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DEPARTMENT OF SOCIAL WORK

**BARRIERS TO THE PARTICIPATION OF DISABLED PERSONS IN THE
DEVELOPMENT PROCESS OF MAMFE CENTRAL SUB-DIVISION**

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF A BACHELOR DEGREE IN
DEVELOPMENT STUDIES WITH SPECIALISATION
IN SOCIAL WORK**

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BUEA, JULY 2015

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DEDICATION

TO MY DAUGHTER

ALIANNA NJUI EYONGETA AND TO GOD ALMIGHTY

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LIST OF ABBREVIATIONS

PLWD	:	Persons Living With Disabilities
WHO	:	World Health Organization
UNO	:	United Nation Organization
ACPPR	:	African Charter on Peace and People's Rights
UNDHR	:	Universal Declaration of Human Rights
HIV	:	Human Immune Virus
AIDS	:	Acquired Immune Deficiency Syndrome
OAU	:	Organization of African Union
MCR	:	Manyu Community Radio

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ABSTRACT

The purpose of this study was to investigate the barriers to the participation of disabled persons in the development of Mamfe central, in some selected areas of Mamfe central. To conduct the study, both quantitative and qualitative research approaches were used. The participants of the study were 70 participants, 50 persons with disability and 20 physically abled persons. In the selection of the sample population, random sampling was used. The main instruments of data collection were questionnaires and interviews. The data was analyzed using percentages. The findings of the study revealed that majority of persons with disability are not taking part in development activities but the few who are participating, hold important positions as seen in the research. However most of them want to start participating in development activities, if they would have the opportunities. The most identified barrier to the participation of disabled persons in development are marginalization, discrimination and violation by most family members. Finally the study suggests points to solve problems for participation of persons with disability in Mamfe central, like promoting the spirit of brotherhood in Mamfe central, easily accessible roads to people with disability, sensitization and integration of disabled persons in the society, so as to achieve “a society for all”.

CHAPTER ONE

1.0 Background to the Study:

One billion people, or 15 percent of the world's population, experience some form of disability, and disability prevalence is higher for developing countries (approximately 80%) and have limited or no access to services they need. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities (World Bank, 2015). One of every 10 people in the world has a disability that is 650 million worldwide with approximately 470 million who are of working age. While many are successfully employed and fully integrated into society, as a group, persons with disabilities often face disproportionate poverty and unemployment. Their social exclusion from the workplace deprives societies of an estimated US\$ 1.37 to 1.94 trillion in annual loss in GDP (Robert L., 2000). Thus, providing decent work for people with disabilities makes social as well as economic sense.

In the world of work, persons with disabilities experience common patterns of discrimination such as high unemployment rates, prejudice about their productivity and lack of access to the workplace environment. They are often relegated to low-level and low-paid jobs with little social and legal security, or segregated from the mainstream labour market. Many are underemployed. This affects their self-confidence. Many become discouraged and drop out. Yet experience shows that when they find jobs suited to their skills, abilities and interests, they can make significant contributions in the workplace (ILO, 2007).

- In the European Union (EU) in 2003, 40 per cent of disabled people of working age were employed compared to 64.2 per cent of persons without a disability. What is more, 52 per cent of EU working age disabled persons are economically inactive, compared to 28 per cent of persons without disability.
- Among persons with disabilities, men are almost twice as likely to have jobs as women.
- Unemployment rates vary between types of disability, with the highest among those with a mental illness. In the United Kingdom, an estimated 75 per cent of those of working age with mental illness are unemployed. In Switzerland, mental illness has become the single most important reason for claiming disability benefits, accounting for over 40 per cent of the total.

According to the African studies center Leiden (2008), the vast majority of Africans with disabilities are excluded from schools and opportunities for work, virtually guaranteeing that they live as the poorest of the poor. School enrolment for the disabled is estimated at no more than 5-10 percent and as many as 70-80 percent of working age people with disabilities are unemployed. The social stigma associated with disability are marginalization and isolation, often leading to begging as the sole means of survival.

The African Union, African governments and NGOs have taken steps to address the disability problem in Africa. In 1988, the African Rehabilitation Institute (ARI) was established in Harare. This Specialized Agency of the AU reports to the political organs of the AU on disability issues and coordinates all matters relating to disability in Africa. Pressures exerted by disabled person's organizations contributed to the proclamation of

the African Decade of Disabled Persons (2000-2009) at the AU Assembly of Heads of State and Government, meeting at Lomé in July 2000.

The Cameroonian Government passed the first PWDs Act In 1983. This Act has been follow by Decree of 1990 and in 2011 by the Act on the Protection and Promotion of the Disabled which foresees a punishment for all discriminating employers (Simo F. A., 2012). She added that according to this law, disability is a limitation of opportunities for full participation of a person with impairment in an activity in a given environment. However, this Act has no provisions on the non-discrimination in the built environment and it removes the quota imposed by the 1990 decree making it difficult to demonstrate any deviations of employers. The question is to know whether PWDs are participating in the development of Mamfe central or they are being neglected.

