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SOCIAL EXCLUSION AND LONELINESS: IMPACTS ON WELL-BEING IN DISABLED COMMUNITIES IN NIGERIA

Nwankwo, Chinedu Emeka

Department of Human Kinetics, Health and Safety Education, Ignatius Ajuru University of Education, Rivers State, Nigeria.

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Abstract: Loneliness is an emotional state characterized by feelings of isolation and disconnection from others which is perceived to be influenced by many factors. This study employs a comprehensive review methodology utilizing the Primal Model, ensuring a systematic approach to inclusion and exclusion criteria. By meticulously analyzing relevant literature, this study aims to provide a holistic understanding of the effect of loneliness on social well-being of individual with disability yielding valuable insights for future research and practical applications. This study find a significant effect of loneliness on the social well-being of people with disability in Nigeria. Nigeria been a developing country, little things were done in favor of disable people to make life easy for them and enhance their optimal participation in the society. This study find no statistical significant difference in the experience of loneliness among individuals based on the type of disability they possess. It's important that more attention should be given to the social well-being of people with any form of disability. Structures that help their maximal participation in the society such as improving accessibility in infrastructure and transportation, along with providing assistive technologies, is essential. Expanding economic opportunities through inclusive employment policies, vocational training, and entrepreneurship support is crucial. Strengthening institutional support by enforcing disability rights laws, promoting inclusive education, and improving healthcare services is necessary. Advocacy organizations and representation in policymaking ensure their voices are heard. Enhancing social support systems, including caregiver support and mental health services, further reduces loneliness and improves quality of life

Keywords: Loneliness, disability, social well-being,

Introduction

Quantitative deficiencies, however, it denotes a deficiency of social engagement or social assistance. For instance, loneliness can arise when individuals lack sufficient opportunities for social engagement or because they lack emotional support from others. According to Van Tilburg (2021), loneliness is a complicated and

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multidimensional emotional experience that is defined by feelings of social detachment, loneliness, and absence of significant interpersonal connections.

1.1. Loneliness of disable people in Nigeria: Understanding Social and Environmental Factors

Loneliness affects everyone, it can have an especially negative effect on vulnerable groups, such as those who are disabled. Like many other places in the world. Nigeria presents particular difficulties for people with disabilities, which can heighten sensations of solitude and lower social well-being (Onalu & Nwafor, 2021). According to the World Health Organization (WHO), approximately 15% of the world's population has a handicap, with greater rates found in low- and middle-income nations such as Nigeria (WHO, 2020). Disabilities might include various physical, sensory, cognitive, and psychosocial impairments, each with its unique obstacles to social integration and engagement.

In Nigeria, individuals with disabilities suffer additional difficulties due to limited access to healthcare, educational opportunities, jobs, and social services. These circumstances exacerbate their vulnerability to solitude and feelings of being alone (Kovaleva et al., 2018). There is a dearth of research on loneliness among Nigerians with disabilities, but it is expanding, which emphasizes the need for a more thorough understanding of this problem in the context of the country.

According to studies by Gómez-Zúñiga et al. (2023), people with disabilities frequently experience higher rates of loneliness than people in general. Their sense of isolation is exacerbated by things like discrimination, stigma, communication barriers, and insufficient social assistance (Okafor et al., 2021). It's challenging for Persons with Disabilities (PWDs) in Nigeria to form marriage relationships. According to Ayub (2022), PWDs have a hard time finding a partner for sex or marriage, which lessens their desire for love, marriage, or having children. They are therefore criticized for failing to recognize the significant turning points in their lives, particularly when they are spotted with a romantic partner. Adepoju and Kiaghadi (2023) confirmed that predators take advantage of PWDs who marry well by abusing their rights to wealth and pensions, in addition to engaging in domestic violence. According to Grassroots Researchers Associations (GRA, 2020; Ater, 2023), people with disabilities are seldom permitted to marry someone without a disability in their family or community. This is because of their inability to pay for bills, obtain healthcare, and deal with other challenges related to their condition.

PWDs encounter difficulties when attempting to lease a flat, participate in school competitions, and vote or run for office in their nation's political system (Etieyibo & Omiegbe, 2016; GRA, 2020). This group's struggles prevent them from exercising their rights to fair education and appropriate political representation. Low-income families frequently send relatives with disabilities, especially children, out begging for help because the public should sympathize with them because of their circumstances. According to Etieyibo and Omiegbe (2016), these kids' parents or guardians threaten them, beat them, or even starve them if they don't go out begging. As a result, disabled children must respect their parents' or guardians' wishes. An in-depth examination and action are necessary to address the significant issue of how loneliness affects the social welfare of individuals with disabilities in Nigeria. Although loneliness is becoming recognized as a serious global phenomenon, especially among vulnerable populations like those with disabilities, there is a noticeable absence of comprehensive studies specifically focused on this issue in the Nigerian setting. The existence of this study vacuum is worrisome since loneliness can have significant and diverse effects on the social inclusion, psychological well-being, and overall well-being of individuals with disabilities.

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Loneliness can hurt social relationships, community involvement, and the ability to obtain necessary resources, which can worsen the social isolation experienced by individual with disabilities. Several problems, including social stigma, restricted access to inclusive social activities, communication hurdles, and insufficient support networks, might contribute to loneliness among disable people in Nigeria. The type and degree of disability, geography, social level, and cultural variables can all have an impact on how lonely someone feels. Comprehending these subtleties is essential to crafting targeted therapies that specifically address the needs of distinct requirements and obstacles encountered by this demographic.

This study aim to investigate the effect of loneliness of people with disabilities and how this affect their social way of life. However, the objectives of this study is to: quantify and compare the incidence of loneliness among individuals with various types of disabilities in Nigeria; examine the impact of social stigma and discrimination on the feelings of loneliness experienced by people with disabilities in Nigeria; identify and analyze the social and environmental factors that contribute to feelings of loneliness among individuals with disabilities in both urban and rural areas of Nigeria; investigate the psychological and emotional consequences of loneliness on individuals with disabilities; determine if there are significant differences in the experiences of loneliness among individuals with different types of disabilities.

