

# IMPERATIVES FOR SECURING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS FOR WOMEN AND GIRLS LIVING WITH DISABILITIES IN NIGERIA

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## **Abstract**

*Disability is any form of impairment either in the body or soul which makes it difficult for a person with it to carry out certain activities in the society. According to reports, about 25million Nigerians have one form of disability or the other, and 13million of them are women and girls. Women And Girls With Disabilities (WAGWD) have the same Sexual and Reproductive Health Rights (SRHR) as other people but in most instances their rights are not recognised. This paper sets out to appraise the SRHR of WAGWD in Nigeria. The paper adopts a desk review of literature on the subject matter. It examines the existing legal and policy framework on the rights of persons with disabilities, and the challenges faced in the implementation of their rights. This research finds that SRHR of WAGWD is not addressed in the Disability Act when compared with the Convention on the Rights of Persons with Disabilities. It also finds that there are negative stereotypes which militate against the implementation of their rights in the country. The*

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*paper concludes that, an intensive sensitization is foremost required to help form better societal attitudes towards recognition of the SRHR of WAGWD. In addition, an all-inclusive approach can aid in better policy formulation for persons with disabilities in Nigeria.*

**Keywords:** Disability rights, Sexual health rights, Women rights, Disabled

## **1. Introduction**

Disability is any condition of the body or mind which is an impairment that makes it more difficult for the person with the condition to engage in certain activities and interact with the world around them.<sup>1</sup> The World Health Organization<sup>2</sup> defines disability as having three dimensions. First, as impairment in a persons' body structure or function or mental functioning, secondly as activity limitation and thirdly in form of participation restrictions. According to the World Health Organization's (WHO) Report on Disability<sup>3</sup>, about 15% of the global population live with some form of disability or the other and roughly 25 million of these are Nigerians. Out of this, a projected 13 million of them are women and girls.<sup>4</sup> This number is expected to increase to 2 billion by the year 2050. An estimated 30% of families live with an immediate

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<sup>1</sup> Center for Diseases Control and Prevention "Impairments, activity, limitations and participation restrictions" <[www.cdc.gov](http://www.cdc.gov)> accessed 25 September, 2020.

<sup>2</sup> World Health Organization "International classification of functioning disability and health" (2001) <[www.who.int](http://www.who.int)> accessed 25 September, 2020.

<sup>3</sup> World Health Organization, "World Report on Disability" (2011) <[www.who.int/publications](http://www.who.int/publications)> accessed 23 September, 2020.

<sup>4</sup> *Ibid.*

family member who has one form of disability or the other.<sup>5</sup> The WHO further projects by its estimate that women are more likely to experience disability than men and older people more than young. This puts women and girls at a precarious position. At the International Conference on Population and Development (ICPD), participating nations documented the right to a life of dignity in which all people are free and all possess equal dignity. This right does not discriminate on any basis and they are avowed for persons with disabilities as stated in the 2006 United Nations Convention on the Rights of Persons with Disabilities. The 2030 Sustainable Development Goals agenda also enjoins member nations to recognise the rights of persons with disabilities to equal access to education and employment, as well as to eradicate all forms of violence against women and girls and for persons living with disabilities.<sup>6</sup>

Sexual and Reproductive Health Rights (SRHR) are increasingly being recognised as a determining factor in overall human wellbeing and as an essential component of human rights.<sup>7</sup> Persons with disabilities have the same sexual and reproductive health needs as other people, however the society has disregarded their sexuality, human rights and reproductive issues.<sup>8</sup> Many of them face a number of human rights abuses including stigma, discrimination, violence, and lack of access to healthcare, housing, and education.

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<sup>5</sup> World Health Organization, “Promoting sexual and reproductive health for persons with disabilities” WHO/UNFPA guidance note (2009) <[www.unfpa.org/files/pub/pdf](http://www.unfpa.org/files/pub/pdf)> accessed 25 September, 2020.

<sup>6</sup> United Nations Population Fund “Young persons with disabilities” (2018) <[www.unfpa.org](http://www.unfpa.org)> accessed 6 September 2020.