1.1 PROBLEM STATEMENT

In Cameroon, the Ministry of Social Affairs has been in charge of persons living with disabilities (PLWDS), by providing security, available and accessible information services like the social centers and to ensure the safety of PLWDS in Cameroon. Unfortunately this effort has not been enough to successfully enhance the well being of PLWDS. The condition of living and live experiences of persons living with disabilities in Cameroon and Mamfe Central in particular is not adequate. And despite emphasis laid by organizations like United Nations Organization, African Charter on Peace and People's Rights, Human Rights Commissions, International Non-Governmental Organizations, on the notion of full participation in development activities such as on decision making, social conferences, PLWD still remain passive participant in development. And as a result, most PLWDS are sometimes regarded as beggars in the streets and abandoned by some family members and friends, thus have no access to development.

People with disabilities have the same health needs as non-disabled people for immunization, cancer screening and other illnesses. They also may experience a narrower margin of health, both because of poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections. Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings. A country's economic, legislative, physical, and social environment may create or maintain barriers to the participation of people with disabilities in economic, civic, and social life. Is the participation of PLWD in development hindered because of stigmatization? Does the passive response on the participation of PLWD related to their looks? Or are PLWD incompetent to take part in development activities? This research seeks to answer all these question.

1.2 STUDY OBJECTIVES

1.2.1 Main Objective:

The aim of this study is to investigate the barriers to the participation of disabled persons in the development of Mamfe Central Sub-Division.

1.2.2 Specific objectives:

- To investigate the perception of PLWD by the physically abled.
- To examine the role played by disabled persons in the development of Mamfe central.
- Identify the barriers to the participation of PLWD in the Development of Mamfe central.

1.3 RESEARCH QUESTIONS

- How does the physically able persons perceive PLWD?
- What roles do disabled persons play in the development of Mamfe central?
- What are the barriers to the participation of PLWD in the development of Mamfe central?

1.4 SIGNIFICANCE OF THE STUDY

This research will present the opportunity for:

- International Organisation (WHO, UNICEF) working PLWD and Human Right to have a clear and if not a complete idea on what is going on as far as participation of disabled persons in the development process of Mamfe central is concerned.
- The Government of Cameroon, Non-Governmental Organizations (NGOS) and other agencies concerned with disabled persons or people living with disabilities (PLWD) and their participation in development to implement sustainable participatory plans of activity for all.
- The Delegation of Social Affairs Mamfe, the Mamfe social centre and its professional to have an up-dated recommendation on implementing sustainable measures against future Barriers (hindrances in Mamfe Central Sub Division.

1.5 DESCRIPTION OF STUDY AREA

Mamfe Central Sub-Division in Manyu Division is made up of 11 villages namely, Besongabang, Nchang, Eyanchang, Etemetek, Okoyong, Egbekew, BachuoNtai, Esobi, Eyangntui, Nfaitock 2 and Mamfe. It covers a surface area of 744sq.km, and has a population of 49285. It is bounded in the North by Akwaya, in the South by Eyumojock in the East by Mamfe Central and Upper Bayang in the West. Being a purely agrarian economy where more of physical strength is needed to work in the farms helps to explain partially the reason why the disabled in this study area do not participate in the development process and work force in the study area.

1.6 ORGANISATION OF STUDY

This research is presented in 5 chapters with focus on the barriers to the participation of disabled persons in the development of Mamfe Central. Chapter one will talk about the introduction, background of the study, statement of problems, objectives of the study, research question, significance of the study, description of study area, and organization of the study and definition of terms. Chapter two will be on the review of related literature on what other scholars have said concerning Barriers to the participation of disabled persons and also the theoretical framework of the research. Chapter three will talk about the methodology of the study, model specification, study design, target population sampling technique, data collection techniques, data analyses and Results and Discussions. Chapter four: presentation and analyses of Data, discussion and limitation of study. Chapter five: will be on the summary of the findings, conclusion, recommendation and suggested areas for further research.

1.7 Definition of Terms

1.7.1 Disabled Persons.

A disabled persons by the United Nations Organization Bulletin of 1989 is “any person who is unable to ensure for himself wholly or partially the necessities of life as the normal individuals as result of his deficiency either congenital or not in his physical or mental capabilities. Physically disabled persons thus include the deaf, hard of hearing, blind and partially sight, speech impaired, crippled or partially crippled “but for the purpose of his research, we shall be looking at the visually impaired and the physically challenged persons.

1.7.2 Visually Impaired Persons.

A visually impaired person can be seen as one who has sight loss that can not be fully corrected using glasses. While a physically challenged person is one who is either an amputee (1 leg or foot cut), paraplegic (2 members), Monoplegic (1 member paralyzed), just to name a few. Just like what the United Nations Organizations, the African charter on peace and people's rights (ACPPR) and UDHR says, that everyone has the right to life, education and to participate in the development of their society.

