The participation of men and women with disabilities in political life in Cameroon: Baseline Report

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Background

The World Health Organisation (WHO) estimates that more than one billion people – 15% of the world's population – live with some form of disability (1). However, there is a paucity of data on both disability and the social exclusion of people with disabilities, particularly from low and middle income contexts. The urgent need to address disability-related knowledge gaps has been acknowledged as the key issue on the global policy agenda (1, 3, 4).

Aims and objectives

This study was designed to support the government of Cameroon in delivering on its democratic priorities and contribute to the attainment of the Sustainable Development Goals, specifically Goal 5 (gender equality), Goal 10 (reduced inequalities), Goal 16 (peace, justice and strong institutions) and Goal 17 (partnerships for the goals).

The survey collected baseline data for the Political Participation Project funded by Irish Aid through a contract with Sightsavers. The project aims to strengthen the representation of people with disabilities, particularly women, in decision making at national and local levels, and build their capacity to engage with the government, the media and traditional bodies in a constructive manner. It is believed that by engaging in political processes, people with disabilities can become decision makers to ensure that they are accounted for in future laws and policies.

It is expected that the data generated through the survey would contribute to robust scientific evidence on the social inclusion of persons with disabilities and be instrumental in shaping programmatic activities to promote an inclusive social and political environment in Cameroon.

The survey was conducted in selected urban areas in three regions of Cameroon: The Central Region, the Far North Region and the South West Region.

The main objectives of the survey were:

1. To determine the proportion of the adult population participating in national and local elections, local decision making processes, governance institutions and political parties in selected areas of Cameroon.
2. To compare the levels of political participation among people with and without disabilities.
3. To identify socio-demographic factors determining the political participation of people with and without disabilities.
4. To provide evidence for social inclusion programmes and advocacy in Cameroon.

Methods

The study was a population-based household survey conducted in three regions of Cameroon: The Central Region, the Far North Region and the South West Region. Five urban areas within these regions were selected, including the city of Buea, the city of Kumba, the city of Maroua, the city of Mbalmayo and the city of Yaoundé. The choice of the study areas was determined by the geographic focus of the Political Participation Project, while the project chose these areas due to the following factors:

a) location of Disabled People's Organisations (DPOs), who are the key implementing partners for the project;

b) presence of all major national stakeholders in Yaoundé;

c) location of other Sightsavers' work on education, eye health and neglected tropical diseases (NTDs) and a good working relationship with the key players in the region; and

d) specific social and cultural characteristics not present in other regions of Cameroon

A two-stage sampling methodology was deployed, where the first residential quartiers were randomly selected from the three regions based on probability proportional to size, and a simple random walk was used to select households within each quartier. In total, 1,835 households were selected across three regions. All eligible adults in the household present at the time of the survey were interviewed with 50 participants included per cluster. The inclusion criteria were:

1. Aged 20 +years (voting age in Cameroon)
2. Resident for at least two months in the selected household

Data collection tools included two questionnaires. The main questionnaire included socio-demographic information, a set of questions on political participation and the Washington Group Short Set of questions on disability. Additional questions were administered to the household head and included information about the household and the Cameroon Equity Tool to measure socio-economic status.

Data were analysed using statistical software, Stata version 16.

Ethical approval for this study was obtained from the National Ethics Committee for Research on Human Health (Comite National D'Ethique de la Recherche Pour Sante Humaine), Cameroon.

Key Findings

3,761 people aged 20 years and above participated in the survey, including:

1,251 participants in the Central Region;
1,249 in the Northern Region; and
1,261 in the South West Region.

About 54.3% of the sample was female (n= 2,042). Compared to the 2015 Cameroon Census data, women were slightly overrepresented in the sample. Age data was available for 3,322 individuals. The sample mean age was 35 years and the range was between 20 and 94 years.

Political participation of people with and without disabilities compared with the overall sample.

		Total			People without disabilities			People with disabilities		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Birth certificate	No	693	18.4	[14.4,23.2]	480	15.3	[11.6,19.9]	213	34.4	[27.7,41.7]
	No	693	18.4	[14.4,23.2]	480	15.3	[11.6,19.9]	213	34.4	[27.7,41.7]
Registered to vote	No	1,853	49.3	[43.9,54.6]	1,585	50.5	[44.9,56.0]	268	43.2	[37.2,49.4]
	Yes	1,908	50.7	[45.4,56.1]	1,556	49.5	[44.0,55.1]	352	56.8	[50.6,62.8]
Ever voted	No	1,551	41.2	[37.4,45.2]	1,399	44.5	[40.5,48.6]	152	24.5	[20.4,29.2]
	Yes	2,210	58.8	[54.8,62.6]	1,742	55.5	[51.4,59.5]	468	75.5	[70.8,79.6]
Engaged in political debate	No	1,989	52.9	[50.0,55.7]	1,695	54.0	[50.8,57.1]	294	47.4	[42.9,52.0]
	Yes	1,772	47.1	[44.3,50.0]	1,446	46.0	[42.9,49.2]	326	52.6	[48.0,57.1]
Member of political party	No	3,051	81.1	[78.0,83.9]	2,577	82.0	[78.6,85.0]	474	76.5	[71.0,81.1]
	Yes	710	18.9	[16.1,22.0]	564	18.0	[15.0,21.4]	146	23.5	[18.9,29.0]
Participated in local council sessions	No	3,247	86.3	[83.2,88.9]	2,754	87.7	[84.8,90.1]	493	79.5	[73.8,84.3]
	Yes	514	13.7	[11.1,16.8]	387	12.3	[9.9,15.2]	127	20.5	[15.7,26.2]

- Overall, a majority of the adult population surveyed were in possession of a birth certificate (81.6%), registered to vote (50.7%) and had voted in national and/or local elections before (58.8%).
- Around 47.1% of the sample reported discussing politics; 18.9% belonged to a political party and 13.7% attended local council sessions. Estimates adjusted for potential confounding factors (sex, age, education, study area), suggest that people with disabilities were less likely than people without disabilities to have essential documentation such as a birth certificate (OR=0.72, 95% CI 0.53,0.98 p=0.037) or be registered to vote (OR=0.64, 95% CI 0.51,0.80 p<0.001).
- Yet people with disabilities in the sample were significantly more likely to be engaged in political discussion and debate (OR=1.30, 95% CI 1.03,1.63 p=0.028).
- There were no statistically significant differences between people with and without disabilities in other aspects of political engagement, i.e. ever voting, being a member of a political party or attending council sessions.
- Political participation among women was lower than among men across four out of six indicators and after the adjustment for other potential confounders.
- Insufficient interest in politics was among the most frequently reported reasons for lack of participation, particularly among female respondents.

Conclusion

In this study a mixed picture of political participation in selected urban areas of Cameroon has emerged. Meaningful differences in observed levels of political participation between people with and without disabilities suggest that people with disabilities are interested in politics and try to engage, at least to the same extent as people without disabilities. Where people with disabilities appear to be disadvantaged, is the possession of the necessary documentation, specifically birth certificates and registration to vote.

The study also suggests that the group that have lower levels of political engagement is women. Whether this disengagement is voluntary due to other interests and commitments in women's lives or because they face significant barriers to political participation, needs to be further explored. It is however essential that development programmes collect sex disaggregated data and carefully monitor political participation by women in their activities.

It is important to note that the survey was conducted in purposefully selected urban areas of Cameroon and its results cannot be generalised to the country, as a whole.

