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SEXUAL AND GENDER-BASED VIOLENCE AMONG PERSONS WITH DISABILITIES IN NIGERIA



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Sexual and Gender-Based Violence among Persons with Disabilities in Nigeria - Report [December 2021]

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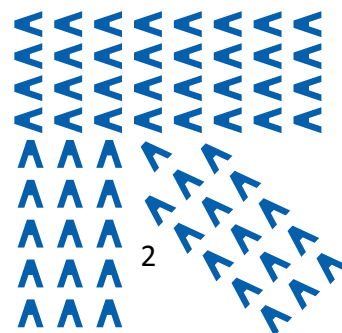
ABOUT API

Africa Polling Institute (API) is an independent, non-profit and non-partisan opinion research think-tank, which conducts opinion polls, surveys, social research and evaluation studies at the intersection of democracy, governance, economic conditions, markets and public life; in order to support better public policy, practice and advocacy in sub-Saharan Africa.

API was established on the belief that citizens participation in democratic governance can deepen the continent's democratic experience, strengthen public institutions and promote social inclusion and national cohesion. Consequently, the Institute utilizes opinion research as a tool to advance citizens participation and inclusion in governance. API is independent of governments, political parties, commercial interests, trade unions and other interest groups.

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Our mission is to promote the conduct and dissemination of credible Africa-led and Africa-owned opinion polls, surveys, social research and evaluation studies to inform better decisions, public policy, practice and advocacy.



FOREWORD

Sexual and gender-based violence (SGBV) is a global plague and one of the many humanitarian challenges facing most developing countries, including Nigeria. Globally, women and girls are known to be the most affected or victims of physical or sexual abuse than their male counterparts. In context, the United Nations Office of the High Commissioner for Human Rights (OHCHR) adopts a comprehensive definition of what constitutes violence against women and girls with disabilities following international human rights standards and as articulated by disability organizations, stating that it encompasses “violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component.”

While there is a dearth of accurate data that shows the extent of sexual and gender-based violence among persons with disabilities in Nigeria, the National Commission for Persons with Disabilities, and the Federal Ministry of Humanitarian Affairs and Social Development would like to commend the contributions made by the Africa Polling Institute with the support of Ford Foundation in filling this gap.

This study report “Sexual and Gender-Based Violence among persons with disabilities” focuses on the perception and attitudes about persons with disabilities; examines the overall well-being of persons with disabilities; the vulnerability of persons with disabilities to gender-based violence, and exposes perpetrators of abuse among persons with disabilities.

I encourage you to use the findings in this report as a useful reference guide in stirring discussion and action towards addressing the issue of SGBV not only among persons with disabilities but in general.

James David Lalu NPOM
Executive Secretary
National Commission for Persons with Disability (NCPWD)



PREFACE

According to UN OHCHR, Sexual and Gender-Based Violence (SGBV) is considered to be any harmful act directed against individuals or groups of individuals on the basis of their gender. They classified harmful acts to include sexual violence, domestic violence, trafficking, forced/early marriage, harmful traditional practices, among others.

SGBV is a global challenge that has been on a high in recent times, with increasing allegations of varying degrees of sexual harassment and abuse, even in Nigeria. SGBV is dangerous and has a serious impact on both the physical and mental health of those at the receiving end.

The victims/survivors of SGBV may suffer various sexual and reproductive health consequences including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and death among others. They may also feel unsecured, lose dignity, loss of autonomy as well as suffer emotional trauma and depression. There is little said about SGBV among persons with disabilities and some of the challenges faced by victims of sexual abuse among PWDs in Nigeria.

Africa Polling Institute (API) with the support from Ford Foundation conducted this study – Sexual and Gender-based Violence among persons with disabilities to lend its voice on the subject matter, as well as to gather firsthand information from persons with disabilities on the issue; have an understanding of the matter, and build a body of knowledge on SGBV among persons with disabilities in Nigeria. This report is a key component of the Nigeria Disability Research Project.

It is our hope that the results and findings of the study will stimulate discussions and provide policymakers, civil society groups and others with the required data for advocacy and insights to better respond to the needs of persons with disabilities affected by sexual and gender-based violence in Nigeria.

Professor Bell Ihua (PhD Kent)
Executive Director, Africa Polling Institute (API)



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The institute would like to express its gratitude to the team of researchers led by Dr Joshua Aransiola, Dr Feyishola Kadiri, Senior Research Fellow, API, Mr. Olajonrin Segun, Senior Research Manager, API, Mr. Ekene Okonkwo, Senior Research Associate, API, and Ms. Amarachi Charles, Manager, Corporate Services whose expertise enabled us to produce this report on time.

We would also appreciate the efforts of the various state chapters of the Joint National Association for Persons with disabilities (JONAPWD) who helped us identify the various clusters of persons with disabilities in their states during the data collection process.

Lastly, our immense gratitude goes to Ford Foundation for their support thus far on the Nigeria Disability Research Project.

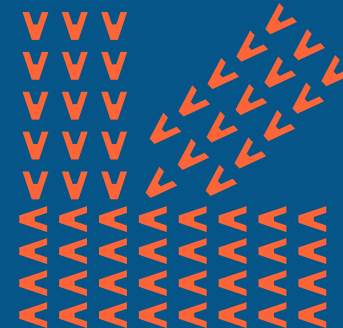
Signed

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TABLE OF CONTENTS



Foreword	3
Preface	4
Acknowledgements	5
Table of Contents	6
Acronyms and Abbreviations	8
Executive Summary	9
1.0 Introduction	12
2.0 Literature Review	13
2.1 Global Prevalence of Disabilities	13
2.2 Prevalence of Disabilities in Nigeria	14
2.2.1 Crude Disability Rates and Types of Disability Reported by States and Gender	15
2.2.2 Distribution of PWD by State and Type of Disabilities	17
2.3 Sexual and Reproductive Health Rights of Persons with Disabilities	18
2.4 Sexual and Gender Based Violence among PWD in Nigeria	19
3.0 Survey Objectives	22
4.0 Survey Methodology	23
5.0 Survey Results and Findings	24
5.1 Socio-Demographic Characteristics of the Data	24
5.2 Disability Identification	25
5.3 Perception and Attitudes about Persons with Disabilities	26
5.3.1 Value of PWD to family and society	26
5.3.2 Perception on marriage and traditional roles of persons with disabilities	27
5.3.3 Perception on discrimination and stigmatization of persons with disabilities in their community	28
5.3.4 Perception on consideration of women with disabilities before making key decisions	29
5.4 Access to Wealth and Well-being of persons with disabilities	31
5.4.1 Inheritance from parents	31
5.4.2 Employment and entrepreneurial opportunities of persons with disabilities in the community	32
5.5 Rights to decision making and social participation among persons with disabilities	33
5.5.1 Involvement in decision concerning their health	33
5.5.2 Freedom of movement without permission	34
5.5.3 Participation in community meetings	35
5.6 Sexual Rights of persons with disabilities	36
5.6.1 Perception on vulnerability of women with disabilities to sexual abuse than women without disabilities	36
5.6.2 Perception on vulnerability of men with disabilities to sexual abuse than men without disabilities	37
5.6.3 Access to reproductive health services by women with disabilities	38
5.7 Ascertaining Gender-based violence	40
5.7.1 Gender-based violence among women with disability	40
5.7.2 Men with disability	41
5.7.3 Perception on the possibility of a woman with disability to be raped in her community	42
5.7.4 Perception on the possibility of a man with disability to be raped in his community	43
5.7.5 Perception on the vulnerability of persons with hunchback / albinism to being used for ritual in the community	44
5.8 Ascertaining Sexual Violence amongst persons with disabilities	45
5.8.1 Sexual abuse / rape amongst persons with disabilities	45
5.8.2 Perpetrators of abuse on persons with disabilities	46
5.8.2 Sex for assistance among persons with disabilities	46
5.9 Nature of intimate relationship of person with disability with their partner	48
5.9.1 Intimate relationship among persons with disabilities	48
5.9.2 Experience of Rape / sexual abuse from their partner	49
5.9.3 Experience of person with disability and their partner on various issues	50
5.10 Ascertaining Physical violence among persons with disability	51
5.10.1 Experience of violence from partner over the past 12 months	51
5.10.2 Support for legislation to end sexual and gender-based violence among persons with disability	52
5.10.3 Possible recommendations toward addressing sexual and gender-based violence among persons with disability	52
6.1 Summary of Key findings	53
6.2 Recommendations	54
6.3 Conclusion	55
References	56
Appendix 1	59



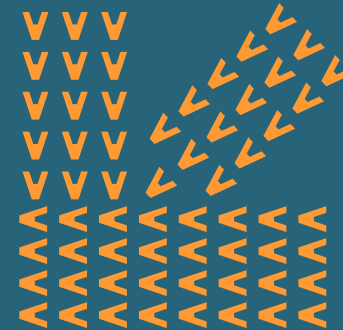


TABLE OF FIGURES

Figure 1: Family and societal perception on PWD	26
Figure 2: Demography of family and societal perception on PWD	27
Figure 3: Perception on marriage and traditional roles of PWD	27
Figure 4: Demography of marriage and traditional roles of PWD	28
Figure 5: Discrimination and stigmatization against PWD	28
Figure 6: Discrimination and stigmatization against PWD by demography	29
Figure 7: Consideration of WWD before taking key decisions	30
Figure 8: Consideration of WWD before taking key decisions by demography	30
Figure 9: Perception on PWD and inheritance of any property	31
Figure 10: Perception on PWD and inheritance of any property by demography	31
Figure 11: Employment and entrepreneurial opportunities of PWD	32
Figure 12: Employment and entrepreneurial opportunities of PWD by demography	32
Figure 13: Involvement of PWD in health decision making	33
Figure 14: Involvement of PWD in health decision making	33
Figure 15: Freedom of movement among PWD	34
Figure 16: Freedom of movement among PWD by demography	34
Figure 17: Participation of PWD in community meetings	35
Figure 18: Participation of PWD in community meetings by demography	35
Figure 19: Comparing vulnerability of WWD to sexual abuse than women without	36
Figure 20: Comparing vulnerability of WWD to sexual abuse than women without by demography	37
Figure 21: Comparing vulnerability of MWD to sexual abuse than men without	37
Figure 22: Comparing vulnerability of MWD to sexual abuse than men without by demography	38
Figure 23: WWD accessing reproductive health services	39
Figure 24: Demography of WWD accessing reproductive health services	39
Figure 25: Gender-based violence among WWD	40
Figure 26: Gender-based violence among WWD by demography	40
Figure 27: Gender-based violence among MWD	41
Figure 28: Gender-based violence among MWD by demography	41
Figure 29: Perception on WWD to claim being raped in her community	42
Figure 30: Perception on WWD to claim being raped in her community by demography	42
Figure 31: Perception on MWD to claim being raped in his community	43
Figure 32: Demography on perception on MWD to claim being raped in his community	43
Figure 33: Susceptibility of persons with hunchback or albinism to ritual killings in their community	44
Figure 34: Demography on the susceptibility of persons with hunchback or albinism to ritual killings in their community	44
Figure 35: Respondents who have been sexually abused or touched without consent	45
Figure 36: Respondents who have been sexually abused or touched without consent by demography	45
Figure 37: Those considered major perpetrators of abuse on PWDs	46
Figure 38: Respondents who have exchanged sex for assistance	47
Figure 39: Demography on respondents who have exchanged sex for assistance	47
Figure 40: PWDs in an intimate relationship	48
Figure 41: PWDs in an intimate relationship by demography	48
Figure 42: PWDs who have been forced to have sex by their partner	49
Figure 43: Demography on PWDs who have been forced to have sex by their partner	49
Figure 44: Experience of PWD and their partners on various issues	50
Figure 45: PWDs who experienced various forms of violence from their partner in the last 12 months	51
Figure 46: Respondents who would support legislation to end SGBV among PWDs	52
Figure 47: Possible recommendations by respondents towards addressing SGBV among PWDs	52

TABLE OF TABLES

Table 1: Socio-Demographic Characteristics of Respondents	25
Table 2: Disability Identification	25



ACRONYMS AND ABBREVIATIONS

API	- African Polling Institute
CBOs	- Community Based Organizations
CDC	- Centre for Disease Control
CDR	- Crude Disability Rates
CEDAW	- Elimination of All Forms of Discrimination against Women and Children
CPRD	- Convention on the Rights of Persons with Disabilities
FMWSD	- Federal Ministry of Women Affairs and Social Development
IFA	- Inclusive Friends Association
JONAPWD	- Joint National Association of Persons with Disability
MWD	- Men with Disabilities
NGOs	- Non-Governmental Organizations
NPopC	- National Population Commission
PHC	- Population and Housing Census
PWDs	- Persons with Disabilities
SFH	- Society for Family Health
SGBV	- Sexual and Gender-Based Violence
UN	- United Nations
UNDP	- United Nations Development Programme
UNFPA	- United Nations Population Fund Agency
WHO	- World Health Organization
WPADP	- World Programme of Action on Disabled Persons
WWD	- Women with Disabilities

EXECUTIVE SUMMARY



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The gender-based violence study was conducted amongst PWDs in Nigeria to have a body of knowledge that enables a better understanding of the challenges of women with disability. The study explores the perception and attitudes about persons with disabilities; examines their access to wealth and overall, their well-being as well as their vulnerability to gender-based violence and sexual abuse, and explores their rights to decision making and participation.

The study applied a quantitative research technique for the survey. A survey questionnaire was designed by the API research team in close consultation with a disability expert. For the data collection process, the institute worked and engaged with the umbrella body of persons with disabilities, the **Joint National Association for Persons with Disabilities (JONAPWD)** to identify various clusters of persons with disabilities; and sign interpreters where needed. All interviews were administered between November and December 2021, via face-to-face survey using a convenience sampling technique in selecting respondents across all the 36 states of the country and the Federal Capital Territory (FCT).

Interviews were conducted in five major languages: English, Pidgin, Hausa, Igbo, and Yoruba. A total of 3,105 contacts were attempted with 2,590 interviews completed, representing a response rate of 83.4%. All respondents were aged 18 and older. The average time per interview was 15 minutes.

KEY FINDINGS

On the value of PWD to family and society, it was found that 60% of the respondents agreed that PWDs are considered worthless and a liability. This view affects more females (65%) than males (56%), respondents with no formal education (63%) than others, and more than half of the respondents across all the geo-political zones with the South East having the least proportion of 55%.

PWDs are also considered unsuitable for marriage and traditional women roles like childbirth and home care by 56% of the respondents with females (60%) more affected than males (53%) and the view more dominant in the North East (68%) and South East (63%).

Also, 63% affirmed that discrimination and stigmatization against PWD are very common in their communities. Again females (67%) are more affected than their male (60%) counterparts. Discrimination and stigmatization against PWD were also high across all the geo-political zones with South-South having the highest proportion (68%) and North West (54%).

PWDs are often denied inheritance rights even from their parents (41%) with more females (46%) suffering the denial than males (39%). The problem is highest among those with no formal education or complete primary school (45%) and in the North East (55%).

Furthermore, 48% affirmed that PWDs have no freedom of movement without permission from a family member with females (52%) more affected than males (44%). Half of the respondents in the age category 18 – 35 years are affected with slightly lower proportions than others. The South-South (63%), also has the highest proportion of those who affirmed the statement compared to other regions. In the same vein, 47% affirmed that PWDs are rarely invited to community meetings where important decisions are taken. This affects the females (60%) more than males (57%) and is more common in the South-South (71%), South West (65%), and North East (62%) than in other regions.

sixty-four percent (64%) of the respondents agreed with the statement that women with disabilities are more vulnerable to sexual abuse than women without disabilities irrespective of age categories and educational levels. Also, 71% from South-South, 70% from South West, and 69% each for South East agreed with the statement. On the other hand, 46% disagreed that men with disabilities are more vulnerable to sexual abuse than those without disabilities whereas, 51% affirmed that women with disabilities have difficulties accessing reproductive health services. The situation is worst in the South-South (61%) and least in the North West (44%).

On the level of physical abuse, 70% affirmed that women with disabilities suffer physical violence irrespective of age, educational levels, and geo-political zones compared to 46% of men with disabilities who suffer physical violence. It is however difficult for women with disabilities (55%) and men with disabilities (47%) to claim being raped in the community. Also, 47% of respondents affirmed that



PWDs with hunchback are more susceptible to ritual killing across all the geo-political zones irrespective of age or educational levels.

It was however interesting to find that only 18% of the respondents claimed to have experienced sexual abuse in their lifetime. The proportion varied significantly by gender (28% females to 11% males), and age (28% of 60 years and above compared to 20% and 16% for 18 – 35 and 36 – 60 years respectively). Also, more respondents in the North East (36%) than in other geo-political zones had been sexually abused in the past.

The three leading perpetrators of abuse on PWD are strangers and evil people (57%), immediate family members, relatives and friends (11%), and government and officers of the law (10%). Also, 15% do not know the perpetrators. Only 13% expressed that they had sexual intercourse in exchange for assistance because of their disability status and this is more common in the North East (32%) than in other geo-political zones while 64% have had an intimate relationship and 33% have not had. Experience of sexual abuse from their partners was also very low (18%) although more common for females (23%) than males (10%) and highest in the North East (36%) followed by South East (20%) than other zones. Furthermore, 37% of their partners became jealous when they talk to the opposite sex, 38% always insist to know where they are, 32% expressed that their partners always want them to submit whenever they want sex and 23% expressed that their partners do not permit them to make friends with the opposite sex.

Data on experiences of PWD with their partners within the last 12 months of the survey revealed that 26% of the respondents had been insulted or made to feel bad about themselves, 20% had been scared or intimidated on purpose and 19% had been humiliated in front of others. Thus, as high as 88% affirmed their support for legislation on SGBV against PWD.



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CONCLUSION

The study concluded that Nigerian society is far from being inclusive and there is an urgent need for the government to take proactive measures to achieve the Sustainable Development Goals (SDGs) especially Goal 16 on inclusive society.



➤ INTRODUCTION



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Sexual and Gender-based Violence (SGBV) especially the violence against women and girls is a global problem attracting global attention in recent times because of its implications for human rights violations and its negative effect on the victims/survivors, families, communities, and the society at large. SGBV may include domestic, physical, emotional, and sexual violence, and rape. Global estimates of SGBV revealed that one out of every three women and girls experience physical or sexual violence in their lifetime (UN Women 2020).

SGBV has numerous negative consequences on the victims/survivors, family members, and the society at large but yet shrouded in the culture of silence. The victims/survivors of SGBV may suffer various sexual and reproductive health consequences including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and death among others. They may also feel unsecured, lose dignity, loss of autonomy as well as suffer emotional trauma and depression.

SGBV can occur at different terrains including the family/domestic, community, and the state and can include sexual violence, physical violence, emotional and psychological violence, child marriage, femicide, trafficking, and female genital mutilation (FGM), domestic violence, and rape.

The Nigerian Demographic and Health Survey (NDHS) 2018, noted that 30% of women and girls aged 15 – 49 years experience sexual and Gender-Based Violence. In the same vein, the World Bank (2019) found that 28% of women and 7% of girls aged 15-49 years have experienced one form of physical abuse and sexual violence. Despite the prevalence of SGBV in Nigeria, there is no clear data on the problem among Persons with Disabilities (PWD).



LITERATURE REVIEW

The literature review seeks to present previous works on situation analysis of SGBV among PWD in Nigeria. The review will be carried out under the following sub-headings:

- i. Global Prevalence of Disability
- ii. Prevalence of Disabilities in Nigeria
- iii. Sexual and Reproductive Health Rights of Persons with Disabilities
- iv. Sexual and Gender-Based Violence in Nigeria
- v. Sexual and Gender-Based Violence among Persons with Disabilities in Nigeria

2.1 GLOBAL PREVALENCE OF DISABILITIES

Disability is a condition that makes it more difficult for a person to do certain activities or interact with the world around them. The conditions or impairments may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Impairments causing disability may be present from birth or occur at any point in a person's lifetime. According to Bickenbach, Cieza & Sabariego, (2016), disability is a condition involving impairments, such as visual impairment and low back pain, and health conditions such as multiple sclerosis, spinal cord injury, depression, and schizophrenia among others. The Americans Disabilities Act (ADA) (1991) refers to disability as “the inability to do any substantial gainful activity because of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months”. This definition implies that a person must have suffered from a severe impairment that hinders the performance of previous work or other economic and daily routine activities for a minimum of one year.

The global prevalence of disability varies depending on time, location, and the measure used. The World Health Organization (WHO) (1970) estimated that around 10% of the world population lives with a disability while the 2004 Global Burden of Disease estimated the



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prevalence at 19.4%. Also, the World Health Survey (2011) estimated the prevalence at 15.6%. It is important to note that the 2011 World Health Survey on Disability conducted by the WHO and the World Bank combined both the 2004 Global Burden of Disease and 2004 World Health Survey approaches to arrive at the 15.6% estimate. This amounts to about 1 billion people across the globe living with different types of disabilities including physical, sensory (e. g. deafness, blindness), and intellectual, or mental health impairment significant enough to affect their daily lives, and this was expected to increase through population growth, medical advances and the aging process (WHO, 2011 and International Disability Alliance, 2018). According to Hope, (2003) and International Disability Alliance, (2018), low- and middle-income countries have higher rates of disability than high-income countries as 80% of persons with disabilities live in developing countries. One thing that is evident from the above is that disabilities are on the increase and this could be due to population aging and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability (International Disability Alliance, 2018).

Despite the global increase in the prevalence of disability and the prevalence ranging from 10% to 20% in high-income countries, many African countries continue to report significantly lower rates compared to high-income countries in the last two decades (sometimes at around 5% or less) (Loeb and Eide, 2004). According to UK National Statistic Family Resource Survey (2021), there are 14.1 million disabled people in the UK: 8% of children are disabled, 19% of working-age adults are disabled, and 46% of pension age adults are disabled. Also in the United States, the Centre for Disease Control and Prevention (CDC) (2016) reported that about 26% of Americans live with one type of disability or the other. However, the Ghana Statistical service (2014) reported that PWD constituted 3% of Ghana's population with four in every ten PWD visually impaired and a quarter of all PWD physically impaired. In the same vein, the Zambia National Survey on Disability (2015) reported that 10.9% of adults (18+ years) and 4.4% of children (2–17 years) were living with disability in the country. Thus, it has been suggested that there is an under-reporting of disability in low-income countries due to the differences in the definitions of disability and the tools used in the assessment of the problem (Loeb and Eide, 2004).

2.2 PREVALENCE OF DISABILITIES IN NIGERIA

There have been different estimates of PWD in Nigeria as there have been conflicting figures reported by different surveys. For instance, the World Disability Report (2011) reported that about 25 million Nigerians are living with one disability or the other; while 3.6 million of these estimates experience difficulties in going about their business. The report further stated that 29% of the 84 million PWD in Africa are located in Nigeria alone. Interestingly, more than half of the 25 million PWD are females. On the other hand, the Federal Ministry of Women Affairs (2011) estimated a national prevalence of PWD at 3.2% indicating that 4.8 million people are living with disabilities in 2011 or 6.6 million as of 2020 holding the prevalence rate constant. The survey further revealed that “the lowest prevalence of disability was in the FCT (0.6%) while the highest prevalence of 22.2% was in Sokoto State. Regional variations indicate that the North-West geopolitical zone recorded the highest prevalence of 5% followed by the South-East (4.5%), South-South 2.6%, North-East 2.4%, and South-West at 2.1%”. Also, the National Population Commission (NPopC, 2018), using the 2006 National Census figures as the baseline estimated the total number of people with disabilities at about 19 million which puts the proportion of PWDs at 9.6% approximately.

It is important to note that various stakeholders including Organizations of Persons with Disabilities, NGOs/CSOs as well as Development Partners (e.g., Joint National Association of Persons with Disability (JONAPWD) and the Human Rights Commission among others) have disputed the figure reported by various agencies and Government Departments in Nigeria on the basis that the scope of the disability challenge in the country has been grossly underestimated. For instance, the methods used in canvassing for disability in censuses are self-reporting and limited to certain forms of disabilities and thus resulting in under-reporting the actual number of disabled persons when compared to most agreed definitions of disability. The conflicting figures are therefore due to inconsistencies in the definition of disability by the various agencies, consequent upon lack of legislation before the different surveys in the country.



