

**Community participation as a pathway to empowerment  
among persons with disabilities: Basis for program empowerment**

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**ABSTRACT**

This study investigated the involvement of individuals with disabilities (PWDs) in community engagement and social inclusion in Tabuk City through a mixed-method explanatory sequential design. We used Slovin's technique to randomly choose 379 people from a pool of 2,726 registered PWDs. Structured surveys, in-depth interviews, and focus group discussions were used to collect data. The results showed a moderate level of participation (mean = 2.91), which means that PWDs are somewhat involved but not to the fullest extent. Social Inclusion and Programs and Services were rated the best, but accessibility was rated the lowest. This shows that there are problems such as insufficient infrastructure, transportation concerns, lack of information, and experiences of prejudice. But local government support, inclusive programs, and personal motivation were found to be the most important factors that helped people get involved. There were no major changes when participation was grouped by demographic profile, which means that problems are widespread throughout all PWD segments. The study concludes that enhancing accessibility, inclusive practices, and support systems is crucial for the full participation and empowerment of persons with disabilities (PWDs) in community development. Subsequently, it is recommended that Local Government Units and the Persons with Disability Affairs Office fortify programs that encourage the active involvement of PWDs in community decision-making, while leaders and organizations must guarantee consistent dissemination of information to elevate awareness of services and rights. To get rid of physical obstacles, we need to keep putting money into accessible infrastructure and transportation. We also need advocacy and training programs that teach people to respect and have positive attitudes toward PWDs. Expanding programs that help people make a living, learn new skills, and gain power will make them more independent and provide them more chances to make money, which will raise their confidence and involvement in communal life. Lastly, future studies should look into things like how policies are put into action, environmental constraints, and societal attitudes to help community development that includes everyone.

**Keywords:** PWDs, inclusion, participation, engagement, explanatory, empowerment.

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## INTRODUCTION

People with disabilities (PWDs) still face systemic hurdles to full participation in society all around the world. Even though countries around the world are working to make things more inclusive and fairer for everyone, many communities still don't have the right structures, attitudes, and practices in place to facilitate meaningful participation for people with disabilities. Social inclusion, which means making it easier for disadvantaged people to take part in society, is a basic idea behind human rights and sustainable development. It entails more than mere physical access or the elimination of legal impediments; it includes equitable possibilities for engagement in education, work, governance, and cultural activities.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is one of many international agreements that demand for disability inclusion. It stresses the importance of dignity, non-discrimination, full participation, and accessibility. The 2030 Agenda for Sustainable Development also promises to "leave no one behind." Several of the Sustainable Development Goals (SDGs) focus on the rights and inclusion of people with disabilities, especially in goals related to ending poverty, improving education, getting people jobs, and reducing inequality.

Over one billion people with disabilities live in low- and middle-income countries, and they are still some of the most marginalized people in the world. They face stigma, discrimination, and institutional barriers that make it hard for them to get an education, a job, health care, and participate in politics. These disadvantages result in diminished educational achievement, deteriorating health, and increased vulnerability to poverty, with women, older individuals, and people with Psychosocial Disabilities facing compounded prejudice. These kinds of unfairness go against the promises made in the Sustainable Development Goals (SDGs), which call for good jobs, accessible environments, and education for everyone. However, evidence indicates that social inclusion via education, employment, and community engagement improves dignity, self-esteem, and economic prospects while confronting discriminatory practices. Countries like India, Cameroon, and Guatemala have used effective interventions like community-based rehabilitation, inclusive schooling, and personal assistance to reduce isolation. This shows how important it is to have policies that break down barriers and encourage meaningful participation at all levels.

Even if these policies are getting better, there is still a big gap between what the law says and what happens in many countries. Community-level engagement, which is very important for promoting social inclusion, often doesn't have enough coordination, awareness, or design that works for everyone. In a lot of places, people with disabilities (PWDs) are still not allowed to take part in decision-making, public services, or initiatives for social development.

Cultural stigma, a lack of resources, and a lack of expertise within local institutions frequently make these exclusions worse. To understand how international and national commitments affect actual life, it's important to look at how community involvement methods help or hurt the inclusion of people with disabilities. This kind of analysis also helps find best practices, new ideas that work in the area, and structural problems that need to be fixed. This research enhances the expanding worldwide evidence required for inclusive policy-making, particularly in areas where data on disability inclusion is limited or insufficient.

This study seeks to rigorously evaluate the scope and efficacy of community engagement methods that influence the inclusion of individuals with disabilities. It aims to connect the gap between what politicians say and what people actually experience, giving us information that is useful not just at the local level but also in the larger global conversation about disability rights and inclusive development.

