

Determinants of Participation of Young Farmers with and without Disability in Capacity-building Programs Designed for the Public in Uganda

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Abstract

Participation of young farmers with disabilities in agricultural capacity-building programs in their communities is important as poverty reduction strategy in people with disabilities in Uganda. This research study comparatively examined participation of young farmers with and without disabilities in capacity-building programs designed for the public in Northern and Eastern Uganda. The study employed a comparative, mixed methodology, cross-sectional research designs involving 774 young farmers composed of 388 with disabilities and 386 who had no disabilities. The sample selection strategies involved the use of a stratified, and random sampling techniques. This research utilized an interviewer-administered paper survey in collecting data. Descriptive statistics and regression analyses were used in analysing quantitative data. The findings indicate that young farmers with a disability and being contacted face-to-face were less likely to participate in community capacity-building programs. In contrast, Northern Uganda, those contacted in a group setting, application of sign language interpretation, being female, and having supportive training staff increased the chances of their participation in community capacity-building programs.

KEY WORDS: Agriculture, capacity-building programs, disability, participation, youth with and without disability.

Introduction

Participation refers to the process of attendance and active involvement of people in situations and decisions that affect themselves and their community (Checkoway & Gutierrez, 2008). In this study, participation refers to shared influence and the responsibility of participants to become actively involved in program activities such as decision making and feeling of belonging to those programs and communities (Head, 2008; Wagner III, 1994). Thus, participation entails informing, consultation, involvement, collaboration, and empowerment of the target participants so as to build their capacity for improved well-being (Wagner III, 1994).

In addition, participation takes three dimensions: as contribution, as organization, and as empowerment. Participation as contribution refers to participation of community members through labor, cash, and land, among others. Participation as organization refers to creation of appropriate structures to facilitate participation by targeted people. While participation as empowering refers to involving marginalized and underserved groups and communities to develop power and influence to make decisions and have control over programs meant to benefit them (World Health Organization, 1991). Critical, therefore, to the definition of participation is that it targets vulnerable, underserved, and excluded people to build their capacity to make decisions and have control over all programs intended to benefit them.

Participation takes a number of forms including: informing people with balanced and objective information, consulting people and providing feedback, involving and working directly with communities, collaborating and partnering with groups or communities in decision making, and empowering and ensuring that the participants retain control over decisions that affect them (World Health Organization, 2008). It is, therefore, important create spaces that enable and encourage participation by vulnerable and excluded groups such as people with disabilities.

However, a critical gap exists in factors that influence participation by people with disabilities in capacity-building programs in communities.

Topology of Participation

Participation involves eight levels: 1) manipulation, 2) therapy, 3) informing, 4) consultation, 5) placation, 6) partnership, 7) delegated power, and 8) citizen control (Sherry, 1969). While the presence of eight levels seems oversimplified, they help to illustrate something that is often omitted by development programmers to the disadvantage of targeted program participants (Sherry, 1969).

Unfortunately, community power holders tend to disadvantage poorly resourced people. Most often, development practitioners misconstrue manipulation as if people have been involved in planning, yet the resource-poor have not been engaged/have not participated in either planning or decision-making (Sherry, 1969). Information and consultation allow the targeted poor to hear and to have a voice in program planning and decision-making. Participation by vulnerable and excluded groups from capacity-building programs in communities tends to be facilitated by less stratified communities, a supportive environment, and conducive policy framework (Anaby, Hand, Bradley, DiRezze, Forhan, DiGiacomo, Law, 2013; World Health Organization, 1991).

As with all people, when people with disabilities participate in capacity-building program activities, they develop skills, competencies, and social networks (Deutsche Gesellschaft für Technische Zusammenarbeit [GTZ] 2005; World Health Organization, 2008). In addition, people with disabilities achieve mental and physical health, and develop a feeling of belonging to the community, and meaning and purpose in life. Meaningful, active, and rewarding community participation is the main goal of capacity-building programs. Participation is important to the well-being of people with disabilities (World Health Organization, 2008). People with

disabilities are not meaningfully included in community development activities due to the demands required to be effective in making fundamental changes in organizational policies, and capacity building of personnel, among others. In 2005, a report of a meeting between USAID, the National Union of Persons with Disabilities in Uganda (NUDIPU), the Kampala Disabled Persons Business Association, and Action on Disability and Development (ADD) showed that organizations for the disabled had difficulty accessing funding because their program interests did not align with the donor community's priorities (Albert, Dube, & Riis-Hansen, 2005).

