

# EAST AFRICAN JOURNAL OF PEACE & HUMAN RIGHTS

VOL. 17, NO.2

2011

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## POVERTY AND THE REALIZATION OF THE MILLENNIUM DEVELOPMENT GOALS IN NIGERIA: DISABILITY RIGHTS THE MISSING LINK

Ruth Akinbola Bukola\*

### ABSTRACT

*The Millennium Development Goals (MDGs) being the world's time-bound and quantifiable targets for addressing extreme poverty in its many dimensions, do not specify actions for addressing poverty in the lives of disabled people. This article examines the cyclic nature of the relationship between disability and poverty and argues that discrimination against disabled people occasions poverty and unless the relationship between disability and poverty are put in proper perspective that mainstreams disability, the MDGs will not be realized in Nigeria. It suggests deliberate efforts at combating poverty and human right denials in the implementation of the MDGs in view of the serious challenge that poverty poses to people with disabilities in developing countries. It examines disability, discrimination and poverty and how they relate, and then concludes that though not mentioned in the MDGs, disability must be mainstreamed in the process of its implementation.*

### I. INTRODUCTION

...disabled people are ... more likely than other people to live in grinding poverty. More than 1.3 billion people worldwide struggle to exist on less than [US] \$1 a day, and the disabled in their countries live at the bottom of the pile.<sup>1</sup>

The United Nations put the figure of persons with disabilities (PWDs) at around 10 per cent of the world's population, or 650 million people. They are the world's largest minority.<sup>2</sup> Quinn also estimated that 100 million of them are children while more than

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\* Lecturer, Department of Public & International Law, University of Ibadan, Nigeria. Email: <brakinbola@gmail.com>

1. James D. Wolfensohn, former President of the World Bank, 2002, available online at <<http://www.disabilitykar.net/learningpublication/disabilitypoverty.html>> (Accessed 29 September 2009).

2. Fact sheet prepared by the United Nations (UN) Web Services Section, Department of Public Information, 2006. See also, <<http://www.un.org/disabilities/default.asp?id=33>>

600 million people, or about 10% of the world's population, have some type of disability.<sup>3</sup> Of these estimates, some 300 million (or 80%) of the disabled persons live in developing countries<sup>4</sup> (including Nigeria). Unfortunately, according to Despouy, only one percent of the 300 million persons who have disabilities in developing countries have access to assistance, rehabilitation and appropriate services.<sup>5</sup>

Disability has been identified as a factor that increases vulnerability to poverty and vice versa.<sup>6</sup> According to Mont, disability is not a rare event, but rather a normal part of the life-cycle and something that all people are likely to experience.<sup>7</sup> The World Bank estimates that roughly 10 to 12 percent of the world's population has a disability, and as many as one-fourth of all households have a disabled member.<sup>8</sup> The estimated proportion of persons with disability is incontrovertibly high especially in developing countries. Armed conflict is a major cause of disability which African governments cannot avoid, as it has greatly contributed to the rate of occurrence of disabilities.<sup>9</sup> Discrimination on grounds of disability is pervasive in nature and people face major barriers that prevent them from working, attending school, building families, or even participating in civic activities.<sup>10</sup>

The impact of discrimination against disabled people is greatly pronounced in developing countries as a result of poverty. This has caught the attention of the international community. Tony has stated that in the last decade, the relationship between poverty and disability has become increasingly established. Most of the major international development agencies such as the World Bank, the United Kingdom's Department for International Development (DFID) and the United States Agency for International Development (USAID) have placed disability on their development

3. GERARD QUINN ET AL., HUMAN RIGHTS AND DISABILITY 1 (2002).

4. UN Fact sheet, *supra* note 2.

5. LEANDRO DESPOUY, HUMAN RIGHTS AND DISABLED PERSONS (1993).

6. Tony Emmett, *Disability, Poverty, Gender and Race*, in *DISABILITY AND SOCIAL CHANGE: A SOUTH AFRICAN AGENDA* Brian Watermeyer et al eds, (2006), at 208-209. Leandro is Special Rapporteur of the Sub-Commission on Prevention of Discrimination and Protection of Minorities.

7. Jeanine Braithwaite et al, *Disability and Development in the World Bank: FY2000-2007* (Discussion Paper No. 0808, May 2008), available online at <[http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2008/08/29/000333038\\_20080829011244/Rendered/PDF/451780NWP0Box31iscussion0paper00808.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2008/08/29/000333038_20080829011244/Rendered/PDF/451780NWP0Box31iscussion0paper00808.pdf)> (Accessed on 05 March 2010).

8. *Id.*

9. The genocide in Rwanda and the protracted wars in the Democratic Republic of Congo and Sudan are typical examples. The current tribal and religious violence and terrorism in some northern states of Nigeria also illustrate how violence from man to man has added immensely to the rampant incidence of disabilities.