According to the World Report on Disability (2021), 15% of the world's population has some kind of disability. This is much greater than the 1.57% stated in the 2010 Philippine Census, which nevertheless means that roughly 1.44 million Filipinos have a handicap. The Philippines signed the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008. It changes how we think about disability by saying that it is the interaction between impairments and barriers in society. It also says that people with disabilities (PWDs) are rights-holders and active contributors, not just passive aid recipients. Many institutions still adopt top-down methods that don't let people really participate in the community, even if grassroots groups like the Philippine Coordinating Center for Inclusive Development (PCCID) are working to change this.

The research on assessing and comprehending the social inclusion and community participation practices of individuals with disabilities in the Philippines is based on numerous fundamental legal and regulatory frameworks. Republic Act No. 7277, also known as the Magna Carta for Persons with Disabilities, is the most important law. It sets out the rights of people with disabilities (PWDs) to rehabilitation, services, education, employment, and participation. It is the main law that supports anti-discrimination and inclusion measures.

Republic Act No. 9442 and Republic Act No. 10524 make the Magna Carta stronger by changing the language, improving benefits, and making more jobs available. This makes employment and participation stronger as signs of social inclusion. Batas Pambansa Blg. adds to them. The Accessibility Law, also known as 344, and its rules and regulations require buildings, institutions, and public utilities to include accessibility features. They also help us figure out what physical-environment limitations there are to community engagement. The Philippines signed the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2008, which set worldwide criteria for participation, non-discrimination, and accessibility. These norms serve as guidelines for inclusion. The Mental Health Act, also known as Republic Act No. 11036, protects the rights of people with mental health conditions by fighting stigma and encouraging inclusion in schools and workplaces. This is important when breaking down data by type of impairment, including Psychosocial Disabilities. The National Council on Disability Affairs (NCDA) issues implementing rules, circulars, and updated regulations that support these national laws. Local government ordinances that set up accessibility requirements, create PWD registries, and offer inclusive programs are also important sources of measurable indicators and administrative data for city-level research. These legal bases together make a complete system for getting operational indicators, making sure that data is broken down by impairment type, gender, age, and location, and checking results through administrative records and community-level involvement.

Even though the Philippines signed the UNCRPD and has important national laws like the Magna Carta for Persons with Disabilities (RA 7277) and the Accessibility Law (BP 344), there is still not enough real-world, local evidence on how people with disabilities (PWDs) actually experience social inclusion in their communities. Current data is insufficient, since the Philippine Census indicates a PWD prevalence of about 1.57%, significantly lower than the global estimate of 15%. This disparity suggests considerable underreporting and inadequate measurement instruments. Furthermore, whereas national policies prioritize participation and rights, there is a scarcity of research that systematically evaluate the quality and efficacy of community engagement methods (e.g., grassroots organizing, participatory governance, local program implementation) that facilitate or obstruct the inclusion of persons with disabilities (PWD).

Current research predominantly emphasizes service provision or infrastructure accessibility, resulting in a deficiency in comprehending the lived experiences, agency, and intersectional barriers encountered by persons with disabilities (PWDs), particularly women,

older individuals, and those with psychosocial disabilities in specific Philippine contexts such as Tabuk City or other resource-limited urban and rural areas. This gap underscores the necessity for mixed-methods research that statistically assesses inclusion while also elucidating the intricate social, cultural, and institutional determinants influencing PWD engagement in community life.

### Statement of the problem

This study will focus on Measuring and Understanding Social Inclusion: A Mix-Methods Study on the Community Engagement Practices of Persons with Disability in Tabuk City. Specifically, it will seek to answer the following questions to wit:

1. What is the demographic profile of respondents in terms of age, sex, type of disability, educational attainment, economic status/monthly income, civil status, employment status, membership in organization and duration of disability?
2. What is the extent of participation of PWDs in terms of Community Participation, Social Inclusion, Accessibility, and Programs/Services?
3. Is there significant relationship between the profile of PWDs and their extent of participation?

### METHODOLOGY

The study employed a mixed-method research design utilizing an Explanatory Sequential Design to measure and understand social inclusion and community engagement practices among persons with disabilities in Tabuk City. This design integrated both quantitative and qualitative approaches to generate a comprehensive and balanced analysis of the extent of participation of persons with disabilities in terms of community participation, social inclusion, accessibility, and programs or services. The quantitative component provided measurable data on these dimensions, while the qualitative component, particularly interviews, was conducted to verify and further explain the responses of the participants, thereby strengthening the overall interpretation of the findings.