1.2. Research questions

To address the problem identified in the previous subsection, the following research questions are formed.

1. What is the incidence of loneliness among individuals with different types of disabilities in Nigeria?
2. How do social stigma and discrimination exacerbate the feeling of alone among people with disabilities in Nigeria?
3. What are the specific social and environmental factors that exacerbate feelings of loneliness among individuals with disabilities in urban versus rural areas of Nigeria?
4. What are the psychological and emotional effects of loneliness on individuals with disabilities?
5. Is there a discernible difference in the experience of loneliness among individuals based on the type of disability they possess?

2. LITERATURE REVIEW

2.0. Introduction

Limitations in a person's mental and physical capacities are referred to as disabilities (De Sabbata, 2020). The functional restrictions brought on by diseased disorders have received more attention. It's crucial to realize, nevertheless, individuals with impairments interact and live in a social and environmental setting rather than existing in a vacuum (Hammel et al., 2015). A constraint or disability in an individual's bodily and/or mental function that results from pathological circumstances and is seen and responded to within the socio-environmental context is, thus, a more appropriate definition of disability (Linden, 2017).

2.1. Disability and poverty

People with impairments frequently encounter obstacles in their pursuit of work and education (Hutchinson et al., 2008). Compared to people without disabilities, they have a higher probability of possessing worse outcomes in both categories and to be impoverished. In 2009, OECD research covering 21 high- and upper-middle-income nations revealed that workingage individuals with impairments were more likely to be poor than their non-disabled counterparts in all but three of these nations (Norway, Slovakia, and Sweden) (Lamichhane, 2015). A

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study conducted by Mitra et al. (2011) stated that the likelihood of poverty for working-age people with disabilities was more than twice as high in Australia, Ireland, and the Republic of Korea as it was for people without impairments. However, the risk of poverty accessible to those with impairments somewhat higher than that of people without impairments in Iceland, Mexico, and the Netherlands. Furthermore, people with disabilities are more inclined to engage in part-time employment jobs when they do have a job—they are twice as likely to be unemployed (Ye et al., 2023). They frequently have poor wages unless they are well-educated and employed. Few research gives information about the socioeconomic state of working-age individuals with disabilities prior to the initiation of their disability and what happens after it (Qiu et al., 2023; Hadfield-Spoor et al., 2024; Haber, 1973). Most studies merely present a concise overview of the results regarding employment and job market conditions and the persons' state of poverty. A study conducted by Contoyannis and Jones(2003) looked at the British Household Panel Survey from 1991 to 1998 discovered that not working or having less education was a "selection" factor for disability. The study also discovered that the employment rates declined when a handicap first appeared and kept going down as the condition got longer. This suggests that if a person becomes disabled, they frequently retire from the workforce early. When a disability first appears, the average income also drops dramatically. However, it does not fully recover to its pre-disability levels (Meyer & Mok, 2019).

2.2. Medical disorders linked to impairments

Within countries with lower and moderate levels of income, infectious diseases constitute 9% of the total years lived with disability and have a substantial impact, producing impairments (Michaud, 2009). The most prevalent infectious diseases include lymphatic filariasis, TB, HIV/AIDS, and other STDs; encephalitis, meningitis, and many illnesses that commonly occur during childhood including poliomyelitis, measles, and mumps are less common (Tulchinsky and Varavikova, 2014). Around 33.4 million persons globally were predicted to be HIV positive in 2008, with sub-Saharan Africa having the highest rate of infection (Okonko and Nnodim, 2015). In a survey conducted by Bekolo et al.(2023) stated that the yearly worldwide occurrence of HIV infection is predicted to have fallen by 17% between 2000 and 2008, despite a 20% increase in the number of persons living with HIV. There are now 109 countries where malaria is endemic, down from 140 in the 1950s. Between 2000 and 2006, the number of cases and deaths from malaria decreased by at least 50% in seven of the 45 smaller African countries (Cibulskis et al., 2016). Additionally, there was a 50% decrease in malaria cases in 22 other nations (Oladipo et al., 2022). From an estimated 350,000 cases in 1988 to 1604 cases in 2009, the number of cases of polio has dramatically declined, plummeting more than 99% in just 18 years (Aylward and Tangermann, 2011). From more than 125 in 1988, just four countries— Afghanistan, India, Nigeria, and Pakistan—remain endemic for polio as of 2010. By the year 2000, leprosy had been eradicated worldwide, with less than 1 case per 10,000 people. However, 106 nations reported having 530,000 leprosy patients; countries with the highest prevalence of a particular disease were Brazil, India, Madagascar, Mozambique, and Nepal. In 2002, there were 12 nations with prevalence rates over 10,000 persons, whereas in 1985, this number was 122 (Nsagha et al., 2011). Globally, there has been an uptick in the occurrence of chronic illnesses such as diabetes, heart disease, mental health issues, cancer, and respiratory ailments. Disability rates are predicted to be significantly impacted by this increase. An estimated 66.5% of all years spent with a handicap in low- and middle-income nations are caused by these diseases (Coates et al., 2021). According to a 1998 population census in Australia, the most prevalent health ailments associated to disabilities reported by Individuals spanning across all age groups were arthritis, back issues, hearing

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difficulties, hypertension, heart disease, asthma, and visual disorders (Australian Bureau of Statistic, 1999). Age and the degree of infirmity all had an influence on the pattern. According to a survey conducted in Canada in 2006, the most frequent medical problems linked to incapacity for persons over the age of 15 were hearing difficulties, back issues, and arthritis (Goodridge et al., 2011). Heart illness, soft tissue ailments, emotional disorders, asthma, visual problems, and diabetes were among the other conditions. The most prevalent medical disorders associated with learning challenges in children ages 0 to 14 include autism, attention deficit disorder (with or without hyperactivity), severe asthma, and hearing issues. In addition, dyslexia, cerebral palsy, vision issues, speech issues, and congenital anomalies affect young people (Olusanya et al., 2023; Surén et al., 2012)

