THE NEXUS BETWEEN SOCIAL BEHAVIOUR AND THE LIVED REALITIES OF PERSONS WITH DISABILITIES IN JOS NORTH LGA OF PLATEAU STATE

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ABSTRACT

Disability remains an important, still unexplored aspect of social inequality in Nigeria, particularly in Plateau State, where cultural norms and societal practices significantly shape the lived realities of persons with disabilities (PWDs). Despite legal frameworks advancing inclusion, stigma and discrimination persevere, limiting access to education, employment, and social involvement. This study examines how societal attitudes and behaviours formed the inclusion, exclusion, and well-being of PWDs in Jos North, exploring the coping strategies and community-based interventions they embrace to steer stigma and discrimination. Guided by the Social Model of Disability and Goffman's Social Stigma Theory, the study utilized a qualitative design, specifically in-depth and key informant interviews with 58 participants, including PWDs, caregivers, and representatives of disability-focused organizations. The study reveals that negative stereotypes, exclusionary norms, and discriminatory behaviours substantially weaken social inclusion and psychological well-being. Nevertheless, PWDs utilized coping strategies such as peer support, reliance on faith, and engagement with NGOs. The study concludes that there is a need to address disability-related exclusion through sustaining public sensitization, enforcing disability rights, and economic empowerment initiatives, strengthening agency, and ensuring meaningful inclusion.

Keywords: *Disability, Social Inequality, Lived Realities, Stigma, Discrimination*

1. Introduction

Globally, persons with disabilities (PWDs) constitute one of the largest minority groups, with the World Health Organization (WHO, 2016; 2023) estimating that more than one billion people, or about 15% of the world's population, live with some form of disability. Despite global commitments, such as the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sustainable Development Goals (SDGs), PWDs remain among the most

marginalized, facing barriers in education, employment, healthcare, and political participation (Gupta & Vegelin, 2016; Franjic, 2018).

In developed contexts, progressive policies, anti-discrimination laws, and investment in inclusive infrastructure have enhanced participation and quality of life for many PWDs (European Agency for Special Needs and Inclusive Education, 2019). For example, Sweden recognizes sign language as an official language and invests heavily in assistive technologies. In contrast, many African countries, including Nigeria, struggle with cultural stigma, limited resources, and weak policy implementation, which restrict disability inclusion (Mizuonya & Mitra, 2012).

In Nigeria, disability is often perceived through the lenses of pity, charity, and stigma, rather than rights and social inclusion (Smith, 2011). The 2006 census estimated PWDs at 2.3% of the population, but WHO projections suggest the real figure could exceed 28 million (National Population Commission, 2010; WHO, 2016). In Plateau State, these challenges are further compounded by ethno-religious conflicts, poverty, and fragile social structures, all of which exacerbate exclusion and deepen vulnerability.

Despite policy frameworks such as the Discrimination Against Persons with Disabilities (Prohibition) Act of 2019, many PWDs in Jos North remain excluded from meaningful participation in education, employment, and community life. Civil society organizations like Beautiful Gate Ministry and Gidan Bage Orphanage and Disability Home have made notable contributions in advocacy, skills training, and mobility aid provision. However, the lived experiences of PWDs, especially their agency in coping with stigma and navigating social barriers, are still insufficiently captured in academic and policy debates. This study, therefore, locate disability within the cultural and social components of Jos North, Plateau State, by scrutinizing how societal attitudes affect PWDs' inclusion and welfare, and how PWDs themselves cope through persistence and community-based interventions.

Despite progressive international and national legal frameworks, disability inclusion in Nigeria remains largely rhetorical. In Plateau State, cultural perceptions and social behaviours rooted in religious and traditional beliefs continue to undermine the rights and dignity of persons with disabilities. Disability is often seen as a divine punishment, ancestral curse, or evidence of witchcraft, reinforcing stigma, discrimination, and exclusion (Obasi, 2020; Lang & Upah, 2008). These perceptions are not limited to lay communities but are also echoed in families, religious circles, and leadership structures, making exclusion deeply systemic (Michelsen et al., 2014).

This cultural framing has practical consequences: many schools in Jos North are not physically accessible; teachers lack inclusive education training;

and public spaces rarely accommodate mobility needs (Ajuwon, 2012; Charema, 2010). Such barriers create a cycle where exclusion from education limits employment prospects, deepens poverty, and entrenches dependency. Women and girls with disabilities face heightened risks of sexual abuse, neglect, and economic marginalization (Smith, 2011; WHO, 2016).

