

THE RIGHTS AND PSYCHOSOCIAL CHALLENGE OF PERSONS WITH LEPROSY-RELATED DISABILITIES IN NIGERIA: AN APPRAISAL

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Abstract

Leprosy, though curable, continues to impose profound social and psychological burdens on affected individuals, particularly in Nigeria where stigma and systemic neglect persist. This study explores the intersection of human rights and psychosocial challenges faced by persons living with leprosy-related disabilities. The research examines how entrenched societal stigma, discriminatory practices, and inadequate legal protections contribute to the marginalization of this population. It highlights the denial of basic rights such as access to healthcare, education, employment, and social participation. Psychosocial impacts including isolation, depression, and diminished self-worth are analyzed within the context of cultural beliefs and institutional responses. The study underscores the urgent need for inclusive policies, public awareness campaigns, and community-based rehabilitation programs to dismantle stigma and uphold the dignity and rights of persons affected by leprosy.

Keywords: Leprosy, Disability, Stigma, and Rights

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1.0.Introduction

Leprosy is considered as a serious public health problem due to its unhealthy, socio-economic, cultural, religious, political and psychosocial impacts, which are consequences of complications such as physical disabilities and deformities that develop during the clinical result of the virus.¹ The disease is chronic and infectious in nature and has the potential to cause physical disabilities including limitations of activities involving the use of hands, feet, eyes and restriction in social participation, that may further lead to denial of rights to employment, education, mobility and medical facilities and as well as rights to vote and to be voted for.² Other problems associated with the disease is decreased ability to work, limited social participation, and emotional problems, that may result in stigma and discrimination to the affected person.³ It is estimated that disabled people constitute the largest minority in the world; more than 650 million individuals, making 10 percent of the global total population suffer from

¹Agrawal A, Pandit L, Dalal M., Shetty J.P, 'Neurological manifestations of Hansen's disease and their management' (2005) 107 (6) Clinical Neurosurgical Journal 445; Moschioni C., Antunes C.M.F, Grossi M.A.F, Lambertucci J.R, 'Risk factors for physical disability at diagnosis of 19,283 new cases of leprosy' (2010) 43 Rev Social Bras Medical Tropical Journal 19-22 ; Kumar A., Girdhar A, Girdhar B.K, 'Risk of developing disability in pre and post-multidrug therapy treatment among multi bacillary leprosy' (2012) 2 (4) Agra MB Cohort Journal.

²Jacob J.T., Kozarsky P, Dismukes R, Bynoe V, Margoles L, Leonard M, Tellez I, Franco-Paredes C, 'Short Report: Five-year Experience with Type 1 and Type 2 Reactions in Hansen Disease at a US Travel Clinic' (2008) 79 (3) America Journal Tropical Medical Hygiene 452; Somar P.M.W, Waltz M.M, and Van Brakel W.H, 'The impact of leprosy on the mental wellbeing of leprosy-affected persons and their family members – a systematic review' (2020) 7Global mental health journal.

³Weiss M.G, 'Stigma and the social burden of neglected tropical diseases' (2008) 2 (5) Plos Negligent Tropical Disability 2-3; Van Brakel W.H, Sihombing B, Djar H, Beise K, Kusumawardhani L, Yulihane R, Kurniasari I, Kasim M, Kesumaningsih K.I, Wilder-Smith A, 'Disability in people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination' (2012) 5 Journal Glob Health Action.

different types of disabilities.⁴ Approximately more than two million people worldwide are currently living with physical disabilities due to leprosy, and as at 2020 twelve countries such as Bangladesh, Ethiopia, Madagascar, Mozambique, Myanmar, Nepal, Nigeria, Philippine, Somalia, Sri Lanka and United Republic of Tanzania each reported more than one thousand to ten thousand new cases of leprosy⁵ and it is presumably estimated that there could be more than one million more over the next decade.⁶ The prevalence of leprosy-related disabilities varies among countries.⁷ Nigeria ranked in the third position among African countries with the highest burden of leprosy related disability and this is prevalent in states like Kwara, Borno, Niger, Ogun, Lagos, Kano, Niger, Abia, Osun, Edo, Jigawa, Bauchi, Ebonyi, Cross River and Kaduna.⁸ The Nigeria Constitution of the Federal Republic

⁴ Global leprosy strategy 2016-2020<https://apps.who.int/iris/bitstream/handle/10665/208824/9789290225096_en.pdf>accessed on 6 December, 2025.