10. Braithwaite et al., *supra* note 7.



agendas.<sup>11</sup> Even financial institutions like the World Bank (WB), has realized the need to mainstream disability in its programmes, for maximum impact. It has stated its concern as follows:

As both a cause and a consequence of poverty, the issue of disability is central to the mission of the Bank as well as to many of the MDGs. For example, as many as one-third of all primary school children not attending school have a disability, and lack of maternal health care is a major cause of disability in developing countries.<sup>12</sup>

This article examines the challenges posed by the relationship between disability and poverty working together against the realization of the Millennium Development Goals (MDGs) in Nigeria. It views the challenges from the perspective of core areas of discriminations on ground of disability, against people and sometimes their families. Disability is not mentioned in the MDGs but it is a great challenge that many disabled people face especially in developing countries. This article argues that unless disability is mainstreamed as an important factor to be addressed by the MDGs in the course of implementation, they are not likely going to be realized in Nigeria. Research has shown that poverty affects a great number of persons with disabilities as it robs them of access to education, and predisposes them to other factors that import hardship into the experience of disability. Poverty and lack of inclusiveness into mainstream of society has been identified in this paper as the major platform from which most other challenges and deficits operate against people. The MDGs seek to tackle poverty by the eight cardinal points listed later. This paper argues that if 'discrimination induced poverty,' resulting from human rights denials is removed from the experiences of persons with disabilities, the MDGs stand a better chance of being achieved in Nigeria.

To achieve its goal, the paper has been divided into six parts. This introduction is the first while the second part examines disability. The third part examines the way discrimination follows disability, the fourth part is devoted to a discussion of poverty and how the relationship between disability and poverty affects disabled people. The fifth part is an overview of the MDGs implementation in Nigeria. Part six concludes and recommends ways forward by which mainstreaming disability in the process of implementation will facilitate the realization of the MDGs in the country.

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11. Emmett, *supra* note 6.

12. Braithwaite et al., *supra* note 7.

## II. DISABILITY TRANSFORMATIONS AND HUMAN RIGHTS

There have been great deals of discussions on different approaches to disability which underpin service delivery. In the health sector, the approach to disability is predominantly medical, focusing on the impairment or limitations of the individual, while paying little attention to the circumstances that create and perpetuate the limitations.<sup>13</sup> Such definitions of disability that locate it within 'biological deficit' that caused the restriction of activities that resulted in a loss of normal social roles are no longer in use.<sup>14</sup> For instance, the DoH defines disability as follows:

Disability means a moderate to severe limitation in a person's ability to function or ability to perform daily life activities as a result of a physical, sensory, communication, intellectual or mental impairment.<sup>15</sup>

The WHO "mainstreams" the experience of disability as an ordinary part of experience for all people and does not emphasize the surrounding barriers which "disable" a person with impairment from functioning.<sup>16</sup> The World Health Organization (WHO) also distinguishes between impairment, handicap and disability.<sup>17</sup> These terms though often interchangeably used, are distinct and the distinctions have helped to differentiate their importance and implication in guiding political discussions on human rights application in the context of disability as in the World Programme of Action on Disability.<sup>18</sup>

13. PHILPOTT SUE, VULNERABILITY OF CHILDREN WITH DISABILITIES: THE IMPACT OF CURRENT POLICY AND LEGISLATION (2000).

14. Such definitions are the World Health Organization's International Classification of Impairment, Disability and Handicap (ICIDH) which was rooted in the medical model of disability which assumed that the social disadvantage experienced by a disabled individual was an individual problem caused by impairment. It is notable that as at 1981 during the International Year of Disabled Persons (IYDP), the ICIDH dominated the definitions of disability, but current definitions challenge approaches that seek to locate disability with medical reasons.

15. Definition of disability as approved by the South African Cabinet in April, 2005.

16. Older definitions emphasize diagnosis but recent models in disability emphasize function over diagnosis and establish equity between physical and mental types of functional limitation.

17. Handicap International, Making PRSP Inclusive, <<http://www.making-prsp-inclusive.org/en/6-disability/61-what-is-disability/613-the-who-definition.html>> (Accessed 08 February 2010).

18. These distinctions were included in the World Programme of Action on disability, Singapore, 2002. Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. Handicap is a disadvantage for a given individual resulting from an impairment or disability; that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. Disability is any restriction or lack (resulting from an impairment) of



While impairment describes a loss or abnormality of a body structure or function, handicap is the environmental limitation that results from impairment and environmental barriers. Disability on the other hand, explains the resultant effects of limitation based on impairment and handicap in an individual. Historically, there has been a long struggle between competing conceptual models or approaches to defining disability. Four models of disability have been identified to date, namely the charity, the medical, the social and the human rights models. Two of the four have been very prominent in the definitions of disability. These are the medical model and the social model. The international definition known as the International Classification of Impairments, Disabilities and Handicaps (ICHDH) takes the best of both models and offers a different framework for thinking about disability. It minimizes negative impacts of disability. This new model is called the biopsychosocial model<sup>19</sup> and it provides the basis for the new approach to understanding disability. It defines disability by combining the different elements of existing models i.e. the medical and social models.