Despite the limitation of gross underestimation in the last two national censuses in Nigeria (1991 and 2006 Census) and the disability survey of 2011 conducted by FMWSD, they remain the major source of information about the size of the disabled population in the country. Thus, this study relies on the last census data conducted in the year 2006 to make projections for the population of PWD in Nigeria. The last Population and Housing Census (PHC) by the National Population Commission in 2006 gave the total number of disabled persons as 3,253,169 which amounted to about 2.3% of the total population, with males constituting 53% (1,708,751) and females constituting 47% (1,544,418). Based on these figures with the assumption that the disability rate remains the same, the projected population for disabled persons was obtained by State and presented in Appendix 1. The projected total population size of disabled persons for 2020 is 4,779,503 with 2,510,469 males and 2,269,034 females.

2.2.1 CRUDE DISABILITY RATES AND TYPES OF DISABILITY REPORTED BY STATES AND GENDER

Table 2 presents the Crude Disability Rates (CDR) from three different sources of data i.e., 1991 Census, 2006 Census, and 2011 survey of the Federal Ministry of Women Affairs Survey). CDR is the ratio of the population that is disabled which can be measured per 100 (indicating the percent of the population with disability) or measured per 1,000 or 10,000 depending on the number of disabled in the population. In the Table, CDR was measured as the number of disabled per 1,000 of the population.

STATE	1991 Census-Crude Disability Rate per 1000			2006 Census-Crude Disability Rate per 1000			FMWASD Baseline data-Crude Disability Rate per 1000
	Male	Female	Both Sexes	Male	Female	Both Sexes	Both Sexes
ABIA	4.27	3.75	4	23.37	23.39	23.38	58
ADAMAWA	5.71	5.31	5.51	30.43	28.38	29.41	14
AKWA-IBOM	3.28	2.89	3.08	24.88	24.38	24.63	49
ANAMBRA	6.45	5.51	5.97	23.09	21.77	22.44	46
BAUCHI	4.59	4.36	4.47	24.84	22.87	23.87	26
BAYELSA				28.46	28.41	28.44	9
BENUE	5.19	4.88	5.03	23.42	21.83	22.63	34
BORNO	7.89	7.81	7.85	29.07	27.85	28.48	29
CROSS-RIVER	4.23	3.51	3.87	28.48	26.99	27.75	20
DELTA	3.62	3.34	3.48	25.87	25.29	25.58	71
EBONYI				29.62	28.86	29.23	40
EDO	4.2	3.47	3.83	19.45	17.89	18.68	25
EKITI	5.89	4.73	5.28	21.96	21.19	21.58	28
ENUGU	7.43	6.32	6.84	23.64	21.47	22.53	23
GOMBE				25.69	23.99	24.88	28
IMO	5.21	5.29	5.25	21.84	20.12	20.99	60
JIGAWA	3.93	3.96	3.94	28.8	26.63	27.72	22
KADUNA	5.06	4.95	5	25.51	23.33	24.43	27



STATE	1991 Census-Crude Disability Rate per 1000			2006 Census-Crude Disability Rate per 1000			FMWASD Baseline data-Crude Disability Rate per 1000
	Male	Female	Both Sexes	Male	Female	Both Sexes	Both Sexes
KANO	4.81	4.7	4.76	26.65	24.15	25.46	18
KATSINA	6.18	6.47	6.33	25.11	23.11	24.13	15
KEBBI				23.86	20.69	22.28	25
KOGI	3.91	3.35	3.62	15.31	13.86	14.59	34
KWARA	4.37	3.8	4.08	15.58	14.39	14.99	17
LAGOS	3.73	3.3	3.53	18.38	17.22	17.82	16
NASARAWA				26.32	24.51	25.43	37
NIGER	5.02	4.75	4.89	18.21	16.32	17.28	40
OGUN	5.02	4.88	4.95	19.34	18.6	18.97	33
ONDO	3.93	3.67	3.8	16.59	16.31	16.45	22
OSUN	4.29	4.07	4.18	13.84	13.34	13.59	16
OYO	4.05	3.7	3.87	18.49	17.94	18.22	10
PLATEAU	5.28	4.9	5.09	27.17	25.49	26.33	14
RIVERS	4.54	4.3	4.42	27.63	26.92	27.29	22
SOKOTO	7.38	7.25	7.32	27.58	24.7	26.15	222
TARABA	4.52	4.34	4.43	29.83	28.16	29.01	27
YOBE	7.4	6.98	7.2	34.78	31.48	33.19	21
ZAMFARA				34.84	30.45	32.65	19
FCT-ABUJA	5.34	5.61	5.46	13.89	11.98	12.98	6
NIGERIA	4.98	4.66	4.82	23.95	22.35	23.17	32

Source: Nigeria, 2006 Population and Housing Census



2.2.2 DISTRIBUTION OF PWD BY STATE AND TYPE OF DISABILITIES

Table 3 shows the different types of disabilities reported. It is evident that those with 'seeing problem' is the most reported form of disability followed by the 'hearing problem' and then those with mobility problems.

Table2: Distribution of PWD by State and Type of Disability

STATE	Total Number	Seeing %	Hearing %	Speaking %	Mobility %	Mental %	Other %
ABIA	66,524	43.4	11.4	11.2	18.4	7.6	8.1
ADAMAWA	93,504	52.6	13.7	7.3	13.1	6.7	6.5
AKWA-IBOM	96,125	45.2	13.3	12.4	17.7	5.2	6.1
ANAMBRA	93,738	40	16.4	13.1	16.8	7.7	6.1
BAUCHI	111,090	51.6	14.6	8	12.5	6.3	7
BAYELSA	48,472	40.5	19.1	16.6	12.7	5.1	5.9
BENUE	96,256	40.8	13.8	6.2	19.1	6.9	13.1
BORNO	118,787	54.1	12.4	9.1	11.2	6	7.2
CROSS-RIVER	80,274	40.7	14.7	11.5	18.2	5.3	9.5
DELTA	105,212	38.2	15.1	13.5	17.1	6.3	9.7
EBONYI	63,631	38.8	16	9.4	18.7	6.8	10.3
EDO	60,401	40.8	12.5	11.6	16.3	8.5	10.4
EKITI	51,777	49.2	13.2	17.1	12	3.3	5.1
ENUGU	73,615	37	14.8	12.2	17.4	9.6	9
GOMBE	58,846	49.6	14.3	10.1	12.3	6.1	7.6
IMO	82,420	38.8	13.8	11.7	19	6.9	9.8
JIGAWA	120,904	49.4	17.5	8.3	10.4	5.6	9
KADUNA	149,352	46.8	15.2	11.3	13.1	5	8.6
KANO	239,377	48.7	14.8	9.1	12.4	6.7	8.3
KATSINA	139,971	47.6	16.7	12	10.9	6.1	6.8
KEBBI	72,556	54	13	6.9	11.9	7.1	7.1
KOGI	48,362	33.1	14.6	12.1	19.9	7.3	12.9
KWARA	35,460	48.9	11.6	10.4	16.4	5.1	7.6
LAGOS	162,412	40.9	11.5	16.1	14.3	5.1	12.1
NASARAWA	47,531	47	15.5	10.9	14	4.7	7.9
NIGER	68,325	56.9	10.7	7.8	11.9	5.2	7.5
OGUN	71,162	36.9	13.6	15.5	18.1	5.4	10.5
ONDO	56,941	27	17.8	23.1	16.2	5.2	10.7
OSUN	46,434	36.9	14.1	19.2	16.2	5.6	7.9
OYO	101,657	42.1	11.8	14.1	17	5	10
PLATEAU	84,431	44	17.1	7.5	15.4	5.7	10.3
RIVERS	141,860	40.8	15.5	16.3	15.4	5.2	6.7
SOKOTO	96,833	55.4	12.3	8	11.3	6.3	6.6
TARABA	66,568	51.7	13	9.2	13.7	4.9	7.4
YOBE	77,056	56.4	14.8	8.2	9.6	5.2	5.9
ZAMFARA	107,055	47.5	18.4	9	9.3	5	10.8
FCT-ABUJA	18,250	44.2	9	13.6	19.8	4.3	9.1
NIGERIA	3,253,169	45.4	14.4	11.3	14.4	6	8.5

Source: Nigeria, 2006 Population and Housing Census





2.3 SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF PERSONS WITH DISABILITIES

Although the United Nations in 1948 made a Universal Declaration of Human Rights to guarantee the human rights of all people, the human rights of persons with disabilities only became an important part of the international policy agenda in 1982. Thus, the UN General Assembly adopted the World Programme of Action on Disabled Persons (WPADP) in that year. The WPADP aims at equality in all aspects of social and economic life by integrating the human rights of persons with disabilities in all aspects of development processes. In line with these, the United Nations Charter, the Universal Declaration of Human Rights, International Covenants on Human Rights, and related human rights instruments affirm the essentiality of “a universal respect for, and observance of, human rights and fundamental freedoms for all without distinction. The Universal Declaration on human rights was later elaborated in many of the international conventions including the Convention on the Elimination of All Forms of Discrimination against Women and Children (CEDAW) 1999, the Convention Against Torture and other Cruel, Inhumane, or Degrading Treatment or Punishment 1985, the Convention on the Rights of the Child 1989 and Convention on the Rights of Persons with Disabilities (CRPD) (2007) and its Optional Protocol of (2010) specifically address the issues concerning people with disabilities including women and children as a strategy for inclusive society to meet the Sustainable Development Goal 10 among others.

The Convention on the Rights of Persons with Disabilities (CPRD) which entered into force on 3 May 2008 was the first international human rights treaty of the 21st century and has been ratified by many countries including Nigeria. Many countries signed the Convention on the first day, it was more open for signature than for any other Convention in the history of the United Nations. The high level of support indicates its critical importance as considered by the international community. Several articles of the Convention have direct relevance to Sexual and Reproductive Health (SRH), reproductive rights, and gender-based violence.

Article 9 of the convention emphasizes “the need for accessibility, including access to medical facilities and information”. Article 16 requires member nations “to ensure the protection of persons with disabilities from violence and abuse, including gender-based violence and abuse” while Article 22 calls for “the equal rights of persons with disabilities to privacy, including the privacy of personal health information”. Article 23 demands states to “eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and relationships, including in the areas of family planning, fertility, and family life”, while Article 25 requires that “states ensure equal access to health services for persons with disabilities, with specific mention of SRH and population-based public health programs”.

The CRPD is a legally binding instrument once ratified by a country. States parties are then required to ensure that all laws, policies, and programs comply with its provisions. Articles 23 and 25 specifically require the attention of member nations to the issues of persons with disabilities in matters of Sexual Reproductive Health and reproductive rights. Since Nigeria is a member nation and has ratified the convention, she is bound by its provision and has promulgated and signed into law the Discrimination against Persons with Disability (Prohibition) Act 2018. The law prohibits discrimination based on disability and imposes sanctions including fines and prison sentences on those who contravene it. It also stipulates a five-year transitional period for modifying public buildings, structures, and automobiles to make them accessible and usable for people with disabilities. The law also provided for the establishment of a National Commission for Persons with Disabilities, responsible for ensuring that people with disabilities have access to housing, education, and healthcare. The Commission is to be empowered to receive complaints of rights violations and support victims to seek legal redress among other duties.

Despite this, the sexual and reproductive health rights of PWD continued to be violated as discrimination and rejection have continued to be part of their daily experiences. Ortoleva and Lewis (2012) found that persons with disabilities have historically been denied sexual and reproductive health rights. In line with this, Kassa, Luck, Bekele & Riedel-Heller, (2016); Shogren, Wehmeyer, Palmer, Rifenbark & Little (2015), and Obasi, Manortey, Kyei,



Addo, Talboys, Gay & Baiden (2019) expressed that the denial stems from societal erroneous believe that persons with disabilities are asexual and cannot be abused. Thus, most people with disabilities lack adequate access to sexual and reproductive health (SRH) information as a necessary pre-condition for healthy and safe relationships including HIV and STIs prevention and family planning decision making and services (Banks & Polack, 2014, UNFPA, 2018).

The UNFPA (2018) further found that the needs and concerns of persons with disabilities are often neglected in policy and programmes leading to barriers in accessing services, including discriminatory attitudes by health. Persons with disabilities are therefore confronted with social stigma and negative social attitudes resulting in social rejection in addition to their physical and/or mental disabilities which are manifested in all sectors of the society including health, education, transportation, and employment among others. (Rubin & Roessler, 1995).

According to WHO (2013) and Groce et al. (2009), women with disabilities need greater access to sexual and reproductive health services than their able-bodied counterparts but a relationship exists between disability, poverty, and low level of education. According to UNDP (1998), lack of education is recognized as one of the factors contributing to being equipped with the right information, and the global literacy rate for adults with disabilities is as low as 3 percent, and 1 percent for women with disabilities. According to Smith (2006), women with disabilities had less access to health care than women without disabilities and men with disabilities thus predicting that disability and gender were determinants of lack of access to health care. Those who are disabled are 2.26 to 3.78 times more likely not to have access to health care, and women were 1.26 times more likely not to have access to health care (Smith, 2006).

Nigeria Health Watch (2020) noted “many health facilities in Nigeria have no ramps for those in wheelchairs, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas for people living with disabilities”. The report stated further that “many health facilities have no sign language interpreters to support the health workers who are deaf and/or dumb making it difficult for many of them to access

health facilities”. In a study conducted in Ibadan, Nigeria, Arulogun, Titiloye, Afolabi, Oyewole, and Nwaorgu (2013) specifically noted that “girls with hearing impairments reported that they were not provided with professional interpreters during visits to reproductive health facilities, instead of having to rely on family members and friends to translate information for them, a situation that jeopardized the confidentiality of those services.



2.4 SEXUAL AND GENDER-BASED VIOLENCE AMONG PWD IN NIGERIA

The UN Women (2020) affirmed that “the intersection of gender and disability increases the risk of violence for women, girls, men and boys with disabilities, as well as their caregivers”. Thus, it was found that “women and girls living with disabilities are almost twice more likely to experience gender-based violence than their counterparts without disabilities” (UN Women 2020). In line with this Groce et al (2009) found enough evidence to conclude that women with disabilities are three times more likely to be victims of sexual, emotional, and physical abuse and thus concluded that persons' disabilities increase their vulnerability to various kinds of abuses.

Despite all the efforts at protecting the rights of PWDs, especially the signing of international protocols and enactment of the Disability Act 2018 by the Nigerian Government, many persons with disabilities continue to suffer sexual, physical, and psychological abuses. These can be linked to two dominant views of disabilities across Nigerian societies. According to Omoniyi (2014), the Nigerian traditional societal view considers disability as either punishment by gods in vengeance for past or present misdeed of the parents or close family members or the consequences of not heeding the warnings of witchcraft and evil spirits.

Furthermore, the UN Women (2020) noted that “Many women with disabilities in Nigeria live in communities already worse affected by the socio-economic impacts of Covid-19 pandemic, amid increased tensions that provide opportunities for perpetrators to engage in abusive behaviour”. This is coupled with the fact that women and girls with



disabilities lack access to information on where to seek help and other life-saving services which were highlighted during the Covid-19 pandemic in the country. Studies suggest that PWD sexuality globally has been largely overlooked or actively suppressed and reproductive rights denied (Swartz et al. 2009; Groce et al. 2009) as they are believed not to have the capacity to perform the physical act of sexual intercourse, hence they are not often thought of as sexually active (Hunt & De Mesquit 2006). They are also often viewed as sick or childlike therefore they are perceived as asexual; incapable of meaningful sexual relationships; unable to carry a pregnancy and not interested in establishing families (Mgwili & Watermeyer 2006).

Many social myths and practices are constituting sexual and gender-based violence in Nigeria that worsen the lives of persons living with disabilities. Studies affirmed that many PWD suffers a series of abuse and violence at the hands of family members and relatives (Inclusive Friends Association (IFA) 2015; Society for Family Health 2020). IFA, (2015) affirmed that PWD faces discrimination and stigmatization from their family members, and women who acquire disability are often abandoned by their partner as a result of their inability to cope with the change and the stigma. Also, women who gave birth to children with disabilities or whose children become disabled may be blamed for negligence or carelessness during pregnancy while the PWD themselves are seen as less human, faulty, witches, less productive, illiterate and repulsive even by their family and relatives (SFH, 2020). They live at the mercy of the family members who use the opportunity to exploit them. The PWD are often seen as worthless and not taken to the hospital by family or caretakers but hidden within the homes while the negative family attitudes manifest in a lack of practical support for their relatives with disabilities (IFA, 2015).

Persons with disabilities also suffer sexual violence across many communities in Nigeria (ENR 2015). Groce et al. (2009) noted that “women with disabilities are three times more likely to be victims of sexual, emotional, and physical abuse than their counterparts without disabilities” while the WHO 2013 found that disabilities of women and girls increase their vulnerability to sexual abuse. In line with this, ENR (2015) reported that “over 10% of women with disabilities had experienced some form

of sexual violence in their lifetimes, 14% had been touched against their will, 8% had been subjected to rape, 7% had been deceived or coerced into having sex, and 6% had suffered physical abuse for refusing to have sex”. This is coupled with the fact that women with disabilities face many barriers in reporting gender-based violence, including stigma and discrimination, and the inaccessibility to justice. Some PWD is also sexually exploited to receive assistance while some men believe that sex with women with disabilities, particularly intellectual and psychosocial disabilities, will bring wealth, status, and power thereby increasing their vulnerabilities to rape (IFA, 2015). The situation is complicated by the societal perception that women with disabilities are asexual, unattractive, and incapable of sexual acts, thus creating uncertainties about whether their stories will be believed even when they manage to report sexual abuse (NGO Submission to CEDAW Committee, 2016). Even when they manage to report, services provided for victims of SGBV are often inaccessible for PWD as they are not located in physically accessible environments and do not provide some basic facilities including sign language interpretation or information in Braille or easy-to-read formats, etc. for their proper functioning within the facilities (NGO Submission to CEDAW Committee, 2016). The IFA (2015) reported the following negative sexual attitudes towards PWD:

- 01 Men want to have sex with them but not date them openly because they are ashamed of them
- 02 Male students with disabilities do not want to date female students with disabilities
- 03 Men with disabilities often find it easier to get married
- 04 Women with visual impairments are often taken advantage of by those around them. Their privacy is often invaded, for example when having their baths, and it is assumed they do not know of this.

Thus, women with disabilities may be subjected to medical procedures such as having contraceptive devices implanted in their skin without their consent to prevent pregnancies when they are sexually



abused while others had been forcibly confined or sterilized for similar protection reasons (NGO Submission to CEDAW Committee, 2016). This is because they are believed not to be able to give birth as well as unable to fulfill the traditional female domestic roles of cooking, cleaning, and caring for the home, children, and families (IFA 2015).

For the female PWD who were able to get married or acquire a disability after marriage, the discrimination and stigmatization often result in negative feelings and shame to leave the house to access reproductive health services and this may complicate their health conditions (Kritzing et al. 2014; Ledger 2016). The IFA (2015) reported that “women with disabilities are treated poorly by medical personnel, find health care services inaccessible, and may not be able to afford those services, they may not seek needed antenatal care when they become pregnant, a situation that can increase the risk of complications during pregnancy and labour”. Also, women with disabilities are often assumed to require Caesarean sections to deliver by the medical personnel in Nigeria (NGO Submission to CEDAW Committee, 2016).

Persons with disabilities also suffer physical, psychological, and emotional violence in some societies in Nigeria. According to Pearce (2015), “discrimination and stigmatization by family members, service providers, and the wider community, were the most commonly cited barriers to accessing gender-based violence services for conflict-affected women with disabilities”. Those with hunchbacks and albinism are often thought to bring wealth and power when used for rituals resulting in their killings (IFA, 2015). Omoniyi, (2014) expressed that disabled people suffer social exclusion and separation, seen as a liability, teased and jeered within the neighborhood making the parents and family members experience agony and unnecessary burden accompanied by mixed attitudes towards PWDs. This usually leads to denial of many of the human rights of PWDs as they suffer unequal access to critical sectors of the society including education, health, politics, economy, and employment among many others that could alleviate their sufferings. This may result in low self-esteem which adds to their vulnerability to exploitation and abuse.

Despite these, there is no clear data on the prevalence as well as dynamics of sexual and gender-based violence in Nigeria. The few efforts at

understanding the magnitude of the problem of sexual and gender-based violence among PWD are predominantly qualitative research focusing on a very small sample in specific locations that are difficult to generalize. This makes the intending research on sexual and gender-based violence among PWD by the African Polling Institute (API) relevant and imperative to provide the needed and generalizable evidence for policy and programmatic actions across all sectors of Nigerian society.



Photo Credit: UNICEF Zambia/2018/Siakachoma



➤ SURVEY OBJECTIVES

As earlier noted in the literature of this study, recent survey in 2018 shows that about 30% of women and girls aged 15 – 49 years experience sexual and Gender-Based Violence. This indicates that there is prevalence of sexual and gender based violence in Nigeria. However, desk review suggests that there is no clear data on the prevalence of sexual and gender based violence among Persons with Disabilities (PWD). It is for this reason the Africa Polling Institute (API) seeks to conduct this study – Sexual and Gender-Based Violence among persons with disabilities in Nigeria, in order to have a body of knowledge that enables a better understanding of the challenges of women with disability.

Arising from the above, through a robust scientific approach, the study seeks to:

01

Explore the perception and attitudes about persons with disabilities;

02

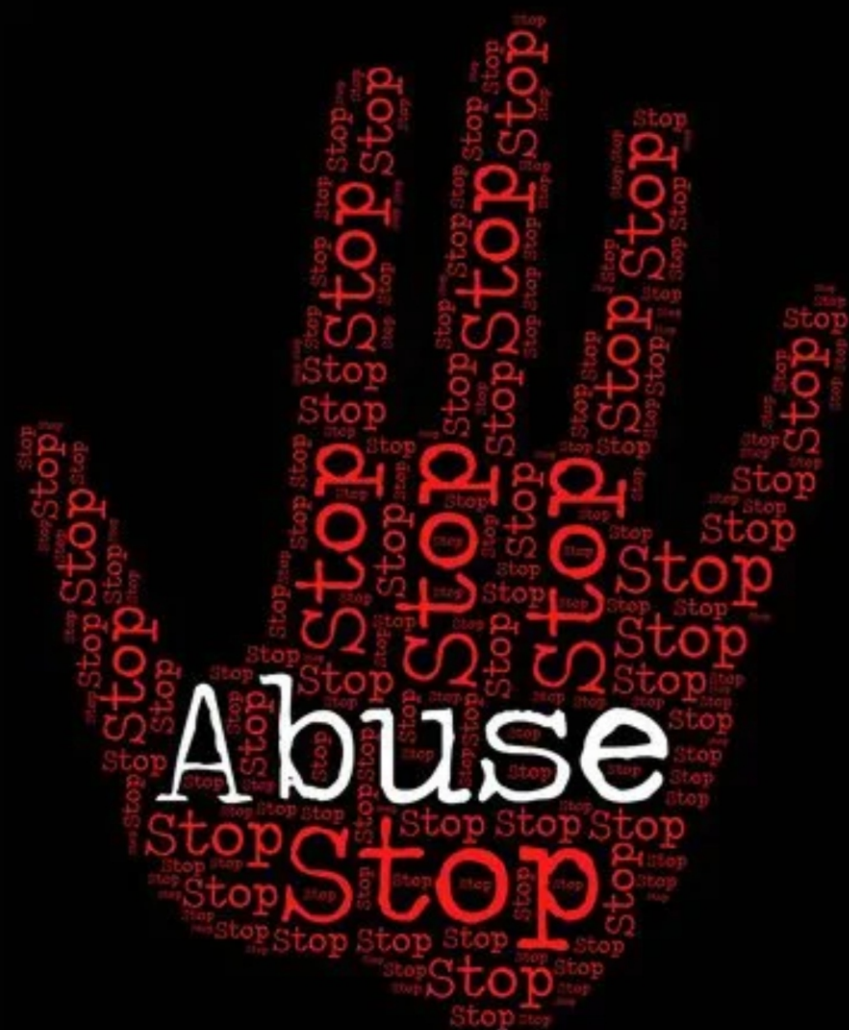
Examine their access to wealth and overall well-being;

03

Examine their vulnerability to gender-based violence and sexual abuse and;

04

Explore their rights to decision-making and participation.



