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# Cultural Perceptions of Disability and Policy Implementation for Inclusive Development in North West Nigeria

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**ABSTRACT**

Disability inclusion remains a critical challenge in North West Nigeria, where cultural perceptions often influence societal attitudes and policy implementation. Despite national and international commitments, including the Sustainable Development Goals (SDGs) on quality education (SDG 4) and reduced inequalities (SDG 10), persons with disabilities continue to face marginalization in social, educational, and political spaces. Existing literature highlights the persistence of stigma and limited policy uptake, yet few studies examine the intersection of local cultural beliefs and disability-inclusive governance in this region. This study addresses this gap by exploring how cultural attitudes shape the implementation of inclusive policies for persons with disabilities in North West Nigeria. Using a qualitative design, the research engaged 35 key informants, including policymakers, disability advocacy representatives, and community leaders, through semi-structured interviews. Data were analysed thematically to identify patterns in perceptions, policy challenges, and community responses. Findings show that participants' own accounts of disability converged on three interlocking cultural frames rooted in Islamic and Hausa-Fulani tradition: divine will (kaddara), which encourages resilience and acceptance but can also promote fatalism; charity and almsgiving (sadaka), which mobilises community compassion but can entrench dependency over empowerment; and residual traditional or supernatural explanations that continue to circulate alongside religious teaching, particularly in rural settings. Alongside bureaucratic bottlenecks and limited awareness, participants reported that these cultural frames shape whether policies are taken up at the community level, while proactive community engagement and advocacy offer pathways for improvement. The study underscores the need for culturally sensitive policy strategies that align with national and SDG objectives. The results provide actionable insights for policymakers, disability advocates, and scholars, offering a foundation for enhancing inclusive governance and promoting equity for persons with disabilities in the region.

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**Introduction**

Globally, the Sustainable Development Goals (SDGs), particularly Goal 4 (quality education) and Goal 10 (reduced inequalities), explicitly mandate the inclusion of persons with disabilities in all development efforts (United Nations General Assembly, 2025). However, achieving these goals in Nigeria requires not only legal frameworks but also a fundamental shift in cultural attitudes and grassroots engagement. Prior research has documented persistent stigma and limited policy

uptake (Ilebo, 2026; Osagiobare & Ekwukoma, 2025); however, few studies have systematically examined how local cultural beliefs intersect with policy implementation in the North West region. This study addresses that gap by investigating the perceptions of policymakers, disability advocates, community leaders, institutional and community gatekeepers on the cultural drivers of disability exclusion, and the operational challenges they report in implementing inclusive development policies. This study did not directly sample persons with disabilities; this is an explicit limitation, discussed further below, and claims in this paper are framed accordingly as gatekeeper and institutional perspectives on culture rather than the lived experience of disability itself.

Disability remains one of the most pervasive yet under-addressed dimensions of social inequality in Nigeria, particularly in the North West region. Despite Nigeria's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the enactment of the Discrimination Against Persons with Disabilities (Prohibition) Act in 2018, the lived realities of persons with disabilities (PWDs) continue to be shaped by systemic exclusion and deep-rooted cultural prejudices (Etieyibo & Omiegbe, 2016). In North West Nigeria, where Hausa-Fulani culture and Islamic traditions predominate, disability is frequently interpreted through metaphysical and religious lenses. Three interpretive frames recur across the literature and, as this study shows, across gatekeepers' accounts of community beliefs: disability as *kaddara*, or divine will, understood as a decree from Allah that believers are called to bear with patience and which frequently fosters resilience and acceptance rather than outright rejection (Etieyibo & Omiegbe, 2016); disability as an object of *sadaka*, or almsgiving, whereby Islamic teachings on compassion and charity mobilise community-level giving toward persons with disabilities (PWDs), sometimes alongside a rights-based understanding of support and sometimes in place of it (Bengtsson, 2018; Mustapha, 2024); and, particularly in rural or traditional settings, older explanations rooted in superstition or spiritual malice that persist alongside, and sometimes in tension with, religious teaching (Emmanuel, 2025). These cultural framings, taken together, reinforce social stigmas that marginalize PWDs and obstruct their access to education, healthcare, employment, and political participation.

The North-West geopolitical zone, comprising Kaduna, Kano, Katsina, Kebbi, Jigawa, Sokoto, and Zamfara States, has a large population that potentially includes a substantial number of persons with disabilities. The 2006 Census recorded a combined population of approximately 35.92 million for the seven states. Applying the World Health Organization and World Bank's (2011) global disability prevalence estimate of approximately 15% to this population produces an indicative estimate of about 5.39 million persons with disabilities. This figure should be understood as a population-based extrapolation rather than a directly measured North-West Nigeria estimate, because the World Report on Disability does not provide a specific prevalence figure for the region. However, according to the State of Disability Inclusion Report 2024 (Project Enable Africa, 2025), while the North West region leads Nigeria in the domestication of disability laws, implementation remains severely deficient, with inadequate funding, poor enforcement, low awareness, and weak coordination cited as major barriers (NCPWD, 2025). The five-year transition period for full compliance with the Disability Act has expired, yet many public spaces, schools, health facilities, and political institutions remain inaccessible (Isa, 2025).

