

# Addressing The Challenges Faced by Stakeholders in Protecting the Rights of Women with Special Needs in Cameroon

<sup>1</sup>Tangwa Modestine Ginje

Email: tagwamodest@gmail.com

<sup>2</sup>Prof Irene Fokum Sama-lang

Email: finds\_1999@yahoo.com

**Abstract:** Over the past years, protection of the rights of the vulnerable such as women with special needs has been the concern of most international human rights treaties and institutions. In 2008, the UN adopted the Convention on the Rights of Persons with Disability; mandating state parties to take positive measures to ensure proper and effective protection of the rights of the PWSNs including women. Cameroon being a party to this treaty hided to the call of the UN put in place legal, institutional and policy measures for effective enforcement of the rights of these persons. Despite the measures taken by the state of Cameroon, it is found that women with special needs still experience violation of their rights due to the fact that the stakeholders charged with the responsibility to protect WWSNs are faced with various challenges which hinder effect enforcement and implementation of the laws.

**Key words:** Women with special needs, legislator, challenges, Protection, Rights.

## Introduction and Background

For every modern society to function properly, it is important that the needs of every citizen is taken into consideration. This encompasses the responsibility of the state to protect the rights of all, particularly the vulnerable without distinction. However, persons with special needs often experience numerous challenges hindering the full and effective enjoyment of their rights.<sup>3</sup> A special category of this group is ‘women with special needs (WWSNs)’ who appear to be the most vulnerable. Women with special needs exist in all parts of the world, in both developed and developing countries. According to the Convention on the Rights of Persons with Disabilities (CRPD),<sup>4</sup> persons with disability “...include those who have a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”<sup>5</sup> This is an inclusive definition of persons with disability, which takes into consideration the fact that disability is a result of both individual impairments, societal attitudes, social and environmental factors. In the context of this study, CRPD’s definition would be applied to women with special needs.

Women with special needs are human beings like all others who can direct their lives and actively participate in all societal activities and development.<sup>6</sup> Yet they remain marginalized, discriminated against, stigmatized and ostracized with abject poverty and sometimes at the mercy of others.

Studies reveal that women with special needs, on average and as a group, are more likely to experience adverse socio-economic conditions such as lower education levels, lower health outcomes, lower

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<sup>1</sup> Ph.D Fellow in Law, Department: English Law, Faculty of Law and Political Science, University of Buea PO Box 63, Buea, Cameroon.

<sup>2</sup> Associate Professor of Laws, Head of Department of Public Law and Public Administration, University of Buea

<sup>3</sup>Audrey C., “Human Rights protection for Vulnerable and Disadvantaged Groups: The contributions of the U.N Committee on Economic, Social and Cultural Rights”, *Human Rights Quarterly*, August 2011, P 683, accessed on the 1 January 2020.

<sup>4</sup>The 2006 United Nations Convention on the Rights of Person with Disability and Optional Protocol.

<sup>5</sup>CRPD 2006.

<sup>6</sup>*Ibid.*

employment and higher poverty than women without special needs<sup>7</sup>. WWSN's abilities, assets and rights are limited by disability, particularly where disability overlaps with class, sexual orientation, race, gender and education. As a result, they are more likely to have limited access to safe housing, food and health. Several Conventions have been adopted to protect the rights of WWSNs. Among these are ; the CRDP<sup>8</sup> and the Convention on the Elimination of all Forms of Discrimination Against Women(CEDAW). These conventions urges state parties to recognize that WWSNs are subject to multiple discrimination, and in this regard must take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

In response to the call of the UN, Cameroon ratified the CRPD and its Optional Protocols on the 1<sup>st</sup> of October 2008. As provided in the Cameroonian Constitution of 1996<sup>9</sup> as amended, the Disability Law No. 2010/002 of April 13, 2010; the Prime Ministerial Decree of July 26, 2018<sup>10</sup> and other legal provisions, the state provides health, welfare, education and support to people with disabilities or special needs in various categories in Cameroon, from low-income groups to minority groups. Vulnerable women, men, the elderly and children; People at risk for development or already with a disability.<sup>11</sup>

Cameroon being a signatory to many international human rights covenants has responded positively to the call of these conventions and thus taken legal, institutional and policy measures for the progressive realisation of the rights of persons with special needs particularly women who have been labelled the most vulnerable in most jurisdictions. However, despite taking positive measures in this regard, the state is limited by various challenges which hinder effective implementation and enforcement of laid down disability rights. Thus, this article examines the challenges faced by the Cameroonian legislator in enforcing the rights of women with special needs.

