



CHAPTER 34

STIGMATIZATION OF PERSONS WITH DISABILITY IN NIGERIA

**Sunday N. Agwu Prof.
Nneka Justina Eze Ph.D**

*Department of Arts and Social Science Education
Ebonyi State University, Abakaliki-Nigeria*

Introduction

Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability. Social stigmas can also be related to other characteristics including gender, sexuality, race, religion, and culture. Unfortunately, stigma surrounding mental health is still common. (Gaebel & Baumann, 2003). While stigma is not limited to mental conditions, attitudes towards psychiatric illnesses tend to be more negative than that toward medical conditions. Research has shown that stigma is one of the leading risk factors contributing to poor mental health outcomes. Erving Goffman year??described stigma as a phenomenon whereby an individual with an attribute which is deeply discredited by their society is rejected as a result of the attribute. Goffman saw stigma as a process by which the reaction of others spoils normal identity. Stigma often comes from lack of understanding or fear. Inaccurate or misleading media representations of impairments contribute to both those factors, while the public may accept the medical or genetic nature of an impairment and the need for treatment, but many people still have a negative view of those with impairment. Literature identifies multiple dimensions or types of stigma, including self-stigma, public stigma, professional stigma, and institutional stigma.

- Public stigma involves the negative or discriminatory attitudes that others have about mental illness.
- Self-stigma refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition.
- Institutional stigma, is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care.
- Professional stigma: occurs when healthcare professionals hold stigmatizing attitudes towards their patient, which are often based on fear or misunderstanding or when professionals themselves experience stigma from public or other healthcare professionals. (Laganathan, & Murthy, 2008).



Therefore, stigmatization is conceived as the treatment of somebody in a way that makes them feel that they are very bad or unimportant (Hornby, 2010). It is also used interchangeably with segregation, disapproval, snub and neglect. Stigmatization is gotten from the word stigma. The word stigma comes from the Greek word for “mark.” Generally, stigma is a negative set of beliefs about people with specific characteristics. For example, ethnic or sexual minorities, or people with unusual facial appearance may encounter stigma (Baumberg, 2016).

This chapter, however, discusses stigma or stigmatization, harmful effects of disability stigma, signs of stigma, causes of disability stigma, impact of stigma, ways persons with disabilities are stigmatized in Nigeria, challenges of stigmatization and ways persons with disabilities (PWDs) avoid stigma, tips to combat stigma, remedy of stigmatization, implications and suggestions.

Harmful effects of disability stigma and discrimination

Persons with disabilities have been stigmatized throughout history. In many cultures, disability has been associated with curses, disease, dependence, and helplessness. In Nigeria, persons with disability are also stigmatized at various places they see themselves. Therefore, one needs to deal with this stigma, to get rid of stigmatization and reduce it to the minimal level. Hence the types of stigma have to be discussed here because stigma does not only directly affect individuals with the impairments but also the loved ones who support them, often including their family members.

Stigma and discrimination can contribute to worsening symptoms and reduced likelihood of getting treatment. A recent extensive review of research found that self-stigma leads to negative effects on recovery among people diagnosed with severe mental illnesses (<https://www.psychiatry.org>)

Effects can include:

- reduced hope,
- lower self-esteem,
- increased psychiatric symptoms,
- difficulties with social relationships,
- reduced likelihood of staying with treatment and
- more difficulties at work.

Some of the other harmful effects of stigma can include:

- reluctance to seek help or treatment and less likely to stay with treatment
- social isolation,
- lack of understanding by family, friends, co-workers, or others,
- fewer opportunities for work, school or social activities or trouble finding, housing,
- bullying, physical violence or harassment,
- health insurance that doesn't adequately cover your mental illness treatment and



-
- the belief that you'll never succeed at certain challenges or that you can't improve your situation.