## Statement of the Problem

Despite Nigeria's progressive disability rights legislation and its alignment with international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sustainable Development Goals (SDGs), a persistent gap remains between formal policy commitments and their implementation, including in North-West Nigeria (United Nations Committee on the Rights of Persons with Disabilities, 2025). The Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 prohibits discrimination against persons with disabilities and provides for their full integration into society, including access to education, health care, employment and other social and economic rights (International Labour Organization, 2022). However, empirical evidence indicates that important provisions of the Act remain weakly implemented. The SDIR found that only 23 of Nigeria's 36 states had enacted disability legislation and only 15 had operational agencies responsible for implementation. The report also identified significant gaps in accessibility, education, health, employment and social protection, including limited accessibility in health facilities (Azubuike et al., 2025; Project Enable Africa, 2025). The Westminster Foundation for Democracy (WFD)'s PAGE analysis of state-level domestication likewise found that only 17 states had completed all four stages (passage, assent, gazetting and enforcement), with others stalled at earlier stages (WFD, 2025). These findings point to a continuing disjuncture between statutory commitments and practical inclusion.

The problem is also evident in Nigeria's political and physical environments. A 2025 accessibility audit of political-party offices by the Centre for Ability Rehabilitation and Employment (CARE) and WFD found that only 22.4% had accessible ramps and only 10.2% had tactile signage, while 80% of persons with disabilities who contested for political office reported experiencing discrimination during electoral campaigns (CARE & WFD, 2025). These findings, although national rather than North-West-specific, illustrate the broader structural barriers that can constrain the effective realisation of disability rights. The situation is particularly significant in the North-West, where the implementation of disability policies occurs within social and cultural contexts that can shape how disability is understood and responded to at community level.

Cultural perceptions may further complicate these structural challenges. Research on disability in Nigeria has documented how cultural and religious beliefs can contribute to stigma, social exclusion and marginalisation of persons with disabilities (Etieyibo & Omiegbe, 2016). In some communities, disability may be interpreted through spiritual, religious or supernatural explanations, while families may experience social pressure that encourages concealment or limits the public participation of persons with disabilities (Platt et al., 2026). In the Hausa-Fulani context, disability has also been associated in some accounts with *kaddara*, or destiny, reflecting the influence of Islamic understandings of suffering and divine will. Such interpretations may provide meaning and acceptance, but they can also, depending on how they are understood, contribute to fatalistic attitudes that discourage active engagement with institutional support and inclusion (Ahmed, 2007).

The fundamental problem is therefore twofold: structural weaknesses in policy enforcement and culturally embedded perceptions that can sustain exclusion. Existing scholarship has examined disability discrimination and the influence of cultural and religious beliefs in Nigeria (Etieyibo & Omiegbe, 2016; Etieyibo & Omiegbe, 2021), while other studies have examined barriers to the domestication and implementation of disability legislation, including institutional, financial and political challenges (Anazonwu et al., 2022; Ejim & Okoye, 2025). However, limited attention has been given to how cultural perceptions interact with policy implementation processes, particularly in North-West Nigeria. This study therefore seeks to empirically investigate how cultural beliefs shape the implementation of inclusive development policies for persons with disabilities in the region.

### Research Questions

The study was guided by two research questions. The first examined how cultural perceptions of disability among community members, policymakers and advocates influence the implementation of inclusive development policies in North West Nigeria, while the second investigated the key structural and cultural barriers that hinder effective disability-inclusive policy implementation in the region, as well as the strategies employed by stakeholders to overcome these challenges.

### Significance of the Study

This study contributes to the literature on disability inclusion in non-Western contexts by examining the applicability of the Social Model of Disability (Oliver, 1990) within the distinctive cultural and religious landscape of North-West Nigeria. While the social model shifts attention from individual impairment to the social, environmental and institutional barriers that produce disablement, scholars have questioned the extent to which a model developed largely from Western experiences can adequately explain disability in the Global South (Grech, 2009; Meekosha, 2011). These critiques highlight the need to account for local histories, cultures, belief systems, economic conditions, and forms of social organisation when analysing disability and inclusion outside Western contexts. This study extends that discussion by examining how cultural and religious understandings of disability interact with structural and institutional barriers to shape the implementation of disability-inclusive policies in North-West Nigeria. The study also provides primary qualitative evidence from North-West Nigeria, a geographical context that remains comparatively underrepresented in disability scholarship. By engaging policymakers, disability advocates and community leaders, the study generates context-specific insights into the gatekeeper and institutional perspectives on disability policy implementation at the grassroots level. In doing so, it adds empirical evidence to the relatively limited scholarship on disability-inclusive policymaking in Nigeria and demonstrates the value of contextualising the Social Model of Disability within the cultural and institutional realities of the Global South.