The Medical Model located disability as a problem within the person, caused by disease, trauma or other health conditions that required medical intervention to cure or “fix” the person. Many people with disabilities rejected the medical model as it focused on changing the person. They also resisted the idea that a diagnosis was a useful or meaningful measure of any individual’s experience.<sup>20</sup>

The Social Model evolved as a reaction to the medical model and replaced the medical model’s focus on disability as residing in the person. It focuses on disability as a “social construction,” recognizing that one does not experience disability in isolation but in relation to the attitudes and behaviour of others. Disability was not just a condition of the person but the result of a set of circumstances, many of them at the societal level. Progress shifted from a focus on “fixing” the person with a disability to “fixing” the social situation through collective action. At the political level, the social model emphasizes human rights as a political framework for understanding disability.<sup>21</sup> The social model is the perspective of the Americans with Disabilities Act (ADA).<sup>22</sup>

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ability to perform an activity in the manner or within the range considered normal, for a human being.

19. WORLD HEALTH ORGANIZATION, TOWARDS A COMMON LANGUAGE FOR FUNCTIONING, DISABILITY AND HEALTH (2002), <<http://www.making-prsp-inclusive.org/en/6-disability/61-what-is-disability/613-the-who-definition.html>>. (Accessed on 08 February 2010).

20. Accessing Safety, <[http://www.accessingsafety.org/index.php/main/main\\_menu/understanding\\_disability/a\\_new\\_definition/world\\_health\\_organization\\_definition\\_of\\_disability](http://www.accessingsafety.org/index.php/main/main_menu/understanding_disability/a_new_definition/world_health_organization_definition_of_disability)> (Accessed on 10 July 2009).

21. *Id.*

22. Americans with Disabilities Act, 1990.

The world has reached a new evolutionary stage in the understanding of disability. The WHO developed the 2001 International Classification of Functioning, Disability and Health (ICF) after ten years of deliberations and negotiations. It took 191 member states who voted to approve it and it is beginning to reshape the thinking about disability worldwide. The new ICF definition of disability, referred to as the biopsychosocial model, evolves from the social model and incorporates the familiar notion that anyone might become disabled. It is generally the case that everyone at least knows someone who has a disability even if they do not have any. This shows how widespread disability is.

#### A. Causes of Disability

The causes of disability are many but most of them may be traced to poverty and other anthropocentric reasons. They will only be highlighted. Natural causes include factors like natural disasters, heredity, birth defects, and congenital diseases. Man made causes include lack of care during pregnancy and childbirth, malnutrition, accidents which are work, vehicular or sport related, use of certain chemicals and drug abuses.<sup>23</sup> Lack of proper immunization is also a major man made cause of disability,<sup>24</sup> accountable for diseases like poliomyelitis in developing countries. Country reports indicate that poliomyelitis, which has been eradicated in many parts of the world, still strikes more than 400,000 persons in Africa, Asia and Latin America each year.<sup>25</sup> Measles also kills two Million children each year, while also causing blindness, deafness and mental defects.<sup>26</sup> Similar causes were identified at the International Year of Disabled Persons as:

The disabling causes are congenital and perinatal disturbances; communicable diseases such as poliomyelitis, trachoma and leprosy; non-communicable diseases; psychiatric disturbances; alcoholism and drug abuse; trauma and injuries resulting from traffic, occupational and home accidents; and violence and armed conflicts.<sup>27</sup>

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23. DESPOUY, *supra* note 5.

24. *Id.*

25. *Id.*

26. *Id.*

27. International Day of Disabled Persons: Focus on Poverty and Disability, 3 December 1996, available at <<http://www.un.org/ecosocdev/geninfo/disabled/disabday.htm>> (Accessed on 11 May 2009).



Human factors causing disabilities implicate governments and the society generally. Leandro has listed the following causes of disability which may be directly traced to human beings:

- (i) Violations of human rights and of humanitarian law;
- (ii) Suffering inflicted on non-combatants in situation of armed conflict or civil strife;
- (iii) Insufficient care and cruelty towards children and women;
- (iv) Specific problems of some other vulnerable groups;
- (v) Underdevelopment and its various manifestations considered as a violation of human rights;
- (vi) Apartheid;
- (vii) Problems related to some deliberately inflicted forms of punishment and other treatment; and
- (viii) Scientific experiments.<sup>28</sup>

The inclusion of underdevelopment and its various manifestations as a violation of human rights brings to the fore, the human rights issues associated with disability. The advantage of this argument is that with sufficient political will or power, African governments can successfully tackle the rampant occurrences of disability and consequently, the resultant effects of vulnerability to poverty. It also presents an identified area of need for the global West to direct aid intended to alleviate poverty.

