NEEDS ASSESSMENT OF WOMEN WITH DISABILITIES IN THE NORTH WEST PROVINCE OF CAMEROON

by

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BScOT, University of British Columbia, 2003

RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE

POPULATION AND PUBLIC HEALTH

GLOBAL HEALTH

In the
Faculty of Health Sciences

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SIMON FRASER UNIVERSITY

Fall 2007

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ABSTRACT

In Cameroon, women have many roles and responsibilities within the household and often outside the home. Having a disability makes the carrying out of daily tasks more difficult for a woman. A needs assessment using focus groups (n= 24 using 2 focus groups) and key informant interviews (n= 12) was conducted to explore the experiences of women living with disabilities in the North West Province. Findings of this qualitative study show that women with disabilities face both physical and attitudinal barriers, some live in poverty, most have difficulty getting married, and the majority feel they have a lack of opportunities in gaining an education, finding employment, and forming meaningful social ties. Participants generated ideas on changes that need to be made for the betterment of their lives. Ideas were around increasing empowerment and education, gaining support from family and friends, increasing public awareness, adapting the physical environments, and finding allies.

Keywords: women; disabilities; developing countries; Cameroon
Subject Terms: People with disabilities – Cross-cultural studies

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

CBR	Community based rehabilitation
CFA	Colonies françaises d'Afrique (French colonies of Africa)
GWD	Girls with disabilities
LE	Lower extremity
MINAS	Ministère des Affairs Sociales (Ministry of Social Affairs)
MoPH	Ministry of Public Health
MWD	Men with disabilities
NGO	Non governmental organization
NWP	North West province
PWD	Persons with disabilities
SAJOCAH	Saint Joseph's Children and Adult Home
WHO	World Health Organization
WWD	Women with disabilities

INTRODUCTION

According to WHO 600 million people in the world are living with some form of disability, with 80% living in low-income countries (WHO, 2005). Of the disabled population, as many as 75% are women in low and middle-income countries (HRW, 2006). This high percentage raises issues of interest and calls for more study.

Cameroon, situated in sub-Saharan Africa, is considered a lower middle-income country (World Bank, 2007). Cameroonian women compose two-thirds of the work force, while receiving only one tenth of the total income and owning one-hundredth of the national property (Fonjong, 2001). Despite their large contributions, women have a limited voice, specifically in the media, as described by Ndangam (2003). One would conclude that the voice of a woman with a disability is even more limited in Cameroon; there is little research to confirm this. In other parts of Africa, anecdotally, women with disabilities (WWD) face stigma, isolation, invisibility, punishment, and generally are on the receiving end of negative attitudes from the community (GFD, 2001). The combination of gender bias towards women and the stigma experienced by a person with disability makes WWD amongst the most marginalized groups (Limen, 2006). In many developing countries, disability is barely addressed by public health and other social policies, leaving WWD and their caregivers with hardly any structural supports (WHO, 2005). It is hard to imagine how women meet their basic health needs with such adversity.

The experiences of able-bodied women in Cameroon have been studied to some extent; however, research on WWD is lacking. This paper reports a qualitative study that was conducted to shed light on the issues of WWD in the North West province (NWP). A needs assessment was conducted to increase knowledge in this area. The Cameroon Working Group of the International Centre for Disability and Rehabilitation at the University of Toronto assisted in arranging this project, as this is a need that has been identified in their recent work with several organizations. The recommendations presented in this report aim to assist in the development of programs that are inclusive of women's issues and concerns.

BACKGROUND AND LITERATURE REVIEW

African convention including the rights of WWD

On July 25, 2006, Cameroon signed the African Union's 'Protocol on the Rights of Women in Africa'. Article 23a of the protocol, *Special Protection of Women with Disabilities*, notes that States Parties will "take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional, and vocational training as well as their participation in decision-making" (ACHPR, 2003). Furthermore, Article 23b claims that States Parties will "ensure the right of WWD to freedom from violence, including sexual abuse, discrimination based on disability and the right to be treated with dignity" (ACHPR, 2003). The extent to which Article 23 has translated into realistic changes for improving the lives of WWD in Africa, specifically in Cameroon, is contentious.

Global situation of WWD

Women are more likely than men to become disabled during their lifetime due to gender bias in allocation of resources and their lack of access to health services (Emmett & Alant, 2006). Women and girls are less likely to receive preventative medical care such as immunizations and medical attention when needed (HRW, 2006). In developed countries, the percentage of WWD is higher than that of men with disabilities (MWD) due to a larger aging female population. On the other side of the coin, in low income countries the number of WWD is lower than MWD due to speculations of under reporting and women receiving less care and support leading to earlier death (Emmett & Alant, 2006).

A study done in the Philippines discovered that 80% of WWD had no jobs and were totally dependent on others for the meeting of their basic needs (UNESCAP, 1995). Women who did work typically occupied labour-intensive and poorly paid jobs such as weaving, sewing, basket making, assembling toys, or producing handicraft items. In Nepal, where marriage is the norm for women, 80% of WWD are reported to be unmarried (UNESCAP, 1995). Another study in Zambia showed that WWD are often

excluded from reproductive health education programs as there is an assumption that they are not sexually active and do not require reproductive health services (Smith et al, 2004). It is not known whether these reports are reflective of women's experiences in the NWP due to the fact that few studies have been carried out (Mue, 2006). The findings in this report shed light on the situation of WWD in the NWP of Cameroon.

