

Capabilities of Persons with Disability (PWD) in Vigan City, Ilocos Sur

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ABSTRACT

The study determined the capabilities of persons with disability in the municipality of Vigan, CY2016. It looked into the significant relationship between the respondents' level of capability and their personal-related factors, the category and cause of disability. Descriptive research, utilizing adopted questionnaire- checklist in gathering data of the 126 PWDs, frequency, percentage and simple linear correlation analysis was used to treat data. The respondents were the young adult, males, single, elementary undergraduate, no job, living with immediate family members, subsequently a primary support system. Sustained Orthopedic/ musculoskeletal disability, congenital in nature, "high" in physical capability and performance of ADL while "fair" in communication. Their capabilities are significantly related to civil status, educational attainment, occupation, providers of support system, category and cause of disability while inversely related to sex. A stronger collaboration between associations and agencies is recommended in providing assistive devices, socialization activities and occupational therapy to maximize capabilities. The local agencies should implement strictly the RA 7277, mandating full access to education, transportation, technology, employment and other life experiences that would enhance rehabilitation, self-development as well as self-reliance of PWD; and, the local government unit should always update PWD statistics.

Keywords: persons with disability, physical capability, communication capability, activities of daily living, Philippines

Introduction

The beauty of life depends on how a person perceives. Some would say life is not difficult, satisfying, and marvelous, on the other hand, others view as crucial, full of hardships or misery. Some consider life as challenging particularly to persons with imperfections attributed by physical,

emotional and social incapacities which maybe present from the unborn state up to the older stage. These imperfections maybe an obstacle to independence in reaching personal goals, may affect them to face the challenges with positivity, influencing their capacity to attain their aspirations and

motives. Limitations in performing and achieving the least or most basic necessity for oneself is named as Person with Disability (PWD), and they are vulnerable to face discrimination, bullying, insult, abuse or assault. Like anyone else who is striving to look for means to sustain and satisfy daily needs, some PWD resort to begging on church premises, market, food chain establishments and in other public places. Some are wanting to be productive, to have decent jobs but there are challenges posted on them like discrimination at the workplace, lack of knowledge and skills.

Republic Act 7277 other known as Disability Act of the Philippines defines disabled persons as those suffering from a restriction of different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being. It is congruent with the World Health Organization International Classification on Functioning, Disability, and Health that persons with impairments manifest problems in body functions and alterations in body structure, activity limitations exhibiting difficulties in executing activities and participation restriction. Disability as a loss of function at the level of the whole person which may include inability to communicate or to perform mobility, activities of daily living, or necessary vocational and avocational activities (Miller-Keane, 2003). May be categorized as skeletal and neuromuscular disabilities either weaken or gradual degeneration of bones, nerves, muscles and blood vessels. Skeletal problems like fracture, arthritis, incorrect posture and deformation of the vertebra while incoordination of limbs, muscular weakness, loss of control over muscles, limited activity, spastic and involuntary

twitches, and stiffening of the muscles under the neuromuscular disorders.

According to the United Nations (UN), about 10% of the world's population has some disability, and an estimate by the WHO show a rapid increase in this number every year. Furthermore, about 80% of individuals with disabilities, across the globe, residing in developing countries, wherein a significant number remain unemployed. Also, the International Labor Organization (ILO) states that in some countries, around 80% of the disabled population fails to seek any employment because employers think that people with disabilities are less productive than people with none (Medical- Dictionary). Based on the statistics of the DSWD household survey of "Pantawid Pamilyang Pilipino" in 2011, there were 302,421 PWDs out of 4,446,649 household members. Estimates for PWD using WHO formulation, Garcia, (2014) reported that in 2015 there was 2,129,450 estimates at 20.7%, by 2020, an estimate of 2,228,840 PWD at 19.9% of total population. In Vigan City, there were 240 recorded PWD in 2016.

