THE ROAD LESS TRAVELED: THE AVAILABILITY OF HEALTHCARE SERVICES FOR PERSONS WITH PHYSICAL DISABILITY LIVING IN REMOTE AREAS OF SAN JUAN, LA UNION

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Abstract

This study explores the lived experiences of persons with physical disabilities in Barangay Cabugnayan, San Juan, La Union, focusing on barriers to healthcare service availability. Geographic isolation, limited healthcare personnel, and inadequate facilities hinder access to essential care, leading to costly, long-distance travel and inconsistent local services. Participants rely on sporadic medical missions and self-care strategies due to financial constraints and medication shortages. Despite these challenges, they demonstrate resilience through faith, family support, and home remedies. The findings highlight the urgent need for healthcare programs that are available, affordable, and responsive to the specific needs of persons with physical disabilities in rural areas. Strengthening local health systems through regular outreach, disability-sensitive training for health workers, subsidized transportation, and improved coordination between barangay and provincial units is crucial. These results align with broader research showing that rural healthcare in the Philippines faces workforce shortages, infrastructure gaps, and financial barriers that disproportionately affect vulnerable populations. Implementing mobile health units, community health worker programs, and inclusive policy planning can significantly improve healthcare availability and equity for persons with disabilities in underserved communities. Addressing these challenges requires a comprehensive approach that integrates formal healthcare services with community-based support to ensure sustainable and equitable health outcomes for persons with physical disabilities in remote areas.

Keywords: *Lived Experiences, Healthcare, Challenges, Persons with Physical Disabilities, Shortages, Available, Affordable*

1. Introduction

Persons with physical disabilities (PWDs) often face complex and layered barriers in accessing healthcare services, particularly in rural areas like Barangay Cabugnayan, San Juan, La Union, where systemic limitations and sociocultural challenges intersect. Despite constitutional guarantees under the 1987 Philippine Constitution and statutory protections such as Republic Act 7277 (Magna Carta for Disabled Persons), the implementation of inclusive health systems remains inadequate, especially in geographically isolated and disadvantaged areas (GIDA). These communities frequently experience poor access to transportation, long distances to health facilities, and a lack of disability-friendly infrastructure (PWD Philippines, 2020). Furthermore, a significant portion of the disabled population, 50% of whom reside in rural communities (DSWD, 2022), must navigate healthcare systems with limited resources and undertrained personnel. Stigma and social discrimination further exacerbate these challenges, as many health professionals lack proper training in disability-sensitive care, leading to inequitable treatment and communication barriers (WHO, 2021).

In rural settings, primary health units may lack assistive devices, rehabilitation services, and personnel knowledgeable in physical disabilities, while local transportation options often remain unaffordable or physically inaccessible, compounding the problem of geographic and economic inaccessibility (Bacong, 2022; Krahn et al., 2015). These systemic issues demand a closer look at the lived experiences of PWDs in such contexts to understand how they make sense of and respond to their health needs. This study is anchored in four major theoretical frameworks: Health Geography, which examines the influence of place and space on health behaviors and accessibility (Gatrell & Elliott, 2015); Levesque's Healthcare Access Model, which considers both health system characteristics and individual capacities to access care (Levesque et al., 2013); the Social Determinants of Health framework, which explains how factors such as income, education, and physical environment affect health equity (WHO, 2021); and the Self-Regulatory Model of Illness Behavior, which provides insight into how individuals cognitively and emotionally respond to illness and healthcare challenges (Leventhal et al., 1984).

Through qualitative exploration of the narratives of eight individuals with physical disabilities residing in Barangay Cabugnayan, this study seeks to identify themes such as "Severed Connections," "The Roadblocks to Care," and "The Everyday Art of Endurance," highlighting how health inequities are experienced, resisted, and navigated. The findings aim to inform healthcare providers, policy makers, and academic institutions like Lorma Colleges in designing inclusive healthcare systems and disability-sensitive education for future paramedical professionals, ultimately contributing to the advocacy for equitable healthcare access across marginalized rural communities.

2. Methodology

Research Design

This study employed a qualitative, phenomenological research design to explore the lived experiences of persons with physical disabilities in rural areas, particularly in relation to the availability of healthcare services. Qualitative research was chosen for its ability to generate rich, descriptive data that reveal the subjective realities of participants, while the phenomenological approach focused on understanding the meaning individuals assign to their everyday experiences. This method allowed the study to uncover key themes such as financial hardship, geographic isolation, mental health concerns, and barriers to healthcare access. By emphasizing personal narratives, the research highlighted not only the challenges faced by individuals with disabilities but also their resilience and coping strategies, offering deeper insight into the complex realities surrounding healthcare service availability in marginalized rural communities.

