AWAKENING HOPE: A CRITICAL ANALYSIS OF THE STIGMATIZATION OF CHILDREN WITH DISABILITIES IN NIGERIAN FAMILIES AND COMMUNITIES

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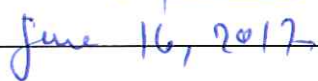
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ABSTRACT

This Major Research Paper (MRP) in York University's graduate program in Critical Disability Studies (CDS) explores the stigmatization and marginalization imposed on Nigerian-Canadian children living in Canada. Canada has attempted to recognize the rights of people with disabilities, but people with disabilities still face discrimination and substantive barriers. For many Nigerian families living in Canada, as with some other Canadian families, when a child is diagnosed as having a disability the entire family faces immediate stigmatization and rejection within the local community. This problem may be greater for Nigerian families living in Nigeria but this MRP focuses primarily on the issue within Canada's borders. Aspects of this MRP are applicable to anyone living with a disability but it focuses primarily on Nigeria-Canadian children and families. Utilizing a multilayered methodological approach that is auto-ethnographic, historical and comparative, this MRP explores the disabling impacts of the stigmatization and marginalization that are imposed on Nigeria-Canadian children with disabilities living in Canada. The auto-ethnographic component of this MRP is based on a narrative of the author's personal experiences of disability in order to expose a variety of barriers that impede the ability of people with disabilities to participate in an inclusive environment, institutions and communities. On the basis the author's personal experience working with Nigerian families having children with disabilities, it is evident that some Nigerian immigrants bring attitudes of shame and rejection towards people with disabilities with them when they migrate to Canada. Nigerian families with disabled children also face disabling expressions of racism and exclusion in the Canadian educational, medical and immigration systems. After exploring the multiple factors causing isolation and rejection in the lives of Nigerian children with disabilities, this MRP suggests a number of strategies to foster inclusion and awaken hope in the lives of these children.

INTRODUCTION

The politics of the disabled body involves complex processes that include the negative way that medical institutions and much of society define disability, the exclusionary practices that remain entrenched in our society, and the political struggle for rights, equality and inclusion. This MRP in the field of Critical Disability Studies (CDS) explores the stigmatization and marginalization that are imposed on Nigeria-Canadian children living in Canada. Although Canada has made significant progress in recognizing disability rights, people with disabilities still face discrimination and substantive barriers in many aspects of their personal and social lives. For many Nigerian families living in Canada, when a child is diagnosed as having a disability the entire family faces immediate stigmatization and rejection within the local Nigerian community. This problem may be greater for Nigerian families living in Nigeria but this Major Research Paper (MRP) shows that Nigerian religious and cultural influences that stigmatize disability often cross Canada's borders when Nigerian families arrive in Canada.

The author of this MRP is a Nigerian man whose personal experience working with Nigerian families with disabled children makes it clear that some Nigerian immigrants bring attitudes of shame and rejection towards people with disabilities with them when they migrate to Canada. Since Nigerian families with disabled children also face disabling expressions of racism and exclusion in the Canadian educational, medical and immigration systems, this MRP argues that positive change for Nigerian children with disabilities must take place at many levels, including the level of vital social institutions such as schools, families, churches and local communities. However, the MRP asserts that Nigerian parents, more than anyone else, must take responsibility for changing their attitudes toward children with disabilities by affirming the equality, ability, rights and inclusion of these children. In particular, this MRP discusses how

religious and cultural constructions of the identities of people with disabilities contribute to ongoing stigmatizing, marginalization and exclusion in the lives of people who have been defined and stigmatized as disabled. Of course, the main focus of this analysis is the isolation and exclusion of Nigerian children.

Berger (2013) indicates that, in general, a diagnosis of disability in a child impacts parental feelings, the well-being of the family as a whole and, of course, the child who must struggle against stigmatization and exclusion (p. 89-105). Individuals from all races, ethnicities, religions, cultures and societies are vulnerable to adopting negative attitudes of fear and exclusion with regard to people with disabilities. However, this MRP focuses on the way in which many Nigerian mothers and fathers have internalized cultural conceptions of the 'normal' baby and view a disabled child as defective and less desirable. When parents feel disappointed because their child is 'different' due to having a disability, the impact on the child is devastating and can last a lifetime. More than anyone else facing oppression, children need others to speak for them and to fight for their rights. The fundamental issue to be explored in this MRP involves the barriers and social ostracizing faced by Nigerian families with disabled children. As a Nigerian man who grew up in a Nigerian community, the author of the present research project has personal experience of the devastating impacts of stigmatization on Nigerian children with disabilities and their families. It is my hope to raise awareness of this problem and to foster an attitude of inclusion towards children with disabilities living in Nigerian families.

This MRP seeks to reveal some key points not only about the ways in which societies negatively construct disability, but also about the ways in which religious and cultural discourses stigmatize the identities of children with disabilities in the specific context of local Nigerian communities. This topic is very important because it addresses what may be the most damaging

form of exclusion connected to disability – the exclusion, through demonization, of disabled children within their own families. Although this MRP focuses on the experiences of Nigerian families living in Canada, many of the points that are made in the paper apply to many families with children with disabilities. Drawing upon personal experience of life in Nigeria, the author of this study reveals some ways in which Nigerian cultural and religious communities negatively construct disability. But this MRP pays especially close attention to the ways in which Nigerian *families* with disabled children internalize attitudes that stigmatize and exclude these children. This research project is specifically interested in investigating the influence of Nigerian religious and cultural discourses have over family life. The paper emphasizes that Nigerian parents have enough autonomy and agency to oppose societal and cultural sources of oppression and to fight for the equality, rights and inclusion of children with disabilities.

The thinking behind the author's desire to examine this topic is based on the belief that the most vulnerable group of people with disabilities is children and, more specifically, children who are subjected to emotionally and psychologically violent forms of stigmatization and demonization within their own homes. Having worked with people with disabilities in a support role, and personally knowing a significant number of Nigerian families with disabled children (in Nigeria and in Canada), the author of the present work has witnessed the brutality and devastation caused to children's lives by exclusionary attitudes and practices that deny their equality and even their humanity. A review of the literature reveals that the impacts of exclusionary family life on Nigerian children with disabilities, and the ways in which religion and culture shape Nigerian family environments, have not been adequately addressed. The author hopes that his research and personal insights will draw attention to an under-explored area within CDS and contribute to an awakening of hope for Nigerian children with disabilities.

This MRP utilizes an auto-ethnographic methodological component to support personal

reflection on the social relations of disability that exists within Nigeria-Canadian families.

Drawing upon his personal experiences working with the families of Nigerian disabled children,

the author discusses the ways in which Nigerian religion and culture can play a destructive role

by making people with disabilities feel that they are inherently less worthy than others or even

actively degenerate. Describing his personal experiences as a disabled man, Carmilleri (1999)

states that being labelled as "impaired and less fortunate imposes feelings of shame, sinfulness,

diminishment [and] dehumanisation… [as] an abhorrent 'freak of nature,' a burden on the people

who love me" (p. 847). It is hard to imagine the devastation such feelings would have on the life

of a child with a disability. Carmilleri's (1999) vivid language exposes hard truth and reveals the

value of personal experiences and narratives in demonstrating the devastating emotional and

psychological consequences that stem from the stigmatization of people living with disabilities.

Families exist within societal contexts and this MRP also examines connections between social

power, ideology and discourse in order to present a comprehensive view of factors contributing

to the social construction of disability. Hedlund (2000) argues that discourses and ideologies

always reflect power relations because they determine the "definitions and criteria used to

establish social facts" [and] ideologically based definitions about social phenomena… in this

case disability" (Hedlund, 2000, p. 771). In accordance with Hedlund's (2000) insight, this MRP

pays specific attention to the discourses of the self that shape identities in local communities and

churches in Nigeria and Canada.

Since the main questions at the center of this MRP concern the highly subjective issue of

the disabled individual's personal feelings of exclusion or belonging, an auto-ethnographic

methodological approach that draws upon personal experiences of working with Nigerian

families with disabled children is well suited to this research project. Exploring disability from an auto-ethnographic and personal narrative perspective represents an interesting and challenging methodology. This methodology enables a researcher to present personal examples that show the real emotional impacts of disability but it also challenges the writer to engage with theoretical concepts in CDS that may or may not align with personal viewpoints. Accordingly, the questions and issues that inform this MRP situate personal narrative and self-reflection within the context of discourses, concepts and theoretical frameworks in the field of CDS. Although this MRP includes a personal narrative, it is also composed of relevant secondary sources such as peer reviewed articles and books.

In order to address the complex ideological and discursive factors shaping the identities of people with disabilities this MRP explores how religious and cultural beliefs and discourses about human identity reflect social relations and inequalities of power. These inequalities reflect the strong patriarchal element of Nigerian society and reach back into Nigerian traditions. It seems evident that exploration of discourses that are intimately connected to the construction of human identity can help to clarify cultural understandings of what it means to be a human being and the importance of feeling like a valued member of a community. At the root of this MRP is the notion that much of the stigmatization and exclusion experienced by people living with disabilities arises because of the way cultural and religious discourses negatively define the identities of those with disabilities. This is sadly ironic because one could reasonably expect that religious notions of divine grace and God's unconditional love for all human beings would support attitudes of equality and inclusion regarding people with disabilities. A wide range of political and economic factors contribute to the stigmatization and exclusion of people with disabilities but the crux of the problem, this MRP asserts, lies in deeper Nigerian religious and

cultural constructions that demonize and dehumanize the identities of persons with disabilities, including children.

The basic research problem to be explored in this MRP is two-fold: (1) The project examines the multiple factors causing significant numbers of Nigerian families in Canada to feel guilt and shame if they have children with disabilities; and, (2) this work suggests that intervention strategies at the level of schools and social policies - but especially at the level of parental attitudes - can awaken hope and assist families with disabled children. The fundamental research question driving this research project is: What types of achievable interventions would be most effective in enabling Nigerian parents of children diagnosed with disabilities to overcome their challenges and help their children develop into healthy, valued and contributing members of society? In other words, although this research project seeks to clarify the many factors contributing to the stigmatization and exclusion of children with disabilities, it is more interested in contributing to a discourse intended to solve the problem by affirming the equality and rights of Nigerian children - and, of course, all children - with disabilities.