Promising initiatives globally

There is much room for improvement in the lives of WWD and in some parts of the world change is starting to take place. Many women are not able to visit rehabilitation centres or health centres where they can learn how to improve their health. The introduction of community-based rehabilitation has slowly begun reaching women in the community (UNESCAP, 1995). Microcredit initiatives have received much international attention for alleviating poverty in marginalized groups; however, they have traditionally forgotten to include WWD in their programs (Lewis, 2004). In 1998, 'The International Symposium on Microcredit for Women with Disabilities' brought together 13 WWD from developing countries, though not including Cameroon, to receive intensive education on microcredit programs, to find ways to increase the inclusion of WWD, and to create an action plan for implementing selected strategies (MIUSA, 1998). In the same year, a report entitled 'Leadership Development Strategies for Women with Disabilities: A Cross Culture Survey' came out from research that was conducted to see what barriers keep WWD's leadership from being realized. This report suggested nine recommendations for international leadership training programs and lead to the sponsoring of a series of projects aimed at building leadership capacity in women leaders with disabilities (MIUSA & IDEAS, 1998). Unfortunately, there is no mention of Cameroon in this report or in any of these initiatives.

In developing countries, women in need of prosthetic devices are fitted most often by male technicians; due to cultural and gender barriers this can be a major deterrent for some women achieving mobility. This barrier has been overcome in India by a non-governmental organization (NGO) called 'Mobility India' where WWD are trained as technicians to provide mobility aids for other women (Thomas & Thomas, no date). These initiatives are instilling hope for groups of WWD in developing countries; however, they have not yet extended their benefits to women in the NWP of Cameroon.

METHODS

This needs assessment was framed as a gap analysis examining the current and desired life situations of WWD in both urban and rural areas. The methods used were focus groups (n=24 using 2 focus groups), interviews (n=12), and participant observation. There has been an outcry from disabled people's organizations towards research that is often done about persons with disabilities (PWD) without their involvement. This has led disabled people's organizations to creating their core value 'nothing about us, without us' (DCDD, 2005). With this in mind, the investigator felt that the most authentic way to determine the needs of WWD was to have them participate in this assessment. This study incorporated collaboration (e.g., piloting interview questions, sampling) with women yet was carried out by the investigator; the advantage being that an outsider can observe norms and intricacies that participants may not always detect. Ethical approval was received from the National Ethical Review Committee of Cameroon, the University of Toronto, and Simon Fraser University.

The three approaches used for data collection each have their advantages. Interviews provide rich and specific details about individual experiences. Focus groups, on the other hand, provide the opportunity to elicit a range of opinions. They are often more active and may stimulate greater participation. Additionally, during focus groups, participants are not required to answer every question or respond to every comment, which may lead to more genuine and substantial responses. Lastly, participant observation is beneficial in examining persons and events in a natural, everyday setting which may provide insights that are unavailable in structured milieus.

Participant observation occurred from June to August 2007. During this time, the investigator developed an appreciation for the socio-cultural and physical environment, communication conditions, and the general infrastructure of the NWP. Visits were made to major hospitals and rehabilitation centres, and the investigator collaborated with relevant stakeholders in the planning of the 2007 Bamenda Conference on Disability and Rehabilitation. Informal discussions also took place with women, family members, and other stakeholders, providing additional insight.

All participants were asked for informed consent prior to commencement of interviews or focus groups which were tape recorded and transcribed by the investigator and occasionally with the help of an interpreter fluent in Pidgin English. Thematic coding was used including both a priori codes and emergent codes. Each interview was coded with codes under the three broad categories of: (1) challenges existing in a woman's life situation, (2) solutions to overcoming these challenges, and (3) stakeholders that need to be involved. After coding all transcripts, the investigator took the most recurrent codes to create sub-categories (e.g., challenges [category 1] contained sub-categories of the following recurrent codes: physical barriers; attitudinal barriers; lack of opportunities). Subcategories were revised to generate emerging themes which are found in the results section.

Semi-structured interviews

A sample of 12 key informants from the NWP was used. Characteristics of key informants are outlined in Table 1 (Appendix). The investigator contacted the leaders of 'disability groups' in the NWP and asked to speak at their next monthly meeting regarding the intention to conduct a needs assessment and the need for participants. The investigator attended meetings for three different disability groups and recruited the majority of participants in this manner. A few participants were identified through snowball sampling. Furthermore, one informant introduced the investigator to an individual who worked for an NGO that provides evangelical support to WWD in villages. The investigator went along with this individual for two outreach visits and recruited four women from villages. Targeted sampling was used to obtain a range of disabilities, marital status, and other characteristics.

Women were interviewed in the community either in their own homes or at a quiet meeting spot in town. Interviews length varied from approximately 30 to 90 minutes. The semi-structured interview consisted primarily of open-ended questions regarding their knowledge, attitudes, and personal experiences in the following areas:
- Growing up with a disability
- Gaining an education and finding employment
- Getting married and starting a family
- Living in their respective community
- Accessing health care services

Focus groups

Two focus groups were conducted, one in a rural area and one in a city. The first group was with 15 women in rural Njinteh. A key informant in Bamenda informed the investigator about the monthly meeting held by the Njinteh disability group; the investigator attended the monthly meeting and recruited participants for a focus group. In general, half of participants had mobility issues and half were blind; the average age was around 40 years old. Approximately half were single and half were widowed. Due to logistical constraints, specific characteristics of women interviewed on that occasion are not available.

The second focus group was with nine participants in Bamenda; the characteristics of these women are outlined in Table 2 (Appendix). Participants were similarly recruited when the investigator attended a monthly meeting of a Bamenda disability group. Focus group participants were asked about their knowledge, attitudes, and experiences in the same areas as key informants with an emphasis on the general experience of WWD rather than on personal experiences.