The participants of the study consisted of persons with disabilities in Tabuk City who were selected through random sampling. The total population of persons with disabilities was 2726, and the sample size was determined using Slovin's formula, resulting in three hundred seventy-nine (379) respondents. Selection of respondents was carried out using a roulette application to ensure fairness and randomness in the sampling process. The distribution of respondents across districts included 86 from Western Tabuk District, 90 from Southern Tabuk District, 89 from Eastern Tabuk District, and 114 from Northern Tabuk District, yielding a total of 379 participants.

The study utilized a structured questionnaire during the quantitative phase to assess the social inclusion and community engagement practices of persons with disabilities. The instrument focused on key dimensions including community participation, social inclusion, accessibility, and programs or services, and was based on the provisions of Republic Act No. 9442, which amends Republic Act No. 7277, also known as the Magna Carta for Disabled Persons. Following the quantitative phase, qualitative data were collected through interviews to validate and enrich the survey results by exploring the lived experiences and perspectives of the participants. The respondents were registered persons with disabilities in Tabuk City, and the sampling process adhered to a 0.05 margin of error using Slovin's formula, combined with random selection through a roulette application to ensure representation across sectors.

The data gathering procedure began with securing permission from the Office of the City Mayor and the head of the City Special Concerns and Coordinating Office. Upon approval,

the researcher administered the survey questionnaire and remained present to immediately address any questions raised by the respondents. In addition, in-depth one-on-one interviews were conducted using an interview guide to gain deeper insights into participant responses. Focus group discussions were also undertaken to verify and triangulate the data collected from the survey and interviews. All information and data obtained from the respondents were handled with strict confidentiality throughout the research process.

Ethical considerations were strictly observed in the conduct of the study. Permission to conduct the research was formally obtained from the Office of the City Mayor. Prior to participation, the purpose, objectives, and significance of the study were clearly explained to all respondents to ensure that they were fully informed. Informed consent was secured from all participants before their involvement in the interviews. Participation was entirely voluntary, and respondents were assured that they would not experience any harm should they choose not to participate. The researcher ensured that all collected data were treated with strict confidentiality and that the privacy and anonymity of all respondents were maintained. Furthermore, all sources from previous research, magazines, websites, and books were properly cited throughout the study.

Data analysis involved the use of frequency count and percentage formula to describe the demographic profile of the respondents. Weighted mean was employed to determine the perceptions and ratings of the respondents regarding the extent of participation in community participation, social inclusion, accessibility, and programs or services. The extent of participation was interpreted using a four-point scale wherein 4 corresponded to the range 3.25-4.00 with the descriptive equivalent "Greatly Extent" and symbol GE, 3 corresponded to the range 2.50-3.24 with the descriptive equivalent "Moderately Extent" and symbol MoE, 2 corresponded to the range 1.75-2.49 with the descriptive equivalent "Extent" and symbol E, and 1 corresponded to the range 1.00-1.74 with the descriptive equivalent "Low extent" and symbol LE. Mean was specifically used to measure the extent of participation of persons with disabilities across the identified dimensions. Furthermore, simple correlation analysis was utilized to test the hypothesis regarding the relationships among community participation, social inclusion, accessibility, and programs or services. In addition, thematic analysis was applied to the qualitative data to examine and interpret the responses of participants concerning the challenges encountered in relation to community participation, social inclusion, accessibility, and programs or services.

## RESULTS AND DISCUSSION

The Results and Discussion section presents the findings derived from 379 persons with disabilities in Tabuk City who were selected through random sampling from a total population of 2726 using Slovin's formula. Guided by a mixed-method research design employing Explanatory Sequential Design, the study gathered quantitative data through a structured questionnaire and enriched these through qualitative responses that clarified the respondents' lived experiences. The discussion that follows is grounded in the data collected and interpreted directly in relation to the objectives of the study, particularly in examining the profile of the respondents, the extent of participation of persons with disabilities in terms of community participation, social inclusion, accessibility, and programs/services, and the significant difference in participation when respondents are grouped according to profile variables. Descriptive statistics such as frequency, percentage, mean, average mean, and total average weighted mean were used, while inferential analysis through t-test and F-test, together with corresponding p-values at 0.05 level of significance, determined whether differences in participation were statistically significant.

