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Examining the Success of Millennium Development Goals (MDGs) in the Improvement of Quality of Life of Persons with Special Needs in Nigeria

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Abstract

The neglect of persons with special needs in the provision of essential services that could improve their quality of life is worrisome. It is expected that the Millennium Development Goals (MDGs) will improve the quality of life of persons with special needs in Nigeria. Unfortunately, most of the programmes that are meant to alleviate the suffering of the citizens do not include those with special needs (persons with hearing impairment, visual impairment, intellectual disability and those with other forms of disabilities). If nothing is done to include persons with special needs in the MDGs programmes, they will lose their sense of belonging and find it difficult to have full participation in the activities of the society, and may not have equitable access to social services. It is in the light of this that this paper examined the MDGs, persons with special needs and their quality of life, as well as, MDGs and Nigerians with special needs. Recommendations were made based on the observations made by the authors.

Key Words: *Millennium Development Goals, Quality of Life, Special needs.*

Introduction

People with special needs, otherwise referred to as people living with disability, are very common worldwide. The World Health Organisation (WHO) estimated that about 500 million people live with disabilities worldwide, with about 75% living in the developing countries (Michailakis, Lang and Upah, 2008). In Nigeria, WHO estimates

put the number of people living with disabilities at 19 million or approximately 20% of the country's population (Lang and Upah, 2008). Despite the fact that the number of special needs persons in Nigeria cannot be underestimated, yet, there are no credible statistics in Nigeria on people living with disabilities. Thus, there are big knowledge gaps that need to be bridged. These knowledge gaps include involvement of people with special needs in achieving millennium development goals (MDGs), which is the focal point of this paper.

The Nigeria government supported the United Nations (UN) standard rules of the equalisation of opportunities for people living with disabilities. There was also a decree promulgated in 1993 to enhance the social and societal position of people with disability. Nigerians living with disability are no better off when compared with others living in other parts of the developing world, in terms of the challenges they face – they are poor, marginalised and excluded (Lang and Upah, 2008).

Despite the declaration of full participation in the disability agenda of the United Nations by the Nigerian government, Nigerians living with disabilities are still faced with these challenges (Michailakis, 1997). These challenges cut across diverse spheres of life such as social, economics, education, employment, welfare and health. Although, all these areas of challenges that are capable of addressing the quality of life of persons with special needs are encompassed in the Millennium Development Goals (MDGs), but due to the fact that issues that concern this category of people are given little or no recognition in Nigeria, MDGs has not been able to meet their needs.

In September 2000, 189 world leaders met at the Millennium Summit and committed themselves and their countries to eight goals known as Millennium Development Goals (MDGs) aimed at meeting the needs of the world's poorest people (United Nations Development Programme, 2005). These goals resulted from deliberations on how to make significant improvements to people's lives, with the ultimate objective of reducing poverty throughout the world. The eight goals, which are to be met in partnership with the world's leading development institutions by the target date of 2015, are to:

Goal 1: Eradicate extreme poverty and hunger

- Reduce by half the proportion of people whose income is less than \$1 a day.
- Reduce by half the proportion of people who suffer from hunger.

Goal 2: Achieve universal primary education

- Ensure that all boys and girls complete a full course of primary schooling.

Goal 3: Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015.

Goal 4: Reduce child mortality

- Reduce by two thirds the mortality of children under five.

Goal 5: Improve maternal health

- Reduce maternal mortality by three quarters.

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

- Halt and reverse the spread of HIV/AIDS.
- Halt and reverse the incidence of malaria and other major diseases.

Goal 7: Ensure environmental sustainability

- Integrate principles of sustainable development into country policies and programmes; reverse the loss of environmental resources.
- Half the proportion of people without access to safe drinking water and basic sanitation.
- Improve the lives of at least 100 million slum dwellers by 2020.

Goal 8: Develop a global partnership for development

- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
- Address special needs of the least developed countries, landlocked countries and small island developing states.
- Deal with developing countries' debt.
- In cooperation with developing countries, develop and implement strategies for decent work for youth.
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Each of these goals is expected to help improve the quality of life of people in developing countries like Nigeria in general including those with special needs. The attainment of these goals has been a challenge to the nations of the world and significant progress has not been recorded worldwide, especially in developing countries (United Nations, 2005). The progress made has, however, not been uniform across the world. For instance, it has been observed that sub-Saharan African countries are lagging behind in attainment of MDGs. In view of this, Nigeria still have continuous food insecurity, rising extreme poverty, high child and maternal mortality, a large number of people are still living in slums and the spread of HIV/AIDS and diseases are still at alarming rate. Most of the programmes that are meant to improve the quality of life of the citizens are most of the time not including those with special needs. There is the need for the improvement of the quality of life of all the citizens, irrespective of their physical, mental or psychological state.