CHAPTER ONE: DISABILITY, STIGMA AND PERSONAL NARRATIVE

Disability, Rights and Identity

Referencing the work of Link and Phelan (2001), Brakel (2006) indicates that stigmatization is a discriminatory social process based on stereotyping, status loss, exclusion, rejection, blame and devaluation (p. 3). Brakel (2006) further states that individuals may face stigmatization based on health conditions such as leprosy, HIV/AIDS, mental illness, epilepsy, disability and tuberculosis (p. 3). Such health conditions impose obvious challenges to affected persons, but the addition of stigmatization to those challenges can result in psychosocial consequences such as indescribable suffering and mental anguish (Brakel, 2006, p. 3). In addition, societal processes of stigmatization inhibit efforts to ameliorate this suffering because they undermine public health efforts to combat health challenges (Brakel, 2006, p. 3). It is important to emphasize that stigmatization both *causes* immense suffering and *prevents* efforts to assist people who face stigmatization. Of course, a major source of stigmatization is disability and this can be observed in Nigerian families as disability creates anxiety, social stigmatization, shame and blame for Nigerian parents who have a child with a disability. Nigerian families having a child or family member with a disability experience complex emotions such as anger, sadness, humiliation, shame and embarrassment. Of course, the child or individual with a disability experiences the greatest degree of suffering. The tragic nature of this situation makes it important to understand the factors shaping the attitudes of Nigerian parents of disabled children.

One of the crucial issues connected to disability is that of disability rights or, more accurately, the lack of disability rights. Within the context of this MRP, the rights of children and disability rights are strongly intertwined. This research project analyzes the social and cultural factors contributing to the stigmatization of disabled persons in Nigeria, but it also emphasizes

the critical role of disability rights in creating equality, hope and inclusion for people with disabilities. Kashani-Sabet (2010) indicates that the absence of reliable historical data on the disabled community as a social category indicates that persons with disabilities did not really constitute a recognizable social group with social rights until well into the twentieth century (p. 8). In the early twenty-first century many people with disabilities still lack rights or access to the rights that do exist. Since disability is perceived differently across cultures, the treatment and rights afforded to disabled persons depend on the viewpoints that exist within a particular culture. In Canada, the *Charter of Rights and Freedoms* establishes equality rights for people with disabilities and progress has been made in extending important supports, accommodations and services to people with disabilities. However, the author's home country of Nigeria continues to base its approach to disability on strongly held traditional and religious beliefs that do not support disability rights. As subsequent sections of this MRP show, Nigeria lacks laws and a rights regime designed to prevent disability discrimination in the country. This lack contributes strongly to a social environment in which too many Nigerian children with disabilities face stigmatization and rejection in local communities and their own homes.

The stigma that is attached to disability makes children with a disability feel different from and inferior to other children, forcing them to experience low self-esteem and social marginalization. When children are defined and categorized as abnormal at an early and formative age, it can be very difficult to recover from the sense of being 'defective.' The impacts of stigmatization can last into adulthood. Indeed, even Nigerian parents living in Canada fear that once their child has been labeled with a disability, he or she is likely to face a desolate future in Canadian society. Berger's (2013) work, *The Family and Childhood*, indicates that diagnoses of disability in a child impact parental feelings, the well-being of the family as a whole and, of

course, the child who must "struggle against discrimination and exclusion in the form of labeling, special education classes and more" (p. 89-105). All of these oppressive factors are magnified in the experiences of immigrant children because they face additional barriers and, as this MRP has indicated, some Nigerian children face stigmatization and exclusion even within their own families. This stigmatization causes devastation in the life of a child with a disability. In order to understand the stigmatization of children (and adults) with disabilities it is necessary to examine processes of social identity construction.

Human identities are in part shaped by social forces that define people's social roles and locations within the hierarchy of worthiness that exists in society. Many factors contribute to people's social locations including sex, race, ethnicity, sexual orientation, gender, age, language and, of course, ability/disability. Broad social forces such as religion, political ideologies, cultural norms and socioeconomic class also play roles in shaping the social locations assigned to diverse human identities. What this means is that the barriers faced by people with disabilities stem not just from the disabilities themselves but rather from the way society views, constructs and labels those with disabilities. For example, in the western part of Nigeria it is not unusual for native people in rural communities to refer to a person with a disability as "Ovbenvben" or "Ozuo." The words "Ovbenvben" and "Ozuo" signify a mad-man or person who is contagious. This example emphasizes the importance of examining the roles played by different theoretical models of disability in shaping societal perceptions of disability. Some models, such as the medical and individual models of disability, stigmatize individuals with disabilities and burden them with personal responsibility for their impairments. These models locate disability *within* the affected individual. In contrast, the Social Model of Disability (SMD) shows how society creates and exacerbates the disability challenges associated with impairments. From this perspective,

disability is primarily a social construction, the reality of impairment notwithstanding. Models of disability have tremendous impacts on the lived experience of the disabled. For example, by exposing the social construction disability and the dominant role society plays in excluding or including people with disabilities, the SMD supports equality and rights for disable persons. The perspective or lens provided by the SMD promotes equal, non-oppressive social relations between diverse social identities. Owens (2015) confirms that the SMD has helped people with disabilities by challenging the social construction of discrimination and marginalization, by linking disability rights to concrete political activism, and by enabling disabled people to produce positive social and political change (p. 386). Fundamentally, the SMD challenges the location of people with disabilities at the bottom of the social hierarchy of worthiness and shows how alternative constructions of human identities can support equality and inclusion for all members of society.

Disabled Bodies and Exclusionary Spaces

In order to understand the personal and social experiences of people with disabilities living within any society, it is necessary to clarify how the politics of the disabled body results in discrimination and marginalization. Although disability can be rooted in many different factors, differences at the level of the human body appear to represent the most visible signatures of disability. From a socio-cultural perspective, human bodies are categorized based on race, gender, impairment and, of course, on the aesthetic factors that define beauty in any given social context. Thus, Clapton and Fitzgerald (2010) state,

> Black bodies, white bodies; male bodies, female bodies; young bodies, old bodies; beautiful bodies, broken bodies - right bodies and wrong bodies. Historically, our bodies… write our stories. But it is not our bodies per se which write the story; rather it is the way in which we, as a society, construct our bodies which shapes our history and our future (p. 1).

Some writers argue that we need to go beyond conceptions of constructed disability to acknowledge that the human condition as such is one of disability. For example, in discussing the construction of disability the Canadian writer Bickenbach (2009) asserts that disability is a fluid and continuous condition that reflects universal human experience (p. 1112). As human beings, we are all, in a sense, disabled and disability is therefore normal and inescapable; it is, perhaps, the mark of humankind's limited and vulnerable nature?

Human limitations notwithstanding, the emphasis on the categorizing of bodies in our society is important because it shows that definitions of the natural, healthy and ideal human body play a large role in the social construction of ability and disability. Panitch (2012) indicates that discrimination in the form of oppressive social policies and practices, exclusionary educational regulations, and discretionary decision-making by government officials, professionals and practitioners impacts the disabled (p. 4-5). In a Nigerian context, children whose disabled bodies differ from dominant norms also face exclusion within the home. A vast literature describes how the organization of physical environments and geographic spaces reflect and perpetuate the oppression associated with disability. Imrie and Kumar (1998) assert that built environments are disablist when they restrict and discriminate against "the mobility and access requirements of disabled people" (p. 357). Arguing along similar lines, Kitchin (1998) indicates that many social spaces within our society "are currently organized to keep disabled people 'in their place' and 'written' to convey to disabled people that they are out of place" (p. 343). For many Nigerian children with disabilities, the home is also a space of oppression, exclusion and confinement which they cannot escape. While it is mainly religious and cultural influences that construct this form of exclusion in Nigeria, the politics of the disabled body is also a factor shaping the experiences of people with disabilities.

The politics of the disabled body involves the negative way that medical institutions and much of our society define disability, the segregating practices of spatial and geographic isolation that still remain entrenched despite growing awareness of disability rights, and the political struggle for inclusion. Linton (2006) emphasizes that when she was a non-disabled person she hadn't recognized the ways that dominant political processes had favored her, enabling her to travel places and obtain jobs to which disabled people lacked access. Looking back after becoming disabled, she states that "strong and healthy" people enjoy great mobility and choice while people with disabilities are restricted by "their deficits and incapacities" (Linton, 2006, p. 3). Looking forward and addressing the ongoing political struggle for equality and inclusion, Linton (2006) affirms that "whenever possible" the disabled should fight for full inclusion and participate in policy making and the decisions that affect them (p. 158). One positive result of the political struggle for disability rights is the implementation of the Convention on the Rights of the Child (CRC). The CRC website states:

> Article 2 protects the child's right to gender equality, discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status; Article 19.1 protects the child from all forms of mental and physical violence and maltreatment; Article 24.1 affirms the right of the child to the highest attainable standard of health; Article 37 (a) asserts that children should be free from torture or cruel, inhuman or degrading treatment; and Article 24.3 of the convention explicitly requires states to take all effective and appropriate measures to abolish traditional practices prejudicial to the health of children (CRC, 1989).

Like adults with disabilities, children with disabilities are oppressed by a politics of the disabled body which, according to Linton (2006), constructs that body as a conflicted site where opposing forces of equality and stigmatization fight for power (p. 158). However, children generally lack the ability and resources needed to assert their equality rights. It is for this reason that this MRP emphasizes the role of Nigerian parents in fighting for the rights of their disabled children.