### B. Classification of Disabilities

People with disabilities are not a homogenous group as often assumed by many people<sup>29</sup> and have been classified into different groups. The classifications imply variations of the challenges and discriminations. Intervention mechanisms should recognize, adapt to and accommodate the particular challenges confronting a group of persons with disabilities. Classification has been done on the basis of causes and nature of disability.<sup>30</sup> The following identified classifications will suffice here.

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28. DESPOUY, *supra* note 5.

29. A. Merilainen & R. Helaakoski, *Transport, Poverty and Disability in Developing Countries*, at 3, available at <<http://siteresources.worldbank.org/DISABILITY/Resources/2806581172672474385/TransportPovertyMerilainen.pdf>> (Accessed on 27 December 2008).

30. See, *The Design Manual – Access for the Disabled*, 1984, accessible online at: <[www.fhb.gov.hk/download/press\\_and\\_publications/.../C13.doc](http://www.fhb.gov.hk/download/press_and_publications/.../C13.doc)>



1. *People with orthopedic disabilities.*—This group includes people who generally have loco motor disabilities, which affect mobility. This has also been subdivided into two subgroups which include:

- (a) Ambulant people with disabilities who are able, either with or without assistance, to walk and who may walk with or without the aid of devices, such as crutches, sticks, braces or walking frames.
- (b) People who use wheelchairs, tricycles, push carts etc, who are unable to walk either with or without assistance, and who, except for the use of mechanized transport, depend solely on wheeled equipment for mobility.<sup>31</sup>

2. *People with sensory disabilities.*—This group includes people who as a consequence of visual or hearing impairment may be restricted or inconvenienced in their use of the built environment. The two sub-groups include:

- (a) Visually-impaired (blind) persons, who rely on their senses of hearing, touch and smell.
- (b) Hearing impaired persons, who rely on their senses of sight, touch and require written information.<sup>32</sup>

3. *People with cognitive disabilities.*—This group includes people who have mental illness, a developmental or a learning disability.<sup>33</sup>

4. *People with multiple disabilities.*—This group includes people who have a combination of orthopedic, sensory and/or learning disabilities.

### III. DISCRIMINATION AS A MAJOR CHALLENGE TO HUMAN RIGHTS IN THE CONTEXT OF DISABILITY

One of the greatest challenges disabled persons face is that of discrimination. It confronts them at almost every point of human endeavour and constantly challenges their human rights. Poverty discrimination is clearly an abuse of human rights, but this discrimination is a rights violation that stems from other causes that propel the

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31. Meritainen & Helaakoski, *supra* note 29.

32. *Id.*

33. *Id.*

individual into a situation of poverty.<sup>34</sup> The UN Human Rights Committee<sup>35</sup> defined discrimination as “any distinction, exclusion, restriction or preference ... which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by the persons on equal footing, of all rights and freedoms.”<sup>36</sup> A similar definition is contained in the ICCPR General Comment 18.<sup>37</sup>

Under the Nigerian statute books, disability discrimination has been defined as “a segregative treatment by which a person is treated less favourably than others because she or he has a disability.”<sup>38</sup> The Convention on the Rights of Persons with Disabilities (CRPD) has defined discrimination on the basis of disability to mean:

any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.<sup>39</sup>

The CRPD definition has been adopted in this article because it is not only current and comprehensive, but it also expresses the human rights approach to disability and the current global community view on disability. Any treatment that is negatively informed by the presence of a disability is clearly discriminatory. In the context of disability, discrimination may be expressed in different ways and the areas are connected to the different classifications. No class of disabled persons appears to escape the difficulties of discrimination. Areas and scope of discrimination have been

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34. Elizabeth G. Salmon, *The Long Road in the Fight Against Poverty and its Promising Encounter with Human Rights*, 7 SUR - INT'L J. HNM. RTS 154 (2007).

35. The UN Human Rights Committee was established to assist in the interpretation of the International Covenant on Civil and Political Rights (ICCPR) which was adopted by the United Nations General Assembly (UNGA) in 1966.

36. General Comment 18 (on Non-discrimination) of the Human Rights Committee, Para. 7. See, Manual of Human Rights Reporting 252, available at <[http://www.unhr.ch/pdf/manual\\_hrr.pdf](http://www.unhr.ch/pdf/manual_hrr.pdf)> (Accessed on 20 April 2008).