In the above scenario, these organizations were not funded because the funding interests of USAID were perceived to be different from those of people with disabilities. The question is this: how many other organizations for people with disabilities in the world may have and may be continuing to experience such funding dilemmas? Failure to obtain funding or support constrains people with disabilities from pursuing their interests and needs. Capacity building for the disabled requires hands-on learning and observation of innovative agricultural practices in the case of farmers/farm workers. Access to these resources can promote skill development in problem solving through participatory learning and group activities designed to empower farmers as well as to promote social cohesion through increased cooperation (Phillips et al., 2014).

A few organizations are involved in and have championed research and capacity building for people with disabilities and their support organizations in developing countries. The best example, so far, is the United Kingdom's Department for International Development (DFID) as the first agency to issue a paper on the status of people with disabilities, and the United States Agency for International Development (USAID), which has continuously mainstreamed disability issues in programs and organizations and supported those agencies. Such mainstream

activities that address the plight of people with disabilities include opportunities to support more-focused activities, direct support of organizations for the disabled, and support of all initiatives aimed at building capacity people with disabilities. The reason for this support is that people with disabilities lack human development and capacity building opportunities, such as educational and vocational training opportunities (DFID, 2000; Siddiqua et al., 2012). People with disabilities must be involved in all aspects of capacity-building programs such as planning, advocacy of training programs, and delivery of the capacity-building programs at individual, group and systemic levels. Lewis (2010) added that capacity-building programs could elicit successful outcomes when people with disabilities constitute part of the consultative and delivery process as agents for socioeconomic change.

In developed countries, however, policy makers promote and subsidize adaptive capacity-building courses for people with disabilities to cover their educational deficits and skill inadequacies (Pagan-Rodriguez, 2015). Disability is both a cause and a consequence of poverty and eliminating world poverty is unlikely unless the rights and needs of people with disabilities are considered in development programs (Yeo, 2005).

In practice, community development programs are meant to address equity criteria by targeting people with disabilities among others. Unfortunately, however, community programs tend to prioritize effectiveness criteria to maximize the impact of the program as opposed to equity criteria, which is all-inclusive. The effectiveness criteria mostly address participation of more resourced, educated and socially networked individuals. Most programs, however, tend to adequately meet effectiveness criteria as opposed to equity inclusion. This stems from either conflicting target criteria or participant-selection mechanisms that favor the elite or capture the need for a minimum level of social and economic capital (Vornholt et al., 2013). The poor tend

to benefit more when they participate directly in programs than when those programs are only knowledge-based (Phillips et al., 2014).

Capacity building for people with disabilities in relevant areas also serves to increase their knowledge and skills through informal learning, learning by doing, and lifelong learning while building the capacity of organizations supporting people with disabilities (Wolbring et al., 2013). A study carried out in Zimbabwe pointed to the exclusion of people with disabilities from access to community entrepreneurial programs, despite the fact that those with disabilities were aware of the program's existence in the community (Mpfu & Shumba, 2013). People with disabilities have lower expectations because they are more disadvantaged in the labor market (Pan-Rodriguez, 2015). The presence of a disability has been found to contribute to lower job satisfaction. Sometimes further participation by people with disabilities capacity-building programs does not translate into increased rewards because of the already existing stigma employers and other workers portray against people with disabilities

Even when people with disabilities supposedly participate in capacity building through community development programs, their attendance or non-attendance, or dropout rate is influenced by factors such as accessibility and relevance of the program to their needs (Phillips et al., 2014; Vornholt et al., 2013). Ineffective program implementation or economic constraints, and perceived returns and opportunity costs of attendance also influence the participation of people with disabilities in community capacity-building programs. However, sometimes participants drop out due to a failure to achieve individually anticipated expectations such as loans, cash or payment in kind for their attendance (Phillips et al., 2014). Participant expectations tend to be guided by those occasions in which development programs with incentives attract participation or require inputs for individuals to implement the program. Therefore, the absence

of payment or incentives elicits a negative reaction that discourages participation. In addition, if participants feel that the program is going to encroach on their time for other socio-economic activities and the distance to attend the program is long, they are most likely to drop out or irregularly attend (Phillips et al., 2014).

Many challenges characterize Uganda's extension service delivery. There is very high farmer to extension educator 3000 to one ratio, hard to reach remote and rural communities with poor communication, poorly facilitated extension educators with very low morale, thus most young farmers remain unreached by agricultural extension services (Barungi, Guloba, & Adong, 2016). Barungi et al. add that since 1960, Uganda's extension system has experienced several reforms, whose effect further alienated vulnerable and underserved groups of farmers such as those with disabilities. The ultimate blow on the Uganda's extension system was a decree by the executive arm of the Government of Uganda in 2014, summarily phasing out frontline extension educators and replacing them with military personnel (Rwakakamba & Lukwago, 2014).