➤ SURVEY METHODOLOGY

The study was conducted by Africa Polling Institute with support from Ford Foundation to gather data and have a robust body of knowledge and understanding of the challenges faced by persons with disabilities, especially women with disabilities. The study applied a quantitative approach to the survey. A survey questionnaire was designed by API research team in close consultation with a disability expert. For the data collection process, the institute worked and engaged with the umbrella body of persons with disabilities, the **Joint National Association for Persons with Disabilities (JONAPWD)** to identify various clusters of persons with disabilities; and sign interpreters where needed. All interviews were administered between November and December 2021, via face-to-face survey using a convenience sampling technique in selecting respondents across all the 36 states of the country and the Federal Capital Territory (FCT).

Interviews were conducted in five major languages: English, Pidgin, Hausa, Igbo, and Yoruba. A total of 3,105 contacts were attempted with 2,590 interviews completed, representing a response rate of 83.4%. All respondents were aged 18 and older. The average time per interview was 15 minutes.

The analysis for this survey involved tabulation of responses into frequency tables and generating frequency charts from the summaries. The open-ended responses were first coded, analyzed, and summarized into optimal categories before generating frequency tables and charts.



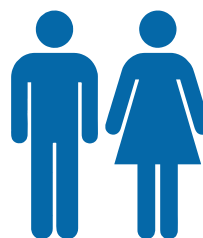
➤ SURVEY RESULTS AND FINDINGS

This section presents detailed results and findings from the Survey.



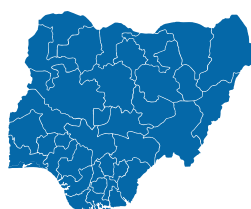
Photo Credit: UNICEF

➤ 5.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE DATA



Gender:

More males (57 percent) than female respondents (43 percent) participated in the survey.



Geo-political Zone:

The distribution of respondents by geo-political zones is as follows: North Central and North West had the highest frequency with 19 percent, followed by North East, South-South, and South West with 16 percent, and South East (14 percent) with the lowest frequency.



Age-Group:

The distribution of age groups of the respondents in the survey includes 18-35 years (49 percent) with the highest frequency, followed by 36-60 years (48 percent) and 60 and above (3 percent) with the lowest frequency.



Variable Name	Variable Label	N=2,590	%=100
Gender	Male	1485	57%
	Female	1105	43%
Age Group	18 – 35 Years	1267	49%
	36 – 60 Years	1247	48%
	60+	76	3%
Highest Level of Educationn	No formal Education / Completed Primary School	1327	51%
	Completed Secondary School	867	34%
	Completed Tertiary and above	392	15%
Geo-Political Zone	North Central	490	19%
	North East	420	16%
	North West	490	19%
	South East	350	14%
	South South	420	16%
	South West	420	16%

Table 1: Socio-Demographic Characteristics of Respondents

5.2 DISABILITY IDENTIFICATION

The survey leaned on the Washington Group Short Set instrument in identifying different types of disabilities among respondents. The different types of disabilities assessed include **vision, hearing, mobility, cognition, self-care, and communication, problems with the use of the upper body, and** others such as **albinism**. Respondents were asked whether they had some difficulty, a lot of difficulties, or cannot do the activities at all. From the survey findings, half of the respondents (50%) had disabilities associated with mobility. They said they had 'some difficulty', 'A lot of difficulty, or 'cannot at all' walk or climb steps. This is followed by the proportion of those who had difficulty in self-care (41%). Respondents with vision impairment (38%), hearing impairment (28%), difficulty in communicating (26%), another 26% of respondents who could not raise 2 liters of water from waist to eye level, a difficulty raising hands and fingers (24%), and 19% had difficulty in cognition or remembering/concentrating. Other forms of disability identified from the survey include: albinism/vitiligo/skin condition (18%)

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all
Vision [have difficulty seeing, even if wearing glasses]	62%	8%	12%	18%
Hearing [have difficulty hearing, even if using hearing aid(s)]	72%	8%	9%	11%
Mobility [Have difficulty walking or climbing steps]	50%	11%	24%	15%
Cognition [have difficulty remembering or concentrating]	81%	12%	5%	2%
Self-Care [have difficulty with self-care, such as washing all over or dressing]	59%	17%	18%	6%
Communication [have difficulty communicating, for example understanding or being understood]	74%	11%	12%	3%
Upper Body [have difficulty raising a 2-liter bottle of water from waist to eye level]	74%	12%	11%	3%
Upper Body [have difficulty using hands and fingers such as picking up small objects]	76%	11%	10%	3%
Others [such as Albinism / Vitiligo / Skin condition]	82%	8%	7%	3%

Table 2: Disability Identification





5.3 PERCEPTION AND ATTITUDES ABOUT PERSONS WITH DISABILITIES

5.3.1 VALUE OF PWD TO FAMILY AND SOCIETY

The perception and attitudes toward PWDs were explored by asking respondents about their feelings about how the family and the society at large value them. A Likert scale format question with 5 options including strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree were asked. The question explores whether persons with disabilities were considered worthless and a liability to their families and society. From the survey, the majority of the respondents (60%) either 'strongly agree' or 'agree' with the statement that persons with disability are often considered worthless and a liability to their families and society. On the contrary, 31% of respondents 'strongly disagree' or 'disagree' with the statement.

PWD ARE OFTEN CONSIDERED WORTHLESS AND A LIABILITY TO THEIR FAMILIES AND THE SOCIETY.

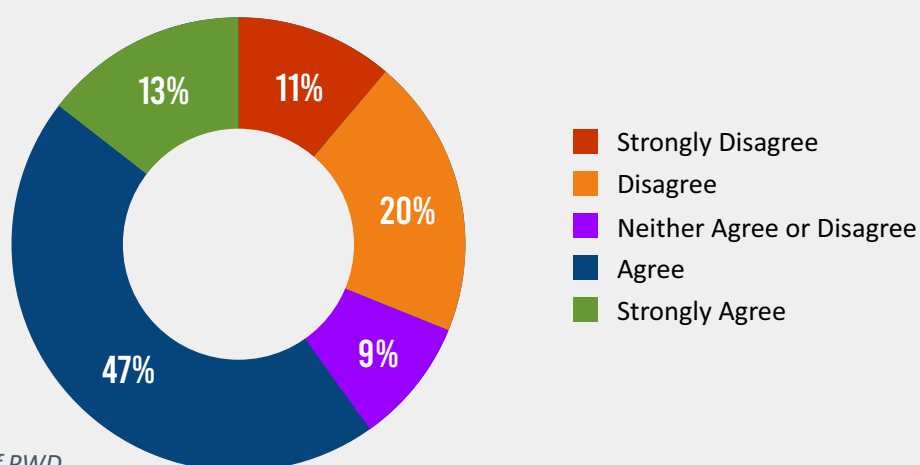


Figure 1: Family and societal perception of PWD

The view of the respondents on whether PWDs were considered worthless and liability was disaggregated by some socio-demographic characteristics such as gender, age, educational level, and geo-political zone. The proportion of those who either agree or strongly agree is higher among females (65%) than males (56%). There are however similar responses among the different age categories. Furthermore, those who agree or strongly agree with the statement had the highest proportion (67%) in the North East, followed by North Central (64%) and South West (61%). The proportion in the South-South was 60%, in South East 55% and interestingly the lowest in the North West with 51%.



PWD ARE OFTEN CONSIDERED WORTHLESS AND A LIABILITY TO THEIR FAMILIES AND THE SOCIETY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

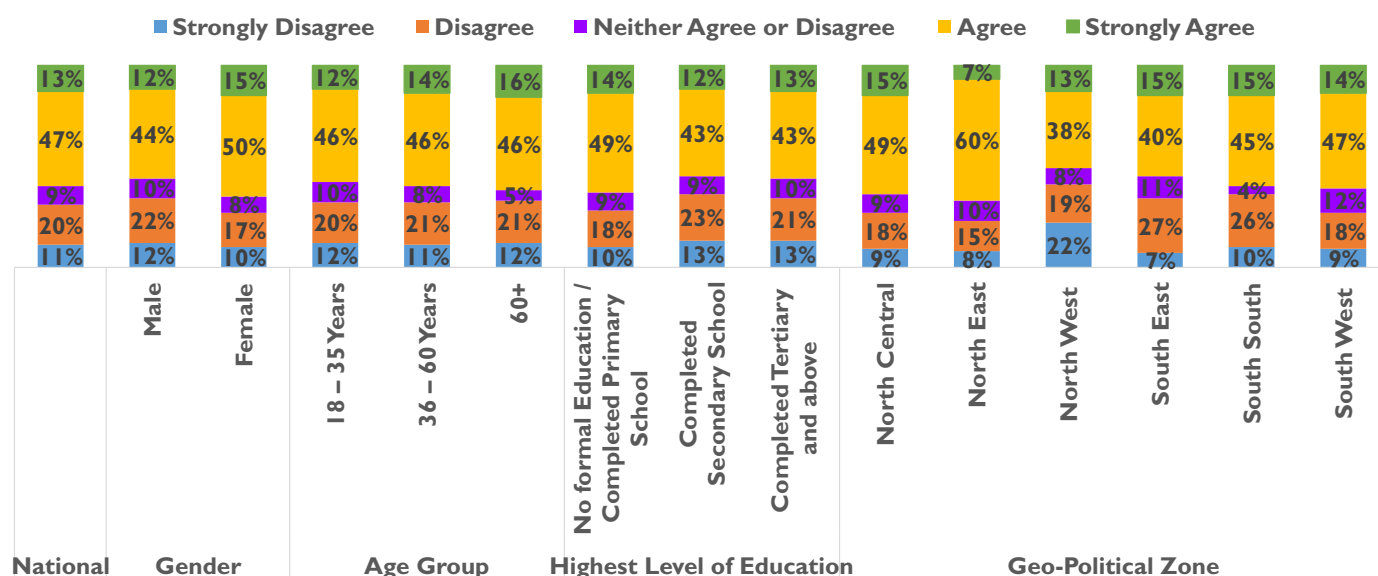


Figure 2: Demography of family and societal perception on PWD

5.3.2 PERCEPTION ON MARRIAGE AND TRADITIONAL ROLES OF PERSONS WITH DISABILITIES

The perception on marriage and traditional roles of PWD was also considered. Respondents were asked whether PWD are often considered unsuitable for marriage and traditional roles such as childbirth and home care. It was evident from the data that 45% agree while another 11% strongly agree with the statement. In addition, findings reveal that 31% either disagree or strongly disagree with the statement.

PERSONS WITH DISABILITIES ARE OFTEN CONSIDERED UNSUITABLE FOR MARRIAGE AND TRADITIONAL WOMEN ROLES LIKE CHILDBIRTH AND HOME CARE.

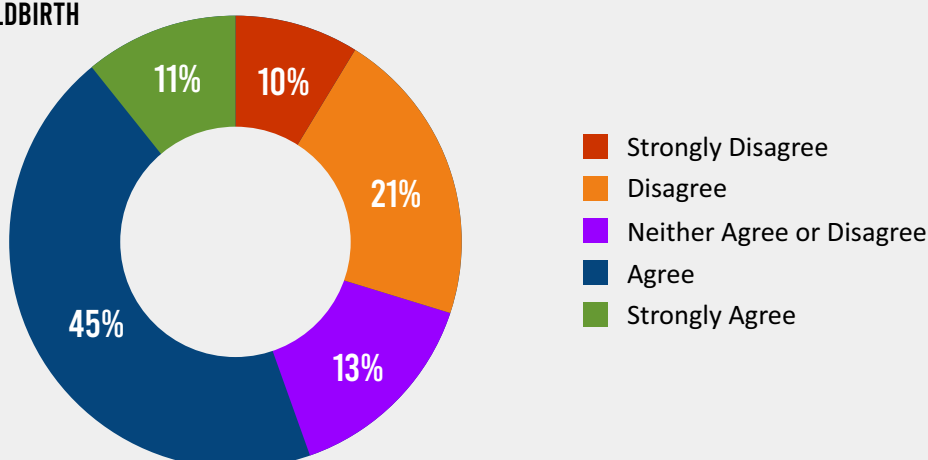


Figure 3: Perception on marriage and traditional roles of PWD

Further disaggregation of the data revealed that more females (60%) than males (53%) either agreed or strongly agreed with the statement. Respondents who are 60 years and above had the highest proportion (64%) of those who agreed or



strongly agreed with the statement than other age categories. Additionally, respondents who said they agree or strongly agree with the statement were found more in the North East (68%), followed by South East (63%) and North Central (59%). South West (46%) had the lowest responses of those who agreed with the statement.

PERSONS WITH DISABILITIES ARE OFTEN CONSIDERED UNSUITABLE FOR MARRIAGE AND TRADITIONAL WOMEN ROLES LIKE CHILDBIRTH AND HOME CARE. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

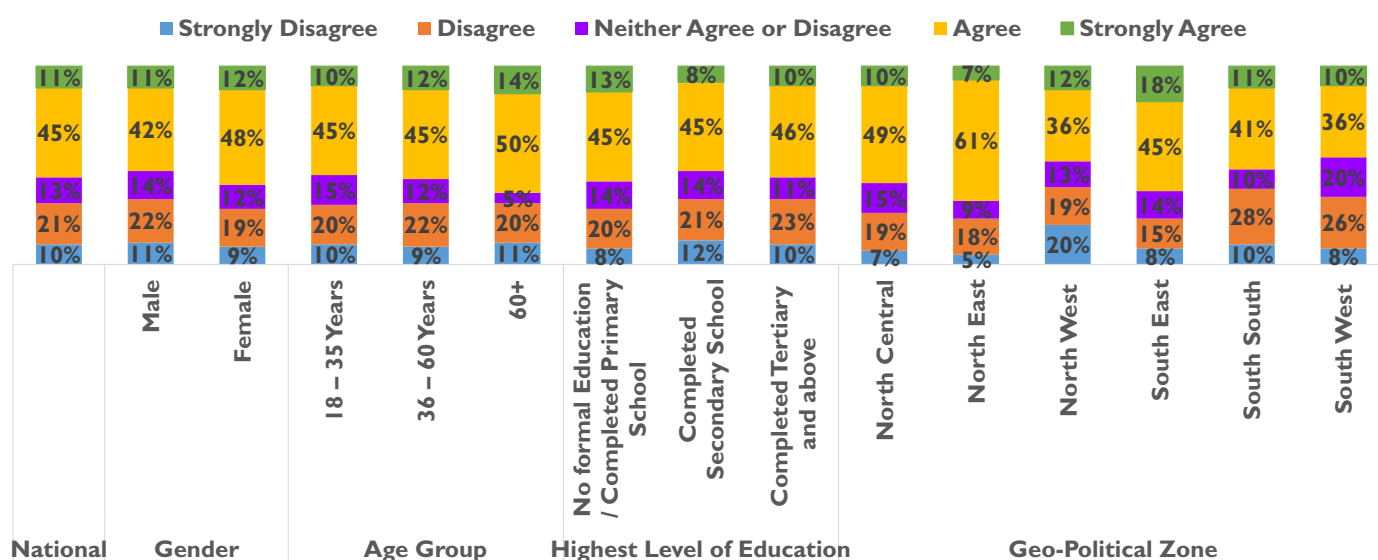


Figure 4: Demography of marriage and traditional roles of PWD

5.3.3 PERCEPTION ON DISCRIMINATION AND STIGMATIZATION OF PERSONS WITH DISABILITIES IN THEIR COMMUNITY

The views of the respondents on discrimination and stigmatization of PWD were explored. From the survey, the majority of the respondents (63%) strongly believe that discrimination and stigmatization of PWD were very common in their communities. On the contrary, 25% of respondents strongly object that PWDs are discriminated against and stigmatized in their community.

DISCRIMINATION AND STIGMATIZATION AGAINST PWD ARE VERY COMMON IN THIS COMMUNITY

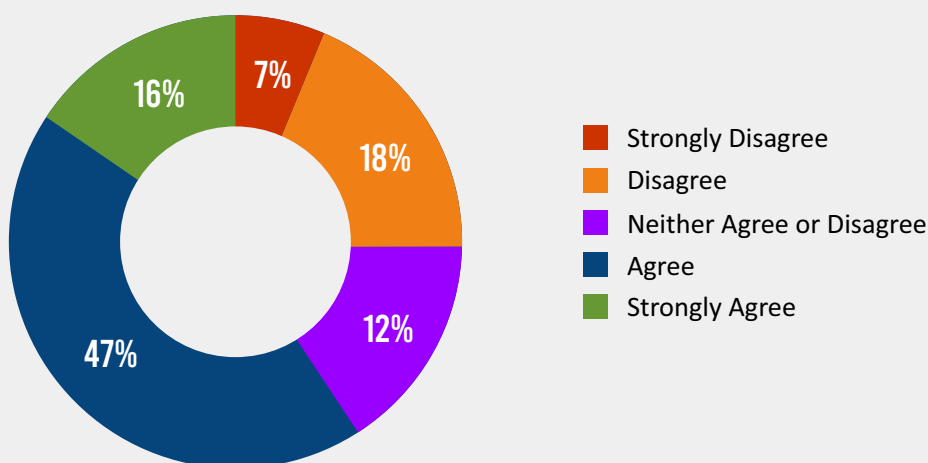


Figure 5: Discrimination and stigmatization against PWD



Across socio-demographics, more females (67%) than males (60%) expressed that discrimination and stigmatization were very common in their communities. This perception is on average, equally shared across all age groups. Discrimination and stigmatization against PWD were also high across all the geo-political zones with South-South having the highest proportion (68%), followed by North East (65%), South West (64%), North Central (62%), South East (61%) and North West (54%).

DISCRIMINATION AND STIGMATIZATION AGAINST PWD ARE VERY COMMON IN THIS COMMUNITY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

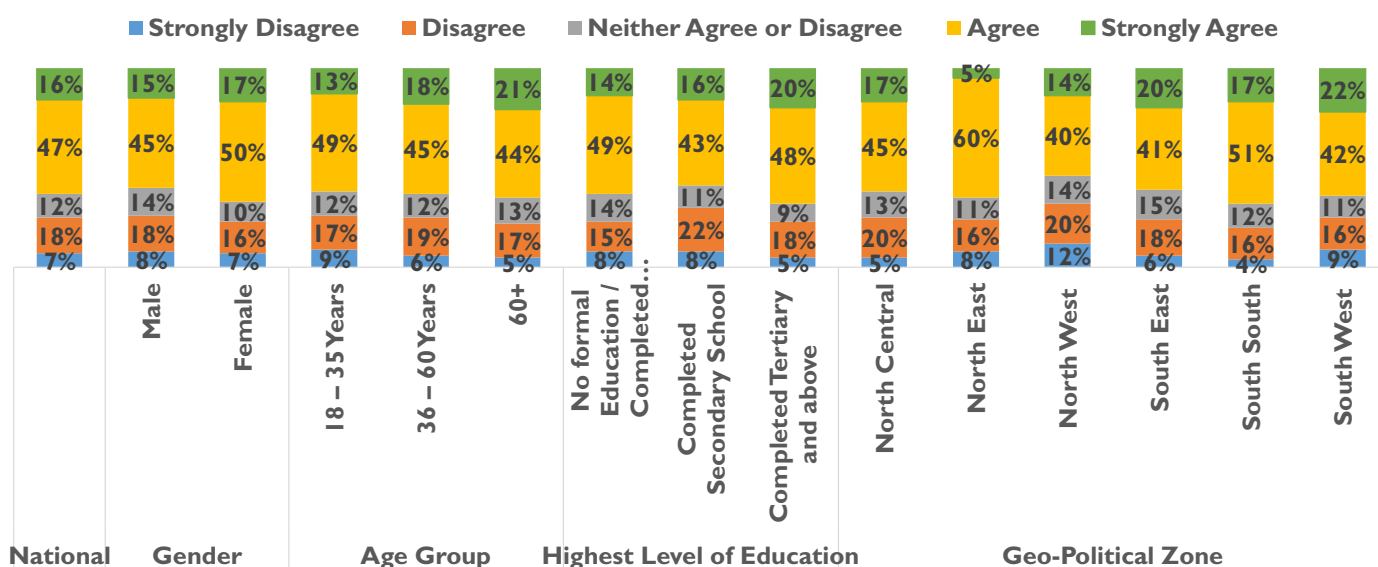


Figure 6: Discrimination and stigmatization against PWD by demography

5.3.4 PERCEPTION ON CONSIDERATION OF WOMEN WITH DISABILITIES BEFORE MAKING KEY DECISIONS

The Sustainable Development Goal 16 emphasizes the need to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions”. To achieve these, there is a need for the consideration of the needs of different categories of members of society. In line with this, the survey sought from respondents their opinion on the statement that 'most key decisions in the home and community are taken without considering the needs of Women with Disabilities'. Findings revealed that almost 6 in 10 respondents agree that 'Key decisions in the home and community are taken without considering the needs of women with disabilities. This implies that achieving an inclusive society for all is far reached if decisions are considered without the needs of women with disabilities.



MOST KEY DECISIONS IN THE HOME AND COMMUNITY ARE TAKEN WITHOUT CONSIDERING THE NEEDS OF WWD.

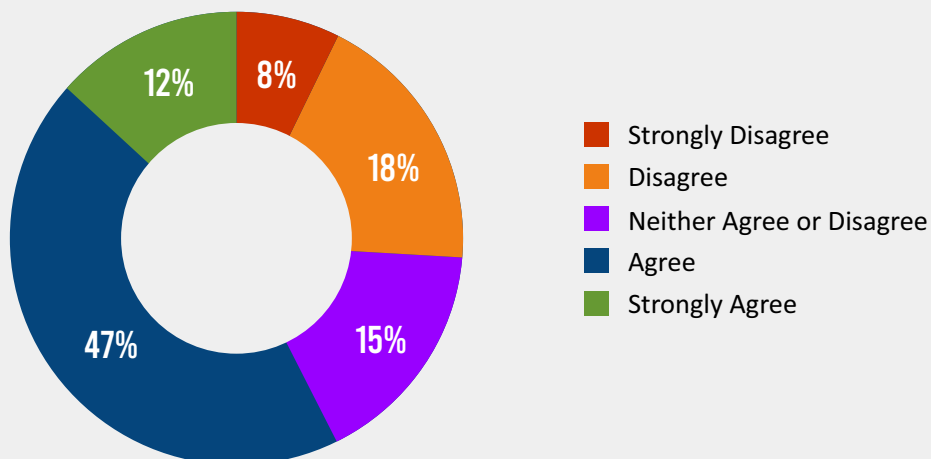


Figure 7: Consideration of WWD before taking key decisions

In disaggregating the opinions of the respondents by socio-demographic characteristics, respondents who were 61 years and above (69%) had the highest response of those who either agreed or strongly agreed with the statement, followed by 18 – 35 years (60%) and 36 – 60 years (59%). It is interesting to note that respondents who completed tertiary education had the highest proportion (65%) of those who either agreed or strongly agreed with the statement. This is followed by those with no formal education (59%) and those who completed secondary school (57%). Across the different geo-political zones, those who agreed with the statement are 70% in the South-South, 62% in North Central, 61% in North East, 60% in South West, 56% in South East and 50% in the North West.