Examining the oppressive politics of the disabled body, Barnes and Mercer (2003) assert that there are many ways in which disabled people are oppressed and subordinated within society due to their impairments. Linton (2006) draws attention to the political struggle for equality fought by all people with disabilities and asserts that disabled veterans and other disabled people must fight for rights related to transit, education, employment and the ability to live autonomously (p. 243). In other words, disability impacts many practical aspects of daily life. Due to victories in the political fight for rights, many disabled Americans have access to opportunities that earlier generations lacked, but Linton (2006) states that there are still persistent obstacles - systemic and political - that oppress the disabled (p. 243). Moreover, since the personal is the political, the politics of the individual disabled body resemble and overlap with the politics of the disability rights movement as a whole. This basic point appears to be the main thrust of Linton's (2006) work and it implicates tremendous complexity. The politics of the disabled body is complex and involves social, cultural, religious, political, economic and environmental factors that shape the experiences of the disabled. Linton's personal disabled body represents a microcosm of the larger political battle between hegemonic ideologies that oppress the disabled and counter-hegemonic ideologies that seek inclusion for all individuals within society regardless of able-bodied or disabled status.

Linton (2006) discusses the obstacles and pain that people who are disabled encounter in their lives but, at the same time, she affirms that life with disability can be joyful, inventive and productive. This is another duality associated with the disabled body as a site where a contradictory politics plays out. Linton looks past an exclusionary past, and improvements in disability rights taking place in the present, to a future where the disabled body becomes a *positive* marker of difference, innovation and creativity. She suggests that disabled bodies could

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eventually help to define new social norms and open up creative possibilities for bodies of all

kinds (Linton, 2006, p. 247). Thus, part of the politics that is being played out in Linton's

disabled body - and all disabled bodies - is an unknown future where the negativity associated

with the disabled body could be transformed into an unexpected source of positivity. At present,

however, the politics of the disabled body shares elements with other political struggles against

oppression. Linton (2006) describes parallels between the male perspective on the female and the

abled-bodied perspective on the disabled; just as patriarchy views women as fundamentally

inferior so the able-bodied view the disabled as fundamentally lacking (p. 64). This form of

stigmatization and constructed inferiority is damaging enough for adults; it is devastating for

Nigerian children facing oppression at the hands of their own parents and family members.

In Linton's (2006) text the negative political forces of oppression are counter-balanced by

her description of the positive politics of struggle and the fight for inclusion. Specifically, Linton

(2006) describes her decision to work outside the oppressive realm of institutional medicine, her

co-organizing of the National Coalition of Sexuality in Disability, her falling in love and

marrying of her (second) husband, and her growing awareness of the silence surrounding

disability issues (p. 64). Engaging the politic fight for equality and inclusion through practical

social activism, she fought to change discriminatory practices at the level of the individual and

society, and to increase public awareness of what is now called "the social construction of

disability" (Linton, 2006, p. 64). The present MRP shares this dedication to fighting for positive

change for people with disabilities and particularly children who lack the ability to fight for

themselves. Linton (2006) asserts that the politics of inclusion demands the disabled and their

advocates to embrace the political struggle of the disabled body and find new ways to affirm the

equality and belonging of disabled persons in all areas of social life (p. 245).

Linton's (2006) fight for equality promotes equal opportunities in the workplace, advocates disability as belonging to the cultural arena and supports a political system that is becoming increasingly inclusive, although she notes that progress is very slow (Linton, 2006, p. 158). Of particular relevance to this MRP is Linton's (2006) assertion that all disabled children should be integrated into general education (p. 158). Rejecting the politics of negativity and a defeatist attitude, Linton (2006) proclaims that the disability rights movement and the field of disability studies have grown and gained strength (p. 244). She suggests that the challenge for developing nations such as Nigeria involves human rights progress that incorporates the equality and rights of people with disabilities (Linton, 2006, p. 244). It is evident that Linton (2006) affirms not only a politics of the disabled body but also a politics of positivity that asserts the rights, opportunities and inclusion of individuals who happen to have disabled bodies. She looks beyond the limitations of disability and forward to a space of renewal and change where people with disabilities can find the inclusion they need to flourish as equal members of society. In order to achieve this space of renewal in a Nigerian context, the bodies of Nigerian children with disabilities must not be confined in homes and communities that presently act as exclusionary spaces, but integrated as equals into all the personal and communal spaces in which human beings carry out their lives and find their meanings.

Personal Narrative of Disability in Nigeria

Nigeria is a country with a population that exceeds 170 million people and amongst this population are many different viewpoints regarding disability. However, the author's personal experience living in Nigeria shows that a common trait shared by many Nigerians is the tendency to stigmatize not only individual family members with disabilities but also the entire family. I am a Nigerian man who grew up in Benin City of Edo State where the dialect was and remains the

Edo language (Bini). My personal experience of living with a family member with a disability

clearly demonstrates how some Nigerian communities impose stigma, shame, labeling, guilt,

discrimination and rejection on individuals with disabilities and their entire families. Weiss

(2008) indicates that those who stigmatize others may do so directly or indirectly as well as

intentionally or unintentionally (p. 3). The insidious side of stigmatization arises when

individuals or groups wilfully seek to stigmatize and exclude others by using their power to

ostracize and actively trouble someone they regard as unacceptable (Weiss, 2008, p. 3). In

Nigeria, people with disabilities continue to be regarded as socially abnormal and unacceptable,

but I did not become aware of the degree of discrimination in my home country until I moved to

Canada.

I came to Canada in 1998 and, after settling in my new home, I immediately embraced

Canada's culture of equality and human rights for all citizens (unfortunately, there is still a

significant degree of racism and ableism within Canadian society). Due to growing up in a

progressive family environment my own perspective has always been relatively inclusive, but the

persistence of discrimination against people with disabilities in Nigeria reminds me of the need

for positive change in the way many Nigerians view and treat individuals, and especially

children, with disabilities. I believe that this change is attainable. Triano (2010) affirms that

disability can be defined in positive ways that emphasize the equality, rights and capabilities of

those with disabilities (p. 1). Although much progress remains to be made, Canadian society has

made some progress in supporting the inclusion of individuals with disabilities, and it is my hope

to expose the false ideologies and discourses that sustain the stigma and shame that is imposed

on Nigerian parents who have children with disabilities. I chose to write about this topic because

I wish to unpack many questions about disability that have arisen in the course of living with a

disabled family member and having direct personal experience of the stigmatization and barriers experienced by Nigerian people with disabilities.

I have often heard of and also observed incidents where individuals have been committed to mental institutions and labelled as posing a risk to themselves and others simply because they have spoken to mental health professionals about irrational fears and impulses. In my view, all human beings contain every imaginable irrational fear and impulse. Basically, the human condition is one of universal 'mental illness' and the challenge of life is one of acknowledging the chaos that exists within and affirming the fundamental unity and better parts of ourselves. Because I believe this, I have often wondered about the legitimacy of labelling people as mentally ill simply because they have irrational thoughts and/or impulses. Of course, it may be that there are some forms of mental illness, such as those involving strong feelings of hostility and aggression towards others, which demand professional attention or medication. However, many people experience such feelings, which makes it difficult to draw a clear boundary line between mental health and mental illness. At what point is it acceptable to define people as being formally disabled and confine them in psychiatric wards? Moreover, I have questions about whether confinement and/or medication represent the best ways to treat destructive or self-destructive thoughts and impulses. Also, I wonder about the possibility that irrational drives and painful experiences such as depression contain a hidden positive element that can actually help human development rather than hinder it. Perhaps many experiences defined as mental illnesses contribute to the development of a whole and unified self that could not develop without those experiences?

My adopted brother - we'll call him Adrian - was deaf and unable to speak and his disability did not just determine how he was viewed in our community but rather imposed

stigmatization on the entire family including my parents, myself and the rest of my siblings. My family adopted Adrian when he was just eight years of age because no one else was willing to accept him due to his disability and the stigma associated with it. My father had the courage to do what nobody else would do. Although my brother's name was Adrian, he was called Odin by virtually all the members of the local community. In the local Bini dialectic, Odin meant "deaf and dumb." As noted, Adrian actually was deaf and unable to speak and he had not been taught any sign language. But he deserved to be called by his real name. The name Odin labelled and stigmatized Adrian and all the members of our family. I believe people ridiculed the entire family because they feared contagion. For the people in our community it was normal and appropriate to ridicule and socially exclude a disabled person and his or her entire family. I recall being bullied by a classmate at school when I was a young boy because of my brother. I felt bad that I had a disabled brother but also because I was often called "Odin's brother" rather than my own name; it was almost as if my identity was lost because of Adrian's disability.

After being constantly stigmatized and ridiculed as the brother of a deaf boy who could not speak I learned how to fight. I was big and strong and bullies soon learned there was a price to pay for their harsh words. I suppose one could call this my first experience of social justice and activism! Weiss (2008) indicates that people can stigmatize others directly or indirectly but emphasizes that even people who do not actively engage in exclusion may *endorse* it, thereby implicitly justifying and supporting exclusion even if they do not actively participate in exclusionary activities (p. 3). As Weiss (2008) states, "others may disagree with the stigmatizing behavior of their family, friends, or colleagues, but they nevertheless do nothing to stop it" (p. 3). Weiss (2008) asserts that people may passively endorse the stigmatization of victims because they feel powerless to interrupt the process or vulnerable to also being stigmatized if they

associate or identify with victims (Weiss, 2008, p. 3). After I learned how to fight I took a few victims of my own. As a young boy, I reacted badly to bullying and found the determination to fight back furiously whenever people called me "Odin's brother." Of course, my methods of dealing with bullies and pursuing justice have been refined over the years.

Another hurdle within my family was the struggle to communicate with Adrian and to interpret his communications to others outside our family. We had to come up with a system of hand signs within the family to communicate with Adrian and to make his meanings known to others. There was no access to any support resources whatsoever. As Cleaver (2005) states:

> In Nigeria there is National Association of the Deaf and other deaf associations, but there is no cooperation due to personal interests. In Nigeria there are no courses in sign language offered in schools, though sign language is formally recognized. Basically, we use American Sign Language in Nigeria. Unfortunately, there is no National Association of Sign Language (p. 26).