⁵ Nsagha D.S, Bamboye E.A, Assob J.C.N, Njunda A.L, Kamga, H.L.F, Zoung-KanyiBissek A.C, Tabah E.N, Oyediran A.B, Njamnshi A.K, 'Elimination of Leprosy as a public health problem by 2000 AD: an epidemiological perspective'(2011) 9 (4) PAMJ; Global leprosy strategy 2016-2020<https://apps.who.int/iris/bitstream/handle/10665/208824/9789290225096_en.pdf>accessed on 6 December, 2025; Global leprosy (Hansen disease) update, 2020 'impact of COVID 19 on global leprosy control'<<https://reliefweb.int/sites/reliefweb.int/files/resources/WER9636engfre.pdf>>accessed on 6 December, 2025; Towards zero leprosy 'Global Leprosy (Hansen's disease) Strategy 2021-2030' <<https://www.who.int/publications/item/9789290228509>> accessed on 6 December, 2025.

⁶ Meima A, Van Veen N. H, Richardus J.H, 'Future prevalence of WHO grade 2 impairment in relation to incidence trends in leprosy: an exploration' (2008) 13 (2) T.M.I.H. Journal 241.

⁷Albert's C.J, Smith W.C.S, Meima A, Wang L, Richardus J.H, 'Potential effect of the world health organization's 2011–2015 global leprosy strategy on the prevalence of grade 2 disability: a trend analysis' (2011) 89(7) B.W.H.O.J 487.

⁸ Chioma Obinna & Gabriel Olawale, 'Nigeria, two others top leprosy index in Africa,' Vanguard new paper (Nigeria 31 January, 2017)

of Nigeria (CFRN) 1999 as amended specifically chapter two and four of the constitution, other international treaties such as Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural rights and regional laws such as Africa Charter on Human and People Rights, Africa Youth Charter, African Charter on the Rights and Welfare of the Child recognises and respects the fundamental freedom of disabled persons, the full range of civil, political, economic, cultural and social rights. However, translating these rights into reality has been conspicuously difficult due to lack of awareness from the disabled people.⁹

2.0.Literature Review

The first discussions and analyses by Serges Alain Djoyou Kamga¹⁰ emerged in 2011 when he presented his paper at the first international conference: *Disability and the Majority. World: towards a Global Disability Studies* held at Elizabeth Gaskell Campus, Manchester Metropolitan University, the paper discussed the trademark feature of disability in Africa as noiselessness and institutional neglect of disabled people, who are often forced to take positions on the outermost margins of

<www.vanguardngr.com/2017/01/nigeria-two-others-top-leprosy-index-africa> accessed on 6 December, 2025; Daumerieb D, 'Leprosy in the WHO African Region' <https://apps.who.int/iris/bitstream/handle/10665/333140/WHSQ-1991-44-n1-p16-22-eng.pdf> accessed on 6 December, 2025.

⁹Mmatli J.O, 'Translating Disability-Related Research into Evidence-Based Advocacy: the Role of People with Disabilities' (2009) 31 Disability and Rehabilitation 14; Michael B, 'Stigma, Discrimination and Marginalization: Gateways to Oppression of Persons with Disability' (2013) 3(1) Journal of Education and Social Research 189.

¹⁰ Serges Alain D. K, 'A call for a protocol to the African charter on human and peoples' rights on the rights of persons with disabilities in Africa' (2011) Manchester metropolitan university.

their societies. The stereotype of persons with disabilities is often the result of traditional or cultural beliefs and highlight the effect attached to stigma and discrimination against people with disability often attribute high rate of poverty among the disabled people and ensure a comprehensive implementation of the convention on the rights of people with disability.

Shweta, Satyaendra, & Darshan,¹¹ examined that Leprosy is a slowly progressive disorder causing granulomatous lesions and is characterized by anaesthetic skin lesions and thickening of the superficial nerves with sensory changes. According to authors stated that the world health organization and five countries including Nigeria constitute vast majority of leprosy cases, of which India accounts for about one-third of all registered leprosy cases globally. The study reveals that leprosy was an incurable and disfiguring disease. They states that Lepers were shunned and sequestered in colonies. Even people avoid seeing the lepers as they are having fear to get the disease but today leprosy is easily curable with multidrug antibiotic therapy (MDT) and other new emerging drugs. Since the lack of awareness about disease leads people falsely believe that the disease is highly contagious and incurable.

Lee S, *et al*,¹² according to the authors they opined that Leprosy is a chronic disease caused by a low multiplying bacillus, *Mycobacterium leprae*, which

¹¹ Shweta K, Satyaendra S, & Darshan D, 'Leprosy: Fear, Hope and Treatment' <https://www.researchgate.net/publication/26578841_Leprosy_Fear_Hope_and_Treatment/citation/download> accessed on 6 December, 2025.