MOST KEY DECISIONS IN THE HOME AND COMMUNITY ARE TAKEN WITHOUT CONSIDERING THE NEEDS OF WWD. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

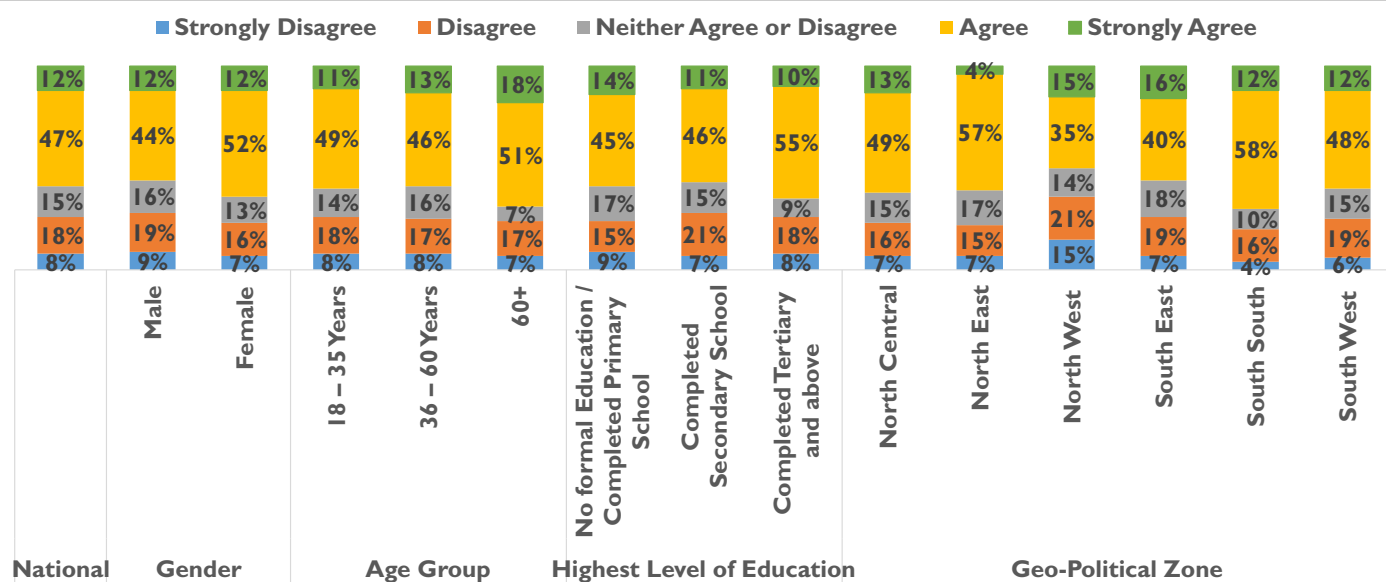


Figure 8: Consideration of WWD before taking key decisions by demography





5.4 ACCESS TO WEALTH AND WELL-BEING OF PERSONS WITH DISABILITIES

5.4.1 INHERITANCE FROM PARENTS

PWD's access to wealth and well-being was measured by their opportunity to inherit properties from their parents as well as employment and entrepreneurial opportunities for PWD in their communities. Thus, respondents' opinion on the statement that PWD are denied inheritance of any property even from their parents in the community was sought. Interestingly, more respondents (47%) strongly object to the view that PWD are denied inheritance of any property even from parents compared to 41% of respondents who said otherwise.

PWD ARE DENIED INHERITANCE OF ANY PROPERTY EVEN FROM PARENTS IN THIS COMMUNITY.

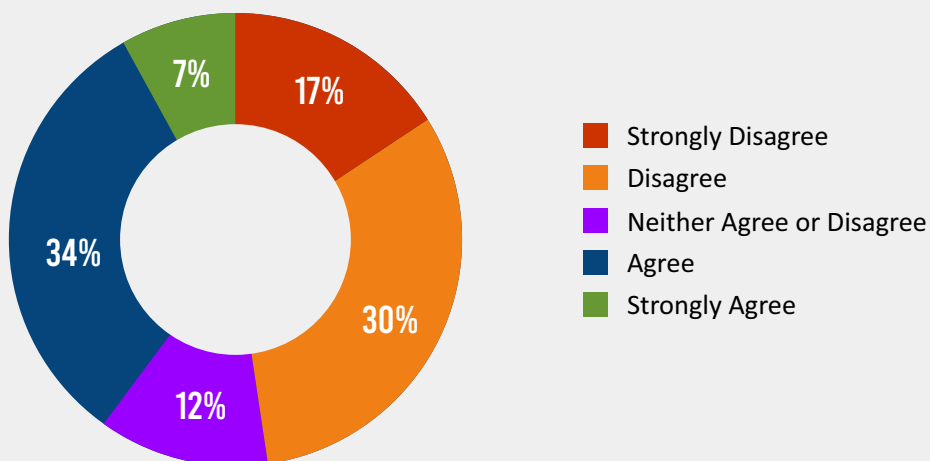


Figure 9: Perception on PWD and inheritance of any property

Further disaggregation of the data shows that the elderly 60 and above (52%) endorsed the statement that PWD are denied inheritance of any property, compared to 44% and 38% of the other age category 36 – 60 years and 18 to 35 years respectively. On the other hand, respondents who strongly object to the statement were found more in North West (63%) and South West (51%) region. This was followed by South-South (45%), South East (44%), North Central (39%), and North East (34%).

PWD ARE DENIED INHERITANCE OF ANY PROPERTY EVEN FROM PARENTS IN THIS COMMUNITY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

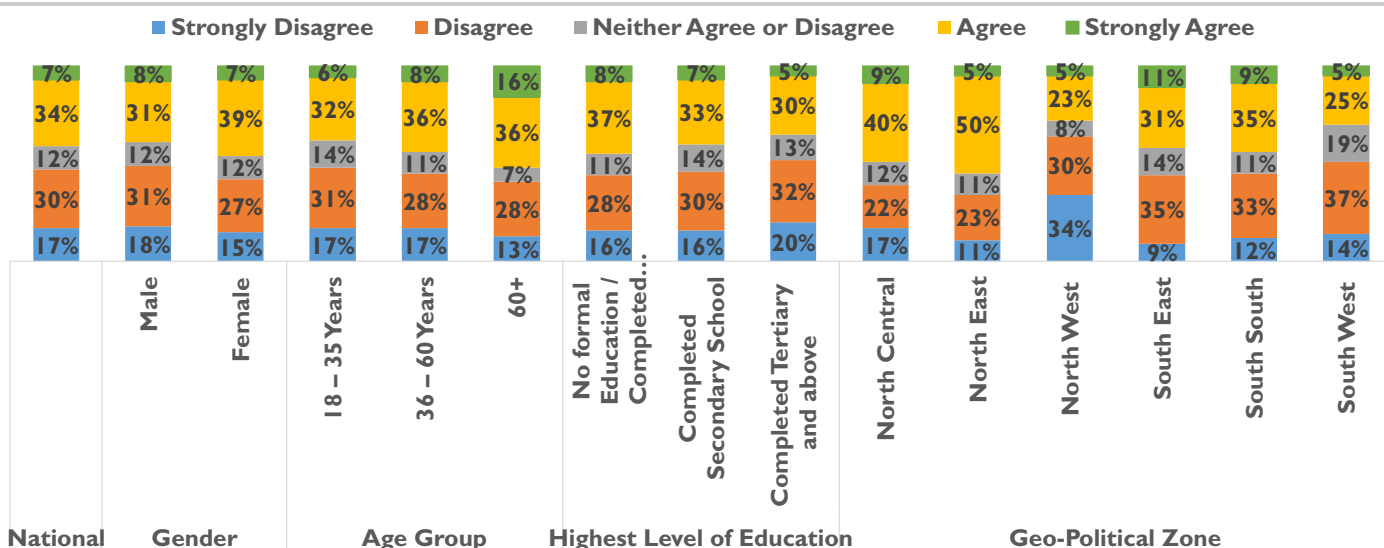


Figure 10: Perception on PWD and inheritance of any property by demography



5.4.2 EMPLOYMENT AND ENTREPRENEURIAL OPPORTUNITIES OF PERSONS WITH DISABILITIES IN THE COMMUNITY

Looking at employment and entrepreneurial opportunities for PWDs, this survey explored the opinions of the respondents on the statement that “it is difficult for PWD to be gainfully employed or start a business in their communities”. Findings reveal that majority of respondents (66%) agree with the statement that it is difficult for PWD to be gainfully employed or start a business in their community. On the contrary, 23% of respondents strongly object to the statement.

IT IS DIFFICULT FOR PWD TO BE GAINFULLY EMPLOYED OR START A BUSINESS IN THIS COMMUNITY.

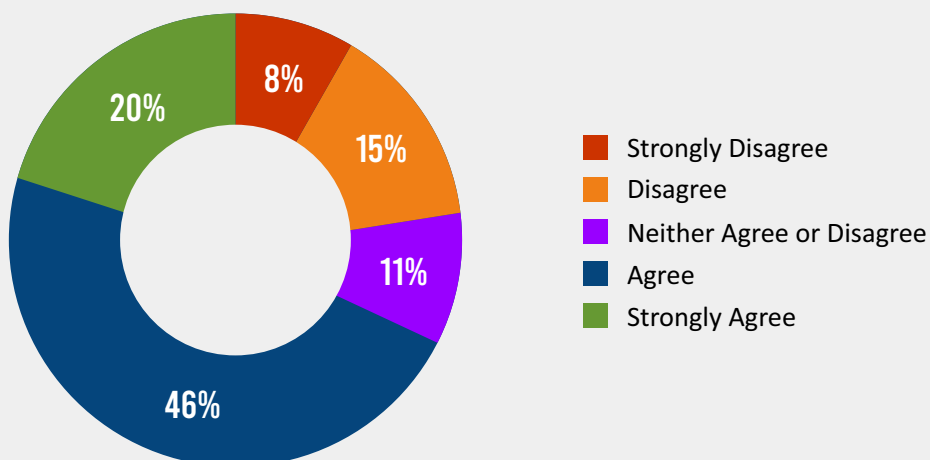


Figure 11: Employment and entrepreneurial opportunities of PWD

In examining the agreement of respondents across socio-demographic characteristics, it was evident that more females (70%) than males (64%) strongly agree that it is difficult for PWD to be gainfully employed or start a business in their respective communities. Across the age category, more respondents 60 and above (76%) strongly agree with the statement. This is followed by 18-35 years (67%) and 36-60 years (65%). In addition, findings suggest that PWD in the South-South region, South West, and North East are more likely to find it difficult to be gainfully employed or start a business in their community, compared to those in North Central, South East, and North West.

IT IS DIFFICULT FOR PWD TO BE GAINFULLY EMPLOYED OR START A BUSINESS IN THIS COMMUNITY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

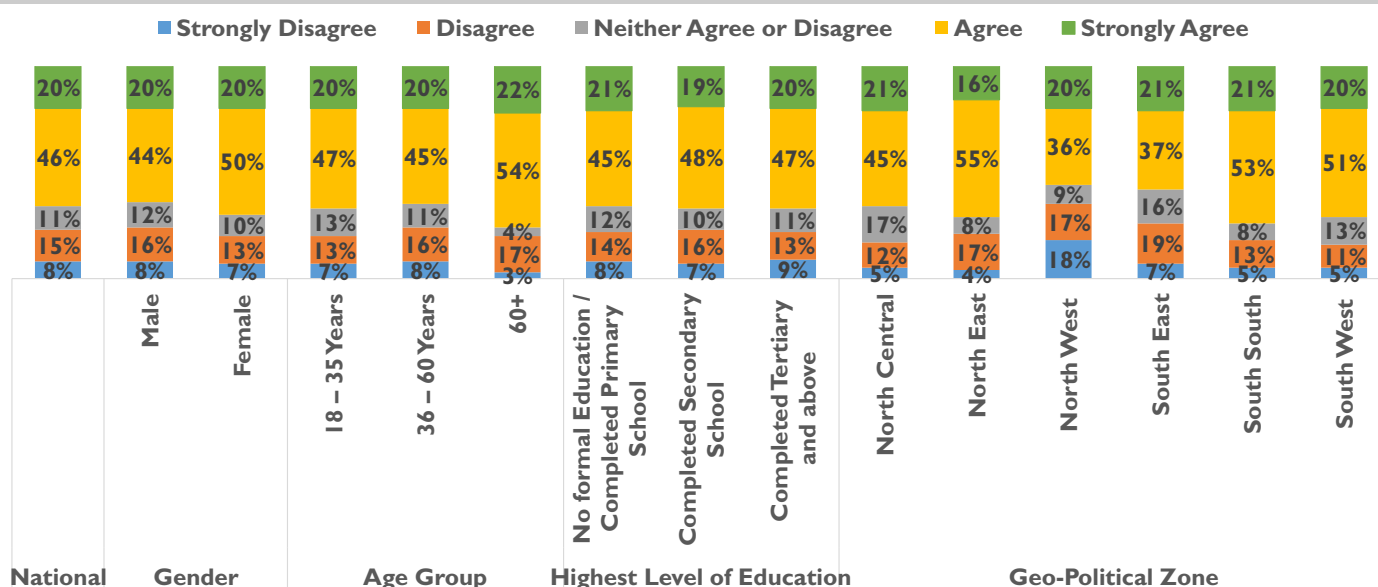


Figure 12: Employment and entrepreneurial opportunities of PWD by demography





5.5 RIGHTS TO DECISION MAKING AND SOCIAL PARTICIPATION AMONG PERSONS WITH DISABILITIES

5.5.1 INVOLVEMENT IN A DECISION CONCERNING THEIR HEALTH

The involvement of PWD in decision-making concerning their health was examined. Thus, respondents' opinion on the statement that "PWD are rarely involved in decisions concerning their health". Interestingly, more than half of the respondents (51%) endorsed that 'PWD are rarely involved in decisions concerning their own health', compared to 49% of respondents who strongly object to the statement.

PWD ARE RARELY INVOLVED IN DECISIONS CONCERNING THEIR OWN HEALTH.

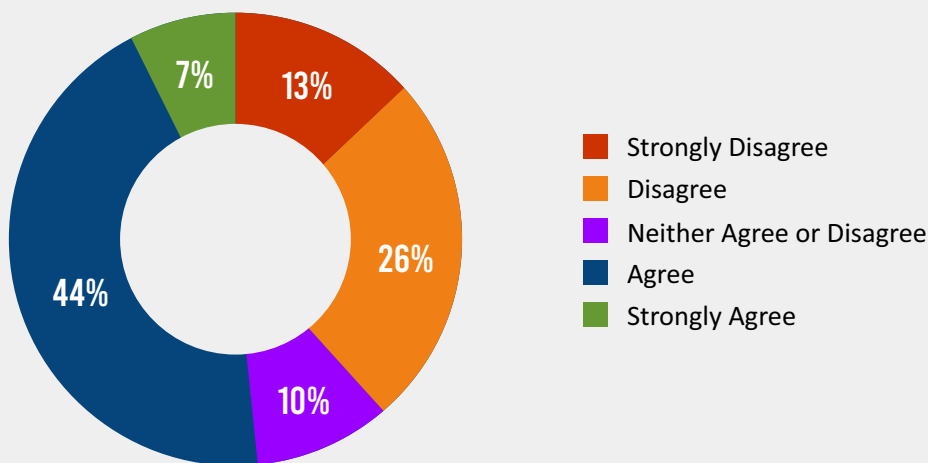


Figure 13: Involvement of PWD in health decision making

Further analysis of the data shows that across age groups, the elderly PWD (65%) is more likely to be rarely involved in decisions regarding their health compared to 18-35 years (52%) and 36-60 years (49%). Also, respondents who strongly object to the statement were found more in the South West (48%) and South East (46%) regions.

PWD ARE RARELY INVOLVED IN DECISIONS CONCERNING THEIR OWN HEALTH. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

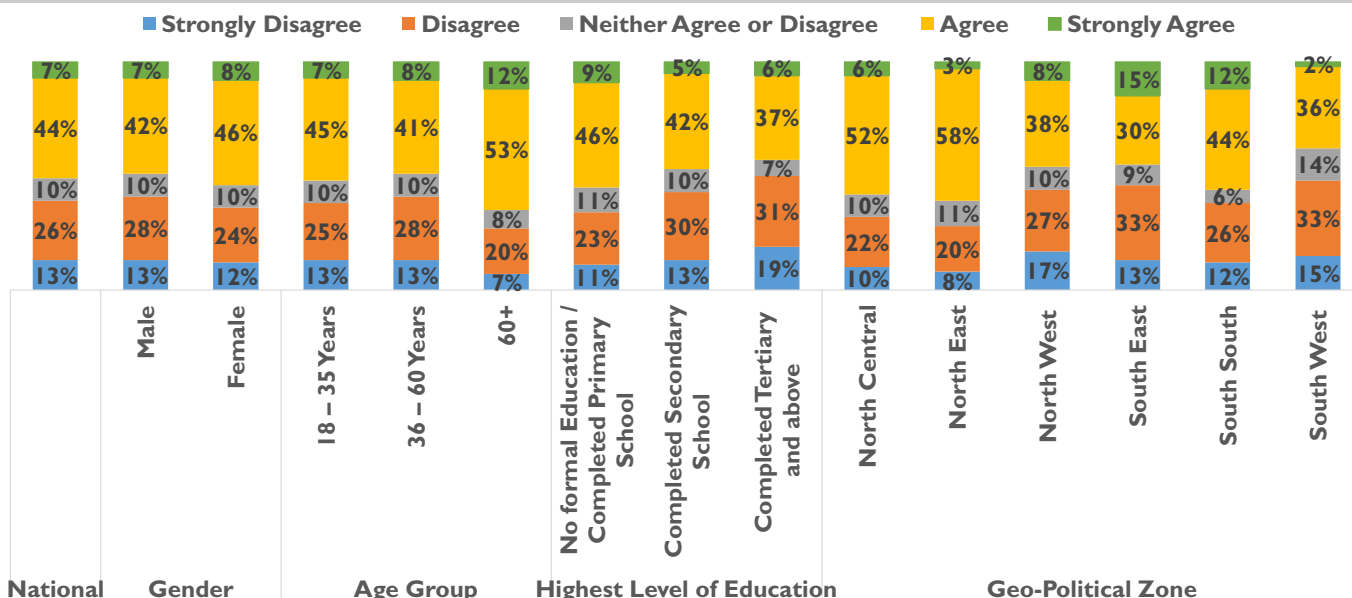


Figure 14: Involvement of PWD in health decision making



5.5.2 FREEDOM OF MOVEMENT WITHOUT PERMISSION

The statement “PWD rarely go out of the house without the permission of a family member” was also used to ascertain the freedom of movement of the respondents. From the survey, 48% of respondents endorse the statement that persons with disabilities rarely go out of the house without the permission of a family member compared to 36% who strongly object to the statement. The perceived restriction in the movement without permission may be connected to the vulnerability of some persons with disabilities or the high state of insecurity experienced in most parts of the country.

PWD RARELY GO OUT OF THE HOUSE WITHOUT THE PERMISSION OF A FAMILY MEMBER.

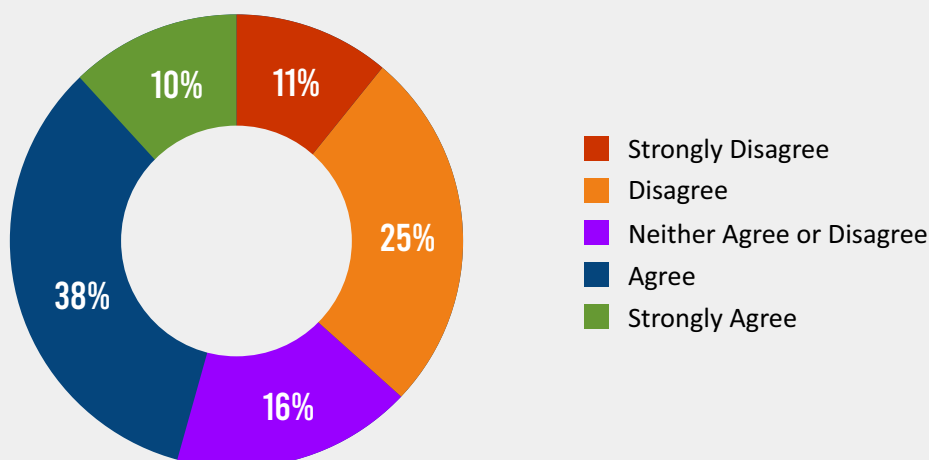


Figure 15: Freedom of movement among PWD

Across zones, the data show that restriction in movement of PWD is very likely to occur more among those in South South (63%), North East (54%), and South East (50%) than those found in South West (49%), North Central (40%) and North West (35%).

PWD RARELY GO OUT OF THE HOUSE WITHOUT THE PERMISSION OF A FAMILY MEMBER. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

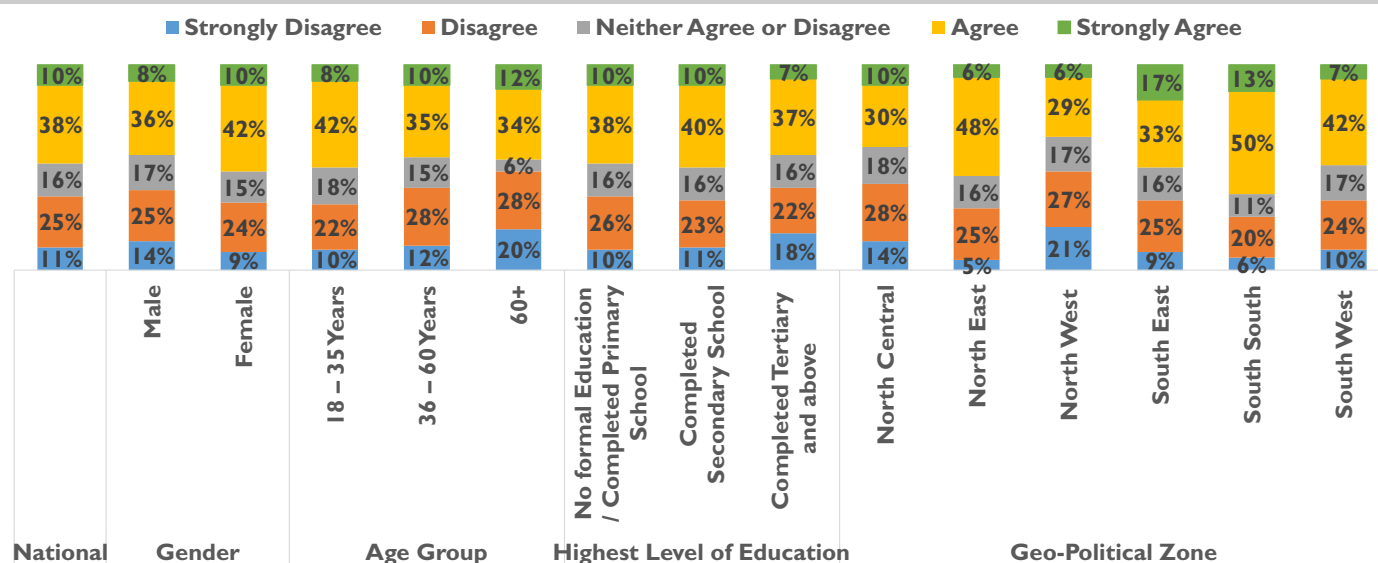


Figure 16: Freedom of movement among PWD by demography



5.5.3 PARTICIPATION IN COMMUNITY MEETINGS

Participation in community life is essential to enable people to develop their skills and gain a place in social life. This important sociocultural activity is vital for health and wellbeing, promotes a sense of belonging, and acts as a network of social support and opportunities within the community. To this end, the study explored PWD participation in community meetings. From the findings, more than half of the respondents (58%) strongly endorsed the statement that 'PWD are rarely invited to community meetings where important decisions are made about issues in the community', compared to 28% who disagreed with the statement.

PWD ARE RARELY INVITED TO COMMUNITY MEETINGS WHERE IMPORTANT DECISIONS ARE MADE ABOUT ISSUES IN THE COMMUNITY.

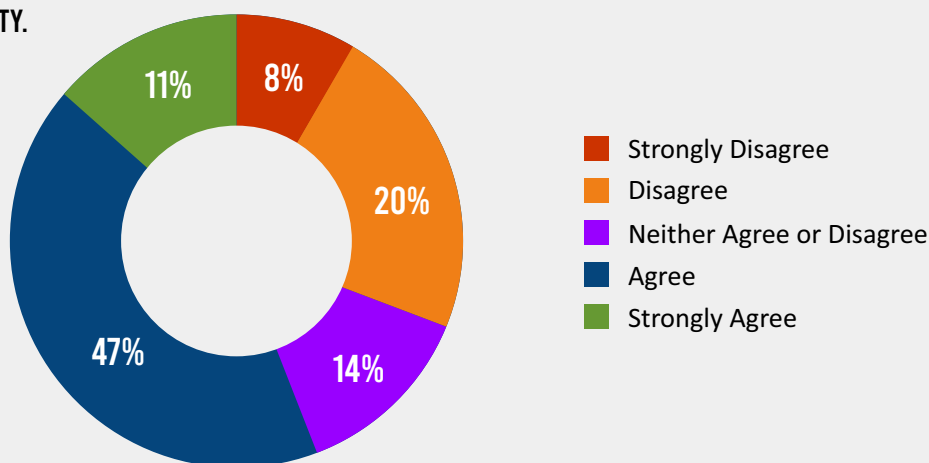


Figure 17: Participation of PWD in community meetings

Disaggregating the data by gender, findings show that there is not much difference in response between the male and female respondents who agree that PWDs are rarely invited to community meetings. More so, across the age category, the elderly (74%) had the highest response of respondents who strongly endorse the statement. This was followed by 61% of respondents between the ages of 18-35 years, and 36-60 years (54%).