Persons with Special Needs and their quality of Life

Persons with special needs are those who have one impairment or the other, such as mental, physical, sensory or emotional. They also include those with special gifts or talents. Isaiah and Adekanmi (2009) posited that persons with special needs are those who need help from professionals as a result of their impairment, in order to function socially and educationally as their counterparts without disabilities. They are those who differ from other children and

adults to the extent that they require help from professionals like special educator, psychologists, speech therapists, audiologists and social workers.

Isaiah and Adekanmi (2009), cited Smith (2007) that the following categories of disabilities require special needs: autism, hearing impairment, developmental delay, emotional disturbance, intellectual impairment, multiple disabilities, orthopaedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and the intellectually gifted individuals. Although, disability is as old as the human race, the issue of disability and the experiences of people with disabilities have received little consideration, especially in developing countries (Oliver, 1980). People with disabilities remain at the margins of society as one of the impoverished groups (Imrie, 1995).

The overall low levels of development and inadequate health and social welfare services have all contributed to the persistence of poor quality of life among individuals with special needs in developing countries. It is generally agreed that more information on the extent of the impact of disabilities is required to formulate future policies aiming at improving the quality of life of people with disabilities (Hosain, 1995). The quality of life of people with disabilities has been studied in developed countries. As the various health indicators of population are improving in developing countries, attention should now shift to improve the quality of life of the marginalised and under-privileged groups. In developing countries, where life is difficult for many able-bodied people, people with disabilities are more likely to face much greater problems in the absence of a disability friendly environment. They are less likely to be educated, employed, or rehabilitated. Social segregation of people with disabilities is widespread (Brown, 1998). Moreover, social welfare services do not still provide special privileges for individuals with disabilities. As a result, most people with special needs usually face insensitivity, cruelty, and often pity. The dominance of a medical model of disability has tended to 'blame the victim' which, looks at people with disabilities as 'inferior, dependent and of little or no value' (Imrie, 1997). Although, some changes in approach have taken place, there is still a need for major changes if people with disabilities are to be integrated into the mainstream of the society.

Millennium Development Goals and Nigerians with Special Needs

It is pertinent to take a critical look at the quality of life of persons with special needs in Nigeria, vis-à-vis the Millennium Development Goals (MDGs).

One of the goals of MDGs is eradication of extreme poverty and hunger. This goal involves – reduction by half the proportion of people whose income is less than \$1 a day; reduction by half the proportion of people who suffer from hunger. According to the United Nations, there are approximately 650 million people with disabilities in the world, and at least 80 percent of them live in developing countries. More often than not, they are among the poorest of the poor. The UN Convention on the Rights of Persons with Disabilities, adopted in 2006, defines such persons as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. There is no gainsaying that persons

with disabilities are the poorest of the poor, thus, are expected to be the number one target of the millennium development goal.

Unfortunately, in Nigeria, majority of persons with disabilities resort to begging as their means of livelihood following their suffering from hunger. This implies that there is high rate of abject poverty among this population. Recent World Bank estimates suggested that as many as one in five of the world's poorest people have a disability. Consequently, MDGs has not attained its full course as far as Nigeria is concerned and the goal of eradication of extreme poverty and hunger was not achieved within the stipulated time of 2015 as agreed at the millennium summit. A lot of people with disabilities are still on the streets of Nigeria begging for alms. Disability and poverty in Nigeria are closely related. For instance, Isaiah and Ezele (2011) observed that in developing countries like Nigeria, poverty is associated with disability. According to them, individuals with disabilities are seen as second class citizens who cannot offer any meaningful contributions to the economy. Furthermore, Nwolise (2004) supported this statement by concluding that people living with disabilities are excluded from gaining access to the labour market. He also stated that after women, children and youths, people living with disabilities constitute one of the next categories of neglected and marginalised sectors in the contemporary Nigeria and Africa. They are among the poorest and socially excluded members of our society. It should be noted that except all artificial barriers against persons with disabilities are removed, they will continue to be marginalised and attainment of MDGs for them will be extremely difficult in Nigeria.

The second goal has to do with achievement of universal primary education. Looking at this goal as it affects persons with special needs, one can say that Nigeria has not been able to achieve much success in terms of access to education by this category of learners as compared to what is obtainable in other countries of the world that are part of MDGs summit in 2000. In Nigeria, there is yet a modified curriculum for persons with special needs right from the primary school. Besides, developed countries of the world have advanced in terms of assistive technology devices to aid education of special need persons. There is still the need to improve on the level of access of children with special needs to equal educational opportunities as their counterparts who are without special needs, because they are still limited by negative attitude of the members of the society, stigmatisation, architectural barriers, poor funding of special needs education, poor understanding of disability by members of the public, and high cost of assistive technological devices. Many Nigerians still see most of these assistive devices as strange items in few places where they are available, while in most schools they are not available, especially public schools. All these and many more have indirectly denied special needs persons access to universal primary education, thus making MDGs as regards education unattainable in Nigeria at the moment.