Signs of Stigma

According to social stigma here are some of the examples of how stigma is perpetuated includes:

- media depictions where the villain is often a character with a mental illness,
- harmful stereotypes of people with ailments or impairments,
- treating mental health issues as if they are something people can overcome if they just "try harder" or "snap out of it",
- using phrases like "she's crazy" or "he's nuts" to describe other people or their behavior and
- halloween costumes that depict people with impairments as violent and dangerous. <https://en.wikipedia.org>

Causes of disability stigma

Some causes that potentially play a role in disability stigma include:

- Social Avoidance - PWDs may be left out of social activities, or they may find that friends become more distant after they develop a disability. People may be hesitant to make eye contact or start a conversation with someone who has a visible disability.
- Stereotyping - PWDs may be presumed to be helpless, unable to care for themselves, or unable to make their own decisions. People with one disability, such as a speech impairment, may be presumed to have other disabilities they don't have, such as an intellectual disability.
- Discrimination - PWDs may be denied jobs, housing, or other opportunities due to false assumptions or stereotypes about disabilities. This still occurs today, despite disability rights laws such as the Americans with Disabilities Act (ADA).
- Condescension - PWDs may be coddled or over-protected due to perceptions of their helplessness.
- Blaming - People may be blamed for their disability, or accused of using their disability to gain unfair benefits.
- Internalization - PWDs may themselves adopt negative beliefs about their disability and feel ashamed or embarrassed about it.
- Hate Crimes and Violence - PWDs may be targeted in hate crimes. They are more likely to be victims of physical or sexual violence than persons without disabilities. (Ferguson,&Nusbaum, 2012).
- Lack of Awareness - Many people simply lack awareness of symptoms, causes, prevalence, and treatments for ailments or mental illness. This lack of understanding contributes to poor perceptions about different mental illnesses and the people who experience these conditions.



- Media Portrayals - Media depictions of people with mental illness also play a part in perpetuating stigma.¹⁰ Mental health conditions are often depicted negatively, and media reports often attempt to link criminal activity and violence to mental health problems. (Angermeyer & Dietrich, 2006)

Impact of Stigma

According to Brown(2011), The consequences of stigma can be serious and devastating, stigma comes with lack of understanding from others, which can be invalidating and painful, but stigma also carries more serious consequences including fuelling fear, anger, and intolerance directed at other people. People who are subjected to stigma are more likely to experience:

- reluctance to seek out treatment,
- delayed treatment, which increases morbidity and mortality,
- social rejection, avoidance, and isolation,
- worse psychological well-being,
- poor understanding among friends and family,
- harassment, violence, or bullying,
- poor quality of life, disability, and increased socioeconomic burden and
- increased feelings of shame and self-doubt.

Stigma leads to delays in treatment. Meanwhile, Omiegbe (2001), supported that some cultural or religious beliefs can underpin stigma, for example the belief that some disability like intellectual impairment, hearing impairment, speech impairment, etc. are as a result of witchcraft or the sins of previous generations. PWDs are sometimes said to possess particular characteristics, for example to be imbued with 'supernatural' qualities or endowed with special gifts. These, too lead to stigmatization through false beliefs. The stigma of disability can extend to the entire families, for example when children with disabilities are believed to be a punishment for a family member having sinned or eaten forbidden food (Ozaji, Ozegya, Yakwal & Oluka, 2016). Sometimes, if someone wants to marry from such family, the other family will refuse. (same to the both families) This is because they believe that if the marriage is allowed that their son or daughter may give birth to such offspring, because there is such trait in their family. Therefore, the both families will resist such union to avoid producing a child with disability in their lineage especially in Nigeria. The stigma of having a child with disabilities means that children with disabilities are often not reported, some families hide their child with disability inside their houses, resulting in not being included in official statistics. All these actions on them create conscious discriminations that bring about stigmatization.