37. ICCPR General Comment 18 (Thirty-seventh session, 1989): Non-Discrimination, A/45/40 vol. I (1990), 173 at para. 9.

38. Disability Discrimination Act of the Federal Republic of Nigeria, 2001.

39. Article 2. The UN Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted by the UN General Assembly on 13 December 2006, and entered into force on 3 May 2008.



identified in Leandro's research.<sup>40</sup> These are:

(a) *Education.* In all countries, educational institutions are not always accessible to disabled persons and in many cases such persons are not admitted to the same schools as other people. The same applies to vocational training and academic studies.

(b) *Employment.* In addition to the fact that many work places are not physically accessible to severely disabled persons, employers often fail to understand that a physical disability does not necessarily involve mental impairment and even fellow workers themselves may be opposed to the employment of disabled person.

(c) *Transport.* Attention is drawn to the highly discriminatory effect of the failure to provide accessible means of transport and the obstacle which that presents to an independent life for disabled persons.

(d) *Housing.* It is noted with astonishment that even now, in highly developed countries, buildings which are not accessible to disabled persons are still being constructed. The use of wheelchairs, for instance, is extremely difficult, or even impossible, in many apartment buildings.

(e) *Buildings in general.* The above observations also apply to other premises such as public office buildings, restaurants, cinemas, theatres, libraries, hotels, sports facilities, etc. Apart from the obstacles presented by building designs, prejudices often exist which render the access of disabled persons to premises such as restaurants or bars difficult or impossible. It is common to hear the management of such establishments say that there are no tables free when a group of disabled persons attempt to enter.<sup>41</sup>

With discrimination based on disability, survival is a major issue for people especially in developing countries, Nigeria inclusive. Elizabeth Salmon has observed: "Discrimination, while not wishing to justify it, is in fact the "consequence"—an unreasonable one—of a situation an individual has arrived at through the denial of other rights."<sup>42</sup> According to her, discrimination can cause poverty, just as poverty can

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40. Leandro reports that among the information provided by non-governmental organizations was a document prepared by the World Veterans Federation listing the areas or spheres in which disabled persons find themselves in as a distinct disadvantage.

41. DESPOUY, *supra* note 5.

42. Salmon, *supra* note 34.

cause discrimination.<sup>43</sup> Poverty naturally follows when disabled persons want to work but are prevented by reason of discrimination in connection with their disabilities. Education for instance, being an empowerment right, if denied, results in poverty, while in a cyclic manner, illiteracy will perpetrate poverty unless the cycle is broken.

It is therefore ironical that no mention of disability was made by any of the eight items on the MDGs in view of the obvious poverty that trails disability in the majority of cases.<sup>44</sup> Specific mention of disability would have given the much needed emphasis and sense of priority to the long neglected areas of discrimination suffered by disabled persons. It would also have made the impact of the MDGs measurable in relation to the lives of disabled people.

#### IV. POVERTY AND ITS RELATIONSHIP WITH DISABILITY

International disability movements have for decades been claiming that disability is a cause of poverty, that often, disability is caused by poverty, and that disabled persons are among the poorest of the poor in any country.<sup>45</sup> In the recent past decades, the connection between disability and poverty has been strongly established and most international development agencies such as the World Bank (WB), the United Kingdom's Department for international Development (DFID), and the United States Agency for International Development (USAID) have placed disability in their development agendas.<sup>46</sup> Poverty is now a global issue and the main focus of the MDGs. There is no doubt a connection between disability and poverty which might appear straight forward, but has been found by research to be 'deceptively complicated.'<sup>47</sup>

One great challenge to any morally sensitive person today is the extent and severity of global poverty. By 2004, in a population of about 6373 million people, 850 million lacked adequate nutrition, 1037 million lacked access to safe water, and 2600 million lacked basic sanitation,<sup>48</sup> more than 2000 million lacked access to essential

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43. See, Poverty and the International Covenant on Economic, Social and Cultural Rights, Statement adopted by the Committee on Economic, Social and Cultural Rights (OHCHR) on May 2001, Doc E/C.12/2001/10, par.11, cited in *id.*

44. See, Disability Knowledge and Research, <<http://www.disabilitykar.net/learningpublication/disabilitypoverty.html>> (Accessed on 08 May 2009).

