



**Nigeria: Researched and compiled by the Refugee Documentation Centre of Ireland on 13 May 2010**

**1. Please indicate what difficulties a child with autism or special needs as a result of an intellectual disability would encounter in nigeria:-**

**A. In accessing medical intervention or assistance from state authorities**

**B. From the general community and family and in school**

**2. Would the parent (mother) of a child with autism or special needs as a result of an intellectual disability encounter any discrimination or difficulties in nigeria because of her child's condition?**

The *United States Department of State* report in March 2010 reviewing events of 2009 notes that for children there was: "...poor access to health care..." (United States Department of State, (11 March 2010), *2009 Human Rights Report: Nigeria*, Section 6 Discrimination, Societal Abuses, and Trafficking in Persons, Children). This report also notes:

"Persons with disabilities faced social stigma, exploitation, and discrimination, and they were often regarded by their families as a source of shame. Many families viewed children with disabilities who could not contribute to family income as liabilities and sometimes severely abused or neglected them. Many indigent persons with disabilities begged on the streets" (*ibid*, Section 6 Discrimination, Societal Abuses, and Trafficking in Persons, Persons with Disabilities).

A report by the Nigerian state submitted to the *UN Committee on the Rights of the Child* published in January 2010 states:

"Physically and emotionally challenged children have access to scholarship in some States as well as, free medical care, school bus, recreation facilities and book subsidies" (UN Committee on the Rights of the Child, (5 January 2010), *Consideration of reports submitted by States parties under article 44 of the Convention : Convention on the Rights of the Child : 3rd and 4th periodic report of States parties due in 2008 : Nigeria*,p.88).

*Stepping Stones Nigeria* in February 2010 in a paper issuing recommendations to Nigeria – referred to as the 'State Party - notes:

"The State Party must ensure that communities receive specific education in order to demystify the common medical conditions and diseases that are considered to be signs of witchcraft, particularly malaria, HIV/AIDS, diarrhoea

and mental health conditions such as autism” (Stepping Stones Nigeria, (1 February 2010), *Witchcraft Stigmatisation and Children’s Rights in Nigeria*,p.10).

This document also notes:

“It is clear that child witchcraft stigmatisation and abuse both results from and is causative of mental and physical disabilities. The Committee has previously identified the prevalence of discrimination against children with disabilities, both within the family and within society in general in Nigeria. This discrimination is exacerbated if children with disabilities are also stigmatised as witches. Unfortunately, children with disabilities are particularly likely to face this type of stigmatisation. Certain medical conditions, because they are not properly understood, are often considered to be evidence of witchcraft. For example, there is a high prevalence of autism in Nigeria, yet this condition is not widely acknowledged. In consequence, the particular behaviour of autistic children is often interpreted as witchcraft” (*ibid*, pp.34-35).

NGO News Africa in October 2009 states:

“The Children's Development Centre, on Friday, called on Nigerians, especially rural dwellers, to desist from stigmatising children with autism. The Centre, a non-governmental organisation catering for children and young adults with developmental disabilities, said the killing of autistic children is perpetrated in some Nigerian communities. "It is appalling to know that people still kill children with autism or other forms of disability in some villages in Nigeria," said Tunde Adunola, the head of Prince School, a unit in the Centre's Lagos office in Surulere, Lagos” (NGO News Africa, (20 October 2009), *Nigeria: Train autistic children, centre says*).

An article in *Business Day* from July 2009 states:

“Sickle cell trait has been a lifelong hereditary disorder of the blood. More often than not, it results in anaemia, and is accompanied with occasional body pains and serious infections in childhood. This hereditary disorder has been traced to areas that are endemic with malaria all over the world. Incidentally, this disorder, often referred to as Ogbanje (by the Igbo) or Abiku (by the Yoruba), is gradually on the rise in the country. According to recent statistics, about two of every hundred children born to Nigerian parents have the sickle cell trait. It was also stated that over 150,000 children are affected yearly by the disorder” (Business Day, (31 July 2009), *Alleviating burden of sickle cell anaemia*).

An article in the *Daily Trust* from June 2009 states:

“Government's commitment to the basic needs of the Nigerian child is pitiable. An average Nigerian child today lacks access to three fundamental needs necessary for physical growth and healthy living. They are: quality education, adequate primary health care and a balanced diet. Little attention is also paid by government to the needs of children with physical challenges or learning disabilities.” (Daily Trust, (3 June 2009), *The Nigerian Child*).