### **A. Challenges faced in advancing the rights of women with special needs in Cameroon.**

Promoting the rights of women with special needs in Cameroon is constrained by a number of challenges for officials responsible for effectively enforcing the rights of WWSN. Stakeholders responsible for protecting vulnerable people, especially women with special needs, often do not have the resources or financial expertise to meet their duties. Worse, most of these women suffer from stigma and a sense of inferiority that keep them from talking about their problems. making their condition difficult to resolve.

Some of the challenges faced by stakeholders in advancing the rights of these women include but not limited to; attitudinal barriers, environmental barriers and lack of awareness. The above mentioned challenges will be critically discussed below.

#### **I. Limits of Barrier-Free Environment**

Unfair conditions create barriers to the participation and inclusion of women with special needs.<sup>12</sup> Physical barriers in the natural or built environment impede access and affect participation opportunities.<sup>13</sup> Available communication systems block access to information, information and opportunities to participate. Lack of services or service delivery issues also limits the full participation of women with special needs.<sup>14</sup>

The extent to which WWSNs enjoy their right to education depends on the setting of the institution. In most rural areas particularly, schools are far from homes. An interviewee that the distance between secondary schools and residential buildings can reach 10-11 km<sup>15</sup>. The distance these women travel is a

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<sup>7</sup> Maxwell P. Opoku et al, "Lives of Persons with Disabilities in Cameroon after CRPD: Voices of persons with disabilities in Buea Municipality in Cameroon", *Int J Disabil Hum, Dev*,2016. P 4.

<sup>8</sup>The 2008 Convention on the Rights of Persons with Disabilities and Optional Protocol.

<sup>9</sup> Law No. 96-6 of 18 January 1996 to amend the Constitution of 2 June, 1972.

<sup>10</sup> This Decree lays down the procedures for implementing Law No. 2010/02 of April 13, 2010 on the protection of persons with disabilities and older persons.

<sup>11</sup>Shey P. F., "Education in Cameroon: Students' with Disabilities Perceptions on Inclusive Practices at the University of Buea, Cameroon", *Greener Journal of Education and Training Studies*, Vol. 4 (1), 2018, pp. 19-28.

<sup>12</sup> World Health Organization. (WHO). 2011. World report on disability. Geneva: WHO

<sup>13</sup> Wapling L & Dounie B, *Beyond Charity: a donor's funding in the era of the UN Convention on the Rights of Persons with Special Needs*. Boston: Disability Rights Fund, 2012. pp. 21–22.

<sup>14</sup>*Ibid.*

<sup>15</sup> Interview with Abe Norah, a Woman with visual impairment.

limiting factor in exercising their right to education.<sup>16</sup> A woman with special needs who dropped out of school had this to say:

I stooped schooling because it was difficult for me to walk over a long distance on crutches to go to school. The distance was too much for me so my parents and I decided I stay home and learn a trade.<sup>17</sup>

Access to public places and school buildings ensures the independence and freedom of movement for women with special needs.<sup>18</sup> This improves school and office performance and ultimately academic performance.<sup>19</sup> However, in Cameroon, most schools and civic buildings are generally inaccessible to people with special needs, particularly those who interfere with the independence and freedom of movement of people in wheelchairs and people with reduced mobility. As a result, WWSN's turn to rely on friends and family for access to administrative offices, libraries, dormitories and restaurants.<sup>20</sup> A student at the University of Bamenda lamented thus:

I often absent from lessons because I am unable to access classrooms. Sometimes I get help from classmates who carry my wheelchair upstairs so enable me attend lessons.<sup>21</sup>

Irrespective of various concerns raised on issues relating to women with special needs, observations reveal that most government and private building are still constructed without regards to persons with special needs. This is a very disturbing situation which goes a long way to hinder this category of vulnerable persons from enjoying their rights like other abled persons.