Significance of the Study

The researcher who once participated as an assessor of PWD in the locality under the humanitarian extension program of the Latter Day Saints Charities Inc., was given the opportunity to mingle and observe, eventually developed the interest to know the lives of PWDs. Given a chance to establish a professional contact with them, many PWDs were observed as already on the adult stage and supposedly can still

contribute in the working force, can earn for a living to sustain themselves if not for their families. Many stay in their homes dependent upon the support and assistance of relatives and significant others. Hence, this study was conceived to determine the capabilities of persons with disability in Vigan City. To investigate their restrictions or lack of functional ability to perform an activity within the normal range. The results of this study is hoped to address the needs and concerns of PWD in the locality and on how to provide appropriate interventions that will challenge them in facing life ahead despite dependency, depression, and social stigma. Likewise, hoped to contribute in the formulation of appropriate strategies in translating enacted laws into actions that would enhance their participation in their home and community, doing away with the image as charitable objects or subjects of pity.

Review of Related Literature and Studies

Disability's moral model of Kaplan (2000) disability was associated with sin, shame, and feelings of guilt. They tend to hide the DA member, keeping them out of school and excluding them from having a meaningful role in society resulted in social ostracism and self-hatred. Kaplan's medical model, the disabled is in the sick role, they become exhausted from the usual obligations of society; going to school, getting a job, taking a family responsibility and social obligations.

An article disclosed research on the experiences of mothers who are wheelchair users in their roles of homemaking and parenting. The three major themes that were uncovered are: lived space restricting

personal autonomy, advocacy strategies to secure appropriate housing, wheelchair, and comfort. Findings showed that women did not have the freedom or economic resource to seek out new living arrangements or make modifications to existing environments, lack of space, stairs, hard to reach spaces, poor transportation, and limited communication access were the barriers (American Journal of Occupational Therapy, 2003).

The design of homes of stroke survivors whom all lived in the community allowed them to manage their self-care activities but not all of their household activities. The outside design of the home posed difficulties, with uneven ground and poor lighting and stair access. Inside the home, space was a problem, particularly for stroke survivors using wheelchairs. These results show that the housing environment is not experienced similarly by all old persons (Reid, n. d.).

Physical capability is often affected by organic problems, degenerative diseases aside from being born with a disability. Ken dig et al. (2000) articulated about the physical capability that there are biomarkers of healthy ageing. They tested the associations of grip strength and walking; timed get up and go, and chair rise speeds (assessed at ages 53-82 years) with good mental well-being. The result was the higher levels of physical capability associated to higher subsequent levels of wellbeing. This association could be acting directly or through associations of lower physical capability with the increased risk of functional limitations and disability, outcomes shown to negatively influence mental well-being.

Objectives of the Study

The main objective of the study is to determine the capabilities of persons with disability (PWD) in Vigan City, the Calendar Year 2016. Specifically, it sought to determine the personal-related factors of the PWD such as: age, sex, civil status, educational attainment, occupation, type of family, and support system; the category of disability which includes: mental/intellectual, hearing, psychosocial, visual, speech, orthopedic/ musculoskeletal, multiple disabilities; the level of capability of the PWD regarding physical, communication, and activities of daily

living. Furthermore, it determined the significant relationship between the level of capability of the PWD respondents and their personal-related factors, category and cause of disability.

Conceptual Framework

This study determined the level of capability of PWDs in Vigan City, the relationship between the capability levels and the personal –related factors, category, and cause of disability of PWDs in Vigan City. The researcher envisioned the relationship between the variables as shown in Figure I.

