



**MANAGING DISABILITIES IN DISADVANTAGED  
CHILDREN FROM POOR FAMILIES IN THE WEST  
REGION  
CAMEROON**

**A REPORT ON THE PREVALENCE OF DISABILITIES  
IN CHILDREN IN THE WEST REGION**

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**By**

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**Mission**

*Prevention of disabilities in children, treatment of those affected, vocational training, placement and follow-up in view  
of socio-economic integration.*

## **INTRODUCTION**

Whilst working as a therapist in SAJOCAM, a rehabilitation centre in the North West Region of Cameroon, I noted that more of our beneficiaries came from the West Region than other regions. Studies needed to be conducted in other regions to establish this disparity. These children presented abnormal deformations that were challenging to us as therapists. What struck us most was that many families had more than one child living with disabilities.

The numbers of disabled children in the West Province that outnumbered those from other regions, prompted us to make a preliminary survey of disabilities in children in the west region. With our limited resources, we were able to do the survey in March 2004 in only two villages and found 800 children with severe disabilities. The results did not paint a true picture of the gravity of the problem because they did not cover the entire region. Despite the inaccuracy of the results obtained in 2004, we were so shocked that we formed the Global Rehabilitation Services (GLORES) association with the major aim of making our modest contribution in assisting these unfortunate children to reach self-reliance.

GLORES association owes Mike Thomas, Chairman of FIOH International, a glowing tribute for his encouragement and financial support to conduct a detailed investigation that covers the entire West Region in order to get a precise picture of the situation of disabilities in children.

Statistical information about the situation of disabled children in the West Region of Cameroon was sought from the following organizations: The Ministry of Social Affairs, Department of Statistics had the results of a survey done in June 1987 that showed that Cameroon houses approximately 85,000 disabled persons. The Delegation of Public health for the West Region, Bafoussam, Cameroon did not have statistical information about persons with disabilities. The Delegation of Social Affairs for the West Region of Cameroon came up with an old figure of 10,000 disabled persons

from statistical report carried out in the year May, 2000. The Bafoussam diocesan Catholic Health Services, division of rehabilitation of disabled persons, conducted a survey in February, 1999 through the count of disabled persons needing assistance and came up with the figure of 8000 persons with disabilities. We did not find World Health Organisation statistics that were specific to the West Region of Cameroon.

Information found when the above organizations were contacted vaguely indicated the general situation of disabled persons both in Cameroon and more specifically about the West Region. The information was general and not focused on children. That is why we decided to conduct a detailed survey in April 2010 focusing on disabled children between the ages of 1 day to 18 years because our project targets disabled children in the West Region of Cameroon. This was carried out with the aid of a grant from the Future in Our Hands Education and Development Fund (UK).

We were taken aback that the figure of disabled children found was 5% above the general count of 10,000 persons (children and adults) living with disabilities in the West Region. This indicated that if we had included the entire population of disabled persons in the West Region, the figure might have been about double that obtained from the above organizations.

## **APPROACH**

### **TARGET POPULATION**

Because GLORES project is focused on disabilities among children, the investigation targeted children from one day to eighteen years of age.

### **THE SOCIO-ECONOMIC SITUATION OF THE WEST REGION**

- a) The West Region of Cameroon has a population of 1 720 047 persons out of the 19406100 inhabitant as indicated by the population census results published in April 4, 2010.
- b) Of the population 75% are Christian, 10% Moslem and 15% animist. Despite the large number of Christians, the animists dominate socio-cultural activities. The belief in witchcraft, polygamy and the belief in life after death are important.
- c) The area of the region is 13 700 sq km with gravelled and metalled roads connecting the 7 administrative divisions. Roads leading to villages are footpaths and are difficult to negotiate during the rainy season. For disabled persons, moving from place to place is a nightmare.
- d) The main source of income is food crop agriculture for home consumption.

About 80% of the population engages in agriculture, 15% do trading while, 5% do handicraft.

### **TOOLS**

The following tools were used to carry out the investigation:

1. Fliers distributed detailing the aim of the investigation.
2. Questionnaires with questions to help us find out the following information: age, sex, family size, number of disabled children in each family, economic situation of the affected families, religion, nutrition, healthcare situation, cause of the disability, civic status of the affected families, education of parents and affected children, parents perception of disability, employment status of the parents, economic activities, marriage, customs etc.
3. Community radio stations
4. Traditional chieftaincies.
5. Local churches.
6. Village social groups.