Although the social model of disability is rooted on the notion of a “barrier-free” environment; that is eliminating all barriers hindering the achievement of the rights of persons with special needs, observance and studies reveal this might be very difficult to achieve. Laying more emphasis on this concept runs the risk of overlooking the fact that persons with special needs including women are not a homogeneous group; and that “one-fit-all approach” may not always be appropriate.<sup>22</sup> Worthy of note is not only the fact that part of the environment will always remain inaccessible to some persons with special needs, but also is the fact that accommodations are sometimes incompatible because people with different impairments may require different solutions, and that practicality and resource constraints make it difficult to overcome every barrier.<sup>23</sup>

For instance, there are various forms of disability suffered by women. This diversity only means that some methods of eliminating barriers for women with certain types of impairments may themselves be barriers for women with other types of impairments.<sup>24</sup> For example, decreasing light in a work place to accommodate the needs of a person whose sight is affected by much brightness may be a barrier to another employee who requires more light to correct his sight problem affected by bright light. Therefore, even in the most accessible world, there will always be residual disadvantage attached to impairments.<sup>25</sup>

## II. Attitudinal Barriers

Attitude barriers leading to stigma and prejudice deprive women of integrity and empowerment and are among the greatest barriers to achieving equality of opportunity and social inclusion.<sup>26</sup> Negative attitude

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<sup>16</sup> Moyo, A & Manyatera, G. 2014. International and domestic perspectives on disability and education: Children with disabilities and the plight to education in rural Zimbabwe. *Midlands State University Law Review* 1(1): 103-136, World Health Organization. (WHO). 2011. *World report on disability*. Geneva: WHO.

<sup>17</sup> Interview with Kenkah Silvia, a woman with physical impairment.

<sup>18</sup> Cowen D., *op cit*, p 154.

<sup>19</sup> *Ibid.*

<sup>20</sup> *Ibid.*

<sup>21</sup> Interview with Ambe Wilta woman with physical impairment.

<sup>22</sup> Katsui, *Op cit*, P 10.

<sup>23</sup> Shakespeare, T., ‘Disability Rights and Wrongs’, *Sociology of Health and Illness*, Vol 31 issue 2, 2006, PP. 303–304.

<sup>24</sup> Shakespeare, *Op cit*, P. 305.

<sup>25</sup> Shakespeare, T. and Watson, N. (2001), ‘The Social Model of Disability: An Outdated Ideology?’, in S. N. Barnartt and B. M. Altman (Eds.), *Exploring Theories and Expanding Methodologies: Where We are and Where We need to go*. Research in Social Science and Disability, at p. 50.

<sup>26</sup> Wapling L & Dounie B, *Beyond Charity: a donor’s funding in the era of the UN Convention on the Rights of Persons with Special Needs*. Boston: Disability Rights Fund, 2012, pp. 21–22.

creates an unfavourable environment in all areas. They are often expressed as: discrimination; scared; outcast; Low expectations for people with disabilities<sup>27</sup>

In Cameroon, negative cultural attitudes obstruct the security of women with special needs. Disability is often regarded as a problem, and disabled women as weak and reliant. Such perceptions towards disability are viewed as “individualization” or “medicalization” of disability, the approaches which perceive disability as the problem of an individual.<sup>28</sup> It is very common to hear abled bodied persons call women with special needs derogatory names such as dull, weak, useless, or pitiable people. This was explained by an interviewee, who stated that;

I often hear abled persons in my neighbourhood laughing and murmuring bad things about you and also giving me and other women with special needs unpleasant names that demean us. It is quite a difficult situation to deal with.<sup>29</sup>

Most people consider disability as curses or punishments for sins committed by persons with disability or their relatives such as adultery or because of witchcraft.<sup>30</sup> Women with special needs are also often regarded as bringing “bad luck” in a family which further explains their social exclusion. Among significant sections of the society, there is an overlap between a cultural perception and medical conceptualization of disability.<sup>31</sup> These negative attitudes arise from societal stereotypes, folklore, and misconceptions viewing disability in the damaging social and religious models.<sup>32</sup> Thus, WWSN’s are affected not by their impairments, but rather by existing stereotypes and stigma.

