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Accessibility of People with Disabilities to Productive Resources in Nigeria: Dream or Reality?

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This study assesses access to productive resources amongst People withdisabilities, (PWD). Specifically, the study examines the constraints to accessing productive resources among them and proposes an effective strategy towards addressing the constraints. One hundred and five respondents that were members of PWD associations were interviewed through the use of a structured interview schedule. Frequency counts, percentages, mean, standard deviation, and parson correlation were used to analyze the data. The results showed that more than half (63.6%) of the PWD were males and were of working age. The majority (74.4%) were illiterates. All the PWD claimed that access to productive resources was of the necessity for sustainable livelihood but in the real sense it has turned to ordinary dream. Most of the PWD claimed that productive resources such as accessibility to education and information, employment, appropriate technology, health and rehabilitation facilities were not provided and those ones provided were inadequate. Positive and significant correlations exist between PWD access to productive resources and socio-economic characteristics such as education, income, and source of information at p \leq 0.05. In conclusion, there is a need to create an enabling environment through the provision of adequate productive resources in order to make life momentous for PWD.

Keywords: Accessibility, sustainable livelihood, disability, productive resources

Introduction

According to the Convention on the Rights of Persons with disabilities, disability is used to describe the condition whereby physical and social barriers prevent a person with impairment from taking part in the normal life of the community at the same level with others. Mohammed (2017) states that disability is not just a mere health dilemma, it also includes a series of experiences that affects the person's body, and his or her capability to function equally in the society in which he or she belongs. A disability may include physical, cognitive, mental, sensory, emotional, developmenta, 1 or sometimes a combination of these and may be present from birth or occur during a person's life.

A disabled person is somebody who has a physical or mental disability, which affects his or her ability to carry out regular day-to-day activities. The disabled are those persons who are 'unable', 'unfit', 'cripple' or incapacitated as a result of hereditary defects, environmental pressure, accidents and diseases. People living with disabilities can also be described as those certified by a specialist in any field of therapy as having

one or more disabilities such as total blindness, partial blindness, emotional disorder, deafness, partial hearing, physical handicap, speech defects, learning disability, social maladjustment, exceptional giftedness and mental retardation (Deloitte Access Economics, 2011).

Precise statistics are not available in most countries in respect of PWD. According to the United Nations Enable, (UN)(2008), there are about 650 million people with disabilities in the world, in which about 80 percent of them live in developing countries. In 2012, the figures have raised to almost a billion. World Health Organisation (WHO, 2011) reported that more than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. The Nigerian National Assembly in 2013 estimated that over 20 million people are living with disability in the country.

In spite of the principle proclaimed in the Charter of the United Nations that identifies the inbuilt dignity, the equal and absolute rights of all members of the human family as the basis of freedom, justice and peace in the world, it is regrettable that a segment of the Nigerian society still live on the abject poverty as a result of disability

The quality of life experienced by the majority of PWD in society is considerably lower than that enjoyed by their ablebodied contemporaries. This is contrary to Chapter IV of the Constitution of the Federal Republic of Nigeria that stated fundamental human rights (Constitution of the Federal Republic of Nigeria, 1999). Several reports indicate that poverty has

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been persistent despite economic growth in the country. PWD in rural areas represent the poorest of the poor (Ogunjimi & Ajala, 2016). The statistics indicate that unemployment for workingage disabled people in developing and developed countries is between 80-90% and 50-70%, respectively (Naami et al., 2012). They are often excluded from active participation within their community. This general neglect causes these people to be often not included in national development plans and their specific needs ignored in agricultural development programmes and policies.

PWD face many obstacles every day from physical obstacles in buildings to systemic barriers in employment and community programmes. However, the most difficult barriers to overcome are the societal attitudes toward PWD.

The UN Convention on the rights of persons with disabilities that came into force in 2008 marks a paradigm shift in how disability is viewed from people with disabilities as objects of charity or medical intervention, to people with rights and control over their own lives, decisions and futures.

In Nigeria, disabled people's access to social and physical resources such as social service, health service; access to education, and adaptive technology have not received adequate attention, despite the fact that PWD are the world's untapped resource and that their inclusion is of paramount importance for global food security. Therefore, the study assessed PWD accessibility to productive resources in Nigeria and its effects on their livelihood coping strategies. The specific objectives of the study include to describe thesocio-economic characteristics of PLWD in the study area; examine PWD access to productive resources, and propose effective policy for seeking redress on behalf of PWD.