Introduction

Background

It is believed that the majority of people will experience either temporary or permanent disability at some point during their life. But the risk of disability increases dramatically with age due to the cumulative effect of progressing chronic illnesses and subsequent loss of functioning. The World Health Organization (WHO) estimates that more than one billion people - or 15% of the world's population - live with some form of disability. It is anticipated that the number of people living with disability will increase further, making disability a global public health and social issue (1, 2).

The 2011 World Report on Disability argues that although people with disabilities have the same needs as people without disabiltiies, they often experience limited access to services including health, education and economic opportunities (1). However, there is a paucity of data on both disability and the social exclusion of people with disabilities, particularly from low and middle income contexts.

The need for a coordinated approach to both define disability and address disability-related knowledge gaps were acknowledged as the key issues on the global policy agenda (1, 3, 4). The new Sustainable Development framework, designed to guide global development until 2030, features disability far more than its Millennium Development Goals predecessor. Five of the 17 Sustainable Development Goals (SDGs) and seven of the 169 targets specifically mention disability. This political commitment creates momentum for developing a strong evidence base on disability and disability-related interventions (5).

The International Classification of Functioning, Disability and Health (ICF) - the WHO framework for measuring disability - adopts a combination of both the medical model of disability (which focuses on impairment in body function or structure) and the social model of disability (which relates to environmental barriers and restrictions to social participation) (1, 4, 6). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), a global treaty to promote and protect the human rights of persons with disability, defines people with disability as persons "with long-term physical, mental, intellectual or sensory impairments which, in interaction with various environmental and attitudinal barriers, may hinder their full and effective participation and inclusion in society on an equal basis with others" (1, 4). This definition aims to promote the enjoyment of human rights and freedoms for those with disabilities, recognising disability as a complex issue which intrinsically and extrinsically links a person and his or her context.

People with disabilities are often amongst the most marginalised social groups. Social exclusion and marginalisation are accentuated in low and middle income contexts, particularly sub-Saharan Africa, where resources are limited but the prevalence of severe and moderate disabilities, especially in younger (<60 years) population groups is higher than in many other parts of the world (1).

Study context

In 2016, the total population of Cameroon was estimated at 23,924,000 people (7) with around 43% being below the age of 15 years and around seven% aged 55+ years. Around 54% of the population live in urban areas and around 75% of those aged 15+ are literate, i.e. can read and write (8).

There are a few studies of disability in Cameroon (9). A study conducted in the North West Region by the International Centre for Evidence in Disability (ICED) and Sightsavers, estimated the prevalence of disability at 10.5% (10), while another study in the West Province suggested that many disabilities in the country were due to traffic accidents and inappropriate medical interventions (11). Research that explored the effect of disability on health, education and social participation in Cameroon suggests that people with disabilities are at higher risk of serious health conditions, for example sexually transmitted infections and HIV/AIDS (12-15). They are less likely to be educated or employed and often experience negative social attitudes and stigma (9, 10, 16, 17).

A situational analysis of political participation conducted by Sightsavers in Cameroon in 2014 identified that the main challenges for people with disabilities included i) the lack of effective government engagement to address the needs of people with disabilities; ii) social stigma and discrimination and iii) poor access to healthcare services, education and employment (18). There are limited opportunities for the participation of persons with disabilities, particularly women, in governing institutions at local and national levels. At the time of the assessment, there were no people with disabilities in the National Assembly or Parliament; only one man with a disability sat in the Senate as an alternate senator. At the local level, nine (2.4%) of the local councils included people with disabilities, including one female. It was also noted that although the media in Cameroon had attempted to raise awareness on inclusion of persons with disabilities, journalists were often insufficiently trained on disability, resulting in the use of patronising language portraying a charity rather than rights-based approach to advocating for disability inclusive development (19).

The situational analysis also showed that while Cameroon had legislation and provisions for people with disabilities, these were not appropriately implemented. For example, decision-makers were unfamiliar with the national policy on disability and the policy had not been embedded into national implementation systems. Disability was not mentioned in Cameroon's 2004 Decentralisation Law, meaning there were no special provisions to ensure the participation of people with disabilities in local governance. The Electoral Code presented numerous gaps in inclusion, and political parties were not required to account for the inclusion of persons with disabilities at the time of the assessment. In addition, while Cameroon signed the UNCRPD in 2008, the treaty had not been ratified by the national legislators (20, 21).

Cameroon has committed to the 2030 Sustainable Development Agenda and will be expected to have made progress, in response to the 17 agreed SDGs, and report how people at high risk of marginalisation, including those with disabilities, have benefitted from the development. The WHO has designed monitoring tools to help countries assess the

progress towards the international agreements on disability, but these have yet to be applied in Cameroon (22).

The population-based survey reported here was designed to support the country in delivering on its democratic priorities and contribute to the attainment of the SDGs. The survey was designed to collect baseline data for the Political Participation Project funded by Irish Aid through a contract with Sightsavers. The project aims to address weak representation of people with disabilities, particularly women, in decision making at national and local levels, and to strengthen their capacity to engage with government, the media and traditional bodies in a constructive manner. It is believed that by engaging in the political processes, people with disabilities can influence decision makers to ensure that they are accounted for in future laws and policies. It is expected that the data generated through the survey would contribute to robust scientific evidence on the social inclusion of persons with disabilities and be instrumental in shaping programmatic activities to promote an inclusive social and political environment in Cameroon.

Aim and objectives of the survey

The aim of this survey was to measure the level of political participation of adults aged 20+ years (voting age in Cameroon), including people with and without disabilities, in order to inform programmatic activities and advocacy and to measure the impact of the Political Participation Project in the selected areas of Cameroon.

The main objectives of the survey were:

1. To determine the proportion of the adult population participating in national and local elections, local decision-making processes, governance institutions and political parties in selected areas of Cameroon.
2. To compare the levels of political participation among people with and without disabilities.
3. To identify socio-demographic factors determining the political participation of people with and without disabilities.
4. To provide evidence for social inclusion programmes and advocacy in Cameroon.

Methodology

Study design and sampling

The study was a population-based household survey conducted in three regions of Cameroon: The Central Region, the Far North Region and the South West Region. Five urban areas within these regions were selected, including the city of Buea, the city of Kumba, the city of Maroua, the city of Mbalmayo and the city of Yaoundé. The choice of the study areas was determined by the geographic focus of the Political Participation Project, while the project chose these areas due to the following factors:

a) The majority of Disabled People's Organisations (DPOs), who are the key implementing partners for the project are based in these areas.

b) Yaoundé, being the capital, has headquarters of all major national stakeholders, and all programme advocacy will be carried out in Yaounde.

c) The South West Region is the location of other programmatic activities of Sightsavers on education, eye health and neglected tropical diseases (NTDs). Sightsavers has a good working relationship with the key players in the region.

d) The Far North was chosen as it has specific social and cultural characteristics not available in other regions of Cameroon. It is characterised by lower levels of education due to traditional culture and a dearth of schools (23), widespread poverty and high levels of stigma of people with disabilities. Girls are particularly marginalised in this region as they marry early at the age of 10 or 11. The presence of Boko Haram in the region also results in people with disabilities being more vulnerable to attacks and general exclusion.

