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Breaking Barriers: Advancing the Sexual and Reproductive Health Rights of Women with Disabilities in Nigeria

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In society, inability or disability alludes to any physical or mental disability that prevents an individual's capacity to lock in certain exercises. Reports demonstrate that around 25 million individuals in Nigeria have a few shapes of inability, with 13 million being ladies and young ladies. In spite of this, Ladies and Young Ladies with Inabilities (WAGWD) are entitled to the same Sexual and Regenerative Wellbeing Rights (SRHR) as others, in spite of the fact that their rights are regularly neglected. This ponders points to assessing the SRHR of WAGWD in Nigeria by conducting a literature survey on the subject. It looks at the current legitimate and arrangement system relating to the rights of people with inabilities and the challenges in upholding these rights. The inquiry uncovers that the Incapacity Act in Nigeria does not adequately address the SRHR of WAGWD as laid out within the Tradition on the Rights of Persons with Incapacities. Moreover, negative generalisations ruin the execution of their rights within the nation. The following study finds that increased awareness is essential for improving societal attitudes towards acknowledging the sexual and reproductive health and rights of women and girls with disabilities. Furthermore, a comprehensive approach can assist in the development of more effective policies for individuals with disabilities in Nigeria.

Keywords: *disability rights, sexual health rights, women's rights, disabled.*

INTRODUCTION

The term 'Disability' alludes to any physical or mental condition that impedes a person's capacity to take an interest in certain exercises and lock in with the world around them.¹ The World Health Organization characterises inability as having three variants: impedance in body structure or work, action confinement, and support confinement. According to the WHO's Report on Inability,² roughly 15% of the worldwide populace live with a few frames of incapacity, with around 25 million of them dwelling in Nigeria. Among them, it is evaluated that 13 million are ladies and young ladies,³ and this number is anticipated to extend to 2 billion by the year 2050.⁴ An assessed 30% of families are impacted by incapacity on an immediate People with disabilities should have the same access to basic reproductive health services as everyone else. However, they often face issues like problems communicating, service providers not knowing how to help them, negative attitudes from society, and service providers not being prepared to assist clients with disabilities. Women and girls with disabilities are especially affected because they often lack money, live in isolated rural areas, and face different types of unfair treatment. They have often been denied the ability to build relationships and choose when to start a family. Many people have been forced into having abortions and getting married, and they are more likely to face physical, emotional, and sexual abuse, as well as violence, because of their gender. They are also more likely to get HIV and other sexually transmitted infections (STIs).

The Convention on the Rights of Persons with Disabilities (CRPD) was approved on December 13, 2006, and became an international law on May 3, 2008. Later, on September 24, 2010, the Nigerian Government agreed to the Convention. This means Nigeria must follow the rules set

¹ 'Disability and Health Overview: Impairments, Activity Limitations, and Participation Restrictions' (CDC) <[https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20\(participation%20restrictions\).](https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20(participation%20restrictions).>)> accessed 05 September 2024

² 'International Classification of Functioning, Disability and Health (ICF)' (WHO) <<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>> accessed 05 September 2024

³ World Health Organization, *World Report on Disability* (2011) pgs 1-350

⁴ *Ibid*

by the Convention in all its laws, policies, and programs.⁵ President Muhammadu Buhari signed the Segregation Against People with Inabilities (Prohibition) Act, 2018, into law on January 23, 2019, after a long time of ceaseless backing by inability rights bunches and activists.⁶ This law has been in operation in Nigeria ever since.

In Nigeria, women and girls with disabilities experience discrimination because of both their gender and disability. They often encounter negative stereotypes that undermine their dignity and create barriers to their full participation in society. Additionally, they are vulnerable to sexual violence, and their disabilities make it difficult for them to access necessary social support services and justice mechanisms after experiencing such violence. Women with disabilities also come across specific forms of discrimination in healthcare settings, particularly when seeking sexual and reproductive health information and services. They frequently face inaccessibility due to the biases that the healthcare system may hold against them.⁷

This article looks at the sexual and reproductive health rights of people with disabilities in Nigeria, especially women and girls. It looks at the laws for people with disabilities in Nigeria. The first part introduces the topic and talks about what the Nigerian government is doing to create laws for disabled people in the country. The second part looks at the laws and rules in Nigeria that protect the sexual and reproductive health rights of people with disabilities. The third part talks about how people from other countries view the sexual rights of individuals with disabilities. The fourth section looks at how well reproductive and sexual rights are provided for people with disabilities and the difficulties they encounter in making this happen. The last part wraps up the work and summarises what was found and contributes advice on how to promote these rights' actualisation.