Practically, the findings offer actionable recommendations for policymakers, development practitioners, and disability advocacy organizations. The study identifies specific cultural barriers such as metaphysical beliefs about causation, familial concealment practices, and almsgiving-based charity models that must be addressed through culturally sensitive interventions. It also highlights successful community engagement

strategies that can be scaled and replicated. The study provides empirical justification for integrating cultural competence training into disability policy implementation frameworks. The SDIR emphasized that policy alone is insufficient without addressing attitudinal barriers (Project Enable Africa, 2025), a point echoed in recent work on disability inclusion in Nigerian health care, which argues that legal enforcement must be combined with public sensitisation to change attitudes (Azubuike et al., 2025). This study responds directly to that call.

## Literature Review

### Conceptual Framework: Disability, Inclusion, and Policy Implementation

Disability is conceptualized not merely as a medical condition but as a social construct shaped by environmental, attitudinal, and institutional barriers (Oliver, 1990). The Social Model of Disability, which argues that society disables people rather than their impairments, provides the theoretical anchor for this study. However, recognizing the model's limitations in culturally diverse contexts, this study adopts an adapted social model that incorporates indigenous understandings of disability while maintaining a rights-based orientation (Ware & Schuelka, 2019).

Inclusion refers to the active participation of persons with disabilities in all spheres of life, education, employment, healthcare, governance, and social relationships, on an equal basis with others (UNCRPD, Article 24). Policy implementation is understood as the translation of legal mandates into tangible outcomes, encompassing resource allocation, institutional coordination, capacity building, and community engagement (Osagiobare & Ekwukoma, 2025).

### Empirical Review

Recent empirical studies have documented the persistent exclusion of persons with disabilities in Nigeria. Ileboode (2026) examined how cultural perceptions and social stigmas impact individuals with disabilities in Nigeria, finding that traditional beliefs shape experiences of accessing public facilities, health, education, and employment opportunities. The study highlighted how cultural stereotypes and misconceptions contribute to marginalization and reduced quality of life for PWDs.

In the education sector, Osagiobare and Ekwukoma (2025) investigated the perceived challenges of implementing Nigeria's National Policy on Inclusive Education. Their qualitative study found that only a few states Enugu, Kwara, Kaduna, Jigawa, and Lagos have made significant progress in inclusive education adoption. Persistent challenges included inadequate funding, shortage of trained teachers, lack of infrastructure and assistive resources, and deeply rooted societal stigma towards people with disabilities.

The SDIR provided the most comprehensive national assessment to date. Key findings included: only 23 states have enacted disability laws, with only 15 having operational implementing agencies; the North West region leads in domestication of disability law; 28% of health facilities lack basic accessibility features; and over 90% of PWDs live in poverty (Project Enable Africa, 2025). Other sources broadly corroborate these findings. The WFD's PAGE analysis lists Kaduna, Sokoto and Zamfara among the fully compliant states, with Jigawa and Kano having assented to the law but not yet gazetted it (WFD, 2025); Azubuike et al. (2025) report that most Nigerian health facilities lack basic accessibility features such as ramps and sign language interpreters; and Dike et al. (2025), reviewing the literature, report that roughly nine in ten Nigerians with disabilities live below the poverty line. In the political domain, the EDANPS Survey 2025 (CARE & WFD, 2025) found that despite the Disability Act, only 22.4% of surveyed buildings have accessible ramps, 10.2% feature tactile signage, and 80% of PWD candidates reported discrimination during electoral campaigns. These findings paint a picture of systemic exclusion that undermines both legal protections and democratic aspirations.

### Cultural Perceptions of Disability in Nigeria

Cultural beliefs about disability in Nigeria are diverse but often share common themes. Etieyibo and Omiegbe (2016) examined the role of religion and culture in sustaining discriminatory practices against PWDs, documenting practices such as trafficking and killing of people with mental illness, rape of women with mental illness, and employment of children with disabilities for alms-begging. They concluded that cultural and religious beliefs form the foundation on which people ground their attitudes and behaviours towards PWDs.

Emmanuel (2025) introduced the "bad belle model" to explain disability perceptions in Nigerian culture. Drawing on Nollywood films and focus group data, she describes how disabilities are often understood as resulting from other people's malice or spiritual attacks. This model, grounded in religious and cultural ableism, promotes disability shame and reinforces stigmatizing stereotypes. In the North West specifically,

Mustapha (2024) explored how Islamic traditions and Hausa-Fulani cultural practices shape disability experiences. Practices such as almsgiving, deeply ingrained in cultural and religious traditions, often result in PWDs begging on the streets rather than accessing empowerment programs, reinforcing a charity model rather than a rights-based approach to disability. This pattern aligns with Renne's (2013) broader account of disability and well-being in Northern Nigeria, which similarly shows how family and community responses to disability in the region are shaped by an interplay of religious obligation, economic constraint, and social status.