<sup>7</sup> Fonds, L. “Sexual and reproductive health and rights: getting the global perspective” <[www.lilianefonds.org](http://www.lilianefonds.org)> accessed 27 September, 2020.

<sup>8</sup> Renu A., Price, J and Heidari S., “Disability and Sexuality: Claiming sexual and reproductive rights” (2017) 25(50) *Reproductive Health Matters*. 4-9.

They need the minimum package of reproductive health services available to everyone else, but their special circumstances create barriers to access, such as communication barriers, ignorance of service providers, societal attitude, and inadequate capacity of service providers to manage clients with disabilities. Women and girls with disabilities (WGWDs) are predominantly affected, because generally, they are poor, live in remote rural areas without any monetary power and experience numerous forms of discrimination, first as women then as WGWDs. They have often been denied rights to establish relationships and to decide whether, when, and with whom to have a family. Many have been exposed to forced abortions or forced marriages. They are more likely to experience physical, emotional, and sexual abuse and other forms of gender-based violence. They are more likely to become infected with HIV and other sexually transmitted infections. (STIs).

Following the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) on 13<sup>th</sup> December, 2006, the CRPD became operational as an International Law on 3<sup>rd</sup> May, 2008. Subsequently, the Nigerian Government ratified the Convention on 24<sup>th</sup> September 2010, thus making Nigeria duty bound to ensure that all laws, policies, and programs in the country comply with this convention and its provisions.<sup>9</sup> On January 23, 2019, President Muhammadu Buhari signed into law the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, following 9 years of relentless advocacy by disability rights groups and activists.<sup>10</sup> This law has been in operation in Nigeria ever since. Women and

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<sup>9</sup> National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls. <drac-ng.org>wp-content/uploads> accessed 25 September, 2020.

<sup>10</sup> Ewang, A. "Nigeria passes Disability Rights Law" <www.hrw.org.news> accessed 12 October, 2020.

girls with disabilities in Nigeria face discrimination due to their gender and disability. They are mostly subject to unfavourable stereotypes that undermine their dignity and place barriers in front of their full inclusion in society. In addition, they are at risk of sexual violence and due to their disabilities, they encounter obstacles to access needed social support services and justice mechanisms following this violence. Women with disabilities also face specific forms of discrimination in health care settings, especially when trying to access sexual and reproductive health information and services. More often than not, they are faced with inaccessibility due to prejudices that the health system may have against them.<sup>11</sup>

This paper appraises the sexual and reproductive health rights of persons living with disabilities in Nigeria with particular emphasis on women and girls. In so doing it examines the existing legal framework on persons living with disabilities in Nigeria. The first part of the article contains an introduction to the article whilst discussing narratives on actions taken by the Nigerian government to legislate on disability in the country. The second part discusses the existing legal and policy framework for protecting the sexual and reproductive health rights of disabled persons in Nigeria. The third part sheds light on international perspectives on the sexual rights of persons with disabilities. The fourth part appraises the implementation of the reproductive and sexual rights of persons living with disabilities and the challenges encountered in its implementation. The final part concludes the work whilst

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<sup>11</sup> Legal Defence and Assistance Project “NGO submission to CEDAW Committee Pre-sessional Working Group for Nigeria” (2016) <[www.womenenabled.org](http://www.womenenabled.org)> accessed 6 September 2020.

suggesting recommendations on how to promote actualization of these rights.

## **2. Legal and Policy Framework on Persons Living With Disabilities in Nigeria**

In the society, law forms the essential framework for the protection and enforcement of equality of opportunity for all the citizenry. It also sets standards for the society, and this includes the disabled in the society. The existing framework on persons with disabilities in Nigeria is examined in this section.

