Save the Children

Okay Lang Ba Ang Mga Bata?

The **Impact of COVID-19 Pandemic** on the
Mental Health and Psychosocial Wellbeing of
Filipino Children In Selected Cities in Metro Manila

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ACRONYMS

APA	American Psychological Association
BLPC	Basic Education Learning Continuity Plan
CaR	Children at Risk
CEPC	Comprehensive Emergency Program for Children
CHD	Centers for Health Development
CICL	Children in Conflict with the Law
CPMS	Child Protection Minimum Standards
CRC	Child Rights Coalition
CWC	Council for the Welfare of Children
CoViD	Coronavirus Disease
DepEd	Department of Education
DICT	Department of Information and Communication Technology
DILG	Department of the Interior and Local Government
DO	Department Order
DOH	Department of Health
DSM5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
DSWD	Department of Social Welfare and Development
ECQ	Enhanced Community Quarantine
FIES	Family and Income Expenditure Survey
GBV	Gender-Based Violence
ISC	Inter-agency Standing Committee
IATF-MEID	Inter-agency Task Force for the Management of Emerging Infectious Diseases
ICT	Information and Communications Technology
JJWC	Juvenile Justice and Welfare Council
LGU	Local Government Unit
MHPSS	Mental Health and Psychosocial Support
MNSUD	Mental, Neurological, and Substance Use Disorders
NCMH	National Center for Mental Health

NCPWG	National Child Protection Working Group
NCR	National Capital Region
NGO	Non-Government Organization
NTC	National Telecommunications Commission
OFW	Overseas Filipino Worker
OUNHCHR	Office of the United Nations High Commissioner for Human Rights
PFA	Psychological First Aid
PIDS	Philippines Institute for Development Studies
PPAEVAC	Philippine Plan of Action to End Violence Against Children
PSA	Philippine Statistics Authority
PSCRRC	Psychosocial Support and Children's Rights Resource Center
PTSD	Post-traumatic Stress Disorder
RA	Republic Act
RCCE	Risk Communication and Community Engagement
SAP	Social Amelioration Program
SARS	Severe Acute Respiratory Syndrome
SS	Socioeconomic Status
SCP	Save the Children Philippines
TESDA	Technical Education and Skills Development Authority
UN	United Nations
UN CRC	United Nations' Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UP-PGH	University of the Philippines-Philippine General Hospital
VAC	Violence Against Children
VAWC	Violence Against Women and Children
WHO	World Health Organization

DEFINITION OF TERMS

Asynchronous learning means students are provided with content and tasks that they need to accomplish within a time frame, using an online platform such as a learning management system (LMS). Interaction between the teacher and students (and among students) does not take place in real time. No face-to-face class meeting happens, even online (DepEd, 2020b).

Community Quarantine refers to the restriction of movement within, into, or out of the area of quarantine of individuals, large groups of people, or communities. It is designed to reduce the likelihood of transmission of an infectious disease among persons in and to persons outside the affected area (IATF, 2021).

Coping consists of the cognitive and behavioral efforts that manage internal or external demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984).

Coronaviruses are a large family of viruses causing a range of illnesses, from the common cold to more serious infections such as those caused by Middle East Respiratory Syndrome-related Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome-related Coronavirus (SARS-CoV). Coronavirus can also cause a variety of diseases in farm animals and domesticated pets (DOH, 2020).

Coronavirus disease (COVID-19) is the disease caused by a new coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Symptoms include mild to moderate respiratory illness and some may recover without special treatment. However, older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness (WHO, 2020a).

Enhanced Community Quarantine (ECQ) refers to the implementation of temporary measures imposing stringent limitations on movement and transportation of people, strict regulation of operating industries, provision of food and essential services, and heightened presence of uniformed personnel to enforce community quarantine protocols (IATF, 2021).

Green flags are positive coping styles built in protective mechanisms and resilience that result in healthy outcomes.

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2020).

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to his or her community (WHO, 2018).

Mental health and psychosocial support (MHPSS) is defined as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders (IASC, 2007).

New normal refers to the emerging behaviors, situations, and minimum public health standards that will be institutionalized in common or routine practices and remain even after the pandemic while the disease is not totally eradicated through means such as widespread immunization. These include actions that will become second nature to the general public as well as policies such as bans on large gatherings that will continue to remain in force (IATF, 2021).

Psychosocial is the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other (IASC, 2010)

Red flags are serious stressors that likely lead to extreme distress, dysfunction, or danger.

Stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being (Lazarus & Folkman, 1984).

Synchronous learning is a type of remote learning wherein the class is conducted in real time. In a synchronous class, the teacher and students log in to a single online platform and carry out tasks throughout the allotted time. This may be done through videoconference, chat or messaging apps, or audio chat using an online tool (DepEd, 2020b).

Telepsychotherapy services refer to online services providing psychological therapy and counseling in the form of video calls or chats.

Yellow flags are mid-level stressors that could eventually lead to more serious problems such as those listed in the red flag.

EXECUTIVE SUMMARY

The **COVID-19 pandemic** has severely affected the wellbeing of children and adolescents in the National Capital Region (NCR). The region which cites the greatest number of cases and records the longest lockdown in the country has imposed strict health protocols, including the age restrictions on the mobility of children and adolescents. This prolonged period of staying at home has blurred the boundaries in the lives of children and adolescents, making it challenging for them to balance multiple stressors. Save the Children Philippines commissioned the Psychosocial Support and Children's Rights Resource Center (PSTCRRC) to determine the impact of the pandemic on the mental health andpsychosocial wellbeing of children and adolescents. The study identifies the stressors, issues, needs, and ways of coping with the pandemic. It also recommends intervention points for the state, family and parents, peers, and the larger community to support and protect the mental health and wellbeing of children and adolescents.

Method

126 in-depth mobile phone interviews
are conducted to explore the children's and adolescents' various experiences in their family and household, social life, education, and physical and mental health.

Interviewees

FIFTY-FIVE (55)

adolescents aged 13- 18 years old (28 female and 27 male)
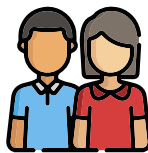
SEVENTY-ONE (71)

adult key informants (parents, primary caregivers or guardians) for children 6-12 years old (35 girls, 37 boys)

Participants are **randomly sampled** from selected barangays in **Navotas, Malabon, and Pasay City** and **purposively sampled** in **Quezon City.**

Instruments

1. Semi-structured in-depth interview for adolescents
2. Semi-structured in-depth interview guide for adult key informants for their children

Limitations of the Study

- Adult key informants (parents, guardians, caregivers) are interviewed to get the perspective of children ages 6-12 years old.
- Probing and validation process was conducted to review the answers of key informants to check the consistency and coherence of the collected data.
- Instruments developed are not clinical diagnostic tools. The focus is not on psychiatric or clinical findings but the broader context of physical, mental health, and psychosocial wellbeing.

Research results

Family life

- The most common stressor in the family life of children and adolescents was **financial difficulty** due to **loss of income or jobs. Most of the participants (82%) experienced this** directly due to the COVID-19 pandemic restrictions.
- Financial difficulties resulted in children and adolescents' food inadequacy and lack of access to gadgets and data load for online classes and connecting with friends virtually.
- Child-rearing practice issues such as **difficulties in disciplining children (91%)** and **corporal punishment of children (31%)** also surfaced.
- The increased time spent with the family was generally considered to be positive.
- **Interpersonal conflicts** among families that occurred during the pandemic were not necessarily due to the increased time spent with each other.

Social Life

- Decreased communication among friends is the most common social life stressor for both children and adolescents. However, deterioration of the q**uality of friendships is rarely reported (8%).**
- Children and adolescents keep an **active social life** through communication via **social media, gaming, and spending more time with neighboring peers**.
- Despite the restrictions, many parents/primary caregivers allowed their children to play with their neighbors. Male teens especially continued to meet with their friends face-to-face.
- Only **(6%)** of the children were observed to be **socially isolated and lacked peers and playmates**
- Gaming is seen as the main distractor or favorite past time of adolescents and is a consistent, accessible, and familiar structured social activity. It is a double edge sword that has detrimental effects on the physical and mental health of adolescents.
- High frequency of bullying is noted among children (6-12 years old), with **verbal, physical, and cyberbullying incidents at 27%**. Children are bullied for perceived physical characteristics and gender identities (e.g., gay, dark-skinned, fat).

Education

- Children and adolescents struggled to keep up with the new learning setup, environment, pedagogy, modality, and technology changes. Almost all prefer face-to-face classes and going back to school like during pre-pandemic time.
- Most **(67%)** found it **challenging to understand the learning materials in modules or online classes.** Young children struggled to comprehend the content of their modules, especially those who could not read or write well yet.
- Primary caregivers found it hard to guide their children, believing the materials were too advanced for them. They admitted to also needing guidance from the teachers.
- Many **struggled with the motivation to study (33%),** especially with social media and gaming distractions. Some felt that they were not obligated to study at home. Some do not perceive the home as a conducive environment for learning compared to their schools.
- **Self-help and mutual help are the top coping strategies among participants.** Children tend to help themselves or seek help from parents and other relatives for their modules, while adolescents are likely to seek help from their friends/classmates and teachers.

Poor internet connection is a common frustration among those **who take online classes (34%).**

Many **lack the funds to buy data (13%),** leading to their **inconsistent attendance** to online classes.

Some also **lack gadgets (12%),** while others **share gadgets within their household (13%).**

Physical and Mental Health

- Most participants reported being physically healthy, although many said they lived a more sedentary lifestyle during the pandemic. **Weight gain is noted in some children and teens (9%).**
- There is an **increase in the frequency and duration of gadget use** among children and teens and an observed change in children's sleeping and eating patterns.
- The **feeling of hopelessness is not prevalent** among children and adolescents. The children and adolescents say they are regularly happy and only occasionally sad/anxious/fearful even during the pandemic.
- The **protective role of the family** (with many participants living in households with nuclear and extended family) and active social life/friend groups that are common among the participants likely buffered hopelessness and negative emotional profiles.
- Family units and peers provide multiple pathways of protection such as direct material support, emotional support, source of positive emotions, and increase in routine and reduced idle moments.
- The participants seldom raised mental health as a concept, resource, or support.
- **Still, mental health issues were noted in some participants** with pre-existing mental conditions, such as developmental delays, autism spectrum disorder, violent tendencies, depression, suicidal ideation, panic attacks, and inability to feel happiness, among others.
- These children and teens are more vulnerable as pandemic restrictions have limited their access to needed financial and peer support
- There is practically **no contact** between the participants, the professional mental health system, and other mental health services.

Gender and Age Differences

Children

- **More female children (88%) than male children (12%) are isolated from their peers** due to parents' gender expectations that allow more leeway with boys than girls in exploring the neighborhood
- Female children are observed to seek the comfort of their mothers more than male children when distressed
- Younger children seek more help from family and older household members, while adolescents ask for help from friends and classmates.

Artwork by: Rhuvic Maria Salvoza

Adolescents

- Female adolescents display more anxiety and sadness than male adolescents
- Adolescent males do not see or problematize many seemingly adverse events (decrease in communication among friends, non-participation in organizations) as stressors or difficulties compared to female adolescents who see these as stressors
- Male adolescents coped with their social life by going out and doing physical visits with friends and gaming.
- Staying at home and using social media platforms (e.g., Tiktok and Facebook) are preferred by adolescent girls.
- Compared to female adolescents, male adolescents try to earn some income by doing *diskarte* or side jobs to help parents with financial difficulties

Recommendations

For the government

1. **Strengthen poverty reduction strategies.** Results of the study show the concerning impact of financial struggles on the wellbeing of the children.
2. **Monitor and evaluate government assistance in the time of the pandemic.** Participants observed gaps in identifying those who genuinely need cash assistance and the consistency of this material support.
3. **Allocate budget for the provision of resources needed in education.** Municipalities can adapt the efforts made by the Quezon City government and allocate a budget for the provision of gadgets and the subsidy of data load. It would do good for Department of Education to continue providing support to schools as they adjust to online learning.
4. **Improve the current educational system with lessons learned from the experiences of this batch.** It is essential to revisit the current design of the distance learning system, analyze its shortcomings, and resolve existing issues. It is recommended to assess the teaching methods and explore how to help parents help their children.
5. **Maintain physical activities in education and promote active lifestyle campaigns.** The education sector is encouraged to maintain the physical activity requirements in P.E. and MAPEH and expand the coverage of physical activities across grade levels.

Artwork by: Dazzel Caine Martin

For family and parents

1. **Parent, caregiver, and guardian awareness and capability building on mental health for children.** They can be provided with training and modules on child stress and coping strategies, positive child-rearing practices, corporal punishment consequences, and mental health promotion even in the state of poverty.
2. **Sustained campaigns to end corporal punishment and promotion of positive parenting.** There is a continuing need for sustained campaigns to end corporal punishment and promote positive parenting.

3. **Interventions for parents and guardians on handling financial stress and possible impact on the child's physical and mental health.** The burden and worries of unstable income and inadequate financial support can lead to poor physical and mental health and become secondary stress for their children. Financial literacy programs and interventions or programs on social enterprise can also be considered.

For the peers and the larger community

1. **Establish community anti-bullying programs.** The current thinking on bullying prevention is to have a multi-sectoral approach involving the community, school, and peers and remain consistent in disciplining bullying behaviors. Various forms of anti-bullying campaigns may prove feasible.
2. **Peer-to-peer accommodation of mental health needs.** There is an observed need to teach children's peers (6-12 years old) how to accommodate and interact with children, especially those with mental health issues (autism spectrum disorder, developmental delay, and children with disabilities).
3. **Explore interventions based on neighborhood-based social ties.** In the pandemic context, neighborhood peers have proved to be robust and significantly beneficial to mental health and wellbeing.
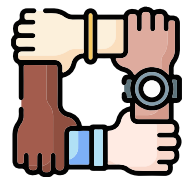
Other mental health intervention recommendations

1. **Increase material support for better mental health.** It is recommended to do psychological first aid (PFA) and psychosocial processing (PSS) of overwhelming feelings of anxiety due to COVID-19 to prevent further mental health problems.
2. **Gaming interventions.** Interventions may come in the easy-to-use resources or by leveraging peers to model peer-to-peer time management and weaning away from gaming measures and other self-regulatory and balancing behaviors.
3. **Increase mental health awareness and support.** It is crucial to raise also access to and comfortability with mental health resources. A list of psychological services is available National Research Council of the Philippines website in the study of Mapping of MHPSS in the time of the Pandemic 2019.
4. **Promote and adopt easy-to-use psychosocial tools.** The International Federation of the Red Cross (IFRC) Psychosocial Centre, Regional Psychosocial Support Initiative (REPSSI), and MHPSS.net developed materials to support practitioners, teachers, and parents/caregivers in 2021 to address issues in the context of the COVID-19 pandemic.