The sample included both people with and without disabilities. The proportion of people with disabilities registered to vote was not known at the time of the study. Therefore, the initial sample size calculations were based on the proportion of people with self-reported disability among those registered to vote estimated at 3.6%, a projected increase of this proportion to 7.42% after the political participation project interventions; an expected prevalence of disability in people aged 20+ years of 10%; 95% confidence level; 80% power and 10% non-response. Based on this, the required sample size was 3,712 people aged 20+, as this is the voting age in Cameroon. The inclusion criteria were:

1. Aged 20 +years
2. Resident for at least two months in the selected household

A two-stage sampling methodology was deployed, where first residential quartiers were randomly selected from the three regions based on probability proportional to size, and a simple random walk was used to select households within each quartier. It was estimated that an average household includes five people (4.6 in the South West, 4.8 in the Central Region and 6.2 in the Far North), and approximately 50% are aged >20 years. In total, 1,835 households were selected across three regions. All eligible adults in the household present at the time of the survey were interviewed with 50 participants included per cluster.

Data collection

Ten enumerators participated in three days of training. The training focused on the application of the study tools, study ethics and mobile data collection process. The enumerators were recruited from the regions to ensure respect for local customs and safety.

Data were collected over a 38-day period from 1st June 2017 to 3rd July 2017. Data was recorded using keyless, touchscreen encrypted and password-protected mobile devices. All data was uploaded daily. The encrypted files were backed up on a password-protected external drive. A daily review of the data was conducted to ensure data consistency and quality.

Enumerators explained the survey to both the head of the household and each eligible participant individually, then requested their consent to participate. The survey was administered to participants in their preferred language (French or English).

Data collection tools

Data collection tools included two questionnaires. The main questionnaire included socio-demographic information, a set of questions on political participation and the Washington Group Short Set (WGSS) to measure disability. Additional questions were administered to one member of each household, usually the household head or their representative. The additional set included information about the household and the Cameroon Equity Tool to measure the socio-economic status of the household.

The Washington Group Short Set of Questions (WGSS) was deployed to measure disability. The tool was developed by the United Nations Statistical Commission group formed in 2001. WGSS is a validated easy-to-use tool developed for national censuses and surveys (24, 25). It measures functional difficulty and has been extensively tested in at least 78 countries worldwide (24). The questions are based on the ICF framework and aim to measure the prevalence of difficulties in performing certain tasks. Disability is determined by participants' responses to six questions relating to six functional domains: seeing, hearing, walking, communication, self-care and remembering/concentrating. The responses are given on a four-point scale: no difficulty, some difficulty, a lot of difficulty or can't do at all. The Washington Group recommends that participants who respond "a lot of difficulty" or "cannot do at all" to at least one of the six domains are categorised as disabled.

The political participation tool was developed specifically for the purpose of this survey with the Cameroonian cultural context in mind. This questionnaire included questions about registration to vote, participation in elections, engagement in the national and local political parties and local councils, and involvement in DPOs (for people with disabilities). All participants were given an opportunity to provide additional narrative information on the subject.

The Equity Tool was used to measure the socio-economic status of participants; the tool was developed through a collaborative effort of several development agencies and non-governmental organisations (NGOs) (Population Services International (PSI), Marie Stopes International (MSI), Results for Development, BroadBranch, and Metrics for Management). It is an internationally-recognised tool designed to evaluate socio-economic differences between social groups by categorising them into one of five asset-based wealth quintiles (one being the poorest and five being the wealthiest). It is a simple and easy-to-use tool to measure relative wealth, which allows comparisons of study respondents or programme beneficiaries to the rest of the population or to the rest of the urban population, if the tool is applied in urban areas. The tool was validated for over 30 countries. The tool used here was adapted specifically for Cameroon.

In addition, Geographic Information System (GIS) data was captured in this survey to document the location of each selected quartier and to facilitate aggregate level analysis based on location.

Data quality

To minimise errors in data collection, algorithms for data checking and validation were incorporated into the software. The uploaded data was checked every day with a daily data review form completed in Excel. The data review form included information on data collectors, number of interviews conducted, time of first and last interview, number of locations visited, global positioning system (GPS) co-ordinates, average time taken per interview and errors and comments relating to the data collected. This information was shared with the data collection team for feedback and support, where needed.

Data analysis

Once all data was captured, a complete data set was established and cleaned. Data were analysed using statistical software, Stata version 16. In addition to descriptive statistics, univariate and multivariate analyses were used to more formally test key outcomes. Chi-squared tests and logistic regression models were used to examine the association between the primary exposure (disability) and the primary outcome (political participation indicators). The magnitude of the association was determined by the odds ratio (OR).

Multivariate analysis was conducted using logistic regression to identify if the primary exposure (disability) was independently associated with the primary outcomes (political participation). All multivariate regression models were adjusted for the same set of potential confounders: sex, age, level of education and study location.

The main outcome indicators captured in this survey included

- Percentage of persons with disabilities who have a birth certificate
- Percentage of persons with disabilities registered to vote
- Percentage of persons with disabilities who have voted in local and/or national elections
- Percentage of persons with disabilities who are engaged in political debates
- Percentage of persons with disabilities who are members of a political party
- Percentage of persons with disabilities who participated in local council sessions

Where possible, data was reported by sex, age and location.

All participants were given an opportunity to provide additional narrative information on the subject. This information was recorded in the language used during the interview and translated into English (if collected in French).

Ethical approval

Ethical approval for this study was obtained from the National Ethics Committee for Research on Human Health (Comite National D'Ethique de la Recherche Pour Sante Humaine), Cameroon. Informed consent from all participants was obtained and anonymity was ensured throughout by assigning unique identification numbers to participants. Any identifiable data (e.g. names, addresses) were not collected.

Results

Sample characteristics

Table 1. Socio-demographic characteristics and location of participants.

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Sex	Male	1,719	45.7	[43.6,47.8]	-	-	-	-	-	-
	Female	2,042	54.3	[52.2,56.4]	-	-	-	-	-	-
Age	20-29	1,521	45.8	[41.9,49.7]	679	47.1	[42.6,51.7]	842	44.8	[40.4,49.2]
	30-39	761	22.9	[20.9,25.1]	320	22.2	[19.6,25.0]	441	23.4	[21.1,26.0]
	40-49	409	12.3	[10.9,13.9]	180	12.5	[10.5,14.8]	229	12.2	[10.4,14.2]
	50-59	303	9.1	[7.9,10.5]	114	7.9	[6.4,9.8]	189	10.0	[8.4,12.0]
	60-69	208	6.3	[5.2,7.5]	95	6.6	[5.2,8.3]	113	6.0	[4.8,7.4]
	70+	120	3.6	[2.9,4.5]	53	3.7	[2.7,5.1]	67	3.6	[2.7,4.6]
Education	No school	574	15.3	[11.3,20.3]	193	11.2	[7.8,15.9]	381	18.7	[13.9,24.6]
	Some school	414	11.0	[9.0,13.4]	174	10.1	[7.9,12.9]	240	11.8	[9.6,14.4]
	Primary	623	16.6	[14.2,19.2]	252	14.7	[12.2,17.5]	371	18.2	[15.2,21.5]
	Lower secondary	816	21.7	[18.7,25.1]	364	21.2	[18.4,24.3]	452	22.1	[18.3,26.6]
	Upper secondary	803	21.4	[18.0,25.1]	431	25.1	[21.1,29.5]	372	18.2	[14.9,22.1]
	Tertiary	531	14.1	[11.5,17.2]	305	17.7	[14.8,21.2]	226	11.1	[8.4,14.5]
Employment	Unemployed	916	24.4	[21.9,27.0]	200	11.6	[9.7,13.9]	716	35.1	[30.8,39.5]
	Wage work	410	10.9	[9.1,12.9]	233	13.6	[11.2,16.4]	177	8.7	[7.0,10.8]
	Self-employed	1,367	36.3	[32.7,40.2]	720	41.9	[37.8,46.1]	647	31.7	[27.3,36.4]
	Student	670	17.8	[14.0,22.4]	347	20.2	[16.4,24.5]	323	15.8	[11.6,21.2]
	Other	398	10.6	[8.3,13.3]	219	12.7	[9.8,16.4]	179	8.8	[6.6,11.6]