THEORETICAL FRAMEWORK

This paper explores the combination of two theories namely, the bio-medical model of diseases, illness and disability and the social model. The model outlines the official definition of health and disease adopted by states and international authorities, including the World Health Organization. At present, health has been defined as a complete state of physical, mental and social well-being; or the capacity to function optimally in the individual's environment; or an adaptation to the environment (Minaire, 1992). The major limitations of this theory are that little consideration is usually given to the victim in this concept, much more being given to the disease itself and its failure to address the social aspects of disability (Parsons, 1951). However, the model is relevant in alleviating or reducing the suffering of disabled people through the provision of training, rehabilitation, technical aids, medical interventions and professional support all of which serves as ways of promoting empowerment and self-reliance. The social model emphasizes the social and environmental context of disability. This model is concerned with liberating and empowering the disabled persons and the positive contribution that they can make in removing the barriers to their participation. The model also emphasizes the role of government and civil society in removing the obstacles faced by citizens with disabilities in becoming active participants in the various communities in which they live and learn to work.

MATERIALS AND METHODS

The study was carried out in four out of the six states of Southwestern Nigeria between October 2017 and March 2018. These are, Oyo, Ekiti, Ondo and Osun States. The states were selected in view of the fact that most of these PLWD have associations where they can be easily reached and intervention programme can be extended to them. Ten percent of the Local Governments (LGAs) in each state were selected. In all, 10 LGAs were used. Thirty PWD (physically impaired, visually impaired and hearing impaired) were selected from the lists of members collected from their associations in each LGA, to give a total of 300. A structured interview was used to collect relevant quantitative data. Participants observation and key informant interview were also used to collect information from PWD. Descriptive statistics such as percentages, mean and standard deviation were used to describe and summarize the data. In order to assess disabled people access to productive resources, statements of opinion were measured through the use of a scale such as highly accessible, moderately accessible and not accessible.

RESULTS AND DISCUSSION

Socio-economic characteristics

The majority (78.0%) of the PLWD were less than 60 years old. This indicates that the majority of the disabled people in the study areas were still productive in that they could still contribute meaningfully to the socio-economic well-being of the society. This corroborates the findings of Ogunjimi et al. (2012) that the majority of farmers in Southwestern Nigeria were in their active ages. Moreover, the majority (63.7%) were males, while 39.0 percent were females. The findings were expected because of the involvement of men in rigorous labour activities. Furthermore, the majority of the PWD were either single, divorced or widowed(65.0%) while 35 percent were married. Contrary to the expectation that the majority of the disabled people ought to have married, the majority were either single, divorced or widowed. This might be as a result of discrimination against PWD in which people without disabilities might not be willing to marry them because of their disabilities.

A major source of information was family members (73.0%). The majority were living below the poverty level because the above average (89.0%) realized less than 100,000 Naira (USD 227.8) annually. The finding is in line with the study carried out in India and Uganda as reported by Emmel (2012). The report showed that in India, households with people who have disabilities are worse off than the average household. Similarly, research revealed that in Uganda, households headed by an individual with a disability are 38 percent more likely to be poor than households headed by a person without a disability due to low level of income.

Table 1.Summary of Socioeconomic Characteristics of PWD

| Socio-economic | Frequency | Percentage | |
|--|-----------|------------|--|
| characteristics | N=300 | | |
| Age (year) Mean (SI | (13.3) | | |
| Below 30 | 103 | 34.3 | |
| 31 - 60 | 131 | 43.7 | |
| 61 and above | 66 | 22.0 | |
| Sex | | | |
| Male | 191 | 63.7 | |
| Female | 109 | 36.3 | |
| Marital Status | | | |
| Single | 118 | 39.3 | |
| Married | 105 | 35.0 | |
| Divorced | 57 | 19.0 | |
| Widowed | 20 | 6.7 | |
| Year of schooling | | | |
| 1-6 | 88 | 29.2 | |
| 7-12 | 59 | 19.7 | |
| 13 and above | 18 | 6.0 | |
| Never | 44 | 45.0 | |
| *Source of informati | on | | |
| Family members | 219 | 73.0 | |
| PLWD association | 164 | 54.7 | |
| Radio and | 109 | 36.3 | |
| television | | | |
| Non-Governmental | 103 | 34.3 | |
| Organizations | | | |
| Extension agents | 83 | 27.6 | |
| Newspaper | 49 | 16.3 | |
| Income/annum Mean (SD) = $\frac{1}{1}$ 53,438 (17,152) | | | |
| Less than 50 | 170 | 56.7 | |
| 51,000-100,000 | 97 | 32.3 | |
| Above 100,000 | 33 | 11.0 | |
| * Multiple reconces | | | |

