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Disability Rights awareness and Quality of Life: A Survey of Persons with Disabilities in Rural Rivers

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Abstract
Disability remains a critical human rights, public health, and development concern globally and in Nigeria, with persons with disabilities (PWDs in rural communities experiencing compounded exclusion due to poverty, stigma, weak infrastructure, and limited access to services. In Rivers State, particularly outside the urban centres of Port Harcourt City and Obio-Akpor LGAs, there is a significant lack of empirical evidence on the lived experiences, quality of life, and disability rights awareness of PWDs. This gap has continued to limit effective policy implementation, advocacy, and inclusive development programming.

The research is a systematic mixed-methods inquiry examining the intersection of disability rights awareness, socio-cultural realities, and quality of life among PWDs across ten selected rural Local Government Areas (LGAs) in Rivers State: Omuma, Ogu-Bolo, Ahoada West, Etche, Oyibo, Okrika, Eleme, Khana, Abua-Odual, and Ikwerre. Using a mixed-methods design, quantitative data were collected from 144 persons with disabilities using standardized quality-of-life measures (WHOQOL-BREF), while qualitative methods captured in-depth lived experiences and socio-cultural perspectives.

Key findings reveal that respondents were predominantly middle-aged adults (36–55 years), with a higher proportion of men (66.7%) than women (33.3%). Mobility impairment was the most prevalent disability type (75.7%), and a significant proportion acquired disability during childhood or adulthood, often due to preventable causes linked to inadequate healthcare access. Care and support were largely informal and family-based, highlighting the absence of structured community or government support systems.

Across the four WHOQOL-BREF domains, respondents reported moderate quality of life overall, with the environmental domain scoring the lowest. Dissatisfaction was most pronounced in access to transportation, healthcare, assistive devices, accessible infrastructure, financial resources, and information. Psychological well-being was also adversely affected by stigma, discrimination, and limited psychosocial support. While family relationships provided some social support, broader community participation remained constrained.

Disability rights awareness among respondents was generally low. Experiences of discrimination in public spaces, religious settings, employment, and community decision-making were frequently reported, underscoring the persistent gap between policy commitments and lived realities in rural contexts. The study identified key factors negatively affecting quality of life, including entrenched stigma and harmful cultural beliefs, economic vulnerability, limited access to assistive technologies, weak government presence at the community level, and inaccessible physical and social environments. Qualitative findings further highlighted themes of resilience amidst hardship, social exclusion rooted in cultural interpretations of disability, systemic barriers to inclusion, and the empowering role of family support, peer networks, disability groups, and faith-based organizations.

In conclusion, the study demonstrates that while persons with disabilities in rural Rivers State exhibit resilience and agency, their

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quality of life and enjoyment of rights remain significantly constrained by structural, cultural, and institutional barriers. The findings provide critical evidence to inform advocacy, policy reform, and programme design, and reinforce the urgent need for rights-based, community-driven, and inclusive interventions. Strengthening disability rights awareness, improving access to assistive devices and services, activating local government disability structures, and challenging harmful cultural norms are essential steps toward improving the quality of life of persons with disabilities in rural Rivers State.

Key Words
Disability, quality of life, Rural, Disability rights, persons with disabilities, Nigeria, rivers state, disability awareness, awareness, rights

Introduction

Disability remains a significant public health, human rights, and development issue globally, with an estimated 15% of the world's population living with one form of disability or another (WHO, 2011). In Nigeria, disability prevalence remains poorly documented, especially in rural regions where social, cultural, and infrastructural barriers are more pronounced. The South-South region of the country, including Rivers State, continues to experience limited research on the lived experiences and quality of life (QoL) of persons with disabilities (PWDs), leaving critical gaps in evidence needed for informed policy making and programming.

Cultural beliefs around disability in many Nigerian communities remain shrouded in mystery. Disability is still interpreted through lenses of spiritual causation, curses, misfortune, or family shame, resulting in stigma, exclusion, and denial of rights. Consequently, persons with disabilities are often treated as second-class citizens, sometimes internalizing societal stigma and experiencing self-stigmatization. These beliefs significantly shape life outcomes, access to opportunities, and autonomy.

Over the past two decades, the discourse on disability has shifted from a welfare-based approach to a rights-based framework, reinforced by international and national legislation including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and Nigeria's Discrimination Against Persons with Disabilities (Prohibition) Act, 2018. Despite these policy advancements, the benefits of disability rights awareness and enforcement have been more visible in urban centers than in rural communities.

