

**CHILD POVERTY AND SOCIAL PROTECTION POLICIES FOR  
CHILDREN WITH HEARING AND SPEECH DISABILITIES IN NIGERIA:  
THE JOURNEY SO FAR**

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**Abstract**

*The current economic situation of the country has left an indelible mark in the progress of persons with disabilities most especially among children with speech and hearing disabilities in Nigeria. Unfortunately, the effects of such economic crises-poverty have a greater impact on children with speech and hearing disabilities that experiences communicative difficulties in expressing their needs. Hence, their disabling condition forces them to live below poverty line. Although, government over the years have pronounced social protection policies to cater for the poor and needy but the effects of such policies on the population of children with speech and hearing disabilities who lives in poverty is still under questions. At present, children with speech and hearing disabilities still litters the public places and various urban streets begging for alms to survive because of neglects from government and parents who themselves are still striving to survive and could not afford to efficiently manage their children with these conditions. Based on this, the study examined the issues of childhood poverty and social protection policies in Nigeria as it affects children with speech and hearing disabilities in Nigeria. While there are some obvious lapses on the part of the policy makers the study recommended that government should consider as important better redistribution and restructuring of economic resources and income so as to narrow the wide margin between the rich and the poor in Nigeria because it would go a long way to prevent war, terrorism, outbreak of diseases, communal crises among others events that could cause childhood disabilities and downtrodden of the economy, devastating catastrophe of poverty and hunger.*

**Keywords:** *Child Poverty, Social Protection Policies, Children, Hearing and Speech Disabilities, Nigeria*

### **Introduction**

Disability is neither solely a biological nor a social construct but the result of the interaction between health conditions and environmental and personal factors. Disability can occur at three levels: impairment in body function or structure; a limitation in activity, such as the inability to hear or respond to auditory-verbal stimulus; a restriction in participation, such as exclusion from social gathering (WHO, 2001). As such, persons with speech and hearing difficulties experiences difficulties in functioning due to a wide range of hearing and speaking efficiently in the society. However, defect in speech and hearing has a detrimental effect on social, physical, psychological and academic attainment. In other words, children with speech and hearing difficulties frequently experience unfamiliar language and communication structures, reduced opportunities for fluent two-way interaction, difficulties in forming and maintaining relationships with others. The education of children with speech and hearing disabilities presents some puzzling observation to any interested party while the child him/herself is an enigma as a result of his disability and other associated problems such as poverty and negative societal attitudes. Ademokoya (2008) noted that the growth of a child with hearing and speech disability is intriguingly tempered with by the very crippling disability which prevents an individual from effective communication. Hearing and speech disabilities is not only very limiting by its effects, it is also very difficult to understand and empathize especially by the normally hearing person. Hearing and speech disabilities is not easily noticed by many, it is, as a result described as in invisible disability (Bond, 2000), hence, those who suffer from hearing and speech disabilities do not readily get the sympathy and support of able-bodied persons as compared to persons with visual impairment.

Children with speech and hearing disabilities experience problems such as lack of necessary supportive services, negative attitude, weak education and social policy as well as poor financial standing due to poverty and unemployment. Consequently, children with hearing and speech disabilities are constantly misunderstood and even penalized for some habits they would not have developed or

exhibited but for their disabilities. According to the WHO report of 2012 on disability, persons with disabilities in particular, those with hearing and speech disabilities face barriers in accessing services, such as those for health care (including rehabilitation), education, transport and employment. These barriers include negative attitudes, lack of service provisions, inadequate funding, lack of accessibility, inappropriate technologies and formats for information and communication, lack of participation in decisions that directly affect their lives as well as inadequate policies and standards. More so, children with hearing and speech disabilities face an enormous risk associated with child poverty and child labour.