Moreover, the goal of promotion of gender equality and empowerment of women seems to be a hard thing in Nigeria. In traditional African society, like Nigeria, women face a lot of discrimination in terms of participating in the activities of their communities. The fact remains in Nigeria that being a woman with disability is a double tragedy. Women generally encounter maltreatment especially in African nations like Nigeria, due to cultural and

religious beliefs, thus making attainment of MDGs difficult, if not impossible as it relates to gender equality and empowerment of women.

Further, MDGs aimed at reducing by two thirds the mortality of children under five . The causes of child mortality are not different from the causes of disabilities which include – poor nutrition, dangerous working and living conditions, limited access to health care, maternity care and vaccination programmes, conflict and natural disasters, poor hygiene, poor sanitation or inadequate information about the causes of impairments (United Nations, 2007). Despite this fact, more focus is on prevention of child mortality in Nigeria, rather than including causes of disabilities. Although, there is high rate of advocacy and campaign against poliomyelitis, but there are other forms of disabilities that are capable of increasing infant mortality. They include – Preder-Willi Syndrome, autism and Spina bifida. Also, information available on prevention of child mortality is not given wide publicity among persons with special needs through sign language for persons with hearing impairment and Braille transcription for persons with visual impairment, thus making them to lack information, thereby impeding attainment of MDGs.

More so, MDGs aimed at improving maternal health. Specifically, MDGs are expected to reduce maternal mortality by three quarters. The attainment of this goal is impeded by lack of domestication of means through which maternal health can be improved in the language persons with special needs will understand. Also, there is little or no provision, both in private and public health institutions, for experts that understand means of communication of special needs persons, especially those with hearing impairment, whereas some maternal health issues demand absolute privacy, thereby making special needs person with maternal health issues keep to themselves and consequently die of complications either before, during or after delivery.

The factors responsible for attainment and improvement of maternal health are also responsible for attainment of the other goals of the MDGs, which respectively state that: to combat HIV/AIDS, malaria and other diseases – halt and reverse the spread of HIV/AIDS; halt and reverse the incidence of malaria and other major diseases; to ensure environmental sustainability – integrate principles of sustainable development into country policies and programmes; reverse the loss of environmental resources; half the proportion of people without access to safe drinking water and basic sanitation; improve the lives of at least 100 million slum dwellers by 2020; and to develop a global partnership for development – develop further an open, rule-based, predictable, non-discriminatory trading and financial system; address special needs of the least developed countries, landlocked countries and small island developing states; deal with developing countries' debt; in cooperation with developing countries, develop and implement strategies for decent work for youth; and in cooperation with the private sector, make available the benefits of new technologies, especially information and communications. In essence, to attain these laudable objectives of MDGs, persons with special needs should, as a matter of fact, be included in all programmes of the government that are meant to alleviate the suffering of the citizens.

Conclusion

Persons with special needs are found to be the poorest of the poor especially in the developing countries like Nigeria, while MDGs is designed to improve the standard of living of the poorest of the poor as well as those dwelling in slum. This implies that the well-being of the poorest of the poor is the target of MDGs, therefore MDGs cannot be said to have been attained in Nigeria, if special needs persons are still begging on the street; have no access to information; denied of compulsory, free, quantitative and qualitative education; denied of privacy on health related issues; and are underemployed. Therefore, there is need for urgent attention with proactive approach on the part of government, individuals, institutions and non-governmental organisations in ensuring good well-being of special needs persons in order to harness the main goals of MDGs.

Recommendations

The following are recommended based on the observations made by the authors:

- (i) The government, professionals and non-governmental organisations should prevent disability among children and adults through projects directly targeted at reducing diseases that are capable of causing disabilities.
- (ii) The government should ensure the inclusion of persons with special needs in all aspects of development and humanitarian programmes.
- (iii) Special needs education should be adequately funded by the government.
- (iv) The government should strengthen local civil society organisations through the creation of associations, such as National Disabled Person's Organisations. This will enable sharing of information, ideas and knowledge of best practices among members, especially on current global issues that relate to persons with special need.
- (v) The government should formulate policies that protect the rights of persons with special needs with respect to access to social services like education and employment opportunities.
- (vi) There should be public awareness and advocacy on disability issues at local, national and international levels.
- (vii) There should be a task force whose duty is to ensure that all government's policies on disabilities matters are implemented.

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