¹² Lee S, Ahn D, Kim J, Park C, Kim K, Kim A, Kim C, Shin J, Cho T, Jo J, Park D, Kim T and Chung P, 'Human Rights and Social Stigma Review for Leprosy Patients in Korea' <<https://www.scirp.org/journal/paperinformation.aspx?paperid=107920>> accessed on 19 November, 2025.

primarily affects the skin and the extremities.¹³ The authors' states that Multidrug therapy (MDT) and Bacillus Calmette-Guerin (BCG) vaccinations are effective at treatment of the disease, but social misconceptions about the disease inhibit efficient health care for affected individuals.¹⁴ According to the authors opine that there is a need to raise awareness, dispel myths about the disease, and to end patient discrimination that destroys families, their study conducted case studies based on scientific journals and specifically focuses on difficulties faced by Korean leprosy patients, and subsequent initiatives by the government to aid patients.¹⁵ The authors suggested that there is need to educate the masses about leprosy and address relevant social inequality issues.

Meekosha and Soldatic,¹⁶ examined the politics of human rights and disability in light of the United Nations Convention on the Rights of People with Disabilities, which has been central to the struggle for recognition of disabled people.¹⁷ Their study states that northern discourse of disability rights has strongly influenced the United Nations Convention on the Rights of People with Disabilities. The authors argue that many of the everyday experiences of disabled people in the global south lie outside the reach of human rights instruments.¹⁸ According to the authors if anything, can these instruments contribute to the struggle for disability justice in the South? While to them Northern discourses promote an examination of disabled

¹³ ibid.

¹⁴ ibid.

¹⁵ ibid.

¹⁶ Meekosha H, Soldatic K, 'Human rights and the global South: The case of disability' <https://www.researchgate.net/publication/233225525_Human_Rights_and_the_Global_South_the_case_of_disability> accessed on 6 December, 2025.

¹⁷ ibid.

¹⁸ ibid.

bodies in social dynamics, they argue that the politics of impairment in the global south must understand social dynamics in bodies.¹⁹

Abba, and Augustine,²⁰ are of the opinion that there are approximately about two million persons in Nigeria who may be referred to as persons with intellectual disabilities; these persons suffer from several challenges ranging from economic to non-inclusion in the society. Their work focuses on persons with intellectual disabilities and the effective access to justice as a fundamental right.²¹ The study finds that even though Nigeria has adopted and ratified the United Nations Convention on the Rights of Persons with Disabilities (2006), the Federal Government of Nigeria has not been proactive in supporting the persons with disabilities in the country to enjoy these rights such as non-implementation of state policies for inclusion of people with disabilities. Furthermore, despite the provision in the 1999 Constitution of the Federal Republic of Nigeria in section 42 ensure freedom from discrimination, there is no the direct effect on procedure to ensure that the rights of the disabled persons are protected.

Van Brakel,²² and Adhikari, Kaohler, Marahatta, Ggyanwali,²³ have similar view on the impact of stigma which is remarkably similar in different countries and health conditions, despite enormous cultural

¹⁹ ibid.

²⁰ Abba A.E, & Augustine A, 'Persons with Intellectual Disability and Access to Justice in Nigeria: Challenges and the Way Forward'<<https://usir.salford.ac.uk/id/eprint/60209/1/PERSONSWITHINTELLECTUALdoneIntellectual Disability-2.pdf>> accessed on 6 December, 2025.

²¹ ibid.

²² Van Brakel W. H, 'Measuring health-related stigma—a literature review' (2006) 11(3) Psychol. Health Medical Journal, 307.

²³ Bipin A, Nils. K, Suja B. M., Kapil G, 'Risk factor of stigma related to leprosy A systematic Review' (2013) 1(2) Journal Manmohan Memorial Institute of Health Science.

diversity and differences in determinants. Because of the similarity in the consequences of stigma in different cultures, and the apparent cross-cutting applicability of many items from stigma instruments, the authors suggest that it would be possible to develop a generic set of stigma assessment instruments.²⁴ Aspects of stigma that were proposed for measurement were public attitudes, discriminatory or stigmatising practices including legislation, structural discrimination and media, experience of discrimination and participation restrictions among affected people, perceived or felt stigma, and internalised or self-stigma. Several instruments with potential for cross-cultural or cross-disciplinary validation were identified. The research centered on social aspect of disabilities thereby using counselling method to address the discrimination.

The work of Tesema and Beriso²⁵ are relevant to this literature. They find out that societal attitude on the victims is unpleasant. Individuals of the society have bad reaction towards leprosy patients, they do not sit with

²⁴ Dhar, R. L, 'living with a developmentally disabled child: attitude of family members in India.' (2009) 46 the Social Science Journal 755; Gallagher, P. A., Malone, D. M, & Ladner, J. R. 'Social-Psychological Support Personnel: Attitudes and Perceptions of Teamwork Supporting Children with disabilities.' (2009) 8 Journal of Social Work in Disability & Rehabilitation 1–20; Gindis B, Remediation *through education: Socio-cultural theory and children with special needs*. In Kozulin, A., Gindis, B., Agayev, V & Miller S, (2003) (Eds). *Vygotsky's educational theory in cultural context*, Cambridge: Cambridge University Press and Goreczny, A. J, Bender E. E, Caruso, G, & Feinstein, C. S, 'Attitudes toward individuals with disabilities: results of a recent survey and implications of those results.' (2011) 32 Research in Developmental Disabilities 1609.