### **2.1 Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 (DAPWDA)**

This Act represents an important opportunity to advance the rights of people with disabilities in Nigeria. It also showed commitment on the part of the Nigerian Government to domesticate the provisions of the Convention on Persons with Disabilities. It was signed into law in January 2019. The Act has its main aim the full integration of persons with disabilities in the society. It establishes a Commission for persons with disabilities whilst vesting the commission with responsibilities for their healthcare, social, economic and civil rights.<sup>12</sup> Part I of the Act seeks to prohibit all forms of discrimination against persons with disabilities and recommends awareness programmes to guard against such discrimination. Part II of the Act deals with accessibility to physical structures including rights of access to public premises, accessibility aids to roads, sidewalks and other special facilities. Part III of the Act deals with road transportation and accessibility of vehicles to persons with disabilities. It stipulates a transitory period of five years within which all public buildings are expected

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<sup>12</sup> Preamble to the Act.

to be modified to allow ease of access to persons with disabilities especially those on wheelchairs. This part also subjects the building plan of any public structure to relevant authorities to ensure conformity with building codes before being erected.<sup>13</sup> Amongst other things, this Part prohibits discrimination against persons with disabilities in the provision of road transportation services. Section 12 provides for reservation of marked spaces for persons with disabilities. Part IV contains similar provisions with Part III, but in relation to seaport, railways and airport facilities. Part V of the Act deals with the right to education, liberty, health and first consideration in queues for persons with disabilities, the sections there under elaborate further on how persons with disabilities should have unfettered rights to education and adequate healthcare. Section 25 provides for treatment of persons with disabilities in situations of risk and humanitarian emergencies.

Part VI deals with giving persons with disability the rights of opportunities for employment and participation in politics and public life. Part VII provides for the establishment of National Commission for Persons with Disabilities, responsible for ensuring that people with disabilities have access to housing, education, and healthcare. The Commission is empowered to receive complaints of rights violations and support victims to seek legal redress amongst other duties. The composition of its Governing Council, and the powers of the Council and scope of its responsibility are spelt out in this section. Part VIII deals with the appointment and duties of the Executive Secretary and other staff of the commission. The law prohibits discrimination on the basis of disability and imposes sanctions including fines and prison sentences on those who contravene it. It also stipulates a five-year transitional period

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<sup>13</sup> Section 7, DAPWD Act, 2018.

for modifying public buildings, structures, and automobiles to make them accessible and usable for people with disabilities.

The only mention of health in this Act is in Part V and this provision makes no mention of sexual and reproductive health of persons with disabilities. This blanket provision on the right to health guarantees free and adequate healthcare without discrimination on the basis of disability. One can rightly argue that the components of sexual and reproductive healthcare such as the right to essential care pre and post-natal, access to contraceptives and family planning services which also forms the basis of access to sexual and reproductive rights can be summed up within the right to health care. However, by contrast, the Convention on Persons with Disability which forms the bedrock of the Disability Act in Nigeria has a number of sections dedicated to sexual and reproductive health rights of persons with disabilities. For instance, Article 16 requires states parties to take measures to protect persons with disabilities from violence and abuse, including gender-based violence and abuse. Article 25 furthermore requires that states ensure equal access to health services for persons with disabilities, with specific mention of SRH and population based public health programmes. Article 9 calls for accessibility, including access to medical facilities and to information for persons with disabilities and Article 23 requires 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.<sup>14</sup> All these important aspects of the law are not catered for in the Disability Act of 2018 in Nigeria.

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<sup>14</sup> Schaaf, M. "Negotiating sexuality in the Convention on the rights of persons with disabilities" 14(2001) *International Journal on Human Rights* <<https://sur.conectas.org/en>> accessed 21 October 2020.