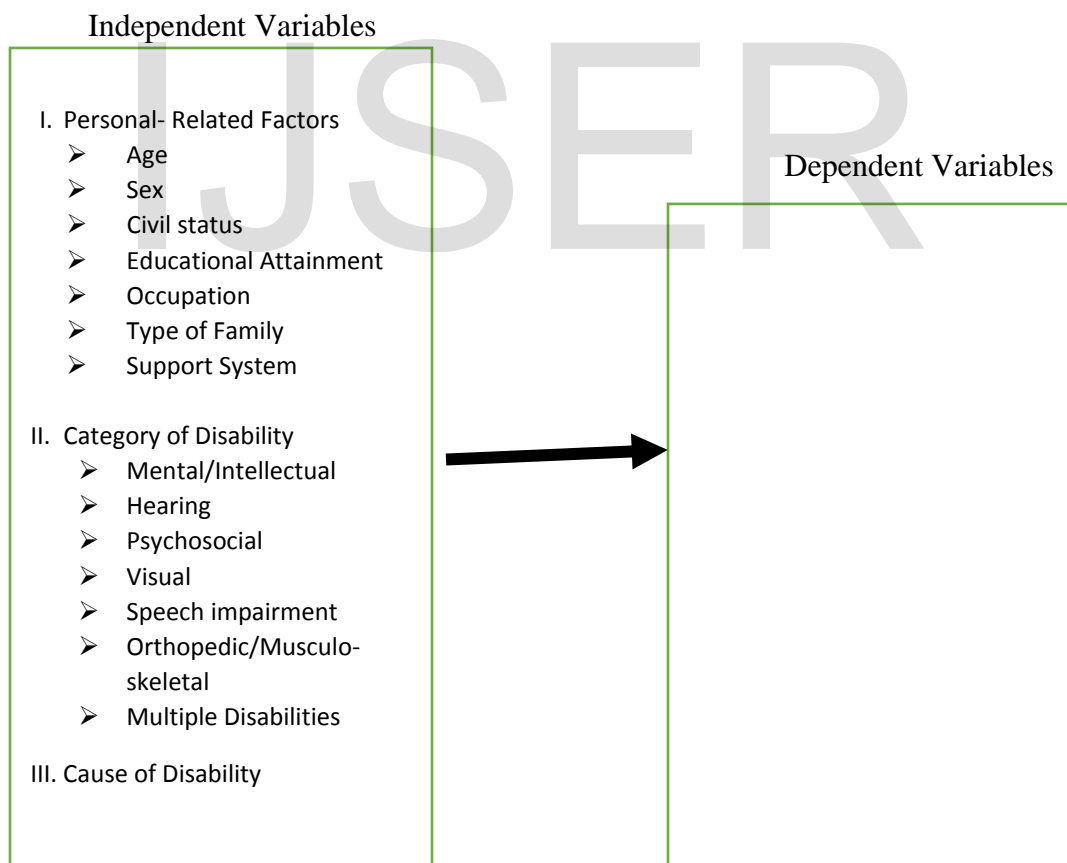


Figure I. Research Paradigm

A research Paradigm showing the relationship between the level of capability of the PWDs, and Personal - related factors, category, cause of disability

Methodology

Research Design. This study made use of the descriptive –correlational method of research. It described the level of capability of the PWD, their personal-related factors, the category and cause of disability. Furthermore, it described the relationship between the level of capabilities of the respondents and their personal-related factors, category and cause of disability.

Population and Sample. The respondents were the 126 adults PWD presently residing in Vigan City. Purposive

sampling and snowball technique were employed.

Data-GatheringInstrument. An adopted questionnaire checklist from the American Disability Act was used to gather data. Part I gathered the personal related factors. Part II identified the category and cause of disability. Part III determined the level of capability of the respondent. The tool was content validated by a pool of experts.

The researcher used the norms below to determine the level of capability of respondents:

Data Gathering Procedure. The

The participants were not subjected to harm,

Numerical Value	Statistical Range	Item descriptive Rating	Overall
5	4.21-5.00	Always (A)	Very High (VH)
4	3.41- 4.20	Often (O)	High (H)
3	2.61- 3.40	Sometimes (So)	Fair (F)
2	1.81 – 2.60	Seldom (Se)	Low (L)
1	1.0 – 1.80	Never (N)	Very Low (VL)

researcher sought permission from the City Mayor, Barangay Captains and Head of the City Department of Social Welfare and Development (DSWD) to conduct the study and float questionnaires to the respondents under their jurisdiction. Data gathered through observation and informal interview

their dignity was respected. The researcher observed privacy and non-disclosure of information.

Statistical Treatment of Data.

Frequency, percentage, mean and Simple Linear Correlation Analysis were used to treat and interpret the data gathered.