²⁵ Tesema A, Beriso M, 'Assessment of Knowledge and Attitude of Community on Leprosy Patients in Kuyera Town' <<https://www.walshmedicalmedia.com/open-access/assessment-of-knowledge-and-attitude-of-community-on-leprosy-patients-in-kuyera-town-west-arsi-zone-oreomia-region-southeast-ethiopia-2161-10411000156.pdf>> accessed on 6 December, 2025.

leprosy patients in public transportation, they keep away from leprosy patients in different activities, do not share food from the same plate with them, they will not marry from the family with history of leprosy.²⁶ The authors stated that community do not agree to work in the same place with leprosy patients and they do not allow their children to play with children of leprosy patients, feel ashamed if they have leprosy patient in their family. The reason for avoiding leprosy patients is the fear of their deformities and fear that the patients will transmit the disease to them.

The study of Kamundia K,²⁷ show the importance of article 19 of the Covenant on Rights of Persons with Disability (CRPD) in regards to community participation. He stated that the reality is that people with disability, particularly those who require more intensive support, are marginalised and relegated to the outskirts of society. The author justified the relevance of article 19 to persons with disability to live independently within the community which cover the rights to economic, social and cultural rights. The study revealed that Kenya government should effectively implement the provision. Although the study revealed that despite the imperative of the provision of article 19 of the (CRPD), the rate of stigma and discrimination in the society is high even within families with far reaching negative impact on the well-being of disabled persons to actively involve on an equal in other aspect of human endeavour.

²⁶ ibid.

²⁷ Elizabeth K, ‘Choice, Support and Inclusion: Implementing Article 19 of the Convention on the Rights of Persons with Disabilities in Kenya’ (2013) 1 Pretoria university law press.

Steinmann, Dusenbury, and Addiss²⁸ they opined that in 2016, major stakeholders called for the development of an innovative and comprehensive leprosy strategy aimed at reducing the incidence of leprosy, lowering the burden of disability and discrimination, and interrupting transmission.²⁹ This led to the establishment of the Global Partnership for Zero Leprosy (GPZL) in 2018; authors went further to described that partners aligned around a shared Action Framework committed to achieving the WHO targets by 2030 through national leprosy program capacity-building, resource mobilisation and an enabling research agenda.³⁰ According to them GPZL convened over 140 experts from more than 20 countries to develop a research agenda to achieve zero leprosy.³¹ In the findings of their study result shows detailed that research agenda focusing on diagnostics, mapping, digital technology and innovation, disability, epidemiological modelling and investment case, implementation research, stigma, post exposure prophylaxis and transmission, and vaccines in their own opinion that the research agenda is aligned with the research priorities identified by other stakeholders.³² The authors concluded that developing and achieving consensus on the research agenda for zero leprosy is a significant step forward for the leprosy community.³³ In a next step, research programmes must be developed, with individual components of the research agenda requiring distinct expertise, varying in resource needs,

²⁸Steinmann P, Dusenbury C, Addiss D, 'A comprehensive research agenda for zero leprosy'

https://www.researchgate.net/publication/345785095_A_comprehensive_research_agenda_for_zero_leprosy accessed on 6 December, 2025.

²⁹ ibid.

³⁰ ibid.

³¹ ibid.

³² Ibid.

³³ ibid.

and operating over different timescales.³⁴ Moving toward zero leprosy now requires partner alignment and new investments at all stages of the research process, from discovery to implementation.³⁵ Thus the study attempt to exploit legal aspect of how to address the social implication of leprosy related disability area that has not been exploited.

3.0.Nature of Leprosy Related Disabilities

World Health Organisation (WHO) estimated that about 15% of the world's total population has various rage of disability due to leprosy.³⁶ Disability is a restriction in the utility of the part or entire body of a person. Disability can also lead to constraint in social participation of the victim of disease of leprosy.³⁷ Disability can also be divided into three broad areas that is Neurological Disability these are classic disabilities resulting from sensory impairment e.g. blindness, deafness, mental retardation, speech defects, epilepsy, and cerebral palsy.³⁸ Neuromuscular Disability these are disabilities resulting from damage to the muscles e.g. monoplegic, paraplegic, quadriplegic, hemiplegic, polio, leprosy, cerebral palsy, etc. and finally Orthopaedic Disability these are disabilities, which has to do with deformities of the body, e.g. amputation, arthritis, cosmetic surgery, old age etc.³⁹ Quite a lot of scope of disability is acknowledged in the International

³⁴ ibid.