7. Local news papers.

#### **PROCEDURES.**

A group of five investigators were hired and sent to the eight divisions that make up the West region and led by a professional physiotherapist. They were armed with questionnaires and also conducted interviews with those parents who were illiterate. Before each village was visited, churches, traditional chieftaincies, youth groups, women and men groups were informed about the scope of the investigation. Fliers distributed and local community radio stations helped informed to inform the villages.

The information was so disseminated that many affected families responded positively by attending the meetings in most villages. Group meetings of affected families were conducted from village to village. The investigation took three months to cover the entire West Region. It also took one month to analyse the collected data plus two weeks to compile the results.

#### **DIFFICULTIES ENCOUNTERED**

Despite the success of the investigation, many problems were encountered.

1. Belief that disability cannot be managed.
2. Societal belief that disability is a curse on the family.
3. Belief that the disabled are witches and responsible for their fate and should be left alone.
4. The belief that disabled persons are unproductive and useless to the families.
5. Affected families being ashamed of having disabled children.
6. Many families expected financial assistance instead of investigations.
7. Some disabled people, after years of assistance, had become comfortable to be helped instead of helping themselves.

These difficulties affected the attendance at meetings, unwillingness to answer questionnaires and be interviewed. These difficulties also lengthened the expected time foreseen to complete the investigations from one month to four and a half months thus increasing the cost of the work. Notwithstanding the difficulties encountered during the survey, it was largely successful and the following results were obtained:

## DISABILITIES BY ADMINISTRATIVE DIVISION OF THE WEST REGION

### 1. NOUN DIVISION.

Why has arthritis been included in the survey (applies more to old people surely)?

Order	Type of disability	Sex		Age range	Number of children
		Males	Females		
1	Valgus / Varus deformity	290	122	3 years – 14 years	412
2	Congenital deformity	210	190	2 days – 10 years	400
3	Trauma complications	200	110	10 years – 18 years	310
4	Rickets	180	120	2 years – 5 years	300
5	Cerebral palsy	120	91	1 day –17years	211
6	Plexus brachial injury	190	11	1 day – 4 years	201
7	Arthritis	100	100	20 years - years	200
8	Club feet	100	90	1 days – 4 years	190
9	Infantile hemiplegy	50	59	1 day – 4 years	109
10	Paraplegy	20	60	1 year – 5 years	80
11	Developmental delays	9	70	2 years – 4 years	79
12	Contractures	35	36	1 day – 10 years	71
13	Sciatic injury	61	9	20 years- 18 years	70
14	Hemiplegy	20	49	2 years – 16years	69
15	Coxarthrosis	66	2	18 years –18years	68
16	Visual problems	9	56	1 year – 10 year	65
17	Amputees	60	2	11 year –17years	62
18	Down syndrome	30	30	1 year – 6 years	60
19	Torticolis	13	45	1 days – 5 years	58
20	Hydrocephalus	19	13	2 years – 4 years	32
21	Poliomyelitis	1	2	3 years – 10 years	3
	<b>Total</b>	<b>1783</b>	<b>1267</b>	<b>1 day –18 years</b>	<b>3050</b>

## 2. MIFI DIVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Valgus / Varus deformity	250	100	3 years- 6 years	350
2	Congenital deformity	100	212	1 days –18 years	312
3	Trauma complications	200	50	3 years – 17 years	250
4	Rickets	90	100	2 years – 5 years	190
5	Cerebral palsy	70	70	2 day – 15 years	140
6	Plexus brachial injury	100	25	1 day – 4 years	125
7	Arthritis	90	8	20 years - years	98
8	Club feet	48	41	1 days – 4 years	89
9	Infantile hemiplegics	30	55	2 day – 4 years	85
10	Paraplegics	41	40	1 year – 5 years	81
11	Developmental delays	13	65	2 years – 4 years	78
12	Contractures	35	35	1 day – 10 years	70
13	Sciatic injury	60	7	10 years- 18 years	67
14	Hemiplegics	20	40	3 years – 19 years	60
15	Poliomyelitis	5	0	11 years – 15 years	5
16	Torticolis	0	2	1 day – 5 years	2
	<b>Total</b>	<b>1152</b>	<b>850</b>	<b>1 day – 18 years</b>	<b>2002</b>