Research evidence shows that rural areas often report higher levels of functional difficulties, poorer access to health and social services, and lower inclusion in community life (Mbada et al., 2020; GHSP, 2018). Rivers State reflects this divide. While Port Harcourt City and Obio-Akpor Local Government Areas (LGAs) benefit from relatively better infrastructure, the rural LGAs experience significant deprivation in transportation, health care, accessible environments, and disability-friendly governance systems. Disability in rural Rivers is still synonymous with deprivation, abandonment, cultural stigma, and denial of rights

FAECARE Foundation, through the Disability Rights Initiative Project: Rural Rivers (DRIP-RR), sought to confront these barriers by engaging communities, strengthening the capacity of local government systems, and amplifying the voices of persons with disabilities at the grassroots. The research component of DRIP-RR aimed to generate reliable evidence on the quality of life, disability rights awareness, and factors affecting the well-being of persons with disabilities in Rural Rivers State.

The study was aimed at determining knowledge and awareness of disability rights as well as the quality of life of Persons with Disabilities in rural rivers. The three specific objective of the study were to:

i. Ascertain the quality of life from the perspective of people living with disabilities in rural Rivers State.
ii. Examine the level of knowledge and awareness that persons with disabilities in rural Rivers have as regards their quality of life and disability rights.
iii. Determine the factors that affects quality of life of persons with disability in rural Rivers State.

The study focused on answering three research questions

i. What is the quality of life of persons with disability in rural Rivers State?
ii. What is the level of knowledge and awareness that persons with disabilities in

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rural Rivers have with regards to their quality of life and disability rights?

iii.What factors affect the quality of life of persons with disabilities in rural Rivers State?

The study, therefore, provided the first systematic mixed-methods inquiry exploring the intersection of disability rights, socio-cultural realities, and quality of life for PWDs across ten selected rural LGAs in Rivers State. It responded directly to the need for accurate local data to inform advocacy, programme design, and policy implementation particularly, in underserved rural contexts.

Materials and Methods

This study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of the quality of life and disability rights awareness among persons with disabilities in rural Rivers State. The mixed-methods approach was chosen because disability is a multidimensional phenomenon that requires both statistical measurement and in-depth exploration of lived experiences. Quantitative data allowed for systematic assessment of patterns in quality-of-life indicators and rights awareness, while qualitative data provided richer insights into the socio-cultural, economic, and environmental factors shaping the experiences of persons with disabilities.

The research was conducted across selected Local Government Areas outside Port Harcourt City (PHALGA) and Obio-Akpor (OBALGA) - areas collectively referred to as “Rural Rivers.” These LGAs were chosen from the three Senatorial areas of the State. They are: Omuma, Ogu-Bolo, Ahoada West, Etche, Oyibo, Okirika, Eleme, Khana, Abua-Odua and Ikwerre LGAs. These LGAs are characterized by limited infrastructure, lower access to social services, and deeply rooted socio-cultural beliefs around disability. The study area was selected because disability rights initiatives in Rivers State have traditionally focused on urban centres, leaving rural communities with limited attention and scant data. By defining rural Rivers as LGAs outside the metropolitan hubs, the study specifically targeted communities where the Disability Rights Initiative Project: Rural Rivers (DRIP-RR) intended to strengthen advocacy and inclusion.

The study population comprised adults aged 18 – 65 years living with any form of disability and residing in the selected rural LGAs. The study included persons with physical disabilities, visual impairments, hearing impairments, speech impairments, spinal cord injuries, and cerebral palsy, reflecting the diversity of disability types within the communities. Individuals with intellectual disabilities were excluded due to the study’s requirement for self-reported information and the need to ensure reliable, informed responses during interviews. Children under 18 were also excluded, as the study focused on adult experiences of rights awareness and quality of life.

A combination of purposive, convenient, and snowball sampling techniques was employed to identify participants. Within the ten LGAs, participants were identified through community disability networks and referrals, recognizing that persons with disabilities in rural areas are often hard to locate due to stigma or lack of formal registration. In each selected LGA, approximately 15 respondents were recruited, resulting in a total of 144 completed questionnaires. The sample size for the quantitative component was determined using the standard formula for descriptive studies - $n = Z^2pq/d^2$ - based on a disability prevalence rate of 12.1% from previous Nigerian QoL research, yielding an adequate number for statistical analysis and representativeness. For the qualitative component, participants for in-depth interviews (IDIs) and focus group discussions (FGDs) were selected purposively to ensure diversity in disability type, gender, age, and lived experiences.