³⁵ ibid.

³⁶ WHO 'world report on disability Geneva: World Health Organization'<http://www.who.int/disabilities/world_report/2011/report.pdf> accessed on 6 December 2025.

³⁷ Leonardi M, Bickenbach J, Ustun T.B., Kostanjsek N, Chatterji S, 'The definition of disability: what is in a name?' (2006) 368 Lancet Journal 21; Van Brakel W.H, Benyamin S, Hernani D, Kerstin B, Laksni K, Rita Y, Indra K, Muhammad K, Kadek I. K and Annelies W.S, 'Disability in people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination'(2012) 5 G.H.A.J

³⁸ ibid

³⁹ ibid.

Classification of Functioning, Disability and Health (ICF) these include body structure and function, activity restrictions and participation restrictions.⁴⁰ In the arrangement it identify the role of physical and social environmental factors in affecting disability outcomes.⁴¹ It also move to center on the cause of disability, therefore, emphasis on the environmental factors such as cultural, social and political rather than focusing on disability as a medical dysfunction.⁴² Physical impairment associated with leprosy is usually secondary to nerve damage resulting from the chronic granulomatous inflammation due to *Mycobacterium leprae*.⁴³ Impairments lead to disabilities, this include restrictions of activities of the part of the body in social activities.⁴⁴ The WHO classifies leprosy-related impairment into three grades: Grade 0-no impairment, Grade 1-loss of sensation in the hand or foot, and Grade 2-visible impairment.⁴⁵ MDT can cure leprosy, and, if instituted early, can prevent disability.⁴⁶ There is very little data on the types of problems faced by victim of the leprosy disease.⁴⁷ The global trait on how to address the pandemic of the disease is based on prevention of disabilities and rehabilitation of victim of the disease.⁴⁸ Though much improvement has been achieved in reducing the number of affected

⁴⁰ WHO ‘International classification of functioning, disability and health’ <<http://www.who.int/classifications/icf/en/>> accessed on 6 December 2025.

⁴¹ ibid.

⁴² ibid.

⁴³ Wilder S, Van Brakel W.H, ‘Nerve damage in leprosy and its management’ (2008) 4 NCPNJ 656.

⁴⁴ ibid.

⁴⁵ World Health Organisation ‘Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities Operational Guidelines’ <<http://www.who.int/lep/resources/SEAGLP20062.pdf>> accessed on 6 December 2025.

⁴⁶ ibid.

⁴⁷ Wilder S, Van Brakel W.H, ‘Nerve damage in leprosy and its management’ (2008) 4 NCPNJ 656.

⁴⁸ ibid.

individual registered for MDT across the world and relatively little is known about disability after release from treatment. Therefore, there is an urgent need for data on leprosy-related disability to assess the need for prevention of disabilities (POD) and rehabilitation services. Such data are also needed for programmed monitoring, research, evaluation and for advocacy.⁴⁹

4.0.Nature of Leprosy Related Stigma

The word *stigma* originated from a Greek word which means a kind of tattoo mark that was cut or burned into the skin of criminals, slaves or traitors, to visibly identify them as blemished or morally polluted people.⁵⁰ These individuals were to be avoided, particularly in public places. The word was later applied to other personal attributes that are considered shameful or discrediting.⁵¹ There are various words that are commonly used as alternative terms for stigma. These include negative attitude, prejudice, stereotype, discrimination and exclusion. Each word's has its own definition; sometimes linking to each other depending on the circumstance of the applicability. It is important we understand each of this words so that the research work will be appreciated. For instance, attitude is defined as feeling or opinion about something or someone.⁵² In other words it is a complex system of interaction among three components that is belief

⁴⁹Van Brakel W.H, Officer A, 'Approaches and tools for measuring disability in low and middle-income countries' (2008) 79 L.R.J 50.

⁵⁰ Rebecca J.F, 'Stigma health article: Definition' <http://www.healthline.com/galecontent/stigma?utm_term%40stigma&utm_medium%40mwandutm_campaign%40article> accessed on 6 December 2025.