The profile of the respondents shows a closely balanced distribution by sex, with 188 or 49.60% identified as male and 191 or 50.40% identified as female. In terms of age, the largest group was 31 and above with 266 or 70.18%, followed by 21-30 with 55 or 14.51%, 11-20 with 53 or 13.98%, and 1-10 with 5 or 1.32%. As to type of disability, 161 or 42.48% had physical disability, 77 or 20.32% were visual, 55 or 14.51% were under Cancer RA11215, 35 or 9.23% were deaf, 27 or 7.12% had speech impairment, and 24 or 6.33% were under Rare Disease RA 10747. In educational attainment, 79 or 20.84% were college level, 74 or 19.53% were elementary level, 68 or 17.94% had no formal education, another 68 or 17.94% were high school level, 41 or 10.82% were college graduate, 29 or 7.65% were high school graduate, 14 or 3.69% were elementary graduate, and 6 or 1.58% were post graduate. In household income, 205 or 54.09% earned 6-10 thousand, 136 or 35.88% earned 1-5 thousand, and 38 or 10.03% earned 11-15 thousand. In civil status, 214 or 56.46% were single, 157 or 41.42% were married, 6 or 1.58% were widow/er, and 2 or 0.53% were separated. With respect to employment status, 296 or 78.10% were unemployed, 43 or 11.35% were temporary, 30 or 7.92% were regular, 5 or 1.32% were contractual, and 2 or 0.53% were casual. In terms of duration of membership in organization, 263 or 69.39% had been members for 1 year and above, 97 or 25.59% for 6-12 months, and 19 or 5.01% for 1-5 months. These data indicate that the respondents were predominantly older adults, slightly more female than male, largely physically disabled, mostly college level in educational attainment, generally within the 6-10 thousands income bracket, predominantly single, overwhelmingly unemployed, and mostly long-term members of their organizations. This demographic pattern suggests that the study largely reflects the perspectives of economically constrained and socially vulnerable persons with disabilities whose long-term organizational membership may have shaped their awareness of participation issues in the community.

In terms of community participation, the respondents obtained an average mean of 2.90 described as Moderately Extent, indicating that their participation in community activities and decision-making processes was present but not fully realized. Among the indicators, the highest mean of 3.00 for involvement in community projects and activities fosters active citizenship and community development, described as Moderately Extent, suggests that the respondents recognized the value of participating in community initiatives and understood its contribution to collective welfare. Participating in community consultations and planning obtained a mean of 2.94, encouragement to express my opinions in public meetings strengthens confidence and public participation had a mean of 2.91, recognized for my contributions by community leaders encourages continued engagement and commitment had a mean of 2.86, and attending barangay or community assemblies had the lowest mean of 2.81, all described as Moderately Extent. The pattern of means reflects that while respondents acknowledged the importance of community participation, actual engagement remained only moderate, particularly in more formal or institutionalized activities such as assemblies. This supports the view that participation is not merely a matter of willingness but is shaped by structural and relational conditions within the community. The finding is consistent with the cited work of Ernesto L. Bastida Jr. (2023), which noted that persons with disabilities do participate in community-based initiatives such as clean-up drives, tree planting programs, environmental campaigns, medical missions, feeding programs, and wellness seminars, but such participation is often dependent on context and opportunity. The relatively lower mean for attending barangay or community assemblies aligns with Kenny and Gallagher (2017), who noted that marginalized groups, including persons with disabilities, may attend community activities only at a moderate level due to accessibility issues or lack of confidence. In practical terms, the data suggest that respondents may attend public activities yet remain limited in voicing opinions, influencing decisions, or feeling recognized in these spaces.

The qualitative responses deepen this interpretation by showing that moderate community participation was shaped by barriers in infrastructure, mobility, social treatment, and family support. One respondent identified lack of ramps, proper pathways or transportation, another noted that persons with disabilities may feel excluded undervalued, discriminated against, which discourage them from participating, and another cited limited family support. These responses indicate that moderate participation is not the result of apathy but of multiple obstacles that constrain access and diminish motivation. Additional responses about barangay or community assemblies further show that transportation going to and from the venue, absence of interpreters or assistive tools, unclear explanations of information, and the feeling that opinions are not always considered limited their participation. Taken together, the qualitative and quantitative evidence shows that moderate participation in community programs is rooted in both physical and social barriers. While respondents can engage in some activities, their participation remains constrained by inaccessible venues, limited mobility support, communication barriers, discrimination, and insufficient family encouragement. At the same time, the data also imply that when supportive conditions are present, persons with disabilities are capable of meaningful involvement in community projects and local activities. This underscores that participation is contingent on inclusivity, not inability. The findings therefore point to the necessity of improving infrastructure, communication systems, and social support in order to transform moderate participation into more active and meaningful civic engagement.