Yet, persons with disabilities are not merely passive victims of social exclusion. Many adopt coping mechanisms such as faith-based resilience, self-help networks, or affiliation with NGOs to navigate daily stigma and marginalization (Ozoji, 2005; Gufwan, 2020). Organizations like Beautiful Gate Ministry and Gidan Bage have also attempted to shift public perceptions and improve material conditions through advocacy, mobility aid distribution, and vocational programs (Bala & Umar, 2019). However, these interventions remain under-studied, and the voices of PWDs themselves are rarely centred in research.

Existing scholarship in Nigeria has mostly documented the prevalence of negative attitudes toward PWDs (Abang, 2005; Etieyibo & Omiegbe, 2016) but has not adequately examined how such attitudes impact the psychological, emotional, and social well-being of PWDs in conflict-prone contexts such as Jos North. Likewise, while disability organizations are mentioned in policy discourse, limited empirical work has explored how PWDs themselves actively cope with stigma or leverage community-based support for resilience.

This gap necessitates a focused study that:
i.   Examined how societal attitudes and behaviours shape the inclusion, exclusion, and overall well-being of persons with disabilities in Jos North.
ii.   Explored the coping mechanisms and community-based interventions that PWDs adopt to navigate stigma and discrimination.

By bridging these gaps, this study contributes to disability research in Nigeria by shifting the focus from abstract policy commitments to the lived realities and agency of PWDs.

2. Literature Review
2.1 Theoretical Review
Social Model of Disability

The Social Model of Disability (Oliver, 1983) argued that disability does not reside within the individual but is produced by social, physical, and attitudinal barriers that restrict participation. It challenges the medical model's focus on impairment as deficiency and instead highlights how exclusionary structures, discriminatory attitudes, and inaccessible environments disable individuals.
Recent studies affirm this perspective. For example, Iwuagwu et al. (2023) found that negative perceptions, inaccessible infrastructure, and discriminatory behaviour significantly restricted the participation of older adults with

disabilities in Imo State, Nigeria. Likewise, Onalu and Nwafor (2021) documented how access to social, familial, and community supports can mitigate exclusion, demonstrating that structural changes and support networks can reduce disabling barriers.

Stigma Theory
Erving Goffman's (1963) Social Stigma Theory explains how individuals are socially discredited when they possess traits deemed undesirable, producing public stigma, self-stigma, and discrimination. For persons with disabilities, stigma manifests through stereotypes, prejudice, and exclusion that erode self-esteem and restrict opportunities for social participation.

Empirical studies support this framework. Odukoya, Chege and Scior (2024) showed that e-interventions targeting stigma against intellectual disabilities among Nigerian and Kenyan internet users significantly reduced negative stereotypes and discriminatory tendencies. Similarly, Adejumo et al. (2025) demonstrated that stigma adversely affects the health-related quality of life of individuals with drug-resistant tuberculosis, highlighting the broader psychological and social consequences of being devalued in society.

Together, the Social Model of Disability and Social Stigma Theory provide a comprehensive lens for examining the lived realities of persons with disabilities in Jos North, Plateau State. While the Social Model clarifies how environmental and structural barriers produce exclusion, Stigma Theory sheds light on how interpersonal attitudes and identity devaluation intensify marginalization. This integrated framework directly aligns with the study's objectives by guiding analysis of how social attitudes affect the inclusion and well-being of persons with disabilities, and how coping strategies and community interventions mitigate stigma and exclusion.

2.2 Empirical Literature
Societal Attitudes, Exclusion, and Well-Being of Persons with Disabilities
In recent years, scholarship has consistently shown that societal attitudes and behaviours remain central determinants of the social inclusion and well-being of persons with disabilities (PWDs). In Nigeria, stigma and negative perceptions continue to shape access to opportunities, limit participation, and undermine quality of life. Esmai-Onyima et al. (2025) found, in a community-based study of individuals affected by leprosy and buruli ulcer, that stigma from neighbours and internalized self-stigma were strongly associated with a reduced quality of life. Similarly, Iwuagwu et al. (2023) examined older adults with disabilities in Imo State. They found that both attitudinal and structural barriers, including

inaccessible infrastructure and discriminatory behaviour, restrict social participation and heighten vulnerability to isolation.

Research has also demonstrated the intergenerational effects of stigma. For example, Oduyemi et al. (2021) showed that parents of children with autism spectrum disorder internalize stigma, often leading to psychological distress and family strain. Beyond everyday discrimination, Omiegbe (2023) argues that emergencies such as the COVID-19 pandemic exacerbate exclusionary practices, as PWDs experienced greater barriers to healthcare, education, and livelihood opportunities during lockdowns. Together, these studies highlight the pervasiveness of social attitudes in shaping outcomes for PWDs.