The lack of government support programs made it very difficult to promote equality and inclusion for Adrian. In order to create more inclusive communities, it will be essential for the Nigerian government to implement new policies and strategies that help families with disabled family members. In my view, a comprehensive approach that accounts for the many social, cultural and religious factors that contribute to the stigmatization and marginalization of individuals with disabilities is most likely to achieve success.

A neighbor once told me that no one could marry my brother Adrian because doing so would result in generational contagion and stigmatization. I was stunned at these words and this event really made me ask many questions. Why were disabled people treated so unfairly in our community? How could people believe Nigerian superstitions that regarded disabled children as punishment for the sins of their parents? Why were the entire families of those with disabilities socially stigmatized? Why were stereotyping and stigmatization normalized in our community?

As I grew older and began to think independently, I wondered what could be done to address the discriminatory treatment of the disabled and their families and create a more inclusive community. My concerns weren't entirely altruistic. I was concerned about these questions because I was constantly worried about the negative labels that were attached to me because Adrian was my brother. Within my village, it was impossible for Adrian to find a wife because of his disability. Problems with sex and intimacy exist for many disable people in many social contexts and it would seem that society at large has trouble associating people with impaired bodies with sexuality. Of course, there are some ways in which people with disabilities differ from dominant social norms of the healthy mind or body, but most individuals with disabilities experience the same desires as anyone else! While disability rights is an area of growing public attention and awareness, it is imperative to emphasize that relationships, sex and intimacy represent important aspects of the humanity of people with disabilities.

It is not uncommon for people with disabilities to have trouble relating to their own sexuality. As Davies (1996) states, "Many disabled people and organizations have difficulties around notions of our being sexual, and forming relationships" (p. 3). That said, when Adrian moved to another village that was not as discriminatory as the one I lived in he found a wife who also had a disability (a minor physical disability) and they had three children together. As a point of interest, all the children were healthy and there was no intergenerational transmission of disability. As noted above, the words "Ovbenvben" and "Ozuo" denote a mad-man or a person who is contagious. In Nigeria, disabled people who are regarded in these terms are not generally welcome around able-bodied people because there is great fear that their conditions are contagious and could be intergenerational. Ogundola (2013) affirms that nobody in Nigeria "wants to marry a person with a disability because it will mean a perpetuation of disability in

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their family line" (p. 3). Of course, this fear is not grounded in fact. Rather, there are many irrational social, cultural and religious factors that contribute to the stigmatization and marginalization of individuals with disabilities. Part of the fear around marrying an individual with a disability stems from inequality and social hierarchies. Members of local communities and Nigerian society at large have a strong sense of where they belong in the social hierarchy and, accordingly, they believe that people with disabilities should marry others with disabilities who share their low social status in the community. Sadly, even though Adrian's children are all healthy the stigma associated with his disability does transfer onto them. His children are referred to as "Ivbiodin," which is a derogatory word that designates "children of deaf and/or dumb parents."

The fact that Adrian's children are now feeling the stigma associated with their father's disability shows the need for the community to address the needless harm that stems from social stigmatization, marginalization and discrimination. It is not disability that passes between generations but rather the intergenerational exclusionary attitudes imposed on people with disabilities. Similarly, people with disabilities are not contagious but discriminatory attitudes are. Having lived with a family member with a disability, I have direct experience of the harmful effects of dehumanizing attitudes toward people with disabilities. As a result of widespread exclusionary attitudes and beliefs, disabled people living in Nigeria lack legal rights and social supports such as resource centres, accessibility and accommodations. I understand the barriers faced by people with disabilities in Nigeria because I was born and raised in Nigeria. (Of course, barriers also exist in Canada and other countries but this MRP focuses on Nigeria, not other nations). Moreover, I have witnessed the lack of progress in my home country due to ongoing reluctance to address deeply held religious views that stigmatize people with disabilities.

In the very recent past, I have personally observed many individuals in Nigeria with mental disabilities roaming the streets and people running away from them as if they were dangerous sources of contagion. People with physical disabilities are not feared to the same extent. Still, I have observed that in that part of the world the needs of people with disabilities of any kind remain largely unmet and the disabled have few formal rights. Turmusami (2001) confirms the accuracy of this observation, indicating that the life opportunities of people with disabilities in Nigeria are very restricted and the right to equality within society goes unrecognised (p. 11). To a significant degree, the stigmatization and barriers experienced by Nigerian people with disabilities are grounded in the ongoing influence of powerful exclusionary elements of the region's cultural and religious beliefs (of which more later). Indeed, it is important to note that Adrian's disability has been subjected to relatively low levels of discrimination compared to that imposed on people with more conspicuous physical disabilities. Adobamen and Oritsemajemite (2012) assert that in Nigeria hearing impairments are generally neglected in comparison with other disabling conditions, mostly because hearing impairments are unseen or invisible disabilities (p. 159). These authors also confirm that my personal observations of people with mental disabilities causing fear while roaming in the streets reflect social fact. Adobamen and Oritsemajemite (2012) indicate that there is broad political and public policy neglect of the true size and nature of the problem of disability as a whole and a lack of resources to tackle the issue (p. 159). The next chapter of this MRP will discuss specific elements of Nigerian culture and local religious beliefs that sustain the stigmatization and exclusion imposed on people with disabilities such as my brother Adrian.

CHAPTER TWO: DISABILITY, RELIGION & CULTURE IN NIGERIA

Culture has played, and continues to play, an integral role in defining disability and the extent to which various societies exhibit attitudes of acceptance towards those with disabilities. The different cultural belief systems in Nigeria have consequences for both the way disability is understood and for potential efforts to promote equality and inclusion for those with disabilities. In Nigeria, culture involves the social practice of a community including the ways of thinking and forms of conduct which distinguish one ethnic group of people from another and which continue from generation to generation. The Bini cultural traditions of the author's Nigerian community, for example, have a huge impact on the issue of stigmatization, marginalization and exclusion of person with disability. Cultural traditions have tremendous power to influence people's thoughts and actions. Oginni et al. (2010) assert that culture has a profound effect on the ways in which Nigerian families and professionals interrelate cross-culturally and participate together in treatment programs (p. 332). The authors suggest that interventions need to be culturally sensitive because parental and extra-familial contexts differ across the many varying cultures and ethnicities in Nigeria; a proper understanding and identification of culturally based stigmas and beliefs associated with disability is necessary in the development of strategies to enhance inclusion (Oginni et al., 2010, p. 328).

Baba (2014) clarifies seven key parental concerns, feelings and issues that typically exist in Nigerian families having children with disabilities: social stigma, readjustment of family plans, financial burden, feelings of helplessness, fear of the children's futures, the need to fight for a cure, and the importance of a long-term vision on how to address the issue of children with disabilities (p. 66). Clearly, efforts to promote equality and inclusion for Nigerian children with disabilities must involve a comprehensive approach that accounts for the many social, cultural

and religious factors that contribute to the stigmatization and marginalization of individuals with disabilities. For example, Abang (1988) states that the "majority of Nigerians view disability, and disabled people as a whole, as a retribution or a curse from God who repays everyone according to his or her deeds" (p. 73). Nigeria has a significant population of Christians and elements within the Bible and Christian teachings such as the notion of original sin can create negativity within religious environments that tends to be imposed on some members of religious communities while others are excused. As a result, disabled Nigerians lack legal rights and are largely excluded from society, which places their lives in jeopardy and prevents them from receiving necessary supports (Afolayan, 2015, p.54). To a significant extent, then, disabled people in Nigeria are devalued within their religious communities because they are deemed as spiritually unclean and as posing a threat of spiritual corruption within their communities.

Although the Social Model of Disability (SMD) accounts for social factors contributing to disability, it does not adequately address the ways in which religion and culture impose stigmatization and shame on people with disabilities in countries such as Nigeria. In this country, religion and culture play extremely strong roles in shaping many people's identities at a fundamental level - much stronger roles than political ideologies or public attitudes. To fully explain the root causes of exclusion in Nigeria or to support effective strategies for improving the lives of Nigerian people with disabilities, one must focus on the factors of religion and culture. Abang's (1988) article, "Disablement, Disability and Nigerian Society," examines the issue of disability in developing countries, particularly Nigeria. The author indicates that most of the so-called disabilities in Nigeria stem from preventable diseases and yet the people with these 'disabilities' still face social exclusion (Abang, 1988, p. 71). Although Abang's (1988) article was written several decades ago in the late 1980s, his observation that negative attitudes and

behaviors toward individuals with disabilities stem from Nigerian cultural beliefs, traditions and superstitions continues to apply in contemporary context. For example, Abang (1988) indicates that even educated Nigerian people believe a disabled child is a sign of punishment for some evil in their life (p. 71). Such fears still support a lack of disability services in present day Nigeria.

There are many institutions in Nigeria set up to house people with disabilities, but these institutions do not provide treatment and support; instead, they function to separate disabled persons from the wider population. In fact, having lived in Nigeria the author of this MRP can confirm that the wealthy members of Nigerian society support this segregation because they do not want people with disabilities on the streets or in public spaces. Ogundola (2013) affirms that the disabled in Nigerian are vulnerable to institutionalization. Due to false and superstitious cultural and traditional beliefs attached to disability, some families having members with disabilities, especially wealthy families that do not want their social status compromised, simply place their disabled family members in institutions to avoid the social stigma and burden of caring for them (Ogundola, 2013, p. 2). Akhidenor (2007) asserts that "in Nigerian society, disability has traditionally been viewed as a religious issue" and observes that Nigerian families traditionally respond to having a disabled family member by seeking divine intervention through "consultations with oracles and sacrificial offerings and prayers to the gods" (p. 5). Akhidenor (2007) further indicates that after making sufficient prayers and sacrifices to the gods, Nigerian families typically exclude and/or segregate the disabled family member from the rest of the community to avoid stigmatization and ridicule (p. 5). Although this type of family response to disability is intended to meet the social needs of the family it does not take into account the social and other developmental needs of the disabled person (Akhidenor, 2007, p. 5). The effects of exclusion on the disabled family member are devastating, especially for children.