1.7.3 Development.

According to the World Bank in 2015, development is the need and means by which to provide better lives for people in poor countries, not only economic growth although that is crucial, but also human development by providing for health, nutrition, education and a clean environment.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction:

Development constraints in different societies have been critically examined by scholars in different dimensions. Adaboya in Ghana argues that “poverty is like heat, you cannot see it, you can only feel it; so to know poverty, you have to go through it” (World Bank, 2002). One important hindrance to development as well as disability is poverty. It is true that a hungry man must first think on how to feed himself and survive rather than thinking about the general issues of societal well being. It should be noted that, apart from poverty there are other barriers which greatly hinders or impede disabled persons from participating fully in the development of their communities.

2.1 Perception of PLWD by the physically abled.

Throughout Africa, persons with disabilities are seen as hopeless and helpless (Desta, 1995). The African culture and beliefs have not made matters easier. Abosi and Ozoji, (1985) found in their study that Nigerians in particular and of course, Africans in general, attribute causes of disabilities to witchcraft, juju, sex-linked factors, and God /supernatural forces.

According to Thomas (1957), societal perceptions and treatments of persons with disabilities within cross- cultural settings as a kaleidoscope of varying hues that reflect tolerance, hatred, love, fear, awe, reverence and revulsion. The most consistent feature in the treatment of persons with disabilities in most societies is the fact that they are categorized as "deviants rather than inmates by the society." (Lippman, 1972).

Some communities banished or ill-treated the blind while others accorded them special privileges (Lukoff and Cohen, 1972). In a comparison of the status of persons with disabilities in a number of non-occidental societies, (Hanks and Hanks, 1948) found wide differences. Persons with disabilities were completely rejected by some cultures, in others

they were outcasts, while in some they were treated as economic liabilities and grudgingly kept alive by their families. In other settings, persons with disabilities were tolerated and treated in incidental ways, while in other cultures they were given respected status and allowed to participate to the fullest extent of their capability.

Variations in the treatment of persons with disabilities are manifest in Africa as in other parts of the world (Amoako, 1977). Among the Chagga in East Africa, the physically handicapped were perceived as pacifiers of the evil spirits. Hence, care was taken not to harm the physically handicapped. Among the citizens of Benin (formerly Dahomey in West Africa), constables were selected from those with obvious physical handicaps.

Prevailing attitudes not only determine the social expectations and treatment accorded to a person with a disability in the society, but also his or her self-image and function. Hobbs (1973) states that, the message that a child with a disability receives about himself from his environment determines to a large extent his feelings about who he is, what he can do and how he should behave.

Diversifications in perception of persons with disabilities exist in Ghana as they do in other places in Africa. Among the Ashanti of central Ghana, traditional beliefs precluded men with physical defects, such as amputations from becoming chiefs. This is evident in the practice of destooling a chief if he acquires epilepsy (Rottray 1952; Sarpong 1974). Children with obvious deviations were also rejected. For instance, an infant born with six fingers was killed upon birth (Rattray 1952). Severely retarded children were abandoned on riverbanks or near the sea so that such "animal-like children" could return to what was believed to be their own kind (Danquah 1977).

The degree to which persons with disabilities are accepted within a society is not directly proportionate to that society's financial resources or technical knowhow. Lippman (1972) observed that in many European countries, such as Denmark and Sweden, citizens with disabilities are more accepted than in the United States. He also found that, these countries provided more effective rehabilitation services. The prevalent philosophy in Scandinavian countries is acceptance of social responsibility for all members of the society, without regard to the type or degree of disabling condition.

While throughout the world many changes have taken place in status and treatment of persons with disabilities, the remnants of tradition and past belief influence present-day practices affecting such group (Du Brow, 1965; Wright 1973).

2.1.1 Role played by disabled persons in development.

The World Programmed of Action (WPA) is a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development. The WPA also emphasizes the need to approach disability from a human rights perspective (UN, 1982).

It was added that "Equalization of opportunities" is a central theme of the WPA and its guiding philosophy for the achievement of full participation of persons with disabilities in all aspects of social and economic life. An important principle underlying this theme is that issues concerning persons with disabilities should not be treated in isolation, but within the context of normal community services.

Ban Ki Moon (2008) pointed out that the General Assembly has underscored the need to include people with disabilities in efforts to achieve the Millennium Development

Goals (MDGs), eight anti-poverty targets, by their 2015 deadline. “With 80 per cent of persons with disabilities more than 400 million people living in poor countries, we need to do much more to break the cycle of poverty and disability,” he said.

Noting that the international disability community’s slogan is “Nothing about us without us,” he called on governments and others to guarantee that persons with disabilities are an integral part of all development processes. “In this way, we can promote integration and pave the way for a better future for all people in society,” he said.

Persons with disabilities should be central to all global partnerships to be established within the post-MDG framework, as well as having disability-targeted multi-stakeholder partnerships to promote the inclusion of persons with disabilities in all dimensions of the new framework, ensuring the effective participation of representative organizations of persons with disabilities in all these processes (UNICEF, 2015).

The United Nation High Commission for Refugees, UNHCR (2010) postulated that People with disability are highly valued members of Australian communities and workplaces and make a positive contribution to Australian society. However, people with disability face a range of challenges in enjoying their rights on an equal basis with others. The Australian Government is taking a range of steps to address these challenges, including:

The Disability Discrimination Act 1992

The Disability Discrimination Act 1992 (DDA) makes disability discrimination unlawful and aims to promote equal opportunity and access for people with disability. The Act prohibits discrimination on the ground of a person’s disability in many areas of

public life including: work, accommodation, education, provision of goods and services and existing laws.

