**Annex B – Nigeria**

***Compiled by Advocacy for Women with Disabilities Initiative (AWWDI), Legal Defence and Assistance Project (LEDAP), and Women Enabled International (WEI)***

Women with disabilities in Nigeria are subjected to social, cultural and economic disadvantages, which make it all the more difficult for them to take part in community life. Women with disabilities in Nigeria find themselves in a context where services and buildings cannot be accessed by everyone, a place where they cannot participate fully, a place where there is no respect for their human dignity and rights, and a place where they cannot have friends outside the disability group.

*Stereotypes Related to Sexual and Reproductive Health*

Many people in Nigeria hold the stereotype that persons with disabilities generally, and women with disabilities in particular, do not engage in sexual activity.[[1]](#endnote-1) On the contrary, 71% percent of respondents to a 2013 survey on HIV and disability in Nigeria indicated that they had had sex, and indeed a higher percentage of adolescents with disabilities (40%) had had sex before age 15 than the general population (16% for women; 3% for men).[[2]](#endnote-2) Indeed, women and girls with disabilities may find that men want to have sex with them but not openly date them, due to shame and stigma.[[3]](#endnote-3) Women with disabilities are also considered less eligible for marriage because they are perceived as being unable to fulfill their gendered roles as wives and mothers, as they are seen as asexual, not able to give birth, and not able to undertake daily domestic tasks.[[4]](#endnote-4) Indeed, women who acquire a disability during their marriage may be abandoned by partners who cannot cope with the stigma associated with disability.[[5]](#endnote-5)

*Violations of Sexual and Reproductive Health and Rights*

In Nigeria, women with disabilities experience many barriers to accessing health care services, including sexual and reproductive health care. The physical environment surrounding and within health care facilities may be inaccessible to wheelchairs, and health care workers frequently lack knowledge about or experience with managing care for women with disabilities.[[6]](#endnote-6) Information in these facilities may also be inaccessible; for instance, deaf women report that they do not have access to interpreters in health facilities.[[7]](#endnote-7)

The 2015 report from Plateau State found that, because women with disabilities are treated poorly by medical personnel, find health care services inaccessible, and may not be able to afford those services, they may not seek needed antenatal care when they become pregnant,[[8]](#endnote-8) a situation that can increase the risk of complications during pregnancy and labor.[[9]](#endnote-9) During labor, medical personnel in Nigeria are also more likely to assume that women with disabilities require Caesarean sections to deliver.[[10]](#endnote-10) Furthermore, the families of women with mental disabilities in Nigeria reported that they sometimes had contraceptive devices implanted in the women’s skin, without the women’s consent, so that these women would avoid getting pregnant if they were subjected to sexual abuse.[[11]](#endnote-11) Some families also reported that they had forcibly confined or sterilized women with disabilities for similar protective reasons,[[12]](#endnote-12) though forced sterilization of women with disabilities in Nigeria is not yet widely documented.

Women with disabilities in Nigeria may also face barriers to accessing needed sexual health information and services, making them susceptible to sexually transmitted infections including HIV. A 2015 study of HIV prevalence among persons with disabilities in Nigeria found that, although HIV prevalence was lower than for the general population, 2.4% of the women with disabilities surveyed had HIV, as compared to 1.4% of the men with disabilities.[[13]](#endnote-13) This higher rate of HIV infection for women with disabilities may be due to higher-risk behaviors that are the result of discrimination against them, including higher rates of sexual violence and lower rates of condom use.[[14]](#endnote-14) The study also indicated that there were very few sexual and reproductive health services targeted at or accessible to persons with disabilities in Nigeria,[[15]](#endnote-15) a situation that can increase the risk of acquiring or experiencing the negative health effects of HIV.

Deaf and hard-of-hearing women in Nigeria face particular barriers to accessing needed sexual and reproductive health services and exercising their rights. A 2013 study of access to reproductive health care services for girls with hearing impairments in Ibaden, Nigeria, found that girls with hearing impairments experience a number of barriers to accessing human rights-based reproductive health services.[[16]](#endnote-16) In particular, communication barriers and lack of access to professional interpreters impacted their access to health services in several respects. For instance, girls reported that they missed long-awaited reproductive health appointments because they could not hear when their names were called in the waiting room, leading to embarrassment and frustration.[[17]](#endnote-17) Furthermore, the girls with hearing impairments reported that they often have had to rely on family or friends to communicate with health professionals on their behalves, which deprives them of patient confidentiality and also does not guarantee that the information provided to them is accurate.[[18]](#endnote-18) These girls also reported that high costs prevented them from accessing reproductive health services.[[19]](#endnote-19)

In 2014, Nigeria adopted the HIV and AIDS (Anti-Discrimination) Act, which guarantees a right to be free from discrimination based on HIV status.[[20]](#endnote-20) The Act takes some steps to ensure protection of women with disabilities from violations associated with HIV, including by outlawing cultural practices that may increase the risk of HIV transmission.[[21]](#endnote-21) However, persons with disabilities themselves are invisible in the Act, and their situations are not adequately addressed. For instance, although the Act defines discrimination against persons with HIV to include failures to reasonably accommodate their needs, the Act appears to require only that services and individuals provide reasonable accommodation based on HIV status and not other statuses such as disability, as required by the CRPD.[[22]](#endnote-22) Additionally, some issues faced disproportionately by women, including women with disabilities, that increase their exposure to HIV—such as lack of access to comprehensive sexuality education and increased experiences of sexual violence and sex work or prostitution—are not addressed at all in the Act, meaning that these issues are also less likely to be included in the Act’s implementation and enforcement.

