

# Occupational Needs of Adolescents with Disabilities: A Case of Rural Community in the Philippines

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## ABSTRACT

Occupational needs refer to an individual's need to engage in meaningful occupations throughout his/her day-to-day life. Certain external factors may influence an adolescent's occupational need, including socio-economic factors, current health status, cultural beliefs or institutional environment, health education, and medical resources. In third-world countries, occupational needs

are apparent and have reduced opportunities to acquire work or participate in leisure participation/exploration for clients who have a physical impairment in the community leading to unsatisfied well-being. In addition, adolescents with disabilities may find it challenging to perform their daily occupations. The researchers aimed to identify the occupational needs of adolescents with disabilities currently attending therapy services in the Argao Community-Based Project. The study utilized a convenience sampling technique and was conducted in a rural community in Argao Cebu with eight participants. The researcher collected data through one-on-one semi-structured interviews. The narratives were then transcribed and analyzed to come up with the top occupational needs of the adolescents. Several themes emerged based on the adolescents' narratives on their occupational needs. The themes included: Sustaining Role, Values, Priorities, Essential Occupational Performance, and Belonging to a Group. The researchers found an interdependence between the themes. An occupational therapy program was then proposed to meet the said needs.

**Keywords** — Social science, Adolescents with special needs, Community-based rehabilitation, Health, Occupational needs, Occupational Therapy, Well-being, and Persons with Disability (PWDs)

## INTRODUCTION

Occupational performance is an individual's daily performance in their activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, and leisure. These are habitually or routinely done by an independent individual including bathing, dressing, functional mobility, driving and community mobility, health management, and maintenance (American Journal of Occupational Therapy, 2020). In third world countries, occupational needs are apparent and have reduced opportunities to acquire work or participation in leisure participation/exploration for clients who have a physical impairment in the community that leads to unsatisfied well-being (Krefting, 1992). Occupational opportunities in Western countries vary from developed countries to developing countries. Most developed countries have advanced technology and a variety of occupational opportunities for PWDs. Compared to developing countries, data shows that PWDs are at a downside in terms of educational achievement and labor market results (Magallona & Datangel, 2011).

The World Health Organization set in motion Community-Based Rehabilitation around the world to provide a strategy to increase entry to rehabilitation services to the people in the community, but it has changed briskly in multi-sectoral approach to matching the community-based growth (Magallona & Datangel, 2011). Structured rehabilitation services for clients in rural areas are unattainable by the fact that people are isolated and have complex disabilities. The lack of facilities and equipment, trained specialists, volunteers, and personnel in rural areas in the Philippines makes the services unavailable. Due to financial constraints, people in rural areas have difficulty availing themselves of rehabilitation services that would lead to having secondary disabilities (Boyle et al., 2017).

Community-Based Rehabilitation is a strategy for community development aimed at strengthening the health and well-being of PWD and their families and ensuring their integration and participation in the community (Grandisson et al., 2014). The Community-Based Rehabilitation and Training Centre (CBRDTC) approach to CBR is based on the understanding of the people with disabilities in their lives as a result of their impairment, attitudes, and beliefs. The issues that outcome from negative perspectives like the absence of social acknowledgment, absence of chances for money, awareness, and education, should be settled if people with disabilities are to have equivalent opportunities and achieve full participation (Tjandrakusuma, 2002). Based on this understanding, CBRDTC describes CBR as a set of “efforts to change community behaviors (attitude, knowledge, and skills) to enable community members to improve their understanding about disability issues (socio-economic, socio-cultural, medical, psychological, etc.), to be involved in the disability prevention activities and to provide a positive environment (physical, psychological, socio-cultural, economic, etc.) to improve the quality of life of persons with disabilities.”

Occupational therapy is based on the principle that involvement in significant activities of daily living that are necessary for each individual's health and well-being. Community-based rehabilitation centers should continue providing forefront agendas to Occupational Therapists around the Philippines. Community-based Occupational Therapists are versatile in most aspects of providing the client's goal for the therapy. Their main objective is to assist clients to obtain their desired occupations and routines with satisfaction and ease. The occupational therapist holds up to anyone from infants to geriatrics in promoting mental health services to all with or without a disability. Therapists are guided by the American Occupational Therapy Association (AOTA) with

their different approaches, such as create, promote, establish, restore, maintain, modify, and prevent in helping all outpatients (American Journal of Occupational Therapy, 2020). In a different labored environment, such as a community-based rehabilitation center, occupational therapists create a contextual experience that would enhance performance, can promote different strategies used in daily activities, can establish skills and abilities that can be developed, can restore old skills and abilities, can modify current contextual demands to support performance, and can prevent progression of a barrier that hinders an individual from functioning (Delos Reyes, 2018).