PWD ARE RARELY INVITED TO COMMUNITY MEETINGS WHERE IMPORTANT DECISIONS ARE MADE ABOUT ISSUES IN THE COMMUNITY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

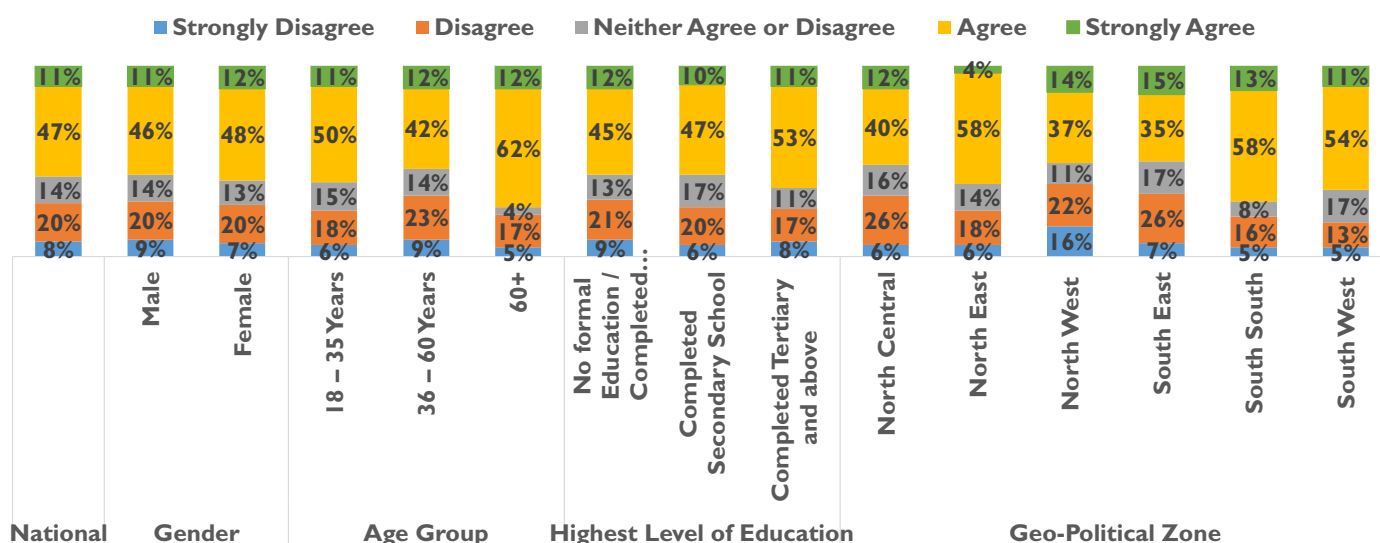


Figure 18: Participation of PWD in community meetings by demography





5.6 SEXUAL RIGHTS OF PERSONS WITH DISABILITIES

5.6.1 PERCEPTION ON VULNERABILITY OF WOMEN WITH DISABILITIES TO SEXUAL ABUSE THAN WOMEN WITHOUT DISABILITIES

A growing number of recent studies suggest that women with disabilities are more likely to experience domestic violence, emotional abuse, and sexual assault than women without disabilities². The survey compared the vulnerability of women with disabilities to sexual abuse to that of women without disabilities. Respondents were asked to give their opinion on whether they agree or disagree that women with disabilities are more vulnerable to sexual abuse than those without disabilities. Overall, a large majority of respondents (64%) agreed with the statement. On the contrary, a quarter of the respondents (25%) disagreed or strongly agreed that women with disabilities are more vulnerable to sexual abuse than those without disabilities. Also, 11% neither agreed nor disagreed.

WOMEN WITH DISABILITIES ARE MORE VULNERABLE TO SEXUAL ABUSE THAN THOSE WITHOUT DISABILITIES.

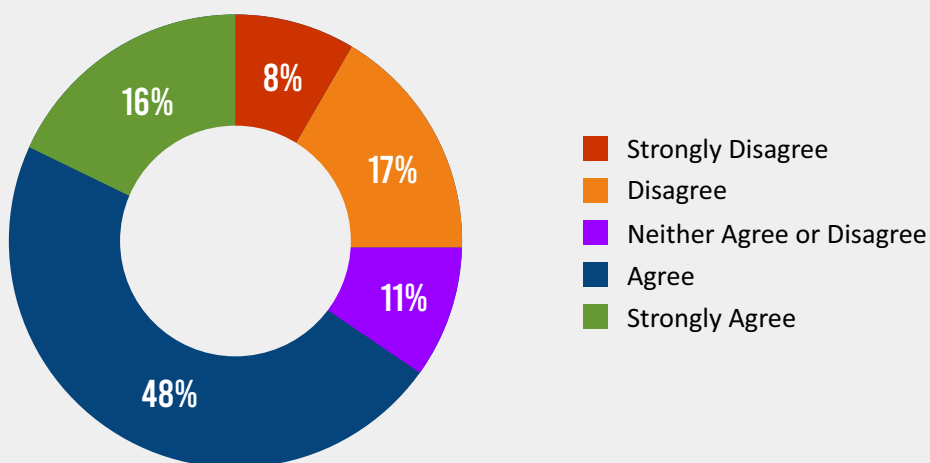


Figure 19: Comparing vulnerability of WWD to sexual abuse than women without

Further disaggregation of the data shows that more male (27%) than female (22%) does not agree that women with disabilities are more vulnerable to sexual abuse than women without disabilities. Also, respondents who do not agree with the statement were found more in North West (37%). This was followed by North Central (29%), North East (23%), South-South (22%), South East (19%), and South West (16%) with the lowest response.

²Kathleen C. Basile, Ph.D., Lead Behavioral Scientist, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC)



WOMEN WITH DISABILITIES ARE MORE VULNERABLE TO SEXUAL ABUSE THAN THOSE WITHOUT DISABILITIES. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

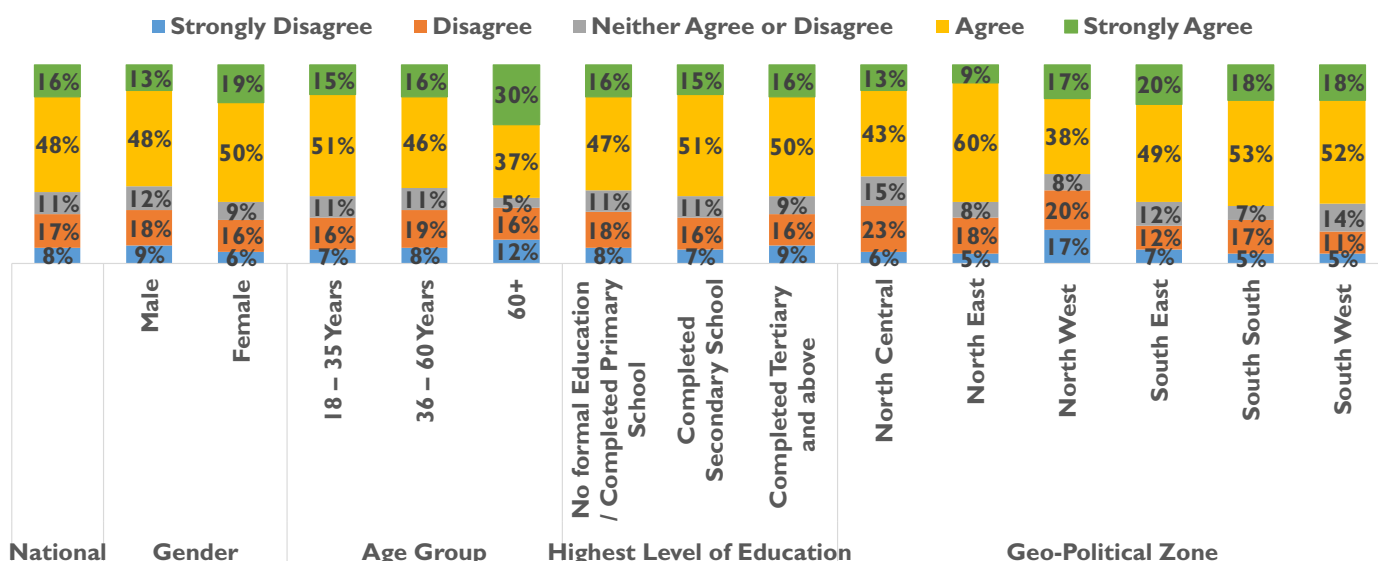


Figure 20: Comparing vulnerability of WWD to sexual abuse than women without by demography

5.6.2 PERCEPTION ON VULNERABILITY OF MEN WITH DISABILITIES TO SEXUAL ABUSE THAN MEN WITHOUT DISABILITIES

Likewise, the opinion of respondents was sought on whether they agree or disagree that men with disabilities are more vulnerable to sexual abuse than those without disabilities. Interestingly, more respondents (46%) affirmed that they “Disagree or Strongly Disagree” that men with disabilities are more vulnerable to sexual abuse than those without disabilities; compared to 36% of respondents who agreed or strongly agreed that men with disabilities are more vulnerable to sexual abuse than those without disabilities. This result is the opposite of the findings when comparing women with disabilities with women without disabilities. Thus, while women with disabilities are considered more vulnerable to sexual abuse, men without disabilities are the ones more vulnerable to sexual abuse than those with disabilities.

MEN WITH DISABILITIES ARE MORE VULNERABLE TO SEXUAL ABUSE THAN THOSE WITHOUT DISABILITIES.

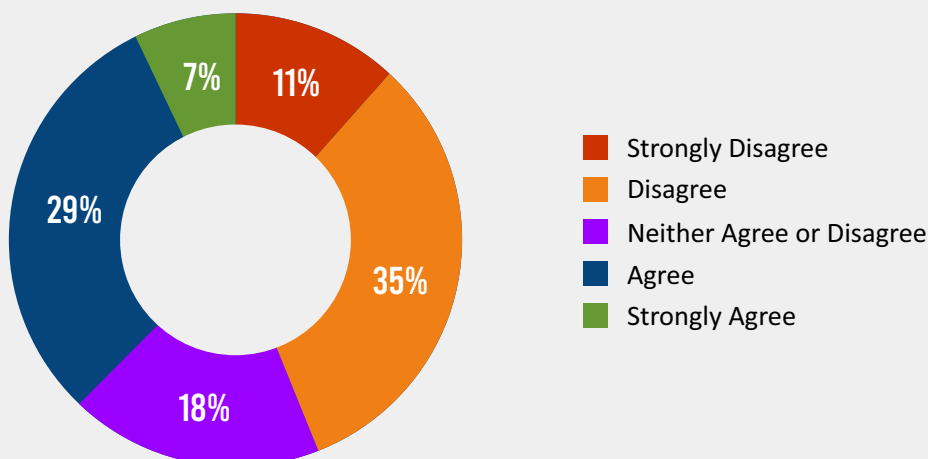


Figure 21: Comparing vulnerability of MWD to sexual abuse than men without



The vulnerability of men with disabilities and those without disabilities was further disaggregated by socio-demographic characteristics. More males (48%) than females (43%) disagreed or strongly disagreed with the statement. The results further revealed that 44%, 47%, and 45% of age categories 18 – 35 years, 36 – 60 years, and 60+ years respectively, strongly object to the statement. Across the geo-political zones, finding show that North Central (55%) with the highest response, followed by North West (50%), South-South (48%) and South West (48%), North East (38%), and South East (33%) strongly object to the statement that men with disabilities are more vulnerable to sexual abuse than men without disabilities.

MEN WITH DISABILITIES ARE MORE VULNERABLE TO SEXUAL ABUSE THAN THOSE WITHOUT DISABILITIES. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

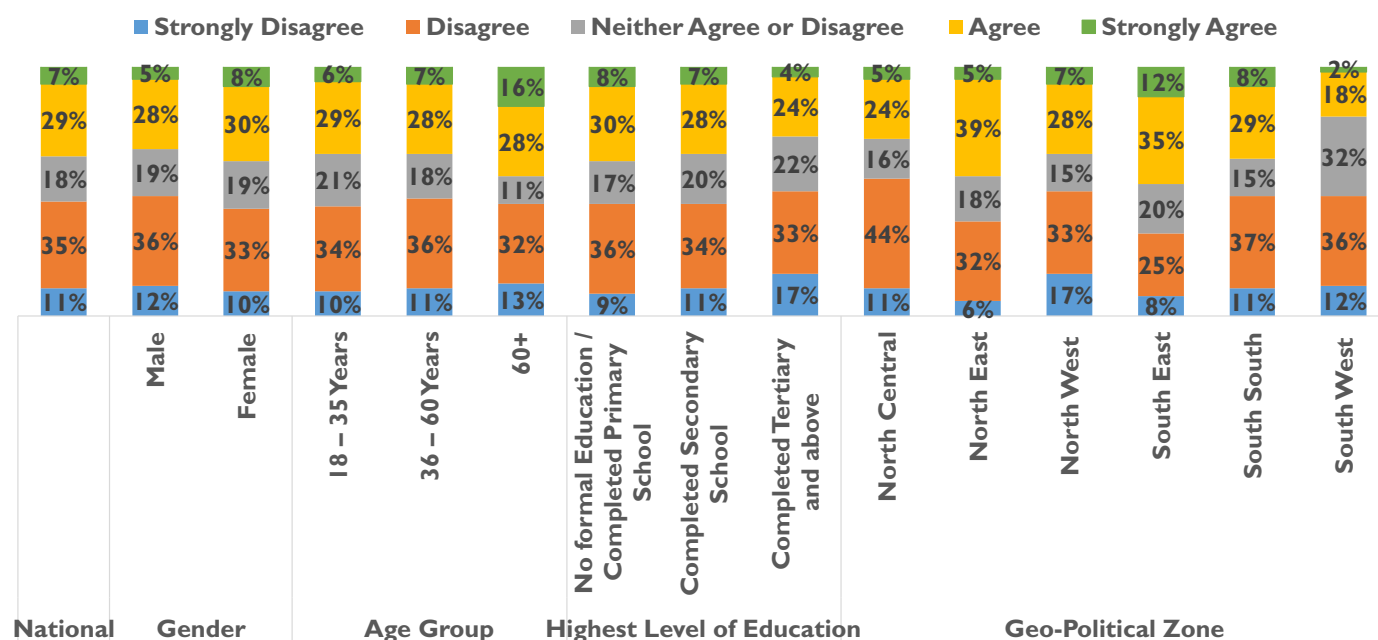


Figure 22: Comparing vulnerability of MWD to sexual abuse than men without by demography

5.6.3 ACCESS TO REPRODUCTIVE HEALTH SERVICES BY WOMEN WITH DISABILITIES

Access to reproductive health services is very important to the health of women in general and women with disabilities in particular. Respondents were asked to give their opinion on whether they agree or disagree that women with disabilities have difficulties accessing reproductive health services. Interestingly, more than half of the respondents (51%), “Agreed or Strongly Agreed” that women with disabilities have difficulty accessing reproductive health services. On the other hand, 31% of respondents “Disagreed or Strongly Disagreed”. More so, the data showed that 18% of respondents neither agreed nor disagreed.



WOMEN WITH DISABILITIES HAVE DIFFICULTIES ACCESSING REPRODUCTIVE HEALTH SERVICES.

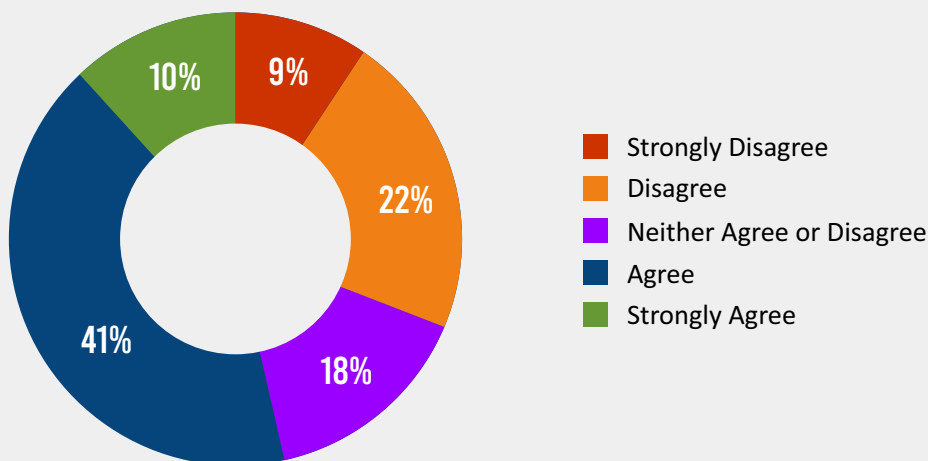


Figure 23: WWD accessing reproductive health services

When the opinions of the respondents were disaggregated by socio-demographic characteristics, it revealed that more females (56%) than males (48%) agreed or strongly agreed that women with disabilities have difficulties accessing reproductive health services. There are slight differences between the different age categories in their agreement with the statement. For instance, 51%, 52%, and 53% of the ages 18 – 35 years, 36 – 60 years, and 61 years and above respectively, agreed or strongly agreed with the statement. Also, more respondents with no formal education or primary completed (54%) than respondents who completed secondary school and those who completed tertiary education (48%) each agreed with the statement. On the contrary, respondents who disagreed with the statement were found more in North West (38%).

WOMEN WITH DISABILITIES HAVE DIFFICULTIES ACCESSING REPRODUCTIVE HEALTH SERVICES. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

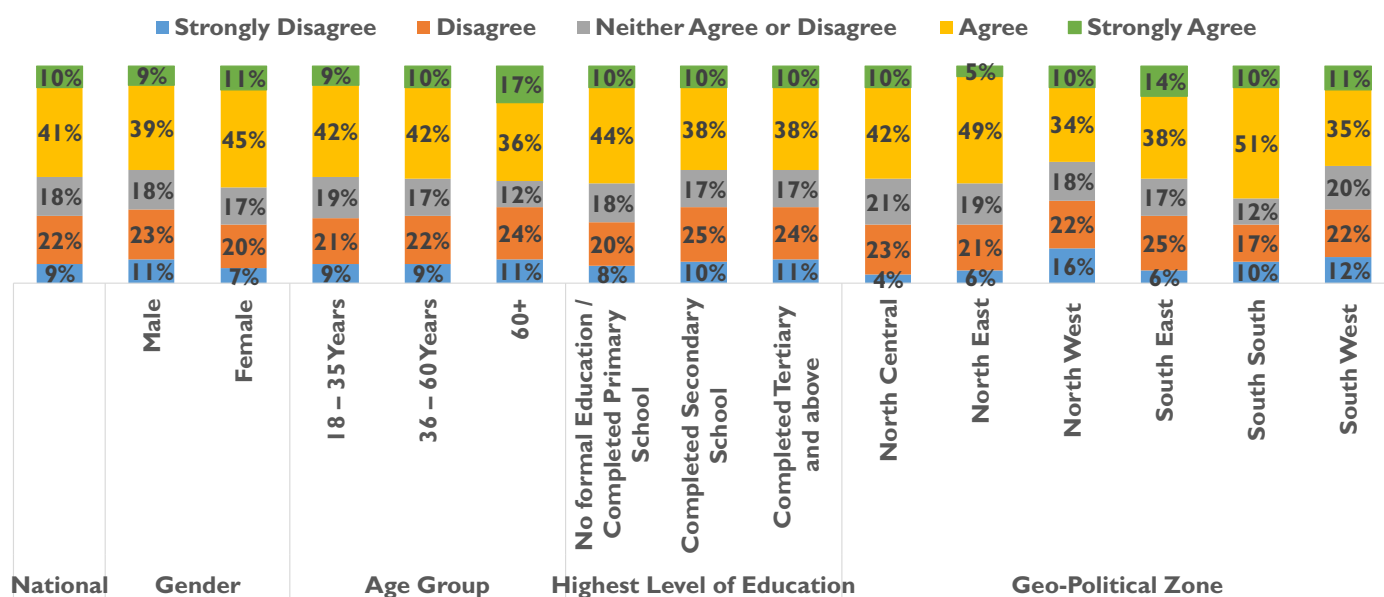


Figure 24: Demography of WWD accessing reproductive health services





5.7 ASCERTAINING GENDER-BASED VIOLENCE

5.7.1 GENDER-BASED VIOLENCE AMONG WOMEN WITH DISABILITY

The survey tried to ascertain the level of physical abuse among women with disabilities. Respondents were asked whether they agree or disagree that many women with disabilities suffer physical abuse. Results indicated that 7 in 10 respondents (70%) strongly believed that many women with disabilities suffer physical abuse; similar to 22% of respondents who “Disagree or Strongly Disagree”. Also, 8% neither agreed nor disagreed.

MANY WOMEN WITH DISABILITIES SUFFER PHYSICAL ABUSE.

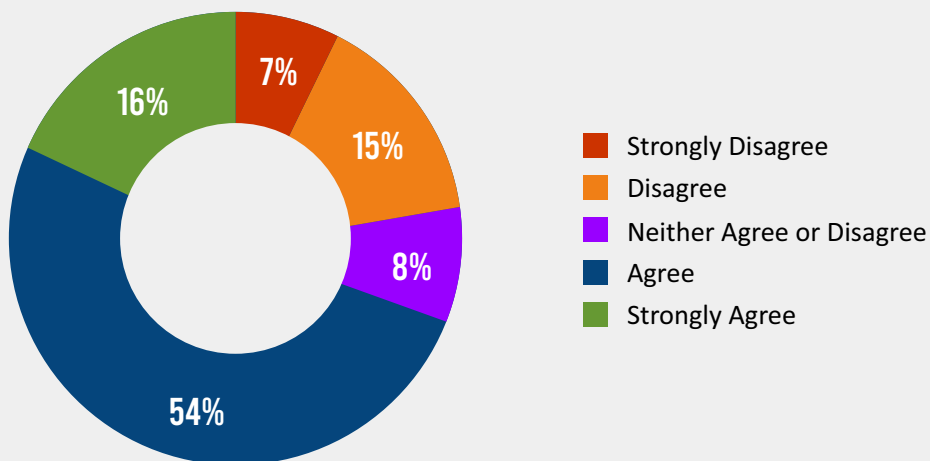


Figure 25: Gender-based violence among WWD

The opinions of respondents were cross analyzed with socio-demographic characteristics, more females (73%) than males (66%) agreed or strongly agreed with the statement. Furthermore, across the geo-political zones, respondents who agreed with the statement were found more in South West (73%). On the other hand, respondents who disagreed were more in North West (29%).