## **2.2 The Constitution of the Federal Republic of Nigeria 1999 (as amended)**

Chapter Four of 1999 Constitution of the Federal Republic of Nigeria, puts the government in the position to protect the rights of all Nigerian citizens. Top among these rights is the “Right to Life”, which can only be guaranteed when all our population are guaranteed the “access to quality health services”. Other rights include the Right to Dignity of Human Persons, Right to Personal Liberty, Right to Fair Hearing; Right to Private and Family Life; Right to Freedom of thought, Conscience and Religion; Right to Freedom of Expression and the Press; Right to Peaceful Assembly and association and Right to Freedom of Movement; Right to Freedom from Discrimination.<sup>15</sup> By virtue of these provisions as contained in the 1999 Constitution, all Nigerian citizens are guaranteed these fundamental rights and the provisions do not in any way exclude WAGWD. These rights are sacrosanct and cannot be deviated from except as permitted under the law. Apart from these provisions, the Constitution also contains provisions relating to a basic right to health for all Nigerians (including WAGWD). These provisions are contained in Chapter II of the 1999 Constitution. Section 17(3) specifically provides that the state should ensure that its policies are directed towards ensuring the availability of adequate medical and health facilities for all persons. In the opinion of the writer of this article, it can be assumed that this broad reference to health also includes reproductive and sexual health. It should be noted however that the provisions of Chapter II of the Constitution are not justiciable.<sup>16</sup> In addition, section 42(2)

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<sup>15</sup> Sections 33-43 of Constitution of the Federal Republic of Nigeria 1999 (as amended)

<sup>16</sup> Ikpeze, V. O. “Non-justiciability of Chapter II of the Nigerian Constitution as an impediment to economic rights and development” 5(8) (2015) *Developing Country Studies* p. 48-52.

of the Constitution provides for equality of all citizens before the law. It states that no citizen should be subjected to any disability or deprivation by reason of the circumstances of his birth.

### **3 National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls**

This policy seeks to safeguard that all sexual and reproductive health programs are accessible to persons with disabilities, it advocates increased access to sexual and reproductive health services particularly for WGWD, whilst enhancing the basic understanding of the issues central to sexual and reproductive needs of WGWD. Another objective of this policy document is to possibly highlight the necessary steps that can be undertaken by all relevant stakeholders in order to safeguard SRHR.<sup>17</sup>

#### **3.1 International Perspectives on SRHR of Persons with Disabilities**

On the international scene, there have been differing dimensions to the issues of SRHR of WAGWD. Sexual and reproductive health and rights include both being able to make decisions over sexuality and reproduction, as well as accessing facilities and services related to these. However, laws in a large number of countries - including many signatories of the CRPD - allow judges, healthcare professionals, family members and guardians to decide over life-changing procedures on behalf of girls and young women with

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<sup>17</sup> National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls. <drac-ng.org>wp-content/uploads/> accessed 25 September, 2020.

disabilities.<sup>18</sup> Forced sterilization, for instance, can be decided by a judge, parent or legal guardian under pretense of protecting against sexual violence and improving the quality of life. In some cases, laws can determine persons with disabilities as “unfit to consent” to sexual relations. For example, in 2012, in the US, the parents of Mary Moe, a 32-year-old pregnant woman with a psychiatric disability, petitioned a court for her guardianship in order to procure an abortion. Mary Moe keenly contested this action due to her opposing religious beliefs. However, the trial court granted the petition and permitted the abortion. In addition to this, the trial court ordered that Mary Moe be sterilized in order to prevent such occurrences in future. The decision of the trial court was reversed on appeal because the appellate court felt that the order for the forced sterilization wasn’t requested for. The scenario with Mary Moe paints the situation with SRHR of persons with disabilities in other climes- forced sterilizations and denied parenting rights.

As reported by Powell and Stein,<sup>19</sup> involuntary or coercive sterilizations of persons with disabilities occurs across the world in many countries including Australia, Mexico, Spain and Belgium. Common justification for forced sterilization in these countries include considerations for best interest of the child, perceived unfitness of the individual to be a parent and eugenic ideologies.<sup>20</sup>

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<sup>18</sup> Neuhaus, R. and Grant, E. “Liberty and Justice for all: the Convention on the Rights of Persons with Disabilities” 19(2) (2013) *ILSA Journal of International and Comparative Law* p. 348-377.