A qualitative exploration by the American Journal of Occupational Therapy, despite the current barriers in rural areas, reduced motivation and impaired self-awareness. A structured process in which the therapists, clients, and significant others/guardians work hand in hand in participating in increasing goal setting and goal-directed rehabilitation services in the community (Doig et al. 2009). According to Cayetano and Elkins (2016), patients with disabilities whose opportunities and inclusion in the community are a continuous struggle?

The Philippines have limited assets on new and updated rehabilitation programs, and the Philippines Government is looking into new and different ways to provide quality services to its rural areas (Punwar, 1994). No current studies can confirm the number of Occupational Therapists working in community-based rehabilitation centers around the Philippines. According to Delos Reyes (2018), the Philippines has been experiencing a shortage of Occupational Therapists, and this is due to heightened demand for our services around the country and rising numbers of children and adults with disabilities and Filipinos who are aging. In the same study, PAOT Inc. predicted that there should be at least 5000 available registered Occupational Therapists in the country by 2025 to cater to all the occupational needs of clients with disabilities (Delos Reyes, 2018).

American Occupational Therapy Association, despite the changing demands, occupational therapists must continue providing quality services and meeting these needs to help find their sense of self, purpose, and meaning in their occupational performance and role competence (Lloyd & Lee Williams, 2010). The Philippine Academy of Occupational Therapy identifies issues currently by our profession that are consistent with our 5 Key Roadmap Goals for “career advocacy, professional regulations, research training, curriculum development, and faculty development.” Such five main Roadmap goals are embodied in our new unifying tangible goal raising the occupational therapist ratio by 2025 to 0.40-0.50 per 10,000 Filipinos. Concerning this study, the agenda is for occupational

therapy practice patterns in the provinces/rural areas outside Metro Manila. It is believed that these issues at present are greatly valuable in achieving our targets in the roadmaps (Philippine Academy of Occupational Therapy, 2015).

National Unified Health Research Agenda, 2017-2022, envisioned six themes making the research priorities, such as “responsive health system, research to enhance and extend healthy lives, holistic approaches to health and wellness, health resiliency, global competitiveness and innovation in health, and research inequality and health.” Each theme has corresponding research areas and explanation that aims to guide the reader to regulate the type of research that may be under a specific theme. The theme of this research is about equality and health on disability in rural areas of the Philippines and the geographical isolation and disadvantages of rural areas in the Philippines. This type of research theme would provide evidence to allow the health system to react to the health needs of vulnerable populations and neglected society and develop new approaches for patients with disabilities.

As of 2015, current data shows that the Philippines is 21.6% on the National Poverty Line. The Philippines ranked third in Asia, whose people are living in poverty. Poverty, inconsistent healthcare services, and unavailable access to care are the main challenges in performing functional activities of daily living of patients with disabilities. The total population of the Philippines is 109 million Filipino citizens residing based on Worldometer, rendering the new statistics from the United Nations. The population of the Philippines is equal to 14.1% of the entire world population of the country's 109 million citizens; 1.44 million or 1.57% are disabled, based on the 2010 Population and Housing Census. Region IV-A, with 193 thousand PWDs, had the highest number of PWDs among 17 provinces, while the Cordillera Administrative Region (CAR) had the lowest number of PWDs, with 26 thousand. More males accounted for 50.9% of overall PWD in 2010, compared to females, with an impairment figure of 49.1%. For every five (5) PWDs, one (18.9%) was between 0 and 14 years of age, three (59%) were in the working-age category (15-64 years of age), and one (22.1%) was 65 years of age and over (The Philippine Population Management Program, 2017). Functional failure is recognized by the World Health Organization as a public health, civil rights, and biodiversity concern. Many disabled people experience obstacles to obtaining health services and appropriate rehabilitation services. Patients with disabilities often encounter racism, inequality, and disparities with ease. Disability affects both men and women, most especially living in rural areas. As underlined in the WHO global disability action plan 2014-2021, disability is

a priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another.