Under Section 31 of the DDA, the Attorney-General may make Disability Standards to specify rights and responsibilities about equal access and opportunity for people with disability, in more detail than the DDA itself provides. It is unlawful to contravene Disability Standards made under the DDA.

2.1.2 Barriers to the participation of PLWD in development.

Regarding participation of developing countries in development there is a widening gap between developed and developing countries. This gap has been linked to a shortage of physical education and sport for all programmes, a lack of financing for sport, few sport facilities and little equipment, a ‘muscle drain’ to developed countries, and no capacity to host major sporting events with the result that developing countries have fewer world-level sport performances than developed countries. Lack of understanding and awareness of how to include people with a disability in development activities, Limited opportunities and programmes for participation, training and competition, Lack of accessible facilities, such as buildings, Limited accessible transportation (Krista Orama, 2013).

He added that, Limiting psychological and sociological factors including attitudes towards disability of parents, coaches, teachers and even people with disabilities themselves

Limited access to information and resources

There is limited research that explores the specific barriers to participation in development for people with a disability in developing countries. Much more evidence is

needed along with financial support to ensure that people with a disability have both the opportunity and the choice to participate in sport regardless of which country they live in.

Persons with disabilities regularly encounter disability specific barriers, are particularly exposed to situations of multiple discrimination and also face increased vulnerability compared to the general population in situations including conflict, natural disasters and other humanitarian crises, environmental degradation, austerity measures imposed by multilateral institutions and other macroeconomic policies, uneven distribution of wealth between North and South, Participants were of the opinion that one of the most significant barriers for persons with disabilities is the lack of equal opportunities to participate in society and to make informed decisions. This can be caused by inaccessible mainstream services, often leading to persons with disabilities being confined in segregated institutions, separating children from their families. “Participation and full inclusion of persons with disabilities is both a general principle of the CRPD, cutting across all issues, and a specific obligation of States parties anchored in article 4, paragraph 3 of the Convention. States parties must also ensure that persons with disabilities and their representative organizations are involved and participate fully in monitoring the implementation of the Convention at the national level.” (Krista Orama, 2013). Persons with disabilities often lack political, legal and financial influence. There is a greater need for a unified voice and stronger representation through organizations of persons with disabilities.

Persons with disabilities experience higher levels of unmet health needs than people without disabilities. Participants agreed that having a disability leads to incurring more expenses in daily life expenses seldom supported by the state or society at large. The lack of resources often results in the inability of persons with disabilities to meet basic

human needs. The standard of living of persons with disabilities often determines access to health and other services. Children and people with disabilities are frequently removed from their families and forced to live in institutions, where they may not be able to access mainstream services and may be neglected, which in turn impacts on their ability to participate fully and contribute to the life of their community. In addition, inequalities exist between persons with disabilities depending on whether they live in rural or urban environments; persons living in rural environments have less access to services and support.

2.2 Theoretical framework

2.2.1 The social theory of disability:

Over the past 20 years, writings by disabled people have transformed our understanding of the real nature of disability. (Michael O, 1998). They move beyond the personal limitations that impaired individuals may face, to social restrictions imposed by an unthinking society. Disability is understood as a social and political issue rather than a medical one, and this leads to critical questioning of medical interventions: attempts to cure impairments or to restore “normal” bodily functioning. Instead, social and political solutions are sought, to challenge disabling discrimination.

This radically different view is called the social model of disability, or social oppression theory. While respecting the value of scientifically based medical research, this approach calls for more research based on social theories of disability if research is to improve the quality of disabled people’s lives. Definitions are central to understanding theories of impairment and disability.

In 1986 Disabled Peoples International made a clear distinction: impairment is the functional limitation within the individual caused by physical, mental or sensory impairment; disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others because of physical and social barriers.

This schema accepts that some illnesses have disabling consequences and disabled people at times are ill; it may be entirely appropriate for doctors to treat illnesses of all kinds, such as bronchitis or ulcers. Yet it questions why, for example, doctors should decide about access to welfare services such as education or disability living allowance. Theories of impairment, disability, and illness influence which aspects of disabled people's lives require health treatment, or policy developments, or political action, as sometimes radical alternatives (Michael O, 1998).

Positivism and disability research

Health research about impairment and disability is dominated by positivist theories. It focuses on searches for cures, means of reducing impairments, or assessments of clinical interventions and uses methods such as controlled trials, random statistical samples, and structured questionnaires. Even when researching disability (in the sense given above), positivist research tends to use the World Health Organization's classification,⁶ now being revised at the insistence of disabled people,⁷ which is difficult if not impossible to apply in research terms and yields few useful data.