45. *Id.*

46. Emmett, *supra* note 6, at 207.

47. *Id.*

48. UNDP, HUMAN DEVELOPMENT REPORT (2005), at 24, 44 & 49.



drugs,<sup>49</sup> 1000 million were without adequate shelter and 2000 million without electricity.<sup>50</sup> A 1999 FAO report showed that two out of five children in the developing world were stunted, one in three was underweight and one in ten was wasted.<sup>51</sup> Roughly one third of all human deaths, some 50,000 daily, are due to poverty-related causes and thus avoidable insofar as poverty is avoidable.<sup>52</sup> Poverty is a giant monster which the world must confront with concerted efforts rather than by a piecemeal approach. Poverty has been variously defined as it has no all encompassing definition. Some of the most eminent social scientists have been trying to define poverty for more than 200 years.<sup>53</sup> It does not have a universally agreed meaning. It is a situation in which resources are not adequate to meet *basic needs*.<sup>54</sup> Poverty is also the substantive lack of means or resources.<sup>55</sup>

The United Nations ad hoc Group of Experts, created to draft the guiding principles for the implementation of existing human rights norms and standards in the context of the fight against extreme poverty (Group of Experts), noted that intentional organizations and specialized agencies had reached a consensus on the concept of "extreme poverty," which it understood to be "a denial of fundamental human rights (that) prevents the effective realization of human rights."<sup>56</sup>

In order to successfully combat poverty, Elizabeth finds it necessary to postulate the effective implementation and guarantee of human rights. She further states that the first link between human rights and poverty is the discrimination to which people living in poverty are subjected. This discrimination adds to the social marginality and fuels the vicious circle in which poor individuals will never stop being poor, because they do not have the opportunities to escape this situation.<sup>57</sup> Poverty appears to be at the center of disability related discrimination. Poverty affects disabled

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49. UNDP, HUMAN DEVELOPMENT REPORT (1999).

50. UNDP, Human Development Report (1998) New York, Oxford University Press.

51. FAO, THE STATE OF FOOD INSECURITY IN THE WORLD (1999).

52. WORLD HEALTH ORGANIZATION, THE WORLD HEALTH REPORT (2004).

53. P. Saunders, Towards a Credible Poverty Framework: From Income Poverty to Deprivation (Social Policy Research Center Discussion Paper No. 131, 2004), at 7.

54. *Id.*

55. Gasper Fajth & Katherine Holland, Poverty and Children: A perspective (UNICEF Working Paper, July 2007), available at <[http://www.unicef.org/videoaudio/PDFs/Poverty\\_and\\_children\\_a\\_Perspective.pdf](http://www.unicef.org/videoaudio/PDFs/Poverty_and_children_a_Perspective.pdf)> (Accessed 12 June 2008).

56. OHCHR, Commission on Human Rights, Sub-Commission on the Promotion and Protection of Human Rights, Economic, Social and Cultural Rights, Implementation of Existing Human Rights Norms and Standards in the Context of the Fight Against Extreme Poverty, Progress Report submitted by Jose Bengoa, Coordinator of the ad hoc Group of Experts, Doc E/CN.4/Sub.2/2005/20, 6 July 2005, para.27.

57. Salmon, *supra* note 34, at 154.

people in very serious ways. The WB estimates that 20 per cent of the world's poorest people are disabled, and tend to be regarded in their own communities as the most disadvantaged.<sup>58</sup>

## V. OVERVIEW OF THE IMPLEMENTATION OF THE MDGS IN THE CONTEXT OF DISABILITY IN NIGERIA

Nigeria is one of the fastest growing nations, reputed to be the tenth most populous country in the world and the largest in Sub-Saharan Africa.<sup>59</sup> Although Nigeria is rich in human and natural resources, it is currently ranked among the 13 poorest countries in the world, its per capital income falling significantly to about \$300 (below the sub Saharan average of \$450) and approximately 90million of Nigeria's 133 million people (about 66%) are living in absolute poverty i.e on less than \$1 a day.<sup>60</sup> Thus, Africa's attainment of the MDGs depends to a large extent on Nigeria's commitment to poverty reduction.<sup>61</sup>

What are the MDGs? They are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions—income poverty, hunger, disease, lack of adequate shelter, and exclusion—while promoting gender equality, education, shelter, and security.<sup>62</sup> It began when 189 countries on 20th September 2000 signed the MDGs and thereby adopted the goals captured therein.<sup>63</sup> The MDGs which were agreed upon by the world's sovereign states at the 2000 World Summit on Sustainable Development are:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women.
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health

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58. Prepared by the UN Web Services Section, Department of Public Information, 2006).

59. See, Impact of Population Growth on the Attainment of the Millennium Development Goals in Nigeria—Evidence Submitted by African Foundation for Population and Development, Abuja, Nigeria, at <<http://www.appg-popdevrh.org.uk/Publications/Population%20Hearings/Evidence/AFPODEV%20evidence.doc>> (Accessed on 21 February 2010).

60. *Id.*

61. *Id.*

62. History of the Millennium Development Goals, available at: <<http://www.e4gr.org/mdgs/history.html>> (Accessed on 03 December 2009).

63. UN Millennium Declaration, General Assembly Resolution 55/2 of 8 September 2000.



Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure Environmental sustainability

Goal 8: Develop a global partnership for development.