⁵ Minister of Health, *National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls* (2018)

⁶ Anietie Ewang, 'Nigeria Passes Disability Rights Law' (*Humans Rights Watch*, 25 January 2019) <<https://www.hrw.org/news/2019/01/25/nigeria-passes-disability-rights-law>> accessed 01 October 2024

⁷ Women Enabled International, 'NGO Submission to the CEDAW Committee Pre-Sessional Working Group for Nigeria' (*Women Enabled International*, 12 June 2017) <<https://womenenabled.org/reports/wei-and-nigeria-partners-cedaw-review-submission/>> accessed 05 September 2024

LEGAL OR LAWFUL APPROACH SYSTEM ON PEOPLE DISABLED IN NIGERIA

The essential framework for protecting and enforcing equality of opportunity for all citizens is formed by the law in society. It also establishes standards for society, including individuals with disabilities. This section examines the current framework for people with disabilities in Nigeria.

Inequity against Persons with Disabilities (Prohibition) Act 2018 (DAPWDA): The passing of this legislation is a significant opportunity to promote the rights of individuals with disabilities in Nigeria, demonstrating the Nigerian Government's dedication to incorporating the guidelines of the Convention on Persons with Disabilities. It was officially enacted in January 2019. The primary objective of this Act is to fully integrate individuals with disabilities into society. It creates a Commission for persons with disabilities and assigns the commission with the task of overseeing their healthcare, social, economic, and civil rights.⁸ Part one of the Act aims to forbid any type of discrimination against individuals with disabilities and suggests raising awareness to prevent such discrimination. The second part of the Act addresses the accessibility of physical structures, including the right to access public places and accessibility aids for roads, sidewalks, and other specific facilities. The third part of the Act focuses on road transportation and the accessibility of vehicles for people with disabilities. It sets a transitional period of five years during which all public buildings should be made accessible i.e. be changed to make it easier for people with disabilities, particularly those in wheelchairs, to access. It also requires the building plans for any public structure to be reviewed by relevant authorities to ensure compliance with building codes before construction.⁹ This part of the law says it's not allowed to treat people with disabilities unfairly when using road transportation. It has rules for special parking spots for people with disabilities. Like Part III, Part IV talks about unfair treatment in seaports, railways, and airports. Part V talks about the rights of people with disabilities to get an education, enjoy freedom, receive healthcare, and have priority in line. It explains their rights to get education and health services. Section 25 talks about how to take care of people with disabilities during risky situations and emergencies. Part VI talks about creating job opportunities and encouraging people with disabilities to participate in politics and public

⁸ Discrimination Against Persons with Disabilities Act 2018

⁹ Discrimination Against Persons with Disabilities Act 2018, s 7

activities. Part VII creates the National Commission for Persons with Disabilities. This group will make sure that people with disabilities can get housing, education, and healthcare. It has the authority to take complaints about rights violations and help victims get legal help. Part VIII talks about how the Executive Secretary and other workers in the commission are chosen and what their jobs are. The law makes it illegal to treat people unfairly because of a disability and punishes those who break this law with fines and jail time. It also describes a five-year change period to modify public buildings, infrastructures, and vehicles to ensure they are accessible for individuals with disabilities.

In this Act, the only reference to health is found in Part V, and this particular provision does not address the sexual and reproductive health needs of individuals with disabilities. The provision ensuring the right to health guarantees that individuals with disabilities have access to free and adequate healthcare without facing discrimination based on their disability. It can be argued that the elements of sexual and reproductive healthcare, such as the right to essential pre and post-natal care, access to contraceptives, and family planning services, which are fundamental to sexual and reproductive rights, can be encompassed within the right to healthcare.¹⁰ Conversely, the Convention on the Rights of Persons with Disabilities, which underpins the Disability Act in Nigeria, contains several sections specifically focusing on the sexual and reproductive health rights of individuals with disabilities. For example, Article 16 mandates states to take measures to protect individuals with disabilities from violence and abuse, including gender-based violence and abuse. Additionally, Article 25 requires states to ensure equal access to health services for individuals with disabilities, specifically mentioning sexual and reproductive health and population-based public health programs. Article 9 emphasises the need for accessibility, including access to medical facilities and information for individuals with disabilities, while Article 23 calls for the elimination of discrimination against individuals with disabilities in all matters related to marriage, family, parenthood, and relationships, including