Artwork by: Adrielle Loreto

5. **Strengthen the public health system at all levels** (primary, secondary, and tertiary) to ensure that mental health and psychosocial support are integrated into the intervention and services given at all three levels. It is also recommended to follow the three levels of the IASC Intervention Pyramid Model.
6. **Promote community-based mental health programs.** Programs should integrate culturally sensitive and community-integrated approaches.

RESEARCH OBJECTIVES AND METHODOLOGY

This study aims to provide Save the Children with information on the **impact of the COVID-19 pandemic on the mental health and psychosocial wellbeing of children and adolescents in selected areas of Metro Manila in the NCR.** The NCR has the greatest number of COVID-19 cases and consequently, the longest time in lockdown. The results of this study will be used to inform Save the Children's programs and advocacy. In particular, the research aims to:

1. describe the mental health and psychosocial wellbeing of children in the current context of the pandemic;
2. identify their stressors and coping mechanisms;
3. identify their issues/concerns and needs; and
4. suggest interventions that can be implemented by different stakeholders to support and protect children.

Methodology

In-depth interviews were conducted with a total sample of N=126 in Navotas, Malabon, Pasay, and Quezon City. These are the areas where Save the Children has programs and partners working in the communities. Recruitment was done face-to-face and the participants were randomly chosen. Interviews were conducted via internet audio calls or mobile phone calls. Two main groups of participants were interviewed. Adolescents (13-18 years old; n=55) or older children were interviewed directly by an interviewer, with a buddy listening in, in compliance with SCP's Child Safeguarding Guidelines. Adults (parents, primary caregivers, and guardians) were interviewed to gather information on the experiences and behaviors and of their children (6-12 years old; n=71).

Sampling Scheme

Sampling was done in four cities—Navotas, Malabon, Pasay, and Quezon City. These cities and several barangays (villages) were identified by Save the Children as the areas where they had active programs or partners. Barangays in Navotas include North Bay Boulevard North (NBBN), North Bay Boulevard South (NBBS)-Proper, North Bay Boulevard South (NBBS)-Dagat-dagatan, Navotas West, Tanza 1, Tanza 2, Bagumbayan South, and Bangkulasi. Barangays in Malabon include Longos, Catmon, Niyugan, Tanyong, Tunsuya, Dampalit, and Potrero. Barangays in Pasay meanwhile consist of Barangay 130 and Barangay 201. In Quezon City, respondents were students selected from two local high schools.

To ensure random selection, an area method approach was adopted (see Appendix 3). For each barangay, 1-2 individuals per category were recruited. These categories were: adult for female child 6-9 years old, adult for female child 10-12 years old, adult for male child 6-9 years old, adult for male child 10-12 years old; male adolescent 13-15 years old, male adolescent 16-18 years old, female adolescent 13-15 years old, and female adolescent 16-18 years old. Only one participant per household was allowed to join the study (i.e., if an adolescent already consented for an interview, that excluded the participation of any other member of the household).

If the potential participants fit the inclusion criteria and were interested in joining the study, the field recruiters encoded their contact information into a central database. Interviewers then contacted them to schedule the interview session at the participant's preferred date and time. Due to lack of established

manpower/partners in the area, a purposive sampling was done in Quezon City, and participants were invited from two local high schools.

One hundred ninety-nine (199) individuals consented to be interviewed (145 in the initial recruitment, and 54 during the additional recruitment). Due to various issues (incomplete number, no-response, constant re-scheduling, change of mind, doesn't fit the inclusion criteria), a portion of those invited by field recruiters were not interviewed, thus the total number of participants was reduced to N=126. Of this total sample, 71 adults for the children (6-12 years old; 35 girls, 36 boys) and 55 adolescents (13 -18 years old; 28 females, 27 male) fit the inclusion criteria and were interviewed.

Data collection was done from November 2020 to March 2021, a period when NCR was placed under the General Community Quarantine (GCQ) which had less stringent restrictions than ECQs (Quieta, 2020). More industries were allowed to operate, and age-based stay-at-home restrictions were adjusted and only applied to those below 15 years old and above 65 years old (Inter-Agency Task Force on Emerging Infectious Diseases, 2020) compared to below 21 and above 65 years old during the ECQ.

Instruments

Two instruments were developed for the study, a semi-structured in-depth interview guide for adolescents (13-18 years old), and a semi-structured in-depth interview guide for adults for their children (6-12 years old).

The interview guide for adolescents asked about their general experiences during the time of COVID-19: their stressors and coping experiences in their family life, social life, and education. It also included questions about their physical and mental health & wellbeing and the different emotions and how frequent they felt them the past 30 days at the time of the interview. Various probes were asked to explore and elaborate on these components more deeply. Other demographic information was also asked (number of members in the household, occupation and income of parents, education level etc.)

The interview guide for adults (parents, primary caregivers, or guardians) asked about the general experiences of the adults and their children during COVID-19, the household and family life experiences, and the child-rearing experiences of the adult. They were asked about their child's experiences and their stressors and coping mechanisms in the family life, social life, and education. They were also asked questions on the physical and mental-health & well-being and the different emotions of their child and how frequently they felt them. Various probes were asked to explore and elaborate these components more deeply.

The instrument guide was initially written in English, which was then translated to Filipino. A pre-test of the instrument was done for five individuals (two adults, two male adolescents, and one female adolescent) in Navotas and Malabon. Revisions were made to the initial instrument based on the results of the pre-test. All interviews were conducted in Filipino. The interview duration took around one to two hours, averaging one hour and 20 minutes.

Limitations of the study

The adolescents' voices and perspectives were heard in this study because they were directly interviewed about their general experiences at the time of COVID 19. However, adult key informants

were interviewed instead of the younger children (6-12 years old) as a child protection measure and because appropriate child-friendly qualitative approaches (e.g., Hart et al., 2007) are difficult to adapt in mobile-phone calls or other virtual formats, especially for low-income populations. Thus, the children's experiences, stressors, and wellbeing were filtered through the perceptions and observations of the parents, guardians, and caregivers. This is an explicit limitation of the study. However, the varied probes to the participants' responses allowed checking for the consistency and coherence of the collected data. For example, probes uncovered various stressors such as corporal punishment even when some adult informants present a more positive view of the child's household environment.

The instrument was not developed as a clinical diagnostic tool. The focus is not on psychiatric or clinical findings but rather on the broader context of physical, mental health, and psychosocial wellbeing, following Bronfrebrenner's Ecological Systems theory and the Biopsychosocial Approach. This provides information on the contributory factors in the home and community that lead to negative health outcomes.

Artwork by: Adzrie Ishmael

Ethical Considerations

All interviews done with adolescents had one main interviewer and one listener ('buddy') in compliance with Save the Children's Child Safeguarding Policies. All female adolescent participants had a female main interviewer while most of the male participants had a male main interviewer. All participants were given an informed consent form. All were reminded of their participant rights before the interview. Pseudonyms were used for all children, adolescents, and adult informants in this report.

During the interview, if the participant expressed serious problems or distress, the participant was given a number to a Psychological First Aid hotline and was asked whether they wanted to talk to a mental health professional and was offered the services of one for free. Interviewers followed up the participants if they wanted to avail of the services of the mental health professionals. At the time of writing, only one adolescent male-participant availed of the offer.

Data Analysis

Interviews were recorded (with the participants' consent) and then transcribed. For each of the 126 participants, summary sheets were created that summarized the information from the interview, including their stressors and coping in family life, social life, education, physical and mental health, and a discussion of their red, yellow, or green flags. These flags are developmental, behavioral, psychosocial or other external issues that were either worrying or may lead to serious distress, dysfunction, and danger, or showed resilience. From these, a content analysis was done, and frequency matrices were created that quantified certain aspects of the participants' narratives. These were clustered into four general categories: family & household life; social life; education; and physical, mental health, and psychosocial wellbeing. Then, qualitative analysis and interpretation was done.

Family and household life refers to the participants' experiences in the household environment where they reside. These include the dynamics and relationships among family and/or household members, factors that affect the whole household (such as financial difficulties), as well as other stressors and coping done in this environment. The social life refers to the sphere of life and experiences of the child and adolescent that includes their friends, playmates, romantic partner and/or other peer-to-peer interaction such as those in online communities. Education refers to their experiences in school, including their academics, their relationship with teachers and classmates, as well as their membership in school-based organizations.

Physical and mental health refers to broad considerations in wellbeing including ailments, eating, and sleeping patterns, exercise, frequency of emotions, as well as other things pertaining to distress, dysfunction, danger, and deviance of behavior and mental functioning and those that affect the "complete physical, mental and social wellbeing" of the individual (WHO, 2020)

An overall consolidated matrix was created that summarized the participants' responses. These summary sheets and frequency matrices were the foundation for a deeper analysis of underlying processes and dynamics (Atkinson, 2017). Analyses were based on the following: the transcriptions, the summary sheets, the frequency matrices, and the overall qualitative observations of the researchers from the in-depth interview of the 126 children and adolescents.

REVIEW OF RELATED LITERATURE

The **COVID-19 pandemic** has left lasting effects upon global economies, resources, and health systems. Global statistics illustrate that there have been 165,158,285 confirmed cases of COVID-19 (as of 21 May 2021), including 3,425,017 deaths worldwide—led by the Americas (65,573,768 cases), Europe (53,983,008 cases), and Southeast Asia (29,543,024 cases) (WHO, 2020a). Locally, The Philippines has reached the highest number of cases in Southeast Asia (CNN Philippines, 2020). The latest Department of Health (DOH) COVID data (as of 21 May 2021) exhibits 1,171,403 total cases, with 55,531 active cases, 1,096,109 recovered cases, and 19,763 deaths; the top regions in terms of total cases are the National Capital Region (NCR) (493,670 cases), Region 4A: CALABARZON (208,212 cases), and Region III: Central Luzon (102,241 cases). As of 20 May 2021, a total of 1,448,242,899 vaccine doses have been administered, while locally a total of 2,778,677 vaccine doses have been administered.

Global Statistics
of COVID-19 cases (as of May 2021)

EUROPE
53,983,008
CASES

AMERICAS
65,573,768
CASES

SOUTHEAST ASIA
29,543,024
CASES
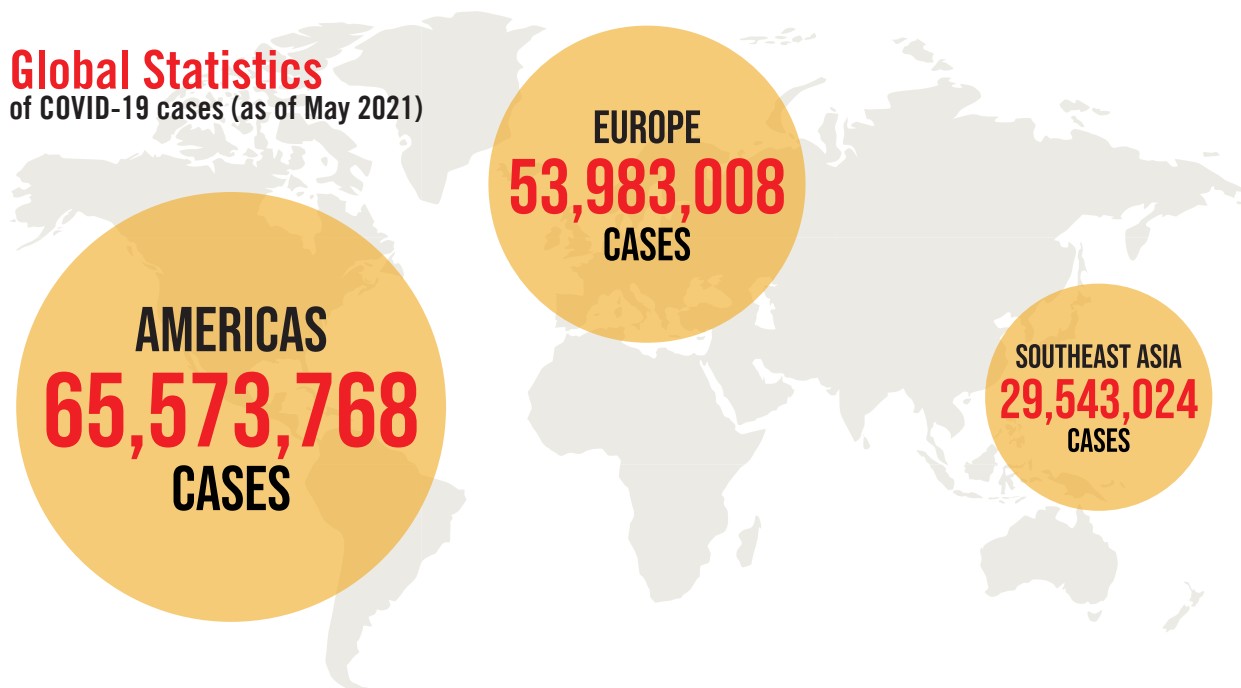
The public health crisis comes with a unique set of stressors, including long-lasting health repercussions, especially for mental health and psychosocial wellbeing. Studies have illustrated increasing symptoms of anxiety and depression worsened by isolation, stigma, and fear-based media (IASC, 2020; Torales et al, 2020; Rajkumar, 2020). In the Philippines, studies have indicated increased stress (Social Weather Stations, 2020; Pastor, 2020) on top of the national situation. At the time of the study, the Philippines has reached the highest number of COVID-19 cases and longest lockdown in Southeast Asia (CNN Philippines, 2020) and was the 21st in the number of global COVID-19 cases (Elflein, 2020). There seems to be an ongoing mental health crisis accompanying the pandemic, with a spike in calls through the National Center for Mental Health (NCMH) crisis hotline (Tomacruz, 2020), a case of suicide by a COVID-19 patient (Mayol, 2020), and mounting stigma and exclusion towards individuals suspected to be COVID-19 positive (Kahambing & Edilo, 2020).