Ways PWDs are stigmatized in Nigeria

In Nigeria, PWDs are subjected to numerous types of discrimination given rise to stigmatization. This has been so throughout antiquity, PWDs have been



subjected to a multiplicity of oppressive social attitudes, which have included 'dismay, fear and anxiety, hostility, distrust, pity, over-protection and patronizing behavior' (Baba- Ochankpa 2010). Discrimination against people with all forms of disabilities ranges from being ridiculed, being condemned to permanent exclusion in asylums, and being allowed to drown or die or being executed. PWDs have experience lots of marginalization in diverse places. This attitude subjects them to low self-esteem, depression and demoralization. UN report (2014), projects that more than half a billion persons around the world are with disability as a result of one or more impairments. According to the report, around 80 percent of the world's disability population lives in developing countries. Fatunde (2009), and Baba-Ochankpa (2010), are of the opinion that in Nigeria, people with disabilities are subjected to numerous types of discrimination. The most interesting part of the whole matter is that religion and culture are contributory and supporting factors in the discrimination against persons with disabilities. We must note here that those who are termed able are just temporarily able because disability may arise in the cause of life. Despite this, the disability population too often remains the most marginalized, discounted, invisible, and abused sector within any society throughout the world (Barnes & Sheldon, 2010). Exclusionary and discriminatory practices against persons with disabilities in Nigeria are always seen in every sector of interpersonal relationships for instance, at clubs, school, farms, worship centers, work places, restaurants, fun places, bar, village squares, hospitals, banks, gyms, etcetera.

Stigmatization of persons with disability in the marketplace. Various characteristics of consumers can lead to stigmatization in the marketplace. These include obvious characteristics, such as skin color, and non-obvious characteristics, such as a person's sexual orientation. These characteristics can lead to consumers perceiving themselves as stigmatized on the one hand, or perceiving themselves to be stigmatized by others on the other. Eleweke(2013), stressed that the possible effects of stigmatization are manifold, these include; discrimination against persons or groups of persons, stigmatized persons avoiding situations in which they feel stigmatized or social exclusion from society. The conceptual work on this topic is about finding literature that shows how stigmatization arises, what external aspects promote the emergence of stigmatization in the marketplace, and what coping strategies consumers use to deal with the stigmatization that has arisen. More research can be carried out over this topic (stigmatization) in some fields e.g. marketing, psychology, medicine.

Challenges of stigmatization of persons with disabilities

Stigmatization of PWDs can be experienced or felt at so many places in Nigeria both in private and public places. It can be experienced at home, school, market, worship centers, banks, farms, club, party events, marriage ceremonies, etc. In fact, wherever and whenever in the midst of persons without disabilities they feel discriminated or marginalized. Stigmatization of persons with disabilities



cannot be overemphasized as some parents and siblings despise or intimidate the persons with disabilities in their homes in various ways; not allowing them to make their choices, use the home gadgets. Some are not allowed into the kitchen or sitting room, not allowed to cook, etc. Sometimes, if they want to try or make their own impute they will be hushed or laughed at. Oliver (2008), affirmed that it is not only that they are despised, neglected and marginalized, but they are also denied of privileges that the family members, fellow students enjoy. Some PWDs are prevented from coming to the sitting room, not to talk of sitting down with others, or coming out to greet visitors in their house. Students without disabilities avoid playing or interacting with them, claiming superiority over them. Even at the market some people don't like to buy things from them or sell things to them either, thereby making them feel they are irrelevant, not wanted and useless.