### Islamic and Traditional Interpretations of Disability in Northern Nigeria

Islam is the predominant religion across the Hausa-Fulani North West; community interpretations of disability in the region are substantially mediated by Islamic theology rather than by generic religious stigma alone. Three overlapping constructs are especially salient: divine will, charitable obligation and residual traditional belief.

#### Divine Will (*Kaddara*)

In the Hausa-Fulani north, disability may be understood through *kaddara*, or divine destiny, reflecting the influence of Islamic beliefs on cultural understandings of disability. This interpretation is rooted in the Islamic concepts of *qada* and *qadar*, which emphasise divine decree and predestination. Disability may therefore be viewed as a test from Allah rather than punishment, encouraging patience, acceptance, resilience, and hope (Ahmed, 2007; Bengtsson, 2018). However, while such interpretations can provide meaning and reduce blame or rejection, strongly deterministic understandings of *kaddara* may also encourage fatalism and discourage active engagement with rehabilitation, education, and disability rights.

#### Charity and Almsgiving (*Sadaka*)

Islamic teaching places strong emphasis on compassion and almsgiving toward the vulnerable, including persons with disabilities, who are explicitly named among the recognised beneficiaries of zakat and sadaqah. Bengtsson (2018) argues that the Qur'an frames disability within a broader concept of social disadvantage and calls on the community to support members who lack culturally valued possessions or attributes, with charitable giving under zakat treated not as an act of favour but as a due that the wealthy are entrusted to distribute among the deserving. This theological emphasis has translated, in the North West Nigerian context, into widespread community-level charity toward PWDs. However, Mustapha (2024) found that in North West Nigeria this same charitable emphasis frequently manifests as alms-begging on the street rather than structured empowerment, so that the *sadaka* ethic, however compassionate in intent, can inadvertently reinforce a charity model of disability rather than a rights-based one.

#### Traditional and Supernatural Explanations

Islamic explanations of disability do not operate in a vacuum. In rural and traditional Hausa communities, older beliefs about spirit possession, sorcery, and ancestral wrongdoing continue to circulate alongside, and sometimes in place of, religious teaching. A community-based study of adult residents of Karfi village, a rural Hausa community near Kano, found that respondents attributed mental illness to a mixture of causes, including divine wrath or God's will (19%) and magic or spirit possession (18%), alongside substance misuse, with roughly a third of respondents favouring spiritual healing over orthodox medical care; as a single-village study of mental illness specifically, these figures are illustrative rather than representative of disability generally or of the North West as a whole (Kabir et al., 2004). This coexistence of Islamic and pre-Islamic explanatory frameworks is consistent with Etieyibo and Omiegbe's (2016) account of how religion and culture jointly sustain discriminatory practices against PWDs in Nigeria, and with Emmanuel's (2025) "bad belle model," in which disability is popularly attributed to the malice or spiritual attack of others. Taken together, these studies suggest that congenital or sudden impairment in the North West is rarely explained by a single framework; rather, *kaddara*, *sadaka*, and lingering superstition are woven together in everyday community reasoning about disability.

#### Policy Implementation Gaps

Scholars have documented significant gaps between Nigeria's disability-policy commitments and their implementation. Anazonwu et al. (2022) examined barriers to the domestication and implementation of the Discrimination Against Persons with Disabilities (Prohibition) Act in Southeast Nigeria and identified lack of political will, inadequate funding, neglect of persons with disabilities and institutional challenges as major barriers to implementation. Similarly, Ejim and Okoye (2025), using interviews with persons with disabilities and policymakers, found that five years after the Act came into force, many of its provisions remained largely unimplemented, particularly in education, employment, public buildings and public services. These findings

demonstrate that the existence of disability legislation has not necessarily translated into effective implementation and enforcement in practice.

While existing research has examined cultural and religious beliefs associated with disability (Etieyibo & Omiegbe, 2016) and other studies have investigated weaknesses in the domestication and implementation of disability legislation (Anazonwu et al., 2022; Ejim & Okoye, 2025), limited attention has been given to how cultural perceptions interact with policy implementation processes. Moreover, the available implementation studies have largely focused on Southeast Nigeria or on Nigeria at the national level. Consequently, empirical research examining this interaction in North-West Nigeria remains limited, where cultural and religious contexts may shape perceptions of disability and responses to government inclusion policies differently. This study therefore investigates how cultural beliefs influence the implementation of inclusive development policies for persons with disabilities in North-West Nigeria.

## Methodology

This study adopted a qualitative descriptive design, allowing for in-depth exploration of participants' perceptions, experiences, and interpretations of disability inclusion. A qualitative approach is appropriate for examining complex social phenomena where meanings are culturally situated (Creswell & Creswell, 2018). The study was conducted across three states in North West Nigeria: Kaduna, Kano, and Katsina. These states were purposively selected based on their population density, presence of disability advocacy organizations, and variation in disability law domestication status. A purposive sampling strategy was used to select 35 key informants, distributed as follows:

| Category                                                                        | Number |
|---------------------------------------------------------------------------------|--------|
| <b>Polymakers (State disability agency officials, ministry representatives)</b> | 12     |
| <b>Disability advocacy representatives (NGO leaders, OPD executives)</b>        | 14     |
| <b>Community leaders (traditional rulers, religious scholars, ward heads)</b>   | 9      |

Source: Field Survey Data (2026)

Inclusion criteria: minimum of three years' experience in disability-related work or policy implementation; residency in the study State; willingness to participate.

