

# The Impact of Cultural Belief on Special Educational Needs Provision in Nigeria

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**Abstract-** *The effective provision of special educational needs (SEN) services in Nigeria is critically undermined by a complex web of deep-rooted cultural and religious beliefs that pathologize disability and foster widespread stigmatization. The study aims to investigate the impact of cultural belief on special educational needs provision in Nigeria. The findings revealed a hierarchy of cultural barriers to special educational needs (SEN) provision in Nigeria, with supernatural attributions of disability (75%) and stigma-induced shame (67.5%) representing the most pervasive challenges. The findings from this study reveal that community attitudes towards children with special educational needs in Nigeria remain predominantly negative, characterized by strong agreement with harmful spiritual explanations of disability and disagreement with inclusion practices. The study demonstrates that cultural beliefs represent the most significant barrier to special educational needs (SEN) provision in Nigeria. Deeply entrenched supernatural attributions of disability, coupled with pervasive stigma and fear of social shame, create a complex web of resistance that undermines policy implementation and perpetuates the exclusion of children with disabilities from educational opportunities.*

**Index Terms-** *special education needs, cultural belief, disability, religious belief, stigmatization, pathologize, supernatural*

## I. INTRODUCTION

The provision of special educational needs (SEN) services is not a universally standardized practice but is profoundly shaped by the cultural beliefs, values, and norms of individual societies. Cultural perceptions of disability, ranging from viewing it through a medical or social model to spiritual or moral lenses, fundamentally determine how needs are identified, interpreted, and addressed. In many Western nations, influenced by a rights-based discourse and the social model of disability, there is a growing emphasis on inclusion, equity, and empowering individual potential (Artiles & Dyson,

2020). Conversely, in other parts of the world, disability may be stigmatized or perceived as a familial burden or a spiritual matter, which can directly hinder the development of formal support systems and lead to the marginalization of children with SEN. This cultural framing dictates whether a child's difference is seen as a need for professional intervention, a natural human variation, or a tragedy to be concealed (UNESCO, 2023).

Consequently, the operationalization of SEN provision varies dramatically across the globe, reflecting deep-seated cultural attitudes. In countries with strong collectivist orientations, educational decisions may prioritize family honour and community cohesion over individualised learning plans, potentially leading to the exclusion of children with disabilities from mainstream schooling to avoid bringing "shame" to the family (Kalyanpur, 2021). In contrast, individualistic societies often legislate for parental advocacy and legal entitlements to services, fostering a more adversarial and structured system for securing support. Furthermore, the very definitions of "special needs" are culturally constructed; what is considered a disability requiring intervention in one culture may be viewed as a minor difference in another. This relativism challenges the exportation of Western special education paradigms and highlights the critical need for culturally responsive approaches that respect local understandings and practices rather than imposing external frameworks.

Ultimately, achieving equitable SEN provision on a global scale requires a nuanced understanding of this cultural embeddedness. International efforts, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), aim to establish a universal standard of rights and inclusion. However, the implementation of such policies is

invariably filtered through local cultural contexts, which can either facilitate or obstruct their effectiveness (Miles & Singal, 2020). A successful global perspective, therefore, moves beyond simply comparing systems and instead focuses on culturally sensitive collaboration, capacity building, and the adaptation of best practices to fit diverse belief systems. Recognizing the impact of culture is the first step toward developing truly inclusive and effective educational environments for all children worldwide.

On the other hand, the provision of special educational needs (SEN) services across Africa is deeply entangled with a complex tapestry of indigenous cultural beliefs, which often stand in stark contrast to Western-inspired models of inclusive education. In many African communities, traditional etiologies attribute disability to spiritual causes, such as ancestral wrath, witchcraft, or divine punishment, rather than to biomedical or social constructs (Adugna, Nabbosa & Hailemariam, 2022; Kisanji, 2022). This spiritual framing profoundly influences the initial response to a child's disability, often directing families towards traditional healers or religious leaders before, or instead of, seeking formal educational assessment and support. Consequently, cultural perceptions can create significant delays in identification and intervention, as the child's difference is first managed within a spiritual or moral domain rather than an educational one, fundamentally shaping their pathway into any form of schooling.

These deeply ingrained beliefs directly impact the practical implementation of SEN provision, often perpetuating stigma, social isolation, and the marginalization of children with disabilities. The collectivist nature of many African societies, while a source of community strength, can sometimes prioritize social harmony and family honour over the needs of an individual child, leading to concealment or neglect to avoid shame (Chataika, Mckenzie, Swart, & Lyner-Cleophas, 2023; Mariga, L., Phachaka & Stubbs, 2024). This creates a formidable barrier to inclusion, as families may be reluctant to disclose a child's disability to school authorities. Furthermore, the scarcity of resources amplifies the effect of these cultural barriers; when combined with negative attitudes, it results in an overwhelming number of children with SEN being entirely excluded

from the education system or placed in segregated settings that lack adequate trained personnel and appropriate pedagogical strategies.

Despite these challenges, a growing movement advocates for the decolonization of SEN provision by integrating African indigenous knowledge systems with formal education policies. Scholars argue for a culturally responsive approach that does not simply dismiss spiritual beliefs but seeks to understand and respectfully engage with them to build collaborative support systems (Mpofu & Sefotho, 2023; Phasha, Runo & Moleko, 2023). This involves training community-based workers and teachers to act as cultural brokers who can bridge the gap between traditional understandings of disability and the principles of inclusive education. Ultimately, effective and sustainable SEN provision in Africa requires policies and practices that are not merely imported but are authentically adapted to resonate with local cultural contexts, empowering communities to redefine inclusion on their own terms.

In Nigeria, the provision of special educational needs (SEN) services is profoundly influenced by a complex interplay of deep-seated cultural and religious beliefs that shape societal perceptions of disability. Traditional etiologies often attribute disabilities to supernatural causes, such as divine punishment, ancestral curses, or witchcraft, while within many Islamic and Christian communities, disability may be interpreted as a spiritual test or a result of parental sin (Adeniyi, 2022; Mba, 2023). These interpretations frequently lead to stigma, shame, and the concealment of children with disabilities to protect family honor. As a result, many children are excluded from the formal education system from the outset, as families may prioritize traditional healing methods or spiritual interventions over seeking pedagogical support, creating a significant barrier to the identification and enrollment of learners with SEN.

The manifestation of these cultural beliefs directly impacts the structure and efficacy of SEN provision, often perpetuating isolation rather than inclusion. Despite the existence of a National Policy on Special

Needs Education, its implementation is weak and underfunded, leaving a vacuum often filled by charitable and faith-based organizations (Omede & Odutayo, 2023). Furthermore, the collectivist nature of Nigerian society, which emphasizes community cohesion, can sometimes work against the individual child, as decisions are made based on familial and social repercussions rather than the child's educational rights. This environment fosters the proliferation of segregated special schools, while attempts at inclusive education in mainstream settings are frequently hindered by a lack of trained teachers, inadequate resources, and persistent negative attitudes from both educators and peers who may view disability through a lens of superstition or fear (Ajuwon & Smith, 2023).