Data collection relied on two primary research instruments. The first was an interviewer-administered structured questionnaire adapted from internationally recognized tools, including the Washington Group Short Set of Questions on Disability and the WHOQOL-BREF 26-item scale. These tools enabled standardized measurement of functional limitations and quality of life across physical, psychological, social, and environmental domains. The second set of tools comprised qualitative IDI and FGD guides designed to elicit deeper reflections on disability rights awareness, socio-cultural barriers, discrimination, community attitudes, and personal experiences with service access.

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Interviews were conducted in English, with adaptations such as sign-language interpretation was provided where necessary to enhance accessibility.

The data collection procedure involved trained fieldworkers administering questionnaires and conducting interviews individually while ensuring comfort and confidentiality. Fieldworkers followed standardized protocols, ensured informed consent, and adapted the process to meet participants' accessibility needs. For respondents with visual impairments, questions were read aloud; for those with hearing impairments, interpreters supported communication; and for participants with mobility impairments, interviews were conducted in convenient locations.

Quantitative data were entered and analysed using SPSS version 20. Descriptive statistics which included frequency distributions, percentages, mean, and standard deviations, were used to summarize demographic characteristics, quality of life indicators, and levels of disability rights awareness. Inferential tests such as chi-square analyses, t-tests, and ANOVA were planned to explore relationships between demographic variables, QoL domains, and awareness levels, with statistical significance set at p=0.05. Qualitative data from interviews and FGDs were analysed thematically. Transcripts were reviewed, coded, and categorized into themes that reflected participants' lived experiences, emerging patterns, and contextual factors influencing disability rights and quality of life in rural communities.

Ethical considerations guided every stage of the study. Informed consent was obtained verbally from all participants. Privacy, confidentiality, and anonymity were ensured by assigning codes instead of names and storing data securely. Participants were informed of their right to withdraw at any time without consequence. The study was committed to ensuring accessibility throughout data collection, including the use of interpreters, simplified communication strategies, and accommodating interview schedules.

The study acknowledged several limitations. The use of convenient and snowball sampling, while necessary due to the hidden nature of disability in rural communities, may limit generalizability. Self-reported QoL measures may be influenced by personal perceptions or recall bias. The exclusion of persons with intellectual disabilities limits representation across all disability categories. Additionally, cultural stigma may have led some potential participants to decline involvement, affecting sample diversity. Despite these limitations, the mixed-methods approach strengthened the validity of the findings and provided a holistic understanding of disability rights awareness and quality of life in rural Rivers State.

Result and Discssion

1. Socio-Demographic Characteristics of Respondents

Age					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**18-25**	**11**	**7.6**	**7.6**	**7.6**
	26-35	**34**	**23.6**	**23.6**	**31.3**
	36-45	**39**	**27.1**	**27.1**	**58.3**
	46-55	**42**	**29.2**	**29.2**	**87.5**
	56-65	**11**	**7.6**	**7.6**	**95.1**
	66 and above	**7**	**4.9**	**4.9**	**100.0**
	Total	**144**	**100.0**	**100.0**	

A total of 144 persons with disabilities participated in the study. The age distribution showed that respondents were predominantly adults aged 36 – 55 years. Specifically, 27.1% were between 36 – 45 years, while 29.2% fell within 46 – 55 years. Younger respondents (18 – 25 years) accounted for 7.6%, and those above 66 years constituted only 4.9%. This indicates that disability in rural Rivers affects individuals across the life course, with a concentration among middle-aged adults.

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Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	96	66.7	66.7	66.7
	female	48	33.3	33.3	100.0
	Total	144	100.0	100.0	

In terms of gender, 66.7% of respondents were male and 33.3% were female, revealing a notable gender imbalance. Educational attainment varied: 53.5% completed secondary school, 25.7% had tertiary education, and 17.4% had only primary education, while 3.5% reported never attending school. Most respondents were self-employed (47.9%), followed by public servants (18.8%), and farmers (15.3%), highlighting reliance on informal and low-income livelihood activities.

Who do you stay with					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alone	25	17.4	17.4	17.4
	Nuclear family	87	60.4	60.4	77.8
	Extended family	24	16.7	16.7	94.4
	Institutionalized Home	8	5.6	5.6	100.0
	Total	144	100.0	100.0	

The majority of participants (60.4%) lived with their nuclear families, while 17.4% lived alone and 16.7% with extended families. Only 5.6% resided in institutional care homes. Marital status patterns mirrored general population trends, with 53.5% married and 35.4% single.