More also, in the banking sector, most Nigerian banks deny PWDs comfortable services during banking transactions. PWDs face huge barriers daily as they seek financial services in banks because the security doors are designed in a way that prevents wheelchair users from gaining access, even the staircases are always challenging. Same is applicable in the agricultural sector, as presented in World Bank (2009), the design of policies and projects incorrectly assume that farmers and rural workers are mainly persons without disability not having persons with disabilities in mind. Falola, and Achberger (2013), pointed out that the persons with disabilities are not carried along during decision *making on agricultural enterprise, not consulted in the decision* on what to do with harvest and financial proceeds. However, most parents and teachers are not helpful to PWDs. Hence, Obiakor and Eleweke (2014), pointed that some educators actually fear to teach and accommodate PWDs students especially those with learning disabilities (LD) under the assumption that these students are not capable of academic achievement. Many parents cannot even afford getting them admitted to the school and then as to continuing education, the system itself is not inclusive enough to cater to their needs. They manage substandard infrastructures; no provision for ramps, modified toilet facilities, etc. They also experience poor educational outcomes on account of the absence of adequate facilities, including accessible infrastructure; learning materials; brails. Etc. and teachers trained in inclusive education. Moreover, PWDs find it hard to get jobs in the country. When they do, it is a difficult task staying employed. Terzi (2009), supported that they lack love and care from families and friends. Masengo (2019), asserted that the persons with disabilities experience poor health facilities to take care of their unique problems.

Some of the PWDs avoid stigma

Persons with disabilities may manage their condition in ways that guard against being stigmatized. In addition, Obiakor and Eleweke (2014), people with disabilities may be especially sensitive to signs of possible stigmatizing from their providers. Some issues related to stigma that may arise include:



- Concealment – If possible, some people may choose to conceal their disability in public in order to minimize stigma. As a result, they may be reluctant to use assistive devices, such as mobility devices or hearing aids, or to tell others about their diagnosis. They may also forgo some medical services.
- Disability Pride – On the other hand, some people express pride and a positive identity around their disability as a way to counteract stigma. These individuals may wish to join groups of people who share their disability, where it is no longer stigmatized. They may also opt against medical treatment intended to “cure” their disability because they have developed a positive identity around the condition.
- Social Integration – Stigma is social in nature and may interfere with social integration. In contrast to “concealment,” people may choose to make their disability more evident in order to improve their options for social participation. For example, a person with mobility impairment may choose to use a wheelchair instead of a walker if the wheelchair would allow him or her to travel to work or family activities without fatigue.

Need for Respect – Your patients may be especially sensitive to your attitude about their disability. Building a collaborative partnership with your patient built on trust and respect communicates your support for the patient as a whole person. (Baumberg, 2016).

Tips to Combat Stigma

Brown (2011), opined that overcoming stigma is not easy, but there are steps that you can take to deal with negative attitudes about mental health conditions. There are some things that you can do to help combat both social stigma and self-perceived stigma about an impairment.

- Get treatment: While stigma can make it less likely that people will seek treatment, getting the help you need can help with symptoms and contribute to a better quality of life. Psychotherapy can help people learn to identify and change the negative thoughts that play a role in stigma.
- Seek social support: Isolation can make an illness and stigma more difficult to cope with. Unfortunately, it is not uncommon for people experiencing mental health problems to avoid spending time with others.
- Speak out: Educate people around you about the realities of mental illness, including how common it is, and actively speak out against stigma. Debunk myths about impairments. If a family member or friend makes a disparaging remark about someone with an impairment, educate them and have a no-tolerance policy.

Remedy to stigmatization of persons with disability

A concerted effort to raise awareness surrounding disability issues would serve to shift negative perceptions and stigma against persons with disabilities



among families and communities. It is important that government officials, policymakers, and decision makers are aware of the importance of disability as a development issue and enhance data collection on disability. Fatunde (2009), supported that If the bill, as passed by the Senate is signed into law, it will offer social protection for PLWD against any form of discrimination. It will also establish a Commission that will ensure compliance with the provisions of the law for the benefits of the PLWD. Already, Section 15 (Political Objective) Section 16 (Economic Objective), Section 17 and 33 (Social and Right to Life) under the Directive Principles of State Policy and Fundamental Rights in the Constitution of the Federal Republic of Nigeria, 1999 (as amended) has mandated these rights for every Nigerian.