2.2.2 Social Model of Disability.

Oliver is often cited as coining the term "social model of disability" in 1981, and Oliver and Barnes respond to critiques of the model in this edition. They explain, "The

social model breaks the causal link between impairment and disability. The reality of impairment is not denied but is not the cause of disabled people's economic and social disadvantage." They go on to point out that the social model was not intended to be a social theory but rather to be used as a tool to bring about political change, allowing for collective organization, and as an alternative to the individual/medical model. They acknowledge that the social model is a simple view of a complex issue, despite the fact that many other writers have used it in their own social theories.

Presenting a survey of the anthropological and sociological research on disability, the authors summarize the range of views of disability and impairment in different cultures and the various ways in which cultures have responded to difference and disability. They provide a useful materialist view of how disablement as a social "problem" or category came to be. Here the authors pull from a Marxist, materialist view of human history, drawing from a number of authors.

In pre-industrial times, disabled people were not excluded from making economic contributions, although they may have been viewed at the "bottom" of the social ladder. With changes in the mode of production and social relations that industrial capitalism brought, people with certain impairments were not able to work or were not seen as desirable (Oliver and Barnes 1981).

In addition, as the unit of production moved from the household to individual wage earners in the workplace, it became more difficult for those with impairments to find work or for the family to support them in the home. Urbanization, segregation, and changing ideology all contribute to the rise of disablement as a social "problem."

2.2.3 Disability and labour force participation in Africa.

There is substantial evidence that disabled people are less employed than non-disabled people (DeLeire, 2000; Jones & al, 2003; Hum & al, 1996), but there are different potential reasons why this may be the case. The interaction between disability and participation can be rationalized along the lines of disability affecting both the supply of labour and the demand for labour (Madden, 2004; Mitra & Sambamoorthi, 2008). All these thoughts take place in the standard labour leisure choice model which assumes that workers and employers are rational.

This is easy to understand as in general, individuals with disabilities have a greater propensity to receive transfers from charitable organizations, their relatives or simply from the state as a disability pension. These transfers would be the cause of differences in the Labour Market participation (Jones & al., 2003; Madden, 2004; Mitra, 2009). Secondly, PWDs will experience a higher cost of working given that greater efforts may be needed compared to persons without disabilities to get to the workplace and do the work (Mittra & Sambamoorthi, 2008). This will decrease the opportunity cost of leisure and thus indirectly increase the reservation wage (Jones et al., 2003) which may be greater than the prevailing wage.

It is also possible that Disability may affect labour market outcomes via the demand for labour. Two elements can be quoted here. First, PWDs may be offered a lower wage due to lower productivity, these lower wages offered may also contribute to lower employment rates. In fact a person's human capital is affected by poor health; especially, disabled people can experience lower productivity if the workplace environment is not accommodating. Thus, if they are reattributed at their marginal product of labour, the PWDs may be offered a lower market wage which will lead some of them to prefer leisure

(wage offered became less than the reservation wage). However, all disabilities are not always a source of lower productivity, depending on the type of disability, type of employment and development of the work environment and the discrimination can also take place.

The second factor in the demand side is discrimination. Economists define discrimination as a situation where two groups of workers with equal average productivity have different average wages or opportunities for employment (Baldwin & Johnson, 2001). Discrimination can occur when employer prejudices against certain group of workers (Becker, 1971) or because of differential information about the average productivity of persons with and without disabilities (Mitra & sambamoorthi, 2008; Arrow, 1971; Phelps, 1972; Aigner & Cain, 1977). Many authors attempted to measure this. Like Mitra and Sambamoorthi (2008) who find that the total differential of employment between men with disabilities and without disabilities in India is explained by discrimination. Kidd et al. (2000) in UK and Baldwin and Johnson (2005) in the U.S. find for their part that discrimination has between 30 to 60% in earnings differences. The Disability definition of the Cameroonian Act of 2010 has advantage of operating reconciliation between the medical model which considers disability as caused by a disease, an injury, or other health conditions and the social models (Mitra & Sambamoorthi, 2008) considers disability as created by social conceptions and living and work place environment. However, any study who wants to investigate the labour market participation differentials across disability status has to deal with the challenges of measuring disability because of the lack of a standard definition.

In the case where the disability is self-assessed relating to the work, each individual assesses their own health condition, stressing often on affects it has on capacity

to undertake work, without any reference to outside standards. The exact wording of the survey question can vary but it takes often this typical form: Do you have a health condition that limits the kind or amount of work you can perform? (Jones, 2005). Asking like this, this question gives direct information on work capacities, that is why self-assessed method is appreciated for empirical labour market analysis (Kidd & al., 2000; DeLeire, 2000; Madden, 2004). However put together disability and ability to work can lead to misreport disability status. Firstly, because the answer can depend on person's preference for work. In fact, people with lower preferences for work will justify themselves by reporting disability. Thus there could exist a "justification bias". Given that the report of disability depend employment status, disability becomes endogenous in regression analysis (Jones, 2005). Secondly, the propensity to declare any disability may depend on the possibility of claiming disability benefits. Conversely, stigmatization may also be an incentive to underestimate disability.

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.0 Model Specification.

This study will be presented in a tabular form and further explained in words to clarify the data on the tables.

3.1 Study design

The design that was used in this research was the case study design. This was done through interviews and questionnaires.