¹⁰ Patrick Chukwunonso Aloamaka et al., 'The Prospects for Reproductive Health Rights Protection in Nigeria' (2019) 12(2) Aloamaka <<https://ojs.unm.ac.id/predistinasi/article/view/21392>> accessed 05 September 2024

in the areas of family planning, fertility, and family life.¹¹ All these key aspects of the law are specifically not catered for in the Disability Act of 2018 in the country.

The Constitution (Federal Republic of Nigeria) 1999 (as amended): The government, as outlined in Chapter Four of the 1999 Constitution of the Federal Republic of Nigeria, is mandated to ensure the protection of the rights of all Nigerian citizens. Foremost among these rights is the "Right to Life", which can only be ensured when every member of our population has guaranteed access to high-quality health services. Additional rights encompass 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, including the Right to Freedom from Discrimination.¹² Because of these rules in the 1999 Constitution. All Nigerian citizens have these basic rights, and these rules apply to WAGWD as well. These rights are very important and can only be changed if the law allows it. Besides these rules, the Constitution also says that everyone in Nigeria, including WAGWD, has a right to health. This is mentioned in Chapter II of the 1999 Constitution. Section 17(3) states that the government must make sure there are enough medical and health services available for everyone. The writer believes that when they talk about health, they also mean reproductive and sexual health. It's important to understand that the rules in Chapter II of the Constitution cannot be enforced by the courts.¹³ Furthermore, section 42(2) of the Constitution provides for the equality of all citizens before the law. It recalls that no citizen should be subjected to any disability or deprivation by causes of the circumstances.

¹¹ Marta Schaaf, 'Negotiating Sexuality in the Convention on the Rights of Persons with Disabilities' (2011) 8(14) *International Journal on Human Rights* <<https://sur.conectas.org/wp-content/uploads/2017/11/sur14-eng-marta-schaaf.pdf>> accessed 05 September 2024

¹² Constitution of the Federal Republic of Nigeria 1999, ss 33-43

¹³ Ogugua V C Ikpeze, 'Non-Justiciability of Chapter II of the Nigerian Constitution as an Impediment to Economic Rights and Development' (2015) 5(18) *Developing Country Studies* <https://www.researchgate.net/publication/282816601_Non-Justiciability_of_Chapter_II_of_the_Nigerian_Constitution_as_an_Impediment_to_Economic_Rights_and_Development> accessed 05 September 2024

NATIONAL POLICY ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR INDIVIDUALS WITH DISABILITIES, WITH A FOCUS ON WOMEN AND GIRLS

This policy aims to make sure that everyone, including people with disabilities, can access sexual and reproductive health programs. It supports better access to these services for women and girls with disabilities and aims to improve understanding of their specific needs. Another goal of this policy is to show what actions can be taken by everyone involved to protect sexual and reproductive health rights.¹⁴

An International Point of View on SRHR of Persons with Disabilities: In global dialogues, various facets of sexual and reproductive health and rights pertain to women and girls with disabilities. Sexual and reproductive health and rights mean having the power to make choices about sexuality and having babies, as well as being able to use services and facilities connected to these topics. Many countries, including many that signed the CRPD, have laws that let judges, doctors, family members, and guardians make important decisions for girls and young women with disabilities.¹⁵ In certain cases, a judge, parent, or legal guardian may make decisions about forced sterilisation in the name of protecting individuals from sexual violence and enhancing their quality of life. Some laws may deem individuals with disabilities as unable to consent to sexual relationships. For example, in 2012, the parents of Mary Moe, a 32-year-old pregnant woman with a psychiatric disability, requested guardianship in order to arrange for her to have an abortion. Mary Moe strongly opposed this due to her religious beliefs, but the court granted the petition and allowed the abortion. Furthermore, the trial court also ordered Mary Moe to be sterilised to prevent similar situations in the future. However, the appellate court later overturned the decision, stating that there was no request for forced sterilisation. The case of Mary Moe reflects the challenges faced by individuals with disabilities in terms of sexual and reproductive health rights, including forced sterilisation and restricted parenting rights.