Theoretical and Conceptual Framework

This study is based on the social model of disability (Burton, 1993) and knowledge-inclusion-participation- access-fulfilling obligation (KIPAF) framework on disability (Ortiz, 2004). In addition, this study used the *interactional theory* to gain insights into the influence of interactions among individuals on participation in capacity-building programs of young farmers with disabilities (Wilkinson, 1991).

KIPAF Framework on Disability, which is based on the social model of disability, informs this study's focus on participation in capacity-building programs of young farmers with and without disabilities in Uganda. According to KIPAF framework, social exclusion and poverty among people with disabilities can be overcome through the provision of knowledge, inclusion,

participation, access and fulfillment of obligations (DFID, 2000; Ortiz, 2004). Alleviation of the antecedents of social exclusion and chronic poverty levels in people with disabilities can result in a rewarding and fulfilling life.

Disaggregating the KIPAF framework, people with disabilities deserve a quality life, but lack the capacity-building opportunities to develop their knowledge, skill, and competencies in their livelihoods (DFID, 2000). For example, farmers with disabilities lack improved seed and animals, agricultural information, and value addition and processing, and markets for their produce. Further, the social exclusion of people with disabilities from social and economic benefits constitutes one of the most curtailing factors in the participation of people with disabilities in the social, economic, and political civic activities in their communities. Often, from the outset, people with disabilities tend to be denied access to public social and economic activities; and are not consulted on issues affecting them, leaving them without input and a voice in decision-making processes. Lack of supportive and enforced legislation hinders access by people with disabilities to the social, economic, and political activities that would enable them to establish the social, economic, political, and physical capital crucially essential for fulfilling and flourishing life (Ortiz, 2004).

The interactional theory postulates that a community is comprised of social fields, which allow people to connect and interact to form community fields (Pigg, 1999; Wilkinson, 1991). Community members interact through social fields that allow them to access community resources such as information on available capacity-building programs. Therefore, the strength or weakness of the social fields formed among young farmers with arm, leg, hearing, speaking, mental or other disabilities, little people, and albino is critical to access of resources dispensed by capacity-building programs targeting young farmers with disabilities. Community fields link

community members and, if strong, can influence inclusion; if weak, they can promote marginalization.

The factors this study conceptualizes to influence participation broadly include contact with extension educators, use of accommodation facilities, disability status, region, and supportive program personnel. In addition, this study considered participation in capacity-building programs as shared influence and responsibility of participants in active involvement in program activities such as decision making and feeling of belonging to those programs and communities.

Therefore, a full understanding of factors influencing participation of people with disabilities in capacity-building programs in communities begins by analyzing young farmers with disabilities: socioeconomics, disability status, capacity-building needs, provision of disability-accommodation facilities, disability region of Uganda, responsive capacity-building program personnel. A combination of a young farmer's demographics and socioeconomic situation, disability status, region of residence in Uganda, use of disability accommodation facilities, and supportive program personnel have an effect on participation in capacity-building programs and well-being of young farmers. However, external to this conceptual framework is environmental contexts such as societal culture, political conditions, and geographic settings that influence participation of young farmers with and without disabilities (Laverack et al., 2007). For example, the geographic setting can influence livelihood strategies and coping mechanisms (Birner et al., 2009).

Findings

The findings of young farmers' participation in capacity building programs are summarized in Table 1.

Table 1

Participation in community capacity building programs by Disability Status or Region

<i>Participation in training activities in community</i>	With Disability		Without Disability	
	N	Mean (SD)	N	Mean (SD)
Level of attending training activities	170	4.15 (0.77)	95	3.83 (0.930)
I actively participated in training	131	3.53 (1.01)	87	3.89 (0.882)
I am involved in decision making	131	3.73 (0.88)	87	3.82 (0.971)
I am part of the community	131	4.18 (1.040)	87	4.18 (0.995)
My production capacity improved by training organizations	168	4.21 (0.720)	103	3.67 (0.9330)
Level of benefiting by being a member of community groups	197	3.50 (1.19)	189	3.37 (1.233)
<i>Participating in training activities in community</i>		<i>Eastern Uganda</i>		<i>Northern Uganda</i>
	N		N	
Level of attending training activities	57	3.82 (0.690)	208	4.10 (.874)
I actively participated in training	63	3.35 (0.950)	155	3.81 (.954)
I am involved in decision making	63	3.48 (0.840)	155	3.88 (.918)
I am part of the community	63	4.03 (1.050)	155	4.25 (1.00)
My production capacity improved by training organizations	49	3.86 (0.470)	130	4.20 (0.800)
Level of benefiting by being a member of groups	53	3.64 (0.857)	107	3.86 (1.224)

Rating at a five-point Likert scale: 5-very high, 4-high, 3-neither high nor low, 2-low, and 1-very low.