Semi-structured interviews were conducted using an interview guide covering three domains: (1) perceptions and beliefs about disability; (2) knowledge and experiences of disability policies; (3) barriers and facilitators to policy implementation. Interviews were conducted in Hausa and English, audio-recorded (with consent), and transcribed verbatim. The average interview duration was 45 minutes. Data collection occurred between March and May 2026.

Thematic analysis followed Braun and Clarke's (2006) six-phase framework. Transcripts were coded deductively around three a priori frames: *kaddara*, *sadaka*, and residual traditional or supernatural explanations, using NVivo 14, while allowing for emergent codes. Codes were reviewed and organised into themes, which were subsequently defined and named. As the study had a single primary coder, no formal inter-coder agreement was conducted. Dependability was strengthened through repeated review of the coding process and member checking with five participants.

The study retained culturally and religiously loaded Hausa terms such as *kaddara* and *sadaka* in their original form where literal translation could alter their meaning. Their meanings were interpreted from participants' contextual explanations and translated into English without reducing their cultural or religious significance. The researcher also maintained reflexivity by recognising that their own cultural, religious, and academic standpoint could influence interpretation. Participants' beliefs were therefore treated as culturally situated understandings rather than judged as inherently irrational or deficient. Regarding positionality, the researchers were institutionally based outside the three study states (see Ethical Considerations), and this position, together with their academic and disciplinary standpoint, may have shaped what participants chose to share and how their accounts were interpreted. With regard to translation, Hausa-language material was translated into English for reporting; key terms were kept in Hausa and glossed using participants' own explanations rather than replaced with English equivalents, and the limitations of this approach are acknowledged under Limitations.

## Ethical Considerations

Ethical approval for the study was obtained from the Research Ethics Committee of the Federal College of Education (Special), Oyo, where the researchers were institutionally affiliated. The study followed the ethical principles governing research involving human participants. Given that the fieldwork was undertaken across Kaduna, Kano and Katsina States, permission to access the selected study sites was also sought from the relevant state-level authorities, institutions and other designated gatekeepers in each location before data collection commenced. These local permissions complemented, but did not replace, the institutional ethical approval granted by the researchers' home institution.

Before participation, all respondents were provided with clear information about the purpose of the study, the nature of their involvement, and their rights as research participants. Written informed consent was obtained from each participant. Participation was entirely voluntary, and participants were informed that they could decline to answer any question or withdraw from the study at any stage without penalty or adverse consequences. To protect confidentiality, participants' names and other personally identifying information were not included in the research report. Where quotations were used, pseudonyms or participant codes were employed instead. All information obtained from participants was treated confidentially and used strictly for academic research purposes.

## Demographic Profile of Participants

Table 1: Demographic Characteristics of Participants (N=35)

| Characteristic | Category           | Frequency |
|----------------|--------------------|-----------|
| Gender         | Male               | 22        |
|                | Female             | 13        |
| Age            | 25–35 years        | 8         |
|                | 36–45 years        | 14        |
|                | 46–60 years        | 10        |
|                | 60+ years          | 3         |
| State          | Kaduna             | 13        |
|                | Kano               | 12        |
|                | Katsina            | 10        |
| Role           | Policymaker        | 12        |
|                | Advocate (NGO/OPD) | 14        |
|                | Community leader   | 9         |
| Education      | Postgraduate       | 10        |
|                | Bachelor's degree  | 15        |
|                | Diploma            | 6         |
|                | Secondary          | 4         |

Source: Field Survey Data (2026)

## Analysis of Findings

### Cultural Perceptions of Disability (Research Question 1)

Participants consistently articulated cultural and religious beliefs about the origins of disability that mapped onto the three interpretive frames identified in the literature: divine will (kaddara), charity and almsgiving (sadaqa), and residual traditional or supernatural explanations. Three predominant themes emerged:

#### Theme 1: Disability as Kaddara (Divine Will): Faith, Acceptance, and Traditional

##### Explanations of Causation

Some policymakers and community leaders framed disability as kaddara, a decree from Allah to be met with patience, an interpretation that participants associated with resilience and quiet acceptance within families. Alongside this, however, most participants reported that community members commonly believe disability results from ancestral sins, divine punishment, or spiritual attacks, an explanation that sits closer to lingering traditional or supernatural belief than to the Islamic doctrine of divine will as such. Participants

themselves frequently drew this same distinction, noting that what is popularly described as a "curse" or an act of "black magic" is, in their view, a folk explanation that persists alongside, rather than as part of, orthodox Islamic teaching on kaddara. "Many people here think that if a child is born with disability, it is because the parents did something wrong, or because of a curse from the ancestors." (Community Leader, Katsina).