Occupation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Farming	22	15.3	15.3	15.3
	Fishing	1	.7	.7	16.0
	Public servant	27	18.8	18.8	34.7
	Self-employed	69	47.9	47.9	82.6
	Trading	25	17.4	17.4	100.0
	Total	144	100.0	100.0	

These demographic patterns indicate that persons with disabilities in rural Rivers State are predominantly economically active adults who manage their conditions within family settings, yet with limited educational and occupational opportunities.

2.Disability Profile of Respondents

Disability type					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deaf / Hard of Hearing	12	8.3	8.3	8.3
	Mobility Impairment / Physical Challenge	109	75.7	75.7	84.0
	Blind / Visual Impairment	17	11.8	11.8	95.8
	Spinal Cord Injury	2	1.4	1.4	97.2
	Speech Impairment	3	2.1	2.1	99.3
	Cerebral Palsy	1	.7	.7	100.0
	Total	144	100.0	100.0	

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The disability profile shows that mobility impairments were overwhelmingly the most common disability type, accounting for 75.7% of respondents. Visual impairments constituted 11.8%, hearing impairments 8.3%, spinal cord injuries 1.4%, speech impairments 2.1%, and cerebral palsy 0.7%. This reflects broader national patterns where physical impairments dominate due to road accidents, untreated infections, and inadequate access to emergency care.

Start of disability?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Born with it	29	20.1	20.1	20.1
	Acquired at childhood	56	38.9	38.9	59.0
	Acquired as teenager	10	6.9	6.9	66.0
	Acquired as an adult	49	34.0	34.0	100.0
	Total	144	100.0	100.0	

Regarding onset, 20.1% reported being born with a disability, while 38.9% acquired disability during childhood. An additional 6.9% developed disability as teenagers, and a significant 34% acquired disability in adulthood. This demonstrates that disability onset in rural Rivers is influenced by multiple life-stage factors including: birth complications, childhood illnesses, and adult injuries, many of which are preventable with improved healthcare access.

Caregiver					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mother	29	20.1	20.1	20.1
	Father	2	1.4	1.4	21.5
	Sibling	15	10.4	10.4	31.9
	Employee	1	.7	.7	32.6
	Self	70	48.6	48.6	81.3
	Grand Parents	6	4.2	4.2	85.4
	Extended Family Member	21	14.6	14.6	100.0
	Total	144	100.0	100.0	

Caregiving patterns showed that nearly half of respondents (48.6%) cared for themselves independently, while others relied on mothers (20.1%), siblings (10.4%), grandparents (4.2%), and extended family members (14.6%). This reliance on informal caregiving structures underscores the absence of formal community-based support services.

3. Quality of Life Indicators (WHOQOL-BREF Domains)

Quality of life was assessed across physical health, psychological well-being, social relationships, and environmental conditions.

i.Physical Health

Statistics (mean and standard deviation for items)											
			1 Item 1	1 Item 2	1 Item 3	1 Item 4	1 Item 5	1 Item 6	1 Item 7	1 Item 8	Average1
N	Valid		144	144	144	144	144	144	144	144	144
	Mis		0	0	0	0	0	0	0	0	0

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	sing										
Mean			3.88	3.44	3.92	3.15	2.50	2.85	2.06	4.77	3.32
Std. Deviation			1.295	1.332	1.078	1.253	1.252	1.303	1.242	4.283	.74

Respondents reported moderate satisfaction with physical health. The mean score for the physical domain was 3.32, reflecting average levels of mobility, energy, and pain management. However, several participants reported difficulty performing daily activities, indicating the presence of functional limitations that negatively affect independence.

ii.Psychological Well-Being

Statistics
(mean and standard deviation for items)

		2 item 1	2 item 2	2 item 3	2 item 4	2 item 5	2 item 6	2 item 7	2 item 8	2 item 9	2 item 10	2 item 11	2 item 12	Average 2
N	Valid	144	144	144	144	144	144	144	144	144	144	144	144	144
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean		2.54	3.35	2.89	2.92	2.99	3.47	3.10	2.74	2.90	2.46	2.35	3.08	2.89
Std. Deviation		1.273	1.286	1.135	1.201	1.137	1.115	1.161	1.205	1.066	1.102	1.099	1.235	.62

The psychological domain mean score was 2.89, showing mixed levels of emotional well-being. Some respondents expressed satisfaction with personal beliefs and self-esteem, while others highlighted stress, worry, and limited access to psychosocial support. Stigma and negative cultural beliefs likely contributed to the lower psychological scores.