RESULTS AND DISCUSSIONS

Personal- Related Profile of the Respondents

A great number of the respondents (25.4%) belong to 18-24 years of age. The majority are males (68.25%) while the females are 31.75%. On civil status, a great

Ethical Considerations. Before the gathering of data, the proposal was reviewed by the University Ethics Review Committee, the researcher had complied all the requirements by incorporating all suggestions, and approval to conduct the study was sought.

majority of the respondents are single (76.2%) while only a few are married (15.9%). Regarding education, many (30.2%) are elementary undergraduates (20.6%). Along occupation, more than half (76.6%) have no job. This implies that they belong to early adulthood and can still do a lot for the future.

The development and maintenance of self-image and self-esteem are among the

psychological functions of the family. As to the type of family, the majority of the respondents (66.7%) are living with an extended or nuclear family in which a father, mother, siblings or children are the providers of essential needs. A few number (15.9%) are living with close and distant relatives. Finding implies that a Filipino family is strongly knitted and culturally bonded.

Table 1
 Distribution of Respondents regarding Support System

Support System	<i>f</i>	%
Provider of Financial Assistance		
None	10	7.9
Family	68	54.0
Relatives	32	25.4
Community	14	11.1
Friends/Sponsors	2	1.6
Total	126	100.0
Provider of Immediate Care		
None	8	6.3
Family	74	58.7
Relatives	28	22.2
Community	16	12.7
Total	126	100.0
Provider of Household Necessities		
a. None	34	27
b. Family	56	44.4
c. Relatives	20	15.9
d. Community	16	12.7
1. Total	126	100.0
Provider for Activities of Daily Living		
None	68	54
Family	32	25.4
Relatives	10	7.9
Community	16	12.7
Total	126	100.0
Provider of Incapacity Benefit		
None	104	82.5
Family	6	4.8

Community	16	12.7
Total	126	100.0
Provider of Assistive Devices		
None	96	76.2
Family	6	4.8
Relatives	4	3.2
Organization/Community	20	15.9
Total	126	100.0

On Support System

As an individual with special needs, support system is very important in meeting survival needs and who could provide support services to ensure a life without limits for people with a spectrum of disabilities.

Along **providers of financial assistance**, data show that the family was considered by the majority of respondents (54%) as a primary source of monetary support followed by a substantial number of respondents (25.4%) which accounted to relatives like cousins, nieces, and nephews. Furthermore, support to sustain for a living could also attributed to friends, local and international sponsors as claimed by the least number of respondents (1.6%).

Along **providers of immediate care**, immediate family members (58.7 %) is considered the highest provider especially in times of illness and helplessness. Relatives are found to be sources of caring support as revealed by a great number (22.2%). On the other hand, few of them (12.7 %) disclosed that assistance of immediate care was also attributed to community organization like fellow PWD staying in “*Tahanang Walang Hagdanan*”, *private OFWs* and neighboring residents. Unfortunately, the least number (8 or 6.3%) was found out that no one is providing them the care they need especially when she or he feels sick.

Along **providers of household necessities**, the respondents have impairments that hinder them to function, unlike normal individual who can freely move to do whatever important to them whether at home or to any place significant for survival. A mark percentage of respondents (44.4%) disclosed that their family is the one’s doing in their behalf the household tasks like cooking and serving food, cleaning the house, bringing closer the needed furniture and materials like chairs. Many of them (15.9%) consider their relatives to be the providers of household necessities to keep their place orderly, safe and clean. A mark percentage of respondents (27%) claimed that no one could provide his or her assistance regarding household necessities. The aid of community was recognized by some respondents (12.7%) who willfully perform some tasks for them.

Along **provider of support in activities of daily living (ADL)**. The respondents have restrictions to function fast and precise which necessitates, therefore the need for a support provider. Performance of ADL is done mostly by the respondents (54%) that no one assists them. It could be an indication that the type of tasks could be performed within the capability of the respondents. A mark number of respondents (25.4%) claimed that their family can assist when sought in doing the ADL like feeding self, bathing, grooming oneself and fixing

tight clothing, in the use of utensils and fixtures. The community was considered by a mark percentage (12.7%) who can assist them regarding ADL in like manner that they provide immediate care and household necessities. However, relatives to some degree were found to be the least number (7.9%) to extend support and assistance.