Characteristics of participants

The above methodology yielded the following results on characteristics of participants interviewed. Excluding the first focus group, on average, participants were 35 years of age and single. Many women acquired their disabilities from an early age, often from lower extremity, intramuscular Quinimax injections to treat malaria (Babalola et al, 2004). The latter procedure lead to paralysis in three of the key informants and approximately half of the focus group participants. Only 2 women had congenital disabilities, the rest acquired disabilities after birth, with the majority acquiring their disability at 10 years of age or younger. In general, women in Cameroon have on average 5 children (UNICEF, 2004); however, participants in this study had on average fewer than 2 children. Occupations of key informants in Bamenda included two teachers, two shopkeepers, one secretary, and one crop seller. Among the women interviewed from villages two were crop sellers and four unemployed. The women who formed the Bamenda focus group included three craft sellers, two crop sellers, two phone box operators, one shopkeeper, and two unemployed. The majority of focus group members from rural Njinteh were farmers, with some being unemployed.

RESULTS

Challenges: The current struggles that women are living with

Physical barriers in the community leading to segregation

The most frequently mentioned challenge of women is moving around their communities and accessing areas that are important for daily living. In many instances, these physical barriers keep women homebound. In general, areas that many identified as difficult to reach are schools, markets, workplaces, churches, and hospitals.

<u>Schools</u>

Informants report that most children in Cameroon walk to school. When a child has a disability and is unable to walk, their chances of getting an education are greatly reduced. Approximately half of the informants reported that their education halted at some point in their lives due to their inability to ambulate to school. Several informants reported that their parents did not have the funds for transportation (e.g., motorcycle, taxi, tricycle) to get to school. Girls that were able to reach their schools usually encountered the barrier of numerous stairs to reach their classroom.

<u>Market</u>

As noted earlier, many informants in this study are unmarried, single mothers, or widowed, and are responsible for completing household tasks while receiving little assistance. Consequently, these women attempt to go out into the community to purchase food and household items. The investigator made a visit to the food market in Bamenda and saw that the entire market is situated in a muddy area with narrow paths that are unable accommodate a tricycle. WWD find it strenuous to shop at the food market and most avoid it; thus forcing them to buy food items near their homes at a higher price.

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<u>Churches</u>

Informants had mixed opinions regarding the accessibility of churches. Several women reported that few churches in Bamenda are accessible. Many have steps outside the entrance and benches that are closely spaced where the path to the altar is narrow. These women report feeling discouraged to attend church services. A few informants spoke positively about their churches stating that they are accessible.

<u>General difficulties with moving around</u>

In Bamenda most citizens walk or use taxis to get to their destination. However, taxis primarily service main roads unless the passenger is able to pay extra fare to be dropped closer to their destination. Many women live slightly outside the city or on side roads where they cannot readily flag down a taxi.

Consequently, women have reported walking up to 2 km along unpaved roads where a taxi can be taken. This can be a laborious and painful process. Once WWD get to a place where they can take a taxi, they have longer wait times for a taxi than the average person. Alternatively, there are motorcycles that women can take to move around the city. However, this is not an option for all women, especially those who cannot bend their braces or those lacking trunk control to stay seated on a motorcycle.

Attitudinal barriers that oppose women

<u>Attitudes within a woman's family</u>

Several women noted that discrimination that impedes their growth has started in their homes. Participants reported that parents of young girls with disabilities (GWD) often do not feel that it is beneficial for their daughters to be sent to school and that the financial investment in their education is a poor one. Instead, parents sponsor the siblings of a girl with a disability perceiving that the siblings will benefit more from the education and more easily gain employment. One participant stated:

> "This issue of discrimination it is right from home, if we can fight it
> better at home, it will not extend out. But if we cannot fight it at
> home it spreads out. That is why I always emphasize this idea of
> the parents of PWD, because they are lukewarm about their
> disabled children. They always prefer that their able-children go to
> school, and that we stay back home. When they look at you from

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head to toe they are not seeing where they can benefit. So them

spending their money on you, is a waste of time. They will never

regain it. So they tell you, 'you stay back at home, your brother

and sister will care for you.' They forget that you can also go and

come back and care for your brothers and sisters." (Interviewee 1)

Other barriers within the home environment are around exclusion in decision-making and lack of respect for the opinions of WWD. An informant elaborated that:

"Even right in the home, they cannot permit you to have

leadership position because of your disability. You cannot be a

decision maker in your family because of your disability. Even

your brother and sister, the junior one, say rubbish, they will

permit because they are able. But you, even if you say something

good, they will not even listen to you." (Interviewee 1)

<u>Attitudes in the community</u>

Impatience with PWD:

As described above, taking a taxi is a difficult physical process for many WWD; however attitudinal barriers exist as well. Informants reported that most taxi drivers drive away once they can see that a woman has a disability. Many taxi drivers do not have the patience to wait for a PWD to enter their taxi and women report being chastised by drivers regarding the time they are taking. In addition, many women can only sit in the front passenger seat and often have difficulty in having other passengers give up their seats and move to the rear of the taxi.

Disregard of PWD:

Several participants pointed out that some members of the public feel that PWD should stay at home and not be in the community as they are 'disturbing' others. Some individuals are impatient with the additional time, needs, and space a PWD sometimes occupies. For example, women who use tricycles state that they are often chastised by drivers who do not want to share the roads with them.

"Some people say, 'why can't you stay in the house and send

someone to assist you, you are disturbing the market'... there is a

lot of talk from people when you are moving on the streets. The

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taxi drivers say, 'you are disturbing the traffic, why can you not stay in the house?' We are only moving in town because if we do not, how are we going to live?" (Interviewee 2)

Resentment towards WWD who are contributing to society:

One informant observed that some members of the public typically expect WWD to be beggars and do not respond well to WWD being active in the community, because they do not fit the expected stereotype. This attitude is particularly prevalent amongst able-bodied people who cannot find work and are envious of working WWD.

Exclusion and general misconceptions:

A less apparent barrier is the exclusion of WWD and PWD in society. Some informants observed that PWD are not included in programs at church. In addition, certain traditional beliefs create misconceptions about WWD. One common myth mentioned by several informants is the perception that all WWD give birth to children with disabilities.