Respectful and stigma-free interactions with persons with disabilities

According to Baba-Ochankpa (2010), the persons with disabilities has the right to live, has the right to be respected as well as celebrated like persons without disabilities. Hence the following should be observed:

- speak directly to your patient, even if he or she has a companion or interpreter in the room. Make eye contact with the patient, not the companion.
- use ordinary language. It's OK to say "see you later" to a patient who is blind, or to talk about going for a walk with a patient who is non-ambulatory. Using ordinary expressions signals that you see your patients as full members of their community.
- ask patients with speech impairments how they prefer to communicate. Some patients may write or type to communicate if they have impaired speech, for example, or they may have established yes/no signals.
- use age appropriate language and tone with adult patients, and assume that a patient with a disability will understand basic instructions unless you have a clear indication otherwise.
- don't interrupt or rush a patient who communicates slowly because of a speech impairment.
- don't guess what a patient is saying. If you don't understand the communication, ask for clarification.
- show respect for patient's privacy and autonomy.
- provide written materials in an electronic format when possible, for patients with visual impairments and those who have difficulty with handwriting or manipulating print materials. A patient can independently fill out an electronic form in advance of an appointment. Provide medical record information, treatment plans, and instructions in a digital format when requested.



- ensure that your office building and toilets are accessible to people using mobility aids such as walkers and wheelchairs, so that they can navigate the space independently.
- ensure that your office practice is accessible. For example, your patients with disabilities should be able to get weighed, use the exam tables, and access radiological exams.
- ask a patient the best way to provide physical assistance if it is needed.
- don't touch, pull or grab a patient's body without asking for consent. For patients with some physical conditions, inappropriate touch can cause pain or interfere with balance. For others, unwanted touch can cause anxiety. Asking for consent respects the patient's bodily autonomy and
- don't handle a patient's mobility device without consent.

Implications

It is very important that everyone both private and government officials, policymakers, and decision makers are aware of the importance of disability as a development issue and enhance data collection on stigmatization of persons with disability. A concerted effort to raise awareness surrounding disability issues would serve to shift negative perceptions and stigma against PWDs among families and communities. The attitude of the students without disabilities over the students with disabilities in the classrooms or school at large is not always friendly because students without stability claim superiority over students with disability which should be condemned by all and sundry. Meanwhile, Entrepreneurship skills are also provided for PWDs especially on household-level businesses. This includes soap and hand wash-making, bead production, knitting, cooking and baking, shoe making, shoe mending, etc. As such the PWDs can still develop their potentials and enjoy lucrative and fulfilled life to the fullest. We should show them love and acceptance and help them out of their inferiority complex that discriminations and marginalization has caused them. Hence, all must render help to them within one's capacity and see them also as equal human beings; help them do the things they find so difficult to do. Help them to actualize their dreams despite the disability. However, a popular Nigerian musician called Chinedu Izuchukwu Okoli popularly known worldwide as Flavour did it. He picked up a twelve-year-old blind boy from Liberia called Semah G. Weifur and gave him hope by singing or performing on the stage with him. He produced a gospel music with the poor blind boy. Today that blind boy is now a celebrity despite the blindness. (<https://www.vanguardngr.com/2017/11/video-blind-boy-performs-classroom>). Everyone now wants to relate with Semah G. Weifur because Flavour has announced him and there are more examples like that. Such ideas will remedy the marginalization of the disabled generally.



Suggestions

In all the place that PWDs access, it has to be built to accommodate PWDs. Awareness of PWDs should be created in every sector in order to accommodate them very well. There shall be interventions for the PWDs in different ways, even Interpersonal-level interventions (beyond the familial level) targeting social interactions between celebration of persons with disability locally, nationally and so on. Munyi(2012), emphasized on Equalize opportunities for the social integration of people with disabilities, provides only vague indications that community-based rehabilitation (CBR) for PWDs. There shall be reports by NGOs, using communication and educational tools to raise disability awareness, such as training manuals, posters, documentary films and T-shirts, resulted in parents who had previously denied having a child with disabilities acknowledging their child publicly. There shall be strategy development for disability-inclusive agricultural and entrepreneurship programmes in Nigeria, such that persons with disabilities are able to maximize economic empowerment opportunities that guarantee increased income and better livelihoods. PWDs should also organize and attend different types of celebrations; parties, Big brother Africa (BBNaija), clubs, watching footballs, burials, town meetings, etc. Everyone should be PWDs friendly. Other suggestions include the following:

