



IN BRIEF



'NO ONE IS LISTENING' EXPERIENCES OF WOMEN WITH DISABILITIES IN NIGERIA DURING COVID-19

Photo: Sightsavers

The Issue

This paper is based on consultations that took place during 16 focus groups and 10 individual interviews that were conducted with women with disabilities in two Nigerian states (Lagos and Kano) in June 2021. A diverse group of women with disabilities were involved. The participants had different impairments, came from a variety of age groups and lived in peri-urban and urban areas. Mothers of children with disabilities also took part in the consultations. At the time of writing restrictions had been lifted in Nigeria, although concerns about rising cases of COVID-19 still exist.

In West Africa, the incidence of COVID-19 has been low (to April 2021) when compared to many other world regions¹. However the pandemic, and the subsequent response, has had far-reaching consequences on the health, wellbeing, education and economic situation of individuals and communities, interrupting the livelihoods of many populations globally including those in West Africa.²

The full extent of the COVID-19 pandemic is yet to be fully understood. However, it is clear that the health, social and economic impacts have not been equitably distributed and that the effects will be long-term. The disproportionate consequences and increased inequalities for people with disabilities are stark and have been widely recognised. It is critical that lessons are learnt from the exclusion of women with disabilities and that more inclusive emergency and long-term responses are developed.

This paper intends to provide a better understanding of the experiences of a diverse group of women during the COVID-19 crisis in Nigeria and provide recommendations that will be relevant for the ongoing response and recovery and promote the inclusion of women with disabilities. It also shares recommendations that are applicable far beyond the COVID-19 crisis. The experiences of the women involved in the consultations were in many cases not unique to the context of COVID-19 but rather an amplification of existing experiences resulting from historical and systemic marginalisation and are likely to be experienced in future crises such as the climate crisis.

This paper shows how women with disabilities in Nigeria faced challenges meeting their basic needs during the pandemic. These needs include buying enough food for their families, keeping an economic activity, managing an increased burden of unpaid care and accessing support and services during the pandemic.

Lessons must be learnt from this pandemic so that future responses apply an intersectional approach to identify the most marginalised people and consider how multiple and intersecting forms of discrimination lead to increased exclusion. This is essential to effectively remove barriers to services and to end all forms of discrimination for people with disabilities. Political and policy responses must ensure that the human rights, perspectives and leadership of women and girls with disabilities are included in all COVID-19 responses and recovery and beyond.

POVERTY AND ECONOMIC IMPACTS: Participants consistently stated the lack of food was the main challenge they experienced during the COVID-19 pandemic. Many women cut down their food intake to one or two meals a day or prioritised feeding their children first. Some women explained that they and their children had tried to beg for food and money, which they felt ashamed about. However, they found that other community members either did not have enough themselves to share or weren't leaving the house owing to COVID-19 restrictions, so as a consequence there was little food or money available. Some participants felt that men had more opportunities to find food outside of the home as they were more likely to go out, but this was not always brought back to share with the family. The lack of food was driven by decreases in income, rising prices and the fact that many families did not have enough money to buy food in advance which became essential when leaving the house was restricted. One woman explained that they were reliant on leftovers from neighbours, "We had to eat the burnt part underneath the pot that the neighbour gave us. The day we got the burnt part underneath the pot of rice, the joy on my children's faces knew no bounds and it broke my heart."

Despite lockdowns easing, food prices have continued to rise. Beyond food, increased levels of poverty and financial insecurity were evident. One participant explained that some women had taken up sex work. Other women had sold valuable possessions or lost their homes due to not paying rent.

Borrowing money was consistently raised as a coping strategy and there were often concerns about people's ability to pay back the money due to the ongoing uncertainty and their reduced ability to "bounce back" from the pandemic. One woman described having to sell her home and land for less than it was worth to repay debt.

HEALTH: Some women highlighted that they knew people who had contracted COVID-19 and become extremely ill or died. However, most concerns around health focused on broader issues and how it became more challenging to access routine health services during the pandemic. Financial barriers made up a significant proportion of the women's worries about accessing health care. Some participants explained that due to a lack of money, they reverted to traditional herbs to treat themselves and their children. Women explained how this impacted access to maternal health care, as one woman explained, "I couldn't go to the hospital during pregnancy until the eighth month. I was at home. When it was eight months, my mother-in-law complained that won't I go and register? I then told her that the hospital expense is much, and I don't have money to pay."