However, a key gap persists. Most recent studies are condition-specific (autism, leprosy, or aging populations) or focus on broader crises, while little is known about how everyday community interactions in Plateau State, and specifically Jos North, shape the lived realities of diverse categories of PWDs. This study addresses this gap by situating social behaviours in the context of ethno-religious diversity and urban-rural dynamics of Jos North, where exclusion is both attitudinal and context-specific.

Coping Mechanisms and Community-Based Interventions

While exclusion remains widespread, recent evidence shows that PWDs and their support networks adopt multiple coping mechanisms to navigate discrimination. A qualitative study on women with disabilities in Lagos revealed that, despite experiencing gendered and ableist discrimination, many exercised agencies by negotiating personal autonomy, resisting stigmatization, and building supportive peer networks (Bolarinwa et al., 2024). Likewise, undergraduates living with sickle cell disease in Nigeria reported using peer support, religious faith, and identity management as critical coping resources to buffer psychological distress (Adeleke et al., 2024).

Community and family support also feature strongly. In Enugu, caregivers of persons with schizophrenia adopted coping strategies such as spirituality, optimism, and reliance on social networks to manage the burden of stigma and caregiving stress (Mbadugha et al., 2023). These findings suggest that coping strategies are often socially and culturally embedded, rather than purely individual. Yet, important gaps remain. Many coping-focused studies privilege either caregivers' perspectives or medicalized conditions rather than the voices of PWDs themselves. Moreover, there is limited research examining the role of local organizations, faith-based groups, and NGOs, such as Beautiful Gate Ministry and Gidan Bege, in facilitating resilience and social integration. This study contributes by foregrounding the lived experiences of PWDs in Jos North,

highlighting both personal strategies and collective initiatives that enable inclusion despite hostile environments.

3. Methodology
Research Design
This study employed a qualitative research design, using in-depth interviews (IDI) and key informant interviews (KII) as primary methods. A qualitative approach was considered most appropriate because it allows for an in-depth exploration of lived experiences, attitudes, and social meanings that cannot be captured through quantitative measures (Nowell et al., 2022; Braun & Clarke, 2021).

Study Population and Sample
The study population consisted of persons with disabilities and staff affiliated with Beautiful Gate Ministry and Gidan Bege Disability Home in Jos North, Plateau State. These organizations were selected because they provide rehabilitation, empowerment, and advocacy services, making them focal points for understanding the realities of disability inclusion.

A total of 58 participants were purposively and proportionately selected across three categories: workers, residents, and community-based members. Purposive sampling was employed because it enables the selection of participants with direct experiences relevant to the study (Palinkas et al., 2021). The sample size was adequate to capture diverse perspectives and ensured data saturation.

Methods of Data Collection
Data were collected using in-depth interviews (IDI) with persons living with disabilities and key informant interviews (KII) with directors, counsellors, matrons, and records officers. These methods were selected because they generate detailed narratives on personal experiences and institutional perspectives, providing a holistic understanding of the effects of social behaviour (Gill et al., 2021). Interviews were conducted face-to-face, recorded with consent, and supplemented with field notes to capture non-verbal cues.

4. Results
Data Analysis/Discussions of Findings
Data were analysed using content analysis. Interviews were transcribed verbatim, coded systematically, and categorized using themes. Content analysis was chosen because it provides a structured way to identify emerging themes,

patterns, and relationships in qualitative data (Bengtsson, 2020; Vaismoradi et al., 2023).

This study examined the lived realities of persons with disabilities (PWDs) in Jos North, Plateau State, with a focus on societal attitudes, inclusion/exclusion, well-being, and coping strategies. The findings affirm that disability is not merely a biomedical condition, but a socially mediated experience shaped by stigma, cultural beliefs, and structural inequalities. Two central themes emerged in relation to the objectives: (1) societal attitudes and behaviours as determinants of inclusion, exclusion, and well-being; and (2) coping mechanisms and community-based interventions that sustain resilience among PWDs.

Societal Attitudes, Exclusion, and Well-being
The narratives revealed that societal attitudes in Jos North significantly shape the opportunities and life chances of PWDs. Many respondents experienced exclusion in leadership, marriage, education, and social participation due to pervasive stigma. For instance, one female respondent explained:

"In my community, we have a group for single ladies… I won the post of president but due to my disability, I was disqualified" (IDI, Beautiful Gate, 2024).

This reflects how disability prejudice constrains access to leadership and symbolic participation, echoing findings that attitudinal barriers often outweigh physical impairments in limiting inclusion (Banks et al., 2021).

PWDs also reported routine verbal abuse and humiliation, which compounded their psychological distress. One participant narrated:

"There is no abuse I did not hear… stupid, witch, you are looking for who will kill you" (IDI, Gidan Bege, 2024).

Such hostile encounters are not isolated but systemic, as stigma in African societies is often reinforced by cultural attributions of disability to curses or spiritual afflictions (Nguyen et al., 2021). The result is diminished self-worth, chronic stress, and exclusion from community life.