The cycle of poverty and disability

WWD typically have additional health care costs compared with able-bodied individuals. Informants repeatedly spoke about the struggles in meeting their health care needs due to the financial burden attached. The financial costs start during her childhood and continue throughout the rest of her life. Approximately half of informants described how their families spend a great deal of money to cover the expenses of their medical treatments as young girls. Parents in Cameroon, with an average of 5 children (UNICEF, 2004), face tough financial choices. As a result, they choose not to send their daughters with disabilities to school. Without an education WWD have difficulty finding employment and earning an adequate income.

Having children is an important part of the Cameroonian culture and represents the livelihood and pride of many individuals. When WWD choose to have children or accidentally fall pregnant through sexual abuse, their financial worries increase. Some women with disabilities require caesarean surgery and the costs of the operation, approximately 85 000 CFA francs (~CAD$170) is usually beyond the means of most women. And so, they are forced to beg for assistance from neighbours and friends. Many women simply can not afford to pay for their health care needs (e.g., surgeries,

rehabilitation, custom made shoes, repairing of braces, pain medication) and go without, bearing the pain, illness, and difficulties associated with poverty.

> "I get no rehabilitation because I cannot pay. I have not walked in
> 5 years. I stay at home all the time. I would like rehabilitation; I can
> get better than this." (Interviewee 11)

Another concern that mothers with disabilities raised was the guilt in not having enough money to send their children to university. An informant from Njinteh reports that in her home, due to poverty, everyone shares dresses, shoes, and other items. In order to earn money and try to meet their daily expenses, WWD often have multiple sources of income, supplementing their incomes by selling nuts and sweets in front of their homes.

Challenges in a woman's personal life

Difficulties in forming and maintaining friendships

Forming social ties and having meaningful relationships are as important for WWD, if not more important, than for the average person. Participants, however, find it challenging to develop friendships and relationships that are genuine and lasting. They describe that many people are ashamed of being seen with a person with a disability, oftentimes including members of a woman's own family. Several informants stated that they are acquainted with able-bodied women but that few profound friendships exist with women outside the disability community.

Informants who acquired disabilities later in life noticed a marked difference in the way their friends were interacting with them after the onset of their disabilities. One informant who acquired her disability approximately one year ago is unable to go to work or to even leave the boundaries of her home. Since her disability, only one of her friends has come to visit her. It was reported that in their society, people do not like to assist WWD because rarely can they return favours due to physical limitations.

Challenges in getting married and starting a family

One of the main concerns that all informants shared is the challenge of finding a suitable marital relationship. One informant stated that many able-bodied men are afraid of being friends with WWD due to the false belief that disability is contagious. Other women feel that African cultural norms expect women to perform household chores

while bringing in an income. This creates an unrealistic expectation for WWD and they are seen by men as 'unfit' for this image. One informant commented on the fact that she suffered psychological stress from interacting with a man who could only point out her inadequacies instead of recognizing her strengths.

> "A boy look at you, tell you he loves you. We are together, our relationship is going well. I ask him, 'please would you like to get married to me? Or, how do you think?' He says, 'I can't get married to you, your responsibility is too much, I cannot carry your responsibility. First you will not know how to cook. If I am sick you cannot take care of me.' They will complain, so many complaints that he will start to make you go mad." (Interviewee 1)

The other recurrent fear that informants have is abandonment by men who may seem committed but are not. Five informants reported that they were impregnated by men who subsequently left them. One of these women was raped, the other four had been in consensual relationships and been told by their male partners that they would be supported in raising the child. However, none of these women were provided with any support from their male partners and had difficulty in finding them within the community.

Two informants who remain single stated they are fearful of being 'used' by men and are happy being single. One informant is married with three children and she reports that her husband is helpful to her. Prior to meeting her husband, she had been approached by two other men with marriage proposals. The first man was about 30 years older than her and the second man had asked her to be his second wife. In general, the majority of informants reported wanting to have one to two children, however; most do not insist on getting married as they feel relationships with men are generally tainted with exploitation and a lack of commitment.

Lack of opportunities at multiple levels

Due to various factors, WWD are kept from realizing their full potential. They have the capacity to contribute richly to their communities yet obstacles of various types exist.

Difficulties in gaining education

As explained earlier, many GWD are not sent to school by their parents due to physical barriers, attitudinal barriers, or lack of family finances. Another reason why some parents discontinue the schooling of their daughters is that many months and sometimes years of schooling are lost while young girls are in treatment, making it difficult for them to return to school. Informants state that girls who do not get an education grow up to believe that they cannot contribute anything to society and lack confidence and self-esteem as adults. WWD who are repeatedly told that they 'cannot do anything' get discouraged and do not venture into the community to explore education opportunities that will lead to employment and self-efficacy.

Discrimination in getting employment

Another major concern of participants is their difficulty in getting employment due to discrimination from employers. Informants observed that employers do not want to hire WWD due to accessibility accommodations they may need to make. Many employers assume that a WWD will not be able to perform well at a particular job and do not even give them a chance to prove themselves. Here is what one woman noted:

> "Getting jobs is very difficult; you may drop off your application
> when the boss is not around. You fill the application and they see
> the English is very presentable, very qualified for the job. When
> you come for the interview and they discover you are physically
> disabled, they conclude that you cannot do the job. That is why
> PWD like to be self-employed." (Bamenda focus group participant)

Two participants informed the investigator that there is a law stating that 10% of jobs should be allocated to PWD. Though this law appears good in writing, it does not translate to reality; WWD lack the skill set and education needed to apply to many jobs.

Needs of family coming first

WWD have special needs. However, the needs of their children, spouses, and parents typically precede; they are forced to overlook their own desires and goals. Many women are part of the sandwich generation; that is, raising young children while simultaneously tending to their ill, elderly parents with little to no support as many are single or widowed.