^{*} Multiple responses

Accessibility to Social services

Access to Education

PWD have a right to education. The child's right to education is enshrined in human right treaties, in Articles 28 and 29 of the United Nation declaration. In these treaties it is required that the provision of primary education should be compulsory, available and free to all children and secondary education should also be made available and accessible to every child, with the provision of financial support when needed. The majority (74.4%) of the disabled people either had no education or stopped at the primary level. Most of them that attended school at primary school level later dropped out before completion. This might be as a result of inadequate provision of schools for disabled people and where available, there were a lot of rigours in getting to schools due to constraints such as inadequate transportation and trained personnel and stigmatization in school.

Lack of proper education makes it difficult for PWD when grown up to find employment or to engage in some form of income-generating activity. This finding also corroborated the study of Beresford (1996) that the unemployment of disabled people is due to the inadequacyof education and training. Ajuwon (2011) pointed out that hundreds of certified special educators have been trained in Nigerian tertiary institutions since 1974 till today; however, some of these front line workers have not been assigned to schools and agencies where their expertise can be harnessed.

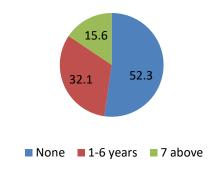


Figure 1. Accessibility to Education Employment

Figure 2 showed that 60.1% were not able to secure a job and 31.4% were self-employed in which income realised is unsustainable. Few (8.5%) were employed by either public or private organisations. PWD find it extremely difficult to secure employment in rural as well as urban areas. Reasons mentioned include inadequate education, vocational training and competition in the labour market. Employers prefer not to employ PWD thinking that they are less productive. Employers are unaware of the ability of persons with disabilities. Cyril (1997) said that whenever people meet a person with a disability they never see his/her abilities but only see the person's disability. They think of helping him/her by giving something but that does not do anything to help him to use his abilities

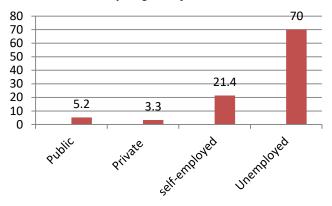


Figure 2. Accessibility to Employment

Access to Health

The results also show that majority (92.1%) of the PWD in Nigeria have inadequate access to primary health delivery, which might as a result of the fact that most of them are usually extremely poor people who often live in rural and other areas where medical and other services are scarce, or not available. WHO (2012) claimed that when disabled people receive medical attention, if at all; the impairment may have become permanent. The attitude of some health workers towards the disable persons who managed to access the general and other health centres are sometimes negative. A study in Calabar by Ogunjimi (2007) showed that 56.33% of the participants had an unfavourable attitude towards PWD, 63.2% did not think the health of PWDwas as important as that of the normal persons, 57.74% indicated that PWDwere only good enough for drug

trial testing and experimentation of new medical inventions, and 57.36% would prefer to have separate hospitals for PWD. In addition, health personnel held a high level of stigmatization toward PWD.

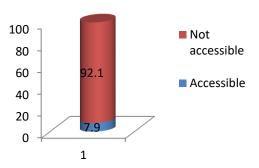


Figure 3. Accessibility to Health Service

Accessibility to Transport

Transport is another factor hampering employment of PWD in Nigeria. Majority of PWD (87.4%) claimed that public transport services are inadequate and they are not well equipped to carry PWD especially those on wheelchairs. Transport services that available in rural areas are very poor when compared to the urban areas. It was observed from the study area that some villages had bad roads while some villages are without any roads at all. As a result, disabled people are forced to spend much part of their income on transportation(78.3%), thus forcing them to be isolated and live within the margin of poverty. Other associated problems as mentioned by PWD include inadequate wheelchair (68.4%), accessible pedestrian bridge; the presence of steps/stairs without complementary ramp; rough, unpaved, and uneven floor surfaces; uncovered drainages (62.3%). However, problem such as the absence of lift in high-rise buildings (48.6%) and absence of sidewalk. (45.8) were having a low level of severity. Participant at one of the interviews conducted in Ife., one of the respondents expressed her displeasure with able people attitude to PWD

"I used to sell roasted Corn but the major problem is the attitude of people to PWD the market and Sometimes drivers are not considerate since there is no special treatment for PWD on transportation system."