<sup>19</sup> Powell, R. and Stein, M. “Persons with disabilities and their sexual, reproductive and parenting rights; an International and Comparative analysis” 11(1) (2016) *Frontiers of Law in China* p.54-84

<sup>20</sup> Eugenics ideologies stem from advocacy of improving the human species by selectively mating people with specific desirable hereditary traits, it

Acts of forced sterilization and denial of parenting rights were founded upon a medical disability model which portrayed individuals with disabilities as being incapable and in need of protection and correction. However, the drafting of the Convention on the Rights of Persons with Disabilities brought a social disability model to the fore. Some authors have argued that the drafting of this convention centered on protection of persons with disabilities from forced sterilization and sexual abuse.<sup>21</sup>

The earlier policy framework for determining the rights of disabled persons had been the United Nations Declaration on the Rights of Mentally Retarded persons and the Principles of the Protection of Persons with mental illness and the improvement of mental healthcare. These policy declarations lacked legal binding force and as much adopted the medical disability model. The medical disability model essentially portrayed persons with disabilities as deficient. It also adopted a charitable approach to persons living with disabilities. As a result of the medical disability model, most legislations at this time centered on providing persons with disabilities with one form of public assistance benefit or the other.<sup>22</sup> The adoption of a social model of disability started in the mid-60s within disability rights movements. It emanated from the idea of a social model which distinguished between impairment and disability. Whereas impairment was viewed and regarded as a problem in body function or structure, including mental ones,

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eventually aims to reduce human suffering by breeding out disease, disabilities and undesirable characteristics from the human population

<sup>21</sup> Ruiz, F.J. "The committee on the Rights of Persons with disabilities and its take on sexuality" 25(2017) *Reproductive Health Matters* p.92-103.

<sup>22</sup> Imam, I and Mustapha, M.A. "Rights of people with disability in Nigeria" 24(3) (2016) *African Journal of International and Comparative Law* p. 439-459.

disability was seen as a limitation that resulted from social oppression and practices of discrimination.<sup>23</sup>The social model embraced by the Convention depicted that persons with disabilities had a right to be included in the community and to be independent and productive citizens.<sup>24</sup>

In Africa, not much emphasis was placed on the SRHR of WAGWD. A few of the regional human rights instruments made some provisions for persons with disabilities, for example, the African Charter on Human and Peoples' Right recognised the rights to education including special measures for protecting the aged and disabled. Negotiations before the United Nations Convention on the Rights of Persons with Disabilities were borne out of the belief that other international human rights instruments did not adequately protect the rights of the disabled. It was believed then that disability rights lay within the purview of private life. However, activism enhances the recognition of SRHR of persons with disabilities.<sup>25</sup> The Convention on the Rights of Persons with Disabilities thus aimed at promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities in this

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<sup>23</sup> Kayess, R. and French, P. "Out of darkness into light: introducing the Convention on Rights of Persons with disabilities" 8(2008) *Human Rights Law Review* p. 1- 34.

<sup>24</sup> Neuhaus, R. and Grant, E. "Liberty and Justice for all: the Convention on the Rights of Persons with Disabilities" 19(2) (2013) *ILSA Journal of International and Comparative Law* p. 348-377; Weller, P. "The Convention on the Rights of Persons with Disabilities and the social model of health: New perspectives (2011) *Journal of Mental Health Law*<[www.ssrn.com](http://www.ssrn.com)>accessed 27 October, 2020.

<sup>25</sup> Renu A., Price, J and Heidari S, "Disability and sexuality: Claiming sexual and reproductive rights" (2017) 25(50) *Reproductive Health Matters* p. 4-9.

Convention include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.<sup>26</sup>