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<u>Learned helplessness</u>

One of the few rehabilitation facilities in Cameroon visited by informants is SAJOCAH. SAJOCAH provides PWD with rehabilitation and mobility aids. However, one participant reported that the prolonged amount of time spent at SAJOCAH (e.g., up to 7 years in her case) and the high degree of assistance given to patients, leads PWD to becoming functionally dependent on others.

Likewise, women become helpless through excessive assistance from their families. Three informants from villages lack mobility aids and are unable to move outside their homes. Their families take care of all of their daily needs and these women are not encouraged to find even small ways of participating in their own lives. They report spending their days completely unengaged and bored.

Strengths and resources of WWD

WWD are finding ways to better their lives, sometimes the efforts made are individual, other times group initiatives are used to overcome adversity.

Individual strengths

Throughout interviews, the investigator discovered that it is often a woman's sheer perseverance that leads to positive change in her life. For example, one informant was not permitted to finish her schooling by the institution she was attending due to her perceived 'inability' to be a teacher. She subsequently wrote a letter to the Ministry of Social Affairs (MINAS) asking for support in finishing her teaching diploma. She was granted support by MINAS, overriding the barriers set by the institution, finished her degree, and is working as a teacher today.

Several participants are leading the way in building partnerships with the community to raise public awareness and change misconceptions of PWD. On one occasion, an informant organized a church day where PWD were involved at all levels: the sermon was given by a PWD, a PWD lead the choir, and drums were played by PWD. All of this showed the public that PWD have skills and gifts. Another informant approached the principal of a school to encourage that benches be made more accessible for children with disabilities by spacing them out further; the principal bought the vision, and made the necessary changes. An informant who wanted to raise public

awareness started writing a book on the lives of WWD in the NWP. Lastly, informants have also spoken on radio talk shows to highlight the issues of PWD to the public.

Group initiatives

An example of a group that is uniting women and promoting independence and empowerment is the Special Needs Women Entrepreneurs in Bamenda. This group of women makes crafts, sews, and knits clothing to sell to the public. WWD who have developed skills in various areas train other women. Together they are able to run a shop in town and become a visible part of society. As one woman from this group stated:

"We come together to help each other learn something, so people don't think that we cannot do anything. So we change the things they say about us." (Bamenda focus group participant)

Solutions coming from WWD: What needs to happen

In addition to identifying gaps, the investigator took a solution-focused approach and had participants generate their own ideas and visions for how their needs could best be met.

Empowerment

Informants most frequently recognized that positive changes that have been made in their lives have originated from their own efforts and ability to pursue their goals. Informants stated that key characteristics of WWD who thrive in her communities are: a sense of independence or self-reliance, self-esteem, and assertiveness. Participants stated they need to prove themselves and attempt to do things that are perceived undoable by WWD, to change the stereotypes that have been attached to them. One informant feels that even if a woman can participate in 10 to 20% of a task, she should try to do so instead of sitting idle. Assertiveness is needed in most daily interactions. Informants are more and more assertive with taxi drivers who attempt to exploit them by dropping them off prior to their destination. Informants are trying to be more assertive within their own families to be respected and included in decision-making. They are aiming to be assertive with their husbands and engage them in household chores.

One informant described that it is important that WWD be aware of the way in which they perceive themselves and that they disregard negative comments that some

people may make. Similarly, a few informants stressed the importance of focusing their attention on what they are able to do instead of what they are unable to do. By being aware of one's strengths and finding ways to show case them, a healthy self-image will be created which will positively influences the perception of others.

Education

Another important dimension of empowering women that goes beyond enhancing their self-perception is providing them with knowledge and skills that will better their life situation. As stated previously, informants who had limited opportunities for education as young girls recognized that a shift needs to be made for the next generation of GWD. Women feel that parents need to understand the positive effects that sending GWD to school can have in terms of ensuring financial independence, reducing her risk of poverty, and bettering her marriage prospects.

A few informants also felt it was important for WWD to be provided with education on understanding their bodies, especially with regards to reproductive health. Two informants stated that they were not educated about sexual health by their mothers who did not think such knowledge was necessary to discuss. Informants were also interested in learning about first aid, hygiene, the rights of a WWD, and lastly, acceptance of having a disability. One informant also noted that it is important for parents of WWD to know that they can and should look for sponsorship for surgeries or medical treatment.

Informants were most enthusiastic about learning skills that would generate an income, such as computer use, knitting, embroidery, and craft making. In addition to learning these skills, informants needed capital to buy the materials necessary to make their goods to sell. Informants of the Bamenda focus group wanted to learn entrepreneur skills in order to start a business or excel at the ones they currently operate.

Support from family and friends

Women report that parents are a kind of gatekeeper in deciding whether their daughters have certain opportunities. And so, they felt parents need to be educated on the importance of supporting the endeavours of WWD. One informant reported that her father did not want her to continue secondary school as he thought she would be unable to find employment because of her disability. To gain support, she informed her

neighbours about her father's decision; the neighbours, in turn, spoke to her father and with time and dialogue they were successful in changing his mind.

Educating the public and changing attitudes towards WWD

Along with the intrinsic empowerment of WWD, informants feel that communities within which women live need to undergo a paradigm shift. Education and desensitization of the public is vital to the successfully empowerment of women. One informant stated:

> "They always look at the negative in PWD. They do not even think
> of discussing with us, they do not even think of sharing with us."
> (Interviewee 1)

Two methods repeatedly mentioned to educate the public were radio talk shows and discussions at church services. One informant stated that WWD need to take every opportunity they have to educate others, whether it is speaking to people in taxis, at the market, at church, or at the bank. Several informants of the Bamenda focus group recognized that educating the public includes educating the government, informants felt that the government needs to be driven to include WWD and PWD in decision-making.