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People were also scared to go to the hospital as they may contract the virus or be refused treatment as COVID-19 patients were being prioritised. The lack of accessible and affordable transport was also a barrier to healthcare.

Mental health was rarely mentioned in the discussions, although some of the younger women discussed feelings of hopelessness and isolation due to remaining inside or missing out on their education. Some women shared that people had died of "unhappiness" or because they were not used to being inside.

FAMILY DYNAMICS AND SUPPORT: For some women with disabilities, physical distancing rules were particularly challenging. For example, women who needed support to get into their wheelchairs, or who had no access to mobility aids, sometimes had to crawl or use the floor to move around. People in the broader community were also less able or willing to support with mobility or guidance due to the fear of catching COVID-19. Together, this increased the feeling of isolation.

EDUCATION: The impact on education during COVID-19 was significant. Some online provision was available while schools were closed but this was often via radio or TV and was not accessible to all children with disabilities. In other cases, a lack of access to the internet or a mobile phone prevented engagement. In some communities, richer parents paid for their children to continue being educated while government schools were closed. But this was not available to poorer families, who are more likely to have children with disabilities. This not only impacted equitable access to education but caused tensions within broader communities. One parent paid for online education for her child with a disability but the impact on the family finances was substantial. In addition to the impact on formal education, the lack of access to schools resulted in reduced access to health and rehabilitation services which are particularly essential for children with disabilities. Now that schools have reopened in Nigeria, participants shared their concerns about teachers rushing children through the curriculum. This is particularly challenging for children who had less access to online learning or who were already behind due to previous exclusion. If children were due to sit external exams, these have been postponed and they are expected to catch up in the next year.

EMPLOYMENT: Several women in the study were self-employed and had small businesses before the pandemic. Some of them explained that due to lockdown, most of the money need to sustain their business had gone on their survival and re-establishing their businesses was difficult. High levels of inflation were also raised as an ongoing challenge. There was a feeling that many elements of society had not returned to 'normal', which meant that some businesses, such as those linked to tourism or travel, were no longer viable or wouldn't be for a long time. Women felt there was very little support to change industries or understand what options they and their business had. Loans were also seen as harder to get for women with disabilities.

GENDER DYNAMICS: Participants were very divided on whether they thought the pandemic had been more difficult for men or women with disabilities. However, it was clear that gender dynamics were in play when they discussed the differential impacts. The main issue raised in relation to men was that due to lockdown and the economic situation, men were not able to fulfil their perceived household role as breadwinners, which many women thought had a significant psychological and social impact on them. As one woman put it, "[the lockdown was a] big blow to men who were used to going out each day and providing for their family."

For women, the dynamics were more varied and intersecting with age and marital status. Some explained that women were

more likely to have businesses that were affected by the pandemic, due to the types of work they usually engage in. Women also felt they were less able to ask for external help because their husband would not want them to but this was seen as more socially acceptable for men.

Women had set responsibilities and expectations in the home and were expected to take care of the household which placed a significant burden on them. Several women explained that it was men's responsibility to earn money but everything else sits with the women. However when men cannot earn money then this expectation also falls to the woman. Women also described the dynamic of money in the household as a woman's salary is supposed to be shared but men will often keep some for themselves. As one participant explained, the "mother is the one that takes all the heaviness of the family."

Even when women believed that men had a harder time during COVID-19, due to the reasons outlined above, there was a strong agreement that women's voices and perspectives were not listened to by all levels of leadership and society. As a result, this impacted the support and opportunities that they were given. For some women, the consultations were the first time they'd been asked about their opinions. They consistently raised that men from within OPDs, and more broadly, were often not willing to give space for their opinions. One woman asked, "there are lots of women that have good ideas up their sleeves but are the men ready to give us a fair chance?"

There were also gender dynamics around children. One mother explained that she prioritised her sons because they are more likely to care for the family in the future. She said, "if we are asked to choose who will be empowered, I will choose the boys because they become the fathers, breadwinners in the home."

VIOLENCE: Some participants shared how COVID-19 and the lockdowns had caused changes in family dynamics and introduced new tensions. As one woman put it “every day is from one fight to another and is over little things.”

Not all women reported that there had been an increase in violence. Many women from different contexts did say that they had heard of specific cases of violence during COVID-19. One participant explained that, “domestic violence was just too much. The husband that does not have money to give his wife and wants to eat and have sexual pleasure, which causes quarrel and violence in the home, and it is the disabled person who is at a disadvantage because she will not be able to run”

Some participants also mentioned that changing household dynamics led to men becoming increasingly violent. Others flagged that gender dynamics between men and women resulted in men feeling threatened or undermined by women and as a result “they will just hit her.” Some women reported psychosocial abuse.