Although superstitions continue to have a strong grip on many Nigerian people, Abang (1988) suggests that progress is being made as some groups, such as the Hausa tribe in the North, possess a more positive attitude towards individuals with disabilities. This suggests that some positive change has taken place and can be built upon. More than anyone else facing oppression, Nigerian children need others to speak for them and to fight for their rights. This is why it is crucial to address the barriers and social ostracizing faced by Nigerian families living with disabled children. The benefits of reducing barriers and enhancing inclusion extend beyond people with disabilities. Ogundola's (2013) article, "Framing Disability: A Content Analysis of Newspapers in Nigeria," argues that human beings represent the most important resource and that no country can develop politically, socially and economically when a large section of its population is socially excluded. Referencing Lawal-Solarin (2012), Ogundola (2013) indicates that although there are roughly 19 million Nigerians with disabilities there is a lack of government policies and legislation to protect them against discrimination and social exclusion (p. 1). Many people with disabilities are capable of working productively, but employment opportunities are not available for most people with disabilities in Nigeria, even when they possess the requisite qualifications (Ogundola, 2013, p. 1). Of course, this undermines the effort, ability and potential contributions of people with disabilities.

Ogundola (2013) draws upon his personal experiences as a mobility-challenged person who uses a wheelchair to show how Nigerian institutions lack amenities such as accessible bathrooms and ramps, resulting in a situation where "public facilities such as banks, schools, libraries, places of worship and restrooms are not accessible" (p. 1). Further, "the portrayal of disability issues as "charity" and "stigma" results in the social exclusion of most Nigerians living with disabilities (Ogundola, 2013, p. 2). Ogundola (2013) concurs with the view of Popay et al.

(2008) that social exclusion stems from a broad range of social structures and institutions, and specifically from the "unjust allocation of resources and unequal rights within the economic, political, social and cultural spheres" (p. 7). Of course, the social sphere includes discriminatory religious and cultural beliefs. One must question whether dominant Nigerian attitudes artificially construct people defined as mad, as Ovbenvben or Ozuuo. Of course, there are mental illnesses that have physiological causes and require medical interventions. But it seems highly likely that there are many cases where conditions defined as mental illnesses - which subject the individual to stigmatization and exclusion - are actually well within the range of what can reasonably be called ordinary or common human experiences. One of the problems faced by Nigerian individuals diagnosed as having mental illnesses is that the resulting social stigmatization and shame prevents many such people from seeking the assistance they need in dealing with their challenges. When individual experiences of 'madness' are not validated as integral to the human development process people feel different and can face a lifetime of stigmatization and confinement. When we recognize and acknowledge the irrational side of human nature we can gain control over it; conversely, when we deny the power of irrational impulses they gain the power to control us and we remain unaware of that fact. In my view, when it is possible to do so (ie. when no harm is posed to the affected individual or to others) disabling experiences of 'mental illnesses' should be regarded as normal developmental stages that represent a positive force in human development because they contribute to a whole and unified self.

More inclusive attitudes towards people who differ from dominant norms would be a positive religious and cultural development within Nigeria that would reduce the number of people defined as mentally ill and disabled. Religion plays a very strong role in shaping social norms around important aspects of the family such as sexuality and motherhood. As Hunt and

Jung (2009) state, "Concepts of the divine and grace, rituals related to sexual initiation and childbearing, customs related to marriage and family, and views on homosexuality and transgender persons are just a few of the cultural dimensions shaped by religious understandings of sexuality" (p. 3). There are variations in the extent to which different Nigerian religious groups support exclusionary attitudes and practices with regard to individuals with disabilities. Indeed, exclusionary and disabling attitudes can apply to members of any or all groups that do not conform to dominant social norms. For example, the patriarchal bias within Nigerian society in general functions to disable women by confining them to a subordinate status and social role. Gender-based inequality intersects with other forms of social inequality. For example, mothers who are placed in a subordinate social locations experience great difficulties in promoting equality for children with disabilities. Amongst the Nigerian population, homosexuality is often denounced as a sin and a form of demonically inspired form of mental illness, especially in black churches. Harsh criticisms and denunciations of homosexuality from the altar have been acceptable practices in many churches that draw upon narrow and selective readings the Bible in understanding what are regarded as acceptable or sinful forms of behavior. Of course, some Nigerian religious groups associate sin with disability, and I have personally observed that homosexuality is defined as a sin by some Nigerian religious groups.

In my view, a compassionate religious community can foster inclusion, participation and self-determination for people living with disabilities. However, it is not only families and religious communities but also social and political organizations that can take the initiative to affirm the rights of disabled persons and this process has begun in Nigeria. In many ways, Nigerian society and culture have manifested contradictory attitudes toward disability. Examination of the historical linkages between religion and disability in Nigeria reveals a sense

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of social obligation to care for the disabled but also - as I have shown throughout this MRP - a strong degree of stigmatization of people with disabilities. Another contradiction is connected to the fact that many Nigerian religious communities stigmatize and exclude people with disabilities, but some Nigerian religious groups have been associated with providing health and welfare services to members of the community in need of assistance, such as providing "alms to the poor." Overall, people with disabilities continue to face a high degree of stigmatization and isolation in many Nigerian communities but it is useful to explore the diversity within Nigeria.

Different religious and cultural groups in Nigeria have varying attitudes toward disability. Oginni et al. (2010) state that Nigeria is Africa's most populous country with an estimated population of about 170 million people and the nation has a diverse cultural heritage composed of about 250 ethnic groups (p. 328). However, the Hausa/Fulani (north), Igbo/Bini/Urhobo (east and west), and Yoruba (south) represent the three major ethnic and cultural groups in Nigeria (Oginni et al., 2010, p. 327). Oginni et al. (2010) assert that culture involves the total way of life of individuals living within a community. Culture incorporates not only religious beliefs but also ways of knowing and understanding what constitutes knowledge. Together, culture and knowledge represents powerful forces shaping human thoughts and actions and they can foster healthy behaviors (Oginni et al., 2010, p. 327). However, they can also promote unhealthy phenomena such as inequality, discrimination and exclusion. Within a Nigerian context, Oginni et al. (2010) indicate that the Hausa/Fulani cultural groups living in the north of Nigeria consider disability to be an act of God; as a result, these Muslim groups believe that people with disabilities must be regarded as human beings and part of the community (p. 332). Abang (1988) confirms the view of Oginni et al. (2010) that the attitude of most Nigerians toward individuals with disabilities can be described as negative or laissez-faire (p. 73). He further stresses that in

Nigeria the Hausa tribe in the North possesses a more positive and inclusive attitude because they see disablement as the result of the will of God, manifested in disabled individuals, and hence believe that the able-bodied members of the community should treat people with disabilities with kindness (Abang, 1988, p. 73).

In contrast to the Hausa/Fulani Muslim cultural groups in the north of Nigeria, the Igbo/Bini/Urhobo (east and west), and Yoruba (south) cultural groups - mainly Christians - view disability as stemming from evil spirits, witchcraft and the Devil (Oginni et al., 2010, p. 332). These groups believe that evil spirits or the Devil have afflicted the mother of a child with a disability - and sometimes the child - and therefore that the mother and/or child lack fully human status and should be marginalized (Oginni et al., 2010, p. 332). It is evident that the treatment of Nigerian children with birth defects and other disabilities is influenced by the interplay between cultural beliefs, folk wisdom and traditional religious beliefs (Oginni et al., 2010, p. 332). As a result of this interplay, some Nigerian children born with defects have been viewed as a bad omen to the family, and therefore concealed or neglected (Oginni et al., 2010, p. 332). For members of cultural groups that hold these beliefs, disability creates anxiety, stigmatization and social exclusion. When disability is viewed as a punishment from God, it becomes a cause of disgrace and shame for Nigerian families with a family member with a disability. Of course, the individual or child with a disability experiences the greatest degree of suffering.

Religious beliefs and practices in the Nigeria community in which the author of this MRP grew up viewed sexuality as belonging within the institution of marriage between a man and a woman who were basically interested in reproduction, and most specifically *not* interested in what was regarded as the sin of sexual pleasure. Within this context, many women were forced to undergo Female Genital Mutilation and removal of the clitoris due to its many pleasure-

providing nerve endings. Of course, homosexuality was viewed as deviant or even demonic –

like the disabled child, the gay man and the lesbian were regarded as a subversion of the natural

order. The heterosexual nuclear family was the norm and those who diverged from this norm

were disabled as abnormal and confined to the margins of society. Any form of sexual pleasure

associated with anal orifices was to be avoided at all costs. We were all subject to constant

reminders that, in the Old Testament, Sodom and Gomorrah were destroyed by God because of

widespread homosexuality and prostitution. However, the group that was most feared and

subjected to the greatest degree of social stigmatization and exclusion was people with

disabilities. The role of culture and religion in imposing oppression on Nigerian people with

disabilities has not been adequately addressed. Since religion addresses issues that are at the very

heart of human identity and meaning - such as the nature of divine love or the eternal destiny of

the soul - religion can have extraordinarily negative impacts on how disabled individuals feel

about themselves and experience their positions within the community. However, as a later

section of this MRP will show, it can have equally inclusive and beneficial impacts.