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Family relationship	Head of household	1,296	34.5	[31.0,38.1]	892	51.9	[47.7,56.1]	404	19.8	[16.4,23.7]
	Spouse	888	23.6	[21.2,26.2]	51	3.0	[1.7,5.0]	837	41.0	[36.7,45.4]
	Child	1,057	28.1	[25.5,30.9]	565	32.9	[29.4,36.6]	492	24.1	[21.5,26.9]
	Other	520	13.8	[10.5,17.9]	211	12.3	[8.8,16.8]	309	15.1	[11.8,19.3]
South West	Buea	610	16.2	[8.6,28.4]	244	14.2	[7.4,25.6]	366	17.9	[9.6,30.9]
	Kumba	651	17.3	[10.2,27.7]	304	17.7	[10.4,28.5]	347	17.0	[10.0,27.4]
Central	Yaounde	649	17.3	[10.1,27.9]	313	18.2	[10.7,29.3]	336	16.5	[9.5,26.9]
	Mbalmayo	602	16.0	[8.5,28.0]	253	14.7	[7.9,25.7]	349	17.1	[8.9,30.3]
Far North	Maroua	1,249	33.2	[23.3,44.8]	605	35.2	[24.8,47.3]	644	31.5	[21.9,43.0]

3,761 people aged 20 years and above (the voting age in Cameroon) participated in the survey. They included:

1,251 participants in the Central Region (602 (16.01%) in Mbalmayo and 649 (17.26%) in Yaoundé).
1,249 (33.21%) in the Northern Region (Maroua).
1,261 in the South West Region (610 (16.22%) in Buea and 651 (17.31%) in Kumba).

Table 1 shows 54.3% of the sample was female (n= 2,042). Compared to 2015 Cameroon Census data, women were slightly overrepresented in the overall sample (see **Appendix Tables 1-3**). The sample mean age was 35 years and the range was between 20 and 94 years. Age data was only available for 3,322 individuals, with the missing data being more frequent among males, people without disabilities and individuals with little or no schooling.

Overall, 15.3% of the sample had received no formal education. This figure was higher for females than for males (18.7% and 11.2% respectively). Overall, men had higher levels of education than women, particularly at upper secondary (25.1% vs 18.2%) and tertiary (17.7% vs 11.1%) levels. In terms of employment, the self-employed comprised the largest single group (36.3%). More men were self-employed than women (41.9% compared to 31.7%, respectively). The biggest gender gap was in the proportion of participants who were unemployed; in total 24.4% were unemployed, but this proportion was much higher among females (35.1% compared to 11.6%). Around 34.5% (n=1,296) of respondents were heads of the household and 68.8% of them (n=892) were males.

The proportion of males and females sampled across five cities was roughly the same, but there were slightly more females in Buea and Mbalmayo and slightly more males in Maroua.

Table 2. Study regions by household equity

		1st quintile			2nd quintile			3rd quintile			4th quintile			5th quintile		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Region	South West	41	2.8	[1.3,6.0]	79	5.4	[3.3,8.6]	123	8.4	[5.5,12.4]	155	10.5	[7.2,15.2]	183	12.4	[7.8,19.3]
	Central	28	1.9	[1.1,3.2]	88	6.0	[3.9,9.1]	76	5.2	[3.3,7.9]	150	10.2	[6.7,15.2]	121	8.2	[5.3,12.5]
	Far North	173	11.8	[7.4,18.2]	63	4.3	[2.7,6.7]	96	6.5	[4.0,10.4]	75	5.1	[3.2,8.0]	21	1.4	[0.7,3.0]
	Total	242	16.4	[11.8,22.5]	230	15.6	[13.2,18.4]	295	20.0	[17.3,23.1]	380	25.8	[23.0,28.9]	325	22.1	[17.3,27.7]

Overall sample households (n=1,472) were wealthier than the rest of the urban population of Cameroon, with 47.9% belonging to the two wealthiest quintiles, and just 32.0% to the two poorest quintiles (see Table 2).

However, there also appeared to be important regional differences. For example, 11.4% of households in the lowest wealth quintile were from the Far North region, compared to just 2.8% and 1.9% from the South West and Central regions. Conversely, survey respondents from Maroua and the Far North made up only 1.4% of households in the richest quintile. Almost all individuals in the wealthiest quintile were from the South West and Central regions (12.4% and 8.2%, respectively).

Table 3. Type and severity of disability.

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Disabled	No	3,141	83.5	[81.1,85.7]	1,470	85.5	[82.7,87.9]	1,670	81.8	[78.9,84.4]
	Yes	620	16.5	[14.3,18.9]	249	14.5	[12.1,17.3]	371	18.7	[15.6,21.1]
Seeing	Any impairment	1,102	29.3	[26.9,31.8]	452	26.3	[23.3,29.5]	650	31.8	[29.2,34.6]
	Some difficulty	800	72.6	[68.8,76.1]	335	74.1	[69.3,78.4]	465	71.5	[66.8,75.8]
	A lot of difficulty	292	26.5	[23.1,30.2]	109	24.1	[19.9,28.9]	183	28.2	[24.0,32.8]
	Cannot do at all	10	0.9	[0.5,1.7]	8	1.8	[0.8,3.7]	2	0.3	[0.1,1.3]
Hearing	Any impairment	295	7.8	[6.7,9.2]	118	6.9	[5.3,8.8]	177	8.7	[7.4,10.2]

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
	Some difficulty	221	74.9	[67.6,81.0]	97	82.2	[73.8,88.3]	124	70.1	[61.2,77.6]
	A lot of difficulty	69	23.4	[17.7,30.3]	19	16.1	[10.4,24.0]	50	28.2	[21.1,36.7]
	Cannot do at all	5	1.7	[0.7,4.1]	2	1.7	[0.4,6.6]	3	1.7	[0.5,5.3]
Walking	Any impairment	669	17.8	[15.9,19.8]	254	14.8	[12.7,17.1]	415	20.3	[18.0,22.8]
	Some difficulty	409	61.1	[55.8,66.2]	148	58.3	[50.6,65.5]	261	62.9	[57.1,68.4]
	A lot of difficulty	232	34.7	[30.3,39.3]	87	34.3	[28.0,41.1]	145	34.9	[29.8,40.5]
	Cannot do at all	28	4.2	[2.7,6.5]	19	7.5	[4.4,12.3]	9	2.2	[1.2,4.0]
Remembering	Any impairment	590	15.7	[12.8,19.1]	233	13.6	[10.5,17.3]	357	17.5	[14.2,21.3]
	Some difficulty	461	78.1	[72.7,82.8]	189	81.1	[74.1,86.6]	272	76.2	[69.4,81.8]
	A lot of difficulty	121	20.5	[16.1,25.8]	39	16.7	[11.7,23.4]	82	23.0	[17.6,29.4]
	Cannot do at all	8	1.4	[0.6,2.9]	5	2.1	[0.8,6.0]	3	0.8	[0.3,2.6]
Self-care	Any impairment	113	3.0	[2.4,3.8]	57	3.3	[2.4,4.6]	56	2.7	[2.0,3.7]
	Some difficulty	91	80.5	[72.7,86.5]	44	77.2	[65.9,85.6]	47	83.9	[72.7,91.1]
	A lot of difficulty	16	14.2	[9.0,21.6]	9	15.8	[8.6,27.3]	7	12.5	[6.3,23.2]
	Cannot do at all	6	5.3	[2.4,11.1]	4	7.0	[2.7,16.9]	2	3.6	[0.9,13.6]
Communicating	Any impairment	200	5.3	[3.9,7.2]	97	5.6	[4.1,7.8]	103	5.0	[3.6,7.0]
	Some difficulty	163	81.5	[75.3,86.4]	80	82.5	[73.6,88.8]	83	80.6	[71.0,87.5]
	A lot of difficulty	33	16.5	[11.6,22.9]	15	15.5	[9.7,23.7]	18	17.5	[10.5,27.7]
	Cannot do at all	4	2.0	[0.6,6.6]	2	2.1	[0.3,13.8]	2	1.9	[0.5,7.4]