The MDGs are centered on poverty reduction in the global community and international organizations have been committed to it. The World Bank and the International Monetary Fund have established various new aid procedures, built ostensibly around reducing poverty.<sup>64</sup> Unfortunately, none of these platforms make disability a part of its framework until in recent times. It has been left to the Disabled Persons' Organizations and allies to integrate issues of disability into the development/poverty agenda.<sup>65</sup> Disability and poverty are topical global issues with one often leading to the other.

Following the return of democratic rule in 1999, the Nigerian Government has shown remarkable commitment to the attainment of the MDGs through various reform programmes/initiatives. Very importantly, Government has established National Economic Empowerment and Development Strategy (NEEDS) which has been described as Nigeria's version of the MDGs.<sup>66</sup> NEEDS has been replicated into the States Economic Empowerment and Development Strategy (SEEDS) and Local Economic Empowerment and Development Strategy (LEEDS) at the States and Local government levels respectively.<sup>67</sup> Although these reforms and policies point towards development, five years into the MDGs, Nigeria was rated to have performed poorly with little or no prospects of meeting the goals.<sup>68</sup> Otiye summarizes the economic situation of Nigeria thus:

Nigeria, which was one of the richest 50 countries in the early 1970s, has retrogressed to become one of the 25 poorest countries at the threshold of the twenty first century. It is ironic that Nigeria is the sixth largest exporter of oil and at the same time hosts the third largest number of poor people after China and India. Statistics show that the incidence of poverty using the rate of US \$1 per day increased from 28.1 percent in 1980 to 46.3 percent in 1985 and declined to 42.7 percent in 1992 but increased again to 65.6 percent in 1996. The

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64. Disability Knowledge and Research, *supra* note 44.

65. See *supra* note 61.

66. *Id.*

67. *Id.*

68. *Id.*

incidence increased to 69.2 percent in 1997. The 2004 report by the National Planning Commission indicates that poverty has decreased to 54.4 percent. Nigeria fares very poorly in all development indices. The average annual percentage growth of GDP in Nigeria from 1990-2000 was 2.4. This is very poor when compared to Ghana (4.3) and Egypt (4.6). Poverty in Nigeria is in the midst of plenty. Although there has been steady economic growth in the last few years, there are doubts whether the benefits are evenly distributed especially to the poor and excluded. Nigeria is among the 20 countries in the world with the widest gap between the rich and the poor.<sup>69</sup>

The irony of the entrenched poverty picture is that disabled people are usually at the base of the economic ladder. They are excluded from basic means of development like employment and education. These and other factors explain the extreme poverty of many disabled people. A country report on Rwanda, Cambodia and India provides excellent case studies of the social factors that make it more likely that poor people who contract impairments are likely to become or remain poor.<sup>70</sup>

It was found that in Cambodia poor people tend to live near areas that had been mined, are forced to use more risky means of transportation, have more dangerous jobs and cannot access health care so that minor illness or injury can become more permanent impairments, Malnutrition, which makes having a whole range of impairments more likely, is closely associated with being poor.<sup>71</sup>

The situation in Nigeria is not in any way better. Persons with disabilities (resulting from limp impairments), scrawl around on little planks of wood and crisscross between vehicles on the highways in large Nigerian cities.<sup>72</sup> Getting a livelihood is truly a

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69. Otiye Igbuzor, Millennium Development Goals and Nigeria: Issues, Challenges and Prospects (paper presented at a symposium organized by the Institute of Chartered Accountants of Nigeria (ICAN), Abuja District on 27 July).

70. Disability Knowledge and Research, *supra* note 44.

71. *Id.*

72. This writer has personally observed this in several cities like Ibadan in Oyo state and Jos in Plateau state where their profession is begging alms for a living. The planks of wood form their means of transportation while they are daily at the risk of being knocked down by vehicles while begging for alms from motorists.



dangerous and high risk job with no insurance cover.<sup>73</sup> Malnutrition is a common experience for many Nigerian children whose disability may never be traced to poverty but in actual fact, were made disabled by poverty related malnutrition. Exclusion from employment is yet another poverty inducing factor which either aggravates disability or causes it. The United Nations Organization (UNO) has played a leading role in bringing about a paradigm shift on the subject of disability in the global community since the 1960s. Disability has thus shifted from a charity to a human rights issue.

## VI. SUGGESTIONS AND RECOMMENDATIONS

Based on the foregoing discussions, the problems posed by the realities of disability and poverty in Africa generally and in Nigeria particularly, are not as important as the solutions intended by the MDGs. The following recommendations are therefore made with the hope that the negative impacts of poverty and disability will be tackled in Nigeria.

### A. Grass Root Involvement

The various poverty alleviation initiatives of the three tiers of government in Nigeria must adopt a grass root approach. A "bottom-up" approach which duly recognizes and fully involves the poor in whatever is done to solve the problem of poverty will certainly yield a better result than an exclusionary approach that merely doles out 'finished product' solutions. Non-government disability advocacy groups should therefore be consulted in activities targeted at poverty alleviation and disability.

