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## Policy Awareness and Participation by Persons with Disability in the Philippines

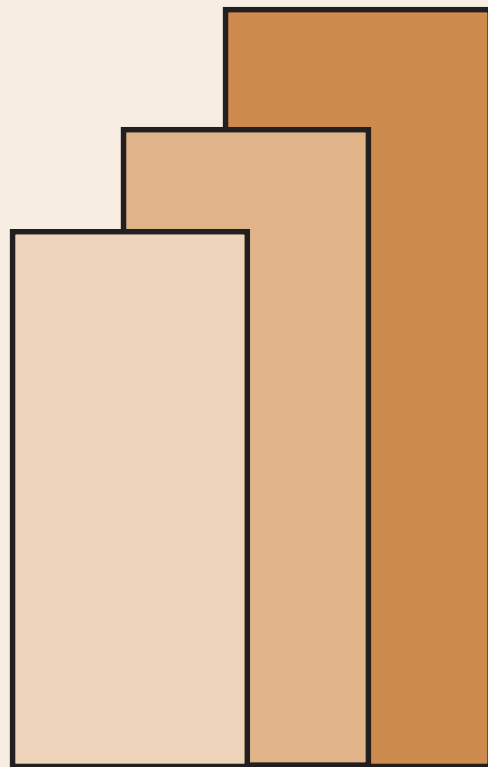
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# **Policy Awareness and Participation by Persons with Disability in the Philippines<sup>1</sup>**

Aubrey Duldulao Tabuga

**(DRAFT: NOT FOR CITATION)**

## **Abstract**

The Philippines had laid down the groundwork for improving the welfare of persons with disability (PWD) two decades ago when it enacted the Magna Carta for Persons with Disability. Several other policies have been formulated since then to ensure that PWDs can have the chance to live the way they so desire. However, recent surveys reveal that despite this, persons with disability rarely benefit from these legislations and other programs that have been developed for their advancement. There is a multitude of interplaying factors that constrain them from benefiting from such efforts and these have to be addressed first. This paper discusses the current situation of PWDs in terms of awareness and participation with the objective of identifying the various constraints that they face.

**Keywords:** person with disability, disability, PWD, visual impairment, blind, mobility impairment, deaf persons, survey

**JEL classification** : J14, J18

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## **Policy Awareness and Participation by Persons with Disability in the Philippines**

Aubrey Duldulao Tabuga

“The purpose of life is not to be happy—but to matter, to be productive, to be useful, to have it make some difference that you have lived at all.”—Leo Rosten

### **Introduction**

The Philippines is at par with several developed nations in Asia and the Pacific such as Japan and South Korea in terms of enacting laws aimed at improving the welfare of persons with disability (PWDs).<sup>1</sup> The most notable of these policies is the Magna Carta for Persons with Disability, approved in 1992. There are at least 9 other laws that have already been in existence in as early as 1954. Yet the PWDs in the Philippines remain a marginalized portion of the population. Mostly unaware of such laws, the typical Filipino with disability fails to benefit from these laws, is largely dependent on his/her family, and faces various physical, social and economic constraints.

The body of literature on the life of persons with disability in the Philippines is very limited. For one, the area of disability as a research subject suffers from huge data constraints. In fact, the most recent government estimate of PWD in the Philippines was that from the 2000 Census of Population and Housing conducted by the National Statistics Office putting the number of PWD at 1.2 percent of the total population (or 942,000). The key household surveys conducted by the NSO also do not include variables on disability. Disabled People’s Organizations in fact face difficulty in their advocacy efforts and clamour for government assistance because of lack of concrete data on the situation of PWDs in the country.

It is likewise very difficult to find documents that would describe the impact of policies on the daily life of PWDs. Knowing the impacts would be very essential in terms of fine-tuning programs and policies so that these become more useful and effective. This paper examines the implementation of key disability laws in terms of how far they have reached the PWDs and up to what extent the PWDs have benefited from these. This is done by examining the situation of PWDs in terms of policy awareness and their participation in special treatments and discount programs stipulated by the law for their inter-personal, social, and economic advancement.

### **Review of literature**

Lamoureux, Hassell, and Keeffe (2004) studied the determinants of participation in activities of daily living by people with impaired vision. The study noted that the areas of greatest restriction of participation were those associated with reading, outdoor mobility, participation in leisure activities, and shopping. The study found that distance visual acuity, the thing which is tested to understand the degree of vision loss<sup>2</sup>; physical health; and mental health explain a large part of the variation in the participation of people with impaired vision in daily living activities. Therefore, interventions aimed at improving the lives of the visually impaired may include approaches to improve not just in terms of vision-related rehabilitation but also mental and physical health.

Alma, Van Der Mei, Melis-Dankers, Van Tilburg, Groothoff, and Suurmeijer (2011) studied the participation of visually-impaired (VI) elderly persons. They noted that VI elderly persons are doubly burdened by aging and loss of vision. The study reported that the VI elderly persons do participate in society, but they do less than their peers in some domains namely household and sports activities, and on recreational places. Alma (2012) found that a major determinant of participation among VI elderly persons is perceived importance. The study likewise noted that physical health, social and psychological status, also affects

participation. The study recommends that future research works should also look at how environmental factors affect participation.