¹⁴ Minister of Health, *National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls* (2018)

¹⁵ Eme Grant and Rhonda Neuhaus, 'Liberty And Justice For All: The Convention On The Rights Of Persons With Disabilities' (2013) 19(2) *ILSA Journal of International and Cooperative Law*
<<https://nsuworks.nova.edu/ilsajournal/vol19/iss2/8/>> accessed 05 September 2024

As reported by Powell and Stein,¹⁶ Forced sterilisations of individuals with disabilities are happening in numerous countries worldwide, such as Australia, Mexico, Spain, and Belgium. Justifications for these involuntary procedures often revolve around what is deemed to be in the best interest of the child, the perceived unsuitability of the individual to be a parent, and the influence of eugenic beliefs.¹⁷

Forced sterilisation and taking away parenting rights happened because people thought those with disabilities couldn't take care of themselves and needed help. However, when the Convention on the Rights of Persons with Disabilities was created, it focused on a different idea that disabilities should be seen in a social context. Some writers believe this convention was important for protecting people with disabilities from being forced to sterilise and from sexual abuse.¹⁸

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 had previously formed the basis of the policy framework for determining the rights of disabled individuals. However, these policy declarations did not have legal binding force and primarily followed the medical disability model. This model essentially depicted individuals with disabilities as lacking and promoted a charitable approach towards them. Consequently, most legislations during this period focused on providing various forms of public assistance benefits to people with disabilities.¹⁹ The concept of a social model of disability emerged in the 1960s as a key component of the disability rights movements. It came from the idea that there is a difference between having an impairment and being disabled. Impairment was seen as an issue

¹⁶ Robyn Michelle Powell and Michael Ashley Stein, 'Persons with disabilities and their sexual, reproductive and parenting rights: An international comparative analysis' (2016) 11(1) *Frontiers of Law in China* <https://www.researchgate.net/publication/301829565_Persons_with_disabilities_and_their_sexual_reproductive_and_parenting_rights_An_international_comparative_analysis> accessed 05 September 2024

¹⁷ History.com Editors, 'Eugenics' (*History*, 28 October 2019) <<https://www.history.com/topics/european-history/eugenics>> accessed 05 September 2024

¹⁸ Felipe Jaramillo Ruiz, 'The Committee on the Rights of Persons with Disabilities and its take on sexuality' (2017) 25(50) *Reproductive Health Matters* <<https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1332449>> accessed 05 September 2024

¹⁹ Ibrahim Imam and Mariam Adepeju Abdulraheem-Mustapha, 'Rights of People with Disability in Nigeria: Attitude and Commitment' (2016) 24(3) *African Journal of International and Comparative Law* <https://www.researchgate.net/publication/305817969_Rights_of_People_with_Disability_in_Nigeria_Attitude_and_Commitment> accessed 05 September 2024

with how the body works or looks, including mental issues. Disability was seen as a restriction that resulted from social oppression and discrimination.²⁰

The social model supported by the Convention says that people with disabilities have the right to be part of the community and to live independently as active members of society.²¹

In Africa, people didn't pay much attention to the sexual and reproductive health rights of women with disabilities. Some regional human rights agreements include mentions of people with disabilities. For example, the African Charter on Human and People's Rights acknowledges the right to education and includes special support for older and disabled people. Discussions leading to the United Nations Convention on the Rights of Persons with Disabilities happened because many believed that existing international human rights agreements did not do enough to protect the rights of disabled individuals. People thought that disability rights were mostly a personal issue. Activism helps people recognise the sexual and reproductive health rights of individuals with disabilities.²² The aim of the Convention on the Rights of Persons with Disabilities is to promote, protect, and guarantee the full and equal enjoyment of all human rights and fundamental freedoms for all individuals with disabilities, as well as to encourage respect for their inherent dignity. This includes promoting, protecting, and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, including those covered by the convention having enduring physical, mental, intellectual, or sensory impairments that, when combined with different obstacles, could limit their complete and active involvement in society on an equitable footing with others.²³