An article from 2009 in *Women's World* concerning the Delta region of Nigeria states:

"The Federal Government, National Assembly and State Houses of Assembly were called upon to enact legislations that would protect citizens' rights and criminalize such wicked inhuman practices that condemn citizens to inhuman and degrading stations in the society under guise of Osu, Ogbanje or Uhu (very harmful traditional beliefs that disowns and banishes people from their native land). This implied that women would no longer lose their loved ones through banishment and would retain their ancestral homes and remove forever the psychological impact of being regarded as outcast in their ancestral homes; and children would no longer be treated as reincarnated beings and secluded from mainstream or even subjected to harmful rites especially when the child's consent hasn't been sought" (Women's World, (2009), *Transitional Justice and its Implication for Women in Nigeria*).

An article by CNN in May 2009 commenting on the Akwa Ibom state of Nigeria notes:

"Children accused of witchcraft are often incarcerated in churches for weeks on end and beaten, starved and tortured in order to extract a confession," said Gary Foxcroft, program director of Stepping Stones Nigeria, a nonprofit that helps alleged witch children in the region. Many of those targeted have traits that make them stand out, including learning disabilities, stubbornness and ailments such as epilepsy, he added" (CNN, (18 May 2009), *Abuse of child 'witches' on rise, aid group says*).

A paper by *BMC Paediatrics* in 2009 states:

"Knowledge and awareness about childhood autism is low among healthcare workers working at community level in Nigeria [4,5]. Adequate knowledge and awareness about childhood autism among healthcare workers would ensure early diagnosis of children with autism in the community and this in turn would allow early interventions which had been shown to improve prognosis in children with autism [6-8]" (BMC Paediatrics, (2009), *Knowledge about childhood autism and opinion among healthcare workers on availability of facilities and law caring for the needs and rights of children with childhood autism and other developmental disorders in Nigeria*).

A *Norwegian Country of Origin Information Centre* fact-finding mission report issued in August 2008 states:

"According to professor Abengowe, the facilities available for children with all sorts of learning disabilities (autism and down's syndrome were mentioned) are extremely limited in Nigeria, even in private health care institutions in Abuja and Lagos. In some cases, someone working in a university clinic might take a special interest, but s/he would have few resources available to do something for the child. «Poor people simply deal with such situations themselves, whereas some of the well-to-do will possibly send them abroad for treatment.» He went on

to say that missionaries can sometimes offer help, and there are some homes for such children: «Compared to the size of the population, however, it's a drop in the ocean. It is not unheard of that these children are abandoned by their parents, but fortunately, people are generally accommodating towards people with mental disabilities.» Dr Ambrose Awogu (Abuja Clinics) stated that «these kinds of afflictions are not a priority in a third world country which is struggling to provide basic health care to its population.» (Norwegian Country of Origin Information Centre (Landinfo) (August 2006) *Fact-finding trip to Nigeria (Abuja, Lagos and Benin City) 12-26 March 2006*, p.26)

A paper from the Nigerian publication *Anthropologist* issued in 2008 notes in its conclusion:

“We may never be able to give satisfactory answers to the myriad of questions that inevitably arise from the ogbanje phenomenon, but one thing stands clear: the belief in the phenomenon has profound influence on mothers' responses to childhood diseases and their responses toward modern preventive actions, as well as their treatment behaviour” (Anthropologist, (2008), *Born to Die: The Ogbanje Phenomenon and its Implication on Childhood Mortality in Southern Nigeria*, p.63).

An article from the Nigerian newspaper *Daily Champion* in September 2007 states:

“The majority of children with behaviour, attention, language, communication and learning disabilities such as autism in our country are not being identified early enough, an expert has said. A greater percentage of these populations are not getting any form of treatment or intervention at all. Worst still, there are only a few special schools (both public and private) catering for persons with less obvious or 'unseen' disabilities. Some of these often ignored disabilities do not normally have any physical features that set apart the individuals living with them. For instance, persons with Dyscalculia (calculation problems), Dysgraphia (writing problems), Dyslexia (reading problems), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and related conditions may not present with any unique physical features. This ironically, makes them most vulnerable to neglect, stigmatization, social rejection and discrimination.” (Daily Champion (26 September 2007) *Nigeria: Group Highlights Plight of Children With Autism*)

A paper delivered by *Adeyemi Akintunde* at the first African Stuttering Conference in October 2005 states:

“Autistic children in a typical school in Nigeria face a scaring challenge early on in life. They can be labeled morons both by parents, teachers and their peers. They can even been flogged if the teacher gets nauseated by their slowness. Findings among stutterers in Nigeria reveal that at least 1 in 5 of every stutterer went through this kind of treatment. The introduction of formal education system in Nigeria has been characterized by a negative orientation towards grades and degrees. What this has meant is that many aspects of the student's development are jettisoned. Up to this time, there has been virtually no awareness or

sensitization to recognise neuropsychological disorders in students at any level of the country's educational system.” (Adeyemi, Akintunde (October 2005) *The Absence Of Modern Speech Therapy In Nigeria: The Culture Perspective*)

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