A 2004 survey by Ireland's National Disability Authority points that what restricts social participation of people with disability is more about accessibility problems rather than health issues. Hence, their social lives are more concentrated in their own homes rather than outside. Others have studied the participation of PWDs in physical activities such as that by Rimmer, Riley, Wang, Rauworth, and Jurkowski (2004). This study found a multitude of factors acting as barriers or facilitators of participation. They identified themes affecting participation—(1) those relating to the built and natural environment; (2) economic issues; (3) emotional and psychological barriers; (4) equipment barriers; (5) barriers related to the use and interpretation of guidelines, codes, regulations, and laws; (6) information-related barriers; (7) professional knowledge, education, and training issues; (8) perceptions and attitudes of non-PWD, including professionals; (9) policies and procedures both at the facility and community level; and (10) availability of resources.

These studies apply to PWD populations in developed countries. The objective of this report is to elucidate on factors that affect policy awareness and participation among PWDs in a developing country setting by using survey data on PWDs in the Philippines.

### **Results from the PIDS 2008 and 2010 survey on PWDs**

#### **Awareness on disability laws and participation in discount privileges**

There is low awareness on the Magna Carta, its amendment, or any of the provisions of the law. This is the finding of two recent surveys conducted by the authors. In the rural survey, conducted in 2010 in Rosario, Batangas, only about 3 in 10 (29.2%) of the 106 respondents has reported having heard or being aware of any policy that concerns them. The situation in

the urban areas, surveyed in 2008 in Metro Manila, is much better, with 67% of the 403 respondents reported being aware of any of the policies or their provisions.

Among the urban respondents, the blind have the highest awareness rate at 80 percent, followed by those with mobility impairment at 66 percent. Around 6 out of 10 deaf also reported being aware while only 3 in 10 persons who have multiple impairments were aware. Meanwhile, there are slightly more women (69%) than men (66%) in the urban survey who expressed having knowledge of any sort about disability policies. In contrast, more men (34%) than women (24%) in the rural survey have reported awareness. Elderly PWDs have lower awareness rate than younger ones. This is observed from both urban and rural surveys. In fact, the relationship between awareness and age seems to exhibit a non-linear pattern where awareness rate increases with age but decreases among very old people.

Meanwhile, there are considerable differences in awareness rate among the cities. Makati, the country's business capital, which is known for its programs and initiatives in advancing the rights and welfare of PWDs, has the highest proportion of samples that are aware of disability laws with 90 percent. Quezon City one of the richer cities targeted in the study places second with 65 percent. Meanwhile, 61 percent of the respondents in Valenzuela City which is a relatively poorer city compared to Makati and Quezon City, reported being aware. Barely half (43%) of those from Pasay, a relatively poorer locality, are aware.

Because of low awareness, PWDs have very low participation in discount privileges that the law mandated. In the two surveys conducted, the respondents were asked whether they have ever benefited or enjoyed each of these discount privileges at least once in the past. In particular, only one-third (34%) of the respondents in the urban areas have benefited at least once in the land transport discount. The land transport discount refers to the bus fare and train ticket discounts, and does not cover taxi cabs and tricycles. There are very few PWD

participants in the other types of discounts, only 6 percent have availed that for air travel, 8 percent in hotels and restaurants, and about 10 percent in medical services. Meanwhile, only 6 percent of the PWDs in the rural survey have ever participated in the transport discount and barely in the other discount privileges (see Table 1).

Table 1. Proportion of respondents who have availed of the discounts by discount privilege		
Discount privilege	Urban (n=403)	Rural (n=106)
Hotel and restaurants	7.7	5.7
Cinema and others	14.4	0
Medical and dental (public)	9.2	2.8
Medical and dental (private)	9.7	1.9
Air travel	6.5	0
Land transportation	34.2	5.7

Source of Basic Data: PWD Survey 2008 & 2010

In some cases, even those who are aware are not able to take advantage of the benefits. For instance in the case of discount privileges, 39 percent of those who are aware, have reported that they have never enjoyed or availed of any of the discounts in various services and facilities. It is more dismal in the rural areas where two-thirds of those who have had prior knowledge, never participated in any of these discounts.

The inability to participate and exercise their rights despite being aware is attributed to several factors. Based on the survey, the most common reason of not availing the discounts is not being able to go out. Another common reason is not having the PWD ID which is a requirement, though in some cases, some PWDs are able to get discounts out of kindness of the establishment owner or the public transport operator without showing a PWD ID. Some respondents also reported that the public utility vehicle (PUV) drivers/conductors are not aware of the discount privileges and thus, they were not given the discount despite having expressed that they are entitled to the discount.

The abovementioned factors can be categorized into separate themes -1) the PWDs' social participation or range of movements, 2) the ability of the governments to implement the mandates of providing identification for PWDs, informing or educating the public, and enforcing disability laws. There are cross-cutting issues as well that tends to affect these factors—these concern the physical environment and social perception of the public in general. These shall be discussed along the way in the succeeding sections.