Along **provider of incapacity benefit**, most of the respondents (82.5%) were not provided any assistance. A small number (12.7%) recognized the efforts of local and international sponsors, religious groups, the community *Tahanang Walang Hagdanan (TWH)* as the primary sources of

financial support for hospitalization and monthly subsistence.

Along **provider of assistive devices**, one of the essential needs of PWDs to facilitate movement and activity is the use of assistive devices. Most of the respondents (76.2%) claimed that no one provided them with crutches, cane, walkers, wheelchairs, prosthesis, eyeglasses, hearing aids, and other devices to facilitate perception and mobility. On the other hand, a considerable number of respondents (15.9%) recognized the community (TWH)/religious group as supportive entities in providing these devices.

Table 2
 Distribution of Respondents According to the Category of Disability

Category of Disability (Multiple Response)	<i>f</i>	Rank
Orthopedic / Musculoskeletal	68	1
Speech Impairment	17	2
Learning Disability	16	3.5
Psychosocial	16	3.5
Mental	13	5
Multiple Disability	12	6
Visual	6	7
Hearing	2	8

Table 3 shows the category of disability, the top most category is orthopedic or musculoskeletal deformity which ranks one followed by speech impairment ranks second, and the third are psychosocial and learning disabilities. The least category is visual and hearing which rank seven and eight respectively. Orthopedic impairment is a condition adversely affecting mobility, balance and sensation which have caused by congenital anomaly (e.g. clubfoot, spine structural deformity, absence of toes/ fingers etc.),

impairments caused by a disease (e.g. poliomyelitis, spine bifida, Potts disease, etc. and impairments from other causes (e.g. stroke, cerebral palsy, amputation, and fractures or burns which cause contractures).

As to the primary underlying causes of the disability, more than half of the respondents (52.4%) were already born with the impairment, they live and grow with it and reached adulthood with a handicap. Many (41.3%) acquired the impairments as a result of a chronic illness like

poliomyelitis, meningitis, cardiovascular and cerebrovascular accidents, epilepsy, arthritis, renal failure, cataracts, glaucoma, clubfoot and spine deformities. The least number (6.3%) attributed to injury from

vehicular accidents, and falls that resulted in disability. This implies that when they were conceived perhaps the need for a comprehensive prenatal check-up was not taken seriously by their mothers.

Table 3
Item Mean Rating Showing the Physical Capability of Persons with Disability

Physical Capability	\bar{x}	DR
1. Can maintain body equilibrium to prevent falling while		
a. walking	3.52	O
b. standing	3.43	O
c. crouching on narrow, slipping or erratically moving surfaces	3.32	So
2. Can bend body downward and forward by bending spine at the waist to an hour	3.48	O
3. Can ascend or descend using feet and legs and or hand and arms on :		
a. ladders	3.43	O
b. ramps	3.49	O
c. stairs	3.46	O
4. Can crawl moving about on hands and knees or hands and feet	4.16	O
5. Can physically transport items weighing from one location to another:		
a. less than 15 lbs. (light carrying)	3.75	O
b. 15 to 44 lbs. (moderate carrying)	2.89	So
c. 45 lbs. (heavy carrying)	2.06	Se
6. Can pick, pinch type or otherwise work primarily with fingers rather than with the whole hand and arm	4.32	A
7. Can grasp by applying pressure to an object with fingers and palm	4.33	A
8. Can kneel by bending legs at knees to come to rest on one or both knees to move than an hour a day	3.56	O
9. Can raise objects from a lower to a higher position or moving objects horizontally from one position to another		
a. less than 15 lbs. (light carrying)	3.71	O
b. 15 to 44 lbs. (moderate carrying)	2.83	So
c. 45 lbs. (heavy carrying)	2.24	Se
10. Can make use of upper extremities to exert force to draw, drag, haul or tug objects in a sustained motion	4.16	O
11. Can make use of upper extremities to press against something with steady force to thrust forward, downward or upward	4.38	A
12. Can extend hand and arm in any direction	4.48	A
13. Can perform substantial movement of the wrist, hands or fingers for sustained periods of time	3.45	A