*Individual Stories*

Please note that the women who shared these stories with AWWDI asked to remain anonymous.

1. Woman with a Spinal Cord Injury

I was involved in an accident Sept. 2012 where I sustained spinal cord injury at T9-T10 incomplete injury and since then I uses wheelchair for mobility.

* Stereotype/ Discrimination: They are discrimination towards people/women living with disability. I'll use myself as a case study. I was working with Guaranty Trust Bank (GTBank) before my accident and I lost my job because of this. I was asked to resign that my service is no longer needed because am wheelchair bound and all efforts to get a new job has also proof abortive because of huge discrimination towards women living with disabilities. There is also this mentality that women living with disabilities are being seen as beggars. On several occasions, people have offered me money like they do to beggars. People living with disabilities should have equal rights with the non-disabled in all aspects. With this, women living with disabilities won't feel less of a human.
* RIGHT TO HEALTH: Most hospitals are not accessible for people like me who uses wheelchair for mobility. The treatment of Spinal Cord Injury (SCI) is very expensive to maintain, so if our treatments and medical equipment’s are subsidized or free it will enhance our health. Sadly, most of our government hospitals don’t have necessary equipments which sometimes results to untimely death or causes more damage to the health or physical well-being of women living with disabilities.
* RIGHT TO FAMILY: There's this general notion or mentality (wrong mentality) that women living with disabilities can't live a 'normal' life or can't get pregnant or impregnate or raise a family of their own. So most times it's difficult for women living with disabilities to get into a relationship and when they eventually do, the in-laws most times kicks against such relationship and such experience can traumatized or leads to emotional and psychological depression.
* MY CONCLUSION: Women living with disabilities are human and not an alien, so we should be entitled to equal rights as other citizens.

2. Woman with a disability shares her experience of discrimination

Disability is actually not the fault of the person affected and shouldn't be used as criteria to judge the person especially a woman. A Woman is faced with a lot of problems. There is a lot of discrimination to the woman with disability. Firstly in her family, secondly amongst her peers, and the society at large

Most times in a home where there are ladies, the joy is always that you will get married and move out your family house because society place a lot of respect on such a woman but as a disabled woman, you are hardly considered as being an eligible candidate for that celebration or respect is hardly accorded you

Most times, if you are unable to get a place to leave you are treated as a child that is still suckling and your privacy is denied of you.

Amongst your peers or friends when they get to the stage of marriage they tend to cut all ties with you because according to them “level has changed” and its believed that you can never understand anymore what they are saying so they avoid you as if you are a sick person. Most times the society feels that as a complete woman, you should be able to conceive and bear children naturally as much as 3-5 where this is not the case you are considered an incomplete woman. Most families find it hard to permit their sons into any true relationship with a disabled woman. Your right to Loved and loved back is constantly denied of women

3. Deaf woman

“During my pregnancy, I faced barrier regarding altitude of medical personnel especially during ante natal and labour. They didn’t make effort to provide communication. They just don’t care. Many of the hospitals make life difficult for women with disabilities.”

1. Enhancing Nigeria’s HIV/AIDS Response (ENR) Programme, HIV/AIDS and Sexual Behaviours of Persons with Disabilities in Nigeria 22 (2015). [↑](#endnote-ref-1)
2. *Id.* [↑](#endnote-ref-2)
3. Inclusive Friends & Nigeria Stability and Reconciliation Programme, What Violence Means to Us: Women with Disabilities Speak 12 (2015) [hereinafter Inclusive Friends & NSRP, What Violence Means to Us Inclusive Friends & NSRP, What Violence Means to Us]. [↑](#endnote-ref-3)
4. *Id.* [↑](#endnote-ref-4)
5. *Id.* [↑](#endnote-ref-5)
6. *Id.* at 13-14. [↑](#endnote-ref-6)
7. *Id.* at 14. [↑](#endnote-ref-7)
8. *Id.* [↑](#endnote-ref-8)
9. World Health Organization, *Maternal Mortality*: *Factsheet No. 348* (Nov. 2015), http://www.who.int/

mediacentre/factsheets/fs348/en/. [↑](#endnote-ref-9)
10. Inclusive Friends & NSRP, What Violence Means to Us, *supra* note 3, at 14. [↑](#endnote-ref-10)
11. *Id.* at 19. [↑](#endnote-ref-11)
12. *Id.* [↑](#endnote-ref-12)
13. Enhancing Nigeria’s HIV/AIDS Response (ENR) Programme, HIV/AIDS and Sexual Behaviours of Persons with Disabilities in Nigeria 26 (2015). [↑](#endnote-ref-13)
14. *Id.* [↑](#endnote-ref-14)
15. *Id.* at 22. [↑](#endnote-ref-15)
16. Arulogun O. S. Titiloye M. A. Afolabi N. B. Oyewole O. E. , & Nwaorgu O. G. B . (2013). Experiences of girls with hearing impairment in accessing reproductive health care services in Ibadan, Nigeria. African Journal of Reproductive Health, 17, 85 – 93. doi: 10.4314/ajrh.v17i1. [↑](#endnote-ref-16)
17. *Id.* [↑](#endnote-ref-17)
18. *Id.* [↑](#endnote-ref-18)
19. *Id.* [↑](#endnote-ref-19)
20. HIV and AIDS (Anti-Discrimination) Act, 2014, § 3 (Nga.) [↑](#endnote-ref-20)
21. *Id.*, § 3(3). [↑](#endnote-ref-21)
22. *Id.*, § 6(c); Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, arts. 2 & 5, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008). [↑](#endnote-ref-22)