### **Social participation and range of movements**

About half (48%) of the PWDs in the urban areas are members in an organization, be it a self-help, religious, or other types of organization. Among the 3 main types of impairment (i.e. mobility, visual, and hearing), there are more members among the blind, and there are least among the deaf. Membership is highest among those from Makati, and lowest among the PWD samples in Pasay. Membership is slightly higher among women than men.

While the urban PWDs may have greater opportunities for social participation through membership in organizations, those in the rural areas are way lacking. There are only around 2 out of 10 who are members in organizations. The social interaction of these PWDs is confined mainly within their own households and immediate neighbours who are mostly close relatives. They interact very rarely with people from other neighbourhoods or villages. When they were asked why they do not come out from their homes to engage in social activities, they attribute it mainly on their disability. Their ability to participate in the society in general is manifested by their mobility or range of movements.

PWDs' range of movements is assessed in the surveys by looking at the frequency of visits they make in common places like the market and church. Those who are members of organizations were also asked how frequent they attend organizational meetings and other activities. The results show that on the average, a PWD goes to the market only about 5 times



a month. This widely varies depending on location and type of disability. As expected, the deaf, without visual and physical mobility constraints, makes the most frequent visits to the market at over 5 times. Those with mobility impairment also visit the market about 5 times on the average. If those using wheelchairs are to be excluded, the average visits a mobility-impaired person makes rise to 6. There is lower range of movement among the blind (4 times) and those with multiple impairments (2 times). Meanwhile, in urban Valenzuela and Makati, the average number of visits the PWDs make to the market is 6 to 7 but in rural areas—only 2 times per month.

This may not seem to be out of the ordinary if the concept of market we use is confined to say, the supermarket or the village's main market but in the survey the concept used is broad as it encompasses even the small, informal stores in the neighbourhood like the "sari-sari stores" and "talipapa" (small informal markets by the corner) which are typical in the country. The reason behind this is to account for the range of movements of all PWDs including those living in very remote areas, where supermarkets may not be present. The findings indicate a limited range of movements with respect to going to the market. Likewise, it was found that more often; the PWD members would rely on the other members of the family to do chores that are normally done outside the house.

Meanwhile, a PWD goes to places of worship about thrice a month which may not be too far from the average times an able person goes to the church, assuming that person of comparable stature is a Catholic and visits the church every Sunday or around 4 times a month. Those in the urban areas visit more frequently, around 4 times while those in the rural areas only once. Interestingly, the mobility-impaired ones visit the church more frequently, around 4 times, than the other types.

The PWDs who are members of organizations make about 5 visits in a month to attend to their group's meetings and other activities. This result however pertains mainly to those in the urban areas, for the rural counterparts barely attend organizational activities. The blind turned out to be attending organizational matters more frequently than the rest, about 9 times in a month. The deaf and mobility-impaired attend only about twice a month.

The survey may have captured a substantial segment of the blind who are active members because they tend to work together as a group, mainly in massage parlours. For their employment, their trainings were mostly provided for them being members of certain organizations.

More people would tend to visit places that are near them. Among the urban folks who visit the market at least once a month, about 8 in 10 reported that the market place is within a kilometre away from their homes. It is clear that the rural PWDs experience difficulty in their range of movement because the public places are far. For instance, those who make at least a round in the market reported that they have to travel an average of 6 kilometers. About 9 in 10 of them say the market place they go to is within 10 kilometers of their homes. Moreover, the nearer the place, the more frequent the visits are. The PWDs who make 10 or more visits to the market place reported that they need to travel only about 700 meters on the average. Those who travel less frequently, travels 1,300 meters on the average.

As expected, users of wheelchair make the least number of visits in the public places mentioned. In fact, a mobility-impaired person who is not using a wheelchair would be twice to three times more mobile than one who is a wheelchair user. This indicates the difficulty they experience in moving from one place to another.

In the urban survey, personal assistance matters not so in the frequency of movement but more on the distance travelled by the PWDs. PWDs who visit the market or church more

often do not have personal assistants (PA). Those with PA travel less frequently which may be an indication of their special circumstances and capacity. Interestingly, with a PA, the PWD travel farther distances going to the market, about 1 and a half kilometres on the average, than those without a PA (only around a kilometre).

In rural survey however, those with PA barely go to either the market or church. Majority of these either have multiple impairments or are aged 60 and above. The rest are either using a wheelchair and/or experiencing paralysis in the lower limbs. Their situation is aggravated by their economic condition since majority of them are income poor.

The above discussions clearly point the limits in range of movements of PWDs. Except that for the special case of masseurs who are blind who tend to move, and work even, as a group and therefore have more opportunities for social interaction, the findings show that it is expected to see not many PWDs participating in initiatives like the discount privileges because of certain limitations innate to their impairments and the different barriers they face every day. These barriers shall be the subject of the discussion under determinants and barriers of participation progresses.

### **Eligibility in discount privileges: the PWD ID**

The extent of issuance of the PWD ID, whether through the initiative of the local government or that by then NCWDP, now NCDA, was found to be very low particularly among those in the rural areas. Barely 10 percent of the rural respondents possess the ID. In the urban areas, there were relatively more respondents, at 48 percent, who had been provided with an ID.