3.1.1 Sample size and population

The target populations were all individuals of both sex above the ages of eighteen (18), who have a knowledge of the concept of development and participation. The target population which is estimated to the nearest one hundred thousand individuals, was taken into consideration. It was from this population that a sample size of 70 has been chosen or drawn.

The rationale for choosing this sample size is that, the population to some extent is heterogeneous. It is a rural population with some cultures, beliefs and similar patterns of life and thus they will have similar views and interpretation on common problems which they faced. The sample size chosen is capable of given the required information since the researcher used her own discretion to select only persons who had such information, and were willing to give out. The sample size of this research was 70 with 50 PLWD and 20 physically able. This was to give room for diversified views and not only people living with disability.

3.1.2 Method of Data Collection

Data was collected using both primary and secondary sources. The primary sources include: field work through interview and questionnaires. The secondary sources include: library search, use of the internet, and media.

3.1.3 Sampling Techniques

Stratified random sampling was used to carry out this research. The reason for using sampling method was to get a wide range of information from different people. Lists

of disabled persons in some of the villages in Mamfe central were made in order to choose from it.

3.2 Analytical approach

The results of this study will be analyzed using qualitative and quantitative analysis. The quantitative data will be represented on tables followed with qualitative explanations of the information on the tables.

3.3 Validation of Results

The results of this research in are representative to some communities in Mamfe but it cannot be generalized to the entire country because the sample size is small.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This chapter sets out to present empirical data on the topic. (Barriers to the participation of disabled persons in the development of Mamfe central). It is focused on the presentation of findings from field through the use of questionnaires.

4.1 Data presentation:

Results from the research, shows that Mamfe Central Sub-division is made up of approximately 49285 people with 35% of the population living with a disability. Information from the field revealed that the high rate of disability is either natural that is deformation from birth, illness (polio), accidents and even witch craft.

50 questionnaires were distributed to disabled people and all were returned giving a return rate of 100% with 40% of male respondents and 60% female. Beside this, 20 physically able persons were also interviewed with 60% female and 40% male. The response from the questionnaires and interviews are presented below.

4.2 Results and Discussion

4.2.1 The perception of PLWD by the physically able.

The research showed that out of the 20 physically abled people interviewed, 8 (40%) of them had a negative view about PLWD. They considered them as witches and outcast while some of them feel they are cursed and it is boring to leave with a cursed person. On the other hand, despite all these negative views, some people (60%) still see them as innocent people who are victims of circumstances of either poor medical follow up during pregnancy, accidents and malnutrition. Hence such people need to be catered for without reservations. The table below shows in detail the perception of PLWD by the physically abled.

Table 1: Perception of PLWD by the physically able

Perception	No of respondents	%
Negative perception		

Witches and wizards	3	15
Outcast	4	20
Cursed	1	5
Total		40
Positive perception		
Victims of circumstance	8	40
Normal people	4	20
Total		60

Source: field data 2015

The table above clearly shows in details the perception of PLWD by the physically abled. It indicates that 15% of those interviewed thought they are witches and wizards, 20% thought they are outcast and 5% thought they are cursed making it a total of 40% for negative perception. On the other hand, 40% of the interviewed population had a view that PLWD are victims of circumstances while 20% see them as normal people making it a total of 60% for positive perceptions.

The findings show that the perception of PLWD by the physically abled has changed over time and there is need to integrate them into the society.

4.2.2 The Role played by persons with disability in development

Results from the interviews and questionnaires shows that disability is not the inability to perform certain activities in the society. Despite their disabled nature they still contribute actively in various works of life. Both the physically abled and the PLWD expressed the view that PLWD are very intelligent and when given the opportunity, they

can manage senior positions as well. The table below shows the role they play in in development.

Table 2: Role play by persons living disability

Role played	No of respondents	%
Management position	5	10
Journalists	3	6
Teachers	2	4
Farmers	10	20
Traders	30	60
Total		100

Source: field data 2015

The above table is an indicator that PLWD really play a great role when it comes to development. For the sample size of 50 participants that were given questionnaires, 10% Of them are in top management positions, 6% journalist, 4% teachers, 20% farmers and 60% of traders.

These results clearly explain the fact that disability is not a limitation and hence people in this condition should be fully integrated into any works of life that they show interest and are qualified.

4.2.3 The barriers to the participation of PLWD in development.

The research reveals that despite the role played by PLWD in development, there are still some barriers to their participation. Data from the field shows that 70% of those who responded to the questionnaires express their barriers to be social exclusion while

10% says the barrier they have is their disability and 20% said poor roads and building infrastructure limits their movements to town (mamfe) thereby making accessibility to information and other important activities difficult.

Table 3: Barriers to the participation of PLWD in the development process of Mamfe

Barriers to participation	No of respondents	%
Natural (the disability)	5	10
Poor road and building infrastructure	10	20
Marginalization	10	20
Discrimination	10	20
Stigmatization	5	10
Violation	10	20
Total		100

Source: field data 2015

The table above clearly shows in details the barriers to the participation of PLWD in development. From this table, it can be seen that the majority of PLWD are faced with the challenge of social exclusion with 20% who said their barrier is marginalization, 20% on discrimination, 10% on stigmatization and 20% on violation (sexual).