²⁰ Rosemary Kayess and Philip French, 'Out of Darkness into Light? Introducing the Convention on the Rights of Persons with Disabilities' (2008) 8(1) Human Rights Law Review <<https://academic.oup.com/hrlr/article-abstract/8/1/1/649491?redirectedFrom=fulltext>> accessed 05 September 2024

²¹ Grant (n 15); Penelope June Weller, 'The Convention on the Rights of Persons with Disabilities and the Social Model of Health: New Perspectives' (2011) Journal of Mental Health Law <<https://www.northumbriajournals.co.uk/index.php/ijmhcl/article/view/234/229>> accessed 05 September 2024

²² Renu Addlakha et al., 'Disability and sexuality: claiming sexual and reproductive rights' (2017) 25(50) Reproductive Health Matters <<https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1336375>> accessed 05 September 2024

²³ Convention on the Rights of Persons with Disabilities 2006, art 1

IMPLEMENTING SEXUAL AND REPRODUCTIVE RIGHTS FOR INDIVIDUALS WITH DISABILITIES: CHALLENGES AND OPPORTUNITIES

Before the Nigerian Disability Law was passed, there was uncertainty in governmental policy statements and previous attempts to establish proper laws were unsuccessful. The Nigerians with Disability Decree of 1993, enacted during the military rule, was controversial and not effectively enforced. Subsequent efforts in the democratic era to introduce bills safeguarding the rights of people with disabilities in the country did not result in any laws being enacted. These bills included: (i) a 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. While most of these bills were approved by the National Assembly, they were not signed into law at that time and they were not given Presidential Assent by previous Presidents of the country.²⁴

It was anticipated that there would be superior endeavours to address the regenerative rights of all Nigerians living with incapacities when the National Wellbeing Act was passed in 2014. This, be that as it may, has been far away from being achieved. As expressed by Kutigi,²⁵ despite Nigeria's efforts to ensure the sexual and reproductive health and rights (SRHR) of women and girls with disabilities (WAGWD) through policies and programs, they still encounter obstacles in accessing these rights. It has been suggested that the challenges they face are not primarily caused by their impairments but by the societal barriers imposed on them. In the initial sections of the National Policy on Reproductive and Sexual Rights of Persons with Disabilities, the

²⁴ Minister of Health, *National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls* (2018)

²⁵ Halima Doma Kutigi, 'Human Rights of Persons with Disabilities: Challenges of Protection and Enforcement in Nigeria' (2017) 1(4) *International Journal of Legal Insight*
<https://www.academia.edu/43023492/HUMAN_RIGHTS_OF_PERSONS_WITH_DISABILITIES_CHALLENGES_OF_PROTECTION_AND_ENFORCEMENT_IN_NIGERIA> accessed 05 September 2024

Minister of Health acknowledged encountering several challenges that have made it difficult to fully integrate SRHR for WAGWD in Nigeria. The Minister attributed these challenges mainly to limited resources and inadequate manpower in the Nigerian health sector.²⁶ Furthermore, additional obstacles encountered in the execution of SRHR for this group of individuals are detailed below.

a. Negative Stereotypes and Unfavourable Societal Perceptions regarding the Reproductive Health and Rights of WAGWD: It has been reported that there are negative and biased social attitudes towards SRHR among WAGWD. This is mainly due to ignorance about the health needs of this group of people. As Aguilar explained,²⁷ the sexuality and SRHR of WAGWD are often excluded from public discussion, policy-making, programs and services. This is primarily due to a lack of recognition that they, like everyone else, are sexual and reproductive beings with desires, dreams, hopes and needs for intimacy, pleasure, romance, touch, and to have and raise children and relationships. WAGWD are often viewed as people who have no desire to enter into sexual relations with those they choose, no right to marry and raise a family, and no right to access sexual health services. There are also negative stereotypes about WAGWDs on the part of healthcare providers, and the stigma and discrimination experienced by WAGWDs make it difficult for them to access sexual health services at health facilities.²⁸ WAGWD faces discrimination that ranges from patronising public remarks to entrenched violence, often resulting in their inability to access education, employment, or societal support. Families with disabled members may also experience these challenges and, therefore, hide such members from the public due to the shame associated with disabilities.