With respect to social inclusion, the respondents obtained an average mean of 2.91 described as Moderately Extent, indicating that they generally experienced a moderate sense of belonging and acceptance in social interactions and community life. The statement treated equally in social gatherings or events promotes inclusion and strengthens community relationships obtained the highest mean of 2.98, followed by feeling accepted and respected by members of my community fosters a sense of belonging and active participation with 2.93, making friends and join social groups fosters social connection and active participation with 2.93, raising awareness about PWD rights encourages respect, equality, and active participation with 2.85, and treated without discrimination because of my disability encourages empowerment and community involvement with the lowest mean of 2.84. All were described as Moderately Extent. The results indicate that the respondents experienced moderate social inclusion, with equal treatment in social gatherings emerging as the strongest indicator and non-discrimination as the weakest. This suggests that respondents may at times feel welcomed and treated fairly in visible social settings, yet still encounter less visible forms of exclusion, prejudice, or disregard that affect their broader sense of social acceptance. The finding is similar to Shakespeare and colleagues (2021), who found that equal treatment and social acceptance positively influence community participation among persons with disabilities, though barriers such as stigma, limited awareness, and social attitudes continue to restrict full engagement. Likewise, Kenny and Gallagher (2017) emphasized that even when overt discrimination is reduced, subtle social barriers and structural challenges may still limit the extent to which persons with disabilities feel genuinely included.

The qualitative accounts support this mixed picture of inclusion. Some respondents stated that they feel accepted and respected by the community, that there are programs and support from local officials that encourage participation and provide opportunities to express opinions, and that equal treatment makes them feel valued and respected and motivates them to take part in decision-making processes. These responses affirm the positive role of recognition, support, and equal treatment in promoting confidence and participation. However, other respondents reported that they do not always feel accepted because their abilities are overlooked, that they have experienced discrimination in public settings where people stare or

make insensitive comments, that some people underestimate their abilities and treat them differently, and that sometimes they are not given equal opportunities to participate because others make decisions for them. These responses reveal that social inclusion remains uneven and conditional. Thus, while some persons with disabilities benefit from programs and encouraging social environments, others continue to encounter exclusion and marginalization in everyday community life. The findings show that moderate social inclusion reflects an environment where support and acceptance exist, but not consistently enough to eliminate discrimination or guarantee equal voice. This has important implications for both theory and practice, as it suggests that empowerment among persons with disabilities depends not only on the availability of inclusive programs but also on deeper attitudinal change within the community. Strengthening social inclusion therefore requires not only opportunities for participation but also sustained efforts to challenge prejudice, affirm capability, and institutionalize equal treatment.

In terms of accessibility, the respondents obtained an average mean of 2.89 described as Moderately Extent, showing that accessibility to community spaces, services, information, and assistive resources was perceived to be present at a moderate but still insufficient level. The highest mean was 2.95 for ensuring public buildings and facilities are accessible for PWDs to promote inclusion and equal participation, followed by providing transportation services accommodate my disability promotes accessibility and independence with 2.90, accessing assistive devices or technology when needed promotes independence and full participation with 2.89, accessing health and livelihood services promotes well-being and active participation with 2.88, and the lowest mean of 2.84 for accessing information about community programs easily promotes participation and informed engagement. Except for the statement on health and livelihood services, which was described as Moderately Agree, the rest were described as Moderately Extent, and the average mean of 2.89 was likewise described as Moderately Extent. These results indicate that respondents experienced accessibility as partial rather than comprehensive. Physical access to buildings and facilities emerged as the strongest accessibility dimension, yet even this remained within a moderate range, implying that improvements may exist but are not universally sufficient or consistently implemented. The result is supported by the World Report on Disability (2011), which found that persons with disabilities commonly experience barriers in the physical environment, transportation, and access to information, thereby limiting full participation in community life. The higher mean for accessible public buildings and facilities also aligns with Mitra et al. (2013), who found that physical accessibility and inclusive infrastructure are strongly associated with increased participation among persons with disabilities. Conversely, the lowest mean for access to information about community programs is similar to the findings of WHO (2021), which emphasized that limited access to information is a major barrier for persons with disabilities.

The qualitative evidence clarifies why accessibility remained only moderate. Respondents stated that venues are not designed for persons with disabilities, that lack of affordable and accessible transportation makes it hard to attend activities or access services, and that being a deaf person prevents full participation in community activities because of lack of sign language interpreters. These accounts show that accessibility is multidimensional and includes physical, transportation, and communication barriers. Other respondents indicated that when physical facilities and services are accessible, they are more likely to consistently join programs and events, and that accessible spaces allow them to interact without physical barriers. At the same time, low access to information was emphasized through responses showing that when program information is not readily available, persons with disabilities may not know when or where events are happening, may be unable to prepare for activities or arrange support, and may feel left out or undervalued when communication is inaccessible or poorly disseminated. These findings reveal that accessibility cannot be reduced to ramps or

physical design alone. Rather, it encompasses inclusive transportation systems, assistive communication, accessible information channels, and service responsiveness. The results therefore suggest that even where some physical improvements exist, the persistence of informational and communication barriers continues to limit full and informed participation. This highlights the need for a comprehensive accessibility framework that integrates infrastructure, transport, technology, and communication in ways that enable persons with disabilities to participate consistently and independently.