Overall, 16.5% (n=620) of the sample were classified as having disability using the recommended definition of the Washington Group (i.e. reporting “a lot of difficulty” or “cannot do at all” in at least one functional domain). Prevalence of disability was higher among females (18.7%) than among males (14.5%) (see Table 3).

Table 3 presents prevalence and severity by functional domain. The most frequent disability was difficulty in seeing (n=302, 8% prevalence) followed by difficulty in walking (n=260, 6.9% prevalence) and remembering/concentrating (n=129, 3.4% prevalence).

Table 4. Sample prevalence of disability by sex, age and location characteristics

		People without disabilities			People with disabilities				
		n	%	95% CI	n	%	95% CI	Odds ratio	95% CI
Sex	Male	1,221	44.3	[41.8,46.7]	220	39.0	[34.9,43.3]	-	-
	Female	1,537	55.7	[53.3,58.2]	344	61.0	[56.7,65.1]	1.24	[1.01,1.52]
Age	20-29	1,388	50.3	[46.2,54.5]	133	23.6	[19.8,27.9]	-	-
	30-39	650	23.6	[21.3,26.0]	111	19.7	[16.5,23.3]	1.78	[1.33,2.38]
	40-49	331	12	[10.4,13.8]	78	13.8	[11.1,17.1]	2.46	[1.73,3.48]
	50-59	218	7.9	[6.7,9.3]	85	15.1	[12.4,18.2]	4.07	[2.91,5.70]
	60-69	131	4.7	[3.8,5.9]	77	13.7	[11.0,16.8]	6.13	[4.23,8.89]
	70+	40	1.5	[1.0,2.1]	80	14.2	[11.2,17.8]	20.87	[13.27,32.83]
Region	South West	1,079	39.1	[27.4,52.2]	94	16.7	[10.1,26.2]	-	-
	Central	931	33.8	[23.1,46.4]	262	46.5	[33.1,60.4]	3.23	[2.32,4.50]
	Far North	748	27.1	[18.4,38.0]	208	36.9	[25.1,50.4]	3.19	[2.22,4.60]

Results from a regression analysis (Table 4) shows that prevalence of disability was higher among women. Women were 24% more likely to report disability compared to men (OR=1.24, 95% CI 1.01,1.52, p=0.036). There was also a strong positive association between age and disability. For example, individuals aged 60-69 years were 6.1 times more likely to experience functional limitations than individuals aged 20-29 years (OR=6.13, 95% CI 4.23,8.89, p<0.001). Among those 70 years and above the odds of reporting disability were 20.9 times higher than the younger reference group (OR=21.87, 95% CI 12.27,32.83, p<0.001).

In addition, statistically significant differences were observed between the regions with individuals surveyed in the Central and Far North Regions, being more than three times as likely to report disability than those from cities in the South West Region.

Political participation: possession of the necessary documents

The majority of study participants (81.6%) were in possession of a birth certificate (see Table 5) with a slightly higher proportion among men than women (84.8% and 78.8%, respectively).

Overall, 50.7% (n=1,908) of the sample were registered to vote. The proportion of those registered to vote was higher among men (54.7% vs 47.4%).

Lack of interest in politics was the most common explanation for being not registered to vote given by both men and women (42.6% and 43.8%, respectively). Other reasons included not knowing where to register (18.8%); lack of necessary documentation (9.2%); not being told about the need to register (7.7%); and being prevented from registering by family members (1.6%).

Table 5. Possession of birth certificate and being registered to vote

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Birth certificate	No	693	18.4	[14.4,23.2]	261	15.2	[11.4,19.9]	432	21.2	[16.7,26.5]
	Yes	3,068	81.6	[76.8,85.6]	1,458	84.8	[80.1,88.6]	1,610	78.8	[73.5,83.3]
Registered to vote	No	1,853	49.3	[43.9,54.6]	779	45.3	[39.9,50.9]	1,074	52.6	[46.9,58.2]
	Yes	1,908	50.7	[45.4,56.1]	940	54.7	[49.1,60.1]	968	47.4	[41.8,53.1]
Reasons not registered	Not interested in politics	802	43.3	[39.4,47.2]	332	42.6	[38.5,46.8]	470	43.8	[39.1,48.6]
	Don't know where to register	348	18.8	[15.4,22.7]	140	18.0	[14.2,22.5]	208	19.4	[15.7,23.7]
	Don't have documents	170	9.2	[7.5,11.1]	61	7.8	[5.8,10.5]	109	10.1	[8.0,12.8]
	No one told me about it	143	7.7	[5.4,10.8]	50	6.4	[4.5,9.1]	93	8.7	[5.9,12.6]
	Family wouldn't allow it	30	1.6	[1.0,2.7]	12	1.5	[0.8,3.0]	18	1.7	[1.0,2.8]
	Other	534	81.6	[76.8,85.6]	247	84.8	[80.1,88.6]	287	78.8	[73.5,83.3]

Political participation: voting in elections

Overall, 58.8% (n=2,210) of the sample reported having voted in either local and/or national elections (see Table 6,) with little difference between men and women (59.8% and 57.9%, respectively). Among those who ever voted, 25.3% had last voted in a municipal election; 19.9% had last voted in the presidential election; and 10.1% had last voted in the parliamentary election. About a third of the participants referred to “other”, as the last election they voted in.

In general, there were no major differences in male and female patterns of voting behaviour, although more women reported not knowing the kind of election they had last voted in, than men (13.2% compared to 8.0%).

Of the 41.2% (n=1,551) who had never voted, 38.1% reported not being interested in politics with the proportion being higher among women (40.0% compared to 35.7%). Other reasons for not voting included not having the required documents (35.5%) and being too young to vote at the last election (21.3%). Very few reported not having access to information as their reason for not voting (2.7%).