### B. Inclusive Governance and Policy Formulation

Persons with disabilities need to be included in governance and policy formulation, in order to accurately appreciate and address issues and challenges facing them. Discrimination has been alleged by disability advocates in government appointments. Persons with disabilities in Nigeria are generally hardly appointed into government positions and this explains why disability is often not factored into government programmes. Adequate representation of persons with disabilities in government will

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73. Sometimes the risk is so high that when such limp impaired persons need to ascend a steep or hilly road, they resort to holding on to a moving vehicle and get dragged along until they ascend and then they disengage while the driver moves on without knowing that he had all the while been dragging anyone along.

also help to bring their needs to the fore and poverty eradication can be better achieved in the context of disability.

### *C. Affirmative Action for Equalization of Rights*

The Government needs to effect steps to affirmatively promote the rights and equality status of people in Nigeria, just as it has done in other spheres where it felt that there was marginalization of a group.<sup>74</sup> All government agencies and establishments should have a quota reserved for disabled persons in education, employment, sports, and other privileges and opportunities. This reservation should also extend to the private sector to ensure the widest effect of such a policy.

### *D. Public Awareness and Sensitization*

“Knowledge is power” is an adage that comes handy here. Disabled persons in Nigeria need to be educated on the need and possibility of independent living even in spite of the presence of a disability. Impairment is not and need not become a handicap. It is possible for people to work and earn a decent living and PWDs do not have to be beggars or to live on charity. The general public on the other hand, needs to be educated about the rights of the people to education, health, safety and other social facilities on equal basis with everyone else. Generally, the charity based perception of disability is still prevalent in Nigeria. Thus people treat people as objects of charity and not subjects of rights. The right to the dignity of the human person of people is therefore often corroded by members of the public and even when they are not beggars, people have been offered alms.<sup>75</sup>

### *E. Law Reforms and Sensitization of Judiciary*

Laws and policies must recognize the rights of all classes of disabled persons by putting in place facilities accessible in the mode that is adapted for the needs of the

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74. In the education sector for instance, the quota system is applied and enforced to ensure that adequate opportunity for indigenes of Nigeria who are from the Northern parts of the country are admitted into institutions of higher learning once a certain minimum performance is attained. The level of performance required from a Southerner is usually much higher than that which a Northerner requires. The rationale for this segregative requirement is to ensure parity in educational opportunities in the country.

75. The writer once wheeled a friend on a wheel chair and as we chatted along the sidewalk near a market, a passerby threw unsolicited alms at my friend on the wheelchair causing us embarrassment as my friend had to decline and return the money.



different classes in a manner that is inclusive. They must be fashioned against discrimination and for the promotion of poverty alleviation through making broad provisions for the general protection of the people. The courts in the course of interpretation of laws need to address the peculiarities and specific needs of the people. For instance, judicial officers ought to undergo continuing education, part of which curriculum should include human rights and particularly those of PWDs. It is not unlikely that many judges in Nigeria still hold to the perception of the charity or at best the medical model of disability. Awareness of the current standards and best practices on the part of judicial officers is crucial for the achievement of the MDGs.

#### *F. Economic Programmes of Poverty Alleviation for Persons with Disabilities*

Just as the "NEEDS," "NAPEP," "Better Life for Rural women," "MAMSER," and similar poverty alleviation programmes have been floated and run by different government agencies in the past for either the general public or a sector of the society, there should be a poverty alleviation programme solely established to tackle poverty as it concerns people in Nigeria.

#### *G. Free or Subsidized Health Services Provision*

Disability often necessitates additional medical expenses. This arises from their need for treatment and assistive therapies. The Government needs to provide highly subsidized free medical services to alleviate the poverty induced hardships of disabled persons.<sup>76</sup>

#### *H. Free Education for Children of Persons with Disabilities*

One of the key causes of perpetuation of poverty in families of the PWDs has been identified as the burden on the members of the family who provide care. In Nigeria, children of PWDs should be given free education at all levels and street begging with the aid of young children should be made illegal, especially during school hours.

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76. Americans for instance, have a social system by which people are relieved of astronomical medical bills and thus reducing the poverty tendency. See, Americans with Disabilities Act, 1990.

### VII. CONCLUSION

Disability as a reality of human existence has been compounded by discrimination. The grinding poverty in Nigeria has sustained and increased the rate of occurrences of disability. The MDGs though noble in intention, will not bring the desired relief to the lives of disabled persons in Nigeria unless disability is accorded priority in the process of its implementation. Disability must be mainstreamed in all programmes for poverty eradication as well as all important steps towards the realization of the MDGs in Nigeria.

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