### **Poverty and Children with Hearing and Speech Disabilities**

The United Nations Development Programme (UNDP, 1994) defines poverty as that income level below which minimum nutritionally adequate diet together with essential non-food requirements are not affordable. Ogujinba (2014) described poverty as a lack of command over basic needs of consumption, meaning, a state of insufficient food, clothing and shelter. The rising profile of poverty in Nigeria is assuming a worrisome dimension every passing day. Nigeria has at least half of its population living in abject poverty (Ojo, 2008). Poverty has been massive, pervasive, and engulfs a large proportion of the Nigerian society. Poverty in Nigeria is an incontrovertible fact, which results in hunger, ignorance, malnutrition, disease, unemployment, poor access to credit facilities, and low life expectancy as well as a general level of human hopelessness (Abiola and Olaopa, 2008; Edoumiekumo, Karimo and Tombofa, 2014). The proportion of the core poor have continued to increase overtime especially among families that have child (ren) living with disabilities. According to Nigerian National Bureau of Statistics (2010), of a total population of approximately 170 million, nearly 102 million Nigerians are classed as 'poor', of which around 60% are located within the North-West region of the country. As noted by Bello (2007) about 70% of Nigerians currently live below the poverty line of US\$1 per day and a 5 percent rapid urbanization, per annum, results in severe pressure being exerted on the ailing infrastructure and almost make it a daunting task to effectively care for children living with disabilities in these urban communities. The results of the National Household Living Standard Survey (NHLSS, 2010) as contained in the

Nigeria Poverty Profile 2010 report indicated that poverty incidence have increased since 1980.

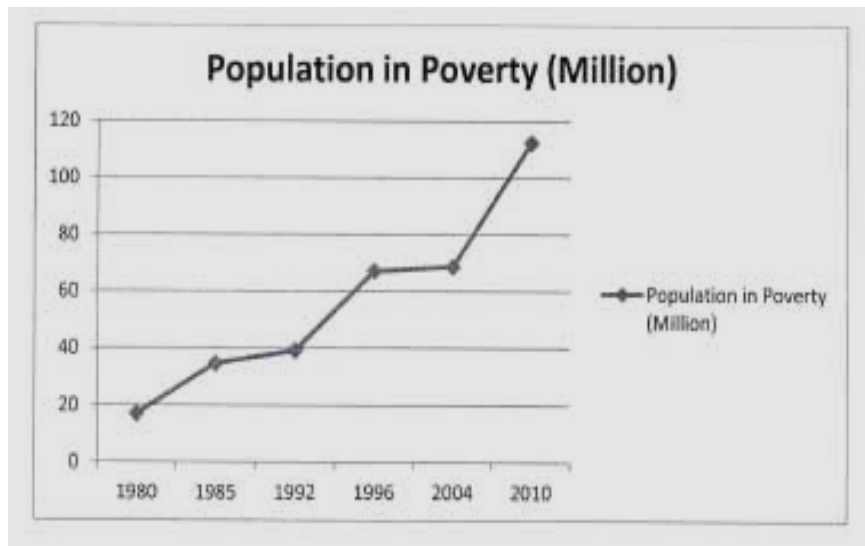


Fig. 1. Nigerian poverty profile (1980 – 2010)

(Source: Nigerian National Bureau of Statistics, 2010)

Poverty rate has increased from an average of 27 per cent in the 1980s to over 70 per cent in 2003 (African Economic Outlook, 2005) while poverty rate stood at 69% as at 2010 (National Bureau of Statistics, 2010). As noted by Akerele and Adewuyi (2011), the underlying cause of the high poverty levels can be attributed to high inflation rates resulting in the erosion of productive assets and investments, and low quality/limited coverage of social services and infrastructure. Children (especially those with hearing and speech disabilities) are particularly affected by limited food availability and sub-optimal nutritional practices. The consequences for health and education prospects of children with hearing and speech disabilities are serious and are transferred to future generations (ORIE, 2013). It is very disheartening that children with disabilities most importantly, those with 'hidden' disabilities, that is, those with hearing and speech disabilities (whose ages range from 0 to 15 years) are the most vulnerable in the society hit with poverty.

