

# African Journal for the Psychological Studies of Social Issues

Volume 28 Number 2, June/July, 2025 Edition

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Journal of the African Society for THE PSYCHOLOGICAL STUDY OF  
SOCIAL ISSUES % DEPT OF Psychology, University of Ibadan, Nigeria

# CHALLENGES AND COPING MECHANISMS IN ACCESSIBILITY TO MODERN HEALTH CARE SERVICES FOR PERSONS WITH DISABILITIES IN OYO STATE, NIGERIA

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## ABSTRACT

Access to healthcare services is one of the indices for measuring health status of individuals worldwide. However, persons with disabilities (PWDs) lack access to the healthcare facilities in Nigeria. Several studies have focused on access to healthcare services among pregnant women, young adults and the aged, but dearth of information exists for PWDs. This study therefore examined the challenges and coping mechanism in accessing modern healthcare services among PWDs in Ibadan with special emphasis on examining the availability of modern healthcare services and identifying the barriers to accessing them by PWDs. The study was conducted in Ibadan North and North-West local government areas in Oyo state, and is cross-sectional in nature. Qualitative method was adopted using In-depth interviews (IDI) conducted among 20 PWDs on wheelchairs and Key Informant Interviews (KIIs) among 10 Social Workers and Physiotherapists. The Structural-functionalist formed the framework for the explanation of the study. Qualitative data were content analysed. Findings revealed that majority (73%) of the PWDs were above 30 years, 57% of them were female, while 77% were married. Participants revealed that very few healthcare services were available to PWDs to which they lacked access, thus making health care services inadequate. Healthcare facilities were reported not readily available and accessible because of barriers such distance, cost, disability-insensitive environment and inability of PWDs to compete with other persons seeking modern healthcare services. The study recommended the need for the government and stakeholders to make modern healthcare services more available, more accessible and disability-sensitive.

**Key words:** Access, Availability, Modern Healthcare Services, Disability, PWDs.

## BACKGROUND TO THE STUDY/ STATEMENT OF THE PROBLEM

Inadequate access to healthcare services is one of the major problems affecting the health of people in Nigeria. This is more critical among persons with disabilities due to mobility challenge and other associated problems they encounter on their way while accessing public buildings such as hospitals and schools (Hamzat and Dada, 2005). Disability is a social problem and affects a significant number of people across the globe. In Nigeria, although the communal and individual support provided emotionally may not be so inadequate, the level of sensitivity towards people with disabilities seem low and this is evident in the way many physical structures are built. Disability is not only a public issue and social problem, but also requires the attention of researchers to investigate its causes, dynamism and the problems persons with disabilities face while performing their social roles and at the long run adversely affects the society (Best, 2013). Infact disability has not only being considered as an undesirable condition, but emphasized to require attention from all and sundry (Amzat & Magaji, 2019).

The United Nations (2020) estimated that over one billion people across the globe live with disabilities, while the Center for Disability and Development Innovations (CeDDI, 2016), approximate that twenty-five (25) million people live with disabilities in Nigeria (Haruna, 2017). The National Population Commission (NPC), (2006) also reported that about 3,253,169 people live with disabilities in Nigeria. This figure represents 2.32% of the total population of 140,431,790 in that year and is currently likely to have increased.

Western medicine or western healthcare is the type of healthcare system that has its origin from the Western countries such as Britain and United States of America. It is based on diagnostic approach, on laboratory tests and it is said to be scientific in nature. It is also known as biomedicine because it is evidence-based. Western medicine is that type of healthcare system that is scientific in nature and officially recognised in Nigeria (Agbolanhor (2012). Thus requiring a lot of process and protocols which people with disability can feel frustrated to access especially in an insensitive environment. Previous studies have been conducted on availability of healthcare services among the aged, women, infants and mining workers (Adegoke and Kolo 2019; Jegede, 2012; Oke, 2012; Salami 2019; Temilola 2016; Agbolanhor, 2012; Taiwo and Adewuyi, 2016). However, very few of these studies focused on persons with disabilities and the challenges they

face while accessing essential services such as healthcare services, public buildings and educational facilities just to mention a few (Soyingbe, Ogundairo and Adenuga, 2007; Hamzat and Dada, 2005; Omolawal and Obisesan, 2019, Akanle and Olorunlana 2014; Adeworan, 2019; Haruna, 2017). It is against this background that this study examined the challenges and coping mechanisms of PWDs in accessing western healthcare services in Oyo state, Nigeria. It specifically examined the challenges faced by PWDs in accessing health care and how they coped with such challenges.