In reaction to the passage of the Republic Act 11228, which provides for compulsory coverage of Philhealth for all persons with disabilities (PWDs), the initial proposals for implementation of the law by the state entity Philippine Health Insurance Corporation (PhilHealth) continue with the elaboration of its specific rules and regulations. The new law amending the Magna Carta for PWDs was signed by President Rodrigo R. Duterte on February 22, 2019, and entered into force on March 19, 2019. PhilHealth had the mandate to create special services that meet the particular needs of PWDs for health and development. On the other side, PhilHealth is vigorously lobbying, claiming that apart from the facility, the OPB kit often includes free prescriptions and diagnostics and laboratories such as chest X-ray, lipid profile, complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, among other; including medicines for asthma, acute gastroenteritis, upper respiratory tract infection, pneumonia, and urinary tract infection.

The Philippine Government promotes the readiness and involvement of PWDs in mainstream society by emphasizing the value of their rehabilitation, self-development, and self-reliance, as laid out in the Constitution and the Magna Carta for Disabled Persons. Some of its prominent attempts to expand employment opportunities for PWDs include the design and implementation of training programs to support work preparation, the distribution of vacancies in many government agencies, and the development of competitive incentives for private entities to hire PWDs. To discuss the significant public health challenges of the twenty-first century, including overcoming a broad range of health inequalities faced by many people worldwide, conventional Community-Based Participatory Research (CBPR) approaches have developed and extended with a modern methodological framework. CBPR is neither a research technique nor a research design per se. CBPR is a paradigm for Occupational Therapy used in preparing, creating, executing, analyzing, and disseminating group studies. Most academic researchers conducted studies of populations considered to be “at-risk” in that they are marked by high unemployment, low social resources, high poverty rate, and low educational attainment; therefore, such groups often experience significant inequalities in health outcomes (Jull et al., 2017; Marella et al., 2018).

To illustrate the complexity in another way in another way that is true to the

nation of physical, mental, and social health is to consider the range of prevention organizations - this is, those organizations that are committed to preventing some aspect of present existence that is deemed counterproductive to personal, community, or world health. Types of prevention such organization address often include prevention of poverty; prevention of illness such as cancer, HIV/AIDS, STDs, Tuberculosis, obesity-related disorder, non-communicable disorder, and mental illness; prevention of work-related illness or accidents; prevention of behaviors such as suicide, drug, alcohol, or other substance abuse; family, sexual, and youth as suicide, drug, alcohol, or other substance abuse; family, sexual, and youth terrorism; as well as pollution and ecological degradation. This approach addressed a preventive approach in a way that would closely compatible with the based on a wide variety of preventive medicine literature. Studies had defined this approach as “the application of Western medical and social science to prevent disease, prolong life, and promote health in the community through intercepting disease processes.” This new approach is occupation-focused; is also applicable to populations, communities, and individuals; and is aimed at reducing not only the experience of physical and mental illness but also a social and occupational illness that may or may not manifest in medically related conditions. Based on medical, epidemiological, behavioral, social, and/or occupational science, it accepts that people influence the state of their health through what they do.

The approach supplies information for the other approaches, as well as being a platform of intervention in its own right. Based on research, it is undertaken to test the truth or strength of associations that can then be applied to advise or intervention strategies. The information can be reductionist or holistic depending on the best type of research to elicit particular forms of knowledge. A holistic occupational-focused approach could be useful for any of those issues and would be new to public health practitioners but complementary to or extending other forms of prevention that they commonly use. Occupational therapists have a surprisingly long history of interest in prevention. This approach applies to populations and communities as well as individuals and is aimed at promoting physical, mental, social, and occupational health and well-being for all people across the world, as well as those in need of medical or mainstream health practitioner intervention. An integrated, multi-professional, holistic approach utilizing overlapping strategies to functional health and well-being, the approach is complementary to and informed by medical science but is based to a greater extent on behavioral, social, and environmental science. These encompass health education, community development, empowerment and justice, prevention,

and economics and politics. Patients with a disability can improve their health and lengthen life through what they do when it is oriented towards maximizing potential within many environments; enhances the feeling of satisfaction; provides meaning, purpose, and belonging; and meets basic health needs.