Participants and Locale

The research took place in Brgy. Cabugnayan, San Juan, La Union—a geographically isolated community where access to healthcare services is limited, particularly for persons with disabilities. Eight (8) participants were selected through purposive sampling, a non-randomized technique in which individuals are intentionally chosen based on specific criteria relevant to the study's objectives (Alex, 2024). This method was appropriate for identifying persons with physical disabilities whose experiences aligned with the research focus. Out of 34 identified individuals with physical disabilities in the barangay (17 males and 17 females), participants were selected based on the following criteria: aged 18 and above, physically disabled, in need of healthcare services, cognitively intact, able to provide informed consent, and willing to

participate. Those with cognitive impairments, communication barriers, or who were unwilling to participate were excluded. This careful selection ensured the collection of rich, meaningful data that accurately reflected the lived experiences of the target population.

Data Gathering Instrument and Procedure

Data for this qualitative, phenomenological study were collected through an interview using a semi-structured interview guide, developed through a comprehensive literature review on disability and healthcare access (Tenny et al., 2022). The guide included open-ended questions and follow-up prompts, allowing flexibility while focusing on key themes relevant to the experiences of persons with physical disabilities. Questions were adapted for cultural and contextual relevance to Barangay Cabugnayan, San Juan, La Union, considering local language, age, gender, and type of disability (Creswell & Poth, 2018). Eight participants were selected through purposive sampling based on specific inclusion criteria. Following ethical approval from the Lorma Colleges Research Ethics Committee and permissions from local authorities, participants were recruited and provided written informed consent. Interviews were conducted face-to-face in participant-preferred settings using a two-on-one format—one researcher led the interview while the other recorded audio for transcription. Health protocols were observed, and participants were assured of confidentiality, anonymity, and their right to withdraw at any time. No compensation was provided, and participants incurred no costs. Data was securely stored in encrypted files and deleted after one year. Interviews continued until data saturation was reached, indicated by recurring themes and no new emerging information, ensuring a comprehensive understanding of how geographic isolation and systemic barriers impact healthcare access for persons with disabilities.

3. Themes

The researchers employed a systematic approach to analyze and interpret the collected data, aiming to describe the participants' responses and identify emergent themes and subthemes in a truthful and unbiased manner. The analysis remained closely aligned with the central objective of the study, which is to describe the lived experiences of persons with physical disabilities concerning the availability of healthcare services in Barangay Cabugnayan, San Juan, La Union. Through a thorough process of analysis, comparison, and validation of the collected narratives, the researchers were able to identify three (3) overarching themes that encapsulate the participants' lived experiences. (1) "The Roadblocks to Care" which is composed of the subthemes (a) *We're Stuck in Traffic*, (b) *The Fare is Too High!*, (c) *The Journey is Too Long;* (2)"Rough Roads to Recovery" with the subthemes (a) *How Far I'll Go* and (b) *The Toll Booths to Treatment* (3) "Detours of Determination" with the subthemes (a) *Faith as Fue*l (b) *Side Roads of Support* (c) *Do-It-Yourself Paths.* This major theme "The Roadblocks to Care" encompasses the various lived experiences of the physically disabled persons about the availability of healthcare services in their barangay showing the. The major theme "Rough Roads to Recovery" represents the challenges that the participants' faces, highlighting their problems in lack of healthcare facilities and services, financial constraints, and inconsistent assistance and services. Lastly, the major theme "Detours of Determination" shows the participants ways of coping through facing these challenges while seeking for health services.

3.1 The Roadblocks to Care

"The Roadblocks to Care," a central theme reflecting persistent challenges that go beyond simple logistics to impact residents' daily lives. Financial burden is a significant barrier, with prohibitive travel costs to distant urban centers making healthcare effectively out of reach for many, as noted by Participant 8 who cited fares of "500–600" pesos to San Fernando. This aligns with findings from Reyes et al. (2020) which underscore out-of-pocket expenses for transport and medicine as major contributors to healthcare unavailability in rural areas.

The unaffordability and inconsistent availability of medications are also critical concerns. Participants frequently reported rationing or stopping essential treatments due to cost, with Participant 6 admitting to taking "half of the 50 mg tablet each day" of Losartan and Participant 1 stating, "I can't pay for insulin that's why I stopped it." This situation creates a cycle of interrupted care, a dynamic supported by Arsenault-Lapierre et al. (2024) who observe that geographic isolation combined with poverty renders services practically inaccessible. Even existing external assistance is often insufficient or inconsistent, failing to bridge the gap between medical needs and financial capacity. Participant 7 noted that a social pension was "not enough," highlighting a system where care often hinges on intermittent aid rather than dependable infrastructure, a point resonated by Serafica et al. (2023) regarding fragmented and unreliable rural health systems in the Philippines.