#### **4. Implementation of Sexual and Reproductive Rights of Persons Living Disabilities: Challenges and Prospects**

Prior to the enactment of the Nigerian Disability Law, governmental policy statements were uncertain and other attempts to enact proper laws were not realized. For example, the Nigerians with Disability Decree of 1993 was promulgated under the military dispensation. The origin and validity of this Decree, was considered to be laden with controversy and thus the Decree was not implemented properly. Thereafter, further attempts were made in the democratic regime to sponsor bills to protect the rights of persons with disabilities in the country. These attempts, made in the National Assembly did not yield much fruit as none of the bills were signed into law. The bills included: (i) Bill for an Act to Provide Special Facilities for the use of Handicapped persons in public buildings sponsored by Dr. Jerry Sonny Ugokwe; (ii) A Bill to prohibit Discrimination against persons with disabilities, 2008, sponsored by Senator Bode Olajumoke; (iii) Nigerians with Disabilities Bill, 2008, sponsored by Hon. Abike Dabiri and 17 others;(iv) A Bill for an Act to prohibit all forms of discrimination against persons with disabilities and Give them Equal Opportunities in all Aspects of Life in Society, 2009, sponsored by Hon. Tunde Akogun and (v) Discrimination Against Persons with Disabilities (Prohibition) Bill, 2014 sponsored by Sen. Nurudeen Abatemi-Usman. Majority of these bills were passed by the National Assembly but at the time of being signed into law, they

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<sup>26</sup> Article 1 Convention on Rights of Persons with Disabilities

were not given Presidential Assent by previous Presidents of the country.<sup>27</sup>

It was expected that there would be better attempts to address the reproductive rights of all Nigerians living with disabilities when the National Health Act was passed in 2014. This however has been far from being attained. As stated by Kutigi,<sup>28</sup> despite the fact that Nigeria as a nation has put into motion various machinery through policies and programmes to ensure that the SRHR of WAGWD are guaranteed, they still face a number of challenges in accessing these rights. It has been said that a person's impairment is not the root cause of the challenges they face, rather it is the barriers which the society imposes on them that disables them. In the opening paragraphs of the National Policy on Reproductive and Sexual Rights of Persons with Disabilities, the Honourable Minister for Health noted that a number of challenges have been encountered which have made the attainment of comprehensive integration of SRHR for WAGWD difficult in Nigeria. He said that these challenges have arisen mainly from limited resources and required manpower in the Nigeria health sector.<sup>29</sup> In addition, some other challenges faced in the implementation of SRHR of this category of people are outlined below.

- a. Harmful stereotypes and poor societal attitudes towards reproductive health and rights of WAGWD

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<sup>27</sup> National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls. <drac-ng.org>wp-content/uploads> accessed 25 September, 2020.

<sup>28</sup> Kutigi, D.H. "Human rights of persons with disabilities, challenges of protection and enforcement in Nigeria" 4(2016) *International Journal of Legal Insight* p.12.

<sup>29</sup> Federal Ministry of Health. 2018. "National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on women and girls" <www.drac-ng.org> accessed 18 October, 2020.

It has been reported that there exists a negative and biased societal attitude to SRHR of WAGWD. This is mainly adduced to ignorance about the health needs of this group of people. As stated by Aguilar<sup>30</sup>, sexuality and SRHR of WAGWD are frequently omitted in public discourses, policymaking, programming, and services. This largely stems from the lack of recognition that they, like everyone else, are sexual and reproductive beings with desires, dreams, hopes, and needs for intimacy, pleasure, romance, touch, childbearing and childrearing, and/or relationships. WAGWD are more often than not seen as not having need to engage in sexual relations with persons of their choice, rights to marry and found a family and right to have access to sexual health services. On the part of healthcare providers, there is likewise negative stereotypes towards WAGWD. The stigma and discrimination experienced by WAGWD makes it difficult for them to access sexual health services in healthcare settings.<sup>31</sup> Discrimination experienced by WAGWD range from condescending public comments to institutionalized violence. This has more often than not led to inability of WAGWD to secure education and job employment opportunities or societal support in diverse forms. Family members who have disabled members may

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<sup>30</sup> Aguilar, C. "Sexual and reproductive health and rights of girls and young women with disabilities" being text report of special rapporteur on rights of persons with disabilities to the Human Rights Council <[www.ohchr.org](http://www.ohchr.org)> accessed 5 October, 2020.

<sup>31</sup> Olaleye, A.O. Anoemuah, A.O. Ladipo, A.O. Delano, G.F. "Sexual behaviours and reproductive health knowledge among in-school young people with disabilities in Ibadan, Nigeria. 107(2) (2007) *Health Education* p.208-218. See also Animoro, A and Elguija, A. "Persons with intellectual disability and access to justice in Nigeria: Challenges and the way forward" 11(2) *Yobe State University Law Review* p. 73-83.

hide such members from the public due to shame associated with disabilities.