On the other hand, 20% put their blame on poor road and building infrastructures while the last 10% says it's natural.

The findings show that the barriers to participation in development by PLWD is mostly social and if people are sensitized, a great number of PLWD will find Mamfe central as a place to be because everybody will be treated equally.

Socio-cultural barriers:

Disability in a socio-cultural context can be defined as "a barrier to participation of people with impairments or chronic illnesses arising from an interaction of the impairment or illness with discriminatory attitudes, cultures, policies or institutional practices" (Booth, 2000). **Identity** is "the condition of being a person and the process by which we become a person, that is, how we are constituted as subjects" (Kidd, 2001). Education provision and all other services have not fully escaped the notion that it is a form of charity to view education as a right for those with disabilities. Persons with disabilities are therefore still relegated to the margins of society. Only manual and poorly paid jobs are open to them. Physical restrictions bar them from public utilities and transport. Societal attitudes, prejudices, and ignorance have continually led to unnecessary institutionalization (Songe, 2004:8; Abagi, 1997).

Political Barriers.

The participation of PLWD in political arenas is quite low since most of them are often considered as not being important. They hardly participate in activities that concern their well being in the society, like the case of Mamfe Central where PLWD do not participate in decision making in some village since they are mostly considered as outcast in the society. Despite the fact that some of their ideas are very useful, the stereotype mines of members in the society as seeing them not capable in participating in decision making always keep them at the back scene.

4.3 Implication of results

The results show that PLWD in Mamfe Central really participate in development despite the perceptions and challenges they face. If caution taken and people sensitized,

the integration of PLWD in the Mamfe society will be easy because they adequate information and sensitization; thus have no option than to remain in the mist of their violators and discriminators.

4.4 Limitation of the study

It is evident for the researcher to face problems during the research process. These difficulties could limit the researcher's period (duration), information gathered and knowledge acquired. The following problems were faced in the course of this work.

- One of the major difficulties was the issue of time and financial constraints.
- It was difficult to have access to most of the villages which make up Mamfe Central Sub Division, acted as a hindrance to the study since some representative who could be of great help to the research could not be accessed.
- The single case study of Mamfe Central Sub Division offers little basis for establishing reliability or to generalized the findings to a wider population

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 SUMMARY OF FINDINGS:

The results as obtained from the case of Mamfe Central Sub-Division revealed that most families are the major barriers to the participation of PLWD in development.

This is because most of them have discriminatory attitudes, stigmatization, marginalization as well as violation which greatly affect PLWD.

Other factors such as poor road in fractures in most villages which makes most of the respondent to report that, the villages are considered as an island on land, with no permanent communication linkages has greatly affects their participation in development. But up till now, public authorities have taken some measures with more or less mitigated results in view of the exclusive social and economic integration of disabled persons. Hence forth public authorities must take the integration of disabled person into account.

5.1 Conclusion

Despite the negative experiences recounted by the interviewee, they however were well treated in other circumstances. Such positive experiences have taken place in academic arenas, in the family, as well as in social and job contexts. Positive experiences were also reported in religious settings and in relationship with some public authorities. Persons living with disabilities say they are given preferential treatment at hospitals, at community levels and in the family that is, high level of interaction.

Psychological, ideological and physical factors which prevent disabled persons from participating fully in the development of their community as full citizen must greatly be wipe away. Thus we would be able to talk in Cameroon in general and Mamfe Central Sub Division in particular of “an inclusive society, an obstacle free society, and above all, a society for all”.

5.2 RECOMMENDATION

Throughout the research, critical observations have been made and diverse ideas have been recommended by the researcher in three dimensions; first to the Government of Cameroon, to the Local Community and its inhabitants and for further research.

TO THE GOVERNMENT

- State policies to promote equality amongst all citizens should be encouraged.
- The state should build disabled friendly infrastructures that will ease the access of disable persons.
- Another message to the government is that, adequate accessibility should be made available to and from Manyu Division through good roads, so that some villages will be sensitized and brought to light.
- Sensitization campaigns should be done along side with the person involved (disabled persons) so as to make it effective; especially to the interior communities of Mamfe central.
- Social assistance sent should be used effectively and seen that it reaches the appropriate persons concerned.
- Create national programmes that will help integrate them both socially, economically and politically.

TO THE LOCAL COMMUNITY

- The spirit of brotherhood should be encouraged especially families, so as to wipe away stigmatization and violation of disabled persons.

- The local community should also make use of their citizens (disabled persons) during socio-cultural anniversaries and other activities thereby proclaiming a “society for all”.

FOR FURTHER RESEARCH

Researchers are urged to carryout further research on this topic in different communities which are more accessible with a greater sample size so that the information can be generalized for the entire country.

REFERENCES

Abosi, C. O., & Ozoji, E. D. (1985). Educating the blind: A descriptive approach. Ibadan: Spectrum Books.

Aigner & Cain (1977).Employment differences between men with disabilities and without disabilities in India.