Among the PWDs in the urban survey, the deaf have the highest proportion of those with PWD ID, with 61 percent. About half of both blind and mobility-impaired ones do have the ID. Those with multiple impairments have the lowest proportion with only 13 percent.

Majority of the ID holders are from Makati City which indicates the effectiveness of this city

in PWD-related initiatives. In fact, 9 out of 10 respondents in this city reported that they have a PWD ID—mostly locally provided by the city government. Meanwhile, only 10 percent of those in the rural survey had an ID, most of these are deaf people.

The common reasons as to why they still do not have the ID are that either they have yet to apply or they have already applied but these are still under process. Many of those in the rural areas, in particular, reported that no one comes to provide them the ID and that they are not aware of an existence of an ID. In 2008, when the survey was conducted in the urban areas, it is reasonable to see a low likelihood of seeing ID among the PWDs, since the amendment of the Magna Carta was enacted only in 2007 and this policy has stipulated the provision of ID in connection with the discount privileges it mandates. However, for the 2010 survey, it is unfortunate to see high proportion of respondents who still did not have the ID. The fact that many of them still have no knowledge about the ID indicates poor implementation of the policy in the area.

### **Factors affecting awareness: results from regression analysis**

To assess the determinants of awareness and eligibility, an econometric model using the same survey datasets has been analyzed by Tabuga (2013). The analysis proceeds by estimating the joint likelihood to be aware and be eligible (that is, possession of the ID which is a requirement to avail in discount privileges). This is done because the data does not tell us which of these two comes first and because the same factors might be determining both awareness and eligibility. The regression technique used what we call a Bivariate Probit because of the joint estimation of likelihood. The estimation process takes into account age, educational attainment, sex, household income, type of impairment, social ability (represented by membership in any organization), and location variables, which are indicative of the quality of governance and level of economic development. By doing this, we can better

identify factors that tend to impede or influence PWD's awareness and eligibility. The results are discussed intuitively for simplicity purposes.

The results of the regression indeed show that variables that affect awareness have an influence on eligibility, hence proving the validity of the technique used. Based on the survey data, age, educational attainment, and income significantly influence awareness. Possession of identification is also influenced by age, educational attainment, and type of impairment. The estimations however show that sex does not matter in both awareness and eligibility. Some of the locality dummies which represent the quality of governance and economic development in general are also determinants of the likelihood or probability of being aware and eligible. Meanwhile, being a member in an organization positively influences both.

The effect of age as one gets older in the likelihood of being aware and eligible increases but later declines when the PWD becomes very old. This is understandable especially for obtaining the ID because the elderly, being senior citizens, already have the entitlement to receive discounts by way of their being senior citizens. Therefore, there is not much incentive to obtain the PWD ID when they already have the ID as senior citizens. There is however a policy implication of such result. Ageing disabled persons are doubly vulnerable and if programs and other initiatives fail to include them, their dire situation could worsen.

Education is a significant determinant of both awareness and eligibility holding other things constant. Being able to obtain higher level of education signals the person's ability and perseverance to assert himself/herself in matters that improve one's welfare.

The welfare status of the PWD's family also makes a difference in awareness but not in getting issued an ID, even after controlling for the educational attainment. This means that for two PWDs with the same educational background but where one is more affluent than the other, the more affluent one has a higher likelihood to become aware. Hence, if PWDs in

poor households are less likely to get informed, the cycle of poverty leading to disability would persist. Efforts therefore to target poor households with PWD members in government programs and other initiatives is highly commendable for them to get out of the poverty trap.

Meanwhile, the mobility impaired person's probability to be aware about the policies do not differ significantly from the rest of the PWDs. However, mobility-impaired persons are less likely to be issued an ID as PWD. This attests to the high importance of implementing and enforcing the Accessibility Law in the country not only for the benefit of persons with mobility impairment but for all users of wheelchair, strollers, and the like such as elderly and infants. In the rural areas, expediting improvement of the rural physical infrastructure is not only beneficial to all the constituents in general but doubly beneficial for PWDs.

PWDs living in Makati and Valenzuela have significantly higher probability of being aware than those in the rural areas (i.e. Rosario, Batangas). In particular, a PWD in Makati would be around 60 percent more likely to be aware compared to one who is in Batangas. Makati, considered the business capital in the country, is known for its programs for the disadvantaged groups like the elderly and persons with disability. In terms of eligibility, those in Makati and Valenzuela also have higher chances than those in Rosario. Meanwhile, those in Quezon City and Pasay do not have a likelihood that is significantly different from those in Rosario for both awareness and possession of ID. Makati, Valenzuela, Quezon City, and Pasay, are all cities belonging to the National Capital Region.

Membership in an organization be it a self-help, religious, and other types of organization, represents the extent of social networks that a PWD has. It is shown to be positively and significantly associated to the likelihood to be aware and eligible. In fact, a member is about 40 percent more likely to be aware given eligibility than a non-member, with other things held constant.