²⁶ Minister of Health, *National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls* (2018)

²⁷ United Nations, *Sexual and reproductive health and rights of girls and young women with disabilities - Note by the Secretary-General - Report of the Special Rapporteur on the rights of persons with disabilities* (2017)

²⁸ Adeniyi Olaleye et al., 'Sexual behaviours and reproductive health knowledge among in-school young people with disabilities in Ibadan, Nigeria' (2007) 107(2) *Health Education*

<https://www.researchgate.net/publication/235312336_Sexual_behaviours_and_reproductive_health_knowledge_among_in-school_young_people_with_disabilities_in_Ibadan_Nigeria> accessed 05 September 2024;

Augustine Animoro and Abba Amsami Elguija, 'Persons with Intellectual Disability and Access to Justice in Nigeria: Challenges and the Way Forward' (2019) 1(2) *Yobe State University Law Review*

<https://www.researchgate.net/publication/335014366_Persons_with_Intellectual_Disability_and_Access_to_Justice_in_Nigeria_Challenges_and_the_Way_Forward> accessed 05 September 2024

Cultural perspectives present an additional challenge to implementing SRHR for WAGWD in Nigeria. According to grassroots researchers, communities in northeastern Nigeria oppose marriages between disabled individuals and those without physical disabilities, which is a form of rights violation.²⁹ As explained by Haruna,³⁰ in traditional settings, disabilities such as deafness, blindness, mental retardation, and orthopaedic impairment are often believed to be punishments from vengeful gods for past or present wrongdoings, such as murder or infidelity. Additionally, there is a strong belief in witchcraft and evil spirits causing disabilities as a consequence of ignoring their warnings. As a result, disabled individuals are seen as sinners and outsiders, leading to their social exclusion.

b. Need for Political Will: The significance of political will cannot be overemphasised within the actualisation of government arrangements. Where desires are not accompanied by the imperative political will, extraordinary and excellent thoughts stay at their best ideas on paper and nothing more. The need for political will towards the usage of SRHR is firstly seen as a need for state laws on disability rights. According to Human Rights Watch³¹, despite Nigeria's endorsement of the convention on the rights of persons with disabilities, only four out of the 36 states in Nigeria have laws specifically addressing disabilities. Even in the states where these laws exist, their enforcement is reportedly low. During the Global Disability Summit in 2018, Nigeria made several policy commitments that, if put into action, could enhance the accessibility of services and opportunities for people with disabilities. However, without the necessary political determination, these policy commitments may not materialise. Political determination is demonstrated through increased funding.

The government of President Muhammadu Buhari took a significant step by appointing a person with a disability as a Senior Special Assistant on Disability Matters. This action shows the commitment of the current administration to prioritise individuals with disabilities, but more is needed. While the provisions of the Disability Act are praiseworthy, they do not

²⁹ Grassroots Researchers Associations, *They Called Us Senseless Beggars: Challenges of Persons with Disabilities in North-Eastern Nigeria* (2018)

³⁰ Mohammed Awaisu Haruna, 'The Problems of Living with Disability in Nigeria' (2017) 65 *Journal of Law, Policy and Globalization* <<https://www.iiste.org/Journals/index.php/JLPG/article/view/39027>> accessed 05 September 2024

³¹ Ewang (n 6)

adequately address the sexual and reproductive health and rights (SRHR) of women and girls with disabilities. The Act primarily focuses on areas such as access to buildings and pathways, as well as preventing discriminatory practices against persons with disabilities.

c. Infrastructural Boundaries: Another obstruction experienced by WAGWD exists in infrastructural boundaries. In spite of the fact that the DAPWDA, should a huge degree, tended to this obstruction, it is still remote from being actualised in Nigeria. According to the study undertaken by Grassroot³² in the northeastern region of Nigeria, researchers found that individuals with disabilities still face significant difficulties in entering public buildings and using public transportation. They also observed that the state rarely considers their needs and concerns. A quick assessment of major public buildings nationwide reveals that the recommendations of the DAPWDA regarding public buildings have not been fully implemented, as most buildings have not been modified to make them accessible to people with disabilities.³³ It has been reported that approximately 98% of facilities in Nigeria are not adapted to accommodate individuals with disabilities. This includes public buildings such as hospitals and health centres where individuals with disabilities can access reproductive health services. When public buildings where they can access these essential services are inaccessible, it hinders their ability to attain sexual and reproductive health and rights.