MANY WOMEN WITH DISABILITIES SUFFER PHYSICAL ABUSE. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

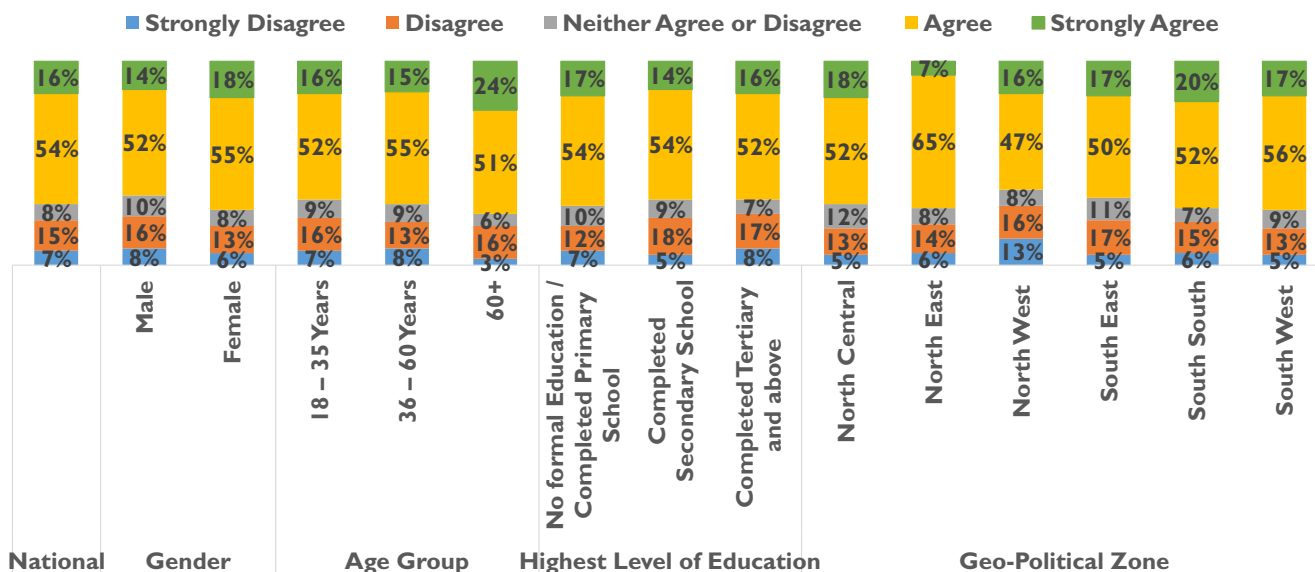


Figure 26: Gender-based violence among WWD by demography



5.7.2 MEN WITH DISABILITY

Equally, the survey explored the extent of physical abuse suffered by men with disabilities by asking respondents whether they agree or disagree that many men with disabilities suffer physical abuse. The data revealed that more than half of respondents (54%) “Agree or Strongly Agree” that many men with disabilities suffer physical abuse compared to 30% who disagreed.

MANY MEN WITH DISABILITIES SUFFER PHYSICAL ABUSE.

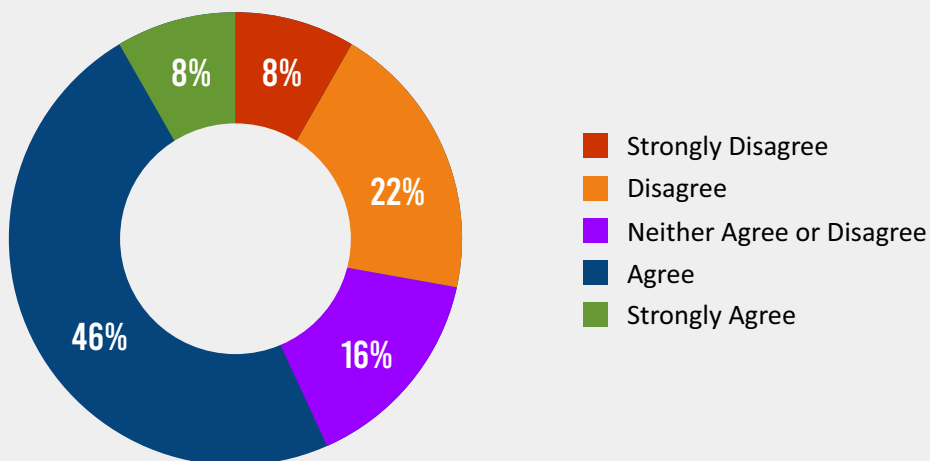


Figure 27: Gender-based violence among MWD

Disaggregating the data across demographics, it showed that slightly more females (54%) than males (54%) seemed to agree that many men with disabilities suffer physical abuse. It was also observed more respondents aged 18 and 35 years (53%), compared to respondents aged 36 and 60 years (56%) and 61 years and above (59%) “Agree or Strongly Agree” with the statement. On the other hand, North West (36%), North Central (31%), and South-South (31%) had the highest number of respondents who disagreed that many men with disabilities suffer physical abuse.

MANY MEN WITH DISABILITIES SUFFER PHYSICAL ABUSE. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

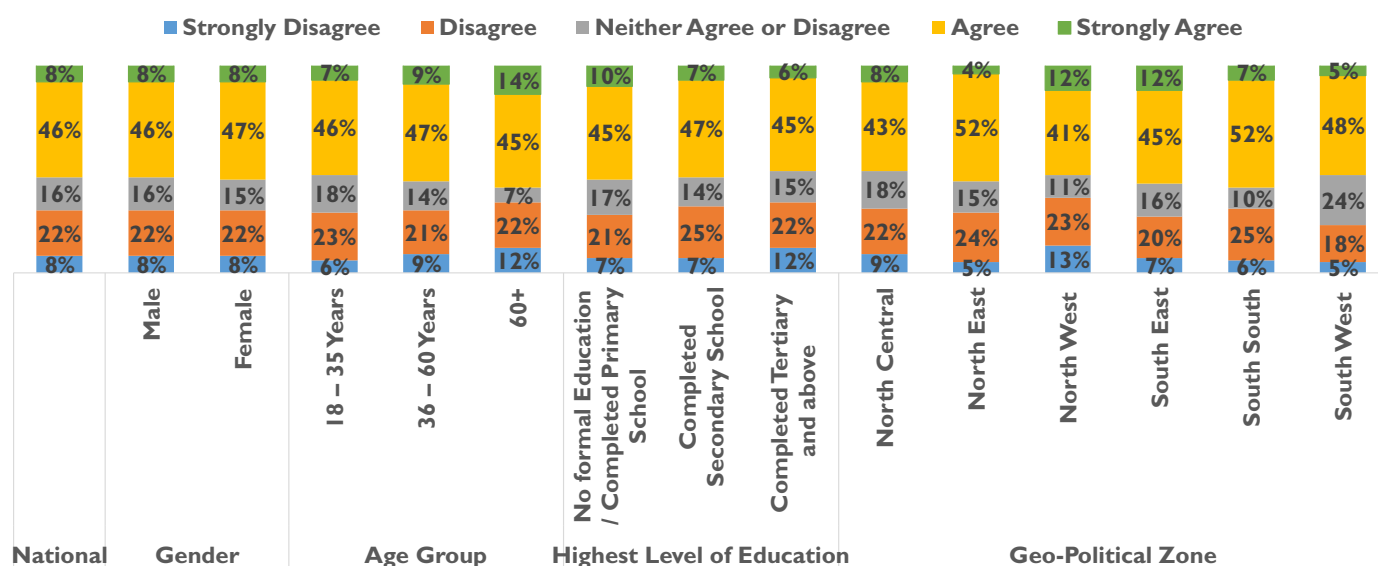


Figure 28: Gender-based violence among MWD by demography



5.7.3 PERCEPTION ON THE POSSIBILITY OF A WOMAN WITH DISABILITY TO BE RAPED IN HER COMMUNITY

People with disabilities may be less likely to be taken seriously when they make a report of sexual assault or abuse. They may also face challenges in accessing services to make a report in the first place³. The opinion of respondents was sought on whether they agree or disagree that in their community, it is difficult for a woman with a disability to claim being raped. In response, the results showed that the majority of respondents (55%) “Agreed or Strongly Agreed” that it is quite difficult for a woman with a disability to claim being raped in their community. On the other hand, 30% of respondents strongly object to the statement. About 15% of respondents seemed uncertain.

IN THIS COMMUNITY, IT IS DIFFICULT FOR A WOMAN WITH DISABILITY TO CLAIM BEING RAPED.

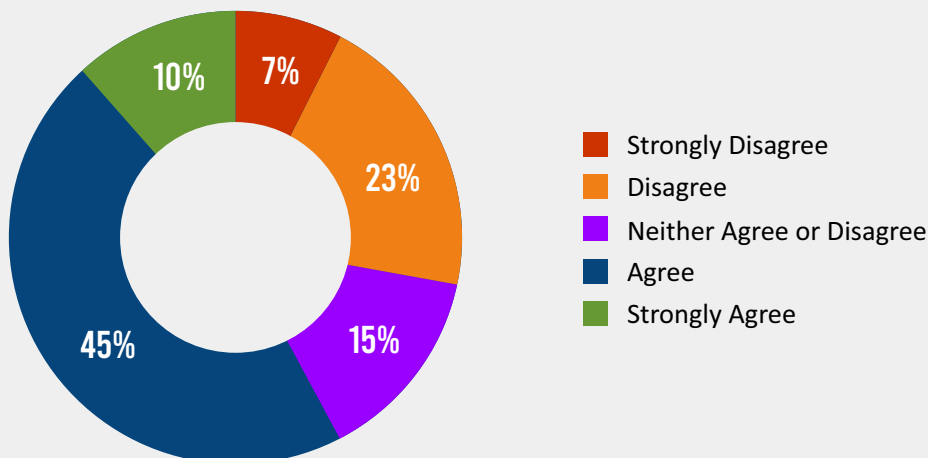


Figure 29: Perception on WWD to claim being raped in her community

From a further look at some key demographics, the data showed that more elderly (48%) and respondents based in North Central (63%) constitute the bulk of those who “Agree or Strongly Agree” that it is difficult for a woman with a disability to claim being raped in their community.

IN THIS COMMUNITY, IT IS DIFFICULT FOR A WOMAN WITH DISABILITY TO CLAIM BEING RAPED.
BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

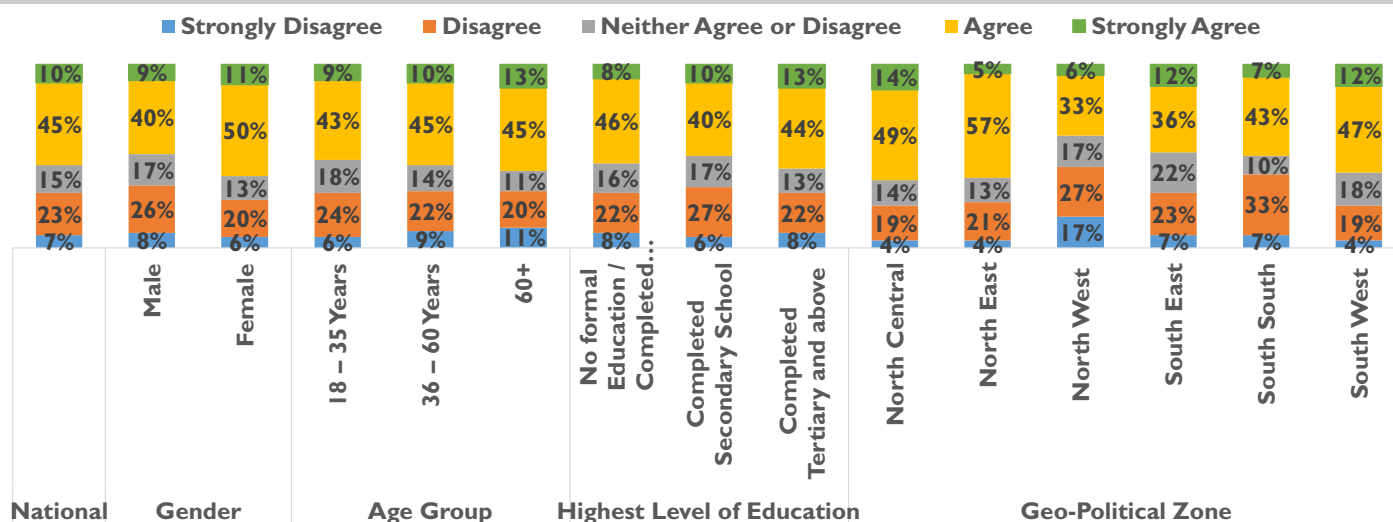


Figure 30: Perception on WWD to claim being raped in her community by demography

³<https://www.rainn.org/articles/sexual-abuse-people-disabilities>



5.7.4 PERCEPTION ON THE POSSIBILITY OF A MAN WITH DISABILITY TO BE RAPED IN HIS COMMUNITY

Similarly, the opinion of respondents was sought on whether they agree or disagree that in their community, it is difficult for a man with a disability to claim to be raped. Interestingly, 47% of respondents “Agreed or Strongly Agreed” that it is quite difficult for a man with a disability to claim being raped; similar to 35% of respondents who seemed to disagree.

IN THIS COMMUNITY, IT IS DIFFICULT FOR A MAN WITH DISABILITY TO CLAIM BEING RAPED

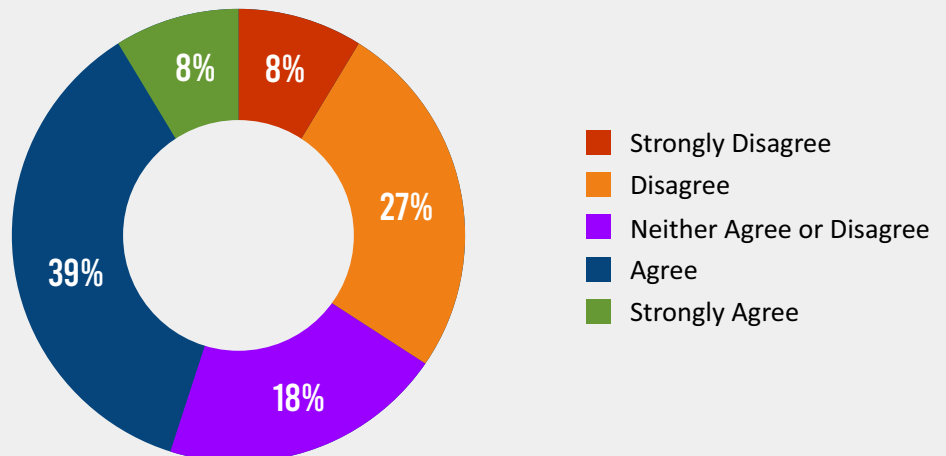


Figure 31: Perception on MWD to claim being raped in his community

Further disaggregation on the data show that on the contrary, more male (40%) and respondents based in North West (42%) had the highest response of those who disagreed that it is difficult for men with disabilities to claim being raped in their community.

IN THIS COMMUNITY, IT IS DIFFICULT FOR A MAN WITH DISABILITY TO CLAIM BEING RAPED. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

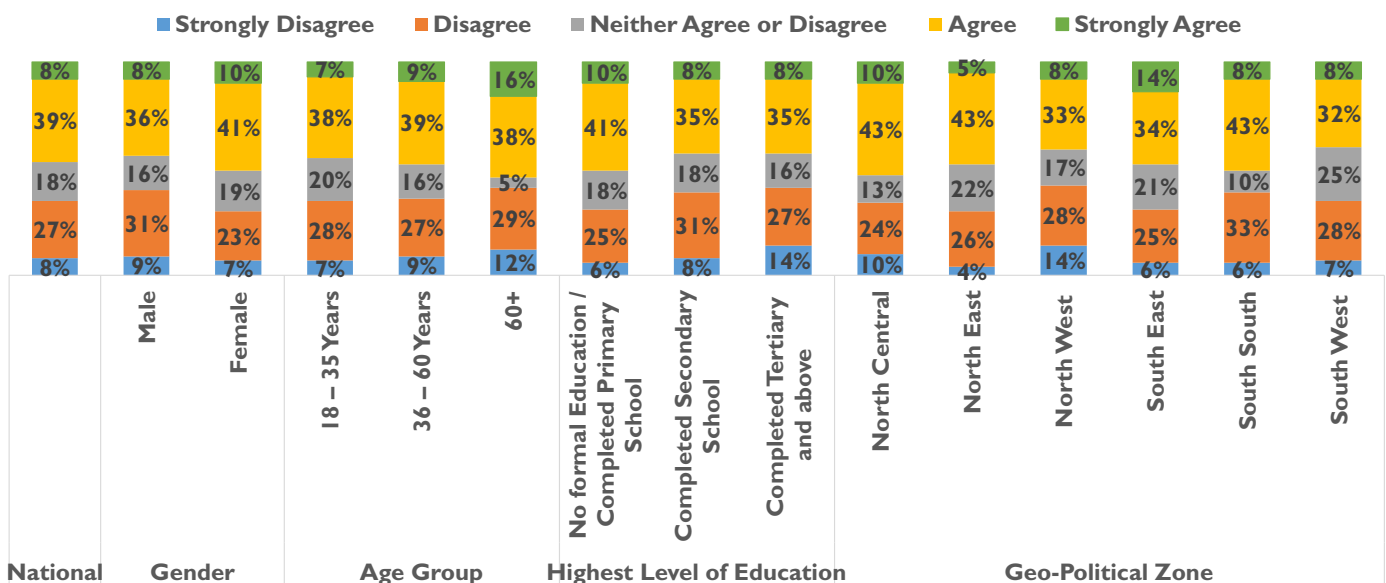


Figure 32: Demography on perception on MWD to claim being raped in his community



5.7.5 PERCEPTION ON THE VULNERABILITY OF PERSONS WITH HUNCHBACK / ALBINISM TO BEING USED FOR RITUAL IN THE COMMUNITY

Another abuse that has been widely reported in the literature is the use of PWD with hunchback/albinism for rituals. The killing of people with albinism for rituals is fueled by the belief that their body parts could be used for potions that will make one wealthy or prolong one's life⁴. The survey sought the opinion of respondents on whether they agree or disagree that persons with hunchback/albinism are susceptible to ritual killings in their respective communities. Results show that 45% of respondents "Agreed or Strongly Agreed" that irrespective of gender, persons with hunchback or albinism are susceptible to ritual killings in their community similar to 38% of respondents who "Disagreed or Strongly Disagreed". The data also showed that 17% of respondents neither agreed nor disagreed.

IRRESPECTIVE OF GENDER, PERSONS WITH HUNCHBACK OR ALBINISM ARE SUSCEPTIBLE TO RITUAL KILLINGS IN THIS COMMUNITY

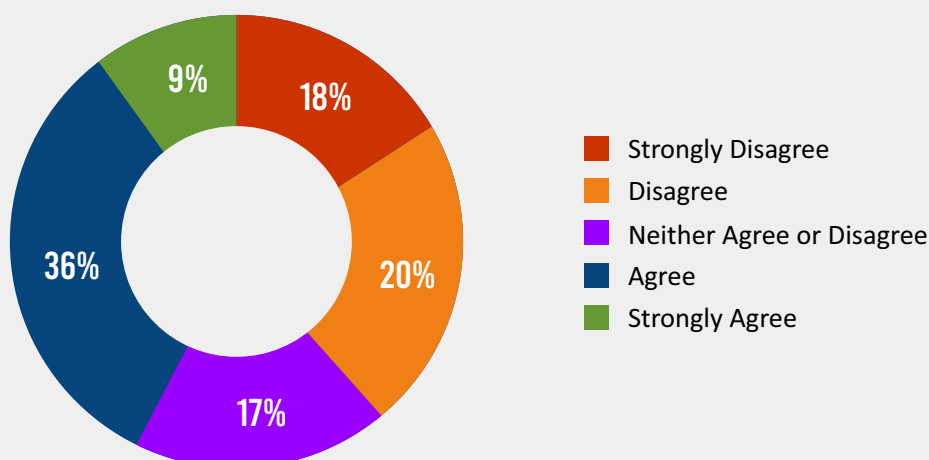


Figure 33: Susceptibility of persons with hunchback or albinism to ritual killings in their community

When comparing demographics, more respondents who reside in South West (63%) and South-South (53%) "Agreed or Strongly Agreed" that persons with hunchback or albinism are susceptible to ritual killings in their community. On the contrary, respondents who disagreed were found more in North West (54%).

IRRESPECTIVE OF GENDER, PERSONS WITH HUNCHBACK OR ALBINISM ARE SUSCEPTIBLE TO RITUAL KILLINGS IN THIS COMMUNITY. BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

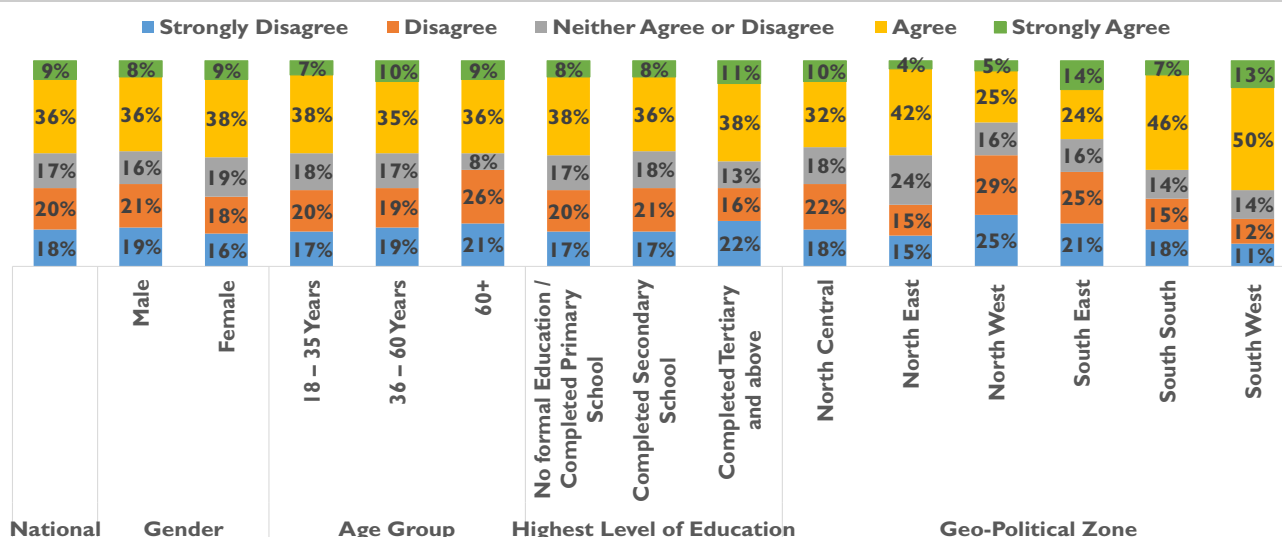


Figure 34: Demography on the susceptibility of persons with hunchback or albinism to ritual killings in their community

⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433448/>





5.8 ASCERTAINING SEXUAL VIOLENCE AMONGST PERSONS WITH DISABILITIES

5.8.1 SEXUAL ABUSE/RAPE AMONGST PERSONS WITH DISABILITIES

Violence against women and girls with disabilities is a significant issue that is related to both gender and disability-based discrimination and exclusion. In ascertaining sexual violence among persons with disabilities, respondents were asked if they have been sexually abused either by rape or touched in an unwanted manner without their consent. Overall, almost 2 in 10 (18%) of the respondents affirmed that they have been sexually abused and touched in an unwanted manner without their consent. On the other hand, 80% of respondents surveyed said they have not been sexually abused or touched in an unwanted manner; while 2% simply said they don't know and refused to give their opinion on the matter.

HAVE YOU EVER BEEN SEXUALLY ABUSED EITHER BY RAPE OR ATTEMPTED RAPE OR TOUCHED IN AN UNWANTED MANNER WITHOUT YOUR CONSENT?

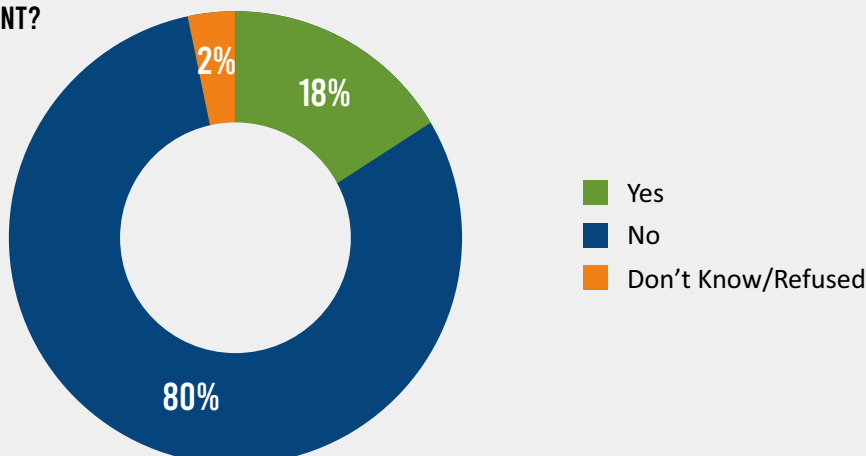


Figure 35: Respondents who have been sexually abused or touched without consent

Furthermore, there were more Females (28%) than Males (11%) who said they have been sexually abused or touched without their consent. Similarly, the elderly (28%), respondents who had primary education as the highest level of education (21%), and those who resided in the North East (36%) had the highest response of those who affirmed they have been sexually abused or touched in an unwanted manner.