2.3. Disability and Injuries

Motor vehicle collisions, occupational accidents, acts of aggression, and situations of humanitarian emergencies have all been found to be major causes of disability. There are, however, few data on the extent of their contribution (Khazaie et al., 2020). Typically, injury surveillance primarily considers acute care ramifications or mortality, among other short-term outcomes. For example, road traffic crashes claim the lives of 1.2 million to 1.4 million people annually, while an additional 20 to 50 million people are injured (Lee et al., 2016). Sadly, it's not clear how many people were rendered incapacitated as a result of these crashes. A recent systematic assessment of the probability of disability among motor vehicle drivers who survived crashes revealed a wide range of estimates, spanning from 2% to 87%. The diversity mostly arises from the analytical challenges associated with quantifying the non-fatal consequences of injuries (Glèlè-Ahanhanzo et al., 2018). For instance, a study carried out in Belgium utilizing the nation's Official Handicap Rating Scale discovered that 11% of workers who were wounded during a vehicular collision accident while commuting experienced a lasting handicap (Elvik et al., 2007). Similarly, in Sweden, 10% of car occupants who had an Abbreviated Injury Scale (AIS) score of 1, indicating the lowest level of injury, experienced a lasting disability. Similarly, 10% of all car occupants in Sweden experienced a lasting disability when their ABI was 1, the lowest possible result (Björnstig et al., 2017). In communities with disabilities, older individuals are overrepresented, which is indicative of a lifetime aggregation of health hazards related to chronic sickness, injury, and disease. Disability prevalence among those 45 years of age and older is higher in low-income nations than in high-income nations, and it is higher in women than in males (Montoro Pazzini Watfe, 2020). For example, in Australia, the proportion of older adults who are not disabled is 35.2%, despite their making up 10.7% of the total population (Australian Bureau of Statistics, 2018). In Sri Lanka, 22.5% of the population has a disability, or 6.6% of the overall population is 65 years of age or older (Morgan, 2015). The age group of 80 to 89 years old, which is the fastest-growing in the globe at 3.9% annually, has substantially higher rates of disability. By 2050, it is expected to represent 20% of the world's population who are 60 years of age or older. Reduction in fertility and greater survival rates to older age are linked to the aging population in numerous countries. Every nation is anticipated to have a significant rise in the median age, regardless of the distinctions between industrialized and developing nations. In high-income countries, this significant demographic shift is already well underway, and it is predicted to intensify globally throughout the twenty-first century.

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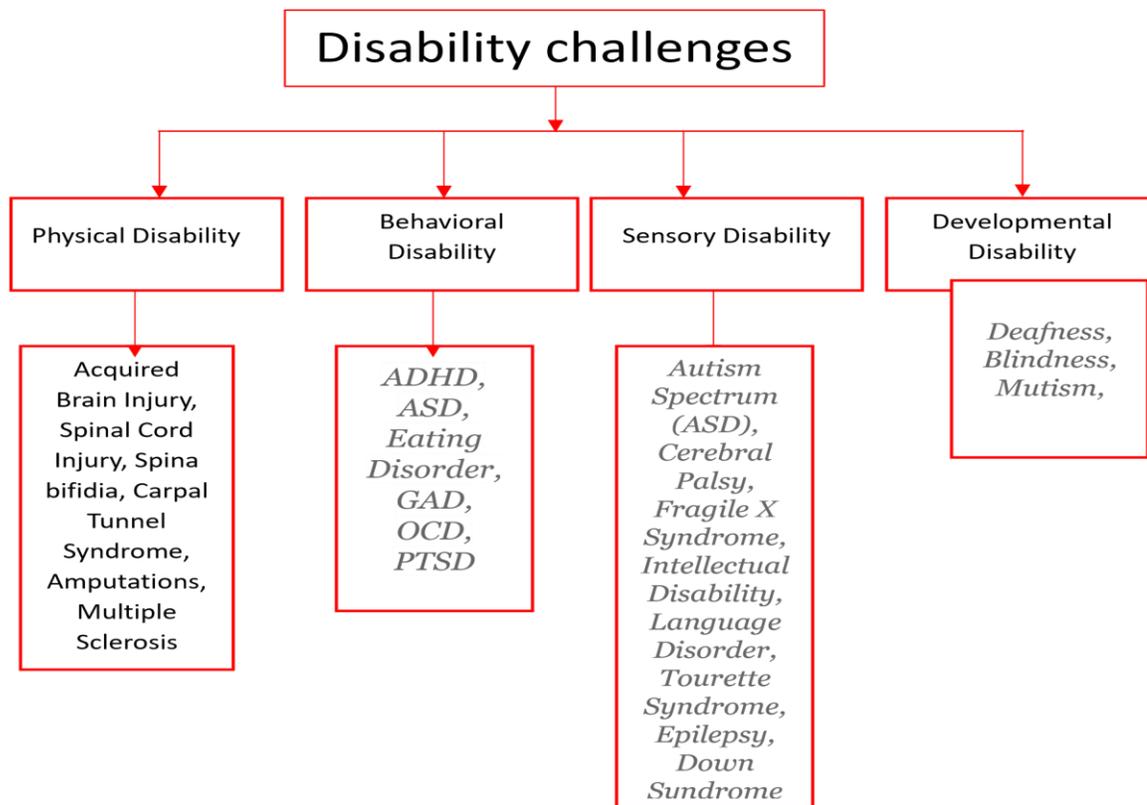