Amoako (1977).Variation in the treatment of persons living with disability in Africa. (Online). Available at: <http://www.nhs.uk/.../Equality-Act-disability-descrimination.aspx> (accessed 25 May 2015).

Baldwin, M. & Johnson, W.G. (2001), Dispelling the myths about work disability, Paper prepared for the *1998 IRRA Research Volume*, New Approaches to Disability in the Workplace.

Ban Ki Moon (2008), People with disabilities must play key role in development, UN

Bourguignon, F. & Pleskovic B. (2007) Rethinking Infrastructure for Development.

DeLeire, T. (2001), Changes in Wage Discrimination Against People with Disabilities: 1948-93, *Journal of Human Resources*, 36(1), 144-158

Desta D (1995). Past and present perceptions of persons living with disability. (online). Available at: <http://www.dsqsds.org/article/view/3197/3068> (accessed 25 May 2015).

World Bank (2015), Disability Overview [online]. Available at: <http://www.worldbank.org/en/topic/disability/overview> (Accessed: 05 May 6, 2015)

Hanks H (1948).Societal rejection of persons living with disability in Africa: Available at: <http://www.disability-studies.leeds.ac.uk/archives.uk/Barnes/majority> (accessed 25 May 2015).

Hobbs, M.C. (1973). The future of children categories and their consequences. San Francisco: Jossey Bass.

International Labour Organization (2007) Facts on Disability and decent work (Geneva:2009) Available at: <http://www.ILO.org/wcm5/group/public-ed-emp-skills/documents/publication/wcms.117.143pdf>.(accessed 25 May 2015).

Krista O (2013).Understanding and awareness of persons living with disability in developing countries (online). Available at: <http://www.WorldWeWant2015.org/node/317006> (accessed 25 May 2015).

Lippman (1972).UNESCO Braille Courier. UNESCO

Lukoff & Cohen (1972). Ill-treatment and privileges of persons living with disability in Africa (online). Available at <http://www.independentliving.org/docs7/miles200603html> (accessed 25 May 2015).

Michael Oliver (1990). The politics of Disablement

Michael Oliver (1998). The social theory of Disability

Mitra, S. & Sambamoorthi, U. (2008), Disability and the Rural Labor Market in India: Evidence for Males in Tamil Nadu, *World Development*, 36(5), 934-952.

Oliver and Barnes (1981). Social model of Disability

Robert L (2000), providing work for persons with disability. Paper prepared for the *1998 IRRRA Research Volume*, New Approaches to Disability in the Workplace.

Rottray & Sarpong (1974). Diversification in the perception of persons living with in Developing countries.

Sarpong, (1974). Ghana in retrospect: Some respects of Ghanaian Culture. Accra, Tema Ghana: Publishing Corp.

Thomas H (1957). Societal perception of persons living with disability in Africa: 2012, *Journal of Disability Studies*.

UNESCO (2010) Education for All-Global Monitoring Report 2010. UNESCO

World Health Organization (2015), social exclusion overviewed (online). Available at: <http://www.WHO.int/social/exclusion> (accessed 5 May 2015)

Wright, B.A. (1973). Changes and attitudes towards handicapped people. *Rehabilitation Literature*, 34, 354-368.

QUESTIONNAIRE

PAN AFRICAN INSTITUTE FOR DEVELOPMENT – WEST AFRICA

(PAID-WA) BUEA

DEPARTMENT OF SOCIAL WORK

BY:

NAME: BATE SUSAN EBOB

SUPERVISED BY: MRS.FONKEM DAISY

Dear Respondent;

I am a final year student in the department of Social Work, in the Pan African Institute for Development Buea. I am carrying out a research on the topic barriers to the participation of disabled persons in the development process of Mamfe Central Sub-Division. The information you provide will be treated as very confidential and strictly for academic purpose. Please be as objective as possible.

Thanks

SECTION A:

Instructions: Place a bold tick (☑) against the box that bears the response which agrees with your opinion.

- 1) Sex: Male ☐ Female ☐
- 2) Age Group: 18 – 30 ☐ 31 – 47 ☐ 48 – 65 ☐ 65+ ☐
- 3) Level of Education: FSLC ☐ O/L ☐ A/L ☐ Teachers Grade 1 or II ☐
First Degree ☐ Master Degree ☐ PHD ☐
- 4) Occupation: Student ☐ Farmer ☐ Teacher ☐ Trade ☐
Lawyer ☐ Administrator ☐ Unemployed ☐ Others ☐

SECTION B:

- 5) How do you perceive PLWD?
a) outcast ☐ b) Cursed ☐ c) Witches and wizards ☐
- 6) What other opinion do you have about PLWD?

.....
.....

7) What is your occupation?

.....
.....

8) Is your condition a hindrance in your daily activities at work?

a) Yes ☐ b) No ☐

9) If you are given the opportunity will you like to go higher in your career?

a) Yes ☐ b) No ☐

10) In your own opinion what do you think hinders your participation in development activities in Mamfe?

.....
.....

11) What do you think can be done to ease your participation in development of Mamfe central?

.....
.....