With respect to programs and services, the respondents obtained an average mean of 2.91 described as Moderately Extent, indicating that access to and participation in programs and services for persons with disabilities were moderately present but not yet fully effective or inclusive. The highest mean of 2.94 was recorded for participating in livelihood or training programs for PWDs enhances skills, empowerment and economic independence. This was followed by receiving assistance or benefits from the LGU or PDAO promotes support, empowerment and inclusion with 2.91, accessing programs and services are suited to my needs as a PWD encourages independence and active engagement with 2.91, knowing about existing programs and benefits for PWDs foster access and informed decision-making with 2.89, and having regular consultations or feedback activities for PWDs promotes participation and responsive service delivery with the lowest mean of 2.88. All indicators were described as Moderately Extent. The pattern shows that livelihood and training initiatives were perceived as the strongest aspect of programs and services, while participatory mechanisms such as consultations and feedback activities were the weakest. This suggests that while service provision and capacity-building efforts are reaching respondents to some extent, the opportunities for persons with disabilities to shape these services through voice and feedback remain comparatively limited. The moderate mean of 2.91 is consistent with the World Health Organization and World Bank (2011), which reported that although programs and services for persons with disabilities are increasingly available, barriers such as limited information, accessibility constraints, and uneven implementation reduce the extent of full participation. It is also consistent with the Philippine Institute for Development Studies (2015), which found that while livelihood programs, social protection services, and government initiatives exist in the Philippine context, awareness and utilization among persons with disabilities remain only moderate because of gaps in outreach and service delivery at the local level.

The qualitative findings reinforce this interpretation. Respondents explained that physical barriers, transportation difficulties, or lack of assistive devices can prevent full participation, that some persons with disabilities may not be fully aware of available programs or services, and that family care, work, or lack of financial resources can make consistent engagement difficult. These responses indicate that moderate participation in programs and services is not due to their total absence but to the conditions that limit sustained access and involvement. On the other hand, respondents who had participated in livelihood training programs described that these programs helped them gain confidence to earn income independently, learn new skills, achieve financial independence, reduce reliance on others, and strengthen self-worth and social engagement. These qualitative results clearly support the highest mean of 2.94 for livelihood and training programs, showing that when such services are accessible and relevant, they can contribute substantially to empowerment, self-confidence, and economic independence. However, low participation in regular consultations and feedback activities was linked by respondents to lack of awareness that consultations are happening, competing responsibilities such as work, school, or caregiving, and feelings of being unwelcome or fear of negative reactions during discussions. These responses suggest that participatory governance remains a weak point in service delivery for persons with disabilities. The overall finding indicates that programs and services have empowering potential,

particularly in livelihood development, but their impact is constrained when information is limited, access is uneven, and feedback mechanisms do not consistently foster inclusion. In this sense, strengthening programs and services requires not only expanding benefits but also ensuring that persons with disabilities are informed, accommodated, and meaningfully involved in shaping the interventions intended for them.

The summary of the extent of participation of persons with disabilities shows that all four domains were rated within the same descriptive level of Moderately Extent. Community Participation obtained an average mean of 2.90, Social Inclusion had 2.91, Accessibility had 2.89, and Programs/Services had 2.91, yielding a Total Average Weighted Mean of 2.90 described as Moderately Extent. These results indicate that the overall extent of participation of persons with disabilities in the community was moderate across all measured dimensions. The closeness of the average means suggests that the experiences of respondents were consistently moderate rather than sharply uneven across domains. Social Inclusion and Programs/Services shared the highest domain mean of 2.91, while Accessibility had the lowest at 2.89, though the difference was minimal. This consistency implies that the moderate level of participation is systemic and not confined to one area alone. Respondents appear to have some degree of access to activities, services, support systems, and social opportunities, yet none of these domains reached a level that would indicate strong or full participation. The total average weighted mean of 2.90 therefore reflects a community context in which inclusion is present in principle and in some practice, but still limited by barriers that prevent optimal engagement.