Marriage and intimate relationships emerged as a sensitive domain where stigma exerts severe effects. One respondent recounted how her marriage was nearly cancelled due to perceptions of her reproductive incapacity.

"My marriage was nearly canceled until after the birth of my first child" (IDI, Gidan Bege, 2024).

This points to the intersection of cultural expectations and disability stigma, where women in particular are judged against their reproductive capabilities. Such attitudes deny PWDs the dignity of full social participation in family life.

This aligns with studies that highlight how disability and gender intersect to further marginalize women, reducing their access to marriage, family support, and economic stability (Addlakha, 2020; Grech & Soldatic, 2022). Despite these exclusions, spaces of partial inclusion exist. Religious congregations and NGO-led programs occasionally provided recognition and support. However, these remain fragile and inconsistent, reinforcing the need for deliberate state-led inclusion policies. Overall, the findings show that societal attitudes in Jos North act as powerful determinants of exclusion and are central to shaping the well-being of PWDs.

Coping Mechanisms and Community-Based Interventions

While exclusion was pervasive, respondents demonstrated resilience through a range of coping mechanisms. Some adopted acceptance as a survival strategy:

"You can't stop them, it's just to accept the situation the way it is and move forward" (IDI, Beautiful Gate, 2024).

This reflects adaptive resilience, where individuals normalize exclusion to preserve psychological stability (Mitra et al., 2023).

Others resisted stigma by disproving stereotypes through personal milestones such as marriage and childbirth:

"When I got married, some people were wondering if I would ever get pregnant or be able to give birth" (IDI, Gidan Bege, 2024).

Such testimonies highlight the agency of PWDs in reclaiming dignity within stigmatizing environments.

Spirituality also emerged as a vital coping resource, with many respondents turning to prayer and religious faith as buffers against psychological distress. This is consistent with African disability literature, which underscores the role of faith in offering meaning, hope, and psychosocial strength to marginalized populations (Eide & Ingstad, 2021).

Community-based interventions, particularly those driven by NGOs such as Beautiful Gate Ministry, were identified as lifelines. These organizations provided mobility aids, vocational training, and psychosocial support. However, participants also emphasized the inadequacy of government involvement. One respondent noted:

"The government should consider persons with disabilities when planning for public services like granting their children scholarships" (IDI, Gidan Bege, 2024).

This points to the critical need for systemic interventions. While NGOs cushion the impact of exclusion, sustainable inclusion requires state-led policies on education, healthcare, housing, and employment (United Nations, 2021). Without such interventions, coping mechanisms remain individualized and insufficient to dismantle structural barriers.

Synthesis and Implications

The study demonstrated that disability in Jos North is a socially constructed experience marked by stigma, exclusion, and resilience. Societal attitudes limit opportunities, compromise well-being, and perpetuate inequalities, while PWDs navigate these challenges through acceptance, resistance, faith, and NGO support. However, their resilience should not obscure the systemic injustices they face.

The implications are twofold. First, interventions must target attitudinal change through community sensitization and disability awareness campaigns. Second, structural reforms are essential, including inclusive education policies, targeted employment opportunities, social protection, and accessible public services. Without such systemic changes, disability will continue to reinforce cycles of poverty and exclusion. Ultimately, the findings affirm the need to reconceptualize disability in Nigeria not as an individual tragedy but as a collective responsibility requiring social, cultural, and institutional transformation.

5. Conclusion and Recommendations

5.1 Conclusion

This study revealed that persons with disabilities in Jos North face persistent exclusion rooted in societal stigma, discriminatory behaviours, and limited access to education and employment. These challenges compromise their overall well-being and reinforce cycles of poverty and marginalization. Yet, the resilience demonstrated through coping strategies, such as peer support, reliance on faith, and engagement in community-based initiatives, highlights both their agency and the urgent need for structural support. Disability in this context is therefore not merely an individual condition but a socially constructed disadvantage, sustained by attitudinal and systemic barriers.

5.2 Recommendations

i. The Plateau State Government, in collaboration with community and religious leaders, should enforce the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, while driving sustained public sensitization campaigns to dismantle stigma, promote positive attitudes, and ensure accessible schools, workplaces, and public spaces.

ii. Disability-focused NGOs and community associations should expand peer-support networks, vocational training, and economic empowerment programs such as microfinance and small business grants, thereby strengthening coping mechanisms and enabling PWDs to navigate discrimination and achieve meaningful inclusion.

Policy Implication: Implementing these measures will not only improve the quality of life for PWDs but also align Nigeria's disability framework with its commitments under the UNCRPD, moving the country closer to a just and inclusive society.

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