"Some people believe that a wicked neighbor used black magic to cause the disability; this is the 'bad belle' they talk about. It makes families ashamed." (Advocate, Kano).

These beliefs align with the "bad belle model" documented by Emmanuel (2025), where disability is attributed to human malice, and with survey evidence from a rural Hausa community near Kano in which respondents attributed illness and impairment to a mixture of divine wrath, magic, and spirit possession alongside more orthodox religious explanation; again, this single-village, two-decade-old study of mental illness is presented here as illustrative rather than representative (Kabir et al., 2004).

## Theme 2: Disability as Shame and Familial Concealment

Participants described how cultural shame leads families to hide disabled relatives.

"Parents hide their disabled children at home. They don't take them outside. They are afraid of what neighbours will say, that it is a shame to the family." (Advocate, Kaduna)

This finding is consistent with the broader evidence documented by Etieyibo and Omiegbe (2016) on the role of cultural and religious beliefs in reinforcing stigma, social exclusion, and marginalisation of persons with disabilities in Nigeria. In this context, concealment can be understood as a response to the shame and negative social perceptions attached to disability, which may restrict the visibility and participation of persons with disabilities within their communities.

## Theme 3: Sadaka (Almsgiving) over Empowerment

Religious teachings emphasizing sadaka, or charitable giving, were widely credited by participants as a source of community-level compassion and care toward PWDs, consistent with the Islamic principle that persons with disabilities are due recipients of zakat and sadaqah rather than mere objects of pity (Bengtsson, 2018). At the same time, participants reported that this same emphasis was inadvertently reinforcing dependency rather than empowerment. "In Islam, giving alms to disabled people is seen as a good deed. But this means people give money on the street and think they have done their duty. They don't think about education or jobs." (Community Leader, Kano)

Mustapha (2024) similarly observed that almsgiving practices in North West Nigeria perpetuate a charity model rather than a rights-based approach to disability.

## Barriers to Policy Implementation (Research Question 2)

**Table 2: Perceived Barriers to Disability-Inclusive Policy Implementation**

| Barrier Category     | Specific Barrier                       | Frequency of Mention |
|----------------------|----------------------------------------|----------------------|
| <b>Structural</b>    | Inadequate funding                     | 31                   |
| <b>Structural</b>    | Lack of accessible infrastructure      | 28                   |
| <b>Structural</b>    | Shortage of trained personnel          | 26                   |
| <b>Cultural</b>      | Community stigma and concealment       | 30                   |
| <b>Cultural</b>      | Religious beliefs (charity vs. rights) | 24                   |
| <b>Institutional</b> | Poor enforcement mechanisms            | 29                   |
| <b>Institutional</b> | Weak coordination among agencies       | 27                   |
| <b>Awareness</b>     | Low policy awareness among PWDs        | 25                   |

*Source: Field Survey Data (2026)*

Note: These figures represent frequency of coding across 35 purposive interviews and should be read as indicative of relative salience within this sample, not as prevalence estimates; purposive qualitative sampling cannot support quantitative claims of this kind.

Participants identified interconnected barriers. Regarding structural deficits:

"The Disability Act says public buildings must be accessible. But look at this ministry no ramp, no sign language interpreter, no braille. We are not practicing what we preach." (Policymaker, Kaduna)

This aligns with the EDANPS Survey finding that only 22.4% of surveyed buildings have accessible ramps (CARE & WFD, 2025).

Regarding institutional weaknesses:

“The commission in Abuja lacks manpower, resources, and visibility. The Act says do not discriminate, yet discrimination is happening everywhere.” (Advocate, Kano)

This echoes stakeholder concerns documented in the 2025 health sector review (Punch Healthwise, 2025).

### Strategies for Improvement

Despite barriers, participants identified promising strategies:

Participants emphasized the need for culturally sensitive awareness campaigns targeting traditional and religious leaders. “When we engaged the village chief and the imam, they helped change minds. People listen to them more than to government officials.” (Advocate, Katsina).

Education was identified as the most effective pathway to shift cultural perceptions. “If we can get children with disabilities into school alongside others, the next generation will not have these same beliefs.” (Policymaker, Kano)

However, the SDIR found that inclusive education policies remain inadequately supported and inconsistently implemented (Project Enable Africa, 2025), a finding consistent with Osagibare and Ekwukoma’s (2025) report of inadequate funding, a shortage of trained teachers, and limited assistive resources in implementing the National Policy on Inclusive Education.