HAVE YOU EVER BEEN SEXUALLY ABUSED EITHER BY RAPE OR ATTEMPTED RAPE OR TOUCHED IN AN UNWANTED MANNER WITHOUT YOUR CONSENT? BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

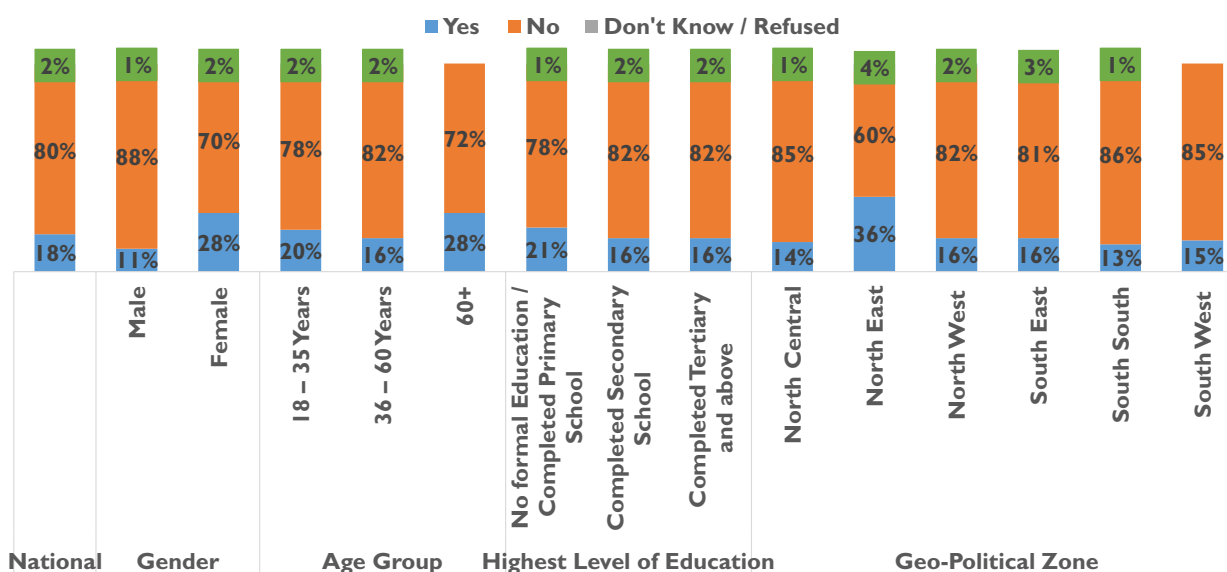


Figure 36: Respondents who have been sexually abused or touched without consent by demography



5.8.2 PERPETRATORS OF ABUSE ON PERSONS WITH DISABILITIES

Still, on the subject of sexual violence among persons with disabilities, respondents to the survey were also asked to mention those they consider major perpetrators of abuse on persons with disabilities. In response, strangers and evil people (57%), family, relatives, friends (11%), and government and officers of the law (10%) were the top three mentioned. Others identified by respondents include the privileged (3%), religious and community leaders (1%), and rapists (1%) amongst others.

WHO DO YOU CONSIDER AS MAJOR PERPETRATORS OF ABUSE ON PERSONS WITH DISABILITIES?

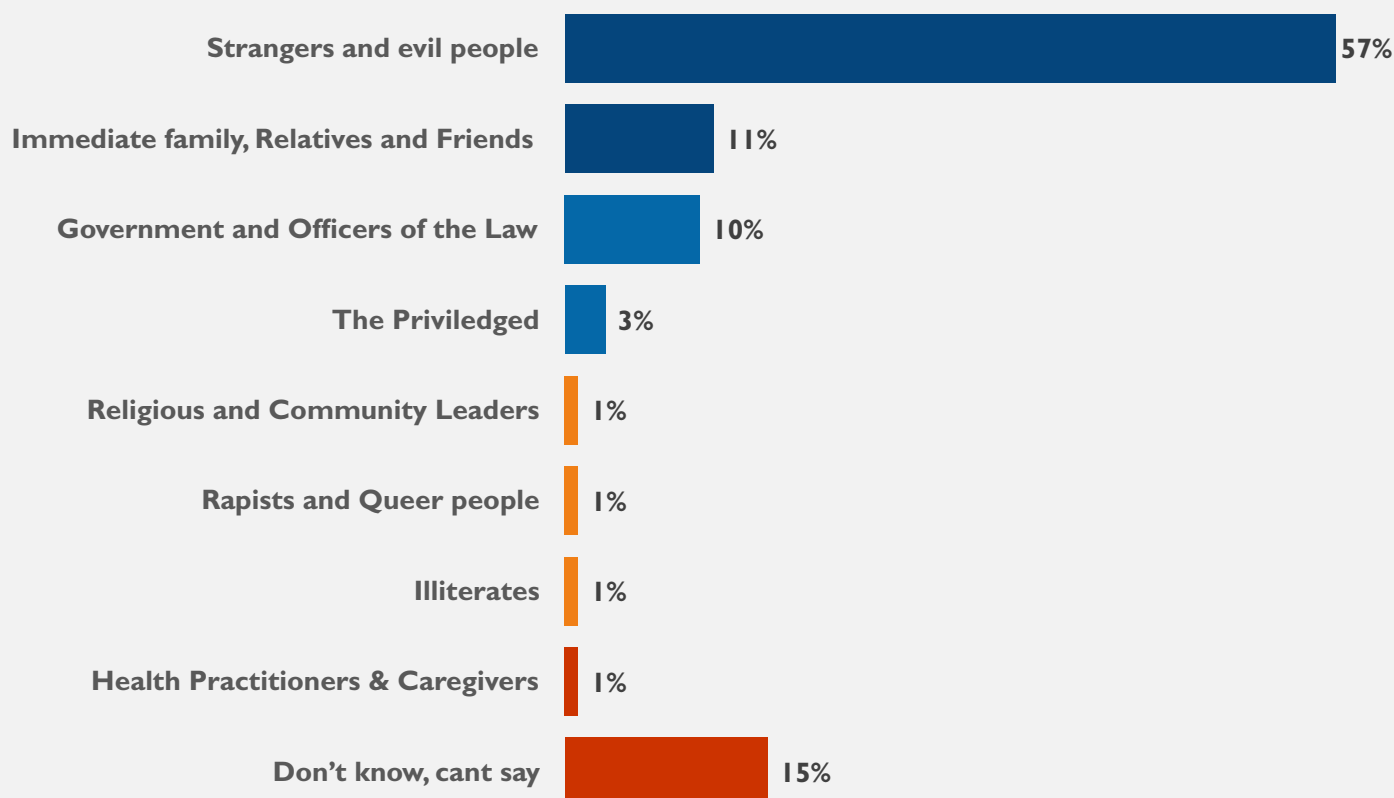


Figure 37: Those considered major perpetrators of abuse on PWDs

5.8.3 SEX FOR ASSISTANCE AMONG PERSONS WITH DISABILITIES

The survey explored the issue of sex for assistance among persons with disabilities. Respondents were asked if they have at any time had sexual intercourse with anyone in exchange for assistance due to their disability. Overall, 13% of respondents surveyed confirmed that they have at one time had sexual intercourse with someone in exchange for assistance. On the other hand, a large majority of the respondents (85%) said they have not had sexual intercourse with anyone in exchange for assistance due to their disability.



DID YOU EVER HAVE SEXUAL INTERCOURSE IN EXCHANGE FOR AN ASSISTANCE BECAUSE OF YOUR DISABILITY FROM ANYBODY?

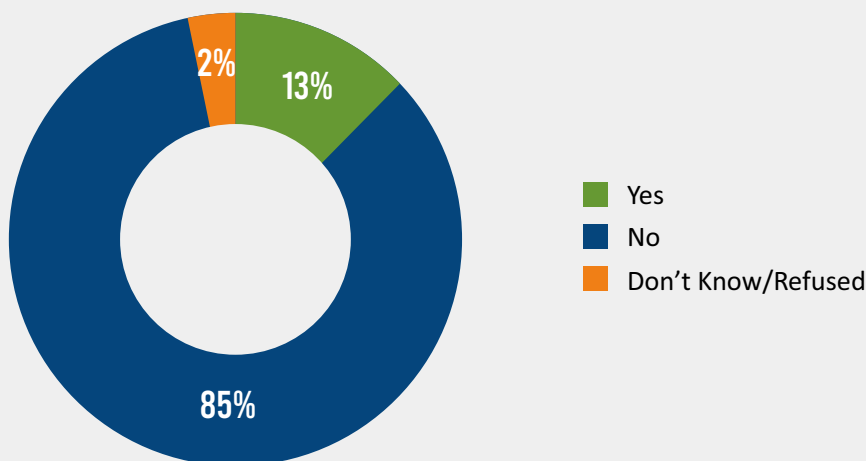


Figure 38: Respondents who have exchanged sex for assistance

From further disaggregation of the data, it was observed that more females (20%) than males (8%) have had sexual intercourse in exchange for assistance. In addition, the youth aged 18-35 years (14%) and more respondents residing in North East (32%) constitute the majority of respondents who have at one time had sexual intercourse with someone in exchange for assistance due to their disability.

DID YOU EVER HAVE SEXUAL INTERCOURSE IN EXCHANGE FOR AN ASSISTANCE BECAUSE OF YOUR DISABILITY FROM ANYBODY? BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

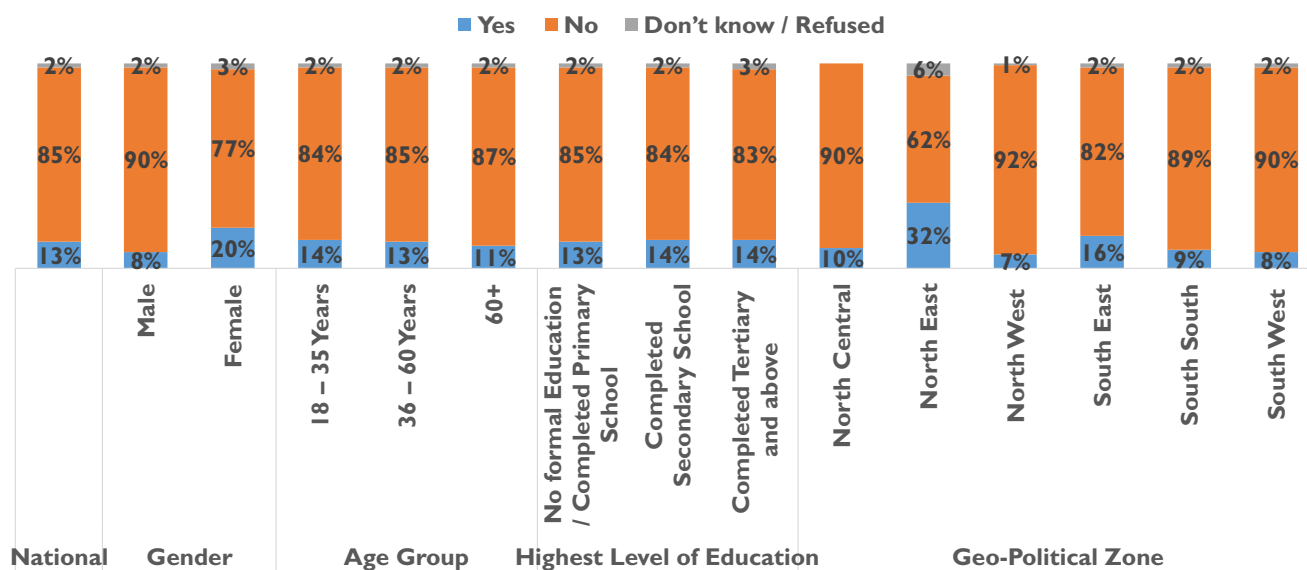


Figure 39: Demography on respondents who have exchanged sex for assistance

⁴Carli Friedman; Intimate Relationships of People With Disabilities. Inclusion 1 March 2019; 7 (1): 41–56. doi: <https://doi.org/10.1352/2326-6988-7.1.41>



5.9 NATURE OF INTIMATE RELATIONSHIP OF PERSON WITH DISABILITY WITH THEIR PARTNER

This section presents the results of the analysis on the nature of intimate relationships of persons with disability and the experience they have had with their partners.

5.9.1 INTIMATE RELATIONSHIP AMONG PERSONS WITH DISABILITIES

Intimate relationships may be particularly beneficial for people with disabilities as they result in greater self-acceptance, less internalized stigma and more camaraderie⁵. In ascertaining intimate relationships among persons with disabilities, respondents were asked if they have ever been in an intimate relationship. Overall, a large proportion of respondents surveyed (64%) said “yes” they have been in an intimate relationship. On the contrary, 33% said they have not been in an intimate relationship before, while 3% refused to answer.

HAVE YOU EVER BEEN IN AN INTIMATE RELATIONSHIP?

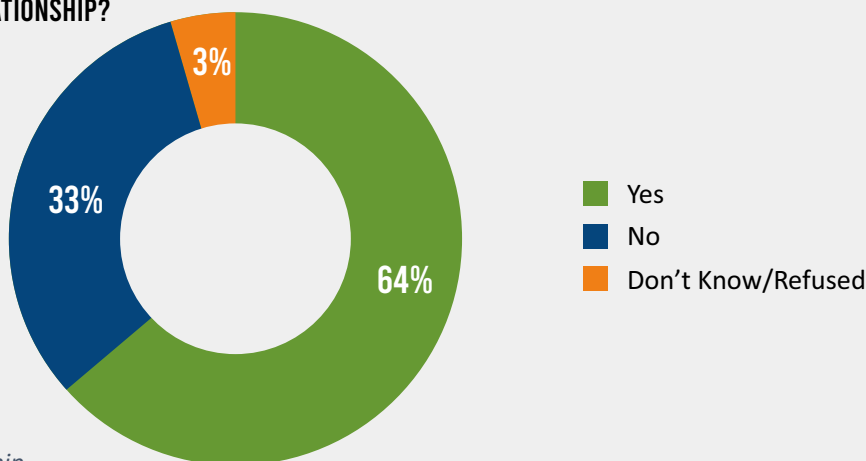


Figure 40: PWDs in an intimate relationship

Disaggregating the data, the survey results show that more males (35%), the youth aged 18-35 years (43%), and those who had no formal education or had only primary education (38%) had the highest response of those who have never been in an intimate relationship. On the other hand, adults aged 36-60 years (73%), those who completed tertiary education (78%), and respondents based in South-South (68%) constitute the bulk of those who have been in an intimate relationship.

HAVE YOU EVER BEEN IN AN INTIMATE RELATIONSHIP? BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

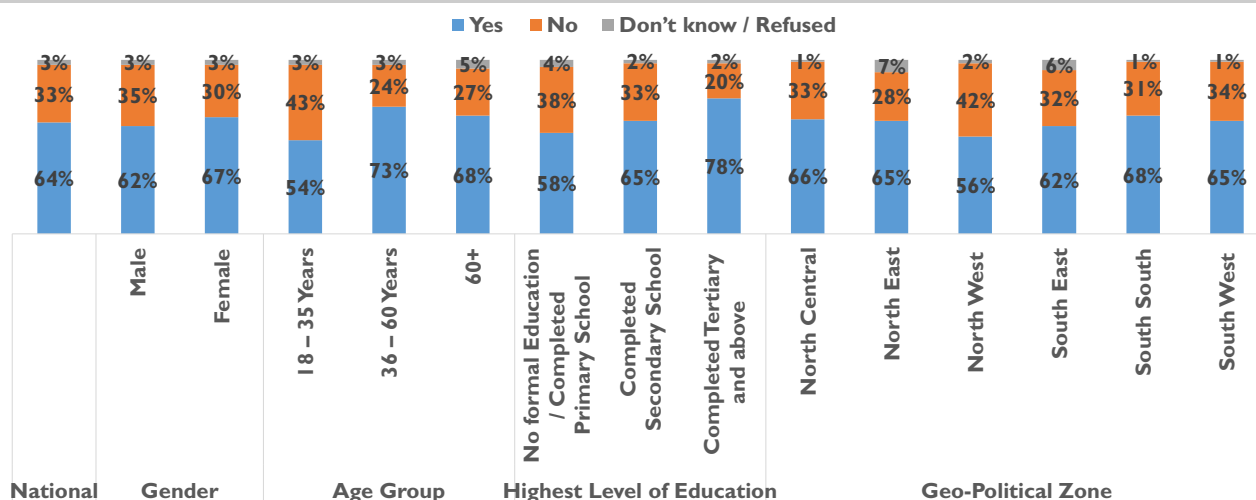


Figure 41: PWDs in an intimate relationship by demography

⁵Carli Friedman; Intimate Relationships of People With Disabilities. Inclusion 1 March 2019; 7 (1): 41–56. doi: <https://doi.org/10.1352/2326-6988-7.1.41>



5.9.2 EXPERIENCE OF RAPE / SEXUAL ABUSE FROM THEIR PARTNER

As a follow-up to the previous question, among those who said they have been in an intimate relationship, they were also asked if their partner ever threatened or used any other means to force them to have unwanted sex. Overall, a large majority of respondents (81%) said their partner has not threatened or used other means to force them to have sex. However, about 16% of respondents affirmed that their partner has either threatened them or used force to have unwanted sex with them.

HAS YOUR PARTNER EVER THREATENED YOU OR USED ANY OTHER MEANS TO FORCE YOU TO HAVE SEX WHEN YOU DID NOT WANT TO?

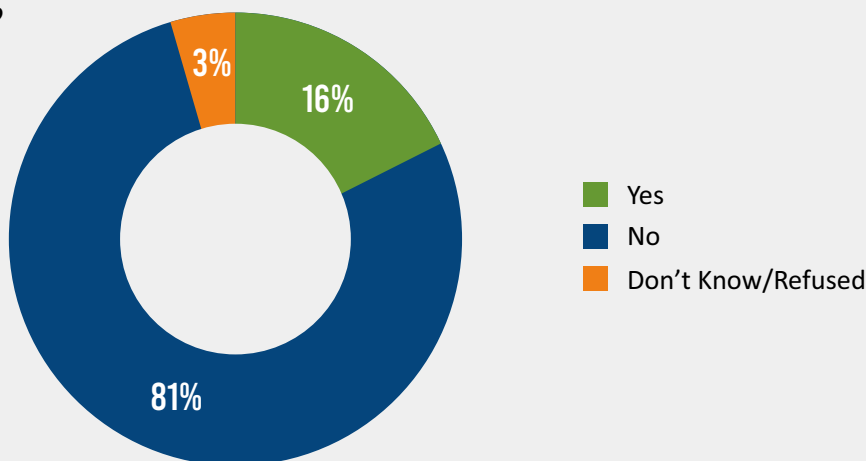


Figure 42: PWDs who have been forced to have sex by their partner

Further analysis indicated that more females (23%) have been threatened or forced by their partner to have unwanted sex compared to their male counterparts (10%). In terms of age groups, the elderly 61 years and above (18%) had the most responses of those who have been threatened or forced by their partner to have unwanted sex. Across the geo-political zones, the North East (36%) and South East (20%) had the highest proportion of respondents surveyed who said they have been threatened or forced by their partners to have unwanted sex.

HAS YOUR PARTNER EVER THREATENED YOU OR USED ANY OTHER MEANS TO FORCE YOU TO HAVE SEX WHEN YOU DID NOT WANT TO?
BY GENDER, AGE-GROUP, EDUCATION, GEO-POLITICAL ZONE

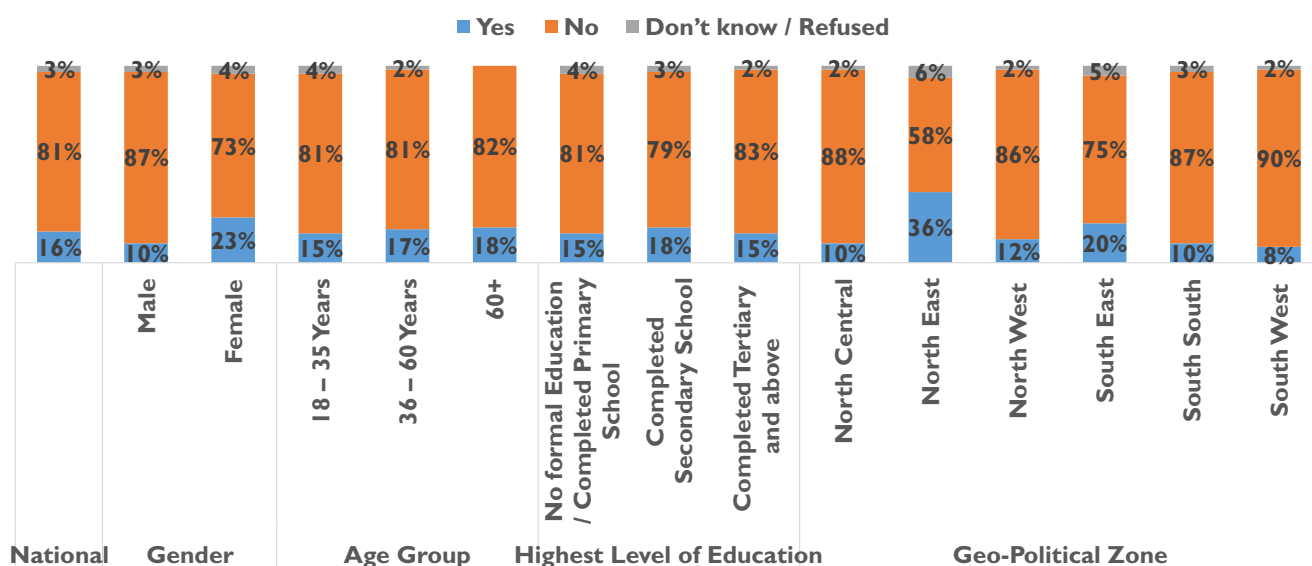


Figure 43: Demography on PWDs who have been forced to have sex by their partner



5.9.3 EXPERIENCE OF PERSON WITH DISABILITY AND THEIR PARTNER ON VARIOUS ISSUES

Regarding the experiences of persons with disability and their partners, overall, results show a positive outlook in terms of their experience with their partners. On the other hand, the following were highlighted by respondents: 37% of respondents said their partner have gotten angry/jealous when they saw them having a conversation with the opposite sex, another 23% affirmed that their partner did not permit them to make friends with the opposite sex and also tried to limit their contact with their family (18%). Interestingly, 22% said their partner often suspected that they were unfaithful, which in turn made their partner frequently accuse them of being unfaithful (20%) and always insist on knowing where they were (38%). Also, 18% of respondents said their partner sometimes ignores and treats them differently, and another 18% said their partner belittles them and makes them feel unwanted in their marriage. Lastly, slightly more than 3 in 10 respondents (32%) affirmed that each time their partner wants sex, they are expected to

THINKING ABOUT YOUR (CURRENT OR MOST RECENT) PARTNER, WOULD YOU SAY IT IS GENERALLY TRUE THAT:

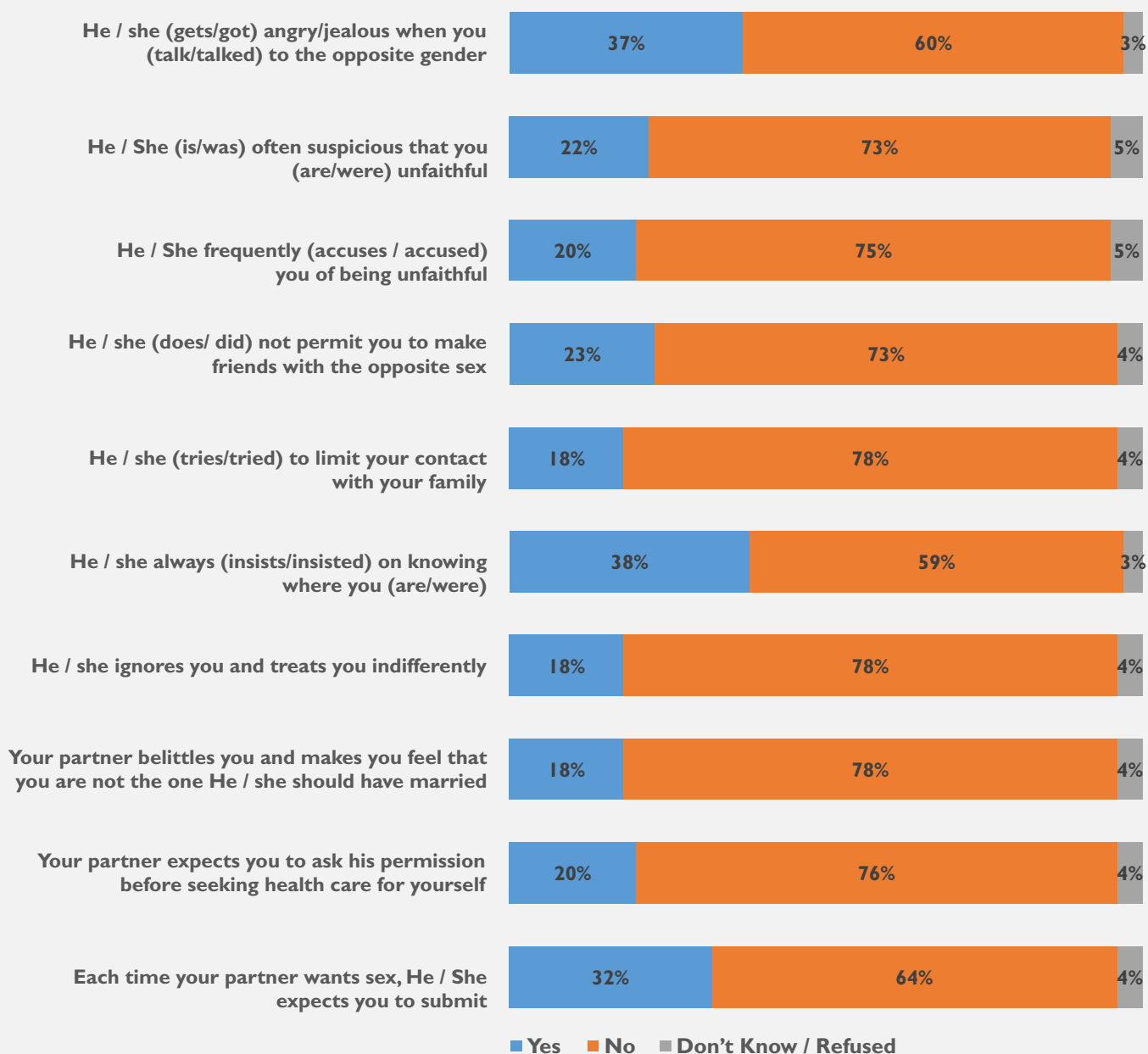


Figure 44: Experience of PWD and their partners on various issues



5.10 ASCERTAINING PHYSICAL VIOLENCE AMONG PERSONS WITH DISABILITY

This section presents the results of the analysis of physical violence among persons with disabilities. It examines their experience of physical violence with their partner, support for legislation to end sexual and gender-based violence among persons with disability, and presents plausible recommendations that address issues of sexual and gender-based violence among persons with disabilities.