Adapting the physical environment

The most frequently mentioned challenge of participants is difficulty moving within their communities. These structural barriers lead women to stay at home and be segregated from society. To overcome these barriers informants hope to approach architects interested in accessibility issues and discuss with them how accessible buildings can be designed and built. Women would also like to see the building of sporting facilities that are accessible, and accessible Internet cafes. All in all, informants state that the community at large needs to buy the vision of accessibility.

Finding allies: Networking with local and international partners

One informant felt that, to really advance as a group, WWD need to find allies both locally and globally. Two informants have approached principals of schools and spiritual leaders to find ways to increase accessibility to churches and schools and also to bring issues of WWD and PWD to light. In addition, two informants report that they

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have contacts with International NGOs who are providing both financial and intellectual support.

Experiences of village women compared to women in Bamenda

Discussions comparing the experiences of women living in villages, women who moved from villages to Bamenda and lastly, women who lived in Bamenda from birth, revealed clear differences.

Poor access to health care and reduced quality of care

It appears that women in rural areas have poor access to health care. Three informants reported that they were unaware of the cause of their disability; they reported that health care professionals seen locally had been unable to provide a diagnosis and that they were told there was 'nothing wrong' with their health.

The majority of women in villages reported not seeking out treatment when experiencing illness due to financial restrictions felt and due to the long distances needed to travel to get to a health care facility in an urban area. Consequently, informants live with illness in the hopes that they will slowly recover. One informant from Bamessi stated that she was unable to afford visiting a hospital in Bamenda; instead she consulted a local traditional healer who ended up being a charlatan who took her money and disappeared.

Reduced access to mobility aids

Three informants from rural areas rarely leave the boundaries of their home due to a lack of mobility aids to move within their inaccessible surroundings. In contrast to women staying in Bamenda, women in rural areas do not have access to tricycles, crutches, or walkers. This is due to financial limitations, a lack of awareness that such aids exist, and the inability to reach medical clinics where they can acquire such aids. Two informants from rural areas drag themselves on the floor as a means to get around.

Segregation leading to increased risk of sexual abuse

In rural areas, homes were observed to be more widely spaced apart and informants' family members are often working on the farm while informants are left home alone; this often puts WWD at risk for sexual abuse. One informant reported that she

had been raped as a result of being home alone while her sister and mother had gone to the farm to gather crops.

Little opportunity for networking with other WWD

Another disadvantage noted by an informant who moved from a village to Bamenda, was the lack of networking between WWD in rural areas. This informant noticed more unity and advocacy amongst WWD in Bamenda due to factors such as: a higher population of women in urban areas, the presence of 'disability groups' were women can meet on a regular basis, and a higher level of education leading to various projects being initiated.

Increased compassion towards WWD in villages

There were some advantages highlighted of the experiences of WWD in rural areas. Participants in Bamenda noted that interactions with residents of villages are more positive and compassionate compared to people in Bamenda who are abrupt and impatient. An informant from Santa noted that her neighbours, who are familiar with her difficult life situation, wash her clothes, clean her house and bring her food. Such reports were not made from women in Bamenda.

Experiences of WWD compared to MWD

Participants report that many of their challenges are shared with MWD. Examples of common struggles faced are discrimination at multiple levels, overcoming barriers to accessibility, and difficulty in gaining employment. Still, informants had concerns that were unique to them and not prevalent amongst MWD, they are listed in the following section.

Increased difficulty for WWD to get married

The most prevalent difference noted by informants was that MWD have an easier time getting married than WWD. This was primary attributed to gender roles prevalent in the African culture, as noted in Section 5.1.4. That is, women are expected to manage all aspects of the home life and often times, simultaneously work outside the home to supplement the family income. In light of this, WWD are not seen as desirable partners in the eyes of society as they are perceived as unable to fill the traditional roles expected of a woman.

Alternatively, MWD are not expected to fulfil these roles and have the opportunity to marry an able-bodied female who can take care of the family needs. The prevalence of married MWD was reportedly higher than that of married WWD in the NWP; exact numbers are not available but informants estimated that at least half of MWD are married compared to an estimate less that 5% of WWD.

Challenges in child-bearing

The other prominent difference described by informants was the challenges that they experience with childbearing, which do not affect MWD who typically have able-bodied women bear their children. Informants report anxiety over the pregnancy and birthing process including the pain involved, stress over whether they will have their babies safely and financial stressors around being able to afford the cost of a caesarean surgery, which most WWD require.

Marginalization of WWD within the disability community

Two informants reported that within the disability community there are MWD who marginalize WWD. These informants felt that in group meetings, men's opinions and statements are more acknowledged by the assembly compared to a woman's input. One informant felt that women are generally shy and lack assertiveness in the presence of their male counterparts with disabilities. Another informant felt that marginalization is not coming from MWD but from women themselves who are too shy to take leadership positions in the disability community.

Stakeholders: Who needs to be involved

When asked about who should be involved in improving the lives of WWD, informants listed a variety of stakeholders. WWD do not possess much power and identifying stakeholders that can be engaged in improving their lives was an important question to ask as part of this needs assessment.

The majority of informants felt that the MINAS is a key stakeholder needing to be further involved in bettering the life of WWD through financial support and advocacy. Women are especially concerned about financial restrictions that make it difficult for them to send their children to school. Although some informants are aware of the law permitting parents with disabilities to have their children's school fees waived, they report that the process involved is complicated and time-consuming. In addition,

approximately half of the informants were not aware of this law. It is interesting to note that none of the informants mentioned the Ministry of Public Health (MoPH) as a key stakeholder. Through informal discussions with PWD, it was commonly felt that their needs are not medical ones, but instead their needs are around social services.