The approach holds its central belief that people are occupational beings and that occupation should be a source of health as nature intended. It would be possible to improve physical, mental, social, and occupational health and well-being by maximizing opportunities and maintaining or developing environments with diverse possibilities to meet the differing and equally valuable capacities of all patients with disabilities. This approach promotes a holistic understanding of occupation for well-being. People need information and assistance about what they should do towards reaching such a state because the promotion of health goes beyond lifestyle based on known health behavior. Physical, mental, social, and occupational well-being across the world should be the primary focus of government, health professions, and others. The principle of this approach holds that health promotion is the process of enabling people to increase control over and to improve their health and that this can be attained through doing. Recently, there is only limited attention given to how socio-economic-political decisions affect the promotion of health and well-being through what people do, and it is held that understanding at the highest level needs to be increased.

Occupational therapist interest may also reflect the wider attention to health promotion that has occurred alongside similar beliefs and approaches about life in the wider community. The wellness movement that emerged in the early 1960s is one of those.<sup>54, 55</sup> Incorporating health promotion into ordinary life is the obvious way to go if health is deemed the desirable byproduct. That point to exploration and incorporation of ways of doing, being, becoming, and belonging that are the means to both survival needs and health and well-being. The positive or negative aspects of doing, being, becoming, and belonging need to be explicated to the world at large. To enable and empower towards improvement in health and well-being can take multiple forms. It might include coaching, encouraging, facilitating, guiding, listening, promoting, or reflecting. This might involve mass media campaigns or action to highlight issues of legislation that disempower or disable.

## OBJECTIVES OF THE STUDY

The researcher aimed to identify the current health status and occupational needs of the participants. Specifically, the study aimed to (1) ask the occupational profile and what they do with their everyday life, (2) identify the health status of the participants, and (3) determine their occupational needs.

## METHODOLOGY

### Research Design

The researcher conducted a qualitative study utilizing facts about behaviors in response to different influences in health and occupational needs by emphasizing the client's current health status through interviews. This study would describe the social phenomenon about the occupational needs of clients who are PWD in Argao City.

### Research Site

The site of the study would be conducted inside the participants' respective homes at Argao, Cebu. This facility was founded in 1990 when an outbreak spread globally and caused many fatalities in Argao, and one doctor established the facility to attend to them. Up to date, this establishment is still providing health care services to the people of Argao.

### Respondents

The researchers conducted a study on PWD in a community-based rehabilitative center in Argao City. The number of respondents is 8. Respondents should be above the legal age, male/female, who has or has not yet received occupational therapy intervention, and should be willing to take part in this study.

### Inclusion Criteria

Respondents should be an inpatient/outpatient of a community-based rehabilitation center, lives in Argao Cebu City, male or female, ages 30 years old to 70 years old, PWDs who had not attended OT services in the SWU Argao CBR project, and willing to take part in this study.

### Exclusion Criteria

Respondents should not be having any cognitive impairment, PWDs

attending OT services in the SWU Argao CBR project, clients living outside Argao City, and ages below 30 years old.

### **Data Saturation**

The study utilizes a convenience sampling technique. This study would not need statistical means to regulate the number of respondents to gather. Instead, it would be regulating the sample through saturation.

### **Sampling Design**

The convenience sampling technique was utilized in this study to obtain an adequate number of targeted respondents.

### **Instrumentation**

The materials used in this study were a recorder, pen and paper, and a Semi-structured questionnaire.

### **Ethical Considerations**

This study project subscribes to the ethical principles of the conduct of study involving human subjects mandated by the Philippine Health Research Board and relevant national and international organizations. This study was granted authorization to implement by the Southwestern University PHINMA Institutional Review Board with the Authorization Number 201920-005. Informed Consent Forms were provided, verbally explained, and signed by the respondents before the start of involvement in the study.

### **Study Plan and Data Collection**

Firstly, the researcher sends a transmittal letter to the center in Argao to ask for authorization to conduct a study and ask for the consent of the participants. After the participants filled up the demographic information form, there would be an introduction and orientation about the study and its main purpose. Then, there would be a one-on-one interview with the participants with an open-ended question provided to gather their outlook, insight, and opinion about their occupational needs. Lastly, the researcher would analyze the gathered data.