Figure 1: Forms of disability challenges identified

2.4. Social well-being factors

Social well-being refers to a person's overall sense of happiness, satisfaction, and fulfillment in life. Social well-being highlights the significance of interpersonal and societal-level interactions and actions. By including the term 'social' into the concept of well-being, we direct our attention towards interpersonal dynamics of individuals' daily lives and their interactions with the institutional and normative elements of a society. Therefore, the social dimensions of well-being necessitate the assessment of both the caliber of social interactions and the overall quality of society. Several research has concentrated on the significance of relationship quality in enhancing individual well-being (Dunaeva, 2018). Helliwell (2003) demonstrates that the level of interconnectedness has a favourable impact on the subjective well-being of individuals. The analysis conducted by Fowler and Christakis (2008) also demonstrates that individuals who have strong social connections experience greater happiness and exert a more significant influence on society compared to others. According to their analysis, the way individuals are connected can offer invaluable perspectives on the relationship between individual well-being and society advancement. Vaillant (2012), a participant in the Harvard Grant Study, one of the most extensive and thorough investigations, reveals that there is a 70-year body of evidence demonstrating the significance of our interpersonal connections, which surpasses all other factors in the world. The quality of an individual's life is impacted by the calibre of society. A well-functioning society creates conducive circumstances for people to have a high quality of life and promotes individual actions and interactions with others. In a well-functioning society, different types of institutions and social norms improve the ability to make calculations and predictions about people's

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interactions with the world, as well as contribute to the long-term viability of society (Zhang et al., 2023). Extensive data has demonstrated that the well-being of individuals varies greatly based on the institutional environment of society, which includes factors such as the quality of government, the amount of social security expenditure, and the distribution of resources. Social well-being assessments necessitate the amalgamation of individuals' perspectives at both micro and macro levels, while also integrating objective conditions with subjective perceptions, or material factors with non-material conditions (Li and He, 2022).

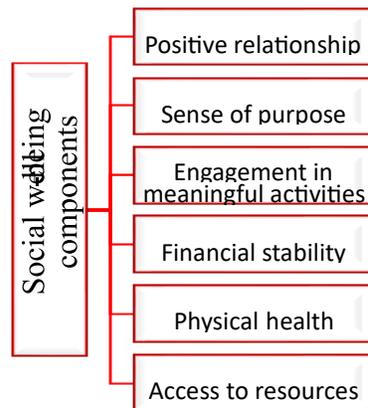


Figure 2: Components and forms of social well-being

3. Methodology

This study primary depends on a comprehensive and systematic review, which involves a thorough and structured search of relevant literature using predefined search terms, inclusion and exclusion criteria. By systematically searching electronic databases and screening search results, we aim to identify all available studies that examine the relationship between loneliness and social well-being among individuals with disabilities in Nigeria. Once relevant studies are identified, relevant information is extracted. This includes details such as study characteristics, participant demographics, measures of loneliness and social well-being, research designed, specific disability studied, sample size, method of data collection, and most especially the key findings. The primary keys used to access several databases are "loneliness" & "social well-being" & "disability" & "Nigeria". Majorly three research outlet databases were focused on. The three databases are known to comprises of journal article publications, books, theses, reports, conferences paper, etc. These are ResearchGate, Google scholar, and Academia. From these databases, the primary keys were supplied, filtering out unpublished, unreview, and non-full text results. After this, a quality assessment is conducted to evaluate the methodological rigor of included studies using established criteria, ensuring that only highquality studies are included in the analysis. The publication bias is taken into consideration which occurs when studies with significant results are more likely to be published. By identifying and addressing potential sources of bias, such as selective publication, we aim to ensure the reliability and validity of the meta-analysis findings.

3.1. Inclusion and Exclusion Criteria

The study focuses on studies that directly address the impact of loneliness on social well-being among individuals with disabilities in Nigeria a Sub-Saharan African country. The first exclusion criteria for the included studies are those studies that are peer-reviewed journal articles to ensures a certain level of quality and credibility. Studies lacking methodological rigor or statistical analysis may introduce bias and undermine the validity of the findings

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therefore, they are also removed. Studies older than 10 years were also removed. Relevant information from each of the included study were extracted. This extraction involves details such as key findings, disability type, research design, sample size and sampling methods which were used to lay the groundwork for subsequent analysis. As seen in Figure 3 below, 334624 studies were identified on academia, 840 studies on Google scholar, and 28540 studies were identified on ResearchGate. After supplying all the exclusion criterion, 44 studies were included in the analysis.

3.2. Analysis of included studies

All the 44 included studies were subjected to descriptive analysis by reading through them one after the other and targeting the methodology, results and discussion. Included studies were labelled as yes if loneliness affects well-being, or no if not and the type of disability studied in each of the studies were identified as well. These two results were subjected to statistical analysis such as Chi-square, Phi, Cramer’s V, Contingency Coefficient and lambda to estimate the association between the two variables.