### Other factors affecting awareness

Other factors that contribute to awareness are access to information and ability of the family to gather relevant information for the PWD's well-being. One of the findings of the field survey is that the PWDs' families have relatively high access to information via forms of media like the television, radio, and telephone or mobile phone. Access is narrowly defined in here as having the said devices within the household even if the said devices are in fact not personally owned or being used by the respondent-PWDs. Again, there are more PWDs in the urban areas who have access to the television than any other device. In 2008, 8 out of every 10 respondents reported that they have television sets in their homes. Seventy percent of them have access to either telephone or mobile phone, while half have access to the radio. Only 15 percent have computer units within their homes.

Table 2. PWD's access to information by type of media, by area and type of impairment				
Type of impairment	Type of media			
	TV	Radio	Phone	Computer
Urban (2008, n=406)				
Mobility	86.8	51.2	70.2	18.2
Visual	69.7	53.5	71.8	12
Hearing	89.6	44.3	74.5	18.9
Multiple	88.2	38.2	50	8.8
Total	81.6	49.1	70.2	15.4
Rural (2010, n=106)				
Mobility	90.3	25.8	74.2	3.2
Visual	80	36	84	4
Hearing	87.5	46.9	81.3	9.4
Multiple	72.2	44.4	55.6	11.1
Total	84	37.7	75.5	6.6

Source of basic data: PWD Survey 2008 and 2010

The situation in the rural areas is better in some aspects because it was conducted a little later than the one in the urban areas. Again, the device most commonly owned by the PWD households is television with 84 percent of them having this device in their homes. Also, 76

percent have access to either the telephone or mobile phone. Meanwhile, about 38 percent have access to the radio while only 7 percent have computers in their households.

Given these pieces of information, one can only pose a question as to why many PWDs remain unaware and seem to be “detached” from the world despite the advancement in technology and pace of economic progress. Apparently, more concrete efforts are needed.

Beyond mere policy-making, implementing and enforcing the policies are critical.

Likewise, because accessibility is a major barrier, support services must be provided to ensure that persons with disability can fully participate in the society. These support services include personal assistance, sign language interpreters, support to decision-making, availability of affordable assistive devices, and rehabilitation services among others. Efforts have to take into account the potential usefulness of the current technological make-up in bringing the PWDs into mainstream society, in disseminating information and current developments, so that PWDs become empowered and engage in activities that help them assert their rights.

Meanwhile, the role of local volunteers is critical in disseminating information to marginalized groups such as the PWDs. Aside from the devices mentioned where information may be easily obtained not only by the PWDs but also their family members—who are expected to pass relevant information to their PWD member, the other sources of information available in the locality are the local volunteers—the Barangay Health Workers (BHW) and Barangay Nutrition Scholars (BNS). In the survey, the most popular source of information on the programs and initiatives of the government is the pool of village volunteers—BHW and BNS. The use of these volunteers has been so far effective in terms of information dissemination.

Meanwhile, the ability of PWD families, particularly the parents, to obtain information and later on pass to the member with disability may be constrained by their lack of education



themselves. Only 1 out of 10 mothers in the urban areas were able to reach college while about 2 in every 10 fathers have had at least some tertiary education. In the rural areas, there are only around 5 in every 100 parents who had reached college. The average number of years of schooling of the PWDs' mothers in the rural areas is only 4.7 while that in the urban areas is 7.4. Meanwhile, the average schooling years of PWDs' fathers in the rural areas is 5 compared to 8.3 years in the urban setting.

The proportion of aware respondents in the urban areas is shown to be positively associated with the educational achievement of the mother, for those in the urban areas, and education of both parents for those in the rural areas. For instance, 73 percent of the urban respondents whose mother has reached college have reported knowledge about the policies while only 46 percent of those whose mother did not complete any grade have reported awareness. In the rural areas, only very few respondents have educated parents. It can be seen that those whose parents have reached high school (50 to 59%) have higher rate of awareness than those whose parents did not complete any grade (31 to 33%).

Table 3. Awareness rate of PWD respondents by educational attainment of family members and area				
Subgroup	Urban (2008), Obs=403		Rural (2010), Obs=106	
	Obs, %	Aware (% to total)	Obs, %	Aware (% to total)
All	100	67.5	100	29.2
<u>Education of the father</u>				
No grade completed	3.2	76.9	12.3	30.8
Elementary graduate, at the most	30.3	68.9	57.5	24.6
Reached high school, at most	29	66.7	16	58.8
Vocation/post-secondary	4	87.5	0.9	100
Reached at least college	18.1	68.5	4.7	20
Unknown	15.4	58.1	8.5	0
<u>Education of the mother</u>				
No grade completed	6	45.8	17	33.3
Elementary graduate, at the most	35	75.2	62.3	27.3
Reached high school, at most	31.8	65.6	9.4	50

Vocation/post-secondary	3.5	71.4	0	0
Reached at least college	12.9	73.1	5.7	33.3
Unknown	10.9	52.3	5.7	0

Source of basic data: PWD Survey 2008 and 2010

The low educational attainment of parents does not only impact the PWDs' awareness and participation in programs but other equally important aspects as well like education and consequently employment. These findings stress the fact that PWDs are indeed very vulnerable to cyclical poverty. Poverty and low educational attainment of parents lead to limited capacity which in turn causes the inability of PWDs to obtain education for them to become productive citizens and they remain as poor, if not turn poorer.