Table 6. Participation in national and local elections

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Ever voted	No	1,551	41.2	[37.4,45.2]	691	40.2	[36.4,44.1]	860	42.1	[37.6,46.8]
	Yes	2,210	58.8	[54.8,62.6]	1,028	59.8	[55.9,63.6]	1,182	57.9	[53.2,62.4]
Last vote	Presidential	440	19.9	[16.0,24.5]	208	20.2	[16.0,25.2]	232	19.6	[15.3,24.8]
	Parliamentary	224	10.1	[6.8,14.9]	112	10.9	[7.2,16.2]	112	9.5	[6.2,14.1]
	Municipal	558	25.3	[21.0,30.1]	264	25.7	[21.0,31.1]	294	24.9	[20.3,30.1]
	Other	749	33.9	[29.5,38.6]	362	35.2	[30.2,40.6]	387	32.8	[28.0,38.0]
	Don't know	238	10.8	[8.1,14.2]	82	8.0	[5.5,11.4]	156	13.2	[10.0,17.2]
Reasons haven't voted	Not interested in politics	583	38.1	[33.7,42.7]	440	35.7	[31.0,40.6]	339	40.0	[34.8,45.5]
	Don't have documents	544	35.5	[31.3,40.0]	243	35.5	[31.0,40.3]	301	35.5	[30.3,41.1]
	Too young at last election	326	21.3	[18.1,24.9]	135	19.7	[16.1,24.0]	191	22.6	[18.6,27.1]
	No information accessible	41	2.7	[1.8,4.1]	18	2.6	[1.5,4.6]	23	2.7	[1.7,4.3]
	Other	421	27.1	[24.0,30.6]	200	28.9	[24.8,33.5]	221	25.7	[22.3,29.4]

Political participation: engagement in political debates

Table 7 shows 47.1% (n= 1,772) of the sample watched, listened to, read about and/or discussed politics. Notably, the proportion of men (58.2%) who reported engaging in some form of political debate was considerably higher than women (37.8%).

Among the politically engaged group, the most popular source of information about politics was television; 73.8% (n=1,195). Other frequently reported sources of information included family and/or friends (67.4%); the radio (63.5%); newspapers and magazines (34.9%); and the internet (29.9%). There appear to be prominent differences between men and women in terms of sources of information. For example, fewer women listened to the radio than men (54.4% vs 70.6%); a smaller proportion of females read newspapers and/or magazines compared to males (28.0% vs 40.3%); and a lower number of women reported the internet as a source of information about politics (24.9% vs 33.7%). Comparatively few individuals received their information from political party meetings (20.4%); community and/or religious leaders (8.1%); and disabled people's organisations (0.5%).

Table 7. Participation in political discussion and sources of information about politics

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Engaged in political debate	No	1,989	52.9	[50.0,55.7]	719	41.8	[37.7,46.0]	1,270	62.2	[59.0,65.3]
	Yes	1,772	47.1	[44.3,50.0]	1,000	58.2	[54.0,62.3]	772	37.8	[34.7,41.0]
Source of information	Family and friends	1,195	67.4	[63.8,70.8]	713	71.3	[67.3,75.0]	482	62.4	[57.2,67.4]
	Television	1,308	73.8	[66.0,80.3]	766	76.6	[68.7,83.0]	542	70.2	[60.8,78.1]
	Radio	1,126	63.5	[58.3,68.5]	706	70.6	[64.4,76.1]	420	54.4	[48.6,60.1]
	Newspapers and magazines	619	34.9	[29.7,40.5]	403	40.3	[34.2,46.7]	216	28.0	[22.6,34.0]
	Internet	529	29.9	[25.4,34.8]	337	33.7	[28.3,39.6]	192	24.9	[20.6,29.7]
	Political party meetings	362	20.4	[15.4,26.6]	208	20.8	[15.6,27.2]	154	19.9	[14.6,26.7]
	Community and religious leaders	144	8.1	[5.9,11.1]	78	7.8	[5.4,11.1]	66	8.5	[5.8,12.3]
	DPOs	8	0.5	[0.2,1.0]	4	0.4	[0.1,1.3]	4	0.5	[0.2,1.7]
	Other	58	3.3	[1.7,6.1]	32	3.2	[1.6,6.2]	26	3.4	[1.7,6.7]

Political participation: political party involvement

Table 8 summarises study findings on political party involvement. 18.9% (n=710) of the sample reported being currently registered members of a political party with a slightly higher proportion among men compared to women (n= 363 (21.1%) vs n=347 (17.0%).

The most frequently reported reason for not belonging to a political party was insufficient interest in politics (n=2,312 (77.5%)). Other reported reasons included not having the necessary documentation (7.1%); not knowing how to join (4.6%); not having access to information about joining (4.3%); and no practical access to relevant buildings (1.8%). Consistent with earlier responses, women were more likely to report that they were not interested in politics than men (80.1% and 74.2%, respectively).

Table 8. Membership of a political party

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Member of political party	No	3,051	81.1	[78.0,83.9]	1,356	78.9	[75.7,81.7]	1,695	83.0	[79.3,86.2]
	Yes	710	18.9	[16.1,22.0]	363	21.1	[18.3,24.3]	347	17.0	[13.8,20.7]
Reasons not member	Not interested in politics	2,312	77.5	[74.3,80.4]	986	74.2	[70.1,78.0]	1,326	80.1	[76.7,83.1]
	Don't have documents	212	7.1	[5.8,8.7]	76	5.7	[4.3,7.6]	136	8.2	[6.5,10.3]
	Don't know how to join	138	4.6	[3.6,5.9]	72	5.4	[3.9,7.5]	66	4.0	[3.0,5.3]
	No information accessible	128	4.3	[3.2,5.8]	64	4.8	[3.5,6.6]	64	3.9	[2.8,5.4]
	No practical access to buildings	53	1.8	[1.3,2.4]	33	2.5	[1.8,3.5]	20	1.2	[0.8,1.9]
	Other	433	14.5	[12.4,16.9]	222	16.7	[14.2,19.5]	211	12.7	[10.4,15.6]

Political participation: local council sessions

Table 9 shows the overwhelming majority of respondents had never attended sessions of their local council 86.3% (n=514). Among those, who did, men were more likely to attend compared to women (17.0% vs 10.9%).

Reasons given for not participating in local council sessions included not knowing when sessions were held (52.3%); not knowing what is discussed at sessions (49.7%); insufficient interest in council issues (40.5%); belief that sessions were for councillors only (33.6%); not being allowed to attend by other family and/or community members (18.4%); and not having practical access to relevant buildings (13.0%).

The results also suggest several salient differences between males and females. For example, more females again cited insufficient interest in politics compared to males (42.0% vs 38.6%). Women were also more likely to report not being allowed by family and/or the community to attend council sessions compared to men (21.4% and 14.6%, respectively).

Table 9. Participation in local council sessions

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Participated in local council sessions	No	3,247	86.3	[83.2,88.9]	1,427	83.0	[79.3,86.2]	1,820	89.1	[86.0,91.6]
	Yes	514	13.7	[11.1,16.8]	292	17.0	[13.8,20.7]	222	10.9	[8.4,14.0]
Reasons didn't participate	Sessions only for councillors	1,047	33.6	[29.4,38.1]	474	34.6	[30.1,39.5]	573	32.7	[28.2,37.6]
	Not interested in council	1,263	40.5	[36.4,44.7]	528	38.6	[34.3,43.1]	735	42.0	[37.2,46.9]
	Don't know what's discussed	1,550	49.7	[44.4,55.0]	644	47.1	[41.9,52.3]	906	51.7	[45.8,57.7]
	Don't know when sessions held	1,632	52.3	[46.6,58.0]	676	49.4	[43.6,55.2]	956	54.6	[48.3,60.8]
	Not allowed	575	18.4	[16.1,21.1]	200	14.6	[12.0,17.6]	375	21.4	[18.5,24.7]
	No practical access to buildings	405	13.0	[10.8,15.5]	181	13.2	[10.6,16.4]	224	12.8	[10.5,15.5]

Political participation: DPO membership

Overall membership of disabled people's organisations (DPOs) among people with disabilities was less than five%, although the proportion of sample males was more than twice the proportion of females (7.6% vs 2.4%).