This overall result is corroborated by the cited literature and policy reports. The World Health Organization and World Bank (2011) noted that persons with disabilities often face environmental, social, and informational barriers that continue to limit full participation despite programs and inclusive policies. In the Philippines, the Philippine Institute for Development Studies (2015) similarly reported that access to local government programs, training, and social services is only moderate because of gaps in awareness, accessibility, and implementation. Research cited in the study also highlights that supportive attitudes and family encouragement strengthen confidence and active involvement, as noted by Lee and Brown (2019) and Smith and Doe (2018, BMC Public Health). In addition, the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) underscores that equitable access to services, participatory processes, and inclusive community practices is essential for empowerment, inclusion, and independence. The present findings align with these broader perspectives by showing that moderate participation reflects both the presence of support mechanisms and the persistence of barriers. The implication is that meaningful empowerment among persons with disabilities requires more than isolated interventions. It requires the coordinated strengthening of accessibility, social acceptance, communication, local support systems, and participatory service delivery so that involvement in community life becomes consistent, informed, and self-determined.

The analysis of the significant difference on the extent of participation of persons with disabilities when grouped according to profile shows that no statistically significant differences were found across all demographic variables at 0.05 level of significance. For sex, male respondents had a mean of 2.90 and female respondents had a mean of 2.91, with a t-value of -0.312 and a p-value of 0.755. Since the p-value of 0.755 is greater than 0.05, the decision was Fail to reject  $H_0$ , with the interpretation Not significant. This indicates that the extent of participation did not significantly differ between male and female respondents. For age, the mean scores were 2.93 for 1-10, 2.89 for 11-20, 2.86 for 21-30, and 2.92 for 31 and above, with an F-value of 1.18 and a p-value of 0.346. Since 0.346 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant, indicating that age did not significantly affect participation. For type of disability, the mean scores were 2.88 for Deaf, 2.91 for Physical

Disability, 2.89 for Speech Impairment, 2.95 for Visual, 2.86 for Cancer RA11215, and 2.85 for Rare Disease RA 10747, with an F-value of 1.66 and a p-value of 0.151. Because 0.151 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant, meaning participation did not significantly vary by disability type.

Similarly, educational attainment showed means of 2.90 for No Formal Education, 2.91 for Elementary Level, 2.99 for Elementary Graduate, 2.91 for High School Level, 2.92 for High School Graduate, 2.88 for College Level, 2.95 for College Graduate, and 2.89 for Post Graduate, with an F-value of 1.01 and a p-value of 0.436. Since 0.436 is greater than 0.05, the decision was Fail to reject  $H_0$ , with the interpretation Not significant. Household income produced means of 2.92 for 1-5 thousand, 2.90 for 6-10 thousand, and 2.90 for 11-15 thousand, with an F-value of 0.487 and a p-value of 0.616. Because 0.616 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant. Civil status yielded means of 2.90 for Single, 2.91 for Married, 2.89 for Widow/er, and 2.90 for Separated, with an F-value of 0.098 and a p-value of 0.957. Since 0.957 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant. Employment status recorded means of 2.90 for Unemployed, 2.93 for Temporary, 2.86 for Casual, 2.90 for Contractual, and 2.94 for Regular, with an F-value of 0.430 and a p-value of 0.784. Because 0.784 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant. Finally, duration of membership in organization showed means of 2.95 for 1-5 months, 2.88 for 6-12 months, and 2.91 for 1 year and above, with an F-value of 0.881 and a p-value of 0.421. Since 0.421 is greater than 0.05, the decision was Fail to reject  $H_0$ , interpreted as Not significant.

These inferential results demonstrate that the extent of participation of persons with disabilities in community life was statistically similar regardless of sex, age, type of disability, educational attainment, household income, civil status, employment status, or duration of membership in organization. The consistent failure to reject  $H_0$  across all variables indicates that no demographic subgroup experienced a significantly different level of participation from another within the scope of this study. This finding is important because it suggests that the moderate level of participation identified in the descriptive analysis is shared broadly across the respondent population and is not concentrated among specific categories. In effect, the barriers and opportunities associated with community participation, social inclusion, accessibility, and programs/services appear to operate in a relatively uniform manner across profile groups. This may imply that the conditions influencing participation are structural and community-wide rather than confined to particular demographic segments. Therefore, interventions to improve participation may be designed broadly for all persons with disabilities while still remaining sensitive to individual needs. Programs that enhance accessibility, improve community support, strengthen inclusive communication, and expand participatory opportunities are likely to benefit the wider population of persons with disabilities rather than only selected subgroups.