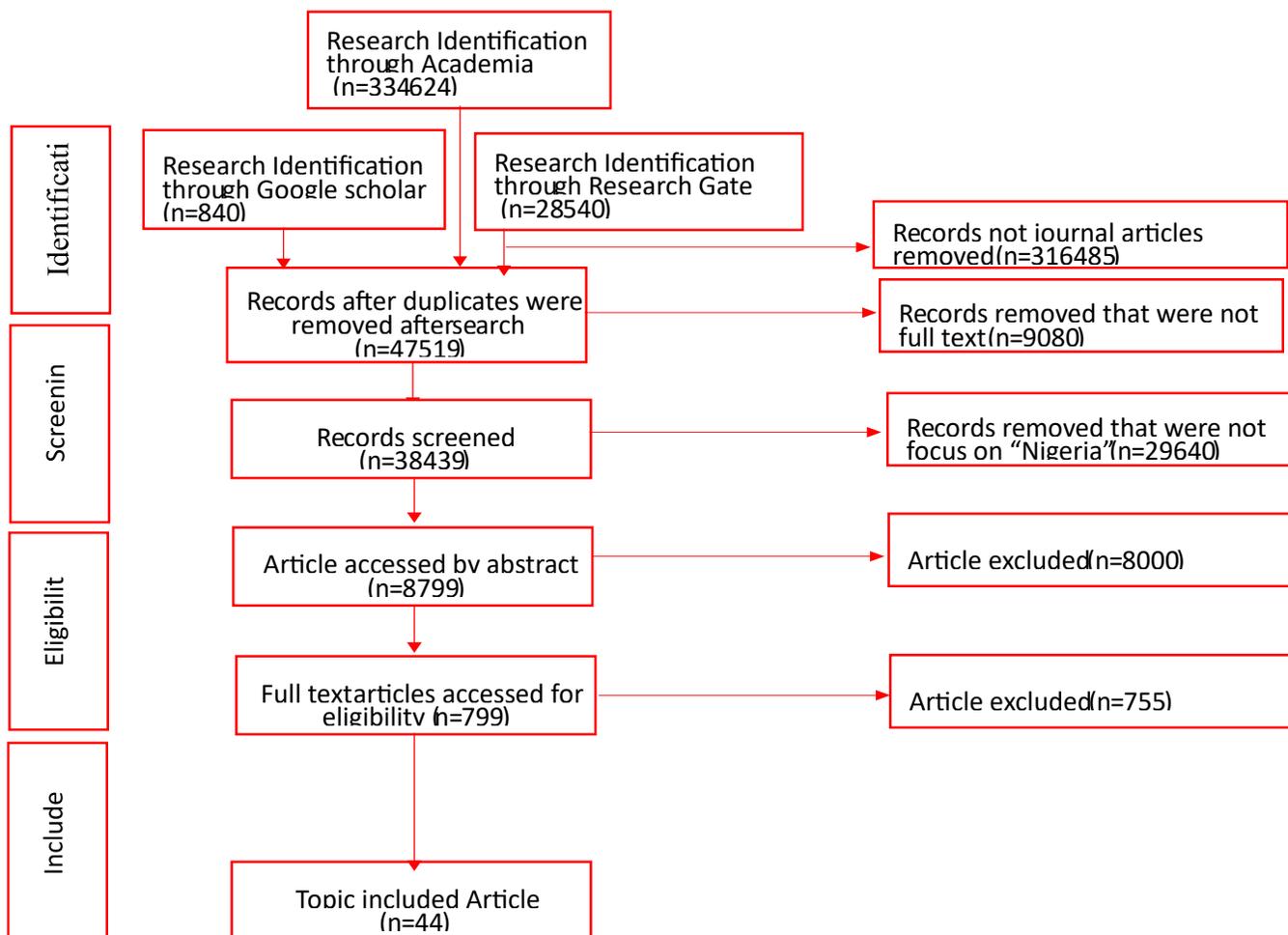


Figure 3: Prisma Model

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3. Results

Research Design

Onalu & Nwafor (2021)	Theoretical analysis	Insufficient assistance from others in a social context increases the risk of depression, social exclusion, maladaptive behaviors and mortality.
Adegoke (2014)	Descriptive survey	Results obtained from this study showed that there were significant relationships between geriatric depression, Physical well-being and the degree of social isolation and psychosocial well-being in elderly individuals in Ibadan.
Ajiboye (2014)	Expo facto research	Findings demonstrated that social support was an important indicator of the psycho-social well-being of individuals who provide informal care for children with physical disabilities.
Onyishi (2020)	Quantitative	The results from BSI indicated a notable increase in symptoms (somatization, obsession compulsion, interpersonal sensitivity, depression, anxiety, hostility, paranoid ideation and a composite measure of General Symptom Index) among individuals with disabilities, the difference in outcomes is greater than that observed in the equivalent group.
Emordi & Aina (2021)	Quantitative crosssection	The characterization of the degree of Psychological well-being of patients shows that majority of the respondents are of high level of disappointment, discouragement, dissatisfaction and despondent about their present conditions and life.
Badamas et al. (2023)	Descriptive	The study revealed the presence of a comparatively high prevalence of family dysfunction among kids in inclusive schools in Lagos. The psychological wellbeing of kids at inclusive schools in Lagos State was notably poor, and there was a strong adverse effect of family dysfunction on their psychological health.
Bassey & Ellison (2022)	Quantitative	The results suggest that the individuals had reduced social interaction and adverse social reinforcement

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from peers, coworkers, and supervisors in the professional environment.

Bassey et al. (2023)	interpretive approach	Findings show because participants had reduced social interaction and Individuals with disabilities tend to participate in smaller social networks.
Adegoke(2014)	descriptive design	surveyResults obtained showed that family violence had a substantial effect on psychosocial well-being of people living with disabilities; there was also significant impact of family neglect on psychosocial well-being of people living with disabilities. social well-being and overall quality of life. Additionally, while visual rehabilitation services helped with emotional and functional adjustment, they did not adequately address the social needs of these individuals.
Lanre-Babalola et al. (2023)		Findings show existing relationships between earnings, gender, level of education and selfperceived health and wellbeing among older adults.
Zakiyyu et al.(2023)		Based on the results, the study concluded that, social support. coping strategies and age differences influenced psychological wellbeing of VVF patients at MMSH Kano
dri et al.(2024)		this study indicated a significantly higher level of fear, loneliness, and stress among people with disabilities during the pandemic
Aminu et al.(2023)	Descriptive	The study's findings revealed that the primary factors contributing to mental health difficulties include the lack of an effective intervention programme, brain dysfunction or injury, and financial unpreparedness.
Onalu & Nwafor(2021)	Theoretical analysis	Insufficient social support heightens the likelihood of experiencing depression, social marginalisation, maladaptive behaviours, and mortality.