### **Barriers of participation**

Aside from lack of awareness and eligibility requirement, the study found several factors that impede PWDs to participate not only in mandated discount privileges and other programs but in societal affairs in general. These factors may be cross-cutting issues that include economic or financial issues, physical environment, and social perceptions. These form a system of interplaying barriers that PWDs face in their everyday life.

### **Economic issues**

One of the main findings in the survey with respect to participation is that despite awareness and being eligible, many PWDs still do not participate in the discount privileges stipulated by law because they are not able to go out and their personal circumstances play a key role in this aspect. First, majority of the respondents do not engage in income-generating activities. These PWDs therefore, rely on their families for their daily needs. To illustrate, employed PWDs make rounds to the market twice the number of times the unemployed do. There is higher proportion of members in organization among employed (52%) than the unemployed (31%). Moreover, half of the PWD families interviewed are income poor. These are less likely to go out to attend organizational affairs, or in church and market. For instance, the

non-poor PWDs attend to their organizations about twice, on the average, as often as the poor do. It would then be unsurprising to know that the PWDs rarely go to restaurants or movie houses and therefore, they are unable to avail the discounts given their financial constraints. It would be too costly for poor households to exert extra effort to accompany their members to schools, let alone specialized ones or in training centres which are usually located in urban centres when they are barely getting by in terms of their basic needs. Hence, the PWDs may suffer double or triple poverty condition than the other members of the household who are able persons.

Second, because many PWDs are poor, they do not have access to huge shopping centres and groceries. Their families typically buy their needs from informal markets and “talipapa” which do not provide discounts due to various reasons.

Poor families are typically those who are pushed to the periphery (i.e. remote and inaccessible areas), because the poor has very limited resources. Such is the case of blind siblings, John and Rick (not their real names), who live in a small hut at the middle of a rice field because that is what their family can afford. Because there is no road that leads to their house, they have no choice but to remain inside the house all the time. Their mother could not take them to places because she is tending to the needs of their large household. It is one example where an impoverished situation perpetuates the exclusion of the PWD from the outside world and this in turn limits their exposure to information and possible sources of knowledge and livelihood.

Third, to go to their desired destinations, many of the PWDs would need personal assistants (PA) particularly the blind and mobility-impaired persons. A person in a wheel chair or in crutches would have considerable difficulty in riding a jeepney or a tricycle unless there's a companion. The PAs, however, are mainly unpaid family members who are usually occupied

with other chores within the household. Among the PWDs in the urban survey who reported that they need assistance, or 23 percent of the sample, eighty (80) percent relies on unpaid family members. Only 13 percent can afford to pay others to assist them. The rest rely on unpaid non-family members. In the rural areas, all (100%) of the PWDs requiring assistance, which is about 21 percent of the total sample, solely rely on unpaid family members. Among the disabled people, there were relatively more blind persons and those with multiple impairments who rely on their personal assistants for their daily living activities.

The survey likewise found that PWDs and their families could not always afford to go out because of high transportation cost particularly in the rural areas. For instance, the tricycle fare is about 2 to 3 times higher in remote areas than within the town proper. The tricycle is the mode of transport commonly available in the rugged, narrow paths in rural areas. This doubly burdens the PWDs from poor families. Therefore they typically remain at home unless it is extremely necessary for them to go out.

In the urban areas, the convenient mode of transport more so for the mobility-impaired are taxi cabs but they could hardly afford the high cost of riding cabs. Besides, the land transport fare discount applies only to buses and trains. But buses normally run only on major roads and highways while trains are limited only in selected parts of Metro Manila. Buses also are not yet accessible particularly for the wheelchair users.

The law doesn't impose discount on fare in taxi and tricycles. None of the respondents in the rural areas have reported that bus is their usual mode of transport. About half of them use the tricycle while less than a third uses the jeepney.

### **Physical environment**

The physical environment plays a key role in motivating the PWDs to participate in the community and in the society in general. The PWDs' and their families' perception of safety

for their PWD members relies heavily on the condition of the surrounding built and natural environment. In the rural localities, the common problem of PWDs is the difficulty of going through narrow, inaccessible paths that are muddy and slippery during rainy season. There are no roads in remote areas, only foot trails. One can only imagine the struggle a PWD has to go through before he/she can go out to town.

Let us take for example the case of blind siblings—John and Rick who live in a hut located in a rice field. The only way to go to their house is through narrow foot paths in between rice plots. The plots would be muddy most of the time. Even if the PWD would be able to muster his guts and walk through the trails with some help, it would take him a long time before he can actually cross the plots to go to his desired destination.

In the urban setting, the difficulty faced by PWDs relates that to the characteristics of informal settlements. In these areas, there are very narrow paths as well in between shanties, where only the seeing persons and those without mobility disability can go through without much difficulty. In some cases, the paths are made of improvised foot bridges made of wood with no side railings or other safety guards, which are dangerous not only to the blind and mobility-impaired but also to small children and elderly persons. In addition, some PWDs are hesitant to go out because of other safety concerns within the slum community.