## 3. MENOVA DIVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Valgus / Varus deformity	51	150	3 years- 14 years	201
2	Congenital deformity	160	40	1 days – 10 years	200
3	Trauma complications	100	90	10 years – 10 years	190
4	Rickets	70	100	2 years – 5 years	170
5	Cerebral palsy	75	75	1 day – 14 years	150
6	Plexus brachial injury	30	70	1 day – 4 years	100
7	Arthritis	30	60	2 years - 14 years	90
8	Club feet	40	40	1 day – 4 years	80
9	Infantile hemiplegia	20	50	1 day – 4 years	70
10	Paraplegia	3	20	1 year – 5 years	23
11	Developmental delays	10	10	2 years – 4 years	20
12	Contractures	8	10	1 day – 10 years	18
13	Sciatic injury	12	0	2 years - 17 years	12
14	Hemiplegia	5	5	2 years – 15 years	10
15	Poliomyelitis	7	2	11 years – 15 years	9
16	Meningitis complications	4	4	1 year – 10 year	8
	<b>Total</b>	<b>625</b>	<b>726</b>	<b>1 day – 17 years</b>	<b>1351</b>

#### 4. KOUNG-KHI DIDVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Valgus / Varus deformity	95	95	2 years – 14 years	190
2	Congenital deformity	82	100	1 days – 10 years	182
3	Rickets	65	85	2 years – 5 years	150
4	Cerebral palsy	49	100	1 day – 18 years	149
5	Plexus brachial injury	100	10	1 day – 4 years	110
6	Arthritis	80	13	20 years - years	93
7	Club feet	36	51	1 days – 4 years	87
8	Infantile hemiplegy	40	40	1 day – 4 years	80
9	Paraplegia	20	50	1 year – 5 years	70
10	Developmental delays	8	55	2 years – 4 years	63
11	Contractures	6	6	1 day – 10 years	12
12	Malnutrition complication	7	3	3 years – 10 years	10
13	Poliomyelitis	0	4	1 year – 10 year	4
	<b>Total</b>	<b>588</b>	<b>612</b>	<b>1 day –18 years</b>	<b>1200</b>

#### 5. HAUT NKAM DIVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Congenital deformities	30	100	3 years – 14 years	130
2	Varus/Valgus deformities	62	50	1 day – 10 years	112
3	Rickets	30	70	2 years – 5 years	100
4	Cerebral palsy	44	53	1 day – 20 years	97
5	Plexus brachial injury	70	24	2 day – 4 years	94
6	Arthritis	80	10	11 years -19 years	90
7	Club feet	27	60	1 days – 4 years	87
8	Infantile hemiplegy	40	40	1 day – 4 years	80
9	Paraplegia	30	48	1 year – 5 years	78
10	Developmental delays	13	60	2 years – 4 years	73
11	Contractures	38	28	2 day – 10 years	66
12	Poliomyelitis	2	2	1 year – 10 year	4
13	Down syndrome	0	2	1 year – 6 years	2
	<b>Total</b>	<b>466</b>	<b>547</b>	<b>1 day – 18 years</b>	<b>1013</b>

#### 6. BAMBOUTOS DIVISION



Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Congenital deformities	85	16	3 years – 14 years	101
2	Varus/Valgus deformities	51	47	1 days – 10 years	98
3	Trauma complications	75	20	10 years – 17 years	95
4	Rickets	45	46	2 years – 5 years	91
5	Cerebral palsy	65	24	1 day – 18 years	89
6	Plexus brachial injury	59	28	1 day – 4 years	87
7	Developmental delays	46	39	1 year - 5 years	85
8	Club feet	38	38	1 days – 4 years	76
9	Infantile hemiplegy	40	35	1day – 4 years	75
10	Paraplegia	15	10	1 year – 5 years	25
11	Polio complications	7	0	2 years – 4 years	7
12	Contractures	6	0	1 day – 10 years	6
14	Hemiplegy	3	2	3 years – 10 years	5
16	Visual problems	4	1	1 year – 10 year	5
17	Amputees	3	0	11 year – 16 years	3
18	Down syndrome	0	2	1 year – 6 years	2
19	Hydrocephalus	1	0	2 years – 4 years	1
	<b>Total</b>	<b>543</b>	<b>308</b>	<b>1 day – 18 years</b>	<b>851</b>

#### 7. HAUT PLATEAU DIVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Valgus / Varus deformity	75	37	2 years – 9 years	112
2	Congenital deformity	40	54	3 days – 10 years	94
3	Trauma complications	54	34	10 years – 17 years	88
4	Rickets	39	40	2 years – 5 years	79
5	Cerebral palsy	39	39	1 day – 17 years	78
6	Plexus brachial injury	30	30	1 day – 4 years	60
7	Arthritis	15	5	10 years - 13 years	20
8	Club feet	6	4	1 days – 4 years	10
9	Infantile hemiplegy	1	8	2 day – 4 years	9
10	Paraplegia	3	5	1 year – 5 years	8
11	Developmental delays	4	4	2 years – 4 years	8
12	Poliomyelitis	2	0	3 years – 14 years	2
14	Hemiplegy	0	1	3 years – 17 years	1
	<b>Total</b>	<b>308</b>	<b>261</b>	<b>1 day – 17 years</b>	<b>569</b>