⁵¹ ibid

⁵²Cambridge University Press, 'International dictionary of English, Bath: Bath press' <<https://www.amazon.com/Cambridge-International-Dictionary-English-Flexicover/dp/0521484693>> accessed on 6 December 2025.

evaluation, feelings and behaviour tendency.⁵³ Prejudice is typically conceptualised as an attitude that, like other attitudes, has a cognitive component for example, belief about a target group or an affective component such as dislike, and or behavioural component for example, a behavioural predisposition to behave negatively towards a particular group.⁵⁴ In psychology, prejudice is not merely a statement of opinion or belief, but an attitude that includes feelings such as contempt, dislike or hate.⁵⁵ Stubbier, Meyer and Link,⁵⁶ based on the definitions of stigma given by Goffman⁵⁷ states that ‘prejudice’ which include exposure to negative attitudes, structural and interpersonal experiences of discrimination or unfair treatment, and violence perpetrated against persons who belong to disadvantaged social groups. Goffman defined stigma as an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.⁵⁸ Prejudice was defined as aggressive feelings in the direction of a person who belongs to a particular group, simply because he belongs to that group, and is therefore alleged to have the unpleasant qualities attributed to the group.⁵⁹

⁵³Dalal A.K, ‘Social interventions to moderate discriminatory attitudes: the case of the physically challenged in India’ (2006) 11 (3) P.H.M Journal 374.

⁵⁴ Dovidio J.F, Hewstone M, Glick P, Esses V.M, ‘Prejudice, Stereotyping and Discrimination: Theoretical and Empirical Overview. Handbook of Prejudice, Stereotyping and Discrimination’ (2010) SAGE Publications Ltd 3- 8.

⁵⁵ Social Psychology Network, ‘the Psychology of Prejudice: An Overview’ <<http://www.understandingprejudice.org/apa/english/index.htm>> accessed on 6 December 2025..

⁵⁶ Stubbier J, Meyer I and Link B, ‘Stigma, prejudice, discrimination and health’ (2008) 67 (3) S.S M Journal 251

⁵⁷ Goffman E, ‘Stigma: Notes on the management of spoiled identity’ (1963) Prentice-Hall, Englewood Cliffs; Link B.G, Phelan J.C, ‘Conceptualizing stigma’ (2001) 27 A.R.S.J 363.

⁵⁸ ibid.

⁵⁹ Gordon Allport’s ‘The Nature of Prejudice’ (1991) 12 Archival Journal & Primary Source Collection 125.

Stubbier, Meyer and Link further comment that stigma research has traditionally emphasised studying people with unusual conditions, such as facial disfigurement, while prejudice research tend to focus on the far more ordinary, but clearly powerful implications of gender, age, race and class division. They conclude that dishonour and intolerance are interrelated that are used in different conditions or circumstances.⁶⁰ Stereotypes are often the basis of prejudice.⁶¹ They argue that the fact that most people have familiarity of a set of stereotypes does not imply that they agree with them.⁶² They give an example that many persons can recall stereotypes about different racial groups but do not agree that the stereotypes are valid. People who are prejudiced are those endorse the negative stereotypes.⁶³ While discrimination implies exclusion from all component of life and that has the effect of denying the respect or enjoyment by all persons, on an equal basis of all rights.⁶⁴ From the definition the word exclusion is a major ground of discrimination.⁶⁵ Sigma was view, as personal experience which is characterized by exclusion, rejection, blame, or depression that results from experience of an undesirable social conclusion about the person or individual group identified with a particular problem.⁶⁶ The definition by

⁶⁰ Stuber J., Meyer I., Link B., 'Stigma, prejudice, discrimination and health' (2008) 67(3) S.S.M Journal 351.

⁶¹ Corrigan, P.W., Watson, A.C., 'Understanding the impact of stigma on people with a mental illness' (2002) 1 World Psychiatry Journal 6.

⁶² *ibid.*

⁶³ *ibid.*

⁶⁴ Dalal A.K, 'Social interventions to moderate discriminatory attitudes: the case of the physically challenged in India' (2006) 11(3) P.H.M Journal 374; UN Human Rights Committee (HRC). CCPR General Comment No. 18:Non-discrimination. <<http://www.refworld.org/docid/453883fa8.html>> accessed on 6 December 2025.

⁶⁵ Oxford Dictionaries<<http://www.oxforddictionaries.com/definition/english/attitude>> accessed on 6 December 2025.

⁶⁶ Weiss M.G, Ramakrishna J, Somma D, 'Health-related stigma: rethinking concepts and interventions' (2006) 11(3) P.H.M Journal, 277.