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Iwuagwu & Kalu(2021)	Reviewer method	However, this approach has resulted in a paradoxical effect, since it exacerbates social isolation among elderly individuals in Nigeria. Social loneliness arises from a dearth of social interaction, encompassing the absence of companionship from friends, relatives, and acquaintances formed via participation in social events.
Brandt & Heim(2022)	Narrative review of the literature	The impacts of social isolation and loneliness are particularly significant when experienced in the context of social exclusion resulting from prejudice and racism, especially during times of pandemic infectious disease related containment strategies such as quarantine, and in older persons due to socio demographic changes
Thomas(2014)	Descriptive	The findings indicated a substantial influence of family violence on the psychosocial well-being of individuals with disabilities. Similarly, family neglect was found to have a significant impact on their psychosocial well-being. Additionally, family support was found to have a significant positive effect on the psychosocial well-being of individuals with disabilities.
Jecinta et al. (2020)	qualitative study	The findings revealed that older generations in Nigeria encounter significant difficulties in managing their health and psychological well-being, namely in three key domains: alterations in family dynamics, lack of social assistance, and limited utilisation of healthcare services.
Helen and Peter(2023)	cross-sectional study	The study found that there is no healthcare delivery for the elderly, they underwent problems such as loneliness, isolation, and abandonment in healthcare delivery

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Ojagbemi Gureje(2019)	&cross-sectional study	The study reported that 16.7% of the respondents were classified as lonely. Lonely respondents were more likely to have poor social engagement and social isolation. While loneliness and poor social engagement were independent correlates of MDD, the association of loneliness with MDD was substantially, but not totally, mediated by poor social engagement.
Iwuagwu et al.(2023)	hermeneutic phenomenological research	The findings indicate that older adults with disabilities face challenges in terms of social inclusion and participation. These challenges are attributed to personal factors such as negative selfconcept and self-isolation, social factors such as negative perceptions and attitudes towards disability, and structural factors such as limited access to buildings, transportation, and technology.
Judith and Uche(2022)	Triangulation	The study found that the physical environment did not provide support for individuals with disabilities or accommodate the needs of the ageing population.
Stephen(2020)	theoretical analysis	Respondents to a study in Nigeria spoke of how they felt interventions by government, security and civil society actors did not take the needs of women and girls with disabilities into account, were not accessible to them and did not include them in design or implementation.
Edwin and Odirin(2021)	theoretical analysis	In Nigeria, individuals with disabilities continue to face marginalisation as a result of certain cultural traditions that persistently discriminate against them and harm their rights and overall welfare.
Edwin(2020)	conceptual-analytical	Regarding the practices we have analysed, there is a notable characteristic that sets them apart. These actions not only violate the rights of those with disabilities, but also fail to recognise them as fully human. The activities undercut the norm of social justice by treating persons with disabilities as mere instruments and neglecting to recognise their full humanity.

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Sunday(2020)	Descriptive	The majority of persons with disabilities (PWD) asserted that essential resources, such as access to education and information, work opportunities, suitable technology, and acceptable health and rehabilitation facilities, were either not supplied or insufficiently provided.
Abigail(2022)	textual analysis technique	Persons living with disabilities (PLWDs) face significant levels of discrimination and are often prevented from engaging in their local areas.
Stephen(2021)	qualitative study	It was evident that certain consequences had a widespread effect on the entire community, such as the financial position which impacted the majority of individuals. Nevertheless, the research indicates that individuals with impairments frequently experienced these repercussions in a particularly intense manner. Several obstacles were worsened or intensified by pre-existing difficulties arising from impediments and discrimination based on disability.
Enobong(2023)	conceptual-analytical legal	The current global health crisis has resulted in a significant amount of sorrow and grief among people with disabilities. The experiences of people with disabilities in Nigeria during the COVID-19 pandemic
Edwin(2016)	theoretical analysis	This model perceives disability as a consequence of societal oppression and societal failure surroundings and structures to fulfil the requirements and desires of individuals with impairments.
Emmanuel(2018)	descriptive analytical	andPeople with disability have in many cases been denied of job opportunities in Nigeria
Mbada et al.(2021)	door-to-door and street-based crosssectional survey	The availability of healthcare services was of poor quality, and there were significant obstacles to accessing healthcare due to limitations in home environment and transportation. People living with disabilities (PLWDs) in Nigeria experience significant mobility impairments and encounter obstacles while trying to access healthcare, transportation, and the environment.

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Ayub & Rasaki(2021) theoretical analysis The findings indicate that both systemic impediments and the attitudes of healthcare providers have an impact on the accessibility and quality of healthcare services obtained by individuals with disabilities. The report also disclosed that healthcare providers' commitment to the ethics of consent is extremely inadequate.

Julius et al. (2020) quantitatively and qualitatively andBoth statistically and qualitativelyIt has been discovered that issues such as operators' frustration, discrimination, waiting time, and lack of support are significant obstacles that hinder accessibility to IPTs.

Omirin & OJekere(2017) quantitatively and qualitatively andChallenges impacting the ability of physically disabled individuals to access intermediate public transport services in Oyo State, Nigeria.

Alqsaireen et al.(2023) descriptive-analytical The study reported that most of the respondents affirmed that people with special needs usually lack psychological support from the members of a society that does not encourage active cohesion and inclusiveness.

Source: Author descriptive analysis (2024)

Table 2: Summary statistic of the sample size for the included study

	Min	Max	Total	Mean	Std
Sample size	8	1954	9526	433	547.784

The table 3 below show the results of the Chi-square for association between study agreeing that loneliness and disability impact social well-being and disability type. The Pearson ChiSquare test yielded a value of 24.934 with 18 degrees of freedom, and an asymptotic significance ($p > 0.05$). This indicates that there is no statistically significant association between the variables at the 5% significance level. Similarly, the Likelihood Ratio Chi-Square test produced a value of 18.243 with 18 degrees of freedom ($p > 0.05$) supports the conclusion that there is no statistically significant association between the variables.