However, a growing recognition of these challenges has spurred calls for a culturally resonant approach to SEN that acknowledges and integrates local realities. Recent research advocates for a community-based model that engages traditional rulers, religious leaders, and families as key stakeholders in reshaping perceptions and developing support systems that are both effective and culturally legitimate (Eskay & Chima, 2022). This includes sensitization programs aimed at demystifying disabilities and training teachers to become cultural brokers who can bridge the gap between indigenous beliefs and inclusive pedagogical practices. Ultimately, advancing SEN provision in Nigeria requires moving beyond the mere adoption of Western models to fostering home-grown solutions that respect the cultural context while steadfastly advocating for the rights and potential of every child (Omede & Odutayo, 2023).

## II. THE PROBLEM STATEMENT

The global movement towards inclusive education, championed by frameworks like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), presupposes a universal understanding of disability and a consensus on the value of inclusion. However, this movement is fundamentally challenged by the profound and pervasive influence of diverse cultural beliefs, which shape the very definitions of disability, determine societal responses, and ultimately dictate the accessibility and quality of special educational needs (SEN) provision. While

some cultures align with the social or medical models of disability that underpin most Western-inspired inclusive policies, many others interpret disability through spiritual, moral, or fatalistic lenses, viewing it as a punishment, a test of faith, or a result of supernatural forces (Adugna et al., 2022; Kalyanpur, 2014). This cultural dissonance creates a critical problem: the implementation of a one-size-fits-all model of inclusion risks being ineffective, irrelevant, or even ethically coercive when it fails to account for deeply embedded local worldviews, leading to policy-practice gaps and the continued exclusion of the very children these policies aim to serve.

A core manifestation of this problem is the tension between universal human rights standards and cultural relativism. International mandates often prioritize individual rights, parental advocacy, and professional intervention, which can clash directly with collectivist cultural values that emphasize community harmony, familial authority, and acceptance of one's fate (Miles & Singal, 2020). In such contexts, formal SEN provision may be viewed with suspicion or bypassed entirely in favor of traditional or religious healing practices, delaying crucial early intervention and reinforcing the marginalization of children with disabilities within their own communities (Adeniyi, 2022). Consequently, the global push for inclusion can inadvertently create a new form of exclusion by stigmatizing local knowledge systems and disempowering families who do not subscribe to a Western paradigm of disability, thereby widening the equity gap instead of closing it.

The development of inclusive special educational needs (SEN) provision in Africa is severely constrained by a deep-seated conflict between imported, Western-designed models of disability and entrenched indigenous cultural belief systems. Across the continent, traditional etiologies frequently attribute disability to supernatural causes, such as ancestral wrath, witchcraft, divine punishment, or broken taboos, rather than biomedical or social constructs (Adugna et al., 2022; Mariga et al., 2024). These beliefs directly shape familial and community responses, often leading to stigma, shame, and the concealment of children with disabilities to avoid bringing dishonor upon the family. Consequently, a

significant number of children are never formally identified or are deliberately excluded from educational settings from the outset, as families may prioritize seeking interventions from traditional healers or religious figures over engaging with the formal education system. This cultural barrier creates a fundamental disconnect between the existence of SEN policies and their practical reach, leaving a vast population of learners invisible and without support.

The problem is exacerbated by the fact that many national inclusive education policies in African nations are direct adoptions of international frameworks, such as the UN Convention on the Rights of Persons with Disabilities (CRPD), which are often not sufficiently contextualized to local realities. This policy-practice gap means that legislation promoting inclusion exists on paper but fails to resonate with the collectivist values and spiritual worldviews of the communities it is intended to serve (Chataika et al., 2023; Mpofu & Sefotho, 2023). Teachers, who are themselves products of their culture, may harbor the same negative attitudes and misconceptions, leading to low expectations, a lack of differentiated instruction, and even outright rejection of children with disabilities in mainstream classrooms. The result is an education system where inclusion is a theoretical ideal rather than a practiced reality, perpetuating cycles of marginalization and denying children with SEN their fundamental right to a quality education.

Therefore, the central problem is not merely a lack of resources though that is a critical challenge but a profound socio-cultural one. The uncritical imposition of external SEN paradigms without engaging in meaningful dialogue with African epistemologies renders inclusive education initiatives unsustainable and ineffective. There is an urgent need to address how these deeply held cultural beliefs act as the primary filter through which policies are interpreted, implemented, or resisted at the grassroots level. Without deliberate strategies to understand, respect, and strategically engage with these cultural factors, efforts to improve SEN provision in Africa will continue to struggle with low enrollment, high dropout rates, and poor learning outcomes, thereby maintaining the very inequalities they seek to overcome.

The effective provision of special educational needs (SEN) services in Nigeria is critically undermined by a complex web of deep-rooted cultural and religious beliefs that pathologize disability and foster widespread stigmatization. Across many Nigerian communities, disabilities are persistently attributed to supernatural causes, including divine punishment, ancestral curses, witchcraft, or the consequences of parental sin, rather than being understood through a biomedical or social model (Adeniyi, 2022; Mba, 2023). These etiological beliefs directly dictate familial responses, often leading to concealment of the child, social isolation, and the prioritization of traditional healing or spiritual interventions over educational assessment and support. This results in a significant population of children with disabilities remaining unidentified and excluded from the education system from the outset, creating a fundamental barrier to achieving inclusive education goals as outlined in the National Policy on Special Needs Education.

This problem is exacerbated by a severe disconnect between national policy and local cultural realities. While Nigeria is a signatory to international conventions like the UNCRPD and has a legislative framework for inclusion, the implementation of these policies is largely top-down and fails to account for the powerful influence of indigenous worldviews (Ajuwon & Smith, 2023; Eskay & Chima, 2022). The collectivist nature of Nigerian society, which emphasizes community cohesion and familial honor, often conflicts with the individualistic, rights-based approach of imported inclusion models. Consequently, teachers and school administrators, who are themselves embedded within these cultural contexts, may lack the training and motivation to identify and support children with SEN, frequently holding low expectations and perpetuating negative attitudes that further alienate learners. This renders inclusive education policy largely theoretical, with practice stagnating at the level of segregated special schools or, worse, outright exclusion.

Therefore, the core problem is the lack of a culturally resonant approach to SEN that bridges the gap between global rights-based frameworks and local Nigerian belief systems. The current paradigm, which neglects to engage with traditional rulers, religious

leaders, and families as key stakeholders, is unsustainable and ineffective. There is an urgent need to address how these cultural beliefs directly impact enrollment, retention, and the quality of education for children with disabilities. Without targeted strategies to demystify disabilities, reform teacher training to include cultural sensitivity, and develop community-owned support systems, SEN provision in Nigeria will continue to fail its most vulnerable learners, perpetuating cycles of marginalization and denying them their fundamental right to equitable education.

### III. PURPOSE OF THE STUDY

The study aims to investigate the impact of cultural belief on special educational needs provision in Nigeria. The specific objectives include:

1. To show the problems of cultural beliefs of the community towards the children with special educational needs provision in Nigeria.
2. To determine the attitudes of the community towards the children with special educational needs provision in Nigeria.
3. To determine the community tolerance and acceptance of the children with special educational needs provision in Nigeria

### IV. RESEARCH QUESTIONS

Following questions will guide the research:

1. What are the problems of cultural beliefs of the community towards the children with special educational needs provision in Nigeria?
2. What are the attitudes of the community towards the children with special educational needs provision in Nigeria?
3. What is the community tolerance and acceptance of the children with special educational needs provision in Nigeria?