Family Breakdown

Disability does not simply exist within the bodies, minds and emotions of individuals

who are defined as 'disabled.' Rather, there is growing recognition that society constructs

disability in ways that diminish the capabilities of some individuals and groups of citizens, and

thus undermines their ability to participate fully in the benefits of society. A wide variety of

social factors can act in disabling ways including general societal attitudes that stereotype people

with disabilities, social institutions that medicalize challenging conditions and therefore view

people with disabilities as needing to be cured, and discriminatory practices that marginalize

social groups based on factors such as gender, race, culture, religion or ethnicity. One of the

unfortunate consequences of discrimination against people with disabilities in the Nigerian community is family breakdown. Indeed, it is clear that this problem extends across borders as the issue of disability can cause family breakdown for all those people living in Canada's Nigerian diaspora community.

The breakdown of Nigerian families is a serious problem. A strong and supportive family is essential for any child. Families are the single most important source of support and nurture for children with disabilities to get a good start in life and to live full and inclusive lives within the community and within important social spaces such as schools. It is parents who must fight for their children's rights and ensure they are not bullied or excluded. In the ideal case, Nigerian parents would recognize that their disabled children are entitled to live with support within the home, and society would recognize that families are entitled to the social supports needed to raise their children at home. Caring for a child with a disability entails a great deal of stress and unique challenges such as obtaining the specialized knowledge that is necessary in providing the kinds of support required by children with disabilities. Parenting a disabled child is not easy for anyone and it can present very difficult challenges for parents with disabilities. The layers of stigmatization and exclusion imposed on Nigerian families with a disabled family member extend into virtually all areas of life. In Nigeria, mothers face disabling forms of oppression if they give birth to a disabled child and this same attitude also extends into the Nigerian community here in Canada. Since mothers play a dominant role in the family, the mistreatment of women can contribute to family breakdown.

Nigerian culture and religion place women in an inferior position to men in the home and blame them for everything that goes wrong, including the birth of a disabled child. As Turmusani (2001) states, "The birth of a disabled child brings shame and blame to family members,

especially mothers" (p. 7). Since Nigerian religious texts and traditions place strong emphasis on ideals of perfection, when a mother gives birth to a disabled child that appears to negate those ideals the family faces many problems including social stigmatization. Moreover, stress arises within the home. For instance, a wife will give less attention to her husband because her disabled child requires so much time and effort, and this can cause marital discord and fail breakdown. In Nigeria, disabled children are viewed as being of minimal value - or even as 'nobody' or as useless – but this problem also exists in other countries. Habib (1997), for example, indicates that a Lebanese father "left his disabled daughter open to the risk of dying in their half-destroyed house in South Lebanon after an Israeli offensive struck the village. He chose to salvage the cow instead because it was more useful" (p. 9). While this example is extreme, it demonstrates how children with disabilities can be devalued within some cultures. When mothers and children are devalued and stigmatized, it is very easy for family breakdown to occur. The experience of the author of this MRP in working with Nigerian families in a support role demonstrates that this is clearly the case in some religious groups in Nigeria and in the Nigerian community in Canada

CHAPTER THREE: DISABILITY, EDUCATION AND NIGERIAN CHILREN

Social, structural and institutional factors impact the lives of Nigerian children and an Intersectionality theoretical framework assists in understanding the many overlapping factors that can contribute to disability. One of the socializing institutions that plays a large role in shaping human development, identity and behavior is the education system. Education plays multiple positive roles in broadening our views about our social environment and it also helps people to learn to reason and think with conscience. However, education systems are strongly influenced by dominant social ideologies. When dominant social and cultural norms become incorporated within this socializing institution, members of society are educated to become conforming citizens who both reflect and perpetuate the expectations and behavior norms of society at large. In our society, the dominant ideologies within the education system promote the type of competitiveness that is at the basis of the capitalist socioeconomic order. Capitalist ideology places very strong emphasis on the individual accumulation of wealth and the concept of competitiveness in the quest for wealth shapes many aspects of human identity and behavior in our society. Competition between people in various areas such as sports, economics, and even in the area of romance comes to appear normal and the division of society into 'winners' and 'losers' contributes to a range of social hierarchies. People with disabilities often occupy the lower levels of these hierarchies.

Nigerian children with disabilities face segregation at home but this can extend into schools where they are often stigmatized by teachers and socially isolated from their peers. When Nigerian parents and other adults in positions of authority, such as teachers in schools, do not set an example of inclusion and equality for young people to follow, the stigmatization faced by children with disabilities is exacerbated rather than reduced. The actions of Nigerian parents

and some teachers show the need for education and training programs that expose the false and exclusionary assumptions of Nigerian religions and cultures regarding disability. It is also important to critically confront the disabling assumptions of the medical model of disability because it represents another institutional factor that shapes the discriminatory attitudes of many teachers regarding children diagnosed with disabilities who face learning struggles. Specifically, the medical model locates disability in the individual, rather than in the social structures that create and perpetuate disability, and thereby places responsibility for disability on the shoulders of individuals. That is clearly more responsibility than the frail shoulders of children can bear.

Since school is a major arena of socialization and human development that can potentially reduce the harmful impacts of Nigerian parents on their own children, it is important to examine the relationships between teachers and disabled students. Based on the author's personal experience as the father of children attending school, it is evident that teachers often reveal a lack of awareness regarding the multiple social factors impacting immigrant children with disabilities. This lack of knowledge results in passive acceptance of stereotypical and greatly over-simplified definitions and diagnoses of disability. According to Berger (2013), teachers often adopt an attitude of ableism towards disabled students instead of recognizing and affirming the many different ways in which individuals can express ability (p. 93). When this happens, the marginalization imposed on Nigerian children with disabilities in their homes is greatly exacerbated because they are denied access to any inclusive and accepting social space. At a more direct and physical level, Berger (2013) observes that classrooms and school environments are often inaccessible for students with disabilities (p. 102). The Social Model of Disability (SMD) shows both how social environments create disability and how they can help to create ability and inclusion. This model can be used to educate parents and teachers about social

and environmental factors that create learning struggles and about the way in which properly

designed family, social and educational environments can help to ensure that disabled students

are provided with every opportunity to develop positive self-esteem and participate as equals in

in school activities. However, as noted above, one of the most important environments impacting

Nigerian children with disabilities is the home.

An Intersectionality framework of analysis reveals the linkages between families, homes,

schools, government policymakers and employment markets. Too many Nigerian parents living

in Canada have internalized religious and cultural norms of their home country that cause them

to stigmatize and marginalize their own children, instead of focusing on their children's equality,

strengths, abilities and right to inclusion. However, in the lives of children home and school are

strongly interconnected. A large part of the many responsibilities connected to parenting

involves overseeing the schooling of children to ensure that they receive quality education.

Education is a complex field that is governed by numerous statutes and regulations, regulated by

several government ministries, and which involves a myriad of players. Despite their vulnerable

status and growing numbers, children and youths with disabilities have not been a primary focus

of government policy (Valentine, 2001, p. 2). As might be expected, children from minority

communities face many integration challenges and barriers when they immigrate to new home

countries, but those with disabilities are particularly vulnerable to stigmatization. The sense of

isolation and marginalization that results from stigmatized status undermines opportunities in

education and the workplace, leading some disaffected youths into trouble with the law.

Immigrant parents (and many parents) often face struggles in trying to provide their disabled

children with proper advice and guidance. As Case (2000) indicates, the overall system of care

for children with disabilities in the education system is seriously inadequate and forces "parents

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to independently navigate the complexity of the system to secure the necessary supports and services for their children" (p. 280). And yet, the number of children in schools with learning disabilities is high and constantly growing (Morrow et al., 2012, p. 1). Given this fact and given the high levels of vulnerability connected to Nigerian children with disabilities, there is a compelling need for the creation of educational policies that respond to the specific needs of Nigerian children - and, of course, all children - with unique learning challenges and family environments that do not always provide the support and encouragement that are essential for the well-being and development of children with disabilities.

Teachers and the education system are uniquely positioned to play a leadership role in the provision of safe, supportive and inclusive spaces for children with disabilities. Teachers are educated and the education system has the resources needed to implement training programs that can assist teachers in the challenging task of supporting these children. In contrast, as mentioned above, many Nigerian parents have internalized exclusionary beliefs regarding disability and thus lack the knowledge required to raise their children in an inclusionary manner. Indeed, schools and educators in Nigeria could play a role in helping Nigerian parents learn to be supportive of children with disabilities. Unfortunately, the stigmatizing of children with disabilities in schools begins at an early age and educators often lack adequate understanding of the struggles faced by young children with disabilities. This is especially the case for children from minority racial and ethnic communities. The labelling and stigmatization of children with disabilities within schools can cause forms of marginalization that undermine their future opportunities. The school experiences of children with disabilities are vital because they play a huge in role in shaping the children's futures as members of society. According to Mullaly (2002), "oppression exists when an individual is blocked from opportunities for self-

development and… therefore excluded from full participation in society" (p. 66). Positive experiences of support, encouragement and belonging within schools are likely to enable children with disabilities to develop into contributing citizens, while experiences of marginalization and oppression within the school system have the potential to result in a downward spiral. Black parents are all too aware of the temptations of gang involvement that exist for young black males who are not committed to school and education.

Teachers, educators and Nigerian parents must be made aware of the important differences between 'disableism' and 'ableism.' The concept of disableism is one that has evolved over time, helping advocates and people with disabilities understand the many factors that disable and create oppressive barriers for individuals with disabilities. Understanding how social structures and ideologies create an environment of disablement allows one to understand the complex processes, discourses and power relations that create oppressive ablest cultures. The notion of disableism has multiple connotations and may refer to the processes of social identity construction that commoditize human bodies within a capitalist society. As Goodley (2014) states, "our bodies are being bought, sold and exploited for the benefits of the capitalist" (p. 10). Within a capitalist social order that values productivity and efficiency above all, bodies that deviate from the productive norm are assigned lesser value and humanity. The concept of disableism helps in theorizing the intersecting social, cultural and economic structures that construct disability. It can also contribute to the creation of new discourses that subvert the hegemony, patriarchy and exploitative class relations of the modern capitalist state. However, within the context of the present MRP, this concept is most useful because it can expose the exclusionary religious and cultural beliefs that influence Nigerian parents to marginalize and isolate their disabled children within the home and local community.