## **THEORETICAL FRAMEWORK**

This paper was guided by the structural-functionalism theory. The Structural-functionalism theory owes its origin to pioneer Sociologists, most importantly earliest scholars such as Herbert Spencer (1820-1903) Emile Durkheim (1858-1917); Talcott Parsons (1903-1979) and Robert K. Merton. SF as it is widely known was developed by Durkheim and later refined by Parsons. It has a long history in Sociology as a discipline. The theory uses organic analogy to explain human societies and social phenomena (Amzat and Omololu, 2012). The theory states that each component of the society i.e. education, health, religion and family has its own role in maintaining social order in the society. It states that failure of each of these structures will have negative impact on the whole. It views persons with disabilities as one of the groups that make up of the society and have roles to play in the society.

Structural-functionalists believed that health as one of the social structures in the society is to provide healthcare needs for all categories of people in the society including persons with disabilities. According to the functionalists, availability and access to healthcare services either western or orthodox medicine to all categories of people in the society will bring social equilibrium and social cohesion, because each structure or segment of the society has its own role(s) to play in the day to day running of the society and contribute to the survival of the whole system (society). Thus, inadequate access to health care services worst still by people living with disability contributes more to lack of social equilibrium and social cohesion and in turn affect the contribution of PWDs to national development. This is because even the PWDs have their own quota that they contribute in each sphere where they exist to the stability of the society.

## **METHODOLOGY**

Cross-sectional study design was adopted in this study to elicit information from respondents at a single point in time. People with disabilities who shared common characteristics regarding the availability and access to modern healthcare services, and professionals such as social workers and physiotherapists were interviewed without manipulating or interfering with the study environment.

The study was conducted both at the hospital and the community levels. The study design was purely qualitative because of its sensitive natures and made use of qualitative instrument (the indepth interview and key informant interview guide) to explore the issues under study, as this allowed for an adequate and richer information of the issue under study. This study was conducted in Ibadan, Oyo state, Nigeria. The study area was chosen due to availability of a sizable number of people with disabilities who live therein, its proximity and familiarity of the terrain by the researcher. Therefore, this research was carried out in two local government areas; Ibadan North and Ibadan North West local government areas.

The population of the study consists of persons with disabilities within the two local government areas. A total of thirty (30) respondents were purposively recruited for this qualitative study. The sampling technique that was used in this study is multi stage sampling technique. In the first stage, there are eleven local government areas in Ibadan, out of which five urban local government areas were purposively selected due to easy navigation and access to the people with disabilities. In the second stage, two local government areas were randomly selected for the benefit of equal chances of respondents' participation and in the third stage, four communities were purposively selected in both local government areas because of availability of respondents.

In the final stage, a snowball approach was adopted for easy access to the respondents who were people with disabilities and were willing to participate in the research.

## **DISCUSSION OF FINDINGS**

A total of thirty (30) participants participated in this study consisting of 10 key informants who were health practitioners, physiotherapists and social workers as well as twenty (20) participants were persons with disabilities were engaged using in-depth interview, Majority of persons with disabilities who participated in this study were self-employed and engaged in various vocations such as tailoring, graphic designing shoe making, trading and teaching. Majority of the respondents in the location (17) which represents 57 per cent were female while majority of them (22) which accounts for 73 per cent were above the age of thirty (30).

### **Challenges in the availability and accessibility of health care services to PWDs**

The respondents health practitioners who participated in this study revealed that the available western healthcare facilities were not enough to cater for the needs of persons with disabilities in the various communities within the study area. A nurse in the health facilities corroborated this view by saying:

*...well we have being having several problems that included lack of adequate equipment to take care of our patients. Sometimes we have so many patients here but we tactically refer them to teaching hospitals because we cannot cater for their needs not because we lack the skills but because we lack the equipment (Nurse, female 32years KII)*

When asked the implication such had for taking care of the PWDs she replied that the scenario is worst for them and added the lack of ramp for those in wheel cahairs as one inadequacies by saying:

*..... The problem of lack of adequate facility is general. Even we do not have ramp to make those in wheel chairs enter here easily...So you can now imagine how those who have disabilities will be affected.. their case and experience is worse of because it is actually double tragedy, I do not want to imagine the stress and frustration they go through coming here so sometimes I just try to give them emotional support and pain killers for their stress and advice them to go to UCH for better treatment....(Nurse, female 32years KII)*

Another respondent reiterated the general insensitivity to people living with disabilities particularly those on wheel chair in the lack of proper planning and building of structures by saying:

*..... In Nigeria, particularly in Oyo state, the planning and construction of most buildings you see today shows that the needs of the PWDs particularly those on the wheel chairs were never considered. No ramps, no elevators in high-rising structures. Some other repairs you see today are after thought some of which are not properly done...A lot still needs to be done in this regards..because these PWDs are part of our lives any ways (Physiotherapist, Male, 41 years. KII)*

From the foregoing, the study revealed that lack of disability-sensitive tools such as ramps and elevators served as barriers limiting people on the wheelchair to access western healthcare services in the study area. It also revealed that persons with disabilities were still experiencing discrimination while accessing modern healthcare services in the study area due to lack of awareness about their rights as stated in Discrimination Against Persons with Disabilities (Prohibition) Law (2019).

An interview with a PWD confirmed the above when the young man reiterated his plight in accessing health care services by saying:

*...It is actually so frustrating trying to go to the hospital for treatment...the subtle stigma and discrimination can be felt seriously especially when there is rush.. the few good people who help do so out of pity not love or empathy especially when you cannot afford a carer.. most times I prefer to just do self medications... I rarely go out even when I desire to see outside because the buildings out there do not have our needs met..(PWD physically impaired, male, 33years, IDI)*

From the foregoing, the experience of stigma and discrimination experienced by PWDs have contributed to their lack of adequate access to health care services while other major challenges as discussed above included lack of adequate equipment. When respondents were asked to bear their minds on their experience regarding availability and accessibility of western healthcare services for persons with disabilities one of the participants said

*“Many healthcare centres lack facilities and equipment such as wheel chairs, hence when we see persons with disabilities like partially crippled people, we do not admit them into our hospitals”. (Social Worker, Female 28years, KII).*

Another KII also corroborated the assertion made by the previous participant.

*“Many persons with disabilities cannot be given adequate attention in health facilities due to the absence of disability-friendly tools and this makes them feel out of the place already”. (Social Worker, Male, 28 years, KII).*

The above finding again corroborate the fact that aside from lack of adequate equipment in hospitals or health centers, the absence of disability friendly tools have made PWDs experience more dissatisfaction with the availability and accessibility to health care services in the study area

### **Coping Mechanisms Adopted by PWDs**

In discussing the coping mechanisms adopted by the PWDs, most of them insisted on just staying in doors and rather doing self medication while some others chose not to visit the health facilities around them after finding out the they do not have their necessary facilities that welcome them such health center. One of the PWDs during the in-depth interview session said:

*“Well, I do not go to the healthcare facilities around all because they do not have provision for me, such as ramp and wheel chairs. (PWD physically impaired, Male 29 years, IDI)*

Another respondent reiterated their similar experience and coping mechanisms which involved relying on their carer or helper and then praying to God for solution by saying:

*“I went to the hospital and could not find help because I could not see. I rely solely on my before I could do anything including accessing health care. My helper tries her best and that is it. But the discrimination is absolutely unbearable”. I only pray to God to help us solve the problem in this country because I know it is so much and we PWDs may even be the least of the country’s problem right now... (PWD, Visually impaired, female, 30 years IDI)*

From the foregoing, People with disability experience a double jeopardy of coping with the restrictions their disabilities cause them, coupled with the challenges of accessing adequate health services. The problem of accessing adequate health care though general is more aggravating for PWDs and therefore requires a little more focus. A lot is being doing particularly when the PWDs move en masses to fight for their needs to be met. This is however not needed before the society because more sensitive to meeting their needs.

## **Conclusion**

The study revealed that the available western healthcare facilities were not enough to cater for the needs of persons with disabilities in the various communities within the study area. The study revealed that lack of disability-sensitive tools such as ramps and elevators served as barriers limiting people on the wheelchair to access western healthcare services in the study area. It also revealed that persons with disabilities were still experiencing discrimination while accessing modern healthcare services in the study area due to lack of awareness about their rights as stated in Discrimination Against Persons with Disabilities (Prohibition) Law (2019).

## **Recommendations**

Based on the findings, the following recommendations were made:

There is need for the government and private organizations to establish more modern health facilities and equip them with disability-sensitive equipment such as ramp, wheel chairs, and elevator.

There is a need to equip the existing health facilities with adequate health equipment especially in areas where more PWDs are found. Also such facilities need to be equipped with more disability-friendly equipment such a ramp, wheel chairs and elevators.

Stigma and discrimination against PWDs whould be combatted by all and sundry at every sphere of life

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