Table 3: Association between study agreeing that loneliness of disability impact social wellbeing and disability type

	Value	Df	Asymptotic Sig (2-sided)
Pearson Chi-square	24.934	18	0.127
Likelihood Ratio	18.243	18	0.440

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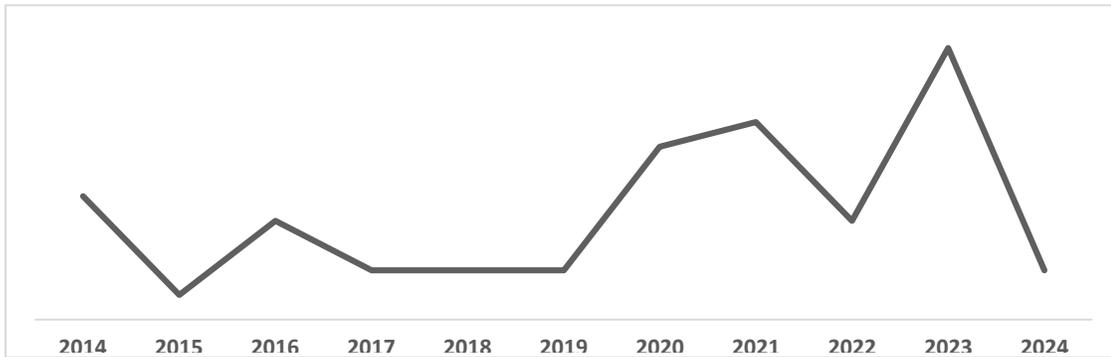


Figure 4: Count of studies included over the years

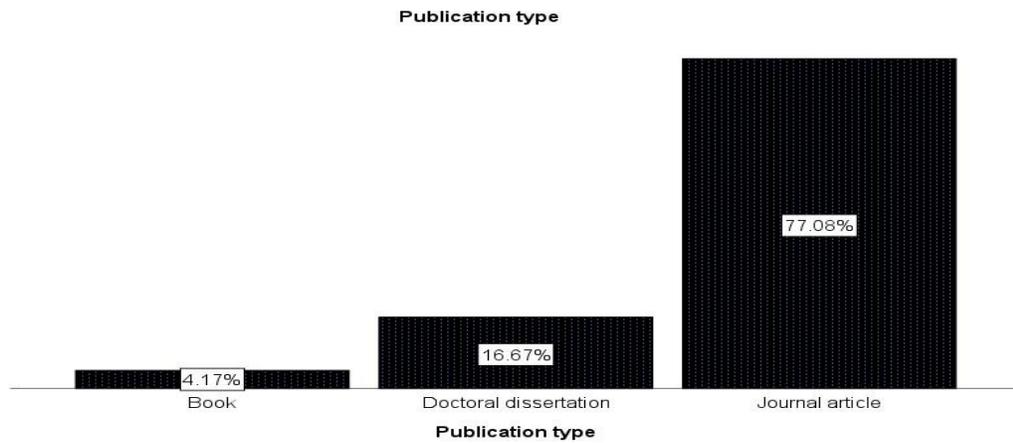


Figure 5: Percentage of publication type included

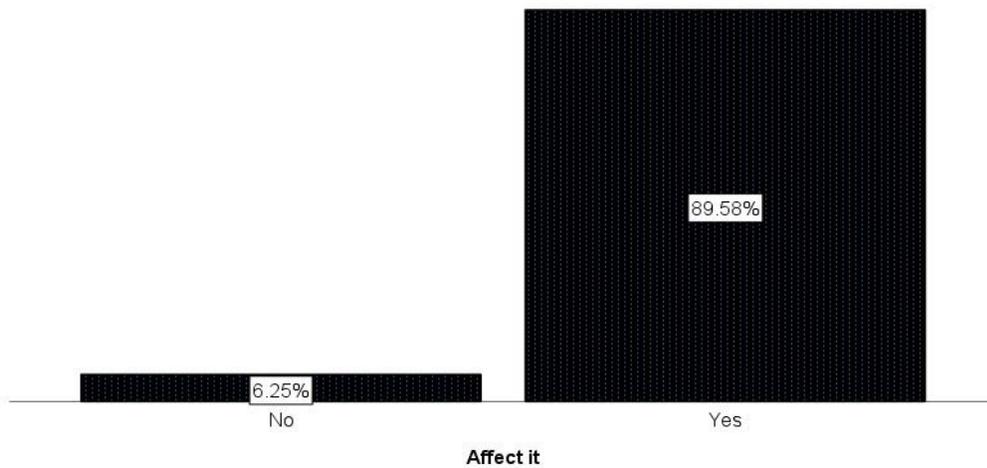


Figure 6: Proportion of studies finding effect of loneliness, disability on well-being

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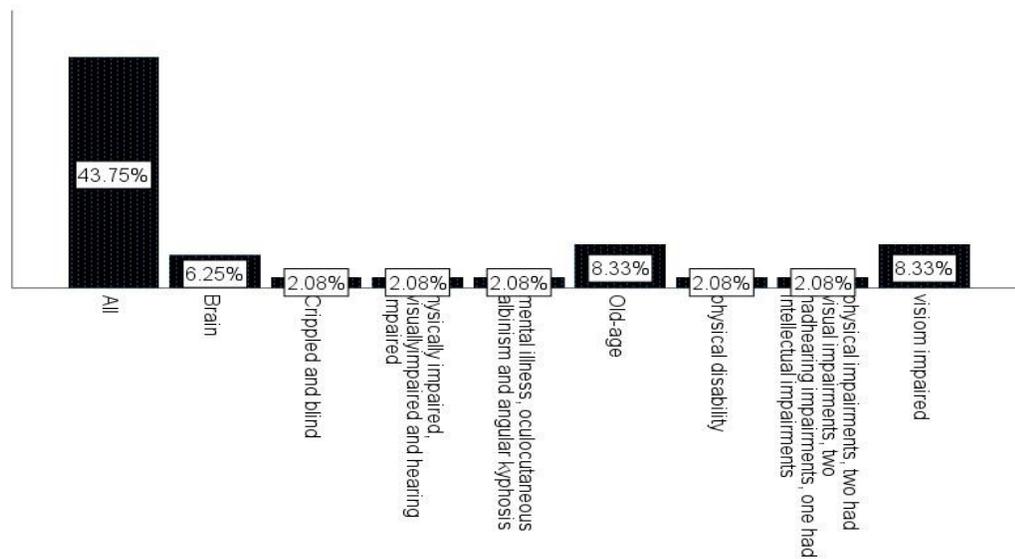