### **Social norms and perception**

There are PWDs who are less motivated to go out of their comfort zone because their families are protective of them. Being protective is a manifestation of the Filipino culture of close family ties. In this culture of family-centeredness, it is the duty of every member without disability to take care of their family member with disability (De Torres, 2002). De Torres (2002) likewise cites Arcadio (1997) who reported that a family with a young member that has a disability even modifies its lifestyle and prioritizes the needs of that member.

Aida (not her real name) is a teen-ager who lost her sight because of an infection that occurred when she was born. Ever since she was little, she has her family to support her and care for her needs. She says she's fine with her life because her family takes care of her. Her daily life revolves around going about the house and within the immediate neighbourhood. She has not experienced going to the city ever since. However, if given a chance she would aspire to enter school but the school is too far away and she cannot leave home for it. When the survey team asked her mother what she feels about her daughter not being able to explore things especially that she is now becoming an adult, she said that their resources are limited and hence, they could not send her to school since that it is very far from home. She would worry about her daughter being far from home. The family, she related, is doing its best to protect and care for her needs.

Blind siblings John, 24, and Rick, 21, are both very enthusiastic to learn. One of them even ran away from home once to go to a special school for the blind in the city. Her mother however expressed reservation when the survey team asked her on how far the family is willing to support the siblings in their aspirations. She mentioned that she'd prefer them to be home because of their "condition."

The over-protectiveness of the family tends to encourage dependency (De Torres (2002) citing Camara (1985, p.30)). In particular, Camara (1985) noted that too much caring shown by the families of member with disability, particularly children with disability, is seen to foster dependency and hence obstructing the rehabilitation process. This is likely especially if services are extended even for tasks that the PWD can do on his/her own. Aida, John and Rick however refuse to be totally dependent. Though they are blind, they can do many chores in the house, and they can do personal care activities on their own. But their social circle is limited to their own families, close relatives, and neighbours living within their immediate neighbourhood.

Some PWDs lack the opportunity to participate in the community because of society's lack of understanding and awareness of the disability itself. Arvin, a deaf person, is misunderstood by some people as a person with mental disability, his neighbour relates. Because Arvin cannot fully hear what people say, he often comes out with a different answer to their questions. People attribute this as one that has mental disability.

### **Language**

Many deaf persons, particularly those in the rural areas, lack the opportunity to participate in the community because of language barrier. While some (4 out of 10) of the rural PWDs are capable of written English or Filipino language, only very few, 1 out of every 10, have learned sign language, which is mainly Philippine sign language. The main reasons as to why they were not able to acquire sign language ability are because there is no deaf school nearby, or they are not aware where a deaf school is located; and lack of money for transportation going to the nearest deaf school.

Only 1 out of the 37 deaf persons interviewed in the rural survey has at least one household hearing member who knows sign language. Hence, they communicate with their family members and other people using only gestures. This may also be a reason why deaf persons work mostly in manual labor (e.g. agriculture in the rural areas) where there is not much use of spoken language.

Meanwhile, only 2 out of 10 deaf persons in the urban survey are capable of written language (English or Filipino). A very small number (4%) can still communicate through spoken language. They are however better off than their rural counterparts in terms of sign language ability. Three out of 4 respondents from Manila survey are able to sign mostly in Filipino sign language. Among those with sign language ability, majority (55%) are young, aged 30 and below.

PWDs from the urban survey likewise have better chances for communication. Six out of 10 reported that they have at least one hearing family member living within the household who knows the sign language they are using. Most of these are either the mother or the sibling of the deaf. Only very few fathers can communicate with the deaf member through sign language. Meanwhile, 4 out of 10 deaf persons in the Metro Manila survey reported that they have experienced using the services of a sign language interpreter mainly in religious venues.

The abovementioned factors form a complex set of barriers that PWDs face in their everyday life. These constrain them from things that range from one that is as basic as making a simple conversation to participating in religious and economic affairs. Most PWDs are suffering from income poverty, isolation, and exclusion. While there are existing policies that were developed to advance their welfare, the implementation and enforcement of policies remain weak. Furthermore, concerted efforts towards local development are very necessary to help PWDs be able to help themselves.

### **Helping the PWDs help themselves**

A basic requirement for availing the discount privileges by PWDs is the PWD ID.

Developments have since been observed in this aspect. The National Council on Disability Affairs (NCDA) put the estimate of PWD already been issued the national ID as of February 2012 at 113,000 nationwide or roughly about 12 percent of the 942,000 estimated PWDs in the country based on the 2000 Census.