Another ambit to this is cultural perspectives which act as a barrier to the implementation of SRHR of WAGWD in Nigeria. The grassroots researchers reported that in the different communities in northeastern Nigeria, one of the ways in which rights are violated was seen in opposition by communities against a disabled person marrying a person without a physical disabilities.<sup>32</sup>As stated by Haruna,<sup>33</sup> disability conditions such as deafness, blindness, mental retardation and orthopedic impairment in traditional settings are mostly attributed to punishment by vengeful gods in the present or past incarnations including murder, infidelity etc. There is also a strong belief in witchcraft and evil spirits that cause havocs in forms of disabilities to those who ignore their warning. In this regard the disabled persons are conceived as sinners and deviants and they experience social exclusion.

b. Lack of Political will

The importance of political will cannot be overemphasized in the actualization of government policies. Where aspirations are not accompanied by the requisite political will, great and laudable ideas remain at its best ideas on paper and nothing more. The lack of political will towards the implementation of SRHR is firstly seen lack of state laws on disability rights. According to Human Rights

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<sup>32</sup> Grassroots Researchers Association, "Challenges of persons with disabilities in Northeastern Nigeria" <[www.grassrootsresearchers.org](http://www.grassrootsresearchers.org)> on 20 October, 2020.

<sup>33</sup> Haruna, M.A. "The problem of living with disability in Nigeria" 65(2017) *Journal of Law, Policy and Globalization* p.103- 108.

Watch,<sup>34</sup> despite the fact that Nigeria has been signatory to the convention on the rights of persons with disabilities, only four of Nigeria's 36 states have state level disability laws. Even in the states with these laws, the level of compliance of these state laws is reported to be low. At the Global Disability Summit in 2018 Nigeria made a number of policy commitments which, if implemented, will increase access to services and opportunities for people with disabilities. But where political will is lacking, these policy commitments might be a mirage. Political will is expressed in increased funding,

The government of President Muhammadu Buhari took a bold step in appointing a person with a disability as a Senior Special Assistant on Disability Matters. This act has shown a commitment of the present administration to ensure persons with disabilities receive uttermost priority but this is not enough. The provisions of the Disability Act are commendable but they do not in any way address the SRHR of WAGWD. The Act focuses more on other aspects of disabled persons such as access to buildings and walkways and to discourage discriminatory acts towards persons with disabilities.

c. **Infrastructural Barriers**

Another barrier experienced by WAGWD exists in infrastructural barriers. Although the DAPWDA has to a large extent addressed this barrier, it is still far from being implemented in Nigeria. According to a study undertaken

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<sup>34</sup> Ewang, A. "Nigeria passes Disability Rights Law" Retrieved from <[www.hrw.org.news](http://www.hrw.org.news)> on 12 October, 2020.

by Grassroot<sup>35</sup> researchers in the North eastern part of Nigeria, it was largely reported that persons with disabilities still have major challenges in accessing public buildings and public transportation. They also noted that their needs and concerns are rarely taken into consideration by the state. A cursory look at major public buildings across the country also shows that the recommendations of the DAPWDA on public buildings have not been totally complied with as most buildings have not yet being modified to make them accessible for people with disabilities. It was reported that about 98% of facilities in Nigeria are not modified to accommodate disabled persons.<sup>36</sup> This includes public buildings such as hospitals or even health centers where WAGWD can get access to reproductive health services. Where the public buildings where they can access these essential services are inaccessible, it discourages the attainment of SRHR of this category of people.

d. Lack of understanding of the needs and concerns of WAGWD

It has been said that there have been little efforts by disability-rights NGOs and other institutions to work with PWDs to develop programs that effectively respond to their needs and concerns especially when it relates to women and girls. The Ministry of Women Affairs and Social

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<sup>35</sup> Grassroots Researchers Association, "Challenges of persons with disabilities in Northeastern Nigeria" Retrieved from <[www.grassrootsresearchers.org](http://www.grassrootsresearchers.org)> on 20 October, 2020.