Figure 7: Forms of disabilities identified in the studies included

Table 4 below shows the Directional measures between study agreeing that loneliness and disability impact social well-being and disability type. The symmetric Lambda value of 0.094 indicates a weak association between the variables, with an approximate T of 0.912 ($p > 0.05$), suggesting the result is not statistically significant. When considering disability type as the dependent variable, the Lambda value increases slightly to 0.111, indicating a weak not significant association ($p > 0.05$). Conversely, when the effect is the dependent variable, the Lambda value is 0.000, indicating no association, and the high p-value of 1 ($p > 0.05$) confirms this result is not statistically significant. Also, the Goodman and Kruskal Tau measure provides more insight. When disability type is the dependent variable, the Tau value is 0.088, which is weak but statistically significant ($P < 0.05$). This suggests a notable relationship between disability type and the outcomes. When the effect is the dependent variable, the Tau value rises to 0.314, indicating a moderate significant association ($p < 0.05$). On the other hand, the uncertainty coefficient for the symmetric case is 0.181, indicating a weak association, with an approximate T of 2.406 ($P > 0.05$), which is not statistically significant. When disability type is the dependent variable, the value remains weak at 0.112 ($P > 0.05$), confirming no significant association. However, when the effect is the dependent variable, the value increases to 0.470, suggesting a stronger not significant association ($p > 0.05$).

Table 4: Directional measures between study agreeing that loneliness and disability impact social well-being and disability type

		Value	Asymptotic Std Error ^a	Approximate T ^b	Approximate Sig.
Lambda	Symmetric	0.094	0.098	0.912	0.362
	Disability type dependent	0.111	0.060	1.789	0.074
	Affect it dependent	0.00	0.400		1.000

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Goodman and Krustal tau	Disability type	0.088	0.023	0.440	0.005c
	Affect it dependent	0.314	0.151		0.043c
Uncertainty Coefficient	Symmetric	0.181	0.066	0.047	2.406
	Disability type	0.112			2.406
	Affect it dependent	0.470	0.097		2.406

a. Not assuming the null hypothesis b. Using the asymptotic standard error assuming the null hypothesis.

C. Based on ch-square appr

d. Likelihood ratio chi-square probability

In Table 5 below, the Phi coefficient, which measure the strength of association between two variables, has a value of 0.721. This suggests a relatively strong association. However, the approximate significance (p-value) of 0.127 is above the conventional threshold of 0.05, indicating that this result is not statistically significant. Cramer's V, which adjusts the Phi coefficient for larger contingency tables, has a value of 0.510. This suggests a substantial correlation. However, the p-value of 0.127 once again indicates that this result lacks statistical significance. The Contingency Coefficient quantifies the level of correlation between two category variables and has a precise value of 0.585, suggesting a moderate level of relationship.

As with the other measures, the p-value of 0.127 means this result is not statistically significant.

Table 5: Symmetric measures between study agreeing that loneliness and disability impact social well-being and disability type

	Value	Approximate Sig.
Phi	0.721	0.127
Cramer's V	0.510	0.127
Contingency Coefficient	0.585	0.127

4. Discussion

This study has shown that the major issue most people with any form of disability experience is loneliness. Individuals with impairments encounter a higher degree of loneliness compared to individuals without disabilities. This loneliness is perceived to be influenced by several sociocultural systems leading to a sense of exclusion such as social stigma and discrimination among people with disabilities in Nigeria. Effect of loneliness is in different from influencing so many things, such as psychological well-being, physical well-being, emotional well-being and social well-being. In terms of different type of disabilities identified in the included study. This study find no statistical significant difference in the experience of loneliness among individuals based on the type of disability they possess. Specifically, this means that irrespective of the type of disability whether physical, cognitive, or sensory, all disable individual feel lonely and sometimes isolated. Also, people with disabilities in Nigeria face numerous challenges, including lack of accessibility to society, discrimination, and financial difficulties. Similar to the result of the study conducted by Mwaka et al. (2024), this study identified that there is a lack of

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infrastructure, including ramps, elevators, and other aids, which can make it difficult for people with mobility impairments to access public places in Nigeria. This result to limiting the rate of accessibility disable people have on social amenities. However, the current state of accessibility and transportation for people with disabilities in Nigeria is challenging. This is due to inadequate infrastructure, lack of awareness and education, and stigma surrounding disability. Many people with disabilities in Nigeria face social stigma and discrimination which make it challenging for them to find work or receive education. Disability discrimination is a significant problem in Nigeria, leading to social isolation and reduced well-being for people with disabilities. This discrimination further complicates their lives, leading to poorer health outcomes, lower economic opportunities, and decreased overall well-being. Disability rights and accessibility are important issues in Nigeria. Efforts are being made to address these challenges and improve the mobility of people with disabilities in Nigeria, but much more work needs to be done. Disability people in Nigeria may face range of challenges related to their sexual health, including difficulty accessing sexual and reproductive health services, discrimination, and lack of education and awareness. Ganle et al. (2020) identified some of the specific challenges which include limited access to contraception and sexual health testing, difficulty finding healthcare providers who are knowledgeable about disability and sexual health, and stigma and discrimination related to disability and sexuality.

4. Recommendation

Addressing the sources of isolation for individuals with disabilities in Nigeria requires a comprehensive approach. Improving accessibility, promoting inclusive policies, enhancing social support systems, and raising public awareness to combat stigma and discrimination are all critical steps in creating a more inclusive society. By tackling these issues holistically, it is possible to reduce the isolation and improve the quality of life for individuals with disabilities in Nigeria. Future study should investigate the degree or level of loneliness among individuals based on the type of disability they possess

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