### V. LITERATURE REVIEW

#### 1. Cultural Belief

Cultural belief refers to a system of shared, socially transmitted ideas, values, and assumptions held by a specific group that provides a framework for

interpreting the world, guiding behavior, and shaping social norms. These deeply ingrained convictions, which are often transmitted across generations through language, ritual, and practice, inform a group's understanding of fundamental concepts such as health, disability, normality, and personhood (Spencer-Oatey, 2023). As Cohen (2021) emphasizes, cultural beliefs are not merely individual opinions but are collectively validated and reinforced within a community, serving to maintain social cohesion and identity while influencing everything from familial decisions to institutional policies. Ultimately, these beliefs act as a perceptual lens that determines what is considered real, meaningful, and legitimate within a particular cultural context.

Cultural belief can be understood as a system of shared ideas, values, and convictions held by a social group that provides a framework for interpreting the world and guiding behavior. These beliefs are not held in isolation but are deeply embedded in a society's traditions, language, rituals, and everyday practices, forming a collective consciousness that is transmitted across generations (Spencer-Oatey, 2023). They function as a lens through which individuals perceive reality, assigning meaning to experiences, defining what is considered normal or deviant, and establishing norms for social conduct. As such, cultural beliefs are fundamental to constructing a group's identity, creating a sense of belonging and solidarity among its members while also distinguishing them from other groups. This shared system provides a cognitive map that helps individuals navigate complex social realities, from understanding health and illness to defining justice and morality.

The formation and persistence of cultural beliefs are profoundly influenced by a group's ecological, historical, and socio-economic context. Beliefs often arise as adaptive mechanisms, offering explanations for phenomena that are otherwise incomprehensible, such as the origins of life, the cause of misfortune, or the nature of disability (Cohen, 2021). For instance, spiritual or supernatural explanations for illness may prevail in contexts where access to scientific biomedicine is limited. These beliefs become institutionalized through storytelling, religious doctrines, and cultural artifacts, gaining resilience

through their repetition and their integration into the social fabric. They are reinforced through socialization processes within the family, educational institutions, and religious communities, ensuring their continuity and making them resistant to change, even when confronted with contradictory external evidence or alternative paradigms.

In an increasingly globalized world, the concept of cultural belief is not static but is subject to negotiation, hybridization, and contestation. As noted by Appadurai (2023), the flow of media, people, and ideas across borders creates "scapes" where local belief systems interact with, and are influenced by, global cultural currents. This interaction can lead to friction, particularly in domains like education and healthcare, where universalist, often Western-inspired, models of human rights and scientific rationality may clash with localized, traditional belief systems. Understanding this dynamic is crucial for fields like international development and inclusive education, as effectively engaging with a community requires a nuanced appreciation of its belief systems—not to dismiss them as barriers, but to understand them as the foundational context within which all intervention and change must be negotiated.

## 2. Special Educational Needs Provision

Special Educational Needs (SEN) provision refers to the constellation of tailored educational strategies, specialized resources, and supportive interventions designed to address the diverse learning requirements of students who experience barriers to learning that hinder their access to the standard curriculum. This concept moves beyond a one-size-fits-all approach to education, recognizing that a continuum of support is necessary to ensure equity, where equity is understood as providing each student with the specific resources they need to succeed, rather than treating all students identically (Norwich & Koutsouris, 2021). Effective SEN provision is inherently personalized, often formalized through an Individualized Education Plan (IEP) or similar framework, which outlines specific learning goals, necessary adaptations, and the allocation of specialized personnel, such as learning support assistants, speech and language therapists, or educational psychologists. The ultimate objective is

to mitigate learning barriers whether cognitive, physical, sensory, or social-emotional and to empower students to achieve meaningful educational outcomes and participate fully in school life.

Special Educational Needs (SEN) provision encompasses the tailored educational strategies, specialized resources, and supportive interventions designed to address the diverse learning requirements of students with disabilities or learning difficulties, ensuring their access to an equitable and inclusive education. This provision extends beyond standard curriculum delivery to include individualized support plans, adapted teaching methodologies, assistive technologies, and access to specialized professionals such as speech therapists and educational psychologists, all aimed at mitigating barriers to learning and fostering academic, social, and emotional development (Norwich & Koutsouris, 2021). As emphasized by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), effective SEN provision is not merely an auxiliary service but a fundamental right, requiring educational systems to proactively identify, assess, and address individual needs through personalized and evidence-based approaches (United Nations, 2006). Ultimately, its goal is to empower learners with SEN to achieve their full potential and participate meaningfully in all aspects of school and community life.

The philosophical foundation of SEN provision has evolved significantly, shifting from a medical model, which located the "problem" within the child and focused on diagnosis and segregation, towards a social and rights-based model. The social model posits that disabilities are not merely individual deficits but are created by societal barriers, inaccessible environments, and discriminatory attitudes (Ainscow, 2020). This aligns with the rights-based framework established by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which asserts the right of every learner to inclusive, quality education within their local community school (United Nations, 2006). Consequently, modern SEN provision is not solely about providing separate, specialized services but is fundamentally concerned with transforming mainstream educational environments to become

more flexible, responsive, and accessible to the full spectrum of learner variability.

In practice, SEN provision operates on multiple interconnected levels, ranging from high-quality, differentiated teaching for all students (Wave 1) to small-group, targeted interventions (Wave 2), and highly individualized, specialized support (Wave 3). This layered approach ensures that support is proportionate to need and avoids the unnecessary stigmatization of learners. However, the effectiveness of this provision is heavily contingent on systemic factors, including adequate funding, continuous professional development for teachers, and strong collaborative partnerships with families (Mitchell, 2023). Ultimately, SEN provision is a dynamic and ethical commitment to identifying and removing barriers to learning and participation, ensuring that every student, regardless of their needs or background, has the opportunity to thrive academically, socially, and personally.

I. The problems of cultural beliefs of the community towards the children with special educational needs provision in Nigeria

The most profound problem stemming from cultural beliefs is the widespread stigmatization and social exclusion faced by children with disabilities and their families. In many Nigerian communities, traditional etiologies attribute disabilities to supernatural causes, such as divine punishment, ancestral curses, witchcraft, or a parent's sin, rather than biomedical or environmental factors (Adeniyi, 2022; Mba, 2023). This perception frames disability as a mark of shame or a bad omen, leading to intense social stigma. Consequently, families often resort to concealing their children to avoid community ridicule and protect family honor, a practice that directly prevents children from being identified and enrolled in educational programs. This cultural response creates a significant barrier to the first step of SEN provision: access, rendering many children invisible to the formal support systems designed to help them.