Mental health and psychosocial support in the time of COVID-19

Different sectors have made concerted efforts to respond to COVID-19. Throughout the past decade, the literature on mental health and psychosocial support (MHPSS) has increased significantly, with the following topics most researched in descending order: group psychosocial interventions, family, community targeted interventions, and individual interventions (Elrha, 2021).

WHO (2020c) recommends self-care and support for staff; distribution of timely and accurate information; and the orientation of COVID-19 responders on how to provide psychological first aid (PFA). These also include the provision of MHPSS to individuals in quarantine, addressing discrimination, stigma, and excessive fears of contagion, and the protection of mental health for key groups. In this time of remote work and learning, the online sphere has proved a necessary tool to disseminate and coordinate responses.

Locally, the main implementer of MHPSS is the Department of Health (DOH), with its Mental Health Program dedicated to preventive and rehabilitative services of mental health, neurological, and substance abuse (MNS) disorders. Through the Mental Health Program, DOH mobilizes programs with various government and non-government organizations during the COVID-19 pandemic (DOH, 2020a), such as the National Center for Mental Health's 24/7 crisis hotline and UP Diliman's Psychosocial Services telepsychotherapy hotline (DOH, 2020b). It is mainly through coordination with DOH's regional Centers for Health Development (CHDs) that the Mental Health Program coordinates services nationwide. De Castro et al.'s (2020) nationwide mapping of MHPSS services found that these CHDs provide general activities to support MHPSS (e.g., psychosocial support for staff, volunteers and frontliners, technical or clinical support, and structured training), highlighting the more general, supporting and coordinating role of the DOH in the COVID-19 pandemic.

The internet has provided a veritable tool for information dissemination and the coordination of unified responses. In the aforementioned MHPSS mapping (De Castro et al., 2020), it is of note that of the 137 total service providers, (34.3%) of them provide online services (e.g., engaging in online consultations, online dissemination of mental health resources). For example, there have been numerous infographics shared by NGOs on mental health on healthy coping strategies, as well as the acknowledgment that fear and anxiety are normal during unprecedented times (WHO, 2020d; CERN, 2020). Resources are also being disseminated in the local language, such as Child Rights Coalition-Asia's resources on how to protect and report cases of violence against children (VAC) during quarantine (CRC, 2020).

Children and adolescents: vulnerable populations

Vulnerable populations are defined as being more exposed to risks than others, such as deprivation, exploitation, abuse, neglect, violence, and infection. Although some populations may be vulnerable, the term is relative, ranging from displaying resilience to total helplessness to their situation (Arora et al., 2015). In this regard, children have been considered vulnerable populations, further exacerbated by contextual factors. VAC refers to all forms of physical, psychological, and sexual violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation.

Children and adolescents in crisis

In terms of mental health, there are many researches on children and adolescents in disasters and emergencies, with refugee children displaying increased levels of post-traumatic stress disorder (PTSD), depression, and anxiety (Fazel & Stein, 2002), particularly in third-world countries impacted not just by the threat of violence (e.g., children exposed to war in Mozambique and Rwanda), but also by a position of economic disadvantage (Masinda & Muhesi, 2004).

Children's and adolescents' mental health and wellbeing have been broadly studied in the context of humanitarian crises. For instance, Sirin and Rogers-Sirin (2015) assessed the education and mental health needs of Syrian refugee children. Of the total Syrian refugees, approximately half were under 18 years old, with 40% under 12 years old. These children were more susceptible to poorer grades and dropping out of school, as well as mental health problems. About 30% were victims of VAC, 45% displayed symptoms of PTSD, and 44% presented symptoms of depression. In terms of precipitating factors, a study by Miller and Jordans (2016) found that children's well-being in armed conflict settings was mediated by multiple factors, the most obvious being direct exposure to the violence of war, but also including indirect factors such as the family setting (i.e., increased risk of inter-parental violence, child maltreatment, and impaired parenting affected by the crisis).

Veering closer to the context of the COVID-19 pandemic, a mixed-methods study (Sprang & Silman, 2013)[1] examined the psychosocial responses of children and their parents to the Influenza A virus (A/H1N1) outbreak in 2009 in the United States, Mexico, and Canada. About 30% of quarantined children and 25% of quarantined parents met the criteria for PTSD symptoms. PTSD scores were four times higher in children under quarantine restrictions than those who were not. In the local context, Puyat, Gastardo-Conaco, and Natividad's (2021)[2] survey revealed that 8.9% of young Filipino adults experience moderate to severe depressive symptoms, with prevalence higher in females (10.2%) than males (7.6%).

A study in 2014 (Ager, Robinson, & Metzler) identified challenges in measuring the mental health and psychosocial well-being of children in humanitarian crises. These challenges include the wide array of measures available, the inability to frame measures that reflect a comprehensive understanding of MHPSS from the Inter-agency Standing Committee (IASC) framework, reliance on measures developed from high-income countries, developmental appropriateness of measures, and discrepancies between **self-reported and parent-reported tools.**

Child and adolescent vulnerabilities in the Philippine context

In the Philippines, children are especially affected by poverty and systemic injustices, with 31.4% of children living below the poverty line in 2015 (UNICEF, 2018). VAC may occur in the context of the family, neighborhood, and community, with some forms of it including sexual abuse, lascivious conduct, maltreatment or physical abuse, sexual exploitation, neglect or abandonment, mental or emotional abuse, and verbal abuse (Protacio-Marcelino, 2000). This includes, too, "newer" or at least more recently acknowledged forms of violence such as peer violence and cyber violence (Endviolence.org, n.d.). Among children and adolescents, some subgroups receive disproportionate amounts of discrimination and violence, such as lesbian, gay, bisexual, and transgender (LGBT) youths, with the proportion of VAC being 75% against LGBTs compared to heterosexual males (65.9%) and females (61.8%). They

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[1] n=398 parents
[2] n=19,017

are particularly at risk of sexual, physical, and psychological violence at school often from their peers (University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation & UNICEF Philippines, 2016, as cited in Endviolence.org, n.d.).

One setting which presents unique challenges towards vulnerability is the online sphere. The fourth Young Adult Fertility and Sexuality (2013) revealed that among the youth who own cellular phones, 43% have had text mates they have not yet personally met, with more males (54%) than females (34%) and proportions decreasing as education levels rise. As for the internet, 52% of the youth have reported having online friends they have not met personally, with slightly more males (58%) than females (47%) and slightly more from the younger cohort (15-19 years old, 54%) than the older cohort (20-24 years old, 50%). Devices (e. g., cellular phones, tablets) and the internet have provided the youth with a means to communicate and network. While the internet plays a crucial role in the current pandemic, it has also become a potent tool for illegal activities by the likes of sexual predators, who can easily use the internet as a platform to find children to groom or abuse (Trinidad, 2005).

Children and adolescents in the time of COVID-19

She, Liu, and Liu (2020) explored the epidemiology of COVID-19 among children. They revealed that 56% of children who contracted the disease experienced transmission through family gatherings and that the incubation period for children was longer than for adults (around 6.5 days, in contrast to 5.4 days in adults). Children in general reportedly develop mild disease or were asymptomatic (Zar et al., 2020).

Even if not directly exposed to COVID-19, the overall health effects of lockdown may possibly prove disastrous to children's and adolescents' health. Children who do not attend school (i.e., on holidays and weekends) have less physical activity, longer screen times, less regular sleep, and less healthy diets. Socially, children confined to their homes no longer have access to outdoor activities and face-to-face peer interactions (Wang et al., 2020). A global comprehensive survey in 46 countries with children and families conducted by Save the Children International (Sabry & Clacherty, 2021) highlighted the deprivations experienced by poor urban communities such as simple as access to water (23%), healthcare (13%), hand sanitizer and soap (58%), and sanitary products (34%). Moreover, the communities were concerned about the children's and youth's access to play and public space. The findings show that overall, 48% of the children do not have access to an outside space, 49% of children living in urban areas have played less than before the pandemic, 54% faced a higher risk of isolation during the lockdown, and 38% had less time for relaxation as compared to before, creating risks to children's psychosocial wellbeing.

It would be apt to explore the pandemic's mental health impact on children and adolescents in terms of the self, the family, and the community, as the interplay of factors does not exist in a vacuum. Children and adolescents are a vulnerable population during the pandemic, especially those with preexisting conditions and precarious economic situations–-with the added risk of being potential victims of domestic abuse over the lockdown period (WHO, 2020b). Locally, World Vision (2020) conducted a rapid assessment[3] to provide a broader picture of the impact of COVID-19 to children, their families, and communities. It identified the top problems they experienced, namely food security (51%), educational opportunities (45%), and access to healthcare (24%). Similarly, a recent child rights monitoring report in

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[3] n=985, from 42 municipalities and 6 cities in 20 provinces

the time of COVID-19 presents poverty and hunger as the topmost concern for the children, followed by health and security (Gacayan, 2020).

One such study that explores child and adolescent mental health through this ecological lens is the narrative review of Fegert et al. (2020). Children and adolescents have limited access to basic services (e.g., education, medical care), leisure activities (e.g., playgrounds, social areas, peer contact), and a general daily structure. Children with disabilities, in particular, were at an increased risk. Those with intellectual disabilities may have a more difficult time grasping current events, which may lead to added anxiety and agitation. In terms of family life, children and adolescents may suffer from the major restructure to home life, working from home and limited support, with the added adjustment of bereavement during a time enforced with social distancing protocols. This may lead to adjustment problems, PTSD, depression, and suicide of both adults and young people. In terms of the community, the pandemic's economic recession is associated with unemployment, income decline, and debts, putting both carers and children at risk of mental illness and substance abuse, with the added threat of VAC because of quarantine measures that force children to be with the perpetrators of violence.

Artwork by: Al-buharie Aliuden Amjari

Another recent child rights monitoring report (Gacayan, 2020) surveyed children aged 10 to 17 years old from poor communities. Poverty and hunger were the children's topmost concern, followed by health and security. Their families suffered loss of income including source of sustenance, exacerbated by the imposed lockdown measures and limited relief assistance by their government units. About 35.4% of children admitted that they do not have knowledge or even information on health services that they and their families can access during the pandemic, which poses risk to their health and security. In addition, 33.6% of the children in the survey know of someone going through teenage pregnancy. Children also shared the abuses they experienced. This includes a "parent or a relative hurting or humiliating a child (19.18%), bullying (18.9%), sexual abuse (16.2%), and physical hurt/humiliation and cursing directed towards a child by a neighbor (13.2%)."

Recently, Save the Children International consulted children and caregivers worldwide to assess the impact of the COVID-19 pandemic on children (Edwards, 2020). It showed that the pandemic caused an unprecedented burden on delivering health and nutrition for all children. Aside from the direct health risks imposed by the COVID-19 virus, children were also primarily at risk from other preventable diseases such as malaria and pneumonia since routine services have been deprioritized and there are heightened barriers to access health services. The children's access to good nutrition were also at risk, with food shortages in their communities. In Edwards' (2020) survey, 45% respondents from poor households had trouble paying for medical supplies and almost 9 in 10 (89%) respondents had challenges accessing healthcare and medical supplies.

The same report showed that the pandemic impacted an entire generation's education, which has primarily been through distance learning during the pandemic. The impact is speculated to last longer than the duration of the pandemic with nearly 8 in 10 (77%) of the parents in the worldwide survey believing that their children have learned little to almost nothing since the schools closed. The majority (95%) of the children believe they will return to school once it reopens but it should also be noted that about 2% reported that they will not return to school, and 4% do not know if they will. Children are at risk for dropping out permanently in school and this may cause debilitating effects in their learning and wellbeing.

Mental health outcomes

Save the Children (2020) cautioned on the mental health impact of COVID-19 on children especially given the effect of the pandemic restrictions on the health, education and protection of the children. A cross-sectional study by Liang et al. (2020)[4] cited the psychosocial effects of COVID-19 on the youth, with 40.4% reported having psychological problems and 14.4% with PTSD symptoms.

In a study by Duan et al. (2020) on children and adolescents' mental health in China, anxiety symptoms were the most common diagnoses among children and adolescents. There was a significant increase since the pandemic—symptoms of clinical depression in children and adolescents also rose from 13.2% to 22.28% during the outbreak (Stewart and Sun, 2007, as cited in Duan et al., 2020). Factors that contributed to higher levels of depression include the longer lockdown period in Wuhan which caused greater isolation, graduation from school, and increased internet usage during the lockdown (Duan et al., 2020).

In the Philippines, there is a lack of widespread research on the impact of COVID-19 on children's mental health. Though one research, World Vision's (2020) rapid study, notes that 54% of children have expressed negative emotions such as sadness, fear, and worry, and 84% of the children feel worried for themselves and their families.

A major cause for concern is the increase of suicide rates and suicidal ideation during the pandemic. Suicide is the third leading cause of death among 15 to 19-year-olds and the second most prevalent cause of death worldwide. Most at risk are those experiencing stressful life events, and those with preexisting mental health problems (Hoekstra, 2020). A longitudinal study by Zhang et al. (2020)[5] in China compared reports of mental health problems before the pandemic (November 2019) and during the pandemic (May 2020). It found that suicide attempts among students increased by more than twofold, from 3% pre-pandemic to 6.4% during the pandemic. In the Philippines, a 19-year-old high school student committed suicide upon realizing that he lacked tools for his online learning during the coming academic year (Calleja, 2020). Latest figures from the Philippine Statistics Authority (PSA, 16 March 2021) showed that incidents of suicidality and deaths due to intentional self-harm increased by 25.7% in 2020, making it the 27th leading cause of death in 2020, rising from rank 31st in 2019.

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[4] n=584

[5] n=1,241

Social life and mental health

The family is the basic unit where a child's development and social learning begin (Chisholm, 1956). Filipinos are commonly known to place a premium on blood and marriage relationships, with closely-knit family ties reaching up to the extended family (Tarroja, 2010). Liu et al. (2020) explored the implications of losing such companionship during the COVID-19 pandemic, particularly through parental loss and separation. Lack of caregiver companionship during these critical periods of development may cause long-term mental health problems, such as the heightened risk of the development of mood disorders, psychosis, and suicide in adulthood. Moreover, children and adolescents have also been deprived of interaction through outdoor activities and peers during the COVID-19 outbreak (Wang et al., 2020).