## 8. NDE DIVISION

Order	Type of disability	Sex		Age range	Number of children
		Male	Female		
1	Valgus / Varus deformity	31	40	1 year – 7 year	71
2	Congenital deformity	35	35	1 days – 10 years	70
3	Cerebral palsy	40	20	9 years – 17 years	60
4	Rickets	21	30	2 years – 5 years	51
6	Plexus brachial injury	30	20	3 day – 4 years	50
7	Arthritis	35	5	9 years - 18 years	40
8	Club feet	19	19	1 days – 4 years	38
9	Infantile hemiplegy	16	14	1 day – 4 years	30
10	Paraplegia	5	15	1 year – 5 years	20
11	Developmental delays	3	7	2 years – 4 years	10
12	Contractures	5	0	1 day – 10 years	5
13	Sciatic injury	3	1	10 years- 15 years	4
14	Hemiplegy	2	1	3 years – 15 years	3
16	Poliomyelitis	1	2	1 year – 10 year	3
17	Amputees	2	0	11 year – 15 years	2
	<b>Total</b>	<b>248</b>	<b>209</b>	<b>1 day – 18 years</b>	<b>457</b>

## SUMMARY

### DISABILITIES AMONG CHILDREN IN THE WEST REGION OF CAMEROON

Order	Administrative division	Sex		Number of children	Number of children
		Male	Female		
1	Noun	1783	1267	1 day – 18 years	3050
2	Mifi	1152	850	1 day – 18 years	2002
3	Menoua	625	726	1 day – 17 years	1351
4	Koung-Khi	588	612	1 day – 18 years	1200
5	Haut Nkam	466	547	1 day – 18 years	1013
6	Bamboutos	543	308	1 day – 18 years	851
7	Haut Plateau	308	261	1 day – 17 years	569
8	Nde	248	209	1 day – 18 years	457
	<b>Total</b>	<b>5713</b>	<b>4780</b>	<b>1 day – 18 years</b>	<b>10493</b>

## **COMENTARY**

Statistics show that there are 10,493 disabled children out of the population of 1,720,047 in the West region of Cameroon. This is 0.6% of the entire population of the region.

The survey conducted in all the eight divisions making up the West Region of Cameroon indicated that 75% of disabled children come from extremely poor families and most of them come from villages. These families depend on subsistent farming from which they get food, money for health care, school fees and other needs. About 75.5% of disabled children did not go to school, were malnourished and could not afford health care services. Prenatal care was not available to a significant number of families and some of the children were delivered at home under unhygienic conditions. Most (Is this correct?) of the disabled children found were hidden at home for fear that concerned families would be seen as having disabled children whom most villagers consider as witches and responsible for their fate. The absence of healthcare services for these children leads to pre-natal/post-natal deformations and premature deaths.

### **PROBABLE CAUSES OF DISABILITIES**

From the responses to the questionnaires and interviews during the survey, we would attempt to suggest that the following may be the causes of disabilities among children in the West Region of Cameroon:

1. Malnutrition (rickets) (Is not lack of sunlight also an issue - vitamin D?)
2. Lack of health care services
3. Absence of pre-natal and post-natal care
4. Lack of education
5. Ignorance about disability.
6. Societal belief about disabled persons.
7. Use of such chemical as medications and other pollutants.(Which exactly?)
8. Hereditary
9. Epidemics (Poliomyelitis and meningitis, tuberculosis etc.)
10. HIV (Is this a cause or does it aggravate the condition?)

In short, disability is significant among children in the West Region of Cameroon and is often associated with extreme poverty, ignorance and superstition.

The prevalence of such disabilities among children in the West Region as the prevalence of the valgus/varus deformities, congenital deformities, and cerebral palsy remains a subject for further investigations. During the investigations we were satisfied that poliomyelitis has greatly reduced among children due to the tireless effort of the Cameroon government to provide polio vaccinations to children right to remote villages. Poliomyelitis complications are found mostly among adults.

Disabilities in the West Region of Cameroon, as indicated by the statistics, are most common in male children with the difference of 16.3% as compared to female children. A significant number of disabled children did not go to school and did not have access to health care.

### **HOW AFFECTED FAMILIES COPE WITH DISABLE CHILDREN**

1. Families that believe in societal myths simply abandon these children on their own and hide them at home, ashamed of being seen as possessing disabled children or housing witches.