This segregation and discrimination can result in WWSN’s “lack of pro-active behavior in expressing their opinions and claiming their rights”, leading to further exclusion. These perceptions significantly contribute to the exclusion and discrimination, which also undermines self-confidence of many women with special needs and their interaction with society; and especially where persons with disabilities general knowledge about their rights appears to be limited.<sup>33</sup> The detrimental impact of widespread stigma and discrimination against WWSN’S remains that they formalize this attitude and grow up accepting their exclusion and marginalization from society as a necessary consequence of their impairments.<sup>34</sup> This also is the consequence of long periods of ignoring and overlooking disability in human rights discourse.

As revealed by most studies in this domain, most parents and teachers do not understand the concept of inclusive education. Due to gender marginalization and low expectations of girls with special needs by parents and teachers, girls with special needs end up receiving less attention and are further marginalized in terms of resource allocation and prioritization.<sup>35</sup> In most Patriarchal societies, the girl child is perceived as a ‘second-class’ citizen whose place is in a man’s house as a wife, fulfilling recreational duties due to gender stereotypes. Thus the girl child grows up lacking in education and many other social aspects. This situation is detrimental for WWSN’s since society sees no benefit for educating an impaired girl child. Consequently, all the support mechanisms are withdrawn and directed towards able-bodied woman, and boys.<sup>36</sup> Growing up with no education only worsens the conditions of these women further limiting proper protection of their

<sup>27</sup> World Health Organization. (WHO). 2011. World report on disability. Geneva: WHO.

<sup>28</sup> Downing, A., ‘Power and Disability in the Global South: A Case Study of Ghana’s Disability Rights Movemen’t, MA Dissertation, University of Lund, 2011, at p. 27.

<sup>29</sup> Interview with Gloria fongwa

<sup>30</sup> Jere, V. , ‘The Right to Equality in the Workplace for Persons with Physical Disabilities in Malawi: Does the Convention on the Rights of Persons with Disabilities offer any Hope?’, in Du Plessis, I. G. and T. van Reenen (Eds.), *Aspects of disability law in Africa*, 2011 at p. 261 - 265.; Kisanji, J. ‘Attitudes and Beliefs about Disability in Tanzania’, <http://tenmet.org/Droop/content/attitudes-and-beliefs-about-disability-tanzania>, accessed: 15.01.2014; Monk, J. and Wee, J. ‘Factors Shaping Attitudes towards Physical Disability and Availability of Rehabilitative Support Systems for Disabled Persons in Rural Kenya’, *Asia Pacific Disability Rehabilitation Journal*, Vol. 19, No. 1, 2008, at p. 93 - 113; Kisanji, J. *Culture and Disability an Analysis of Inclusive Education Based on African Folklore*, Paper presented at the International Expert Meeting and Symposium on Local Concepts and Beliefs of Disability in Different Cultures, Bonn, 1998.

<sup>31</sup> Abdellah P, *Op cit*, p 260.

<sup>32</sup> *Ibid.*

<sup>33</sup> CEPD ‘Report on The Campaign Launch, on Improving Attitudes towards Persons with disability in Ghana’, <http://www.cepdghana.org/content/view/44/71/1/0/>, 2013, accessed on the 23<sup>rd</sup> of May 2021.

<sup>34</sup> Cowen D., *Op cit*, p 135.

<sup>35</sup> *Ibid.*

<sup>36</sup> *Ibid.*

rights. This is because rights are better protected and claimed if the rights claimant is fully aware and is able to pursue them at any cost. This resonates with findings of the critical feminist disability scholars that women with special needs are marginalized not only with respect to their disability, but to the gendered female self.<sup>37</sup>

The plight of women with special needs are exacerbated by norms, values and beliefs that reinforce gender inequalities and perpetuate women's secondary status in society. This adversely undermines their self-confidence and aspirations in all aspects of their lives such as education and social life.<sup>38</sup> Negative attitudes towards women with special needs create a disabling environment which adversely affects their self-esteem and social integration in society.