- talk openly about PWDs, such as sharing on social media.
- educate yourself and others – respond to misperceptions or negative comments by sharing facts and experiences.
- be conscious of language – remind people that words matter.
- encourage equality between physical and mental illness – draw comparisons to how they would treat someone with cancer or diabetes.
- show compassion for those with mental illness.
- be honest about treatment – normalize mental health treatment, just like other health care treatment.
- let the media know when they are using stigmatizing language presenting stories of mental illness in a stigmatizing way.
- everyone or person with a disability should choose empowerment over shame, fight stigma by choosing to live an empowered life. Such person should be the owner of his or her life and story, refusing to allow others to dictate how they view themselves or feel about themselves.

References

- Angermeyer, M. C., Dietrich S. (2009). Public beliefs about and attitudes toward people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*. 2006; 113(3):163–179.
- Baba-Ochankpa, R. (2010), '*Life is no picnic for disabled Nigerians*', Next.com Nigeria, 4 August.
- Barnes, C., & Sheldon, A. (2010). Disability, politics and poverty in a



-
- majority world context.
- Baumberg, B. (2016). The stigma of claiming benefits: a quantitative study. *Journal of Social Policy*, 45(2), 181-199.
- Brown, S. A. (2011). Standardized measures for substance use stigma. *Drug and Alcohol Dependence*. 2011;116(1-3):137-141
- Eleweke, C., (2013). A review of the challenges of achieving the goals in the African plan of action for PWDs in Nigeria. *Disability & Society*, 28(3), 313-323.
- Falola, T., & Achberger, J. (2013). *The political economy of development and underdevelopment in Africa*. Routledge African studies, 10. New York: Routledge.
- Fatunde, T. (2009). 'Disabled protest at discrimination', *University world news*, 15 November, viewed 19 March 2012.
- Gaebel, W., Baumann A.E. (2003). Intervention to reduce stigma and mental illness: A review and critique. *Canadian Journal of Psychiatry*, 48, 657-662.
- Laganathan, S., Murthy S.R. (2008). Experiences of stigma and discrimination endured by people suffering from schizophrenia. *Indian Journal of Psychiatry*, 50, 39-46.
- Masango, M.J. (2019), 'Neglect of people with disability by the African church', *HTS Theologies Studies/Theological Studies* 75(4), a5631. <https://doi.org/10.4102/hts.v75i4.5631>
- Obiakor, F., & Eleweke, C. (2014). Special education in Nigeria today. *Special Education International Perspectives: Practices Across the Globe*, 379-397.
- Hornby, A. S. (2010), *Oxford Advanced Learners Dictionary* (7th Edition). London: Oxford University Press.
- Oliver, T. (2008), *Disability and the myth of personal tragedy. Sociology themes and perspectives*, 7th edn., Harper Collins Publications Limited, London.
- Omiegbe, O., (2001). 'Superstitious beliefs associated with the handicapped in Africa',
- Ozaji, E. D., Ozegya, E. A., Yakwal, S. M. & Oluka, B. N. (2016). *Elements of special needs education*. Deka Publications Jos - Plateau State.
- WHO-World Bank, *World Report on Disabilities*, (2011). *World Report on Disability: Chapter 8: Work and Employment*, Cornell University, World Health Organisation. Retrieved on September 26th, 2017, from: http://www.who.int/disabilities/world_report/2011/report/en/. **Social stigma - Wikipedia** https://en.wikipedia.org/wiki/Social_stigma
-