According to UNICEF (2009), child poverty means children, those who experience deprivation of the material resources needed to

survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential, or participate as full and equal member of the society. One of every three children in the developing world lacks access to basic sanitation, and one of every five has no access to safe drinking water (Adeoti and Popoola, 2012). About 600 million children include at least 60 million of children with disabilities worldwide are growing up in absolute poverty while some of such children under-five years of age die every year (Insights Development Research, 2005). Every year, nearly 10 million children die from largely preventable causes (UNICEF, 2011). These include illnesses such as pneumonia, diarrhea and malaria, as well as conflict and HIV/AIDS. Malnutrition, poor hygiene, lack of access to safe water and adequate sanitation contribute to more than half of these deaths (UNICEF, 2005). Ninety-three percent of all under-five deaths currently occur in Africa and Asia combined and 40% occur in just three countries: India, Nigeria and the Democratic Republic of Congo (UNICEF, 2008). Hence, children with hearing and speech disabilities amongst other children with disabilities in Nigeria often face problems which include but not limited to poor health, lack of access to quality education, food and social insecurity and lack of care due to their inability to effectively communicate their need through the conventional auditory-oral mode.

Globally, evidence shows that compared to non-disabled people, persons with disabilities experience less legal protection, higher rates of poverty, lower educational achievements, poorer health outcomes (Adigun and Ajayi, 2012) and less political and cultural participation, amongst other things (Ezekiel, Oyewumi and Adigun, 2013). Disability has been found to affect vulnerable populations in a disproportionate way, with a higher disability prevalence observed in lower income countries, people from the poorest wealth quintile, women, children and older people. Disability surveys in Nigeria has shown that common occupations of persons with disabilities were begging, farming and trading, studying while majority of about sixty per cent were unemployed due to their disability and only about four per cent have access to economic empowerment, hence, they are subjected to poverty. Based on the submission of Fasokun (2008), children with speech and hearing disabilities tend to have numerous disadvantages ranging from more than their peers. In other words, such children are usually less healthy, have less developed language and

communication skills (a factor that has negative influence on academic performances). Above all, they are generally less well equipped socially, emotionally and physically to undertake a school programme. It is saddening that girls with speech and hearing disabilities born into less socioeconomically stabled family are more disadvantaged when compares to boys. Such girls are prone to abuse of all forms.

Adeoti and Popoola (2012) noted that incidence of poverty among children even those with speech and hearing disabilities showed that age of child, parent's education, employment situation, male-headed households, 'rich' households and presence of a health facility reduces the probability of a child being multidimensional poor. On the other hand, large household size, female-headed households, age of the household head and households engagement in subsistence agriculture increases the probability of a child with disabilities being multidimensional poor. This is because such family/households that live at subsistence level do not have enough, let alone the extra funds to cope with heavy domestic and social responsibilities which should enhance their general well-being and those of their children. Government insensitivity to the needs of the masses, bad policies, poor policy implementation and inability to evenly develop the rural and urban centres, contribute to poor standard of living and improvishment of her citizenry.

#### **Social Protection in Nigeria and Childhood Poverty**

Social protection programmes is a powerful tool in the battle against poverty, inequality and can tackle multiple dimensions of poverty and exclusion. Social protection when implemented ensure that all people have access to essential goods and services, removing social and economic barriers to access, and therefore is an important means to foster equality and social solidarity in a society. It is an instrument that plays a fundamental role in creating more inclusive and sustainable development pathways by liberating people from the fear of poverty and privations and by helping to break the inter-generational cycle of poverty while it contributes to economic growth and makes growth more pro-poor while directly reducing poverty. It not only tackles income poverty but also provides an effective, tangible and direct conduit to maximize human development objectives, including better nutrition, health and education outcomes. Only if people inclusive of

children with speech and hearing disabilities have access to educational opportunity, quality and affordable health care, adequate and nutritious food, secure shelter and basic income security, they will be able to become or remain productive members of the workforce, or remain dignified members of a society that are not dependent on accidental charitable support even if no longer active in the labour market, - and only then will societies be able to sustainably reduce poverty, inequality and to ensure social peace and inclusive development.