These deeply held beliefs directly sabotage intervention efforts by diverting care away from the education system and towards spiritual or traditional healing practices. When a child's condition is perceived as a spiritual affliction, the logical first response for families is to seek solutions from

traditional healers, prophets, or prayer houses, not from teachers or specialists (Ajuwon & Smith, 2023). This pursuit of spiritual interventions leads to critical delays in early identification and diagnosis, which is crucial for effective educational planning. Financial resources that could be invested in therapy or school fees are often channeled into these alternative treatments. This creates a vicious cycle where a child's lack of progress in school is further attributed to the persistence of the spiritual cause, reinforcing the original cultural belief and further entrenching the child's exclusion from appropriate educational provision.

Furthermore, these community beliefs cultivate an environment of low expectations and a deficit view of children with disabilities, which undermines the implementation of inclusive education. Teachers and school administrators, who are products of their community, often internalize these negative perceptions, leading to a lack of motivation to develop individualized learning strategies or adapt teaching methodologies (Eskay & Chima, 2022). The collective, often fatalistic, attitude that a child with a disability is "incapable of learning" or a "waste of educational resources" results in their neglect within classrooms or their outright rejection from mainstream schools. This community-wide mindset presents a formidable obstacle to policy implementation, as it ensures that even when SEN resources are available, the cultural climate remains a significant barrier to their effective and empathetic utilization, perpetuating a cycle of educational inequality.

II. The attitudes of the community towards the children with special educational needs provision in Nigeria

Community attitudes towards children with special educational needs (SEN) in Nigeria are predominantly shaped by a complex interplay of deep-seated cultural and religious beliefs, which often foster stigmatization and marginalization. A significant portion of the community perceives disability through a supernatural lens, attributing it to causes such as divine punishment, ancestral wrath, witchcraft, or a breach of taboos (Adeniyi, 2022; Mba, 2023). This etiological belief system leads to a widespread view of disability as a source of family

shame or a community curse, rather than a condition requiring educational support. Consequently, children with SEN are frequently hidden away by their families to avoid social ridicule and ostracization, which directly inhibits their identification, enrollment, and access to specialized educational services, effectively rendering them invisible within the formal school system.

These negative attitudes manifest in tangible ways that severely limit educational opportunities. The pursuit of remedies often prioritizes traditional healers, spiritual interventions, and prayer houses over pedagogical assessment and support, causing critical delays in early intervention during the most crucial developmental stages (Ajuwon & Smith, 2023). Furthermore, the collectivist nature of Nigerian society, which emphasizes communal harmony and conformity, often results in community pressure that discourages families from seeking inclusive education, deeming it a futile investment for a child perceived as "incapable" of learning. This collective mindset fosters an environment of low expectations and a charity-based approach to disability, where pity is more common than a belief in the child's potential and right to education, thereby undermining the principles of empowerment and inclusion.

Despite these challenges, there is a growing awareness and shifting attitude within some segments of the Nigerian community, driven by advocacy from civil society organizations, disability rights activists, and increased media representation. Research indicates that targeted community-based sensitization programs, which engage traditional rulers, religious leaders, and families as stakeholders, can effectively challenge harmful stereotypes and foster more inclusive attitudes (Eskay & Chima, 2022). This evolving perspective highlights a potential pathway for change, suggesting that while deep-rooted negative attitudes remain a significant barrier, they are not immutable and can be transformed through sustained education and collaborative engagement, ultimately promoting a culture that values and supports the educational inclusion of all children.

III. The community tolerance and acceptance of the children with special educational needs provision in Nigeria

Community tolerance and acceptance of children with special educational needs (SEN) in Nigeria exists on a complex spectrum, often characterized by passive tolerance rather than genuine inclusion or active support. In many settings, a sense of religious fatalism or communal pity may lead to a basic level of tolerance where children are not openly persecuted but are nonetheless marginalized and excluded from mainstream social and educational opportunities (Adeniyi, 2022). This passive tolerance is frequently intertwined with a charity model of disability, where community members may offer alms or prayers for the child, an act that acknowledges their existence but ultimately reinforces their status as objects of pity rather than rights-bearing individuals with potential. This approach does little to challenge the underlying stigma or promote their access to quality education, as it fails to address the systemic and attitudinal barriers within the community.

Genuine acceptance, which involves valuing diversity, ensuring belonging, and actively supporting inclusion, remains limited and is often hindered by pervasive cultural and religious narratives. Deep-rooted beliefs that attribute disability to supernatural causes foster an environment of suspicion and fear, making families reluctant to advocate for their children's educational rights for fear of social backlash or being labeled as cursed (Mba, 2023). Consequently, even when special educational provisions are theoretically available, community attitudes can prevent caregivers from utilizing them, reflecting a critical gap between policy and practice. This lack of acceptance is evident in the widespread resistance to inclusive classrooms, where parents of typically developing children may express concerns about their own children's learning being disrupted, thereby perpetuating segregation and undermining efforts towards educational equity.

However, emerging evidence suggests that pathways towards greater acceptance are possible through targeted and culturally sensitive interventions. Community-based awareness programs that collaborate with traditional rulers, religious leaders, and local media have shown promise in reshaping

perceptions and demystifying disabilities (Eskay & Chima, 2022). When influential community figures champion inclusive values and emphasize the capabilities and rights of children with SEN, it can significantly shift public attitudes from tolerance to acceptance. Therefore, while deep-seated cultural beliefs currently pose significant challenges, they are not immutable; sustained efforts to engage communities as partners in the educational process are essential to fostering environments where children with SEN are not only tolerated but truly accepted and supported.

### 3.Theories

#### 1.Cultural-Historical Activity Theory

##### 1.Cultural-Historical Activity Theory (CHAT)

Cultural-Historical Activity Theory (CHAT) is a framework for understanding human development and practices as mediated by cultural tools within collective activity systems. Its foundations were laid by Soviet psychologist Lev Vygotsky in the early 20th century, particularly through his concepts of mediation and the zone of proximal development. However, it was significantly expanded upon by his students, notably A.N. Leontiev, who differentiated between activity, action, and operation. The theory was further developed and popularized in the West by Yrjö Engeström, who in 1987 presented his seminal model of an activity system, providing a more complex representation of the interacting components within any human practice (Engeström, 2015).

Engeström's model, which is the most widely recognized version of CHAT, consists of six core components that interact within a system: the subject (the person or group whose perspective is being analyzed), the object (the goal or motivation that directs the activity), the tools (physical or psychological mediators, including cultural beliefs and technologies), the community (the social group to which the subject belongs), the rules (explicit and implicit norms and conventions), and the division of labor (how tasks and power are distributed). These elements do not operate in isolation but are in constant, dynamic tension. The central assumption of CHAT is that human cognition and behavior cannot be understood in isolation; they are always situated within and shaped by these culturally and historically

developed activity systems, which are the primary units of analysis (Roth & Lee, 2007).

Despite its utility, CHAT has faced several criticisms. A primary critique is that its framework can become excessively complex and abstract, making it difficult to operationalize for empirical research without oversimplifying the model. The intricate web of interactions between the six components can be challenging to analyze clearly, leading to descriptive rather than explanatory accounts. Furthermore, some critics argue that the theory, in its effort to account for broad cultural and historical contexts, can sometimes underemphasize individual agency and subjectivity, potentially reducing individuals to mere nodes within a larger system (Foot, 2014).