### Discussion

This study investigated how cultural perceptions of disability shape the implementation of inclusive policies in North West Nigeria. The findings reveal a complex interplay between three interlocking religious and cultural frames, *kaddara* (divine will), *sadaka* (charity and almsgiving), and residual traditional or supernatural explanations, and structural/institutional failures in policy enforcement. Rather than operating as discrete belief systems, participants’ accounts suggest that these frames coexist and, at times, compete within the same families and communities: an interpretation of disability as divine decree can sit alongside an older explanation involving ancestral wrongdoing or spiritual attack, while, as participants described it, charitable almsgiving is extended to PWDs regardless of which causal story a household holds.

The cultural themes identified align with and extend existing literature. The *kaddara*-based framing of disability as divine will, which participants associated with resilience and quiet acceptance, is consistent with Islamic understandings of divine decree that can provide meaning and encourage patience in the face of adversity (Ahmed, 2007; Bengtsson, 2018). At the same time, scholars caution that strongly deterministic interpretations of divine decree may encourage fatalistic attitudes and limit proactive engagement with rehabilitation, education, and disability rights (Ahmed, 2007). The findings therefore suggest that *kaddara* operates in an ambivalent manner, providing a framework for acceptance and resilience while potentially reinforcing passivity when understood as predetermined and unchangeable.

The attribution of disability to spiritual causes distinct from orthodox *kaddara*, including ancestral sin and spiritual attack, echoes both Etieyibo and Omiegbe’s (2016) account of religion and culture jointly sustaining discrimination against PWDs and Emmanuel’s (2025) “bad belle” model, and is consistent with the mixture of divine-wrath and spirit-possession explanations documented among rural Hausa respondents by Kabir et al. (2004). The *sadaka*-based charity model documented here corroborates Mustapha’s (2024) and Bengtsson’s (2018) accounts of almsgiving as both a genuine expression of Islamic compassion and, in practice, a substitute for rights-based support. Bengtsson’s (2018) central argument centres on *ummah* solidarity and collective identity, which runs counter to a purely deficit reading of *sadaka* as dependency-inducing; read this way, almsgiving can also be understood as an asset and a form of rights-adjacent solidarity rather than only a risk. More broadly, the analysis in this study leans toward a deficit perspective, *kaddara* as fatalism, *sadaka* as dependency, tradition as superstition, measured against a Western rights-based benchmark, yet the same data also show these frames generating resilience, acceptance, and genuine compassion. Holding that ambivalence open, rather than resolving it toward “obstacle,” is a more original and arguably fairer reading of participants’ accounts, and raises a further empirical question for future analysis: when do these cultural frames enable inclusion rather than impede it? However, this study provides new empirical evidence from the North West context, demonstrating how these three frames directly influence policy implementation outcomes. When families hide disabled relatives due to shame linked to

traditional causal beliefs, enrollment in education and employment programs decreases, and policy targets are not met. When communities prioritize sadaka-based almsgiving over education, rights-based frameworks fail to take root (Mustapha, 2024).

The structural barriers reported inadequate funding, lack of accessible infrastructure, and shortage of trained personnel are consistent with national findings (Osagiobare & Ekwukoma, 2025; CARE & WFD, 2025). However, participants in this study emphasized that these structural failures cannot be addressed without simultaneous cultural intervention. Building a ramp is insufficient if community stigma prevents PWDs from using it. Enacting employment quotas is ineffective if employers' attitudes remain discriminatory.

The Social Model of Disability (Oliver, 1990) posits that disablement is caused by societal barriers, not by attitudes or beliefs as such. This creates a genuine tension for the present study, whose central claim is that beliefs like kaddara, sadaka, and residual traditional explanations can drive exclusion: naming that tension directly, rather than sliding back toward an attitudinal model, is what justifies a culturally extended social model (Ware & Schuelka, 2019) rather than a departure from it. Read this way, this study affirms the Social Model while extending it: in North West Nigeria, societal barriers are not only physical and institutional but are also constituted, in part, through cultural beliefs that shape whether structural provisions are taken up at the community level. Interventions must therefore address cultural attitudes alongside infrastructure and policy enforcement.

Interestingly, the North West region leads Nigeria in domestication of disability laws (Project Enable Africa, 2025; WFD, 2025). This suggests political will at the legislative level. However, the gap between domestication and implementation reported consistently by participants indicates that cultural resistance and institutional weakness at the local level undermine even well-intentioned laws.

### Limitation

This study has several limitations that should be considered when interpreting its findings. First, the 35 informants were policymakers, NGO/OPD leaders, and community leaders, institutional and community gatekeepers and did not include persons with disabilities themselves. Much of the data therefore consists of gatekeepers reporting what they believe community members commonly think which a second-hand characterisation of others' beliefs is rather than the first-person lived experience of disability. Findings on cultural perception should be read as institutional and gatekeeper perspectives and future research should directly engage persons with disabilities to test whether these perspectives are shared, contested, or experienced differently by PWDs themselves. Second, the three interpretive frames (kaddara, sadaka, and residual traditional/supernatural explanation) were specified in advance from the literature and used to structure both the interview guide and the analysis; this is best understood as a deductive, template-informed analysis rather than a purely inductive one, and is reported as such in the Methodology. Third, the frequency counts reported in Table 2 reflect coding frequency within a purposive sample of 35 interviews and should not be read as prevalence estimates. Fourth, the data were coded by a single primary coder, so no formal inter-coder agreement was calculated; dependability was instead supported through repeated review of the coding process and member checking with five participants, which is a weaker safeguard than independent double-coding. Fifth, interviews were conducted in Hausa and English and culturally and religiously loaded Hausa terms were translated into English for reporting; although key terms such as kaddara and sadaka were retained in their original form, some nuance may have been lost in translation, and the researchers' own institutional, cultural and religious standpoint may have shaped interpretation (see Methodology).