<sup>36</sup> Kanu, S. "The challenges of persons living with disabilities amid COVID-19 in Nigeria" *Businessday Newspaper* May 29, 2020 Retrieved from <<http://businessday.ng>> on 20 October 2020.

Development, which is responsible for special education, social welfare and health services, has failed to develop appropriate programs for the protection of PWDs' rights. Instead, the Ministry has taken a charity/welfare approach to persons with disabilities. This approach does not really empower them but rather gives them bits of what they need for sustenance.

- e. Lack of accurate data on persons with disabilities in the country

Availability of data enables establishment of baselines and benchmarks within which to determine goals of progressive achievement. Access to data on persons with disabilities will essentially provide information on demographic distribution of persons with disabilities, their demographic distribution, their geographical spread, the nature, causes and extent of their disabilities and the needs of this category of people. This is helpful in the planning, implementation and evaluation of programmes on persons with disabilities.<sup>37</sup> Currently, there is a reported under estimated data on persons with disabilities in Nigeria.<sup>38</sup> In the absence of such vital statistics on persons with disabilities, proper and adequate planning for persons with disabilities may be difficult to achieve.

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<sup>37</sup> Kolawole, F. N. "Measures of disability through sample surveys: Nigerian experiences" being presentation at United Nations Regional Meeting on Disability Measurement and Statistics in support of the 2030 Agenda for sustainable development and the 2020 World Population and Housing Census Programme for Africa held on 15-17 November 2016 at Kampala, Uganda.

<sup>38</sup> Federal Ministry of Health. 2018. "National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on women and girls" Retrieved from <[www.drac-ngorg](http://www.drac-ngorg)> on 18 October, 2020.

## 5. Conclusion

The norm hitherto had been that discourses and interventions in the society hardly take into account women and girls with disabilities. This has been as a result of the prevalent value system that relegates women to the backseat in almost all spheres of living. This paper has shown that the SRHR of women and girls with disabilities are hardly addressed in any of the existing legal and policy framework in Nigeria. In this dispensation, issues of social inclusion, sustainable development and economic development cannot be spoken of without including discussions on persons with disabilities or even women and girls.<sup>39</sup> To further harness the implementation of SRHR of women and girls with disabilities, the following recommendations are proffered.

- i. An all-inclusive approach in decisions relating to persons with disabilities in Nigeria should be adopted. The government, civil society groups and donors should design their interventions plans and strategies by engaging PWDs and their associations through law makers, relevant local agencies, researchers and other partners in advocacy, policy formulation, decision-making, implementation, monitoring and evaluation. This would provide information for policy-makers, decision-makers and planners to contribute in promoting the rights of PWDs within the contemporary Nigerian society, and therefore facilitate their effective social inclusion within the communities in which they live.
- ii. There should be implementation of awareness-raising programmes designed to change the societal perception on

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<sup>39</sup> Adie, E.U. and Shamagana, Y.N. "Towards improved inclusion of women and girls with disabilities in the development agenda in Nigeria" 10(1) (2018) *International Journal of Integrative Humanism* p. 1-14.

sexual and reproductive health and rights of girls and young women with disabilities, and to end all forms of violence against them, including forced sterilization, forced abortion and forced contraception.<sup>40</sup>

- iii. Social support should be given to families to strengthen their ability to understand and address the sexual and reproductive health and rights of girls and young women with disabilities, free from discrimination, stigma and negative stereotypes.
- iv. There should be an amendment of the Disability Act of 2018 to include the very important aspect of recognising the sexual and reproductive rights of women and girls with disabilities and generally the sexual rights of persons with disabilities. This will ensure better compliance with the expectations of the Convention on Rights of Persons with Disabilities.

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<sup>40</sup> See generally, “Report on Sexual and Reproductive health and rights of girls and young women with disabilities” being report of the Special Rapporteur on the rights of persons with disabilities to the 72<sup>nd</sup> session of the United Nations General Assembly on 21 October, 2017. <[www.ohchr.org](http://www.ohchr.org)> accessed 22 October 2020.