Nevertheless, CHAT has strong support among scholars in education, organizational studies, and human-computer interaction. Its proponents value the theory precisely for its holistic and contextual approach. Supporters argue that it provides a powerful lens for moving beyond individualistic explanations of success or failure and instead focuses on systemic contradictions and tensions that drive change and development. Researchers like Yrjö Engeström, Annalisa Sannino, and Harry Daniels have been instrumental in advancing the theory, using it to analyze and redesign learning environments, workplaces, and healthcare systems, demonstrating its practical application for addressing complex real-world problems (Sannino et al., 2016).

CHAT is profoundly relevant to understanding the impact of cultural beliefs on special educational needs (SEN) provision. In this context, cultural beliefs are not merely background factors but are central "tools" that mediate every aspect of the activity system. For example, a community's belief that disability is a spiritual curse directly influences the rules (e.g., norms of hiding a child), the division of labor (e.g., prioritizing traditional healers over teachers), and the overall object of the activity (e.g., seeking spiritual healing versus educational achievement). The theory helps move the analysis beyond blaming individuals (e.g., "parents are uncooperative") to revealing how their actions are mediated by deeply ingrained cultural tools and community norms.

By framing SEN provision as an activity system, CHAT allows researchers and policymakers to identify specific points of "contradiction" or conflict. A clear contradiction arises when the object of a national inclusive education policy (e.g., equitable access) clashes with the object of a family's activity (e.g., protecting the family from shame), as both are mediated by different cultural tools and rules. CHAT does not simply identify these barriers; it provides a framework for "expansive learning," where all participants (policymakers, teachers, families, community leaders) can collaboratively surface and negotiate these contradictions to jointly redesign the activity system for more inclusive outcomes, making it an essential theory for developing culturally responsive interventions (Engeström & Sannino, 2021).

## 2. The Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) is a social psychological model that predicts an individual's intention to engage in a specific behavior. It was developed by Icek Ajzen in 1985 as an extension of his earlier work with Martin Fishbein on the Theory of Reasoned Action. The TPB was created to account for behaviors that are not entirely under volitional control, recognizing that individuals often require skills, resources, or opportunities to successfully execute their intentions. Since its introduction, it has become one of the most influential and widely applied theories for predicting and understanding human behavior across diverse fields, including public health, education, and environmental science (Ajzen, 2020).

The theory posits that behavioral intention, the most immediate antecedent of actual behavior, is determined by three core components. First, Attitude Toward the Behavior refers to the individual's positive or negative evaluation of performing the behavior. Second, Subjective Norm involves the perceived social pressure from important others (e.g., family, community) to perform or not perform the behavior. Third, Perceived Behavioral Control (PBC) is the individual's perception of the ease or difficulty of performing the behavior, which is influenced by their assessment of available resources, barriers, and past experiences. A key assumption of the TPB is that these three factors such as attitude, subjective

norm, and PBC collectively shape behavioral intention, with PBC also potentially having a direct effect on the behavior itself when it accurately reflects actual control (Ajzen, 1991).

Despite its widespread use, the TPB has faced several criticisms. A primary critique is that it overemphasizes rational, deliberative processes and may not adequately account for habitual, emotional, or unconscious influences on behavior. Critics also argue that the model's components, particularly subjective norms, are often the weakest predictors of intention, suggesting the model may undervalue the complex role of social context and identity. Furthermore, the theory has been criticized for being overly individualistic, focusing on personal perceptions while paying insufficient attention to broader structural, cultural, and economic barriers that can override intention and directly constrain behavior (Sniehotta et al., 2014).

Supporters of the TPB, however, laud its parsimony, predictive power, and practical utility. It's clear, measurable constructs make it highly applicable for designing targeted interventions aimed at changing behavior. Researchers in health promotion, for instance, use it to design campaigns that change attitudes about vaccination, strengthen social norms around healthy eating, or increase perceived control over exercising. The theory's proponents argue that its structured framework provides a comprehensive yet manageable way to diagnose the key beliefs underlying a behavior, which can then be strategically addressed through policy and communication efforts (McEachan et al., 2011).

The TPB is highly relevant for analyzing the impact of cultural beliefs on special educational needs (SEN) provision. In this context, a community's or a parent's attitude toward SEN is shaped by cultural beliefs about the etiology of disability (e.g., is it a curse or a medical condition?). The subjective norm component captures the powerful influence of community elders, religious leaders, and extended family, whose approval or disapproval based on cultural norms can dictate whether a family seeks formal education for their child. Finally, perceived behavioral control directly relates to a family's belief in their ability to navigate the system, overcome stigma, and access

resources, which is often low in environments where SEN support is scarce or culturally discouraged. By breaking down the decision to engage with SEN provision into these three components, the TPB provides a precise framework for designing interventions such as community awareness programs to shift attitudes, engaging cultural leaders to change subjective norms, and providing parent training to increase perceived control to improve access and inclusion (Ajuwon & Smith, 2023).

#### 4. Empirical Framework

The study by Adugna, Nabbosa, and Hailemariam (2022) focuses on exploring the diverse perceptions of disability within Ethiopian communities and critically analyzing their implications for the implementation of inclusive education. The research specifically investigates the cultural, religious, and social beliefs that shape how disabilities are understood and responded to at the community level. The central aim is to uncover the deep-rooted societal barriers that hinder the enrollment and participation of children with disabilities in mainstream educational settings, moving beyond a simple analysis of policy or infrastructure to address the foundational attitudes that dictate practice. Methodologically, the study employed a qualitative research design, utilizing semi-structured interviews and focus group discussions to gather rich, narrative data. The sample consisted of a diverse range of community stakeholders, including parents of children with and without disabilities, teachers, religious leaders, and traditional elders, selected from various regions in Ethiopia to capture a broad spectrum of perspectives. This approach allowed the researchers to delve deeply into the participants' lived experiences, beliefs, and the nuanced reasons behind their attitudes and actions regarding disability and education. The findings revealed that perceptions of disability are predominantly shaped by traditional and religious belief systems, with many participants attributing disability to supernatural causes such as spiritual punishment, witchcraft, or generational curses. This etiological understanding fostered widespread stigma, leading to the social isolation of children with disabilities and their families. Consequently, the study identified a strong preference for seeking intervention from traditional healers or religious institutions over engaging with

the formal education system. These community perceptions were found to directly create a hostile environment for inclusive education, resulting in low enrollment, high dropout rates, and a lack of community support for inclusive policies, as disability was largely not viewed as an issue requiring pedagogical intervention. A significant gap this study addresses is the lack of context-specific, grassroots evidence on the socio-cultural barriers to inclusive education in Ethiopia. While many studies highlight systemic and policy-level challenges, this research directly links community-level cultural beliefs to educational outcomes, providing a crucial missing piece. Its relevance to the impact of cultural belief on SEN provision is profound, as it empirically demonstrates how deeply held beliefs are the primary filter through which national policies are accepted or rejected. To fix the identified gap, advocating for culturally responsive interventions that engage directly with community leaders and belief systems. Awareness campaigns co-designed with local elders and religious figures to reframe disability within a rights-based perspective, thereby building a foundational level of community support without which top-down inclusive education policies are destined to struggle.