Most respondents had been a member for almost a year (89.3%), and in general members had a positive opinion of their DPO. For example, 92.4% agreed that DPO members discussed common issues and supported each another.

Table 10. DPO membership among people with disabilities

		Total		Males		Females	
		n	%	n	%	n	%
DPO member	No	592	95.5	230	92.4	362	97.6
	Yes	28	4.5	19	7.6	9	2.4
Length of time as member	<1 month	1	3.6	1	5.3	0	0.0
	2-3 months	1	3.6	1	5.3	1	11.1
	4-6 months	1	3.6	0	0	0	0.0
	7-9 months	0	0.0	0	0	0	0.0
	10-12 months	25	89.3	17	89.5	8	88.9
		Agree		Disagree		Neither agree nor disagree	
		n	%	n	%	n	%
DPOs take care of people with my disability							
		24	85.7	3	10.7	1	3.6
DPOs help improve my work and living conditions							
		23	82.1	2	7.1	2	10.7
DPOs provide a forum for people with disabilities							
		23	82.1	5	17.9	0	0.0
I hope DPOs will ensure my rights and enable me to access to information							
		23	82.1	4	14.3	1	3.6
We discuss common issues together and support each other							
		26	92.9	2	7.1	-	-
I only know of this DPO/don't know of other DPOs							
		17	60.7	10	35.7	1	3.6
DPOs help me learn skills							
		24	85.7	3	10.7	1	3.6

Political participation: people with and without disabilities

Table 11 presents levels of political participation for people with and without disabilities, as well as the results from statistical testing of differences between the two groups. 84.7% of people without disabilities in the sample reported being in possession of their birth certificate, compared to 65.6% of people with disabilities. Results from the chi-squared test suggest the difference was statistically significant.

Yet more people with disabilities were registered to vote (56.8%) than people without disabilities (49.5%). More people with disabilities had also ever voted than people without disabilities (75.5% vs 55.5%). In addition, a higher proportion of people with disabilities were engaged in political debate (52.6% vs 46.0%); belonged to a political party (23.5% vs 18.0%); and participated in local council sessions (20.5% vs 12.3%). Statistical analysis indicated all the differences observed were statistically significant.

Table 11. Comparison of political participation between people with and without disabilities

	People without disabilities			People with disabilities			
	n	%	95% CI	n	%	95% CI	*p*-value†
Birth certificate	2,661	84.7	[80.1,88.4]	407	65.6	[58.3,72.3]	<0.001
Registered to vote	1,556	49.5	[44.0,55.1]	352	56.8	[50.6,62.8]	0.013
Ever voted	1,742	55.5	[51.4,59.5]	468	75.5	[70.8,79.6]	<0.001
Engaged in political debate	1,446	46.0	[42.9,49.2]	326	52.6	[48.0,57.1]	0.013
Member of political party	564	18.0	[15.0,21.4]	146	23.5	[18.9,29.0]	0.037
Participated in local council sessions	387	12.3	[9.9,15.2]	127	20.5	[15.7,26.2]	<0.001

† Values of p based on Pearson's chi-squared test.

Results from multivariate logistic regression models however suggest a less straightforward picture of political participation among people with disabilities in Cameroon.

Consistent with earlier results (see Table 11), after adjusting for confounding factors (sex, age, level of education and study location), people with disabilities had lower odds of possessing a birth certificate compared to people without disabilities (OR=0.72, 95% CI 0.53,0.98 p=0.037). In contrast to the results of the univariate analysis people with disabilities were significantly less likely to be registered to vote compared to people without disability, after demographic and social characteristics were accounted for (OR=0.64, 95% CI 0.51,0.80 p<0.001).

The aspect of politics, where people with disabilities appeared to be more engaged than people without disabilities, after the adjustments, was talking, reading or listening about politics (OR=1.30, 95% CI 1.03,1.63 p=0.028). For other aspects of political participation, membership of a political party, attending local council sessions or ever voting, there were no statistically significant differences between people with and without disabilities.

Table 12. Multivariate analysis of the association between disability and political participation

	Birth certificate		Registered to vote		Ever voted		Engaged in political debate		Member of political party		Participated in local council sessions	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Disabled	0.72**	[0.53,0.98]	0.64***	[0.51,0.80]	0.90	[0.64,1.27]	1.30**	[1.03,1.63]	0.88	[0.64,1.21]	1.31*	[0.97,1.76]
Female	0.67	[0.51,0.88]	0.76	[0.64,0.89]	0.88	[0.75,1.04]	0.41	[0.35,0.49]	0.91	[0.73,1.13]	0.55	[0.44,0.69]
Age (years)	0.96	[0.95,0.97]	1.06	[1.05,1.07]	1.17	[1.14,1.19]	1.01	[1.01,1.02]	1.04	[1.03,1.05]	1.04	[1.03,1.05]
Primary school†	4.83	[3.38,7.65]	1.03	[0.82,1.29]	1.03	[0.77, 1.37]	1.09	[0.89,1.32]	1.84	[1.32,2.55]	2.33	[1.63,3.35]
Secondary school†	4.28	[2.40,7.65]	0.84	[0.65,1.08]	0.68	[0.55,0.84]	1.75	[1.46,2.11]	0.72	[0.51,1.02]	0.91	[0.71,1.16]
Central region‡	0.60	[0.33,1.07]	1.27	[0.93,1.72]	0.95	[0.73,1.24]	1.18	[0.93,1.49]	1.58	[1.03,2.42]	1.62	[1.14,2.30]
Far North region‡	0.16	[0.09,0.28]	6.44	[4.81,8.63]	2.29	[1.83,2.88]	1.22	[0.51,1.02]	1.18	[0.72,1.96]	0.18	[0.02,0.04]

*** p < 0.001, ** p < 0.05, * p < 0.1.

† Completed school level.

‡ Reference category=South West region.

Although this survey did not focus on other population sub-groups, who may be at risk of political exclusion, results provide some interesting insights. Women were found to be disadvantaged compared to men in four out of six aspects of political participation examined in this study. They were less likely to have a birth certificate, be registered to vote, engage in political discussion and attend local council sessions. People from the Far North were significantly less likely to have a birth certificate or attend local council sessions, but they were significantly more likely to be registered to vote.

Qualitative findings

Qualitative data on political participation corroborated survey findings. The open-ended questions asked in the survey resulted in broad opinion-based responses relating to personal afflictions, thoughts on politics and how it affects people's lives.

When talking about the reasons for not participating in politics, a number of participants talked about political apathy and a lack of trust with the system. Many expressed dissatisfaction with the current state of politics in the country due to the lack of transparency, deception and corruption.

> *'Politics do not interest me.'*

> *'Politicians are liars who do not know how to fulfil their promises, and my vote is not important because we know who already won before each election.'*

> *'The elites of the country do not think of others.'*

The lack of transparency was mentioned in both national and local politics. Some participants said that even DPOs were deceptive and often did not fulfil the promises given to people with disabilities.