Social protection is also said to comprise “policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, enhancing their capacity to protect themselves against hazards and interruption/loss of income”:

Social protection aims to avert or minimise social risks – in that way preventing or minimising human damage by increasing capabilities and opportunities (United Nations, 2010). It is a wide term encompassing social security measures and wide variety of instruments designed to ensure that human beings are adequately protected against social, economic and other risks (Asian Development Bank, 2010). Barrientos (2007) stated that a renewed social protection aim is to combine protection of living standards with support for the investment in human development needed to reduce the vulnerability of households to economic risk. Social protection, which includes social insurance, is a fundamental right which is (or should be) enjoyed by every person irrespective of their disability or impairment. This is apparent from the international instruments such as the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966). Article 22 of the Universal Declaration of Human Rights provides every person, as a member of society, with a right to social security. Article 25 of the Universal Declaration of Human Rights document further provides:

*“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his*

*control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”*

More so, Article 9 of the International Covenant on Economic, Social and Cultural Rights instrument recognises social security, including social insurance, as a fundamental right. Furthermore, article 10(3) imposes an obligation on State Parties to take special measures for the protection and assistance for all children and young persons even those with speech and hearing disabilities. Nigeria who has been a party to various social protection instruments has, to a large extent, developed social protection policies in parallel with broader economic and social sector policies and strategies. This has created a disjuncture between the wider development planning agenda and the role that social protection can play in supporting children with speech and hearing disabilities as well as other children with disabilities who lives in abject poverty. Indeed, the majority of current poverty eradication efforts which have entailed limited policy and programming guidance/strategies from the federal level have focused more on supply-side projects in education, health, infrastructure and microcredit for empowerment (UNDP, 2010). While these are important strategies in Nigeria, there remains much more scope for policy to focus on the poor children with speech and hearing disabilities who have not been able to access these facilities (the demand side) through social protection interventions.

Until recently, social protection in Nigeria used to refer to contributory social security benefits for formal sector/government workers. While formal social security still accounts for approximately two-thirds of social protection expenditure (Hagen-Zanker and Tavakoli, 2011), with the return of democratic governance in Nigeria in 1999 and a reorientation of policy towards growth and development, the government has taken several steps to extend social protection measures beyond the formal sector to address poverty and vulnerability but the effectiveness thereof is largely unfelt by the children with speech and hearing disabilities who experiences abject poverty. Although, Social Protection Strategy developed by the Social Protection Advisory Group (SPAG, 2004), lays out the foundation for a lifecycle approach to social protection in Nigeria, discussing the key



interventions in existence and a vision for social protection for the country. Its mission is as follows (SPAG, 2004):

*'To liberate human potentials of Nigerians and promote equality of opportunity by helping households and communities sustain their livelihoods in the face of shocks and risks, by allowing for households to achieve basic education, health and nutrition, and, ensuring that all households have the wherewithal for basic human development thereby ensuring skilled and productive workforce and finally providing an environment in which individuals and households can adapt and change livelihood strategies without fears of calamity should such strategies fail'.*

In sum, social protection as both a conceptual and a practical approach to addressing economic and social risks in Nigeria has made some progress at the policy level. However, it remains compartmentalised in the current national development strategy, Vision 20: 2020, with little evidence of policy traction among key policymakers to translate policy commitment into implementation. This leaves a big gap in government responsibilities to ameliorating childhood poverty and hunger in Nigeria most especially among those children with speech and hearing disabilities. As a result of these lapses on the part of government, children with speech and hearing disabilities have littered the streets of major cities and motor parks for begging activities just to make ends meet. While some parents of and children with speech and hearing disabilities see it as a permanent business, others see it as a temporary measure of escaping the contingent poverty conditions. Regardless of the reasons for which begging is taken to, the state of anomie of the city allows the beggar (of whatever category) to remain shameless, unidentifiable and 'faceless'. Ammani (2006) observed that, most beggars' are illiterates who lack skills needed for enhancing their human development and empowerment. This illiteracy impacts feelings of worthlessness and lack of confidence to face challenges; hence they live at the mercy of others through begging. Although, the problem of begging among children with disabilities especially those with speech and hearing disabilities is a worldwide phenomenon, it is more pronounced in developing countries like Nigeria. It is as well an urban

problem noticeable in every urban centre of the country. However, the problem of begging is significantly higher in one part of the country than in the other. In Kano, for instance about seven times the incidence of begging in Ibadan was observed, while that of Enugu was observed to be one third that of Ibadan (Adedibu and Jelili, 2011).