Further limiting care are shortages of essential medications and incomplete local health services. Residents face unstable pharmaceutical support, turning routine care into a matter of luck, as Participant 1 lamented, "When there are medicines, if there's none then there's nothing." The absence of adequate local facilities means residents must undertake long, arduous journeys to distant hospitals, a challenge underscored by Participant 3's reliance on traveling to LORMA for check-ups. The barangay health center itself is often inconsistent, as stated by Participant 6, leading to a sense of unpredictability and mistrust. These local experiences are consistent with Reyes et al. (2023), who documented inefficiencies and limited infrastructure in rural barangay health units.

Finally, the long and physically demanding journeys to healthcare facilities, coupled with unreliable transportation, pose a significant barrier, particularly for those with physical disabilities. Multi-step commutes involving tricycles and jeeps (Participant 6, Participant 5) are both physically taxing and financially draining. These journeys, compounded by long waiting times at facilities (Participant 8), often discourage residents from seeking necessary care. This issue is further emphasized by Hamilton et al. (2020), who highlight how extended travel times and inadequate infrastructure delay treatment-seeking behaviors in rural populations.

In essence, healthcare availability in Barangay Cabugnayan is deeply compromised by a complex interplay of financial constraints, inconsistent medication access, inadequate local services, and challenging travel, all contributing to a healthcare experience that is often distant, unpredictable, and out of reach for its residents.

3.2 Rough Roads to Recovery

The theme "Rough Roads to Recovery" illustrates the daily challenges faced by persons with physical disabilities (PWDs) in Barangay Cabugnayan as they attempt to access healthcare

services. Their experiences reflect persistent financial constraints, such as the high cost of medicines and transportation, which frequently result in delayed treatment or complete avoidance of medical care. Limited availability of healthcare facilities, especially outside of sporadic medical missions, exacerbates these challenges, forcing individuals to travel long distances—often while in pain—to access even the most basic services. These struggles are consistent with national data showing that geographic and systemic barriers contribute to delayed treatment, widening health disparities and making healthcare access a continuous burden (Reyes et al., 2023).

Compounding the issue is a widespread lack of awareness about available healthcare services and legal entitlements. Many PWDs in the community are unaware of the benefits they are eligible for, including discounts, exemptions, and access to government-supported medications. This informational gap is intensified by poor dissemination of public health resources and a lack of inclusive communication systems that cater to persons with disabilities (Padilha Clemente et al., 2022; Crisostomo, 2023). As a result, individuals often resort to self-medication, skip treatments, or rely on informal networks for support. These coping mechanisms, while necessary in the face of adversity, may further compromise their health and deepen their sense of helplessness and isolation (Reyes et al., 2020; Bondad et al., 2024).

The physical and emotional toll of navigating this inaccessible system weighs heavily on the lives of PWDs. From long and expensive journeys to health centers, to the inconsistent availability of free medicines and long waiting times, the healthcare experience becomes one of endurance and sacrifice. Participants' testimonies reveal a painful reality marked by invisibility and abandonment, where the lack of nearby clinics, unaffordable tests, and the absence of transportation options amplify their suffering. These intersecting challenges demand more than temporary outreach—they call for systemic reforms that improve health infrastructure, enhance financial support, and empower PWDs with knowledge and agency. Without targeted intervention, the "rough road" to recovery will remain an unending uphill struggle for many in Barangay Cabugnayan and similar communities (Reyes et al., 2020; Crisostomo, 2023; Bondad et al., 2024).

3.3 Detours of Determination

The theme "Detours of Determination" vividly encapsulates the lived experiences of persons with physical disabilities in geographically isolated and underserved communities, where structural inequities in healthcare access force individuals to navigate alternative, often improvised, paths toward survival and well-being. In these rural areas, the "detours" represent more than logistical challenges—they are the daily reality of negotiating life on "broken roads," where services are unreliable and resources scarce. Yet, amidst these barriers, participants demonstrated profound resilience through three interrelated subthemes: "Faith as Fuel," "Side Roads of Support," and "Do-It-Yourself Paths." In "Faith as Fuel," participants consistently turned to spirituality not just as comfort, but as a primary coping mechanism that anchored them through physical suffering and systemic neglect. Their testimonies reflected unwavering

conviction—“I just trust in God,” said one participant, while another emphasized, “I call on nothing but the name of God”—underscoring how faith served as both psychological shield and emotional refuge. Research by Koenig (2012) and Pargament et al. (2000) affirms this connection, showing how religious coping can enhance resilience, reduce anxiety, and create meaning in the face of chronic illness and adversity. This spirituality is culturally embedded in Filipino life, particularly among older adults who interpret suffering as a test of faith and a pathway to healing (Almazan et al., 2019; Javier et al., 2020).