Due to the immense stress that COVID-19 places upon all sectors, parents quarantined with their children may themselves be in crisis. Five (5%) to twenty (20%) percent of parents may experience parental burnout due to their role as caregivers, and other factors such as unemployment, financial insecurity, low levels of social support, and lack of leisure time (Griffith, 2020). Carers and children alike are living under increased stress from fear-based media and economic consequences, which impacts parents' mental health (Cluver et al., 2020), which may lead to a higher incidence of alcohol abuse, depression, and PTSD in homes (Boserup, McKenney, & Elkbuli, 2020). However, this also puts children under the care of parents experiencing burnout at a greater risk of child abuse and neglect. Reports of VAC increased during periods of school closure (Brianda et al., 2020, as cited in Griffith, 2020; Cluver et al., 2020).

Artwork by: Allen John Baldicañas

Global trends in domestic violence have risen alarmingly since the pandemic (Boserup, McKenney, & Elkbuli, 2020), increasing in frequency among victims who were already experiencing it pre-pandemic. Hubei, China reported a tripling in the number of cases during February 2020 compared to the previous year. France reported a 30% increase in cases since the beginning of the lockdown on March (UNW, as cited in Boserup, McKenney, &Elkbuli, 2020). Argentina also reported a 25% increase since March 2020 (UNW, as cited in Boserup, McKenney, &Elkbuli, 2020). There has also been an increase in helpline calls in Cyprus (33%) and Singapore (30%). In the United States, Portland, Oregon saw a 22% increase in domestic violence reports from their police bureau since March 2020, with San Antonio seeing an 18% increase in family violence since March. In New York, domestic violence increased by 10% from the previous year.

Locally, World Vision's (2020) rapid study revealed that loss of income has been forcing parents and caregivers to consider drastic measures that will impact the well-being of children: 3% would send children to work, even in high-risk jobs, and 2% would send children to relatives or institutions. About 42% of parents/caregivers have used physical or psychological punishment during the lockdown, and 41% of children have confirmed that caregivers have used either physical or psychological punishment. Twenty (20) percent of caregivers also admitted that they cannot fully handle changes in children's behavior during the COVID-19 pandemic.

A news article (Ranada, 2020) also shed light on the incidence of violence against women and children (VAWC) in the Philippines during lockdown. Between March 15 and April 30, 804 incidents of gender-based violence and VAWC were reported. Violations included those against the VAWC law, anti-rape law, and anti-trafficking persons law (PNP-WCPC, 2020, as cited in Ranada, 2020). There was a drop in cases of VAWC, but Ranada (2020) pointed out that this may be due to victims having a more difficult time reporting to proper authorities because they were in lockdown with the perpetrators.

Contextual factors

These risks mentioned above do not exist in a vacuum. Contextual factors such poverty increases the likelihood of experiencing undesirable life events (U.S. Department of Health and Human Services, 2009, as cited in Phelps & Sperry, 2020) with long-lasting consequences to their wellbeing, such as disrupted neurodevelopment, social, emotional and cognitive impairment, adoption of health-risk behaviors, disease, disability, and early death (Meltzler et al., 2017).

Zar et al. (2020) highlights the vulnerability of low-middle income countries to COVID-19, especially those in regions with a high comorbidity rate (e.g., presence of other infectious diseases such as Malaria, Cholera, Chikungunya, and Dengue). Children in these countries are more susceptible to risk factors for severe lower respiratory tract infection such as malnutrition, exposure to smoke or air pollution, and incomplete immunization, and HIV. Access to healthcare, basic sanitation, and public health interventions (e.g., water scarcity, lack of sanitation facilities, inability to afford masks) is also more difficult and may promote transmission of COVID-19.

Schools are another important part of the child and adolescent's community, not just for learning and education, but for opportunities to interact with teachers and peers, as well as access to health services (Wang et al., 2020). While there is existing literature on education, much of the focus is on young adults and higher education.

First, the school setting provides positive health outcomes for students. As mentioned, children have less physical activity, routine, and social interaction, with a higher risk of VAC during periods of school closure (Griffith, 2020; Wang et al., 2020). This is also where underprivileged children have access to healthy food. Food security was associated with improvements in academic performance, while the reverse (including irregular, unhealthy diets) was associated with low educational attainment and risks to the physical and mental health of children (Masonbrink & Hurley, 2020). Statistics from the European Union illustrate that 6.6% of households with children in the European Union cannot afford a meal with meat, fish, or a vegetarian equivalent every other day.

Second, disparities in the education among children and adolescents' learning outcomes come mainly from non-school factors such as the home environment and access to the internet. Figures from Europe indicate that a substantial number of children live in homes with no suitable place to do homework (5%), as well as no access to the internet (6.9%) (Van Lancker & Parolin, 2020). Extended school closures due to unforeseen events have led to a snowball effect of lower test scores, lower educational attainment, and decreased earning potential down the line (Masonbrink & Hurley, 2020).

Lastly, there is the issue of remote learning during the COVID-19 pandemic. While learning outcomes from the new format are highly variable upon a child's personality, temperament, and resources, remote learning requires sustained attention and emotional regulation that may be not be a developmentally

appropriate fit for younger children and those in middle school (Basu, 2020). Children from low-income households would be hit the hardest, since remote learning is heavily reliant on stable internet connection and a working computer/device setup (Van Lancker & Parolin, 2020).

Locally, World Vision's (2020) rapid study revealed that 21% of children were either unwilling or unsure to attend school (face-to-face or blended learning) before classes started on August 2020. Eighty-nine (89) percent of children anticipated challenges on the use of the online platform, 38% of children do not have access to the internet, and in case of any emergencies, 19% of children are not aware or unsure about child protection services.

Several mental health measures were mandated during the pandemic, such as Department Order (DO) 14, in which the Department of Education (DepEd) mandated the "provision of basic mental health services to learners and personnel within the first week of return to school such as counselling platform and mental health modules." One of DepEd's memoranda also require attendance to the orientation for regional and school division offices for awareness and guidance on MHPSS services (DepEd, 2020).

In a qualitative study by Cahapay (2020),[6] parents with children diagnosed with autism spectrum disorder educated their children at home, and more than one member of the family were involved. While they voiced struggles in adjusting and developing activities, they acknowledged that any type of home education during the pandemic is essential, including teaching social behaviors in preparation for the pandemic and post-pandemic environment.

COVID-19 and Child Protection

Child protection mechanisms in the time of COVID-19

The Alliance for Child Protection in Humanitarian Action (2020), a global interagency group co-led by UNICEF and Save the Children, underscored the importance of an inter-agency response to COVID-19. They recommended advocacy with government, collaboration with other sectors, and child protection-specific programs as top priorities for child protection response amid the pandemic. Apart from risk mitigation, they also highlighted the primacy of building upon strengths of communities, families, caregivers, and children.

Globally, UNICEF (2020) collated data on services disrupted by the pandemic. Management and home visits for children and women at risk of abuse were highlighted as one of the most commonly disrupted services. About 70% of countries reported that mitigation measures had been put into place such as MHPSS hotlines, awareness campaigns, and capacity-building for staff to handle calls related to VAC. UNICEF recommended that child helplines be established and strengthened in lieu of in-person visits and protection mechanisms, the designation of social service workers, publication of positive parenting resources, and the use of referral mechanisms applicable to the current situation. WHO, UNICEF, and the International Federation of the Red Cross or IFRC (2020) collaborated on a document for key messages and plans of action for school administrators, teachers and staff; parents, caregivers, and community members; and students and children. As for child-specific contexts, WHO (2020a) released guidelines specifically for the protection and care of young children (e.g., resources for parents on how to talk about COVID and set routines and child-friendly informational storybook in cooperation with IASC).

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[6] n=5

Global child protection strategies during COVID-19

Studies have been conducted globally about child protection strategies amid the pandemic. One such study from Georgia, USA (Posick et al., 2020) discussed novel approaches that could be implemented by child service organizations, underscoring the importance of teleconferencing (e.g., for reinforcing familial bonds, holding virtual court hearings and emergency actions), and webinars (e.g., for identifying and recruiting new partners, as well as suggesting new services and needed support). Others have turned to the online sphere as well. Nine schools in Valencia and Murcia, Spain, devised networks that included teachers, students' families, and their communities, which they have dubbed "opening doors" to provide a safe space for children to prevent child abuse (Roca, Melgar & Pulido-Rodríguez, 2020). Through online media, the school personnel implemented workspaces, gatherings, class assemblies or mentoring, mixed committees and community networks, and social network dynamization with preventive messages to raise awareness on child abuse.

Risk assessment has also been a salient measure in child protection during the pandemic. In Toronto, Canada, Fallon et al. (2020) devised a clinical rapid screening tool[7] which assesses families' needs in relation to economic hardship (i.e., running out of money for food, housing, utilities, phone, and/or transportation in the past 6 months), investigation outcomes, forms, and severity of maltreatment, and the characteristics of children/families investigated by child welfare authorities in Canada. The tool was implemented throughout each stage of the child welfare service continuum, from initial screenings with families to foster home providers.

Apart from mechanisms and strategies, child protection service providers are of utmost importance during unprecedented times. A study on the COVID-19 child protection situation in Japan (Honda, Yoshioka-Maeda, & Iwasaki-Motegi, 2020) highlighted the central role of public health nurses in child protection, as they executed individual care, population strategies, and high-risk approaches at all levels. The increased risk of infection and decreased capacity for service deployment surfaced the need for novel strategies public health nurses can use to combat abuse and prevent neglect. These strategies include using Japanese government's budget for online services for infant home visitation, parent education, and health classes; the provision of services in lower-density settings; and the integration of infection prevention with face-to-face services (e.g., limiting one guardian per child for visitations).

Mitigation strategies have also been suggested for subgroups of the most vulnerable children (Wong et al., 2020), particularly children with behavioral health needs, in foster care or at risk for maltreatment, and children with medical complexities. The most salient recommendations had to do with the implementation of telehealth services capacity-building, child-centered awareness, and the provision of resources

Local child protection mechanisms during COVID-19

The Philippines has strong legal safeguards for child protection. The country has been a signatory to the United Nations' Convention on the Rights of the Child (UN-CRC) since 1989, which concerns not only its implementation, but also two optional protocols: the involvement of children in armed conflict, and the sale, prostitution, and pornography of children (OHCHR, 2002, 2003). There is also the Philippine

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[7] n=7,590 child maltreatment-related investigations involving children 0-17 years old

Plan of Action to End Violence Against Children (PPAeVAC) headed by the Council for the Welfare of Children (CWC), which is a multisectoral plan aimed specifically to reduce VAC between the years 2017-2022 (EndViolence.org, n.d.).

In terms of child protection amid the COVID-19 pandemic, the Department of Interior and Local Government (DILG) and CWC has released Enhanced Community Quarantine (ECQ) guidelines for children (UN-OCHA, 2020b),[8] for compliance of LGUs, sub-committees for the welfare of children, Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) minister of local government, and other stakeholders. Protocols that were reiterated were the following:

- Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation, as approved by the Committee on the Special Protection of Children specified in Resolution No. 1, s. 2013
- Protocol to Reach Out to Street Children, as approved by the CWC Board specified in Resolution No. 2, s. 2011
- Manual in Handling Cases of Children at Risk and Children in Conflict with the Law, as promulgated by the Philippine National Police through a Memorandum signed 25 April 2016 and endorsed by the Juvenile Justice and Welfare Council (JJWC)
- Barangay Protocol in Managing Cases of Children in Conflict with the Law and Children at Risk, as published by the Juvenile Justice and Welfare Council issued through DILG Memorandum Circular No.2017-43, dated March 9, 2017, and endorsed by JJWC
- Guidelines on the Localization of the Comprehensive Emergency Program for Children (CEPC) of RA 10821, Children's Emergency Relief and Protection Act, through DILG Memorandum Circular No. 2018196, dated November 9, 2018

It was stated in the circular (UN-OCHA, 2020b) that no penalty shall be imposed upon children for ECQ violations per the Juvenile Justice and Welfare Act (RA 10630). A later addendum[9] was sent out to reiterate the primacy of RA 10630 amending Sec. 57-A: "No penalty shall be imposed on children for said violations, and they shall instead be brought to their residence or to any barangay official at the barangay hall to be released to the custody of their parents. Appropriate intervention programs shall be provided for in such ordinances. The child shall also be recorded as a 'child at risk' and not as a 'child in conflict with the law'." Recommendations for intervention programs for LGUs include continuous monitoring by barangay officials, asking the children to write/declare an apology, online counseling for the child and/or their family, attendance to capacity-building webinars (e.g., on COVID-19, anger management, and values formation), and volunteering in community service programs (e.g., making face shields and posters at the LGUs and urban gardening).

Child protection minimum standards (CPMS) were also released by the Alliance for Child Protection in Humanitarian Action in the time of COVID-19. The alliance is a group composed of government agencies, UNICEF, and non-government organizations (NGO). Moreover, the National Child Protection Working Group (NCPWG) in the time of COVID-19 (UN-OCHA, 2020a), a group mandated to provide coordination support to government offices from the national to LGU levels to ensure the prevention of and response to child protection concerns in humanitarian settings (UN-OCHA, 2020c) conducts trainings and helps identify what can be done in the Philippines to comply with the global standards.