Overall, the findings show that the 379 respondents experienced a consistently moderate extent of participation across community participation, social inclusion, accessibility, and programs/services, with a Total Average Weighted Mean of 2.90 described as Moderately Extent. The profile data reveal that the respondents were predominantly 31 and above, slightly more female than male, largely physically disabled, mostly college level, generally within the 6-10 thousand income group, predominantly single, largely unemployed, and mostly members of their organizations for 1 year and above. Across all substantive domains, the results indicate that persons with disabilities are participating in community life but not yet to the fullest extent, as their involvement continues to be shaped by barriers in infrastructure, transportation, communication, information access, discrimination, social recognition, and participatory processes. At the same time, the qualitative responses and domain-level means show that when

programs are inclusive, facilities are accessible, social treatment is fair, and livelihood initiatives are available, persons with disabilities demonstrate confidence, engagement, and capacity for meaningful contribution. The inferential findings further show that this moderate participation does not significantly differ across demographic groups, as all p-values were greater than 0.05 and all decisions were Fail to reject  $H_0$ . Taken together, the results directly address the objectives of the study by establishing both the level and pattern of participation among persons with disabilities and by identifying the structural and social conditions that shape that participation. These findings contribute to the growing discourse on disability inclusion by showing that empowerment is closely tied to inclusive environments, equitable treatment, accessible systems, and responsive programs. As such, the study provides an empirical basis for the development of interventions and policy directions that can strengthen empowerment and participation among persons with disabilities in Tabuk City and similar community contexts.

## CONCLUSION

Based on the findings of the study, it can be concluded that the extent of participation of persons with disabilities in Tabuk City in terms of community participation, social inclusion, accessibility, and programs/services is generally moderate, as reflected in the total average weighted mean of 2.90, described as Moderately Extent. This finding indicates that persons with disabilities are somewhat involved in community life and are able to access certain opportunities, programs, and support systems that promote inclusion and participation. The results further show that participation is positively influenced by involvement in community projects and activities, equal treatment in social gatherings, feelings of acceptance and respect within the community, accessibility of public buildings and facilities, and participation in livelihood and training programs. These findings affirm that inclusive environments, supportive attitudes, accessible infrastructure, and responsive programs play an important role in encouraging persons with disabilities to engage in social, civic, and developmental activities.

At the same time, the study reveals that participation remains limited by several persistent barriers. Lower mean scores in attending barangay or community assemblies, accessing information about community programs, and raising awareness about the rights of persons with disabilities suggest that challenges continue to affect the full and meaningful participation of this sector. These barriers include limited dissemination of information, inadequate communication support, insufficient awareness campaigns, transportation difficulties, inaccessible venues, and experiences of exclusion or lack of confidence in decision-making settings. The findings therefore suggest that while there are already existing efforts to support participation, these efforts are not yet sufficient to ensure full inclusion and empowerment. The moderate level of participation across all measured dimensions implies that persons with disabilities are present in community life, but their engagement has not yet reached an optimal or fully empowering level.

The study also establishes that support systems from family members, community leaders, local officials, and organizations are essential in promoting participation. When persons with disabilities are treated fairly, provided with opportunities to express their views, and included in programs that respond to their needs, they become more confident, motivated, and capable of contributing meaningfully to community development. Likewise, the value of livelihood and training programs in enhancing skills, self-worth, and economic independence demonstrates that empowerment is closely linked to practical opportunities for growth and self-reliance. However, the findings also emphasize that empowerment cannot be sustained without addressing structural and social barriers that continue to limit accessibility, inclusion, and voice.

In view of these conclusions, it is necessary for Local Government Units and the Persons with Disability Affairs Office to strengthen programs that directly encourage the active participation of persons with disabilities in community assemblies, consultations, and decision-making activities so that their perspectives are genuinely heard and considered in local governance. Community leaders and organizations should intensify regular information dissemination and awareness campaigns concerning the programs, services, and rights of persons with disabilities in order to improve access to information and encourage wider participation. Continued attention must also be given to infrastructure and accessibility improvements, including ramps, accessible facilities, and inclusive transportation services, to remove physical barriers that restrict participation. In addition, advocacy and training initiatives should be conducted to strengthen support from families, community members, and local officials and to promote respect, understanding, and positive attitudes toward persons with disabilities. Livelihood, training, and empowerment programs should likewise be expanded to further enhance the skills, independence, and economic opportunities of persons with disabilities, thereby improving their confidence and participation in community life. Future researchers are also encouraged to conduct further studies on other factors influencing participation, such as policy implementation, environmental barriers, and social attitudes, in order to generate deeper insights that may guide the development of more inclusive and responsive community programs.

Overall, the study concludes that the participation of persons with disabilities in community life is present but remains moderate, shaped by both enabling conditions and continuing barriers. The findings clearly demonstrate that meaningful inclusion and empowerment require not only the availability of programs and services but also accessible environments, informed communities, supportive relationships, and participatory structures that recognize the capacities and rights of persons with disabilities. Thus, the study provides a clear basis for program enhancement and for the continued strengthening of inclusive community development efforts that will enable persons with disabilities to participate more fully, confidently, and equitably in society.

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