At the most general level, the concept of ableism refers to the social bias in favor of able-bodied individuals and this concept represents the flip side, so to speak, of the disableist bias against people with disabilities. Situating the notion of ableism within the context of the capitalist state, Goodley (2014) explains that "ableism encourages an institutional bias towards autonomous, independent bodies and hyper-capitalist forms of production" (p. 21). In many ways, the concepts of disableism and ableism represent different ways of approaching the same phenomena - phenomena which disable and marginalize some while enabling and privileging others. The concept of ableism incorporates many elements. Wolbring (2007) defines ableism as "the favoritism for certain abilities; for example, cognition, competitiveness or consumerism and the often negative sentiment towards the lack of favored abilities" (p. 1). Ableism within capitalist societies creates hegemonic power relations and class inequality. Groce et al. (2011) assert that people with disabilities are more likely to be poor due to the systemic institutional, environmental and attitudinal barriers within capitalism (p. 9). Confined in poverty and lower class status, people with disabilities encounter entrenched social exclusion and a lack of ability to participate equally in society (Groce et al., 2011, p. 9). The lack of financial resources caused by capitalism's ableist bias results in multiple, interconnected problems such as marginalization and isolation, lack of access to education, inadequate housing, insufficient nutritious food, lack of clean water and basic sanitation, lack of access to healthcare, lack of access to employment positions, and lack of ability to participate fully in social, legal and political processes (Groce et al., 2011, p. 9)

Campbell (2009) suggests that ableism plays a strong role in perpetuating dominant social norms at many levels, "Whether it is the "species-typical body" (in science), the "normative citizen" (in political theory) [or] the "reasonable man" (in law)" (p. 7). Campbell

(2009) asserts that "all these signifiers point to a fabrication that reaches into the very soul that sweeps us into life" (p. 7). Echoing the work of Campbell (2009), El-lahib (2016) defines ableism as a "conceptual tool that goes beyond the procedures, structures, institutions and values of civil society, situates itself clearly within histories of knowledge and is embedded deeply and subliminally within culture" (p. 759). Indeed, it is the subliminal nature of ableism that makes it somewhat difficult to name, and hence to oppose through counter-hegemonic discourse and practices. El-lahib (2016) emphasizes the critical role of *culture* in supporting ableism, and this MRP has demonstrated many ways in which Nigerian cultural norms perpetuate ableism and oppress people with disabilities. In the Nigerian community of my youth, my disabled brother Adrian was called by the name Odin, rather than by his real name, and the failure to address people with disabilities by their real names is one of the disableist aspects of exclusionary Nigerian cultural traditions.

Since ableism exists as a pervasive and omnipresent social reality with the potential to permeate homes, schools, the education system, economic and political institutions, and wider social attitudes and behaviors, Goodley (2014) observes that "ableist knowledges [are] naturalized, neutralized and universalized" (p. 23). Ableism tries to define human bodies within narrow, conformist ideals and this subtly coerces people into internalizing ableist norms and culture. One can also argue that ableism has become substantially universalized in the sense that it manifests the power relations within capitalist society and the neoliberal globalized market where human worth is correlated with the individual's economically productive capacity. This ableist norm is problematic because it oppresses large numbers of people within society by locating them within the lower economic classes and the margins of society. Those who do not meet ableist norms are defined as Other. Referencing the work of Campell (2009), Goodley

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(2014) explains that "as soon as disability emerges as a site of marginality, then so too do Other identities" based on "ethnicity, class, gender, sexuality as a consequence of attempts to maintain… the ableist normative" (p. 22). Expressing a more direct view of how ableism insinuates and perpetuates itself within society, Kitchin (1998) observes that "the dominant group's cultural practices are promoted as the norm and the cultural practices" that should dominate society (p. 346). Of course, in Nigeria the dominant group's cultural practices are those of Nigerian culture and the norms associated with this culture, more than any other culture, are the ones that must be changed if Nigerian children with disabilities are to escape the confines of ableism and find equality and inclusion in their homes, schools and communities.

There are many elements of Nigerian religious and cultural beliefs that have the potential to support equality and inclusion for people with disabilities but the fulfilment of this potential requires a solid basis in human rights. Assisting people with disabilities involves establishing a framework of legal rights that enables people with disabilities to build on the capacities that already exist within them and in the community around them. Moreover, Nigerian religious traditions contain elements that can be configured to support rather than deny disability rights and the transformation of religious beliefs represents a fundamental aspect of the changes that are required in Nigeria. What is required to support a sense of equality and belonging within people with disabilities includes formal legal rights but goes beyond them to account for their inner lives and emotional states. This is especially crucial for Nigerian children. As Hans Reinders (2008) explains, a discussion of rights and justice may help in the removal of barriers but inclusion is also a matter of removing the barriers "entrenched in people's hearts and minds" (p. 6). I believe that it is in this area that religious communities have great potential to promote inclusion for children with disabilities. The ideal of God's love that is expressed - but not

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adequately emphasized - in Nigerian religious traditions could be made into a force that helps to heal not only the hearts of the disabled but also the hearts of all individuals. Of course, it is the love of parents in the home that most directly impacts children. When social institutions such as education systems and religious organizations fail to uphold the equality and value of children with disabilities, it is especially important for parents of children with disabilities to embrace spiritual autonomy and to assert that God's love extends to *all* human beings.

External environmental factors can help lead the way towards positive change in Nigeria. Social institutions and legal documents in other countries and in the international arena, such as the Canadian *Charter of Rights and Freedoms* and the United Nations *Convention on the Rights of Persons with Disabilities,* can play a significant role in fostering inclusion and belonging for disabled people living in Nigeria. But strong obstacles remain. As this MRP has frequently noted, many religious communities in Nigeria deny the equality, self-determination and belonging of disabled persons, including children. This attitude carries over into Nigerian religious communities in Canada. For example, my church in Canada is not accessible to persons with disabilities and explicitly disables homosexuals as abnormal. Religion has the ability to reach into the inner lives and emotions of people with disabilities but it needs the support of a strong legal framework if it is to change the attitudes of Nigerian schools, social leaders, teachers and parents of children with disabilities - in Nigeria or in Canada. If Nigerian children with disabilities are to have lives of equality, inclusion, meaning and fulfilment, they require not only formal legal rights and practical accommodations such as accessibility measures but also a sense of true equality and belonging within their families and religious communities.

CHAPTER FOUR: AWAKENING HOPE FOR CHILDREN WITH DISABILITIES

Ndlovu (2016) states that current disability studies indicate that one in seven persons in the world (about 1 billion people) are disabled, that 80% of these persons live in developing countries, and that most people with disabilities in developing countries live in abject poverty and are the poorest of the poor in all developing countries (p. 30). There are many obstacles to achieving equality and inclusion for Nigerian children with disabilities. Ajuwon and Brown (2012) indicate that "there is limited research available on the life situations of Nigerians with disabilities or their families" (p. 62). Despite this, strategies can be formulated to awaken hope and assist Nigerian parents in the challenging task of supporting their children with disabilities. Given Nigeria's growing population today there are millions of children, youths and adults living with disabilities in various types of communities. Some residential centers, public school programs and workshops have been set up to begin meeting their needs, and a number of professionals have been recruited to provide training. But Ajuwon and Brown (2012) affirm that these efforts have not been sufficient to meet the needs of most Nigerian persons with disabilities (p. 62). Stigmatization remains high in Nigeria and because of this many people are afraid to seek or obtain help. For this reason, new programs are needed which aim at reducing the stigmatization and discrimination imposed on Nigerian people living with disabilities. In particular, it seems that programs to educate Nigerian parents could be implemented without incurring excessive costs. Any educational and/or support programs to address disability should involve families with disabled members as well as the religious, cultural and community groups that shape family environments. However, if such programs are to succeed they will also need the support of a strong legal and constitutional framework. Unfortunately, this framework does not exist and there is a lack of political will to create one.

Akhidenor (2007) affirms that during the drafting phase of the current Nigerian

Constitution (1999) the Nigerian people missed the opportunity to include a specific reference to

discrimination on the grounds of disabilities, which would have guaranteed all disabled

Nigerians the full exercise of their rights (p. 9). As a result, disabled Nigerians have access to

only limited rights (Akhidenor, 2007, p. 9) Akhidenor (2007) emphasizes that Section 15 of the

Nigerian Constitution (1999) prohibits discrimination based on religion, status, or ethnic or

linguistic association, but fails to include disability as a protected ground (p. 9-10). It is apparent

that the needs of the disabled in Nigeria have not been adequately addressed at a constitutional

level and could be ameliorated through the inclusion of disability in the list of protected bases in

the Nigerian Constitution. This gesture would reinforce to the Nigerian people the government's

commitment to ensuring that disability should not be used to deny a person's equality and

opportunities (Akhidenor, 2007, p. 10).

Nigerians at home and abroad have yet to address the important issues of disability rights

and the need to include people with disabilities. In Nigeria, there is no concrete disability policy

nor is there any overall coordination of disability policy or programming (Ajuwon & Brown,

2012, p. 62). Another significant barrier to addressing disability in Nigeria and in the Nigerian

community in Canada is a lack of community will to include people with disabilities. To some

extent, this stems from a lack of awareness of the realities of disability - many of which can be

overcome quite easily or pose minimal hindrance to living a normal life - but it also stems from a

historical attitude of denial. This MRP affirms that change must happen. The issue of disability

rights in Nigeria is clearly a growing concern requiring increased attention and action from

governments and the public. The benefits of addressing the disability issues of children in

particular would be compounded because this area of disability is linked to other health issues in

African countries. According to Secker (2013), disability connects to a number of other practices which have negative effects on children in Africa, including child marriage, child labor and female genital mutilation (p. 33). A strong critical challenge to the traditional social and cultural norms that permit these injustices must be mounted.