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[8] Joint Memorandum Circular No. 2020-001
[9] Addendum to the DILG-CWC joint memorandum circular 2020-001 on the primacy of the Juvenile Justice and Welfare Act (Republic Act No. 9344 amended by Republic Act. No. 10630)

In this global document, they highlighted group activities for children's well-being, community-level approaches, alternative care, justice for children, and nutrition and child protection. Mandated action points for NCPWG with the aforementioned standards include:

- Group activities for children's well-being (CPMS #15): support for inter-cluster initiatives on MHPSS, including conduct of mapping and assessment; capacity-building on MHPSS, the development of strategies on MHPSS for the youth
- Community-level approaches (CPMS #17): support the localization of the Comprehensive Emergency Program for Children (CEPC) in coordination with DSWD; promotion of the Reflective Guide in Strengthening Community-Level Child Protection
- Alternative care (CPMS #19): support the dissemination of the integrated Child Protection, Health, and Nutrition referral pathway for COVID context; support for the dissemination of Parenting Risk Communication and Community Engagement (RCCE) materials
- Justice for children (CPMS #20): support for online capacity-building for duty bearers on restorative processes for children in conflict with the law (CICL) and children at risk (CAR); the JJWC in particular is mandated to strengthen online reporting mechanisms for cases involving children (victims, CICL and CAR), release (and aftercare) of qualified CICL, provision of needs and services for CICL in Rehabilitation Centers for the Youth, and of children victims in residential facilities (i.e. provision of laptops for education, provision of psychosocial services, e-hearings)
- Nutrition and child protection (CPMS #25): support capacity building on Child Protection for Nutrition actions; development of monitoring-oriented programming to clearly integrate Child Protection in the "Kalusugan at Nutrisyon ng Magnanay" Act (RA 11148); [10] harmonization of common safe spaces in evacuation areas.

Lastly, UNICEF Philippines, Y-PEER Pilipinas, CWC, and the National Youth Commission (2020) collaborated and disseminated guidelines on safe adolescent and youth engagement in online platforms during the COVID-19 pandemic. Due to the burgeoning internet and social media use of children and adolescents during this time, the groups acknowledged the potential risks to children related to abuse, exploitation, and revealing sensitive personal information online. Thus, the onus is on government agencies, private organizations, and providers of social media, and interactive services to safeguard information, enforce community guidelines, and cultivate age-appropriate, culturally appropriate, and gender responsive online platforms for young people.

While there exist protection mechanisms and rapid study data in the time of COVID-19, there is yet to be a focused study on the mental health and psychosocial well-being of children in the Philippines during the pandemic.

Conceptual Framework

The conceptual framework for the present research is adapted from Lazarus and Folkman's Transactional Theory of Stress and Coping (1984), the evolution of Bronfrenbrenner's Ecological Systems Theory (1974) and Bioecological Model (1994), as well as Engel's Biopsychosocial Model (1977) to examine the effects of different kinds of adversities such as the pandemic on neighborhoods and communities, and how these factors impact children's overall well-being.

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[10] An Act Scaling up the National and Local Health and Nutrition Programs Through a Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1,000) Days of Life, Appropriating Funds Therefor and for Other Purposes
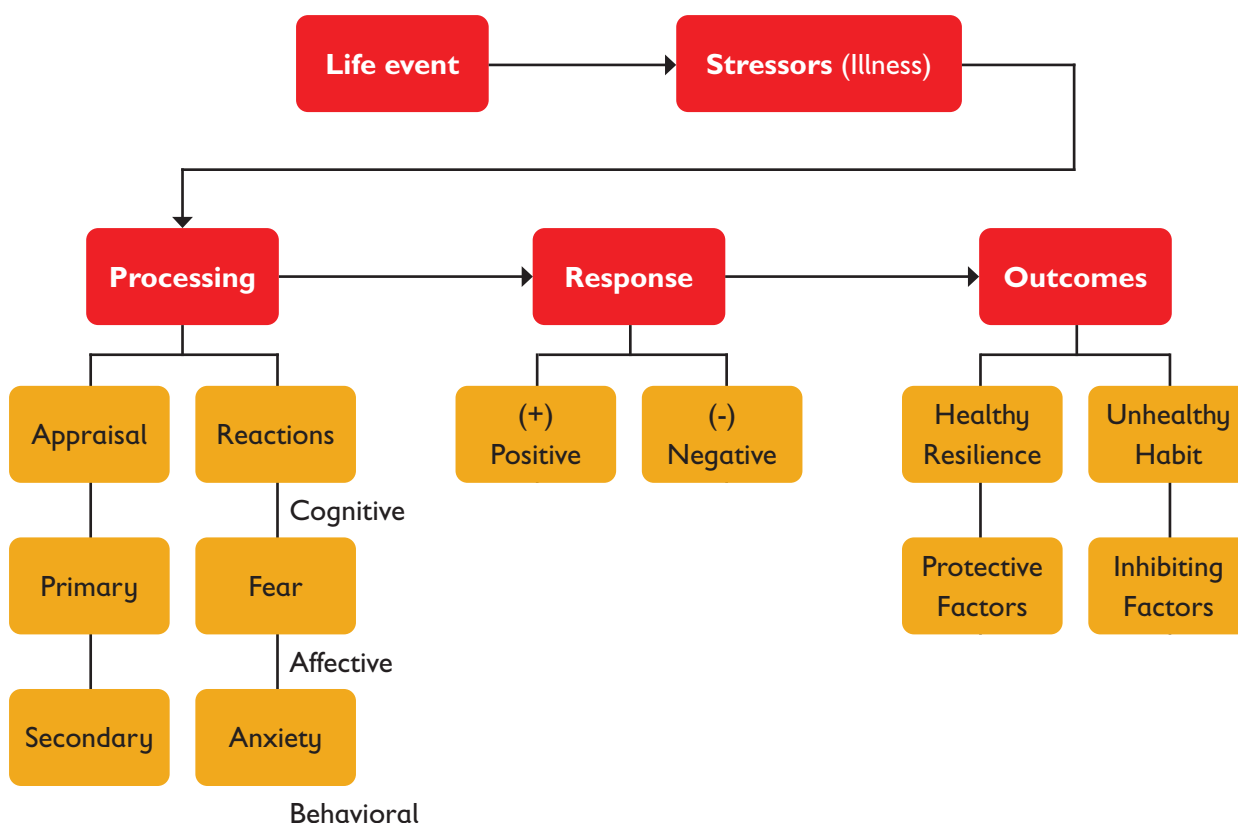
Figure 1. Stress and Coping Framework

Lazarus & Folkman (1984) traditionally established that stress occurs when an individual perceives that the demands of a situation exceed their capabilities or resources. Stress can have serious negative physical and psychological consequences, especially if sustained for a long time (Schneiderman et al., 2005;Yaribeygi et al., 2017). Practically everyone experiences stress daily, especially during the pandemic. It all starts by processing whether a situation is indeed harmful or stressful. This is called primary appraisal. Afterwards, one gauges if one has the resources or coping strategies to deal with these stressors, otherwise known as the secondary appraisal process. One's reactions may vary depending on the outcome of our evaluation of the situation, which may all span one's cognition/thoughts, affect/emotions, and behavior/actions. To respond to these stressors, one adopts coping strategies, which could be positive or negative.

Coping consists of the thoughts and behaviors of an individual that aim to resolve the source of stress, decrease the negative emotion associated with stress, or increase positive emotions to counteract the stress. Two people can experience the same stressors, but the effects on their physical or mental health can differ due to the difference in how they cope, as well as the existence of other risk and protective factors in the individuals' lives. As a result, individuals may form either healthy resilience or unhealthy habits, depending on the coping strategies they adopt. The outcome of positive coping may be the formation of healthy habits which will help the individual adapt well in times of adversities. Protective factors, such as supportive social systems and one's own ability to resolve conflict will further steer the individual outcome to a more positive one. Negative coping may lead to the formation of unhealthy habits. Inhibiting factors, such as overwhelming negative thoughts or lack of social support, may lead to a negative outcome.
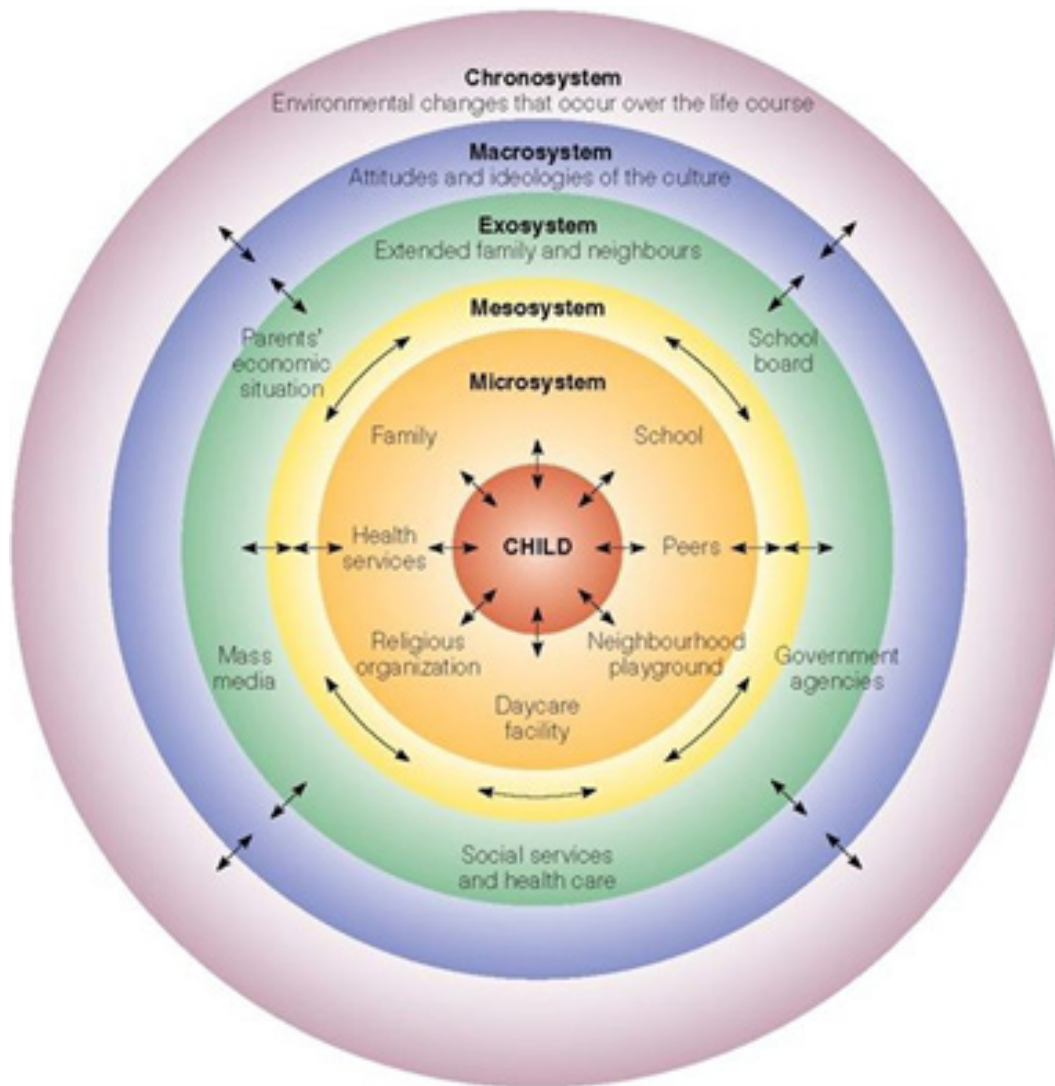
Figure 1.1 Ecological Systems Theory Model (Bronfenbrenner, 1974)

To further contextualize the participants' stress and ways of coping, the research adapted concepts from the Ecological Systems Theory, the Bioecological Model, and the Biopsychosocial Model. The Ecological Model was developed by Urie Bronfenbrenner (1974) to emphasize the importance of the child's environment as contributing factors to development. Figure 1.1 shows the dynamic interactions of the five systems—the microsystem, mesosystem, exosystem, macrosystem, and the chronosystem with the child at its core. The microsystem is the immediate environment of the child that directly impacts them, including the family, school, peers, religious organizations, and their neighbors. The relationship between the two is bidirectional, which means the child influences the microsystem as it influences them. The mesosytem is the interconnection of said units of the microsystem, an example being the interaction between parents and teachers, which may affect the child's education. The exosystem are settings that do not directly involve the child but may still indirectly affect them as their microsystem interacts with it. Examples in this system are parents' economic situation, government agencies, social services, healthcare, and mass media. The macrosystem refers to the culture that influences the child, such as socioeconomic status, ethnicity, geographic location, and ideologies. Lastly, the chronosystem refers to all the environmental changes that occur throughout the child's life.

Social and health systems, policies, laws, cultural values and beliefs

Neighborhood safety and resources, school district, mass media

Parents workplace and policies, skilled educators and providers

Home environment, parent mental health, parenting, family relationships

Social, economic and cultural contexts and policies

Neighborhoods and communities

Supportive school, work, and religious settings

Parent and family well-being

Child & youth well-being and resilience

Figure 1.2 Bioecological Model (Bronfenbrenner & Ceci, 1994)

Years after its initial development, the Ecological Systems Model evolved and became the Bioecological Model. Bronfenbrenner and Ceci (1994) proposed this new model after the former realized that research tended to focus on the environment and neglected the person in the context of development. The Bioecological model, then, places importance on the biological makeup as an environment in itself that develops over time. The diagram shows how the individual's environment can affect one's wellbeing and resilience. This is essential to the study since it aims to look at all the changes the systems have gone through as a result of the pandemic, such as the changes in the parents' occupation and income status, the closure of schools, the lessened physical interaction with peers, and government response, among many others. The present study is interested in the effects of these changes to the child's health and wellbeing.
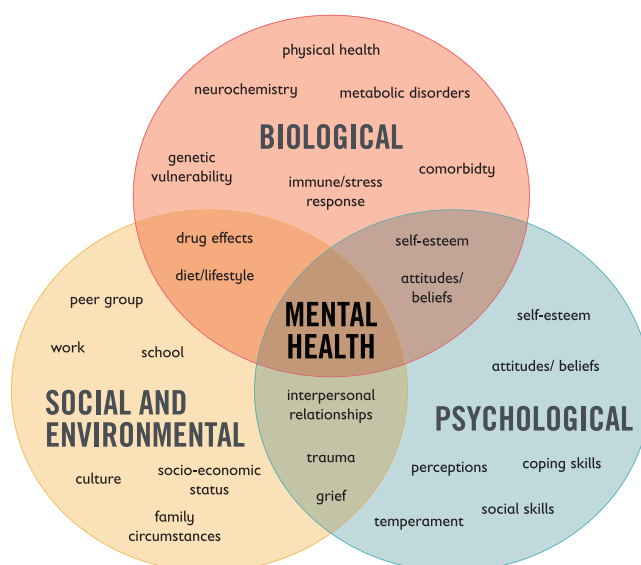
Figure 1.3 Biopsychosocial model (Engel, 1977)

Besides Bronfenbrenner and Ceci, another psychologist developed a model that integrated biology, psychology, and socio-environmental factors. Engel (1977) proposed the Biopsychosocial Model to posit that it is essential to consider psychological and social factors to understand a person's medical condition as opposed to focusing on just the biological factors. Much like the previous model, these various variables can interact with each other (for example, family poverty can limit access to schools) in various ways to influence the child's development and mental functioning. See figure 1.3 (Engel, 1977) as an illustration of a biopsychosocial model that looks at various components that affect mental health. This need to account for the child's context/environmental systems aside from just the stressors and coping is made more consequential by the fact that the pandemic has collapsed the child's various environmental systems to be primarily (physically) located in the home and neighborhood environment. Education is done at home, and friends are often kept up with through social media.