Young farmers with disabilities have a high level (mean = 4.15) while young farmers without disabilities have neither high nor low (mean = 3.83) level of attending training activities delivered by capacity building programs in their communities. However, both young farmers with and without disabilities experience medium high level (mean = 3.53 and mean = 3.89

respectively) of actively participating in training activities in their communities. In addition, capacity building programs have a high (mean = 4.21) potential to improve production capacity of young farmers with disabilities, and consider themselves being part of their local communities (mean = 4.18).

On the other hand, young farmers without disabilities experience lower level (mean = 3.73) of involvement in decision-making, and capacity building program activities are perceived to have high potential (mean = 4.21) for improving their production capacities. As much as young farmers with and without disabilities subscribe as members to community groups, young farmers with and without disabilities experience low level (mean = 3.50 and mean = 3.37 respectively) of benefit from community groups. Both young farmers with and without disabilities experience a high level (mean = 4.18 and mean = 4.18 respectively) of belonging to their local communities.

Furthermore, the findings in table 1 corroborate World Health Organization (1991) information that participation reflects three dimensions: as contribution, as organization, and as empowerment. The contribution dimension refers to participation of people through the giving labour, cash, and land among others. The organizational dimension involves creation of appropriate structures to facilitate participation of targeted people. The empowerment dimension entails integrating involving marginalized and underserved groups and communities to develop power and influence to make decisions and have control over programs meant to benefit them. It is, thus, important to note that participation in capacity building should target the vulnerable, underserved and excluded people such as those with disabilities to build their capacity to make decisions and have control over all programs.

Asked to Participate in Community Training Programs in Last Five Years. Binary logistic regression was used to simultaneously examine the collective influence of disability status, region and mode of contact on whether the young farmer was or was not asked to participate in community capacity building programs. Thus, the investigator examined the determinants of participation of young farmers in capacity building programs. Table 4.17 summarizes the descriptive statistics for each of the variables included in the analysis for the first logistic regression. Approximately 31% (N = 88/128) indicated they had been contacted via a face-to-face conversation and 35% (N=45/128) indicated they had been contacted in a group setting.

Table 2

Summary Descriptive Statistics for Variables used in Logistic Regression Analysis

Variable	Dummy Coding	frequency	Percentage
Disability	0 = No Without Disability	386	68.7
	1 = Yes With Disability	176	31.3
Region		562	100.0
	0 = Eastern	183	32.6
	1 = Northern	379	67.4
Contact by Face-to-Face		562	100.0
	0 = No	88	68.8
	1 = Yes	40	31.2
Contact in Group Setting		128	100.0
	0 = No	83	64.8
	1 = Yes	45	35.2
Asked to Participate in Community Programs		128	100.0
	0 = Yes	316	56.2
	1 = No	246	43.8

The logistic regression results (Table 2) indicated there was an acceptable model fit (discrimination among the two groups of the dependent variable) on the basis of the four independent variables ($X^2 = 48.00, p < 0.001$). Of the four predictor variables two were found to

be statistically significant (disability status $p = 0.001$; face-to-face contact $p = 0.013$). This indicate odd that those with a disability were 94.4% less likely compared to those without disability ($p < 0.001$) to participate in community capacity building programs. An odd of .046 indicates that the outcome labelled a 1 (not asked to participate in community programs) is 0.046 times as likely with a one-unit increase in the predictor variable when controlling for the influence of the other three predictor variables. Being contacted via face-to-face conversation had an Exp(B) value of 0.178.

The four variables collectively were somewhat acceptable regarding the discrimination between the two groups of the dependent variable. The variables correctly classified 89% of those individuals that have been contacted in the last 5 years to attend any community training programs; whereas, the model correctly classified 71.4% who were not contacted to attend community training programs.

It must be emphasized that this analysis is conducted using listwise deletion of missing cases, and thus only 128 young farmers were used in the logistic regression analysis in Table 4.18.