The controversies that arise when local belief systems are challenged highlight the need for increased collaborative work from all relevant stakeholders on the most appropriate and effective ways to address disability issues through policies and interventions (Secker, 2013, p. 33). Ajuwon and Brown (2012) indicate that Nigerian family members and other caregivers have been largely excluded from the training process, resulting in economic hardships and further marginalization of persons with disabilities and their families (p. 62). It is apparent that efforts to create positive change must incorporate all those who are most directly impacted by disability. Ndlovu (2016) asserts that the real challenges and barriers faced by people with disabilities do not necessarily emanate from their different forms of impairment - physical, mental, intellectual, or sensory (p. 30). Rather, the main challenges faced by people with disabilities are a number of environmental barriers that prevent them from gaining access to full enjoyment of life and to unconditional inclusion in society (Ndlovu, 2016, p. 30). These barriers are cultural, religious, historical and social as well being individual, physical and personal. Indeed, in Nigeria physical disabilities are more likely to elicit stigmatization that less visible forms of disability. As Jung (2002) states, "a visibly damaged or disordered body is perceived as incontrovertible proof of disability" (p. 192). Ndlovu (2016) contends that what people with disabilities most strongly need is to be empowered to become self-reliant, independent and equal in dignity to able-bodied people (p. 30). But this analysis fails to account for children with disabilities, who most strongly need supportive parents and family environments that affirm their equality and right to inclusion.

Nigeria is a signatory of the CRPD but has not yet taken full advantage of the opportunity to learn about diversity and inclusion from relatively progressive countries like Canada and from the broad international context. In Canada, the *Charter of Rights and Freedoms* establishes certain legal rights for people with disabilities. Section 15(2) on equality rights prohibits discrimination based on many factors, including disability. Growing awareness of disability has led to some progress in extending important accommodations and services to people with disabilities. In Ontario, for example, legislation requires that accommodations for people with disabilities are supposed to be in place in all buildings by 2025 (AODA, 2005). At the international level, the 2006 United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) recognizes "the right to full and effective participation and inclusion of persons with disabilities in political and public life on an equal basis with others" (UNCRPD). Koszela (2013) argues that fear of the unknown in society functions to sustain the exclusion of persons with disabilities and inhibits their ability to obtain decent education, proper health care and jobs and financial support (p. 2). Since the implementation of the CRPD in 2006, international development programs have sought inclusion for the disabled in education, health and employment programs, but much progress remains to be made (Koszela, 2013, p. 2). There is a gap between many countries' ratification of the CRPD and the practical implementation of inclusion programs. Koszela (2013) further indicates that those who are working for inclusion are primarily specialized organizations and NGOs, and the author asserts that disability issues need to be mainstreamed for true change to occur (p. 2).

Many countries base their approach to disability on strongly held religious beliefs that do not support disability rights. This basis for exclusion combines with many other structural barriers within capitalism to undermine equality and inclusion. Further, social norms and policies

that create marginalized groups and perpetuate social exclusion can have negative results such as reinforcing punitive and costly elements of society such as legal processes, jails and prisons rather than placing the emphasis of government investments - that is, public money - in "positive help". As a result, it is clear that researchers must account for multiple exclusionary factors when attempting to understand the barriers imposed on people with disabilities. Further, initiatives designed to improve overall opportunities for the disabled must strive to address all these factors. But how is that possible? While social institutions and legal documents such as the Canadian *Charter of Rights and Freedoms* and the United Nations CRPD can play a significant role in fostering inclusion and belonging for disabled people, effective measures to support inclusion must account for the powerful roles of culture and religion in stigmatizing and excluding people with disabilities. In post-SAP Nigeria there are significant economic issues that could impact the struggle for disability rights such as the ability of Nigerian governments to pay for disability accommodations. However, Nigeria is one of the richest nations in Africa, with significant revenues from the sale of its crude oil resources, which suggests that the relative lack of disability rights and accommodations stems mostly from the low priority assigned to disability issues. In a Nigerian context, culture and religion represent especially powerful factors causing exclusion or inclusion because they have the ability to reach into the inner lives and emotions of people with disabilities with an attitude of rejection or acceptance.

People with disabilities embrace religious communities in the hope that they will provide a compassionate, positive impact in their lives but we have seen that some Nigerian religious institutions and communities - in Nigerian and in Canada - deny the equality, self-determination, rights and belonging of disabled persons. If individuals with disabilities are to live meaningful and fulfilling lives, they require not only formal legal rights and practical accommodations such

as accessibility measures but also a sense of true equality and belonging within their places of worship, communities and wider society. This is all the more true for children with disabilities. A multipronged approach is needed to fight against negative societal stereotypes and transform Nigerian families and homes into supportive environments. In order to awaken hope for Nigerian children with disabilities, their parents and families must create home environments based on love, self-reliance, equal dignity and a true sense of belonging.

Conclusion

This MRP has explored many of the religious and cultural factors that impose stigmatization and exclusion on Nigerian people with disabilities and especially on Nigerian children. Since the personal is the political, the politics of the individual disabled body resemble and overlap with the politics of the disability rights movement as a whole. The country of Nigeria would greatly benefit from an increased presence of this movement within its borders. The politics of disability is complex and involves cultural, religious and social factors that shape the experiences of the disabled and social definitions of the disabled body. Theoretical models of disability play a large role in shaping perceptions of disability and this MRP has shown that the medical and individual models of disability reflect belief systems and political ideologies that stigmatize individuals with disabilities and burden them with personal responsibility for their impairments. This MRP has attempted to make it very clear that the real world impact of these models on the lives of people with disabilities is very evident in Nigeria. This research project has embraced many of the fundamental tenets of the social model of disability since it reflects a more progressive perspective that shows how society creates and exacerbates the disability challenges associated with impairments, and supports political struggle for the equality, rights and inclusion of people with disabilities.

Of course, there are some limitations associated with this research project. For example, the work has discussed how "some" or "many" Nigerian parents, families and communities impose stigmatization and isolation on children with disabilities but it is obvious that there are significant differences between families. Undoubtedly, there are many Nigerian families that strive to provide support for children and other family members with disabilities. Although this MRP has generalized about the people, behaviors and home lives of Nigerians the wide-ranging personal experiences of the author of the work show very clearly that the stigmatization and isolation of Nigerian children with disabilities remains a serious problem. Moreover, the problems discussed in this research project are difficult to address or resolve because they have very deep roots in Nigerian cultures and religious beliefs. In Nigerian families in Canada and Nigeria, disability creates anxiety, disgrace, social stigmatization, shame and blame for Nigerian parents who feel responsible for the conditions of children with disabilities. Nigerian families with a disabled family member experience complex emotions such as anger, sadness, humiliation, shame and embarrassment, and this MRP has emphasized that vulnerable children with disabilities experience the greatest degree of suffering. Although growing numbers of Nigerians at home and abroad are committed to the equality rights of all citizens, people with physical or mental disabilities still face many obstacles to equality and inclusion. It is hoped that the present study will help readers to understand the religious and cultural factors shaping the attitudes and behaviors of Nigerian families towards children with disabilities. However, further research is needed to increase social awareness of the deep-rooted barriers faced by people with disabilities in Nigeria and in Nigerian communities in countries such as Canada.

This MRP has drawn upon the observations and viewpoints of a wide a range of researchers who have made clear the devastating impacts of the stigmatization, marginalization

and exclusion that are imposed on people with disabilities in all social contexts and in the specific social context of Nigerian society. The auto-ethnographic component of this MRP placed strong emphasis on the Nigerian context in particular and offers direct personal witness of the stigmatization, marginalization and exclusion of persons with disabilities living in Nigeria. Of course, since the author of this research project happened to grow up in a progressive family the work also shows the possibility of change and more inclusive attitudes toward the disabled. Undoubtedly, there are many religious and cultural beliefs existing in diverse societies that stigmatize and reject people with disabilities but this MRP has focused on Nigerian cultural and religious beliefs in particular since this an area where the author of the work has direct personal experience. The challenges faced by people with disabilities extend beyond Nigeria and Nigerian communities wherever they may be located, and it is hoped that the observations and conclusions of this MRP apply, at least in part, to all context in which people with disabilities face stigmatization and exclusion.

It is hope that this MRP will contribute to enhanced understanding of the experiences and challenges faced by Nigerian families with disabled children in Canada and in Nigeria. Too often, social power is used to oppress and exploit vulnerable social groups. But social power is subject to change and I firmly believe that a very large segment of the population in Canada now strongly supports equality and inclusion for people with disabilities - the Nigerian community in Canada should emulate the benevolence of the Canadian people and bring this approach back to their home country. Broad public support for equality and inclusion means that the disabled community is not alone and isolated and that the struggle for enhanced inclusion has the potential to produce positive results. At present, however, the impacts of exclusionary family life on children with disabilities, and the ways in which religion and culture shape family

environments, have not been adequately addressed. I hope that my research into this topic and the insights expressed in my personal narrative as a Nigerian man who grew up with a disabled brother will draw attention to this under-explored area within CDS.

The time for positive change in the lives of Nigerian children with disabilities has come. Because of the multiple intersecting factors that oppress Nigerian individuals with disabilities, positive change for children with disabilities must take place at many levels including the level of important social institutions such as schools and government policy making. An area of crucial importance where change is needed is clearly that of dominant religious and cultural beliefs, which continue to act as forces of stigmatization and exclusion rather than creating spaces of equality, compassion and belonging. However, the author of the present work believes that the institution of the family represents the most important social space where change must take place. Nigerian parents must take responsibility for changing their attitudes toward children with disabilities by affirming their equality, ability and inclusion. The parents of children with disabilities must act on their behalf, create a strong voice that supports Nigerian children with disabilities, and take the initiative in disrupting exclusionary disability beliefs, policies and practices in Nigeria that are now clearly obsolete. Through such efforts the parents of children with disabilities can awaken hope for a future of equality, inclusion and opportunity for Nigerian children - and all children - with disabilities.

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