RESULTS

The section will be organized as follows: first, results/descriptives will be presented regarding the data of the children (6-12 years old; n=71 both males and females) which were gathered from the interviews of the parents/primary caregivers/guardians of these children. The demographic information of the households are first presented, then the stressors and coping strategies are discussed regarding the following: a.) family and household life and child-rearing practices, b.) child's social life, c.) child's educational life and, d.) child's physical health, mental health and psychosocial wellbeing. Then the child's top stressors will be discussed, as well as red, yellow and green flags of the children. These are mental health alerts, that is, the red flags are serious stressors that likely lead to extreme distress, dysfunction or danger which include cases of abuse, bullying, neglect as well as other mental, behavioral, developmental, or external issues. Yellow flags are mid-level stressors that could possibly lead to more serious problems such as those listed in the red flag. Green flags are positive examples of healthy coping in the time of stress/distress (Appendix 1).

Next, the results/descriptives for the adolescents (13-18 years old; n=55 both males and females) are shown. The demographic information of the households are first presented, then the stressors and coping strategies are discussed in the following areas: a.) family life, b.) social life, c.) educational life and d.) physical, mental health and psychosocial wellbeing. The adolescent's top stressors are then discussed, as well as their red, yellow and green flags

Finally, an overall summary and comparison between the children and adolescents are shown (N=126), with tables that feature the frequencies of the stressors and coping strategies in the family life, social life, educational life and physical and mental health as well as the top stressors for both.

Narrative cases of that feature select children's narratives/stories are presented in the appendix no 1) showing individual stories of children that face behavioral, mental, developmental, or other external issues as well narrative cases that show resilience during the pandemic.

Consolidated Report: Children (6-12 Years Old)

Demographics

The parents and caregivers

The experiences of children 6–12 years old during COVID-19 and their daily life, education, social life, and physical, mental health and psychosocial wellbeing status, were sought from adults (parents, guardians, and/or their caretaker). The majority of the adult key informants are female (89%), while eight are male. The key informants were from varied cities and barangays. Thirty-six (36) came from Navotas, 19 from Malabon, 10 from Pasay, while six are from Quezon City. The ages of the adult key informants ranged from 22 to 65 years old, with an average of 37 years old. Majority of the perceptions gathered are from the mother of the children (55/71; 77%), 6 are fathers, 4 are their aunt, 4 are their grandmothers, and there was one godfather and one older sibling. From these demographics (corroborated by the contents of the interviews), it can be inferred that the primary caregiving responsibilities (culturally prescribed) are still largely relegated to women, in particular, the mothers of the children.

Table 1. Adult participants' demographics (Gender, Age, Location)	
Adult Key Informant Gender (n: 71)	
63	Female
8	Male
Adult Participant Age	
·	**Average:** 37 years old
·	**Range:** 22 to 65 years old
Adult Key Informant Location	
36	Navotas
19	Malabon
10	Pasay
6	Quezon City

Table 2. Adult Key Informant relationship to the child	
Relationship to child	
55	Mother
6	Father
4	Aunt
4	Grandmother
1	Godfather
1	Older sibling

More than half of the key informants interviewed live with their extended family members (59%). They live with their parents, siblings, and some of them, with the respective families of their siblings. About 41% live in the same household with their immediate family only. On the average, they live with six family members in the same household, with the size of the household ranging from 3 to 23 members.

Table 3. Information on household members of the families interviewed	
Household members (n: 71)	
42	With extended family
29	Immediate family only
Average: 6.31	
Range: 3-23 members living in the same household	

Table 4. Adult key informants' source of livelihood/status of employment and their monthly salary range	
Source of livelihood/Status of employment	**Salary Range (PhP monthly)**
32 None/Unemployed	None
7 Sari-sari store owner	3,000 - 21,000 (12,000)
5 Online seller	9,000 - 15,000 (12,000)
3 Fish Vendor	3,000 - 12,000 (7,500)
2 Barangay Health Worker	2,700
2 Factory Worker	9,000 - 12,000 (10,500)
2 Sari-sari store caretaker	6,000 - 15,000 (10,500)
4 Vendor (i.e., 1 Vegetable, 1 Barbecue)	No information
1 4Ps Parent Leader	None
1 Barangay Clerk	7,000
1 Barangay Lupon	None
1 Brgy. Liaison Officer	6,000
1 Burger and tapsilog vendor	45,000 - 60,000 (52,500)
1 Burger stand owner	No estimate yet
1 Call center agent	28,000
1 Delivery driver	24,000
1 Installer technician	Above minimum wage (16,110)
1 Kitchen helper	7,500
1 Pisonet and computer shop owner	45,900
1 Pisonet and food cart owner	21,000 - 24,000 (22,500)
1 Secretary in a firm	7,000
1 Short order meals seller	6,000 - 9,000 (7,500)

Note: *Amount in parenthesis is the average monthly salary for the pertained category*

Most of the adult key informants are not permanently employed. About 45% of participants were not employed at the time of the interview. Others earned their income from being a vendor (e.g., barbecue, fish, vegetable, burger, short order meals) (14%), looking after their sari-sari store (13%), and doing online selling (70%). Some work in the barangay either as a health worker, lupon, clerk, or liaison officer (7%). Others are employed in factories (3%), while a few are pisonet owners (3%) or work as kitchen helper, installer technician, delivery driver, and law firm secretary.

Table 5. Adult key informant's education status	
20	High School Level
15	High School Graduate
11	College Level
8	Vocational Course Graduate
7	College Graduate
4	Elementary Level
4	Elementary Graduate
2	No information

More than half of the adult key informants reached high school. About 28% reached high school level, 21% are high school graduates, and more than a quarter reached college. About 15% reached college level, 8% are vocational course graduates (e.g., computer science), and 10% are college graduates. A few participants attained elementary level education (6%), and some are elementary graduates (6%). About 3% of the participants were not asked about their education status as they were interviewed prior to the revision of the questionnaire. The key informants acknowledged to the value of the educational levels because they look after the online and modular learning of their children. These key informants' education was before the implementation of the K to 12 system.

The children

The children described by the adult key informants are 6 to 12 years old. Twenty one percent (21%) are 6–9 years old females and 28% are 10–12 years old females. Twenty seven percent (27%) are 6–9 years old males, and twenty four percent (24%) are 1–12 years old males.

Table 6. Child's age	
15	6 - 9 years old, Female
20	10 - 12 years old, Female
19	6 - 9 years old, Male
17	10 - 12 years old, Male
Age breakdown frequency count	
4	6 years old
6	7 years old
14	8 years old
10	9 years old
13	10 years old
9	11 years old
15	12 years old
71	**TOTAL**

Table 7. Child's educational status or grade level	
1	Nursery SPED
3	Kinder
6	Grade 1
7	Grade 2
8	**Grade 3**
11	Grade 4
10	Grade 5
8	Grade 6
12	Grade 7
3	Stopped schooling (out of school)
1	Not in school/No formal education
1	No information

Most of the key informant's children are continuing their education either through modular learning, asynchronous learning, or synchronous online classes. Only two of the children are enrolled in a private school while the rest (92%) are enrolled in a public school. From the pool of 71, three or 4% of the children have stopped schooling due to financial reasons, insufficient time, and the parents' divided attention in looking after the child's education. One child has no formal education due to his late growth deficiency/developmental delay. According to frequency, 17% of the children are in Grade 7, 15% are in Grade 4, 14% are in Grade 5, 11% are in Grade 6, 11% are in Grade 3, 7% are in Grade 2, 8% are in Grade 1, 4% are in Kinder, and 1% in Nursery for special education. One participant was not asked about the child's education status as the interview was conducted prior to the revision of the questionnaire.

Top stressors of children during the pandemic

Table 9. Children's top stressors						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Family issues and concerns (finances, quarrel, calamities, neglect, abuse)	**67**	**94%**	14	19	17	17
Education	**51**	**72%**	11	15	14	11
Social life (conflict, less communication)	**41**	**58%**	10	12	11	8
Physical and mental health (weight gain, food-related issues, unhealthy gadget use, COVID symptoms/health issues)	**40**	**56%**	10	9	10	11

When the parents and/or guardians were initially asked, more than half of the adult key informants (51%) believe and think their child is not facing any stressor at the moment. They said "wala na mang problema (there's no problem)," at the time of interview. They believe that the child is still too young to be thinking of stress or they don't have anything to be stressed about at a young age. Some supported their answer by saying that the child hasn't mentioned anything to them, or they don't observe the child to be in distress. However, based on the stories relayed by the adult key informants, family issues (94%) are the top concern in their households. These family issues are mostly about financial challenges due to loss of job and/or income during the pandemic, quarrel with partners or siblings, experience of calamities (e.g., typhoon, fire), and neglect and abuse (e.g., physical abuse) of children by the parents.

According to the interviewees, most of the children age 6 to 12 years old (72%) are stressed about their education. Stressors on education range from difficulty in understanding learning materials, meeting the perceived overwhelming school requirements, poor internet connectivity, and limited gadgets for online class or modular learning.

Interviewees shared that 58% of the children experience stress in their social life. The children are either involved with interpersonal conflict with their peers, experience bullying, or have less communication with their friends during the pandemic. Several children (11%) have expressed that they want to meet their friends and go back to school.

About 56% of the children experience stress related to their physical, mental health, and psychosocial well-being. The physical health stressors include unhealthy gadget use leading to changes in routine and sleep schedules (30%). About 10% have issues regarding food and nutrition, 10% experienced physical health issues (e.g., poor eyesight, COVID symptoms), and 5% have unhealthy weight gain during the pandemic. Notably, three (4%) children have experienced mental health issues prior to the pandemic. One child has development delay, where he behaves like an infant despite being nine years old. One child who was abused by his father tends to act violent, while another child manifests social anxiety.

The children's family life

Table 9. Family's happy moments						
	Total **(N=71)**		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Generally more time together as a family	**49**	**69%**	10	14	11	14
Not afflicted with COVID-19, no sickness during pandemic	**24**	**34%**	8	6	7	3
Doing shared activities as a family (watching movies/TV, gaming, etc.)	**18**	**25%**	2	7	3	6
Eating meals together as a family	**11**	**15%**	2	3	5	1

About 69% of the adult key informants consider having more time together as a happy moment for their family during the pandemic. About 25% said they spend time together as a family while doing shared activities (e.g., watching movies, television, gaming, etc.) and eating meals together (16%). These are happy moments for them. About 34% considered that not being afflicted with COVID-19 and not having any other form of sickness was a positive experience during the pandemic. However, it should be noted that due to the problems they face, 7% said that their family didn't experience any positive or happy moments during the pandemic.

A single father of four children, with no current opportunity for his construction work, reiterated that their family is not happy due to their financial condition. His siblings with whom he shares the same household has the the same experience. "*Wala ho akong maisip na masaya kasi mahirap kasi walang trabaho ngayon. Masasabi mo lang na masaya kapag may trabaho ako, kaming lahat. Tulong tulong na lang kami dito* (I cannot think of anything happy because it is hard to find work now. We can only say we are happy if there is work for all of us. We are just helping each other here)."

A mother of two young children shared her fear and worry over the family's health and safety from COVID-19. "*Di naman magiging masaya kasi problema at takot sa COVID. Di ko masasabing naging masaya* (I cannot say we are happy because we have a problem and are afraid of COVID. I cannot say that we were happy)."

Table 9. Family stressors						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Financial difficulties due to loss of job or income of any household member	**66**	**93%**	14	19	16	17
Issues with disciplining the child due to government restrictions	**65**	**92%**	15	18	17	15
Government restrictions due to COVID-19 (e.g., quarantine, curfew, wearing of face shield, face mask)	**37**	**52%**	8	10	9	10
Fear/worry about COVID	**29**	**41%**	6	6	10	7
Medical situation of any household member	**15**	**21%**	4	5	3	3
Quarrels with siblings/other members of the household	**11**	**15%**	0	3	6	2
Affected by disaster/natural calamity (e.g., fire and typhoon)	**8**	**11%**	0	3	4	1
Immediate family infected by COVID	**7**	**10%**	2	2	0	3
Boredom / *"Pagkakasawaan"*	**6**	**8%**	1	3	2	0
Parental neglect, abuse, and/or conflict	**5**	**7%**	1	1	2	1

About 93% of the key informants experienced loss of job or income during the pandemic. They either experienced it personally or their family members faced it. This financial difficulty has affected their ability to support their family's daily needs and their children's educational needs. About 21% had to attend to the medical needs of a family member, such as those with pre-existing conditions of depression, autism spectrum disorder, late growth deficiency, and Alzheimer's disease, among others. As most of the families interviewed are financially challenged, they sometimes fail to provide their children's wants (e.g., food requests, toys) (34%), or it may either take time for them to meet these requests as they weigh out and balance other financial needs. Some adult informants have expressed guilt over failing to provide these wants.

About 92% have issues in disciplining their children. They usually describe their children as makulit (pesky), maldita (mean), pasaway (uncontrollable), matigas ang ulo (stubborn), or di sumusunod sa utos (disobedient). The parents mentioned that they have misunderstandings with their children in making them stay at home due to the quarantine restrictions. may described their children as glued to their gadgets or cellphones, playing video games, or scrolling through social media sites.