the author encapsulates the entire fundamental ingredient stigma which is change consistently base on the nature that triggers an undesirable social judgment and its results. Stigma or discrimination could be related to many factors such as attribute that signifies that an individual is different from normal people and that the person is of a less desirable kind in the intense or abnormality, a person who is bad, or dangerous or weak person.⁶⁷ To increase the understanding of his definition, the author proposes three categories of attributes that are discrediting. They are abominations of the body or physical disfigurement; aberrations of individual character or personality, such as mental disorder, imprisonment, unemployment; and the tribal stigma of race, nation and religion. Goff man's definition has been cited by many scholars or researchers; however, it had remained unopposed. Since studies on stigma have been carried out by different professionals in different circumstances, many definitions have been proposed as alternatives to or as an elaboration of Goff man's definition. Stigma has been coined as mark or attributes that links a person to undesirable characteristics or stereotypes.⁶⁸ This definition implies that one group sees the other as abnormal to stay away from. Stigma or discrimination can also be viewed as a characteristic of a person that is contrary to a norm of a social group or unit.⁶⁹ Stigmatised individuals possess or are believed to possess some attributes or characteristics that convey a social identity that is devalued in a particular social context, for

⁶⁷ Goffman E, 'Stigma: Notes on the management of spoiled identity' (1963) Prentice-Hall, Englewood Cliffs J;Link B.G., Phelan J.C, 'Conceptualizing stigma' (2001) 27 A.R.S.J 363.

⁶⁸ Jones E, Farina A, Hastorf, A, *Social stigma: The psychology of marked relationships* (Freeman, New York,1984).

⁶⁹ Stafford M.C, Scott R.R, *Stigma deviance and social control: some conceptual issues* (Plenum, New-York, 1986).

instance the situation of the people living with leprosy related disabilities.⁷⁰

It also means a dynamic process that is linked to competition for power and tied into existing social mechanisms of exclusion and dominance.⁷¹

5.0.Examining the rights of People with Leprosy Related Disability under the Law

The (CRPD) categorically affirms the social model of disability⁷² by describing it as a condition arising from interaction with various barriers that may hinder their full and effective participation in society on an equal basis with non-disabled person.⁷³ From the social dimension of disabilities perspective, it is argued that discrimination against disabled persons has a long history and has taken various forms depending on the disabilities nature of such a person.⁷⁴ Based on the rationale behind the study, the Convention precisely talks on discrimination based on disability as any form of exclusion based on the nature of his or her disability which has nullifying the recognition of socio-economic and cultural freedom.⁷⁵ Through neglect or prejudice have led to disabled people be prevented from discharging their fundamental rights based on equality with others.⁷⁶ In effects discrimination based on disability cut across all aspect of life ⁷⁷ to

⁷⁰ Gilbert S.T, Fiske & Lindzey G, (Eds.) *The handbook of social psychology* (4th ed) vol. 2, pp 504-553, (Boston, MA:McGraw-Hill)

⁷¹ Link B.G, Phelan J.C, 'Conceptualizing stigma' (2001) 27 A.R.S.J 363.

⁷² Michael L.P, 'There's Voices in the Night Trying to be Heard': The Potential Impact of the Convention on the Rights of Persons with Disabilities on Domestic Mental Disability Law, in evolving issues in discrimination: social science and legal perspectives R.Wiener (eds)(2011) .

⁷³ CRPD Article 1.

⁷⁴ ibid.

⁷⁵ ibid.

⁷⁶ ibid.

⁷⁷ CESCR, General Comment 5, Persons with Disabilities, para 15.

re-conceptualise both mental and social model of disabilities with no doubts that leprosy disease is a social health problem⁷⁸ and to an extend a human rights issue.⁷⁹ To this end, article 3 (a) provides for respect for inherent dignity and non-discrimination of disabled persons. Article 15 of the CRPD declares for freedom from inhuman treatment.⁸⁰

This has been one of the major problem of victim of disease of leprosy-related disability face the symptom of the disease appears which can be identified by the member of the society, there will be expression of social stigma and when social stigma occurs there are tendencies that inhuman treatment will be displayed in the society against disabled people affected with leprosy disease. While article 16 of the same convention further states for freedom from violence and abuse, people living with leprosy-related disease are prone to abuse due to misconception about the disease.

The article 6 of the convention further expatiates relevance of its provision to the people living with leprosy-related disease especially women with disability.⁸¹ This is because women face double forms of discrimination that is discrimination being a woman and discrimination be a disabled woman, there were often time when women with leprosy-related disability were sent out of their matrimonial home, dumped and rejected by her families member, in most cases her husband. Most women living at leprosarium centre were abandoned by their family members. In article 7 of the convention, it is addressed that children are prone to the disease of

⁷⁸ Phillip F, 'Human Rights, Bioethics, and Mental Disorder' (2008) 27 Medical law Journal 95-107.

⁷⁹ *ibid.*

⁸⁰ CRPD Article 15.

⁸¹ CRPD Article 6.

leprosy. Children experience physical disability due to leprosy between 13 and 15 years. This, however, depends on the clinical formation of this disease. The convention, therefore, calls for protection of children with disability with special care and attention. The convention recognises accessibility, in term of education, health to people with leprosy related disability which can be enforced under the convention, if denied. This, however, means people living with leprosy disease are entitle to public and private schools without discrimination⁸² Most often people with leprosy find it difficult to access most public places due to their physical challenges. It is imperative that all public places must comply with human rights standard including public schools, health centers and any other places that are legally meant for peoples.