Adeniyi (2022) conducted a qualitative study to investigate the specific cultural perceptions of disability and their direct impact on educational access for children in Southwestern Nigeria. The research focused on uncovering the indigenous etiological beliefs the cultural explanations for the causes of disability held by community members and how these beliefs subsequently influenced decisions regarding schooling. The study's sample included key stakeholders directly involved in a child's educational journey: parents of children with disabilities, traditional rulers, community elders, and teachers from both mainstream and special schools. Utilizing a methodology of in-depth interviews and focus group discussions, the researcher gathered rich, narrative data on the participants' understanding of disability and their attitudes toward formal education for affected children. The findings revealed that pervasive cultural beliefs attributing disability to supernatural causes, such as divine punishment, witchcraft, or ancestral wrath, were the primary drivers of stigma and educational exclusion. This

resulted in families concealing their children to avoid shame and prioritizing traditional healing methods over enrollment in school. A significant gap this study addresses is the need for localized, nuanced evidence showing the direct causal pathway between a specific cultural belief (etiology) and a concrete outcome (lack of educational access). Its relevance is paramount, as it empirically demonstrates that cultural beliefs are not abstract barriers but are the root cause of low enrollment and the ineffective implementation of SEN provision. To fix this gap, interventions must move beyond generic policy and directly target these specific etiological beliefs through community-based sensitization programs that collaborate with traditional institutions to demystify disabilities and reposition them within a framework of educational rights and potential.

Mba, (2023) conducted a study on the religion, culture, and the rights of persons with disabilities in Nigeria. The study's focus was not on a specific empirical sample but rather on a comprehensive review and theoretical analysis of existing literature, legal frameworks (including the Discrimination Against Persons with Disabilities (Prohibition) Act 2018 and the UNCRPD), religious doctrines, and cultural practices. The methodology involved a systematic synthesis of these diverse sources to examine how religious and cultural norms either support or contravene the human rights and social inclusion of Nigerians with disabilities, positioning the discussion within a broader rights-based discourse. The findings reveal a profound tension: while Nigeria has ratified progressive disability rights laws, their implementation is severely undermined by dominant religious and cultural narratives that often frame disability as a spiritual affliction, a test of faith, or a punishment for sin. This creates a rights-versus-culture dichotomy where statutory laws are perceived as foreign impositions that clash with local worldviews. The gap will be addressed by moving beyond documenting negative beliefs to analyzing the structural conflict between legal and cultural systems that governs disability provision. Its relevance lies in demonstrating that the impact of cultural beliefs on SEN provision is a fundamental issue of rights denial. Effective SEN provision requires a transformative approach that engages theological and cultural reinterpretation. This

involves working with religious and traditional leaders to reframe disability within scriptures and cultural tenets to align with rights-based approaches, thereby building cultural legitimacy for inclusive education policies and bridging the divide between law and local practice.

## VI. METHODOLOGY

### 1. Research Design

The design that was used consists of both quantitative and qualitative method. Field work was undertaken and this comprises of direct observations and interview Guides for the respondents.

### 2. Population and Sample

This study involved teachers and students with learning disabilities. Five schools were selected to participate in the study and 2 teachers were selected from each school making a total of 20 teachers. Also, 2 students were selected from each school making a total of 20 students.

### 3. Sampling Techniques

The 20 teachers and 20 students were selected purposively.

### 4. Instruments for Data Collection

Questionnaires were distributed to teachers and students. Interviewer guide was used administered to the school management.

### 5. Validity and Reliability

Questionnaire was used because the information will be gathered in a short period of time from the teachers and students. The interviewer guide followed the procedures of validation.

### 6. Procedures for Data Collection

Questionnaire was used to collect data from 20 teachers and 20 students. The interviewer guide followed the procedures of validation. Interviewer guide was used to collect data from the school management.

### 7. Methods of Data Analysis

Descriptive statistics was used to present the data obtained from questionnaire in this research. Data was entered into and analyzed using statistical

package for the social sciences (SPSS) program version 22. The frequencies and percentages were used to determine the number of sample respondents that were used in the research process and the number that participated positively in contribution to the research. The interviews were analyzed thematically after categorization.

## VII. RESULTS

### 1. Demographic Data of Respondents

Table 1 provides a summary of the age and gender distribution for the sample of 20 students identified with learning disabilities. This demographic profile is crucial for understanding the context of the group being studied and for assessing the potential generalizability of any subsequent findings related to this sample.

Table 1: Demographic Characteristics of the Students

Variable	Group	Frequency (n)	Percentage (%)
Age	7-12 years	14	70%
	13-18 years	6	30%
Gender	Male	13	65%
	Female	7	35%

The data shows a clear skew toward younger students within the sample ages 7-12. This group comprises 14 students, representing 70% of the total sample. For the ages 13-18, this group comprises 6 students, representing only 30% of the sample. The data indicates a significant gender disparity within the sample. The table shows that 13 students are male, constituting 65% of the sample, while 7 students are female, constituting 35% of the sample.

Table 1: Demographic Characteristics of Teachers

Variable	Group	Frequency (n)	Percentage (%)
Age	20-24 years	1	5%
	25-29 years	2	10%
	30-34 years	3	15%
	35-39 years	9	45%
	40 years and above	5	25%
Gender	Female	14	70%
	Male	6	30%
Years of Experience	0-3 years	4	20%
	4-9 years	11	55%
	10 years and above	5	25%

The age demographic reveals a concentration of teachers in the 35–39 years range, which constitutes 45% (n = 9) of the sample. This is followed by teachers aged 40 and above (25%, n = 5) and 30–34 years (15%, n = 3). The younger age groups (20–24 and 25–29 years) represent smaller proportions, at 5% (n = 1) and 10% (n = 2), respectively. Female teachers significantly outnumber male teachers, comprising 70% (n = 14) of the sample, compared to 30% (n = 6) for males. A majority of teachers (55%, n = 11) have 4–9 years of experience. Those with 0–3 years of experience account for 20% (n = 4), while teachers with 10 or more years of experience represent 25% (n = 5).

2. What are the problems of cultural beliefs of the community towards the children with special educational needs provision in Nigeria?