14. Can sit particularly for sustained periods of time	4.67	A
15. Can stand momentarily at more than an hour	3.65	O
16. Can walk by moving about on foot particularly for long distances	2.56	Se
17. Can move oneself from seated to standing and get in and out of bed	4.25	A
18. Able to detect color	3.45	O
19. Able to read fine lines, printed usual type size (F12)	3.27	So
20. Able to hear, understand and able to give appropriate response	3.68	O
Over-all	3.81	HIGH

The respondents have a “High” physical capability of performing basic body structural activities. It is evident in their responses backed up by the assessment that they can “Always” sit particularly for sustained periods of time can extend hand and arm in any direction and make use of upper extremities to press against something with steady force to thrust forward, downward, or upward. This finding may

imply that despite of the physical impairments the PWD learn to live with independence, can maximize their potential and perform tasks with less difficulty than peers have. They may have lost body integrity due to loss of control over his body, loss of control of the environment and loss of control of affective responses (Cardona, 2010).

Table 5
Item Mean Ratings Showing the Communication Capability of Persons with Disability

Communication Capability	\bar{x}	DR
1. Able to understand what others are saying in normal conversation	3.57	O
2. Able to understand, remember, and apply oral/ and or written instruction or other information	3.46	O
3. Able to organize thoughts and ideas	3.49	O
4. Able to understand and follow basic instructions	3.62	O
5. Able to count accurately	3.14	So
6. Able to add, subtract, multiply, divide accurately	3.14	So
7. Able to attend community meetings/ social gatherings/ religious activities	2.84	So
Over-all	3.32	FAIR

On communication, the respondents have a “Fair” capability of interacting with their social environment. As shown in the table, the respondents “Often” understand and follow basic instructions; understand what others are saying in a normal conversation, and can organize thoughts and

ideas. However, attendance at community meetings, social gatherings, and religious activities are “Sometimes” considered. Cardona et al. (2010) claimed that the key to the assessment of impairment is a determination of the degree of change in function which should include the patient’s

attitude, participation in the activities of daily living, mobility, social activities and the type of support systems available. The

best prognostic indicator seems to be activity and independence of the person along outlook toward life.

Table 5
Item Mean Ratings Showing the Capabilities of Persons with Disability regarding Activities of Daily Living

ADL Capability	\bar{x}	DR
1. Able to take a bath independently	4.03	O
2. Able to select clothing	4.00	O
3. Able to put on clothing and undress without assistance	4.02	O
4. Able to groom hair and nails	3.78	O
5. Can brush teeth and dentures, if there's any	3.81	O
6. Able to go to toileting without assistance and control bowel and bladder	4.19	O
7. Able to prepare and cook food without assistance	3.48	O
8. Can wash dishes and kitchen utensils	3.63	O
9. Able to prepare and administer own medications at proper time and correct dosage, if there's any	3.48	O
10. Able to wash own underwear and clothes	3.40	So
11. Can do housekeeping like sweeping the floor, wiping dust.	3.63	O
all	Over-3.77	HIGH

Table 5 exhibits that the respondents have a “High” capability of performing the activities of daily living. They can “Often” go to toileting without assistance and can control bowel and bladder, take a bath independently and put on clothing and undress without assistance. This may mean that the musculoskeletal function of the upper and lower extremities of the

respondents have still some degree of strength. This finding is in congruent with Orem’s theory of Self-care on the practice of activities that individuals personally initiate and perform on their behalf to maintain life, health, and well-being. When effectively performed, it helps to maintain structural integrity and human functioning and contributes to human development.