Even though it was not explicitly shared as a problem by the key informants, the disciplining measures and strategies they use with their children can already be considered a child protection problem, especially in terms of their effects and consequent behaviors of the child. The parents, guardians, or caretakers (63%) mostly reprimand their children by talking to them or chastising (sermon) them to expound on

their misdeeds. However, about 30% also admitted that they sometimes physically hurt their children to discipline them, either by pinching or spanking them (nakukurot, napapalo, nasasaktan). From these answers, it can be inferred that many parents equate disciplining their child with corporal punishment and psychological abuse. It should be noted that when parents discuss their disciplining measures, it is possible that they try to present their way of caring for their children in a positive light. However, they may not be sensitive to their psychosocial needs and well-being.

The government restrictions (e.g., quarantine, curfew, wearing of face mask and face shield) were considered a hindrance to the livelihood or diskarte (strategy to earn) of adult key informants, and the compounding problem of their child not being able to go out of their homes (52%). About 15% shared that since they mostly stay at home, quarrels and misunderstandings with siblings and other members of the household occur. Things often get heated whenever there's no food at their table and the household is financially struggling. Fighting over the WiFi signal also leads to conflict among the siblings. A mother of three children shared that her children often quarrel, and one of them may have anger management issues. *"Ugali niya lang siguro na pag biglang galit, di niya makontrol ang galit niya. Lalo na kapag wala ako, kinakaya niya ang ate naglaban-labanan. Di nasusunod kasi ang gusto, tinotopak minsan. Ayaw niya yung nasasaktan siya Ma'am gusto niya mahigit yung ganti ba* (laughs). *Kapag ano sila Ma'am nakikipagharutan sa ate niya tapos nasaktan siya, kapag babalikan ayaw pautang naano, gaganti at gaganti talaga siya* (When he suddenly gets angry, he usually cannot control his anger. He fights with his elder sister, especially when I am not around. When he doesn't get what he wants, he gets into a bad mood. He does not want to get hurt, he wants to exact a greater revenge [laughs]. When he plays with his elder sister, and then he gets hurt, he will hurt her in return)."*

In connection with the quarantine, 8% of the key informants shared that their families were bored of their living conditions and nagkakasawaan (fed up being at home) since they are all staying at home. The government protocol has restricted families from doing their usual activities which brought challenges to their finances, social activities, and daily routine.

About 41% of the key informants echoed the fear and worry of being afflicted with COVID-19. They fear that their children or other family members will be separated and isolated from them, and the financial burden of being afflicted with the virus. About 10% of the key informants have immediate family members who were infected with COVID-19. The infected are either the children's parents, aunts, or grandmother. A child was among those infected. He had to be isolated for 21 days. *"Nag positive si bunso sa virus nung nakaraang taon. Naquarantine po kaming lahat ng 21 days* (My youngest child tested positive for COVID-19. We were all quarantined for 21 days)."*

Around 11% mentioned that their families were affected by fire and typhoon during the pandemic. These incidents left financial constraints, trauma, and emotional burden to the children. One family was left with barely any belongings and had to start from scratch after their house burned. The children who experienced having their house caught on fire are often alarmed with the sound of shouting or the scent of smoke. *"Nakaranas kasi kami ng sunog nung 2017 pa po, hindi na nakarecover sa bahay. Hindi na po nagkaroon ng regular na budget na trabaho si asawa. Kaya di nakaipon din sapat lang sa pang-araw-araw yung budget. Nung nasunugan kami parang nagkaroon po sila ng phobia. Takot po sila kapag nakarinig ng "may sunog" namumutla na sila. Eh mga ano siya nun mga 4-years- old pa lang po siguro siya nung nasunugan kami. Kapag may nakita silang parang usok sasabihin niya rin ako na, Ma may sunog* (We experienced fire in 2017 and we have not recovered since. My spouse could not get a regular job or budget. That's why we have

no savings. What we have is just enough for our daily needs. When our house was burned, it seemed like the children had phobia. They are afraid when they hear someone say 'fire' and their faces turn pale. My child was only 4-years-old when we had the fire so when he sees smoke, he tells me, Ma, there is fire)."

For those affected by the typhoon, one parent mentioned that she had trouble sleeping. She experienced sudden feelings of sadness and felt uncomfortable with the sound of heavy winds. "*Tsaka ayaw ko lumabas at malakas ang hangin. Gusto ko nasa loob lang ng bahay. Parang kapag nahanginan ako parang ang lamig… Ngayon pa lang ako naka-experience tapos wala pang ilaw, kita mo lahat yung kulog tapos yung hangin para ka tuloy ninerbyos* (I didn't want to go out and the wind was strong. I just want to be inside the house. It was the first time I experienced it, and there wasn't any light. You can hear the thunder and feel the wind, and you can't help but feel nervous)."

Some non-parent adult informants (i.e., aunts) mentioned that they observed children being neglected by their parents. Two aunts mentioned that the child they were taking care of were neglected by their mothers who have been separated from their partners. One child is not living with her mother as her father fought for her custody, while the other child is still living with her mother who gives insufficient attention to the child because she's mostly at work to provide for the family. The aunt of the child wished the child to have a father to look over him. "*Siguro yung pagkakaroon ng tatay, hindi kasi natututukan ng nanay kasi nagtatrabaho* (I wish the child would have a father because the mother cannot focus on the child because she has to work)."

A father was reported to have physically and verbally abused his child. This may have traumatized the child as it has become difficult to talk to him coherently and is sometimes found to be staring blankly into space. "*Opo, one time nagka trauma na hindi mo siya makakausap ng matino, lagi syang tulala, tahimik* (One time, he had trauma, you couldn't talk to him coherently and he was often quiet and staring blankly into space)."

Some adult kay informants also shared that arguments between them and their partners occur in their household during the pandemic. The parents of one child often have misunderstandings and quarrels due to attitude differences with the father working abroad. They just communicate intermittently online. On the one hand, the father of the household of another family has problems prioritizing his family's needs. He occasionally drinks alcohol which causes misunderstandings in the family.

Table 10. Coping strategies on family issues and concerns						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Seeking material support from government	**57**	**80%**	14	17	14	12
Seeking material support from friends/neighbors/social support system	**48**	**68%**	9	16	11	12
Seeking material support from non-government organizations (NGOs)	**11**	**15%**	3	3	5	0

Table 10. Coping strategies on family issues and concerns						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Spiritual and religious practices / "Dasal sa Diyos" (online mass)	15	21%	2	2	6	5
Framing difficulties as challenges that can be overcome	14	20%	5	2	5	2
Follow safety protocols, and do recreational activity to lessen COVID-19-related fear (exercise, gardening, etc)	8	11%	0	1	5	2
Passive coping/forbearance (Pagtitiis)	6	8%	2	3	1	0

The most common coping strategies listed in the household/home environment are related to their financial constraints and challenges. They seek material support either mostly from the government (80%) (e.g., *ayuda,* Social Amelioration Program (SAP) allowance, grocery goods), from their friends, neighbors or social support system (68%) (e.g., loan or *utang,* five-six money lending, grocery goods), or from NGOs that give in-kind donations (15%). To make ends meet, 8% of the participants do multiple *diskarte* (income earning strategies) such as venturing into online businesses and selling during the time of the pandemic (7%) or applying for a new job (4%). The *diskarte* mentioned by the participants include doing laundry for others, getting paid for buying the needs of other families as they are afraid to go out, among others.

About 21% of the key informants and their family members also cope with their challenges by praying. Some attend online religious practices of their organization while most do their personal prayers and intentions. About 20% do cognitive reframing and looks at the difficulties as something they can overcome. While 23% of parents often had to explain the family's financial situation to the child and their need to budget to explain the reasons why they can't afford their toys or food requests. They find comfort in the fact that they are not the only family experiencing the compounding problems brought by the pandemic and others are possibly in a worst scenario compared to them. "*Parang lalong bumigat yung problema namin. Saan kami kukuha, anong mangyayari hanggang sabi ko sa asawa ko kapit lang pray lang kami para doon kami kumukuha ng lakas ng loob sa Panginoon kung ano man mangyari sa amin. Sa family ko naman ganon din nangyayari. As in boom as in lahat talagang bumagsak. Lahat naman po ata ramdam natin yung nangyari sa pandemic na to* (It's like our problem got worse. Where we will get our resources, what is going to happen? I told my husband to hang on and pray so that we get our strength from God whatever happens. This is what happened to my family. As in 'boom,' and everything fell apart because of the pandemic. I think everyone felt the impact of this pandemic)."

Around 8% passively cope and endure the burdens they have through pagtitiis (forbearance). For the expressed COVID-19-related fear, about 7% of the participants shared that they follow safety protocols to avoid paying fines and ensure their safety as well. Some participants cope by doing physical exercises to de-stress and to boost their immune system, while others use multimedia as a source of entertainment to distract and keep themselves busy. One family mentioned that they spend time planting and gardening to de-stress. Even though these parents, guardians, and/or caretakers are experiencing emotionally

burdensome challenges, only two adult key informants mentioned that they seek emotional support, either from their partners or parents (mother).

The children's education

Table 11. Child's education problems						
	Total **(N=71)**		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Difficulty in understanding material and overwhelmed with requirements	**58**	**82%**	11	19	12	16
Motivation problems	**33**	**46%**	8	6	10	9
Poor internet connection and lack of funds for data load	**18**	**25%**	3	4	5	6
Gadgets are shared among household members	**14**	**20%**	1	3	6	4
Lack of gadgets	**8**	**11%**	3	3	2	0

Because children were mandated to stay home, their education is done either through online classes or by accomplishing modules. Most of the children (82%) had difficulties in understanding the modules provided, especially those who only have their parents or guardians to rely on. The difficulty stems from the insufficient explanation of the questions and lessons included in the module while some of the younger children still don't know how to write or read that well. A factor aggravating this concern is the parents' or guardians' education level and comprehension of the materials studied by the children. These materials are perceived to be advanced compared to the lessons the key informants have come to know. Most of the key informants (80%) identified difficulties in guiding the child on their modules required to be submitted weekly, and on their online classes. *"Di bang lalo na ngayon may pasok, di ba kailangan mas maganda pa rin yung nag-aaral ang mga bata sa school kaysa ngayon na module lang sila. Mahirap din. Hindi din namin minsan naano kung papaano sagutan. Walang makapagpaliwanag. Minsan po nagtatanong-tanong na lang din sa may alam para masagutan lang* (Now that we have classes, it would have been better if children went to school instead of just doing the module. It is difficult. Sometimes we don't know how to answer and nobody can explain. Sometimes, I just ask those who know, just so we can answer)."

About 7% mentioned that the children are overwhelmed with the number of modules they are required to submit. *"Ang ayaw nya talaga yung maraming syang isusulat. Kasi meron po kasing tanong na minsan nagpapaliwanag po, ganun po. Pero minsan po gustong gusto nya yung Math—number. Yun madali po syang makapick up ng ganun. Pero yung sa mga pagpaliwanag po nahihirapan po sya kasi, yung sulat lang po e nadadamihan po sya sa paliwanag. Nahihirapan po sya magsulat* (What the child does not like is writing a lot. There are questions that require an explanation. Sometimes, the child likes Math–numbers. That's what he easily understands. But if it requires an explanation, the child finds it hard because he feels overwhelmed with it because he finds it hard to write)."

It is concerning that, since parents or guardian are mainly guiding the child in their education at home, 14% beat or scold the children whenever they don't follow their instructions in doing the modules. A mother of three children and a recent graduate of basic education looked after her children's education. She admits that she gets frustrated whenever they don't get the lessons easily and she would spank

and hurt them so they would follow her instructions. *"Pinapagalitan ko po siya, dinadakdakan ko talaga. Pinapalo ko po siya, minsan gulpi... Paluin ko sila sa pwet (laughs). Masalita lang ako minsan, ayaw ko rin naman namamalo kaso kailangan ko lang gawin. Kung di dadapuan ng kamay lalong abuso yan* (I reprimand him and I really tell him off. I spank him and sometimes even beat him up... I spank him in the buttocks [laughs]. But sometimes I just tell him off. I really don't want to spank but I must do it. If I don't lay my hand on the child, the child will abuse my leniency)."

Most of the children find it difficult to understand the modules or are preoccupied with their gadgets playing video games or doing social media. About 46% were observed to have less interest in studying. They reason that their parents or guardian can't explain the lessons well, or their house is not their school, so they are not technically obliged to study. *"Ayaw niya po talaga lalo na kapag ako yung nagtuturo ayaw niya. Hindi naman daw po kasi school yung bahay namin* (He really does not like it especially if I am the one teaching. He says our house is not a school)."

The key informants observed that the children's motivation problems may also be linked to the lack of proper school atmosphere/environment. They easily disengage when gadgets are there, and they get frustrated when they get disconnected from the online class. Children don't attend online lessons because they either have poor internet connection (25%), their gadgets are shared among household members or other siblings who does online learning as well (20%), they don't have the sufficient gadget to do online meetings (11%), or they don't have funds to buy data load (11%).

Table 12. Coping strategies on child's education problems						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Children seek help from parents or guardians	55	77%	11	16	14	14
Children seek help from older sibling, relatives, neighbors	21	30%	0	7	5	9
Children do independent online search	13	18%	2	7	0	4
Children asks teacher or classmates for clarification	12	17%	1	5	2	4
Children rests from doing modules	11	15%	2	1	7	1
Children borrows phone from relatives or neighbors	6	8%	1	0	3	2

To cope with the difficulties they face in education, many ask their parents or guardians for help (77%). Within the household, it is mainly the parents who support the educational needs of their child (49%). However, some of the parents admitted that they also don't understand the modules that well, especially those that are in the higher grade level. The parents or guardians would tell the children to reach out to their older siblings, relatives, or neighbors for help (30%). They would do online or google search for the topics they have difficulties with—either the child would do it independently, or they would be asked to do it, or their parents/ guardian would do the search. If they have the means to communicate with the teacher, some of the children opt to ask for clarification from their teachers (15%). Some children would

ask their classmates for help as well. When the questions or topics are too difficult, a few (4%) of the children's parents or guardians advise their child to skip the question instead, as advised by the teachers, too. Meanwhile if the child is having a hard time answering the modules or they are not as interested in studying, several parents (3%) admitted that they answer the modules themselves.