iii.Social Relationships

Statistics
(mean and standard deviation items)

		3 item 1	3 item 2	3 item 3	3 item 4	3 item 5	3 item 6	3 item 7	3 item 8	3 item 9	3 item 10	3 item 11	3 item 12	3 item 13	3 item 14	Average 3
N	Valid	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean		3.59	2.92	3.01	3.69	3.53	3.41	3.07	3.10	3.26	1.41	2.74	2.79	3.21	2.85	3.04
Std. Deviation		1.259	1.287	1.054	.986	1.170	1.214	1.169	1.179	1.409	.779	1.157	1.164	1.251	1090	.43

Social relationship outcomes were moderate, with a mean score of 3.04. Participants noted support from family members and some close networks. Nonetheless, several respondents reported strained relationships due to

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discriminatory attitudes, dependency burdens, or isolation arising from limited mobility.

iv. Environmental Quality of Life

The environmental domain scored lowest, with a mean score of 2.74. Respondents expressed dissatisfaction with transportation, safety, accessibility of buildings, availability of health services, and access to mobility aids. High dissatisfaction levels in items related to financial resources, information availability, and opportunities for recreation indicate systemic barriers that undermine full participation in community life.

v.Additional Factors Influencing QoL

Specific items revealed heightened dissatisfaction with access to healthcare; access to assistive devices; ability to participate in meaningful community activities; environmental safety These challenges collectively result in reduced autonomy and limited well-being.

4. Disability Rights Awareness and Knowledge Levels

The study found that disability rights awareness among rural PWDs is generally low. Many respondents were unfamiliar with the existence or provisions of the UNCRPD and the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018. Awareness of rights to accessibility, non-discrimination, and reasonable accommodation was limited.

Respondents also reported experiences of discrimination in public spaces, religious settings, community meetings, and employment environments. A number of respondents indicated insufficient access to critical services such as health, education, assistive devices, and social protection programmes, thus, demonstrating the widening gap between policy provisions and lived realities. Overall, these data suggest a need for targeted awareness campaigns and stronger enforcement mechanisms in rural LGAs.

5. Factors Affecting Quality of Life

i. Social Barriers

Stigma, stereotyping, and exclusion emerged as major concerns. Participants frequently recounted instances where community members attributed disability to curses or misfortune, leading to avoidance and marginalization.

ii.Cultural Attitudes

Deep-rooted beliefs that associate disability with shame continue to influence how families and communities interact with PWDs. These cultural perceptions reduce opportunities for participation, marriage, education, and leadership roles.

iii.Economic Status and Employment

Many respondents were self-employed or engaged in low-income occupations. Limited access to capital, training, and supportive equipment restricts their earning capacity, thereby weakening financial independence.

iv.Access to Assistive Devices

Access to mobility aids and other assistive technologies was notably poor, with many respondents relying on improvised or inadequate tools. This directly impaired mobility, independence, and physical QoL.

v.Government and Community Support

Respondents reported limited contact with government support programmes. Disability desks or community-level structures were largely absent or inactive, leaving PWDs dependent on family-based support systems.

6. Qualitative Findings in Distinct Themes

i.Lived Experiences

Participants described their daily experiences as a mixture of resilience and hardship. Many navigated inaccessible environments, social rejection, and economic vulnerability while maintaining determination to survive and participate in community activities.

“Yes. In fact, this particular question is very important because worrying about the future is the reason why many persons with disabilities are going through depression. Imagine now that I am younger going through the hurdles of life with this disability, it has not been easy, then thinking about who will take care of me in old age or who will train my children. It gives me concern sometimes.” WWD in Etche

“Yes, yes, as I am still alive. Yes…Yes, I am in charge of my life.” PWD in Eleme

“Yes, you know dream big. Yes, even as I am talking to you, I contested as a counselor in this very movement labor party platform even as I am talking to you, I am serving as a CDC in this community, that is why I have the power to demand for key for this venue.” PWD in Omuma

iiStigma and Cultural Interpretations

A strong theme was the negative cultural positioning of disability. Respondents reported being labelled as cursed, bewitched, or burdensome. Such interpretations affected self-esteem, marriage prospects, and community involvement.