### III. Lack of awareness and abuse

Although awareness of disability issues is increasing, the rate is not quick enough. Disability rights campaigns are hampered by a lack of awareness among women with special needs; because their integration into society would be even more challenging if discriminatory attitudes toward them are not questioned and eradicated.<sup>39</sup> Where stereotypes and myths are prevalent, either in the society generally or at school or workplaces, they become significant obstacles to eliminating discrimination against women with special needs.<sup>40</sup>

Women with special needs and their families are often unaware of the services available, have the right to franchise, or are unable or unwilling to express their needs. A study of family care for children with intellectual disabilities in Pakistan highlighted the stigma of society and the lack of knowledge about effective interventions that cause stress in caregivers.<sup>41</sup> A Belgian study of family members caring for people with dementia found that lack of awareness of services is a major barrier to their use.<sup>42</sup>

Women with special needs can be empowered by disability groups, community rehabilitation groups, self-defense groups or other organized networks to recognize their needs and advocate for better services.<sup>43</sup> Most countries that provide support services have strong organizations of people with special needs and their families who lobby governments to reform service delivery policies and increase or at least protect resources. In the UK, support from disability groups has a huge impact on people with special needs who have joined the direct payment system.<sup>44</sup>

### B. Conclusion

This work focused on the challenges faced by the legislator in protecting the rights of women with special needs in Cameroon. WWSNs are considered the most vulnerable group and it is necessary to protect them. To ensure that their rights are not under looked, several international treaties have been adopted. A transplant of these treaties is reflected in the Cameroonian legal system. However, the Cameroonian legislator faces several challenges in protecting these rights; abuse of the law and lack of awareness among others stand as limitation to the progressive realisation of the rights of WWSNs.

In order to achieve true equalization of opportunities and inclusion of women with special needs into the society, new legislation and policies would inevitably take some time. To what extent these promotions will improve the situation of women with special needs will be determined by political will, as well as maybe some additional legal reforms to give current disability and human rights organizations more voice.

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<sup>37</sup>Meekosha & Grech Disability, poverty and development: Critical reflections on the majority world debate, *Disability and Society* 24(6), 2009, pp. 667–682.

<sup>38</sup> World Health Organization. (WHO). 2011. World report on disability. Geneva: WHO.

<sup>39</sup>*Ibid.*

<sup>40</sup> Aldersey, H. 'Disability and Work: The United Republic of Tanzania's Workplace Policies in The Persons with Disabilities Act of 2010', 2012, *Disability Studies Quarterly*, Vol. 32, No. 3, <http://dsqds.org/Article/view/3279/3111>, accessed on the 13 of March 2021., citing Edwards, D. et al.. (2010) and Percy, S. L. (2001).

<sup>41</sup>[https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf), accessed on the 23<sup>rd</sup> of March 2021.

<sup>42</sup> Roelands M, Van Oost P, Depoorter AM. Service use in family caregivers of persons with dementia in Belgium: psychological and social factors. *Health & Social Care in the Community*, 2008, pp. 42-53.

<sup>43</sup> Charlton J. Nothing about us without us: disability oppression and empowerment. Berkeley and Los Angeles, University of California Press, 2000.

<sup>44</sup> Riddell S *et al.* The development of direct payments: implications for social justice. *Social Policy and Society*, 2005, 4:75-85.

### C. Recommendations

#### Recommendation for policy

It is recommended that all disability laws, CRPD, and constitution be reviewed annually. This requires a frequent analysis of the Disability Law 2010; the Prime Ministerial Decree of 2018<sup>45</sup> and other laws which should include relevant provisions on the rights of women with special needs, most importantly, a human-rights-based approach to disability. Likewise, established disability laws must protect the economic, social and political rights and freedoms of WWSNs, such as education, health care needs and services, information and social participation opportunities, and protection from abuse.

The government should put in place a committee whose duty is to ensure that all buildings within the territory are constructed considering the needs of women with special needs; particularly those with visual impairment and those on the wheel chair. Local governments should be required not to grant certificates of competence to public structures, such as shops and beer halls, schools that lack ramps and guiding rails to allow visually impaired and wheelchair users easy access

#### Recommendation for Practice

There is the need to raise awareness on disability rights throughout the nation. In addition, it is important to educate the entire community, including schools, churches, and traditional leaders to see women with special needs as human beings whose rights must be protected and respected. These efforts can aid in improving society's acceptance of WWSN's as equal human beings whose dignity is also of importance.

It is also important for all stakeholders both public and private working on disability issues to be able to expand their efforts throughout the country. WWSN's must be active in this as well.

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