciplinary measures and professionalisms. For instance social workers, medical doctors, physiotherapists, policy makers, educationist must all co-ordinate together to extirpate disability through social education, a type of education that aims at not only eliminating illiteracy but at accelerating the flow of technical knowledge and at motivating community to accept and interact with disabled people like other normal persons. For the disabled to be well integrated, they have to be timely recognized and programme centered on education, micro-enterprise development must be designed to target and improve the capacity.

Recommendations:

1. Government should provide social services such as housing, education, medical care, etc, free of charge or at subsidized rate affordable to the disabled persons.
2. A Law should be designed and implemented for the promotion and protection of the rights of disabled persons in order to prevent them from discrimination.
3. Government at all levels should provide automatic offer of appointment to the educated group among the disabled, while vocational training and special allowances should be made available for uneducated and those who are unable to work.
4. Community awareness campaign should be done on the integration of disabled persons to change the traditional perspective of disability.
5. The disabled should be encouraged psychologically to feel normal, develop their physical condition and engage in the struggle for survival like other normal individuals.

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