Other stakeholders mentioned were spiritual leaders. Informants felt that 'men of god' needed to be involved in providing emotional support, advocating to have churches made accessible and ensuring programming is inclusive of PWD. Chiefs and Fons of villages were also seen as key figures to engage in supporting women. One key informant stated that:

> "Before forwarding them to the government, traditional rulers
> should be involved with first, gather them, make them come
> together. They can report, that 'in my village, I have this number of
> PWD. They come to my palace at this time for meetings'. At his
> own level a ruler can still look for assistance, he can ask for
> people in his village to give food to those people who are not able
> to have food. Why looking for help to come from outside?"
> (Informant 3)

Informants also felt that partnerships with the Ministry of Women's affairs need to be made to have specific issues of WWD made visible to able-bodied women. Last but certainly not least, one informant acknowledged that men have an important role to play in supporting WWD and that they need to be engaged in supporting their mothers, daughters, sisters, and wives with disabilities.

DISCUSSION

Where to go from here

Informants provided many excellent ideas on what needs to be done to improve the quality of their lives. To supplement what participants have brought forth, the investigator is making the following recommendations.

Training community based rehabilitation (CBR) workers, health workers, and community leaders to identify GWD

As previously discussed, discrimination and lack of opportunities for WWD often starts in the home environment. The lack of awareness of families of the potential that young GWD possess is often the root cause of this. CBR workers have a key role to play in reaching out to families and promoting awareness to increase the opportunities available to GWD. The first thing that can be done is having CBR workers and community leaders identify GWD in the respective villages they serve. CBR or health workers can then visit the homes of these girls and meet with their families to provide support and perhaps perform screening of their needs. The screening tool could be used to assess whether the young girl has the adaptive equipment necessary to ambulate to school, that her parents see the long-term benefits of sending her to school, and/or that her daily tasks are modified so that she becomes independent with looking after herself and also be able to contribute to the livelihood of her own family. CBR workers and general community leaders can set a model for change. The idea is that the CBR workers set and achieve goals with one girl at a time; eventually the progress being made will diffuse to other families in similar situations through networking and word of mouth.

As mentioned by several informants, young GWD are at high risk for sexual abuse; CBR workers can also do incorporate a safety screen as part of their assessment to encourage parents to have girls be attended by a trustworthy family member at all times and prevent her from being left alone and at risk. Lastly, CBR workers can also help kick start support groups for parents of children with disabilities in each village.

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Public health (PH) practice

Policies that would help increase access of WWD to primary health care would be subsidizing things such as: hospital accommodation (e.g., for overnight stays), essential adaptive equipment (e.g., braces, crutches, wheelchairs, white canes),caesarean births (i.e., the only option for many), and subsidizing essential medications. In addition, there is a definite need of programmes that place a greater emphasis on the participation of WWD. Traditionally, policies and programs for WWD are too often thought of as providing welfare services, WWD need to be recognized as partners in development. We need to avoid activities that are carried out 'for' women and start having them participate in decision-making activities (e.g., act as consultants to PH authorities). For example, WWD need to be included in HIV/AIDS testing and education as well as general reproductive health education. Collaborating with them on how to make educational material applicable to their specific needs would be useful to providers and also help improve the services provided.

Creating mentorship programs between GWD and WWD

Many participants met through the process of this needs assessment would make excellent mentors for young GWD and their families. WWD are the only ones who can truly speak about what it is like to grow up as a female with a disability in the NWP; they have a wealth of experience, knowledge, and advice that can be shared to groom the next generation into confident and assertive females. A project that could be initiated is to creating a list of WWD in Bamenda and in villages, who are interested in being mentors. This list can be made available to families of children with disabilities, either by MINAS, CBR workers, or disability support groups, who can approach mentors in their area and receive some guidance through their shared challenges.

Getting key players to think about accessibility

The challenge most repeatedly mentioned by informants is that of physical barriers in the community. It is critical to start dialogue with architects and members of the Ministry of Public Works so that the voices of PWD is incorporated into the building of new structures and in finding low cost ways to adapt existing structures (e.g., installation of ramps). During this assessment, the investigator heard some discussions about having a PWD act as a consultant to the Ministry of Public Works; however, it was

unclear whether that has been established yet, it seems to be an initiative worth pursuing and that can have profound benefits to all PWD.

Approaching drivers' union on having disability friendly taxis

Some informants reported knowing taxi drivers who were patient and accommodating of PWD and that they would often call these drivers for service to avoid discrimination and disregard experienced with typical taxi drivers. Of course, these drivers are not always available. It would be useful to have a more formal service in place. For instance, with the help of the MINAS, disability groups would approach the local drivers' union and ask for 4-5 taxis to be designated as 'disability friendly taxis'. PWD could call these taxis for pickup; in addition, taxis would display a logo that participants would recognize and know that priority of the front seat is given to a PWD in that taxi. The driver's union could perhaps give a monthly financial bonus to taxi drivers of these 'disability friendly' cars. A proposal could be put forth to the driver's union so that discussion is initiated on the best way to implement such an initiative and move towards providing a higher quality of transportation for PWD.

Encouraging networking with women's groups

Historically, there has been a lack of collaborative efforts between the self-help movement of PWD and the women's movement. Networking with groups who've experienced similar struggles and shared a history of oppression will help WWD gain a stronger voice in society. More power and visibility will come by teaming up with women's groups than by working alone.

Addressing social determinants

Considering the social determinants of health of WWD, and not solely looking at health related policies, there are inequities in areas such as level of education, employment opportunities, income, and social support. Here are two suggestions on how to address these upstream factors.

Maintaining the education of GWD in prolonged treatment

A barrier to the education of GWD is the prolonged amounts of time spent in treatment while their schooling is postponed or at times halted altogether. It is important to use creative ways to keep girls educated despite their need for medical attention in

their early years. Some options can be having older siblings or cousins, who regularly visit as seen in Cameroon, act as tutors. Otherwise, a facility could think about hiring a teacher to visit a group of children and provide basic education to them. Parents of children with disabilities can also lobby and fundraise for a teacher to be hired to teach their children.