### **Data Processing and Analysis**

Creswell's research design on qualitative, quantitative, and mixed methods approaches (Creswell, 2012) was utilized in analyzing the gathered data from the

participants. The study falls under a grounded theory (Charmaz, 2006; Corbin & Strauss, 2014), where its design is based on the society where the client lives. The researcher obtains general and theoretical information based on the client's action, process, or interaction based on the perspective of the participants. The following are the sequence of the method of the study:

1. Review the proposal's expectations of the participants. Confirm if participants are knowledgeable about the study. If there are questions about the study, present the basic attributes of the study.
2. The researcher observes, takes notes on the behavior of each client, and records in a semi-structured and unstructured way during the activities on site. The observation should be open-ended to allow each participant to provide personal views.
3. The researcher interviews one-on-one with each participant or in a group interview. During the interview, unstructured and open-ended questions are limited and used to extract opinions from each participant.
4. The researcher, during the actual procedure, investigates qualitative documents such as official reports or personal documents such as diaries, letters, emails, etc.
5. The researcher summarizes steps 2, 3 & 4 to extract the main problem that is currently affecting their health and well-being, leading to their occupational needs.

## **RESULTS AND DISCUSSION**

All respondents were PWD's aged thirty-two to sixty-three who lived in Argao Cebu and had not received Occupational Therapy services. The participants shared several themes on their occupational needs, including (1) Essential Occupational Performance where there are seven participants fall under the theme, (2) Values and Priorities where 8 participants fall under the theme, (3) Sustaining Role where only four participants fall under this theme and (4) Belonging to a Group where 4 participants fall under this theme.

### **Essential Occupational Performance**

Wilcock (1999) and Hitch et al. (2014) perceive that if an individual interacts with others and with their environment, they develop an identity derived from their society, making that individual do essential occupation or occupational performance. For respondents 1 to 4, 6 to 8, they expressed that their current

occupations are due to newly established routines after they were disabled by their conditions limiting them to complete previous routines.

### Values and Priorities

In this theme, patients with disabilities refine their values and rethink their priorities to prepare themselves for a new transformation to their new role. Over time, this continuously changes depending on how patients with disability reflect and sees their future having the disability. For respondents, 1 to 8 participants in an important role that they value and priorities such as health, family, and work.

### Sustaining Role

This theme refers to patients with disabilities being true to themselves, that people are required to spend time thinking and reflecting on themselves. This would help an individual describe and sustain their role in the community or society. For respondents 1 to 4, constantly rethinking their lives and reflecting on what to do for them to survive on a day-to-day basis.

### Belonging to a Group

This theme discussed how a person with a disability joins their community to share the same values and foster a sense of belongingness to a group. For respondents, 6 to 8 expressed their concern about their government not providing support groups for them to join or to be part of and having limited medical services offered.

Table 1. Coding of Themes

Participants	Significant statement	Formed Meaning	Cluster / Themes
1	Gusto kog mga exercise nga maka ayo'g dali sa akong right nga kamot ug right nga tiil para maka balik nako'g trabaho.	The client is committed to going back to work by exercise.	Values and Priorities
	Lisod e kompleto ang akong mga bulahatonun sama sa pag ilis ug pag lakaw sa gikan ari padong maskig asa nga dili ko mahadlok ma tumba	The client had difficulty in changing clothes and walking	Essential Occupational Performance
	Mao jod ning akong paagi para ma buhi ko	How the client survives	Sustaining Role
	Ang importante para nako ron kay akong panglawas kay baskog para dili ko mabaldado tibuog sa akong kinabuhi	The client values health	Values and Priorities