Article 10 of the convention also recognises and respect right to life which is sacrosanct.⁸³ It is imperative to note that right to life under this treaty goes far beyond the basic right to life; it includes rights to live with human dignity, adequate food, nutrition, housing, clothing and shelter.⁸⁴ It is quite unfortunate that the society has created a barrier for people living with leprosy-related disease not to feel the impacts of what rights to life means, due to discrimination by the society.

Article 12 also states the importance of equal recognition before the law. The convention permits people with disabilities to be recognise under the law.⁸⁵ This is because most often people living with leprosy related disability are prone to abuse by the society and within the context of this

⁸² CRPD Article 9.

⁸³ CRPD Article 10.

⁸⁴ ibid.

⁸⁵ CRPD Article 12.

provision there is need for recognition under the law.⁸⁶ The CRPD is a unique treaty that is a legally binding instrument devoted to the inclusiveness of disabled persons rights and it also spell out that states should not exclude disabled people, and also sets out explicitly many steps that states must take to create an enabling environment so that persons with disabilities can enjoy full equality in the society.⁸⁷ The convention mandates that states parties shall takes all suitable process to provide person with disabilities the access and the support they may require in exercising their legal capacity.⁸⁸ The convention commands States parties to ensure disabled people have effective access to justice on an equal basis with non-disabled individual, this access to justice shall includes the procedural aspect of the court and accommodations, so as to facilitate the effective role in the participation and as well as witnesses.⁸⁹ The article drawn a lot of attention and honoured to signatory country which gave a positive input this entire convention affects persons with disabilities.⁹⁰ It is imperative to note that method for the selection of counsel and strong institution for the

⁸⁶ *ibid.*

⁸⁷ Bryan Y. L, ‘The U.N. Convention on the Rights of Persons with Disabilities and Its Impact upon Involuntary Civil Commitment of Individuals with Developmental Disabilities’ (2011) 36, 44 *Colum Journal Law & Soc. Probs.* 393; Hoffman & GyorgyKonczei, ‘Legal Regulations Related to the Passiveand Active Legal Capacity of persons with Intellectual and Psychosocial Disabilities in Light of theConvention on the Rights of Persons with Disabilities and the Impending Reform of the Hungarian Civil Code’ (2010) 33 *Loy. L.A. Int’l & Comp. L. Rev.* 143.

⁸⁸ Michael L. Perlin A, ‘I Might Need a Good Lawyer, Could Be Your Funeral, My Trial: A Global Perspective on the Right to Counsel in Civil Commitment Cases, and Its Implications for Clinical Legal Education’ (2008) 28 *Wash. U. J. L. & Socl Poly* 241.

⁸⁹ CRPD Article 13.

⁹⁰ Michael L. Perlin A, ‘I Might Need a Good Lawyer, Could Be Your Funeral, My Trial: A Global Perspective on the Right to Counsel in Civil Commitment Cases, and Its Implications for Clinical Legal Education’ (2008) 28 *Wash. U. J. L. & Socl Poly* 241-252.

effective recognition and protection of victim of disabled people-related to physical disability should be realistic.⁹¹

The CRPD requires monitoring at international and national levels. At the International level, states shall submit either annually or monthly report depending on the directive of the CRPD Committee to give a full comprehensive improvement in the implementation of the convention and well provide accurate detailing of every report and the measures taken in actualise its obligations as provided under the article to the convention.⁹² Also at the National level states must create a variety of instrument to supervise the execution of the principle.⁹³ The treaty seeks to reverse the results of centuries of oppressive behaviour and attitudes that have stigmatised persons with disabilities example, people living with leprosy-related disease. The objective of the treaty is to ensure promotion, protection and guarantee the enjoyment of all fundamental rights of all disabled people, and to promote respect for people living with disease of leprosy related disability their freedom of inherent dignity.⁹⁴

6.0.Conclusion

The study has argued and justified a clear insight into law related to people living with leprosy-related disability. The study has uncovered the lofty velocity of stigma and discrimination which remain widespread among people living with leprosy related disability in Nigeria and has found that laws can help to mitigate the behavioural misconception of the society

⁹¹ Michael A.S, Michael E. W, & David B.W, 'Book Review: Cause Lawyering, For People With Disabilities' (2010) 123 Harvard Law Review 1658.

⁹² CRPD Article 35.

⁹³ CRPD Article 33.

⁹⁴ CRPD Article 1.

about people living with leprosy disease and helped to respect for human dignity and full recognition and awareness of human rights.