> *'Benefits are distributed only to family members of council members. Not everyone benefits. Names are inserted and deserving people are rejected.'*

> *'DPOs are managed by money thieves who took my money saying they would produce me a disability card that I never received. That's more than seven years ago.'*

Tribal politics was also mentioned by several participants, particularly those who lived in the communities where they were a minority tribe.

> *'Tribal stigmatisation is common in my community as I am not a local tribesperson.'*

> *'The political parties in Cameroon are tribalist and none of them are defending the interests of the country.'*

Social issues such as unemployment, financial hardship and lack of services were major public concerns, but there was often a feeling that politicians did very little to address these challenges. Some of those who had been involved in local politics felt disappointed as they had little influence and very little had changed as a result of their engagement.

> *'The country does not go on. Some are rich at the expense of others. Too much unemployment.'*

> *'Corruption seriously undermines this country, especially the political field.'*

> *'I was president of the basic committee of a political party for 27 years, but I did not benefit from any of this. I am dissatisfied with that… disappointed about politics in the country. Democracy and transparency should be encouraged.'*

A number of participants mentioned that young people were particularly disadvantaged and demotivated by politics.

> '*The lack of employment in the country for young people discourages us from taking part in politics.'*

'As young people, we are abandoned.'

'The Cameroonian state should include young people and increase the interest of young people in political affairs.'

A few participants noted physical difficulties, such as pain or mobility issues, as barriers to more proactive political engagement.

'My eyes hurt. This does not allow me to freely exercise my civil rights.'

Many participants said they had little information about political parties and political candidates, or that the information they received often came too late. Some said that a permanent voter card could make the voting process easier.

'*The information about voting and registration is not well circulated. Usually comes very late.'*

'There is little information on the council sessions. We are never informed on these sessions. We believe there are no council sessions. So, we have no interest because we are ignored.'

Discussion

This study collected data on the political participation of people with and without disabilities in selected urban areas in three regions of Cameroon: The Central Region, the Far North Region and the South West Region.

Its findings show a majority of the adult population have the necessary documentation, are registered to vote and have voted before. Some, but fewer people are involved in political parties and local councils.

The estimated prevalence of disability in the sample (adults aged 20+ years) was 16.5%, which is consistent with results of other surveys using the Washington Group questions to measure disability, but slightly lower than the previous estimates in the studies in Cameroon (26). As expected, the prevalence of disability was slightly higher among women; it was also strongly associated with age.

In addition, there was regional variation in disability with significantly higher prevalence observed in Central and Far North regions compared to the South West.

Overall, women were less politically active than men according to all indicators measured in this study. Younger participants were more likely to have a birth certificate but less likely to be registered to vote; report voting before, be a member of a political party or attend council sessions. Participants from the North region were less likely to have a birth certificate or attend local council sessions but more likely to be registered to vote and report ever voting.

A frequent reason cited by individuals who were not active in political processes (not registered to vote, not a member of a political party, did not participate in local council sessions), was insufficient interest in politics. Overall, about half of the participants said that they read about, listened to or discussed politics with little or no difference by age or location. The main sources of information for those who followed politics were television, radio and friends.

A higher proportion of people with disabilities reported voting, discussing politics, belonging to a political party and attending local council sessions, compared to people without disabilities. However, these differences were largely attributable to age, since people with disabilities are older and older people are known to be more politically active. When the results were adjusted for age, sex, education and study location, statistically significant differences between people with and without disabilities were observed for several indicators only. People with disabilities were less likely to have a birth certificate and be registered to vote, but more likely to discuss politics, suggesting a mixed picture of political participation of people with disabilities in Cameroon.

Another interesting finding of the survey was that a very small proportion of people with disabilities were members of a DPO (4.5%). This was surprising given that the survey was conducted in major urban centers, where the majority of existing DPOs are located, and highlights the need for further research.

Conclusions

In this study a mixed picture of political participation in selected urban areas of Cameroon has emerged. Survey findings indicate much of the adult population participate in elections and other political processes.

Meaningful differences in observed levels of political participation between people with and without disabilities suggest that many people with disabilities are interested in politics and try to engage, at least to the same extent as people without disabilities. Where people with disabilities appear to be disadvantaged is the possession of the necessary documentation, specifically birth certificates and registration to vote.

The study also suggests that the group that have lower levels of political engagement is women. Whether this disengagement is voluntary due to other interests and commitments in women's lives or they face significant barriers to political participation, needs to be further explored. It is however essential that development programmes collect sex disaggregated data and carefully monitor political participation by women in their activities. It is important to note that the survey was conducted in purposefully selected urban areas of Cameroon and its results cannot be generalized to the country, as a whole.

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Appendices

Appendix Table 1: Central region

	Male				Female				Total			
	Region[1]		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
20-29	424,323	**41**	238	**43**	433,625	**42**	277	**43**	857,948	**41**	515	**43**
30-39	265,469	**26**	120	**22**	246,467	**24**	169	**26**	511,936	**25**	289	**24**
40-49	173,005	**17**	88	**16**	162,868	**16**	78	**12**	335,873	**16**	166	**14**
50-59	94,333	**9**	51	**9**	90,415	**9**	62	**10**	184,748	**9**	113	**9**
60-69	51,641	**5**	39	**7**	59,531	**6**	35	**5**	111,172	**5**	74	**6**
>70	31,665	**3**	12	**2**	49,143	**5**	24	**4**	80,808	**4**	36	**3**
Total	1,040,436	**50**	548	**46**	1,042,049	**50**	645	**54**	2,082,485	**100**	1,193	**100**

[1] Cameroon 2015 Census data

Appendix Table 2: Far North region

	Male				Female				Total			
	Region[1]		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
20-29	254,816	**34**	186	**48**	324,416	**38**	215	**38**	579,232	**36**	401	**42**
30-39	163,382	**22**	76	**20**	208,161	**25**	125	**22**	371,543	**23**	201	**21**
40-49	119,477	**16**	39	**10**	134,142	**16**	73	**13**	253,619	**16**	112	**12**
50-59	88,213	**12**	33	**9**	80,894	**10**	80	**14**	169,107	**11**	113	**12**
60-69	64,170	**9**	28	**7**	52,502	**6**	49	**9**	116,672	**7**	77	**8**
>70	54,853	**7**	25	**6**	47,935	**6**	27	**5**	102,788	**6**	53	**5**
Total	744,911	**47**	387	**41**	848,050	**53**	569	**59**	1,592,961	**100**	956	**100**

[1] Cameroon 2015 Census data

Appendix Table 3: South West region

	Male				Female				Total			
	Region[1]		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
20-29	152,663	**40**	255	**50**	164,406	**44**	350	52	317,069	**42**	605	**52**
30-39	102,392	**27**	124	**25**	94,378	**25**	147	22	196,770	**26**	271	**23**
40-49	57,635	**15**	53	**10**	53,762	**14**	78	12	111,397	**15**	131	**11**
50-59	34,002	**9**	30	**6**	31,141	**8**	47	7	65,143	**9**	77	**7**
60-69	21,272	**6**	28	**5**	18,501	**5**	29	4	39,773	**5**	57	**5**
>70	13,580	**4**	16	**3**	11,116	**3**	16	2	24,696	**3**	32	**3**
Total	381,544	**51**	506	**43**	373,304	**49**	667	**57**	754,848	**100**	1,173	**100**

[1] Cameroon 2015 Census data

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