### Conclusion

Drawing on gatekeeper and institutional perspectives, this study suggests that disability inclusion in North West Nigeria is constrained not only by structural deficits, inadequate funding, inaccessible infrastructure and a shortage of trained personnel but also by deep-seated cultural and religious perceptions that frame disability through the lens of kaddara (divine will), sadaka (charity and almsgiving), and lingering traditional or supernatural explanations, perceptions that, depending on how they are held, can encourage either quiet acceptance or shame and dependency rather than rights-based inclusion. While the North West region leads in domesticating disability legislation, participants' accounts indicate that this legislative progress has not translated into consistent implementation at the community level.

The findings affirm the relevance of the Social Model of Disability while revealing its limitations in culturally complex settings. Overcoming implementation gaps requires culturally sensitive strategies that

engage traditional and religious leaders, shift community attitudes, and address the specific cultural beliefs that perpetuate exclusion.

Achieving the Sustainable Development Goals, particularly SDG 4 (quality education) and SDG 10 (reduced inequalities) in North West Nigeria demands a dual approach: continued investment in structural accessibility and institutional capacity, combined with sustained community engagement to dismantle the cultural stigmas that normalize exclusion.

### Recommendations

Based on the empirical findings of this study, several recommendations are proposed to strengthen disability-inclusive policy implementation in North West Nigeria. The National Commission for Persons with Disabilities (NCPWD), in collaboration with state disability agencies, should establish a structured mechanism for engaging religious and traditional leaders in disability-awareness and inclusion initiatives. This mechanism should clearly specify the responsible convening institutions, funding sources, and procedures for monitoring and evaluating its activities. This recommendation is informed by participants' accounts, particularly the observation that joint engagement with an imam and a village chief contributed to changes in community attitudes towards disability. Awareness programmes should therefore specifically address supernatural explanations of disability while working constructively with culturally accepted concepts such as *kaddara* (fate) and *sadaka* (charity), which participants associated with acceptance, compassion, and social support.

In addition, the Federal Ministry of Education and State Universal Basic Education Boards should institutionalise disability-inclusive teacher training and ensure appropriate assistive resources are provided in public schools across North West Nigeria. Particular attention should be given to rural and hard-to-reach communities where educational resources and specialist support are often limited. Strengthening teachers' capacity to accommodate learners with different forms of disability would significantly improve educational access, participation, and inclusion.

Furthermore, the NCPWD, in partnership with Project Enable Africa, should establish community-based accountability mechanisms to monitor the implementation of disability-related policies at state and local government levels. These mechanisms could include disability-inclusive scorecards, citizen monitoring groups, and periodic community assessments for tracking compliance with the 5% employment quota and accessibility requirements. Such initiatives would strengthen transparency, promote the participation of persons with disabilities in monitoring public programmes, and provide evidence for addressing gaps in policy implementation.

International development partners, including UNFPA, UNICEF, and WHO, should also prioritise funding for community-level interventions that involve religious leaders in transforming almsgiving practices from charity-based dependency towards empowerment-oriented support. Religious and community leaders should be encouraged to promote the use of *sadaka* to support education, vocational and digital skills acquisition, assistive technologies, and sustainable livelihood opportunities for persons with disabilities. This recommendation follows directly from the study's finding that participants viewed alms-giving as an expression of religious obligation that, in some circumstances, could substitute for longer-term investments in education, skills development, and economic participation. Moreover, the Ministry of Communications and Digital Economy, working in partnership with disability advocacy organisations, should develop and disseminate accessible information materials on the rights of persons with disabilities and available support services. These materials should be produced in Hausa and made available in accessible formats, including Braille, audio, and sign language. Dissemination should extend beyond urban centres to rural communities to ensure that persons with disabilities and their families are adequately informed about their rights under the Disability Act and the services and opportunities available to them.

Finally, the NCPWD and state governments should establish a North West Disability Inclusion Observatory to systematically monitor disability-related cultural attitudes, policy implementation, and programme outcomes across the region. The Observatory should collect and analyse periodic data on disability inclusion, document emerging challenges, assess the effectiveness of interventions, and generate evidence for policy review and adaptive programming. Such an institutional mechanism would provide a sustained evidence base to strengthen disability-inclusive development and ensure that policies translate effectively into improved outcomes for persons with disabilities in North West Nigeria.

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