Table 2. Transport Accessibility to the Respondents

| Variables | Percentage | Rank |
|---|------------|------|
| Inadequate public transport services | 87.4 | High |
| High income on transportation | 78.3 | High |
| Most of the roads available are bad | 72.1 | High |
| Inadequate wheelchair | 68.4 | High |
| The presence of steps/stairs without a complementary ramp | 64.9 | High |
| The present of uncovered drainages | 62.3 | High |
| Absence of lift in high rise buildings | 48.6 | Low |
| Absence of sidewalk | 45.8 | Low |

Grand mean =50.0%

Accessibility to Rehabilitation facilities

Rehabilitation means a goal-oriented and time-limited process aimed at enabling an impaired person to reach the best possible mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. Figure 4 indicated that majority (65.4%) did not have access to rehabilitation facilities. Rehabilitation usually includes the following types of services: early discovery, diagnosis and intervention; medical care and treatment; social, psychological and other types of counselling and assistance; training in selfcare activities which includes mobility, communication and daily living skills, with special provisions as needed, for example, for the hearing impaired, the visually impaired and the mentally retarded (Department of Economics and Social Affairs, Division for Inclusive Development United Nations, 1982). The rehabilitation facilities available to persons with a disability residing in rural areas are inadequate or at times not available.

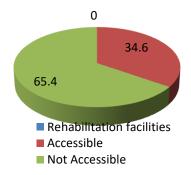


Figure 4.: Accessibility to Rehabilitation facilities

Testing of hypothesis

Positive and significant correlations exist between PWD access to productive resources and socioeconomic characteristics, such as education (r = 0.371, $p \le 0.05$) and income (r =0.320, $p \le 0.05$). This implies that the more the PWD have access to education and income the more they accessed productive resources. Highly educated PWD with a high level of income will have the opportunity to be knowledgeable about these productive resources and able to purchase some of these resources. However, age had a negative but significant relationship with access to productive resources. This implies that the higher the age (r = -0.261) of PWD, the lower their access to productive resources. This might be a result of the fact the old people always resign to faith and not always eager to take a step in achieving the aim of having access to these resources.

Table 3. Correlations between the selected socioeconomic characteristics of PWD and access to productive resources

| Variables | Coefficient | Decision |
|-----------|-------------|-------------|
| Education | 0.371* | Significant |
| Income | 0.320* | Significant |
| Age | -0.261* | Significant |

 $p \le 0.05$

68

CONCLUSION

Inequality in the distribution of productive resources in Nigeria has an adverse effect on the sustainablelivelihood of PWD, in spite of the fact that the rights of a citizen including PWD have been entrenched in Nigeria constitution. Furthermore, United Nations treaties and other regional organizations, and various governments have formulated and enacted laws aimed at ensuring the rights of disabled people throughout the world, this has not been adequately materialized in Nigeria for a number reasons such as lack of politically and economically will. Reasons given by Government most of the time include lack of money to supply the needed facilities and equipment. This is not convincing and has no basis in a country like Nigeria which is gifted with abundant natural and human resources. Despite the fact that functional facilities for the health care of disabled persons, their education, transportation, training and empowerment and productive resources are inadequate, facilities put in place are not easily accessible to most of them. Accessibility to productive resources has become a dream rather than a reality. PWD are, to a large extent, discriminated against, segregated and marginalized. What is evident is that there is no political will and commitment on the part of the government to ensure, protect and promote the interest of PWD in Nigeria. Government and Non-Governmental Organisations should act positively on the Nigerian Disability Bill that has just been passed to the law in Nigeria.

Recommendation

- The Nigerian president should as a matter of urgency implement the disability law that addressed the protection of disabled persons against all forms of discriminations in education, transportation, health and other welfare matters.
- The government should engage in a wide and rigorous public enlightenment campaign against the discrimination of disabled people in Nigerian society.
- 3. The Federal government should introduce Disability Tax Fund (DTF) which should be used for the provision of social security and welfare of disabled persons.
- 4. United Nations should see to the implementation of treaties signed by all nations that signed the treaties.

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