5.10.1 EXPERIENCE OF VIOLENCE FROM PARTNER OVER THE PAST 12 MONTHS

The experience of persons with disabilities in connection to violence from their partner over the past 12 months was investigated. Respondents were asked a series of questions to help ascertain if their partners have been violent towards them in the past 12 months. Overall, findings reveal that majority of respondents have had a good relationship with their respective partners in the last 12 months. However, the data also revealed the following in the last 12 months: 26% of respondents surveyed said they have been insulted or made to feel bad about themselves by their partner, 20% said they have been scared or intimidated on purpose by their partner via yelling or smashing objects, and 19% affirmed that they have been humiliated in front of others. More so, respondents said their partners have threatened to hurt them or someone they cared about (16%), I have been slapped and hurt by an object thrown at me by my partner (14%), another 14% said they have been thrown out of the house or threatened to be thrown out of the house by their partner, and 11% who said they have been choked or burnt on purpose by their partner.

THINKING ABOUT YOUR (CURRENT OR MOST RECENT) PARTNER, IN THE LAST 12 MONTHS, HAS YOUR PARTNER

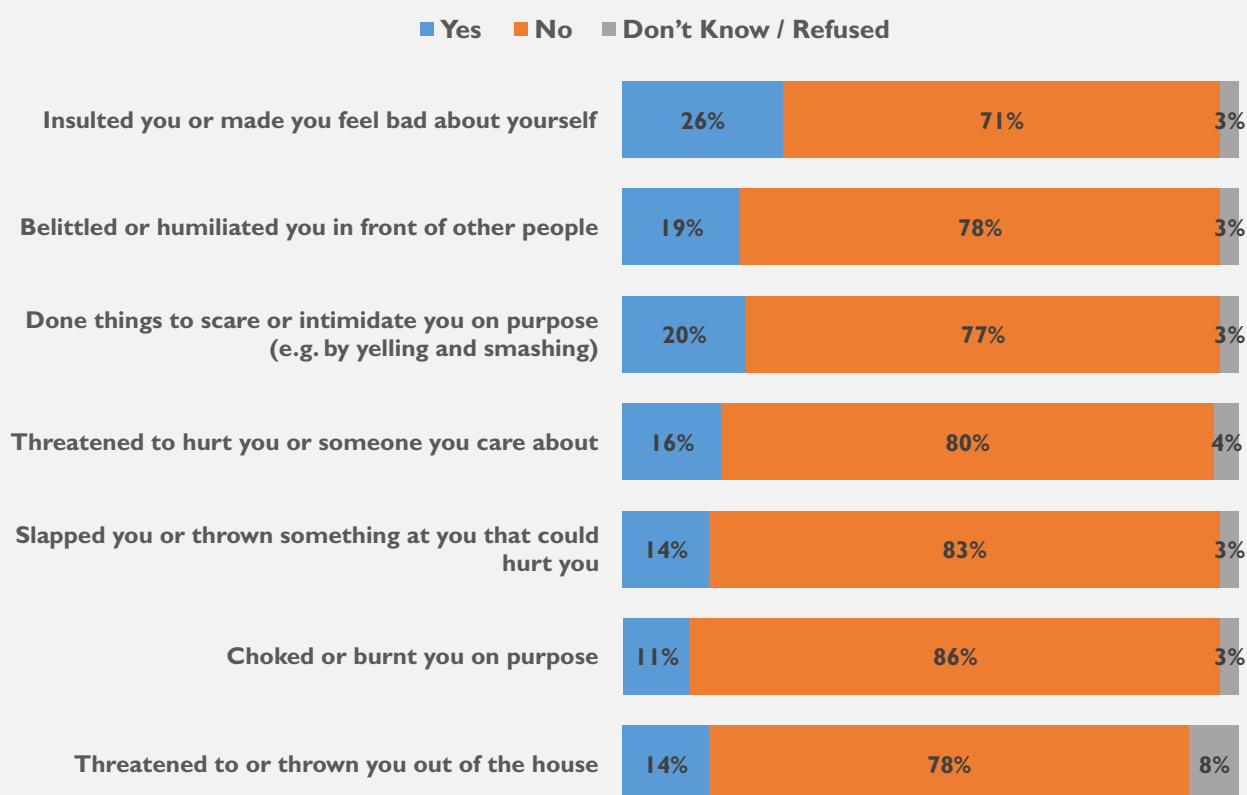


Figure 45: PWDs who experienced various forms of violence from their partner in the last 12 months



5.10.2 SUPPORT FOR LEGISLATION TO END SEXUAL AND GENDER-BASED VIOLENCE AMONG PERSONS WITH DISABILITY

In addition, respondents were asked if they would support legislation to end sexual and gender-based violence among persons with disabilities. From the data, an overwhelming proportion of respondents (88%) affirmed that they will support legislation to end sexual and gender-based violence among persons with disabilities, while 11% said they will not support legislation to put an end to sexual and gender-based violence among persons with disabilities.

WOULD YOU SUPPORT LEGISLATION TO END SEXUAL AND GENDER-BASED VIOLENCE AMONG PERSONS WITH DISABILITIES?

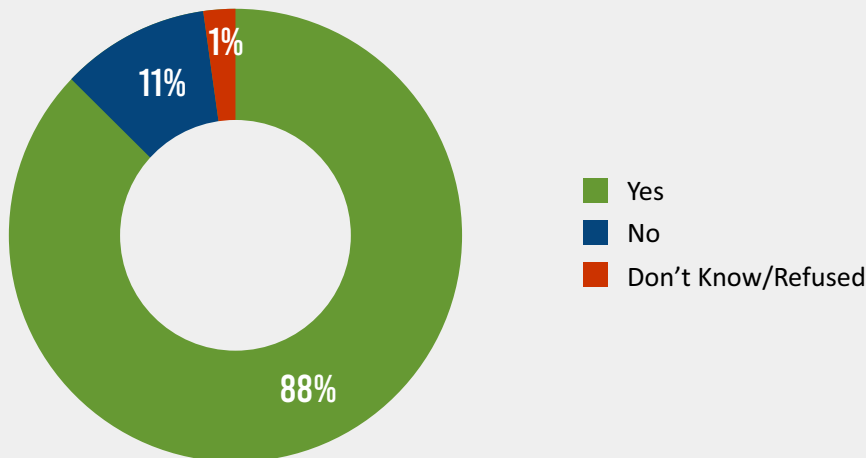


Figure 46: Respondents who would support legislation to end SGBV among PWDs

5.10.3 POSSIBLE RECOMMENDATIONS TOWARD ADDRESSING SEXUAL AND GENDER-BASED VIOLENCE AMONG PERSONS WITH DISABILITY

Lastly, the survey asked respondents to recommend solutions on what can be done to address the issue of sexual and gender-based violence among persons with disabilities. From their response, government intervention and implementation of relevant laws (26%), public enlightenment and advocacy (25%), and report/arrest and prosecute offenders (20%) were the top three recommendations that were proffered. Other recommendations given were: social and economic empowerment for persons with disabilities (17%) and the provision of infrastructure to cater to persons with disabilities (8%).

WHAT CAN BE DONE TO ADDRESS THE ISSUE OF SEXUAL AND GENDER-BASED VIOLENCE AMONG PERSONS WITH DISABILITIES?

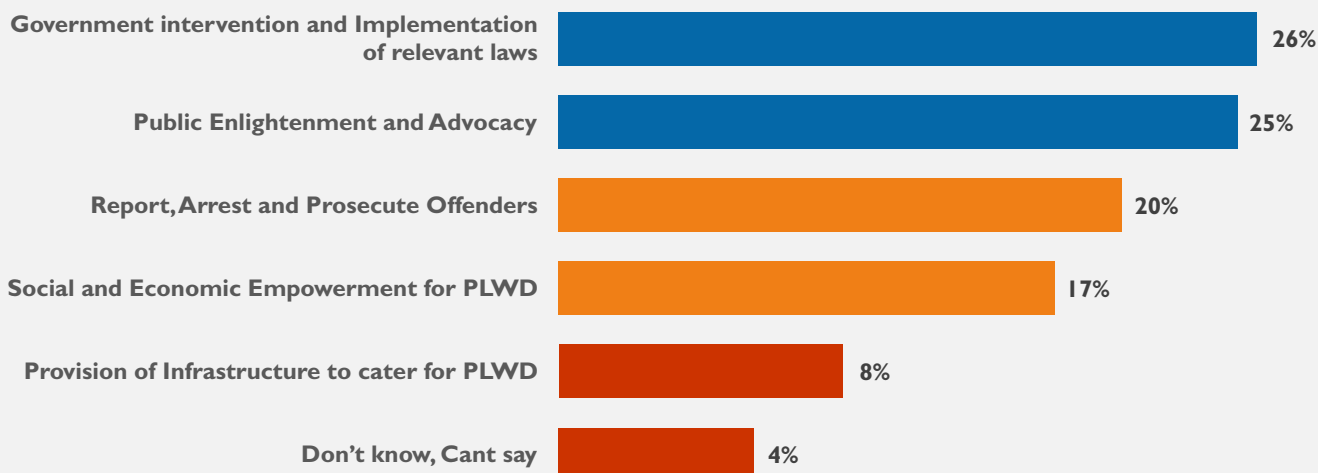


Figure 47: Possible recommendations by respondents towards addressing SGBV among PWDs



➤ SUMMARY OF FINDINGS RECOMMENDATION AND CONCLUSION



Photo Credit: NEIL THOMAS / Humanity & Inclusion

➤ 6.1 SUMMARY OF KEY FINDINGS

This study on SGBV among PWDs in Nigeria was conducted across all the six geo-political zones with a sample size of 2, 590 respondents (57% males and 43% females). This was intended to have a body of knowledge that fosters a better understanding of the challenges of women with disability in Nigeria. The majority of the respondents (97%) were 60 years or below while only 3% are above 60 years of age. Also, 51% of the respondents either had no formal education or completed primary school. The three most common types of disability among the PWD selected for the study are those with mobility problems (50%), those who have difficulty in self-care (41%), and those who had vision problems (38%).

The study revealed that the value placed on the PWD by the family and the society is poor with 60% affirming that PWDs are considered worthless and a liability. This opinion was more common among females (65%) than males (56%), respondents with no formal education/completed primary school (63%) than other educational levels, and more prominent in North East (67%), North Central (64%), South West (61%) and South-South (60%). Thus they are often considered unsuitable for marriage and traditional women's roles of childbirth and home care (56%)

PWD are discriminated against and stigmatized (63%) with the discrimination more intense for WWD (67%) and across many geo-political zones with South-South 68%, North East 65%, North Central 62%, and South West 64%. It is noteworthy that the needs of WWD are rarely considered when making key decisions at home and community levels (59%) while 41% also affirmed that PWDs are denied inheritance of any property even from their parents in their communities.

This study also found that it is difficult for PWD to be gainfully employed or start a business in many communities (66%). The situation is however more worrisome for females than for their males counterparts as 70% of females compared to 64% of males affirmed the



statement. Lack of employment and entrepreneurial opportunities occurs across all the geo-political zones with North East (71%), South-South (74%), and South West (71%) having respondents with the highest proportion affirming the statement.

The PWDs are also disadvantaged in decision making and social participation even in their health as 51% of the respondents affirmed this while another 48% affirmed that PWD rarely goes out of the house without the permission of a family member. They are also rarely invited to community meetings where important decisions are taken.

This study further revealed that WWDs are more vulnerable to sexual abuse than their male counterparts while 51% affirmed that they have difficulties accessing reproductive health services and this affects PWD across all geo-political zones in Nigeria. As high as 70% also affirmed that WWDs, as well as 54% of men with disabilities, suffer physical violence irrespective of gender and geo-political zones.

Another striking finding is the vulnerability of PWD with hunchback/albinism to ritual killings (45%). The majority of the respondents affirmed that the perpetrators of various kinds of abuses against PWD are usually strangers and evil people. Also, 11% affirmed that members of immediate family, relatives, and friends are also involved as perpetrators while 10% said the perpetrators could be government officials as well as officers of the law.

In the light of the findings majority (88%) of the respondents expressed that they will support legislation to end SGBV among the PWD in Nigeria. Thus, they recommended government intervention and implementation of relevant laws (26%), public enlightenment and advocacy (25%), report, arrest, and prosecution of offenders (20%), and social and economic empowerment for PWD (17%) among other measures to address the vulnerabilities of PWD in Nigeria.



6.2 RECOMMENDATIONS

Based on the findings from this study, it becomes imperative to recommend the following:

01

There is a need for public enlightenment and sensitization to correct many of the wrong notions about PWD across all the geo-political zones in Nigeria

02

The rights of the PWD first as human beings and as persons with special needs must be protected. This includes the rights to marriage and family, public spaces as well as in decision-making on all issues that concern them. To ensure this, the public enlightenment campaign must include community opinion leaders who can act as agents of change across all the geo-political zones in the country.

03

There is a need for PWD targeted social and economic empowerment. This is very important based on the findings of this study that it is difficult for them to be gainfully employed or start a business across many of the communities in all the six geo-political zones.

04

There is a need to improve WWD access to reproductive health services across all the geo-political zones in Nigeria

05

There is an urgent need to implement the Nigeria Disability Act 2019 which already has some provisions to mitigate some of the challenges confronting PWD as found in this study.

06

The government needs to provide enabling environment for PWD to harness their potential by providing an inclusive society in the spirit of the Sustainable Development Goal 16 which emphasizes

07

In the light of the findings that even government officials and officers of the law are part of the perpetrators of SGBV against PWD, it becomes imperative to identify and punish such officers to enhance PWD trust in the system and the ability of the government to help them.





6.3 CONCLUSION

This study revealed that the public image of PWD has a lot to be desired across all the geo-political zones in Nigeria. More often than not PWDs are considered worthless and liability, unsuitable for marriage as well as denied inheritance rights due to their disability status. PWD are not involved in community meetings and social participation while many of them are also denied involvement in decisions even concerning their health. They are also subjected to discrimination and stigmatization as well as are vulnerable to sexual

and gender-based violence including sexual assaults, rape and physical violence while they have difficulties accessing reproductive health services when needed. Although all the PWD are vulnerable, it is important to note that gender, educational level, and geo-political zones become important variables to be considered in any intervention for PWD as this was found to influence the levels of vulnerability in this study. It can therefore be concluded that Nigerian society is far from being inclusive and there is an urgent need for the government to take proactive measures to achieve the Sustainable Development Goals (SDGs) especially Goal 16 on inclusive society.



Photo Credit: GPE/Kelley Lynch



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Distribution of 2006 Census and Projected Population of Disabled by States and sex

State	Total Population 2006			Population Disabled 2006			Projected Total Population 2020			Projected Population Disabled 2020		
	Male	Female	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
ABIA	1,430,298	1,415,082	2,845,380	33,420	33,104	66,524	1,903,483	1,938,460	3,941,279	46,292	45,854	92,146
ADAMAWA	1,607,270	1,571,680	3,178,950	48,902	44,602	93,504	2,274,898	2,262,050	4,657,314	71,644	65,344	136,988
AKWA-IBOM	1,983,202	1,918,849	3,902,051	49,342	46,783	96,125	2,396,850	2,383,731	4,847,542	61,298	58,119	119,417
ANAMBRA	2,117,984	2,059,844	4,177,828	48,901	44,837	93,738	2,799,221	2,800,689	5,720,035	66,952	61,388	128,341
BAUCHI	2,369,266	2,283,800	4,653,066	58,852	52,238	111,090	3,772,947	3,767,716	7,788,504	98,509	87,438	185,947
BAYELSA	874,083	830,432	1,704,515	24,877	23,595	48,472	1,202,551	1,192,174	2,444,028	35,670	33,832	69,502
BENUE	2,144,043	2,109,598	4,253,641	50,204	46,052	96,256	2,868,536	2,919,170	5,905,747	69,703	63,939	133,642
BORNO	2,163,358	2,007,746	4,171,104	62,879	55,908	118,787	2,911,671	2,839,919	5,875,471	88,572	78,753	167,325
CROSS-RIVER	1,471,967	1,421,021	2,892,988	41,916	38,358	80,274	2,089,272	2,085,748	4,253,698	61,631	56,400	118,031
DELTA	2,069,309	2,043,136	4,112,445	53,534	51,678	105,212	2,646,474	2,661,069	5,416,738	70,513	68,068	138,581
EBONYI	1,064,156	1,112,791	2,176,947	31,519	32,112	63,631	1,432,105	1,575,050	3,084,214	44,655	45,495	90,150
EDO	1,633,946	1,599,420	3,233,366	31,781	28,620	60,401	2,239,004	2,222,133	4,567,512	44,894	40,429	85,324
EKITI	1,215,487	1,183,470	2,398,957	26,694	25,083	51,777	1,675,043	1,675,358	3,431,742	38,186	35,882	74,068
ENUGU	1,596,042	1,671,795	3,267,837	37,725	35,890	73,615	2,104,344	2,291,754	4,505,928	52,018	49,488	101,506
GOMBE	1,244,228	1,120,812	2,365,040	31,960	26,886	58,846	1,881,251	1,742,211	3,733,100	50,447	42,438	92,886
IMO	1,976,471	1,951,092	3,927,563	43,173	39,247	82,420	2,569,830	2,597,892	5,265,082	57,875	52,612	110,488
JIGAWA	2,198,0	2,162,9	4,361,0	63,31	57,59	120,90	3,356,7	3,444,0	7,029,9	102,0	92,84	194,8



State	Total Population 2006			Population Disabled 2006			Projected Total Population 2020			Projected Population Disabled 2020		
	Male	Female	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
	76	26	02	0	4	4	75	28	48	56	2	98
KADUNA	3,090,438	3,023,065	6,113,503	78,828	70,524	149,352	4,121,878	4,215,833	8,563,203	110,415	98,783	209,198
KANO	4,947,952	4,453,336	9,401,288	131,850	107,527	239,377	7,410,702	6,842,847	14,655,311	205,536	167,620	373,156
KATSINA	2,948,279	2,853,305	5,801,584	74,034	65,937	139,971	4,642,372	4,658,010	9,639,059	123,004	109,551	232,555
KEBBI	1,631,629	1,624,912	3,256,541	38,930	33,626	72,556	2,463,289	2,538,321	5,178,123	61,901	53,468	115,369
KOGI	1,672,903	1,641,140	3,314,043	25,612	22,750	48,362	2,068,223	2,085,511	4,253,371	32,871	29,198	62,070
KWARA	1,193,783	1,171,570	2,365,353	18,603	16,857	35,460	1,618,728	1,640,885	3,351,720	26,361	23,886	50,247
LAGOS	4,719,125	4,394,480	9,113,605	86,758	75,654	162,412	6,586,522	6,186,362	13,012,971	123,878	108,023	231,902
NASARAWA	943,801	925,576	1,869,377	24,845	22,686	47,531	1,301,557	1,330,682	2,712,349	36,049	32,916	68,965
NIGER	2,004,350	1,950,422	3,954,772	36,495	31,830	68,325	3,086,848	3,133,769	6,407,568	59,130	51,571	110,701
OGUN	1,864,907	1,886,233	3,751,140	36,072	35,090	71,162	2,936,621	3,008,654	6,090,740	58,570	56,976	115,546
ONDO	1,745,057	1,715,820	3,460,877	28,953	27,988	56,941	2,477,320	2,492,387	5,084,330	42,534	41,117	83,651
OSUN	1,734,149	1,682,810	3,416,959	23,992	22,442	46,434	2,121,248	2,116,148	4,303,366	30,216	28,264	58,480
OYO	2,802,432	2,778,462	5,580,894	51,821	49,836	101,657	3,732,443	3,780,412	7,667,318	71,194	68,467	139,662
PLATEAU	1,598,998	1,607,533	3,206,531	43,452	40,979	84,431	2,159,394	2,241,580	4,504,272	61,038	57,564	118,602
RIVERS	2,673,026	2,525,690	5,198,716	73,856	68,004	141,860	3,573,660	3,461,313	7,183,473	102,053	93,966	196,019
SOKOTO	1,863,713	1,838,963	3,702,676	51,407	45,426	96,833	2,899,402	2,963,785	6,039,289	83,848	74,093	157,940
TARABA	1,171,931	1,122,869	2,294,800	34,953	31,615	66,568	1,673,860	1,658,025	3,421,510	52,114	47,137	99,252



State	Total Population 2006			Population Disabled 2006			Projected Total Population 2020			Projected Population Disabled 2020		
	Male	Female	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
YOBE	1,205,034	1,116,305	2,321,339	41,917	35,139	77,056	1,731,400	1,666,777	3,481,567	62,868	52,702	115,569
ZAMFARA	1,641,623	1,637,250	3,278,873	57,200	49,855	107,055	2,624,000	2,693,793	5,482,423	95,641	83,360	179,001
FCT-ABUJA	733,172	673,067	1,406,239	10,184	8,066	18,250	1,397,662	1,304,781	2,820,261	20,424	16,177	36,601
NIGERIA	71,345,488	69,086,302	140,431,790	1,708,751	1,544,418	3,253,169	103,255,337	103,064,769	206,320,106	2,510,469	2,269,034	4,779,503

Source: Nigeria, 2006 Population and Housing Census





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