Capitalizing on microfinance options available in Cameroon

As mentioned in this report, several informants are skilled craft makers who lack only the capital needed in buying materials to produce their crafts. Informants felt that they would be able to generate an income if they were provided with small loans. Microfinancing has been successful in helping women gain financial independence in many developing countries, including Cameroon (Mayoux, 2001). However, WWD are often marginalized and overlooked by microfinance initiatives (Lewis, 2004). It is important for leaders of the disability community, especially women, to approach various microfinance NGOs in Cameroon and start advocating that they be more inclusive of PWD in their loan programs.

REFLECTIONS

Impact of this research

One observable impact from this study was the repercussions from the positive interactions the investigator had with participants. According to several participants, this study left them with a feeling of empowerment and desire for change, a feeling that did not exist as strongly before. The intention behind this research, to give WWD in the NWP of Cameroon a voice, lead women to first think about their needs, and then learn to articulate them. Initially participants had difficulty answering some of the questions as no one outside the disability community had previously approached them to ask about their needs. Oftentimes, individuals who are marginalized and oppressed come to accept their situation and are unable to make efforts to improve the quality of their lives.

This study also helped identify some of the education that women were seeking in terms of maintaining and promoting their health. As such, after this study was completed the investigator offered a series of educational health promotion workshops (e.g., nutrition, sexual health, exercise, communication skills) to participants to help meet the needs identified.

This research also had an impact on family members of participants. There were reports of family members being happy that their sisters, mothers, or daughters were receiving exposure which would maybe lead to improvements in their lives. In addition, the MoPH and MINAS were aware that this study was being conducted in the NWP. Having decision-makers at the provincial level see that research is being done on a marginalized sub-group will slowly help draw attention to the issues of WWD.

What would be done differently

Given more time the investigator would have liked to increase the sample size of this exploratory study. Meeting additional women would further confirm themes and add to the positive impact stated above of allowing women tell their stories and be heard. Additionally, the investigator would have found it useful to spent additional time with

informants both in the community and in their own homes, in participant observation, to study their day-to-day lives and interactions with others.

Future considerations for research

Throughout this assessment additional questions arose which would be good starting points for future research. There seems to be a lack of clarity on the dynamics between women and men within the disability community in the NWP. Specifically, whether WWD are in fact being marginalized by MWD or whether there is an inherent shyness of women as a result of oppression at a young age.

Trends in occupations of participants are that most are self-employed in labour-intensive, poorly paid jobs. Since economic independence of WWD is one of the key themes in this report, another research question of value is looking at the different types of income generating activities that women are taking part in and which are most fruitful financially. Such information around which industries WWD are most successfully participating and thriving within can be taken to microcredit NGOs for loan programs supporting WWD.

It is important to remember that this needs assessment speaks from the perspective of women with physical disabilities only. It would be valuable for future research to examine the experiences of women with mental illnesses, intellectual disabilities, and invisible disabilities. Studies could also examine comparisons between subgroups of this population, such as: the differences between women who acquire disabilities from childhood and those who acquire them later in life, the differences between women who have a strong social support system and those who lack this, or the differences between women with single disabilities and those who live with multiple disabilities.

CONCLUSION

This study has revealed that, contrary to popular belief, women are not primarily 'disabled' by their physical limitations; the larger disabling factor restricting their opportunities is negative attitudes from society. Women repeatedly stressed wanting to challenge public perceptions and prove that they are in fact 'able'. In the words of a participant:

> "A woman with a disability is just a woman. Before being disabled,
> she has talents and she has kids. If all stigmas and attitudes are
> removed, and if she is given the opportunities of a male child, of
> an able-bodied child, she can do a lot of exploits in her
> community. She can be empowered to bring development into
> her own community and be a help to others and a model to
> challenge others." (Interviewee 4)

Findings from this study of women with disabilities in Cameroon have relevance for understanding the situation of women in other developing countries. Many of the needs outlined by participants in this study are shared with their counterparts globally, needs such as education, accessible communities, support from family, and equal opportunities (Dhungana, 2006). It is expected that if these needs are met women will experience self-efficacy, see improvements in their health and well-being, and increasingly participate and contribute to the livelihood of their communities.

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APPENDIX

Table 1   Characteristics of 12 key informants
***(x), with x = number of people with characteristic

Residence	Age	Marital Status	Disability Type	Age of onset of disability	Number of Children
Urban: Bamenda (6) **Rural:** Bamessi (2) Santa (2) Bambui (1) Akum (1)	20-29(2) 30-39 (6) 40-49 (1) 50-59 (3)	Single (7) Widow (2) Married (2) Common Law (1)	• LE paralysis- Quinimax Injection (3) • Undiagnosed (3) • Meningitis (2) • Polio (1) • Amputation (1) • Osteomyelitis (1) • Stroke (1)	0-10 (6) *Only one congenital 11-20 (2) 21-30 (0) 31-40 (3) 41-50 (0) 51-60 (1)	0 (3) 1 (3) 2 (2) 3 (3) 4 (1) 5 (1)

Table 2   Characteristics of 9 participants of focus group in Bamenda
***(x), with x = number of people with characteristic

Residence	Age	Marital Status	Disability Type	Age of onset of disability	Number of Children
Urban: Bamenda (9)	20-29 (3) 30-39 (1) 40-49 (4) 50-59 (1)	Single (6) Widow (2) Married (1)	• LE paralysis- Quinimax Injection (4) • Blindness (2) • Club Foot (1) • Spinal Cord Infection (1) • Polio (1)	0-10 (5) *Only one congenital 11-20 (1) 21-30 (2) 31-40 (0) 41-50 (1)	0 (2) 1 (4) 2 (0) 3 (1) 4 (0) 5 (1) 6 (1)