2. About 10% of families abandon disabled children by the riverside with the complicity of witch doctors believing that they will transform in to snakes and disappear into the river (How do you know this?). Investigation conducted by GLORES has shown that the idea of leaving these disabled children by the river is another form of euthanasia. It is a cunning device to throw disabled children into rivers with the belief that they are witches.

3. Those disabled persons who have some mobility are abandoned in the street, become homeless and go pan-handling on streets or feed from garbage cans.

4. Quite a few of them (less than 1%) manage to learn shoe mending, do petty trading and truck pushing to earn a living.

5. Less than 0.5 % of families, mostly educated and well-to-do families, send their disabled children to school or to the only two rehabilitation centres in Yaounde and Bafut

in the North West Region. Only 10% of disabled children who are not mentally retarded are sent to school in the West Region.

## **RECOMMENDATIONS**

1. Further investigations still need to be conducted to show the exact number and the situation of disabled children in the entire Cameroon.
2. Rehabilitation centres need to be constructed in each region of Cameroon to cater for the needs of disabled children and to avoid the influx of children from other regions to GLORES.
3. Considering the number and conditions of disabled children in the West Region, the only (Are you sure this is correct?) rehabilitation centre, GLORES, needs to be developed to serve more disabled children desperately in need of assistance.
4. Health services need to be available to both disabled children and the parents.
5. Special education that is none existent in Cameroon needs to be introduced.
6. Vaccinations against factors responsible for disabilities in children have to be intensified (Be more specific).
7. Public education has to be intensified to dispel negative societal perception of disabled persons.
8. Formation of peer-support groups for the disabled and their parents.
9. Community-based rehabilitation has to be encouraged.
10. Vocational training needs to be available to disabled persons.
11. Advocacy has to be intensified for disabled children.
12. Prevention of disability in children has to be the key word to avoid expensive rehabilitation processes.
13. Environmental control should be encouraged as it has been spotted as one of the causes of disabilities in children (Be more specific).

## **APPENDIX**

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**QUESTIONNAIRE**

**SECTION ONE**

(To be completed by the parents)

1. Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ date \_\_\_\_\_
2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Address \_\_\_\_\_
4. Telephone No. (If available) \_\_\_\_\_
5. Did parents go to school? Yes No (If No, why?  
\_\_\_\_\_  
\_\_\_\_\_
5. i) Marital status of parents: Married Single Free union. ii) Marital regime: Monogamy Polygamy
6. Parents employment status: Employed Unemployed Farmer Trader
7. Are the parents disabled? Yes No
7. Number of children: \_\_\_\_\_ Number of disabled children \_\_\_\_\_
8. Did the mother have prenatal follow-up? Yes No
9. How many months did the mother carry the pregnancy? \_\_\_\_\_
10. Was the mother ill while pregnant? Yes No. (If so of what disease? \_\_\_\_\_)
11. Did the expectant mother eat properly? Yes No
12. Do you have access to health care? Yes No.
13. Where was the child born? Hospital At home. (If at home why \_\_\_\_\_)
14. Did the child have post natal care? Yes No. (If No why \_\_\_\_\_)
15. Was the child vaccinated against major epidemics? Yes No. (If No why \_\_\_\_\_)
16. What disability(ies) do you think the child/children has/have? \_\_\_\_\_
17. Why do you think the child is disabled? \_\_\_\_\_

- \_\_\_\_\_ )
18. Did you consult a Doctor? Yes No. (If No why? \_\_\_\_\_ )
19. Why do you think your child/children is/are disabled? \_\_\_\_\_
20. What do you think about disability? \_\_\_\_\_
21. Can disability be treated? \_\_\_\_\_
22. Does your disabled child go to school? Yes No. (If No, why? \_\_\_\_\_ )
23. Would you like to send your disabled child to school? Yes No (If No, why? \_\_\_\_\_ )
24. Would you like to send your disabled child for treatment/rehabilitation? Yes No. (If No, why? \_\_\_\_\_ )
- Name and signature of person completing the questionnaire \_\_\_\_\_ Date \_\_\_\_\_

**SECTION TWO**

(To be completed by a Medical Doctor or Physiotherapist)

1. Village \_\_\_\_\_ Region \_\_\_\_\_ Date \_\_\_\_\_
2. Disability of the child \_\_\_\_\_
3. Probable cause of disability \_\_\_\_\_

**OBSERVATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and signature of therapist \_\_\_\_\_ Date \_\_\_\_\_



# MAP OF CAMEROON SHOWING THE TEN REGIONS



**MAP OF THE WEST REGION SHOWING THE EIGHT ADMINISTRATIVE DIVISIONS**