#### **Childhood poverty in Nigeria: The way out**

The Millennium Development Goals (MDGs) (2000-2015) represented an unprecedented global consensus about measures to reduce poverty. The MDG was then the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, diseases, inadequate housing while promoting gender equality, education and environmental sustainability (MDG Nigeria 2010). However, it was not sufficient enough to achieve its stated goals hence the need for post-MDG which is the Sustainable Development Goals. Jeff, Rukmini, Oona, Ephraim, Guy, & Veerle, et al. (2010) noted that MDGs encountered a range of common challenges with the conceptualization and execution of the MDGs. The very specific nature of many goals, reflecting their diverse, independent origins, leaves considerable gaps in coverage and fails to realize synergies that could arise across their implementation. Apart from women of reproductive age and children, the Millennium Development Goal (MDG) framework does not make any reference to marginalized groups such as persons living with disabilities especially those with 'invisible disabilities,' that is those children with speech and hearing disabilities. With the focus only on aggregate results of the MDGs, a relative national progress was made without any change in the situation of the poor children with speech and hearing disabilities. The inability of the MDGs to totally eradicate poverty and hunger necessitate the needs for Sustainable Development Goals which is aimed to end poverty, fight inequality and injustice, and tackle climate change by 2030.

However, if this is to be achieved in Nigeria, the problem of increasing incidence of poverty and hunger which leads to begging among children with speech and hearing disabilities needs to be properly addressed through impactful social policies. This is because apart from the fact that street begging constitutes a nuisance to the physical and social environment of Nigerian cities, the continuing reliance on the activity as a means of livelihood, amounts to a waste of human

resources, and a burden on the already overstretched meager-income earners of the majority of the work force. Full rehabilitation and equalization of opportunities which is patterns towards full inclusion of children with speech and hearing disabilities in national development must urgently be put in place. Hence, special consideration in the various governmental policies should be given to parents of these children so as to adequately meet their children's educational, social and physical needs. In other words, such gesture by the government will ensure that children with speech and hearing disability as well as other children living with any category of disabling condition have opportunity to achieve a standard of living equal to that of their fellow citizens.

To reduce poverty and improve the quality of life in Nigeria will require a sustained economic growth. Nigeria government should take measures against malnutrition, environmental pollution, poor hygiene, inadequate prenatal and postnatal care, water borne diseases and unemployment. Also, they should consider as important better redistribution and restructuring of economic resources and income so as to narrow the wide margin between the rich and the poor in Nigeria because it would go a long way to prevent war, terrorism, outbreak of diseases, communal crises among others events that could cause childhood disabilities and downtrodden of the economy, devastating catastrophe of poverty and hunger. Government should invest more in education sector, increase public spending on social services and enhance access to basic education and primary health care by building on existing government policy, provision of vocational training centers to equip youths, in particular for self-employment. There should be increased institutional capacity, and transparency in public service, to increase the chances of cash transfers reaching the intended groups of children with speech and language disabilities. More so, federal government should be improved capacity of state structures to respond to the needs of those who are in the weakest position to voice demands, needs, rights and concerns. Finally, there should be increased investment in social service delivery to maximise the effectiveness of social protection programmes in terms of human development impacts and the capacity of civil society groups representing the poorest to hold providers of social assistance accountable should be strengthened.

### Conclusion

The scourge of childhood poverty in Nigeria is an incontrovertible fact, which despite government funding has results in hunger, ignorance, malnutrition, disease, unemployment, poor access to credit facilities, and low life expectancy as well as a general low quality of life for children with speech and language disabilities as well as their parents. Although, government have claimed to have implemented various social protection policies but effects of such policies is yet to be felt by children with speech and hearing disabilities. Therefore, government should restructure and redirect various policies to adequately impact the quality of life of children with speech and hearing disabilities in Nigeria.

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