d. Uncertainty regarding Needs and Concerns of WAGWD: There has been a lack of initiative from disability-rights NGOs and other organisations to collaborate with people with disabilities in creating programs that address their specific needs and issues, particularly in relation to women and girls. The Ministry of Women Affairs and Social Welfare has been reported to have made minimal efforts in this regarding development, tasked with overseeing special education, social welfare, and health services, and has not effectively designed programs to protect the rights of people with disabilities. Instead, it has adopted a charity and welfare-centered strategy towards individuals with disabilities. This strategy does not truly empower them but rather

³² Grassroots Researchers Associations, *They Called Us Senseless Beggars: Challenges of Persons with Disabilities in North-Eastern Nigeria* (2018)

³³ Samuel Kanu, 'The challenges of persons living with disabilities amid COVID-19 in Nigeria' *Business Day* (29 May 2020) <<https://businessday.ng/opinion/article/the-challenges-of-persons-living-with-disabilities-amid-covid-19-in-nigeria/>> accessed 11 October 2024

provides them with limited essential support. e. Lack of accurate data on persons with disabilities in the country.

The presence of data allows for the creation of starting points and standards to determine the objectives for continuous improvement. Having access to data about individuals with disabilities will essentially offer insights into the demographic representation of people with disabilities, their geographic distribution, the types, causes, and severity of their disabilities, and the requirements of this group. This information is valuable for designing, executing, and assessing programs for individuals with disabilities.³⁴ Presently, there is reported underestimated data on persons with disabilities in Nigeria.³⁵ Within the nonattendance of such crucial statistics on people with incapacities, legitimate and satisfactory arrangements for people with disabilities may be troublesome to attain.

CONCLUSION

Up until now, discussions and actions in society have rarely considered women and girls with disabilities. This is due to the prevailing value system that often sidelines women in almost every aspect of life. This paper has demonstrated that the sexual and reproductive health and rights of women and girls with disabilities are not effectively addressed in the current legal and policy framework in Nigeria. In this era, topics related to social inclusion, sustainable development, and economic progress cannot be discussed without including conversations about people with disabilities, especially women and girls.³⁶ To increasingly tackle the usage of SRHR of ladies and young ladies with inabilities, the taking after suggestions are proffered.

1. It is important to embrace a comprehensive approach when making decisions concerning individuals with disabilities in Nigeria. The government, civil society organisations, and donors

³⁴ Fatai Mojeed Kolawoled, *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* NBS (2016) pgs 1-15

³⁵ Minister of Health, *National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls* (2018)

³⁶ Edward Ugbada Adie and Yusuf Ninzim Shamagana, 'Towards Improved Inclusion of Women and Girls with Disabilities in the Development Agenda in Nigeria' (2018) 10(1) *International Journal of Integrative Humanism* <https://www.researchgate.net/publication/337570749_Towards_Improved_Inclusion_of_Women_and_Girls_with_Disabilities_in_the_Development_Agenda_in_Nigeria> accessed 05 September 2024

should develop their plans and strategies for assisting PWDs by involving PWDs and their organisations, as well as lawmakers, relevant local agencies, researchers, and other partners in advocacy, policy development, decision-making, implementation, monitoring, and evaluation. This approach will provide valuable insights for policymakers, decision-makers, and planners to contribute to the advancement of the rights of PWDs in contemporary Nigerian society, thereby promoting their effective social inclusion within their communities.

2. There ought to be the execution of awareness-raising programs outlined to alter the societal perception of the rights of women with disabilities to sexual and reproductive health should be protected, and all violence against them, such as forced sterilisation, forced abortion, and forced contraception, should be abolished.³⁷

3. Social bolster ought to be given to families to reinforce their capacity to understand and address the sexual and regenerative well-being and right ladies and young ladies with inabilities, free from separation, shame and negative generalisations.

4. There ought to be an alteration of the Disability Act of 2018 to incorporate the exceptionally imperative viewpoint of perceiving the sexual and reproductive rights of ladies and young ladies with inabilities and generally the sexual rights of people with incapacities. This will guarantee way better compliance with the desires of the Tradition on the Rights of People with Inabilities.

³⁷ United Nations, *Sexual and reproductive health and rights of girls and young women with disabilities - Note by the Secretary-General - Report of the Special Rapporteur on the rights of persons with disabilities* (2017)