In "Side Roads of Support," participants recounted how survival often relied on fragile webs of community-based assistance—children who doubled as caregivers, neighbors who shared what little they had, and under-resourced barangay health workers (BHWs) who stepped in with minimal tools but abundant empathy. One participant proudly noted, “My child who is now a BHW—she’s the one who helps me,” revealing the emotional depth of these informal networks. Yet, these supports were often inconsistent, as echoed in another’s reflection: “There is some help… but of course, it’s not consistent.” These accounts reflect what Acuña and Gonzales (2020) described as the hidden labor of informal caregiving in rural communities—work sustained by love and necessity, not policy or funding. Government support, while present, was widely seen as insufficient: “I only receive 5,000 pesos every three months… I really have to buy [medicine] myself,” a participant shared, highlighting the impossible trade-offs between basic needs and health. Scholars like Lorenzo et al. (2017) and Yap and De Vera (2019) have critiqued these gaps, noting that while community support is invaluable, it cannot replace robust, equitable systems of care.

The subtheme "Do-It-Yourself (DIY) Paths" revealed the quiet ingenuity and unrelenting perseverance of participants who, in the absence of accessible medical care, had no choice but to become their own healers. Whether applying herbal oils, warm compresses, or simply enduring pain in silence, these self-care routines served as daily acts of survival. “I just apply oil and lie down… it alleviates,” said one participant, while another admitted, “Even if I’m in pain, I still force myself to endure it.” These expressions of DIY health reflect what Manderson and Aagaard-Hansen (2020) call *tactical health citizenship*—a form of everyday resilience where individuals respond to systemic abandonment with self-reliance. Yet this resilience carries a burden. As Lund et al. (2011) warned, such coping often masks deeper emotional strain and can lead to harmful consequences when proper guidance is absent. In fact, WHO (2020) cautions against reliance on unregulated self-treatment, especially in communities with limited health literacy or access to formal services. The danger lies not in the intention, but in the isolation—where hope, rather than medical advice, becomes the primary remedy.

Altogether, "Detours of Determination" is a story not just of strength, but of systemic failure. It is about people who find ways forward not because they are empowered by the system, but because the system has left them no other choice. Their resilience—rooted in faith, community, and improvisation—should be honored, but not romanticized. These stories are calls to action. They demand healthcare policies that move beyond urban-centered models and instead embrace decentralized, culturally sensitive, and community-anchored interventions. As Greeson and Toohey (2015) argue, integrating spiritual, familial, and informal care structures into healthcare delivery enhances not only engagement but also outcomes—especially in marginalized populations. It is not enough to admire the strength of those who carve their own paths; we must

build better roads. Roads paved with access, equity, and dignity. Because no one should have to walk alone, no matter how determined their steps.

4. Conclusion

Synthesis

Healthcare availability for individuals with physical disabilities in Barangay Cabugnayan is severely hampered by interconnected challenges including limited availability, high costs, and inconsistent service provision, as evidenced by structural issues like poor transportation and long distances to health centers, economic burdens of high fares and unaffordable medicines, and systemic problems such as a lack of specialists and irregular services, all of which reinforce each other to make healthcare difficult to reach and sustain. Despite these formidable obstacles, residents employ resilient coping strategies rooted in faith, community support from family and neighbors for transportation and financial aid, and self-reliance through home remedies, highlighting their adaptation in the face of unmet formal healthcare needs. Ultimately, improving healthcare in this rural area requires consistent, accessible, available, and community-informed health programs that address the urgent demand for regular medical services, reliable staff, accessible transportation, and affordable medicines, advocating for systemic improvements like better barangay-provincial coordination and community-based education over temporary solutions.

Recommendations

Improving healthcare for persons with physical disabilities (PWDs) in Barangay Cabugnayan requires a multi-pronged approach, focusing on mobile and community-based healthcare access, disability-sensitive health education, and inclusive health planning and future research. To bolster direct access, we should actively participate in or assist with organizing mobile health clinics in remote areas, providing essential check-ups and maintenance medications. Facilitating transportation or coordinating health shuttle services with barangay officials for individuals with mobility challenges is also crucial. Furthermore, advocating for the allocation of local funds to cover emergency and ongoing health needs of PWDs will help alleviate financial burdens.

Alongside these practical measures, promoting disability-sensitive health education and awareness is vital. This includes assisting with community health education sessions and disability awareness campaigns in collaboration with barangay health workers (BHWs). Supporting training for BHWs and caregivers, specifically focusing on disability-sensitive care and communication, will enhance the quality of local support. Encouraging peer education among PWDs and their families can also empower them to manage their health more independently and confidently.

Finally, ensuring inclusive health planning and fostering future research is paramount for sustainable change. We must advocate for the inclusion of PWD needs in all barangay and municipal health development plans. The findings of this study should serve as a valuable reference for future research, thesis work, or case studies on healthcare accessibility for PWDs in similar contexts. Additionally, recommending the integration of community-based learning on PWD care into health-related academic programs, such as those at LORMA Colleges and other institutions, will help cultivate a more empathetic and well-prepared healthcare workforce.

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