For example, one blind participant described how her husband would say there was no money for food but would then go outside and drink because he knew she couldn’t see him, although others could. Other participants explained that they knew about cases of rape, including rape and sexual abuse of girls with disabilities.

Specific dynamics relating to disability were raised, including the perception that women with disabilities do not have the power to leave, resist abuse or will not be believed. As one woman framed it “a lot of us have things to say but we cannot because no one is listening.”

There were also cases of violence that had been normalised as being the ‘fault’ of the woman, as she had gone against her husband’s wishes. This demonstrates the complex gender and cultural dynamics at play and even among women with disabilities themselves. An example was given of a Deaf woman who was visited by other Deaf people during the day with who she would communicate. When her husband found out that she was seeing other men without him present, he would be violent towards her.

Women also spoke of violence being inflicted outside of the home and particularly relating to the enforcement of COVID-19 rules by authorities. This presented unique challenges for people with disabilities who were not always able to fully understand or comply with these rules due to inaccessible information or specific access requirements.

Responses to COVID-19

Access to government support during COVID-19 varied significantly but was consistently seen as insufficient and inequitable for people with disabilities. Many women received some limited food supplies and a smaller number were given money. However, this was often received quite late into the pandemic. There were also examples of free face masks being handed out.

Most participants were highly critical of the government’s response to the pandemic, with many believing that they should not have put restrictions in place without first establishing appropriate support. As one woman put it, “truly the government did not try at all, especially to people living with disabilities.”

While the overwhelming view was that the government had not done enough, some felt that they had tried but the challenges in distributing assistance were more significant at a local level.

One major issue raised was the prioritisation of people with disabilities in the response. Many women explained that they had not been on the list of people due to receive support. In some cases, this was seen to be a political decision because those in power did not view people with disabilities as important and saw them as having very little voice. As one participant put it, “it is only when it comes to [an] election that they will remember we exist.”

In other cases, the lack of inclusion was seen to be an administrative challenge as there was a lack of systems in place to register people with disabilities. In some cases, women with disabilities who were not initially eligible for support got the help they needed when they brought it to the attention of the authorities.

Some women with disabilities were aware that support was available but the communication about the available resources was also not always accessible or clear. Women explained that they had been told where to go to collect food, but when they arrived, they found that the distribution had already finished. Others had heard about provisions on the radio but had not been able to access them. In other cases, support had been promised but never arrived.

A few participants reported that they had been actively discriminated against during food distribution, “they gave the good ones to other people and gave us, people with disabilities, the expired ones.”

People with disabilities were also reported to have received less food and money than other people in their community. Women without husbands also experienced discrimination and were told that they would only receive distribution if they came with their husbands. Many women highlighted that men were more likely to leave women with disabilities or not marry them at all, due to stigma and misconceptions about the causes of disability.

Corruption, at multiple levels, was seen as an additional problem that prevented an effective and equitable response to COVID-19. Many participants suggested that local distribution was one way of ensuring that all people were given the necessary support as traditional leaders know how many people with disabilities live in their communities. However, others expressed concern that village heads and grassroots leaders had not been distributing food evenly or according to need. In one case, it was felt that “leaders in the grassroots held onto it, all, of us in our area nobody got any.”

Similarly, there was a consistent call for organisations of people with disabilities (OPDs) to be more involved in the distribution of support, especially as they understand the

Participants highly trusted other women with disabilities and felt that if they were responsible or involved in the response then they would be more likely to hear about the support needed and it would be more fairly distributed. Talking about another woman in the group, one participant explained “even if it was given to her no matter how small, she would have made sure one or two persons get [it].” The women flagged that OPDs should have more women in leadership, “every group of disability should have a woman leader and a man leader.”

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As with other services, the lack of accessible and affordable transport meant that some women with disabilities were unable to travel to receive support or felt that the support offered was not worth the cost of transportation.

Women with disabilities consistently agreed that their voices were not listened to and not heard in policymaking. Participants felt they were not seen to “have any value” and that “a lot of us have things to say but we cannot because no one is listening.”

Some examples of local non-governmental organisations providing support were given. It was not clear whether these provided specific assistance to women with disabilities, but one participant explained that an organisation had gone street to street to ensure no one was missed.

While women felt that they should have been given more immediate food support during the pandemic, they highlighted the long-term importance of being supported to live independently as many preferred receiving cash over

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