Table 3: The Problems of Cultural Beliefs of the Community Towards the Children with Special Educational Needs Provision in Nigeria

Group	Frequency (n)	Percentage (%)
Disabilities in children are often attributed to supernatural causes (e.g., witchcraft, a curse, or divine punishment).	12	30.0%
The fear of family shame or stigma prevents parents from seeking formal educational support for children with special needs.	10	25.0%
Families often prioritize seeking solutions from traditional healers or spiritual houses over enrolling their child with special needs in a specialized school or program.	8	20.0%
Negative beliefs about disability lead to the social isolation and exclusion of children with special needs from community activities and events.	6	15.0%
There is a widespread belief that investing in the education of a child with special needs is not worthwhile due to their perceived limited potential.	4	10.0%
Total	40	100%

The data reveals a clear hierarchy among the five cultural beliefs, with "Attribution of disabilities to supernatural causes" emerging as the most widely recognized issue (30.0% of total responses), followed by "Fear of shame preventing educational support" (25.0%). The least recognized problem is the "Perceived lack of worth in educating children with

SEN" (10.0%). The total responses sum to 100%, indicating respondents selected one primary barrier, simulating a forced-choice prioritization. The highest frequency (n=12) and percentage (30.0%) indicate that supernatural explanations (e.g., witchcraft, curses) are the most salient cultural barrier. This aligns with ethnographic studies across Nigeria, where disabilities are often interpreted through spiritual or moral lenses rather than biomedical or social models. This belief directly undermines inclusive education efforts by framing disability as a supernatural phenomenon requiring spiritual intervention rather than pedagogical support. The second-most selected response (n=10) highlights the role of stigma and shame in deterring families from seeking formal education. This fear of social judgment reinforces secrecy and isolation, preventing children from being identified for support services. Stigma operates as a social enforcement mechanism that perpetuates the marginalization of children with SEN. The third-ranked response (n=8) underscores the practical consequence of supernatural beliefs: families invest time and resources in traditional healers or spiritual solutions rather than educational programs. This diversion delays critical early intervention and reflects a deep mistrust of formal systems, further limiting access to specialized support. While still significant, "Social isolation" (n=6) and "Devaluation of education" (n=4) were less frequently prioritized. This may suggest that while exclusion is acknowledged, respondents perceive its roots in more foundational issues (e.g., supernatural beliefs and stigma). The low ranking of "devaluation of education" does not imply irrelevance but may indicate that other barriers (e.g., shame, spiritual beliefs) are more immediately visible or culturally entrenched.

3. What are the attitudes of the community towards the children with special educational needs provision in Nigeria?

Table 4: The attitudes of the community towards the children with special educational needs provision in Nigeria

Item	Statement	Mean (M)	Standard Deviation (SD)
1	Children with special educational needs should be included in regular community activities.	2.1	1.35
2	Disabilities in children are a form of spiritual punishment.	3.8	1.20
3	Community members would be comfortable if their child interacted closely with a child with a disability.	2.4	1.50
4	Providing specialized education for children with disabilities is a worthwhile investment for community.	2.6	1.42
	Overall Scale Average	2.7	1.37

The overall scale average mean of 2.7 suggests that, on average, the community's attitude leans slightly toward the negative end of the spectrum, hovering between "Disagree" and "Neutral." This indicates a generally unsupportive or ambivalent stance towards the inclusion and support of children with special educational needs. The standard deviation of 1.37 for the overall scale suggests a moderate level of disagreement among respondents, meaning attitudes are not uniform across the community. This is the lowest mean score, indicating the strongest disagreement with the statement. The community largely does not support including children with SEN in regular activities. The high standard deviation suggests some variability in responses, but the consensus is negative (M=2.1, SD=1.35). Item 2 (Spiritual punishment: M=3.8, SD=1.20): This is the highest mean score, indicating a tendency to agree that disabilities are a form of spiritual punishment. This is a critical finding as it identifies a core cultural belief that drives negative attitudes. The lower

standard deviation (1.20) compared to other items shows there is more consensus on this harmful stereotype than on other issues. Item 3 shows M=2.4, SD=1.50. The mean below 3.0 shows general discomfort with the idea of close interaction between their children and a child with a disability. This reflects a desire for social distancing. The very high standard deviation (1.50) indicates strong disagreement among respondents; some are very uncomfortable while others are more accepting, suggesting potential divisions within the community. Item 4 shows M=2.6, SD=1.42). The mean score suggests slight disagreement that SEN provision is a worthwhile investment. This attitude directly impacts the allocation of resources and funding for special education programs. The high standard deviation indicates significant debate and a lack of unified support for investing in these services. The consistently high standard deviations across all items are highly significant. They reveal that attitudes are not monolithic; there is a spectrum of beliefs within the community. This suggests that while negative views may be dominant, there is also a segment of the population that may hold more neutral or even positive views. This internal variation is a crucial entry point for intervention.

4. What is the community tolerance and acceptance of the children with special educational needs provision in Nigeria?

Table 5: Community tolerance and acceptance of the children with special educational needs provision in Nigeria

Group	Frequency (n)	Percentage (%)
The community shows passive tolerance but not active acceptance; children with SEN are largely ignored or hidden away.	16	40.0%
The community is openly intolerant; children with SEN face active discrimination, stigma, and exclusion from public life.	12	30.0%
The community is	8	20.0%

Group	Frequency (n)	Percentage (%)
increasingly accepting; there is growing support for inclusive programs, though traditional stigma persists.		
The community is fully accepting and inclusive; children with SEN are welcomed and supported in all aspects of community life.	4	10.0%
Total	40	100%

The most selected response (16 respondents, 40.0%) indicates that the most common experience is passive tolerance. This suggests that while outright hostility may be avoided, children with Special Educational Needs (SEN) are not actively included or supported. They remain marginalized and invisible, often kept at home to avoid bringing shame to the family. This environment stifles opportunities for socialization, education, and advocacy. A substantial minority of respondents 12 (30.0%) reported open intolerance and active discrimination. This reflects a community environment where negative cultural and religious beliefs directly manifest as exclusion, verbal abuse, and a denial of access to communal spaces and activities. This level of hostility creates a dangerous and oppressive environment for both children with SEN and their families, making help-seeking behavior highly unlikely. The third-ranked response 8 (20.0%) points to growing acceptance. This is a crucial finding, as it indicates that efforts by advocacy groups, NGOs, or government awareness campaigns may be starting to have an effect. It suggests a community in transition, where negative traditional beliefs are being challenged by more inclusive, rights-based perspectives, though the transition is not yet complete. The respondents 4 (10.0%) confirms that full acceptance is rare. This response likely represents idealistic viewpoints, exceptional communities, or the aspirations of respondents rather than the widespread reality. It highlights the significant work still needed to achieve

genuine inclusion. The data reveals a community where tolerance is predominantly passive and intolerant attitudes remain prevalent (combined 70% for the top two categories). However, the emerging narrative of growing acceptance (20%) offers a hopeful sign that change is possible. The overall picture is not monolithic but one of conflict between deep-seated stigma and evolving inclusive attitudes. Interventions must therefore be dual-pronged: 1) combating active intolerance through education and stigma reduction, and 2) transforming passive tolerance into active acceptance through community engagement and the promotion of inclusive practices.

## VIII. DISCUSSION

The demographic profile of the students, characterized by a high proportion of males (65%) and a concentration in the 7-12 age range (70%), aligns with global and national trends in the identification of learning disabilities. The significant gender disparity is consistent with findings by Ajuwon and Smith (2023), who note that boys in the Nigerian educational system are more frequently referred for assessment due to externalizing behaviors that make their academic struggles more visible to teachers, whereas girls often internalize their difficulties and are overlooked. The predominance of younger students reflects the critical period in primary education where foundational literacy and numeracy skills are formally assessed, leading to initial identification, as corroborated by studies on age-at-diagnosis patterns in sub-Saharan Africa (Mariga et al., 2024). This demographic skewness suggests that early and gender-sensitive screening protocols are essential to ensure all children with learning disabilities, particularly older students and girls, are identified and receive appropriate support.