Participants	Significant statement	Formed Meaning	Cluster / Themes
2	Gusto kog mga aktibidad nga maka tabang nako maka balik isa ka katabang	The client is eager to go back to work	Values and Priorities
	If naa koy buhaton ako ra bantayon ako kaugalingon nga dili ma dakdak or ma tagak sa salug	The client is conscious about the environment and current health condition	Sustaining Role
	Mag luto ko, mang hugas ug plato human nako kaon, laba sa akong sanina ug palit pod ug mga kaylangan sa balay dira sa among mercado	The client does occupational performance	Essential Occupational Performance
	Akong kalusogan jod nako akong gi prayoridad ron para mabuhi ko matagadlaw adlaw ug para pod maka kompleto nako akong mga bulatonun	Client priorities self to complete desire tasks	Values and Priorities
	Ning lahi akong paglanataw sa kinabuhi kau sauna ako ray mag lihok lihok ari sa amoa nga wala koy gipa mati nga puypuy.	The client rethink and reflects the current role	Sustaining Role
	Wala akoy mga mithi ug mga prayoridad nga madasig sa komunidad tungod kay wala kami mga programa nga nagsuporta kanato o naghatag kahibalo ug edukasyon alang sa atong kahimsog	Encouraged the community to provide support.	
3	Gusto nako magtrabaho pag-usab ingon usa ka magtatambag sa among Barangay ug mabawi ang normal nga gimbuhaton sa akong mga kamot aron madumala ang akong negosyo dinhi sa balay	The client wants to be back to work.	Values and Priorities
	Mo mata ko, unya ma ligo, mo kaon, ug mag lakaw lakaw	Clients routines	Essential Occupational Performance
	Ug karon bago naman akong mga rutina ug lahi napod akong papel sa kalibutan sigad na stroke ko.	Client values health	Sustaining Role
4	Gusto ko ma baskog balik para wala koy puypuy ma bati taga luto nako	Client values health	Values and Priorities
	Mo maka kog alas ocho sa butag, maligo dayon ko ug mag ilis ug sanina, kaon sa buntag, hapin ug gabie, mag exercise pod ko ug usahay mag lakaw lakaw sa gawas.	The client engages with new routines.	Essential Occupational Performance
	Ako ni sila buhaton kaylangan pako maningkamot para mahuman nakog saktong	Client works hard to survive	Sustaining Role
	Nakapausab kini sa akong panan-aw sa kinabuhi ug sa akong naandan	Clients outlook in life had changed	Sustaining Role
	Akong kahimsog, akong mama ug ako negosyo	Client values family, health, and job performance	Values and Priorities

Participants	Significant statement	Formed Meaning	Cluster / Themes
5	Gusto ko maka balik ug trabaho bilang isa ka Vulcanizer.	The client wants to go back to work.	Values and Priorities
	Lisod kaayo makita nako akong kaugalingon nga ingani ko. Dili nako ma buhat akong trabaho sauna nga Vulcanicer.	Client values previous role.	Values and Priorities
	Importante ni para maka sugakod me kuyog sa akong paris.	The client looks at partner as an important factor in surviving.	
6	Gusto ko maka trabaho balik isa'g ka konstracksyon work para maka hatag kos among mga kinahanglan sa akong pamilya	The client wants to work to be able to provide for the family.	Values and Priorities
	Lisod kaayo gikan sa sinugdanan tungod kay dili ko mapalihok ang akong nag-una nga kamot sa kompleto nga mga buluhaton sama sa pagputol sa karne, utanon, ug mga prutas	The client had difficulty in performing certain tasks	Essential Occupational Performance
	Among gobyerno ari kay walay mga programa para namo	The client's environment had nothing to provide.	Belonging to a Group
	Ako amahan ako jod nang trabaho ug obligasyon mo hatag ug pinansyal nga suporta.	The client wants to go back to work again	Essential Occupational Performance
7	Gusto ko maka trabaho balik isa'g ka konstracksyon work para maka hatag kos among mga kinahanglan sa akong pamilya	The client wants to go back to work again.	Values and Priorities
	Maglisod nakog slice ug mga karni if ma abot na ug 10 minuti=os or lapas kay maka fell na dayon ug puypuy	The client performs tasks longer than usual.	Essential Occupational Performance
	Wala gitugutan ni Argao nga labing maayo nga serbisyo sa kahimsog	The client values cooking.	Belonging to a Group
8	Guto ko maka lakaw balik ug tarong ug sako nga dili ko mahadlok ma tagak	The client values cooking.	Values and Priorities
	Lisod para nako mo lihoc sa mga bulatonun nga kaylangan mo abri ug sudlanan nga kaylangan mo liso ug kontainer nga lingin ug ambri'g purtahan	The client had difficulty moving from one place to another.	Essential Occupational Performance
	Magluto ko ug maminaw ug radyo ug limpyo sa balay	The client engages in these routines every day.	Essential Occupational Performance
	Wala kay tungod walay me suport group ari nga maka share me sa among kaguol sa among kahimsog ug among kalisod panagadlaw	The client's community had no support group for them.	Belonging to a Group