Table 3

Participation Regressed on Disability, Region, and Selected Modes of Contact

Model	B	SE B	Wald	Exp(B)	<i>p</i>
Constant	-2.369	1.450	2.667	0.470	0.102
Disability status (0 = Without 1 = With)	-3.085	0.912	11.433	0.046	0.001
Region (0 = Eastern 1 = Northern)	1.294	0.688	3.539	3.646	0.060
I was contacted by face to face conversation (0 =No 1=Yes)	-1.726	0.694	6.195	0.178	0.013
I was contacted in a group meeting (0 = No 1 =Yes)	0.550	0.630	0.762	1.733	0.383

 Model Summary

N - 128

df = 4

Chi Square = 48.004

p = <.001

-2 Log likelihood = 86.478

Cox & Snell R Square = .313

Nagelkerke R Square = .481

 Dependent variable: In the last five years have you been asked to participate in community training programs is coded 0 = Yes, asked to participate and 1 = No, not asked to participate.

Table 3, indicates having a disability reduced the odds of a young farmer's participation in capacity-building programs by 95.4% ($p < 0.001$). This implies that young farmers with disabilities are less likely to participate in capacity building programs meant to benefit all community members. In addition, Northern Uganda increased the odds of a young farmer to participate in capacity-building programs in their communities by a factor of 3.646 compared to young farmers in Eastern Uganda ($p = 0.060$). Thus, young farmers in Northern Uganda experience more opportunities of participating in capacity-building programs compared to their counterparts in Eastern Uganda. Furthermore, face-to-face contact decreased odds of young farmer participation in capacity-building programs in their communities by 82.2% ($p = 0.013$), while contact in a group setting increased the odds by 73.3% ($p = 0.383$). According to focus group discussions in Northern Uganda, young farmers have formed groups to access capacity-building services and increase their ability to advocate for service delivery.

$$\text{Log (odds of participation)} = -2.369 - 3.085 (\text{disability}) + 1.294 (\text{Northern Uganda}) - 1.727$$

$$(\text{face-to-face}) + 0.550 (\text{group meeting})$$

Further, the investigator analysed the determinants of effective participation in capacity-building programs by young farmers with and without disability, findings summarized in Table 4.

Table 4

Active Participation Regressed on Disability Accommodations and Gender

Model	B	SE	Wald	Exp(B)	<i>p</i>
Constant	-4.210	0.767	30.104	0.015	<0.001
Sign language interpretation (0 = No)	0.387	0.093	17.403	1.472	<0.001
Supportive training staff (0 = No)	0.462	0.142	10.601	1.587	<0.001
Gender (0 = Female)	1.290	0.362	12.691	3.633	<0.001

Dependent variable: In the last five years, have you worked with any extension educator on issues related to your agricultural enterprises

Table 4, indicates that sign language interpretation increased the odds of young farmers with disabilities to work with extension educators on issues related to their agricultural enterprises by 47% ($p < 0.001$). This implies that young farmers with disabilities are more likely to participate in capacity-building programs when the training implementers provide sign language interpretation. Thus, application of sign language interpretation in capacity-building programs promotes inclusion, which enhances young farmers' feeling of belonging to and participation in capacity-building programs. In addition, disability-supportive training staff increased the odds of participation of young farmers with disabilities in capacity-building programs by 58% ($p < 0.001$).

Furthermore, Table 4.19 shows that being female increased the odds of a young farmer to participate to participate in capacity-building programs by a factor of 3.633 compared to males. In Uganda, most development agencies target women participation in capacity-building programs due to their pivotal role in household nutrition and performing over 80% of agricultural activities.

Reduced Regression Equation:

Log (odds of participation) = -4.210 + 0.387 (sign language interpretation) + 0.462 (supportive training staff) + 1.290 (female)

Conclusions and Implications

Having a disability reduces a young farmer's opportunity to participate in capacity-building programs. Young farmers with disabilities are more likely to be contacted in group settings rather than via face-to-face—an indication of social exclusion and discrimination that restricts them from participation in capacity-building programs compared to young farmers without disabilities. Thus, unless they are in a group setting, young farmers with a disability are less likely to be asked by extension or community educators to participate in capacity-building programs. However, access to sign language interpretation and supportive-training personnel and being in Northern Uganda improves or enhances participation among young farmers with disabilities in capacity-building programs.

Agencies that fund community development should demand evidence of disability-inclusive programming as one criterion for funding capacity-building programs to enhance inclusive participation of young farmers with disabilities in community capacity-building programs. Moreover, concerted effort of community leaders and programmers should support and enforce disability policies to promote equity in farmer participation in capacity-building programs. Education of extension, community workers, and community members on disability issues and incorporate disability sensitive programs in extension training curricula.

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