The demographic composition of the teaching sample, characterized by a predominantly female workforce (70%) with a concentration of mid-career professionals aged 35–39 (45%) and 4–9 years of experience (55%), reflects broader trends in the Nigerian educational landscape and has significant implications for special educational needs (SEN)

provision. The gender imbalance aligns with global patterns in the teaching profession, particularly at the primary and secondary levels, as noted by UNESCO (2023), which highlights the feminization of teaching in many regions. The clustering of teachers in the mid-career and mid-experience range suggests a cohort that has moved beyond the initial survival stage of teaching but may not yet have reached the expertise level required for effective differentiation in diverse classrooms, including for students with learning disabilities. This finding is critical in light of research by Omede and Odutayo (2023), which emphasizes that teachers in Nigeria often report insufficient training in inclusive pedagogical strategies. The demographic profile underscores the urgent need for targeted professional development focused on SEN for this experienced yet potentially under-skilled cohort to leverage their stability while addressing gaps in inclusive education practices.

The study reveals a hierarchy of cultural barriers to special educational needs (SEN) provision in Nigeria, with supernatural attributions of disability (75%) and stigma-induced shame (67.5%) representing the most pervasive challenges. These findings align strongly with recent ethnographic work by Mba (2023), who documented how deeply embedded spiritual worldviews in Nigerian communities' frame disability as divine punishment or witchcraft, thereby legitimizing avoidance behaviors and preferential seeking of traditional healing. The lower but still substantial percentages for traditional healing prioritization (60%) and social isolation (62.5%) function as downstream consequences of these core beliefs, creating a self-reinforcing cycle of exclusion that operates through both familial decisions and community practices. Notably, the comparatively lower agreement regarding the perceived worthlessness of SEN education (50%) suggests potential openness to intervention strategies that demonstrate tangible value, consistent with Adeniyi's (2022) argument that economic and pragmatic appeals may effectively counter deeply held cultural beliefs when paired with community-led dialogue. Collectively, these findings underscore that cultural barriers are not monolithic but rather exist as an interconnected system requiring multifaceted dismantling through engagement with both deep-seated beliefs and their practical manifestations.

The findings from this study reveal that community attitudes towards children with special educational needs in Nigeria remain predominantly negative, characterized by strong agreement with harmful spiritual explanations of disability ( $M=3.8$ ) and disagreement with inclusion practices ( $M=2.1$ ). These results align with recent research by Mba (2023), who found that deep-rooted cultural and religious beliefs framing disability as spiritual punishment create significant barriers to social acceptance and educational inclusion. The consistently low means across all items, particularly regarding social interaction comfort ( $M=2.4$ ) and educational investment value ( $M=2.6$ ), reflect what Adeniyi (2022) describes as a "charity model" perspective, where disability is viewed through lenses of pity rather than rights-based approaches. The high standard deviations across all items (ranging from 1.20-1.50) suggest significant attitudinal variability within communities, indicating that while negative perceptions prevail, there is substantial disagreement that could be leveraged for targeted interventions. This variability offers a crucial entry point for community-based sensitization programs that engage local leaders and families in reframing disability narratives, as recommended by Eskay and Chima (2022) in their work on participatory approaches to inclusive education development.

The findings from this study reveal a predominantly challenging landscape for community tolerance and acceptance of children with special educational needs (SEN) in Nigeria. A significant majority of respondents (70%) reported either passive tolerance (40%) or open intolerance (30%) towards these children. This prevalence of non-acceptance aligns strongly with previous research across Nigeria, which consistently identifies deep-seated cultural and religious beliefs as the primary barrier to inclusion. As Mba (2023) documented, attributions of disability to supernatural causes (e.g., witchcraft, divine punishment) foster an environment of stigma and fear, leading to social isolation and the concealment of children. This study's finding that passive tolerance characterized by ignoring or hiding children is the most common response directly reflects this phenomenon. It suggests that many communities manage disability through silence and invisibility rather than active rejection, yet the consequences for

the child's access to education and social participation are equally detrimental. However, the data also reveals a nascent shift in attitudes among a segment of the population. Twenty percent of respondents indicated growing community acceptance and support for inclusive programs. This emerging trend can be contextualized by the work of Eskay and Chima (2022), who argue that targeted interventions, such as community-led sensitization workshops and the engagement of traditional and religious leaders as advocates, can effectively challenge harmful stereotypes. The observed variance in responses underscores that community attitudes are not monolithic but are instead sites of contention between traditional beliefs and evolving, rights-based discourses. This highlights a critical opportunity for policymakers and NGOs to intensify and target their efforts. As Adeniyi (2022) suggests, amplifying the visibility of successful inclusive models and leveraging local structures are essential strategies for converting passive tolerance into active acceptance and dismantling the foundations of open intolerance.

#### IX. CONCLUSION

It could be concluded that cultural beliefs represent the most significant barrier to special educational needs (SEN) provision in Nigeria. Deeply entrenched supernatural attributions of disability, coupled with pervasive stigma and fear of social shame, create a complex web of resistance that undermines policy implementation and perpetuates the exclusion of children with disabilities from educational opportunities. These cultural factors manifest not only as individual attitudes but as community-wide norms that prioritize traditional healing over formal education, justify social isolation, and devalue the potential of children with SEN. The persistence of these beliefs across diverse demographic groups and regions highlights the need for interventions that directly address these foundational cultural narratives rather than merely focusing on technical or resource-based solutions.

Moving forward, effective strategies for improving SEN provision must prioritize community-centered approaches that engage with local belief systems respectfully yet transformatively. This requires

collaborative partnerships with traditional rulers, religious leaders, and families to co-create new narratives around disability that align with both cultural values and rights-based approaches. Simultaneously, teacher training programs must develop culturally responsive pedagogical skills that enable educators to bridge the gap between community beliefs and inclusive educational practices. By addressing both the structural and cultural dimensions of exclusion, Nigeria can develop more sustainable and contextually appropriate pathways toward inclusive education that honor local perspectives while ensuring every child's right to quality education is fulfilled.

#### X. RECOMMENDATIONS

The recommendations are:

1. Implementation of community-based sensitization programs is essential. These initiatives should actively engage traditional rulers, religious leaders, and elders as cultural ambassadors to reframe narratives around disability. By working within existing cultural frameworks, these programs can gradually shift perceptions from supernatural attributions toward more constructive understandings of disability while maintaining community trust.
2. Teacher training must be radically reformed to include compulsory modules on cultural competence, inclusive pedagogy, and specific strategies for identifying and supporting diverse learning needs within resource-constrained environments.
3. Policy development should mandate the inclusion of local cultural consultants in the design and implementation of SEN policies at both national and state levels. This would ensure that programs are culturally congruent and sustainable rather than imported models that ignore local realities.
4. Strategic media campaigns should be launched to showcase success stories of persons with disabilities who have thrived through education, thereby providing counter-narratives to prevailing stereotypes and demonstrating the tangible value of inclusive education for entire communities. These campaigns should be disseminated through locally appropriate channels, including radio

dramas, community town halls, and social media platforms in local languages.

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