Table 2. Proposed Guidelines for OT Program

Themes	Activities	Persons Involved	Expected Output
1. Values and Priorities	1. Scheduling of tasks from Monday to Sunday	Occupational Therapist	Improved organization and time management skills to ensure occupational balance and maintain positive mental health.
2. Essential Occupational Performance	1. Leisure Exploration	Occupational Therapist	Increased positive attitudes and social participation in activities can develop from being in a social environment where others are actively participating in the same occupations. (O’Sullivan & Hocking 2006). Additionally, this also presents an opportunity for increased socialization, creation of social supports, and development of a sense of community (Causey-Upton, 2015; O’Sullivan & Hocking, 2006; Watt & Konnert, 2007; Van’t Leven & Jonsson, 2002). Hence, participating in Support Groups with similar interests can not only promote positive mental health but can also help the adolescent build meaningful interpersonal relationships necessary for personal growth.
3. Belonging to a Group	<p>1. Introduction of non-contact sports activities:</p> <ul style="list-style-type: none"> <li>• Badminton</li> <li>• Table Tennis</li> <li>• Javelin Throw</li> <li>• Shot put</li> <li>• Archery</li> </ul> <p>2. Introduction to Fitness Activities:</p> <ul style="list-style-type: none"> <li>• Home Exercises</li> <li>• Jump Rope Challenge</li> <li>• Zumba</li> <li>• Weight-lifting</li> <li>• Aerobics</li> </ul>	Occupational Therapist	<p>Sufficient evidence now exists for the effectiveness of exercise in the treatment of clinical depression.</p> <p>Exercise has a moderate reducing effect on state and trait anxiety and can improve physical self-perceptions and, in some cases, global self-esteem.</p> <p>Also, there is now good evidence that aerobic and resistance exercise enhances mood states (Fox, 2007).</p> <p>Regular physical activity can help children and adolescents improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing health conditions (CDC, 2020)</p>
4. Sustaining Role	1. Job Exploration	Community Social Worker	Increased opportunities for employment necessary for sustaining and maintaining other occupations.

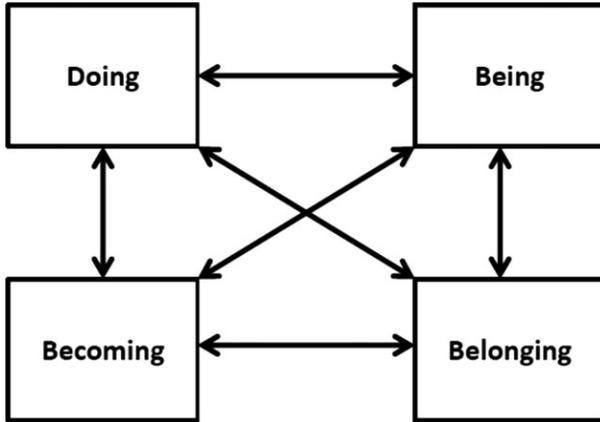
## CONCLUSIONS

Based on the interviews with patients with disabilities in Argao Cebu and themes that emerged, the study found out that Essential Occupational Performance, Values, and Priorities, Sustaining Role and Belonging to a Group are interrelated in the totality of a patient with a disability. If one is affected, the other three (3) will be affected as well, making an individual have occupational needs with their occupational performance and daily routine.

This study showed that there are challenges for the development and implementation of CBR programs in Argao Cebu, with the evolving environment and the demands of services. They are an improved methodology or techniques to execute CBR programs, funding for CBR activities, and dissemination of information about CBR services.

## RECOMMENDATIONS

These study results could be used to acquire knowledge and recognize the occupational needs of adolescents with disabilities in the Community-Based Rehabilitative Project in Argao Cebu. In that way, we can collaborate with the adolescents and explore different leisure activities that can be done at home to promote healthy use of their free time. Activities may include Dance and Musical Activities, Arts & Crafts, Gardening & Landscaping, Needlework Activities (Crochet, Knitting, & Sewing). Facilitate routine building among adolescents by asking them to lay out their current routines. The adolescents will then identify which activities they want to keep, remove and add to their daily routine. Facilitate a workshop on habit identification. The adolescent will sort out current positive and negative habits to bring self-awareness. The occupational therapist will then provide a habit training workshop and introduce the 4-step model in habit training. To the Occupational Therapy profession, this study could be used for reference for planning and providing appropriate interventions that will enhance the well-being and health of these clients with disabilities. For further studies, increasing the sample size to acquire more remarkable data/information that might appear as a new theme.



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