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"Yes, people at times treat, some people at times treat me unfairly, mostly those of us with physical challenge, because they like to take advantage of us feeling we are not equal with them." PWD in Ahaoda west

"Yes, it does, because there are things I am supposed to do; but do it, I cannot do them. Eighty percent of it. Just like what happened on 11th January 2025. Some family members came to me and beat me because of my father's property. They pushed me down. They took my phone and ran away from me." PWD in Eleme

"Yes, because they neglect me because of my physical challenge. I ask a question there that what of someone neighborhood or somebody around you want to oppress you because of your physical challenge, what do you do, feeling that I cannot do anything, not knowing that even if I don't have anybody, God is my shepherd, God is my everything. God can fight for me, even if I cannot go and fight physical fight…They describe me like that, "a woman with one leg" "that half woman", they don't know that somebody who is stronger than human being can fight for me." WWD in Oyigbo

iii.Barriers to Inclusion

Key barriers included inaccessible transportation, lack of ramps and accessible public buildings, limited health services, and absence of inclusive community governance. These barriers collectively reinforce exclusion.

"There should be need for transportation, accessibility of good roads, employment, and accessible buildings. If all these are put in place, the life of persons with disabilities will be ok. They should come to our aid. They should not be seeing us as beggars who can be given N50 and we will be satisfied. They should make room for employment for us; engage us in meaningful activities not giving us stipend.' PWD in Ikwerre

"Here in Etche, there is no rehabilitation centre for persons with disabilities. if we have at least two rehabilitation centres in Etche, it will go a long way to help a lot of persons who do not have opportunity to go to Port Harcourt or Lagos. With a rehabilitation center here in Etche, it will help a lot." PWD in Etche

"There should be need for transportation, accessibility of good roads, employment, and accessible buildings. If all these are put in place, the life of persons with disabilities will be better." PWD in Ikwerre

iv. Facilitators of Empowerment

Some respondents identified supportive family members, disability associations, and faith-based groups as sources of encouragement. Peer networks, though limited, also played a role in enhancing coping and resilience.

"I feel some times because when I look at people who are able, looking at the extent they have gone I think sometimes I feel, but nevertheless I handed it over to GOD that created me." WWD in Khana

"… in my opinion, the government has an important integral part on the lives of disability persons even NGO's even other organizations." PWD in Okrika

"I am very sharp at social life, even my faith, I am a member of Assemblies of GOD church and deacon in the church, my faith helps me...empowerment for persons with disabilities, can either be financial or giving them education or training, that's what I mean to do something with their hands so that they can be able to be on their own without depending or being a liability to other people." PWD in Ogu Bolo

"The message I have for the policy maker regarding disability rights is that they should take care of us, they should not neglect us, they should carry us along. We are disable is not we are…we are able also, in disability there is strength, big strength, so they should carry us along, we need to also live life." WWD in Ahaoda West

Conclusion

This study examined the quality of life, disability rights awareness, and the factors influencing the well-being of persons with disabilities living in rural areas of Rivers State. The findings demonstrated that while persons with disabilities in these communities show resilience and a desire for meaningful participation, they continue to face significant socio-cultural, economic, and environmental barriers. The dominance of physical disabilities, limited educational attainment, and prevalence of low-income occupations reflect broader structural inequalities that underpin disability experiences in rural Nigeria. Quality of life scores revealed moderate physical, psychological, and social well-being, but consistently low satisfaction with environmental conditions such as access to health care, transportation, infrastructure, safety, and assistive devices. These deficits

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underscore the inadequacy of existing support systems and the persistent marginalization of persons with disabilities.

Overall, the findings demonstrate that persons with disabilities in rural Rivers State face significant challenges across social, economic, cultural, psychological, and environmental domains. While family support exists, systemic gaps in infrastructure, rights awareness, and government intervention contribute to reduced quality of life and widespread exclusion.

A major conclusion of the study is that disability rights awareness remains critically low in rural Rivers State. Despite national and international legal frameworks such as the UNCRPD and the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, persons with disabilities in rural communities are widely unaware of their rights to accessibility, non-discrimination, and participation. Consequently, the rights-based shift intended by disability legislation has not yet translated into lived realities at the grassroots. Social stigma, harmful cultural beliefs, discrimination, and infrastructural exclusion continue to undermine well-being and restrict opportunities for self-reliance and community involvement.

Overall, the study highlighted a pressing need for coordinated interventions that address not only the physical and environmental barriers faced by persons with disabilities but also the social and institutional factors that perpetuate exclusion. The evidence from the study, demonstrate the need for targeted and sustained action to ensure disability inclusion across rural LGAs in Rivers State.

Conflicts of Interest

There is no conflict of interest

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