Table 6.
Relationship between the Level of Capability of the PWD and their Personal Characteristics

Variables	Physical Capability	Communication Capability	ADL	Over-all
	Value	Value	Value	Value
Age	-.114	.008	.022	-.020
Sex	-.058	-.310**	-.287**	-.297**
Civil Status	24.249 (χ^2 value)	48.250 (χ^2 value)	28.233(χ^2 value)	28.030 (χ^2 Value)
Educ. Attainment	-.084	.523**	.412**	.375**
Occupation	.204*	.213*	.293**	.289**
Type of Family	21.403 (χ^2 value)	17.740 (χ^2 value)	25.702(χ^2 value)	20.213 (χ^2 value)

*significant at 0.05 probability level

**significant at 0.01 probability level

The over-all capabilities of respondents are significantly related to their civil status, educational attainment, and occupation. Invariably, the over-all capabilities of the respondents yielded an inverse significant relationship with sex on the contrary, age, and type of family did not show significance.

When taken singly, the physical capability of respondents is significantly related to

civil status, occupation, and type of family. Correspondingly, their communication ability is significantly related to civil status, educational attainment, and occupation while an inverse significant relationship was found out with sex. Their ability to do the activities of daily living is significantly related to civil status, type of family, educational attainment and occupation while sex was inversely significantly related.

Table 7

Relationship between the Levels of Capability of Persons with Disability, and their Support System

Support System provider	Physical Capability	Communication Capability	ADL	Over-all
	χ^2 - value	χ^2 - value	χ^2 - value	χ^2 - value
Financial assistance	44.579	32.578	25.533	27.666
Immediate care	31.975	18.563	24.944	31.185
Household necessities	22.967	34.672	49.445	47.969
Activities of daily living	51.473	56.564.	105.602	92.984
Incapacity benefit	26.431	16.854	19.369	15.552
Assistive devices	85.649	25.848	25.848	78.880

Table 7 exhibit a significant relationship between the over-all capabilities of PWD and the providers of support system. When taken singly, their physical capabilities are significantly related to the providers of financial assistance, immediate care, household necessities, and activity of daily living, incapacity benefit, and assistive devices.

Their ability to communicate significantly related to the providers of financial assistance, household necessities, the activity of daily living, incapacity

benefit, and assistive devices. However, the provider of immediate care did not yield significance.

Performance of the activities of daily living had shown a significant relationship with the providers of immediate care, household necessities, and activity of daily living, incapacity benefit, and assistive devices. On the other hand, financial assistance did not yield any significance. This implies that family bears an ample responsibility.

Table 8
 Relationship Between the Capability of PWD and their Category of Disability and Cause of Disability

		Physical Capability	Communication Capability	ADL	Over-all
		χ^2 - value	χ^2 - value	χ^2 - value	χ^2 - value
Category of Disability	of	112.052	220.267	139.32	156.946
Causes of Disability	of	36.280	23.868	8.312	18.167

It is worthy to note that the capability of the respondents when taken as a whole, is significantly related with the category of disability and the cause of the disability. When taken singly, their physical capabilities, communication ability are

significantly affected by both category and cause of disability. Further, their ability to perform activities of daily living is also affected significantly by the category of disability while the causes of disability did not yield a significant relationship.

Conclusion and Recommendation

Based on the findings, the following conclusions and recommendations are at this moment forwarded:

The respondents are young adults, males and single, elementary undergraduate, no job, living with immediate family members. The family is the primary support system who provides financial assistance, immediate care, and household necessities. Majority surfaced that no assistance provided regarding activities of daily living, incapacity benefit, and assistive devices. Orthopedic/ musculoskeletal disability ranks first in the category and congenital or inborn in nature. There is “High” physical capability, “Fair” in communication, and “High” in the ability to perform activities of daily living. The capabilities of respondents is significantly related to their civil status, educational attainment and occupation providers of support system regarding financial assistance immediate care household necessities, activities of daily living, incapacity benefit, and assistive devices, category of disability and the cause of the disability, while inversely related with sex

The following recommendations are forwarded for consideration:

1) Despite of disability, the PWD was able to maximize their physical capabilities and potentials in communicating, there should be a closer collaboration between associations and agencies in providing appropriate assistive devices, socialization activities and occupational therapy to improve their quality of life.

2) The local government, educational and health institutions should implement strictly the RA 7277, mandating full access to education, transportation, technology, employment and other life experiences that would enhance rehabilitation, self-development, and self-reliance of PWD;

3) The local government unit should keep PWD statistics updated to identify all PWDs and address their concerns correctly.

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