In the target areas of the two rounds of survey conducted, recent developments have been noted in terms of distribution of IDs based on administrative records of the local governments. In Valenzuela, all 2,634 PWDs (100%) registered with the City Social Welfare Office already have ID cards as proof of their being PWD as of the time this paper is being written. This is likewise the case in Quezon City's 8,150 registered PWDs. Pasay likewise



claims based on their administrative data that they have already covered all the 1,118 registered PWDs in the city. Makati however, has a different case. Because Makati has issued mostly a local version of the PWD ID to its PWD citizens, which is different from the national ID that the government is mandated to issue with respect to stipulations of the RA 9442, not all PWDs or their representatives have yet returned to the City to secure their new national ID probably because they still find the old one useful. As of March 2012, 77 percent of the 3,597 registered PWDs in Makati already possess the national ID. On the other hand, the local ID, which is provided only to registered voters of the city of Makati, provides privileges to PWDs in various establishments within the city including free admission to cinema and free local transportation among others.

Meanwhile, in Rosario, Batangas where the survey was conducted in November 2010, 60 percent of all PWDs registered to the local government have already been issued an ID as of November 2011 based on administrative data. Back in 2010, the survey showed that only 9 percent of the PWDs possess ID.

Fast tracking the issuance of IDs is a very important initial step. But this should be carried out hand in hand with an extensive information campaign. As shown earlier, there is little knowledge by the PWDs on the policies that are meant to advance their well-being. The role of the community volunteers and leaders, due to their proximity to the PWDs, is critical because they serve as channels from whom PWDs get useful information from the outside world particularly for PWDs in poor households. Future research should look into how the newly-formed PDAO (Persons with Disability Affairs Office) in the local governments will make an impact to the life of PWDs. Improving the capacity of these volunteers and enhancing the incentive system for them are highly commended.

Furthermore, the volunteers together with the strong support of the local leaders are a key to helping the PWDs organize themselves not only for socialization purposes but also for educational and other matters they deem important. Self-organization is shown to be linked positively with awareness and is an important step towards empowerment because then PWDs would have more solidarity and voice in expressing their ideas and thoughts on not only matters that concern them but the community in general.

Because of the constraints PWDs face, they normally expect local volunteers and leaders and other stakeholders wishing to extend knowledge, information, and other forms of assistance to take the initial step, to be the one to come to them literally. In the survey, many of them responded that no one goes to them when asked why they do not know about disability laws or related programs of the government. This reflects their circumstances of not being able to go out or not having the chance to go out because of varying factors as pointed out in this book.

Meanwhile, improving the implementation and enforcement of disability laws entails a serious effort to educate the public. In terms of enforcement for instance, making the rules known to all parties concerned particularly the establishments/facilities that ought to provide discount privileges as well as prospective employers of PWDs seeking employment is very essential.

Improvement in local infrastructure, hard and soft, means fostering an enabling environment for the improvement of the PWD's and other marginalized groups' welfare. For instance, instituting an effective mechanism for PWDs to communicate with leaders through their own organization helps them in conveying their needs and other matters they wish to convey to the community. Moreover, because the physical environment where many PWDs reside is too limiting, enforcing the accessibility law, improving the condition of roads and boosting safety

within the community would significantly improve the PWDs' and their families' well-being, and that of the community's entire population. Improving local infrastructure such as roads is not only helpful to unburden PWDs in their effort to participate in the society's social and economic affairs but is something crucial to improve the well-being of the community in general. Llanto (2011, p.7) noted that compared to national roads which have a pavement rate of 69 percent, only 14 percent of local roads are paved. His study was conducted in the context of improving the investment climate in the localities. For people who are physically constrained to get to their destination like PWDs, elderly, and the sick, having a good quality of road doubly matters.

Ultimately, the PWDs motivation to come out and be part of the community is strongly affected by their economic condition. The truth is—many PWDs, both in rural and urban settings, suffer from abject poverty that is why they have very limited opportunities to partake in social and economic affairs. Many live in informal settlements where movement is literally difficult. Most are unemployed and physically isolated because of being pushed into the periphery. The government should look into the possibility of targeting poor families with PWD member(s) in its poverty reduction and human resettlement programs.

### **Concluding remarks**

The Philippines has laid down the groundwork for improving the welfare of persons with disability. It has the needed comprehensive legal framework and is making progress in forming institutional structure at the local level. However, in terms of implementation and enforcement, the fruits of these initiatives are still far from being truly felt by many PWDs. For instance, they rarely avail of discount privileges simply because they rarely go out and mingle with other people. They experience much difficulty in going to places as basic as the market. Most are poor, unemployed, and isolated. While there are policies that promote their right for economic independence, they are lowly capacitated and untrained. Unlike those

without disability who can still function amidst poor physical infrastructure, they are left helpless. There is a multitude of interplaying factors that constrain them from participating. Therefore, the advancement of their wellbeing requires no less than the concerted efforts of all—their families, the immediate communities, the local and national government, and the general public.

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<sup>1</sup> ESCAP in its publication titled Disability at a Glance (2010) indicates that India and Philippines are at par with developed economies—Japan and Republic of Korea in the Asia-Pacific region which are considered to have a comprehensive legislative and policy framework for disability. All four countries have: 1) comprehensive disability law; 2) disability-specific anti-discrimination law; and 3) national plan of action (Summary Table, p.19).

<sup>2</sup> Source: [lowvisiononline.unimelb.edu.au](http://www.lowvisiononline.unimelb.edu.au)

<http://www.lowvisiononline.unimelb.edu.au/Screening/acuity.htm>