"Sinasabi agad na Mama mahirap, hindi alam paano sasagutan. Sabi ko sige ituturo ko mamaya after iwanan, sasabihin, Mama ang hirap. Minsan ako na gumagawa nga po. Sinasabi niya, Mama ang hirap talaga (She immediately says Mama, it's hard and doesn't know how to answer. I would say okay leave it for now and then I will teach you later. Sometimes, I just do it myself. She would say, Mama it's really hard)." Another parent said *"Kasi nakaka-awa naman kapag di pinasa. Sa akin galing ang sagot ayaw na nilang mag-isip (laughs) ayaw na nilang basahin. Napakatamad na.* (He'd be pitiful if he can't pass his assignment. The answers come from me because he does not want to think [laughs] and does not want to read. He has become lazy)."

The parents said they scold or beat their child whenever they don't follow their instructions or when it's challenging to teach the lesson (14%). About 15% let the child rest when they get exhausted from doing the modules. The children complain of writing too much or having a never-ending pile of modules to answer.

About 8% of the children borrow a phone or gadget from their neighbors or relatives to join an online class, monitor their teacher's instructions, or search for difficult topics. One child was able to get a new phone from her parents for her online class. If they have poor internet connection or lack funds for data load, about 6% of the children skip class.

The children's social life

Table 13. Child's social life problems						
	Total **(N=71)**		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Decrease in communication frequency/duration with friends	**60**	**85%**	11	18	16	15
Interpersonal conflict with friends (e.g., misunderstandings, bullying)	**37**	**52%**	12	8	11	6
Loss of organizations/team/ community groups	**19**	**27%**	2	6	6	5
Isolation of child/lack of peers and playmates	**8**	**11%**	4	3	1	0

Most of the children (85%) communicate less frequently to their social circle such as their friends in school or friends living far from their residence. Some children keep up with pre-pandemic friends during online classes or by meeting them in the neighborhood. But for most of the children, this rarely happens. Prior to the pandemic, several of the children have organizations they are a part of such as those at church, NGO partners, or at their school. Due to the imposed restriction, 27% mentioned that they failed to meet and communicate with their groups or peers from the organization

Some children (15%) are allowed to go outside with their friends and peers for a limited time only and their parents require them to wear facemask. However, about 8% of parents don't allow their children

to play outside or meet with their friends because they follow the community restriction, cannot afford to pay the fine, and worry of being afflicted with COVID-19. Some children are isolated and lack peers and playmates to mingle with for various reasons. Some don't know anyone from their neighborhood, some are not allowed by their parents to go out of the house, while some prefer to be alone. Note that the reported isolation of the child with peers is more observed with the female child (6 to 12 years old) (88%) as opposed to the males (12%). This may be due to a mix of different gender expectations from parents (i.e., boys are given more leeway to explore the neighborhood) or differing personality attributes, or differing patterns of communication, or contentment with just online communication.

Children (52%) reportedly also have interpersonal conflict with their peers. They have misunderstandings on how they want to play, what they would play, or over school activities. Beyond this, informants have also shared of the cyber, verbal, and physical bullying their children experienced. Majority of those who experienced said that they were bullied verbally and physically, and cyberbullying only became apparent during the pandemic. Their bullies are usually older than them and whom they are not well acquainted with—it could be their neighbors, or peers from school. They are bullied because of their physical appearance (e.g., bigger built, cross-eyes), being perceived as gay, or because of misunderstandings while playing. "*Minsan tinatawag siyang bakla ng mga kalaro. Minsan nga nagagalit ako. Panay tawag niyong bakla kay (child), ginaganyan ko nga sila yung mga kalaro. Minsan sasabihin ko hindi naman bakla yan eh. Ginaganyan ko ho. Kasi minsan naiinis din po ako kapag ginaganon si (child), kapag sasabihang bakla* (Sometimes he's called effeminate or gay by his playmates. I sometimes get angry. I would tell his playmates off for always calling him gay)."

Table 14. Coping strategies on child's social life problems						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Online communication with friends (social media, online video games)	47	66%	8	14	9	16
Children ask their parents to intervene with peer conflict	22	31%	6	5	7	4
Children get advice from parent to not mind their bullies	10	14%	5	1	3	1
Children spend time with siblings/ cousins/neighbors instead	14	20%	2	3	7	2

Since physical contact and staying with groups are discouraged during the pandemic, about 66% of the children communicate and stay in touch with their friends through social media sites or playing online video games with them. Other children, especially the younger ones at 6 - 9 years old, often play and spend time with peers from the neighborhood. As they do not have the opportunity to mingle with their friends prior to the pandemic, 20% spend time with their siblings and cousins instead who may either live in the same household or live nearby.

About 31% of the children ask their parents to interfere with their interpersonal conflict (e.g., misunderstandings, bullying) by confronting the child or their parents or guardian. Some parents advise their children to not mind their bullies (14%), saying they'll go away once they ignore them. One parent was able to share that her child, often bullied, doesn't fight back and that she pities her. She even wants

to teach her child how to fight back as she frequently goes home crying. *"Minsan naawa na lang ako kapag sinasaktan siya ng kaaway niya hindi siya kumikibo.Yun para bang gusto kong turuan siya na gumanti ka, lagi kang sinasaktan na ganon, iiyak na lang siya* (I pity my child when she is hurt by her antagonists, and she does not say anything. I would really like to teach her to take revenge. She always gets hurt but all she does is cry)."

The children's physical, mental health and psychosocial wellbeing

Table 15A. Physical, mental health problems, psychosocial well-being of children						
Physical and mental health problems	**Total (N=71)**		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
1. No physical exercise and/or unhealthy weight gain	**32**	**45%**	6	8	7	11
2. Changes in sleeping patterns and disruptions in routine sleep schedule due to overtime use of gadget	**25**	**35%**	3	6	7	9
3. Manifestations of mental health problems (e.g., heightened fear, tendency to act violent, social anxiety manifestations)	**21**	**30%**	3	5	7	6
4. Food related issues	**7**	**10%**	1	4	0	2
5. COVID-related symptoms and other health issues (asthma, poor eyesight, late growth deficiency)	**7**	**10%**	2	0	4	1

Physical health

Most of the children (89%) are reported to be food secure and eat three times a day. However, the regularity and the nutritional adequacy these meals have not been probed. Informants said that that the children eat what is available or what is given to them. Most informants also say that their children sleep well (69%) and have physical exercise or consistent physical activities (61%). These activities include doing PE class activities, household chores, zumba with aunts, and biking and playing badminton with friends.

Informants shared their common concerns on the physical and mental health of the children. These include:
· no physical exercise and/or unhealthy weight gain
· changes in sleeping patterns and disruptions in routine sleep schedule due to overtime use of gadgets
· manifestations of mental health problems
· food related issues
· experience of COVID-19 symptoms and other health issues

About 45% of the children reportedly do not exercise or have no consistent physical activities during the pandemic. This sometimes results in unhealthy weight gain (6%). Informants shared that their children are always on their phones, lying down in bed, and don't have the opportunity to have physical play as they stay inside their homes. About 8% of parents observed their children to be lazier, not as active, and enthusiastic during the pandemic. They are not physically engaged with any kind of play that requires physical activity. *"Yung ngayon lagi na lang nakahiga. Nung pinagalitan ko siya, nag-exercise siya. Sumakit daw katawan niya, ayaw niya daw pumasok. Sabi ko kaya ka ganyan kasi nga wala ka ng exercise. Konting kilos mo lang masakit katawan mo, hinihingal ka. Parang nagiging tamad* (He is always lying down. When I reprimanded him, he exercised. He said his body ached so he didn't want to attend classes. I told him that's because he does not exercise. His body aches and he becomes breathless with just a little exercise. It's like he is getting lazy)."

A mother of three sons said that her children often say that they don't want to go out, move or have any physical exercise because they fear authority and the probability that they'll get caught. In turn, they just stay at home usually fixated on their phones. *"Kami naman mag-asawa okay naman, ang nagiging problema kasi ng anak ko hindi mo na siya mautusan kasi nandoon na lang sila sa kwarto. Kapag inutusan mo lumabas may dahilan na sila na baka mahuli. As in wala na silang nagagawa, doon na lang sila* (My husband and I are okay but the problem is our child. I cannot ask him to do things because he is always inside the room. When I tell him to do some thing, he reasons that he might get caught outside. He does nothing and just stays in his room)."

Another informant shared *"Dati po kasi mahiyain pero kahit papano lumalabas kasi nakakameet sila ng mga kaibigan. Nauutusan ko pa. Kapag lumalabas ngayon po parang wala hindi na. Kasi unang-una bawal, kapag inutusan mo may dahilan na sila tapos laging na sa loob ng bahay. As in kaharap lang nila cellphone, module yun lang.* (In the past, they were a little shy, but they could still go out to meet their friends. I could ask them to run errands for me. Now, I can't do that anymore. First, it's not permitted. When you ask them, they now have a reason to stay in the house. They just face their cellphones and modules, and nothing else)."

Unhealthy gadget use (e.g., gaming, social media) is a top concern among parents and caregivers of the children (31%). This has led to changes in some of children's routine and sleep schedule during the pandemic. They don't sleep on time as they have become fond of playing video games (e.g., Mobile Legends, Roblox, Minecraft), scrolling through social media (e.g., Tiktok, Facebook), or watching television. Unhealthy gadget use has disrupted the routines of more boys (44%) than girls (26%).

About 10% of the children have issues related to food and eating. They do not eat well due to their food preference or because of playing too many video games, among others. About 10% of the children have experienced COVID-19-related symptoms (e.g., cough, runny nose) that worried their parents. Other health issues that children experience include pre-existing conditions such as poor eyesight, late growth deficiency, or autism.

Notably, the majority of the children (84%) were not exposed to drugs, alcohol or cigarettes. Some have been exposed to these substance (15%) because their fathers, uncles, or other relatives occasionally drink or smoke cigarettes.

Mental and psychosocial wellbeing

Table 15B: Frequency of Emotions of Children						
	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
Frequency – Ninerbyos/Kinakabahan (Nervous/anxious)						
Never	**10**	**14%**	3	4	1	2
Rarely	**21**	**30%**	7	4	7	3
Sometimes	**35**	**49%**	4	11	9	11
Frequently/All of the time	**0**	**0%**	0	0	0	0
Frequency – Malungkot (sad)						
Never	**4**	**6%**	0	2	1	1
Rarely	**23**	**32%**	7	7	6	3
Sometimes	**34**	**48%**	7	9	8	10
Frequently/All of the time	**3**	**4%**	1	1	1	0
Frequency – Kalmado/Panatag ang Loob (calm/peaceful)						
Never	**0**	**0%**	0	0	0	0
Rarely	**0**	**0%**	0	0	0	0
Sometimes	**2**	**3%**	1	0	1	0
Frequently/All of the time	**62**	**87%**	14	20	14	14
Frequency – Masaya (happy)						
Never	**0**	**0%**	0	0	0	0
Rarely	**0**	**0%**	0	0	0	0
Sometimes	**4**	**6%**	1	2	1	0
Frequently/All of the time	**61**	**86%**	14	18	14	15

A considerable number of the adults interviewed (parents, and/or guardians) seem not to be in tune with the child nor seemingly sensitive to the child's needs and feelings. They often fail to mention instances when they observed the child to be nervous, or always happy, calm, and seldom sad or unhappy.

About 48% of the informants observed that their children are often *malungkot* (sad). The children are usually sad when they don't get what they requested for, or when their phone use is being regulated. About 13% of the key informants mentioned that the children are sad because they cannot go out of the house and can't meet their friends. While some (6%) are sad when they didn't have their graduation rites for their elementary graduation. About 32% of the parents and caregivers said that they don't often see their child sad.

Around 49% of the adult key informants said they sometimes see their children in a state of fear while 30% said that is uncommon (30%), or they've never encountered (14%) their children scared or fearful. During the pandemic and the imposed community restrictions on the children, about 20% were observed to have heightened fear of local authority. The children either experienced being reprimanded by the authority (barangay official), or their sibling experienced it. Their parents/guardians also kept reminding them that they'll go to jail or stay in the barangay if they get caught outside of the house.

"Kahit yung tipong sa labas lang ng bahay, hindi na makalabas. Dito kasi sa amin sobrang higpit. Makita ka lang sa labas ng bakod mo na walang mask huhulihin ka na, kaya parang nagka-phobia na mga bata. Makakita lang ng naka-uniform feeling nila huhulihin na agad sila, imbes na friends nila yung mga alagad ng batas, mga pulis. Kapag nakita nila, dapat parang protektado sila hindi yung parang sila natatakot, lalo kasi may magliligtas sa akin, may bantay ako. Ngayon kapag nakita nila mas takot pa sila kasi huhulihin kami niyan. Di na nila alam saan sila tatakbo parang ganon. Kaya mas ginusto na lang nila na kaharap nila cellphone, module ayon na lang (You cannot even stay right in front of the house. The authorities are very strict here. If they see you just outside your house without a mask, they will arrest you. That's why it seems the children have developed a phobia. When they see the uniform, they immediately feel they will be arrested, instead of being friends with the agents of the law, the police. When they see the police, they should feel protected instead of being afraid, they should feel safe because there's someone watching over them. But now, when they see the police, they get scared thinking they will be arrested. They feel like they have nowhere to run to, that's why they just prefer using their cellphone or doing their modules)."

Around 10% of children experienced calamities, including having their house burned down or experiencing earthquakes. One child has violent tendencies, and his mother reports that he was also physically and verbally abused by his father before. Another child was observed to have social anxiety, he is selective of whom he socializes with. Prior to the pandemic, he gets socially anxious when requested to perform in a crowd and would rather skip class than join the school group activity. He doesn't have his own social circle and just bonds with the friends of his older brother, who is one year older to him.

Parents (86%) report that their children were frequently happy (86%) and calm (87%). They are happy when they are with their friends and doing what keeps them entertained (e.g., social media/Tiktok, playing video games, spending time with their friends). Some of the children are allowed to go out by their parents or guardians to play with their friends, but only for a limited time and in nearby places such as outside their house or within their neighborhood. The children are observed to be calm whenever they are focused on doing an activity (e.g., school modules, watching television, playing with toys), or when they are in the comfort of their homes, or with family and friends.

Table 16. Coping strategies on child's physical health problems						
Coping strategies on child's physical health problems	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
1. No action taken on sleep issues (e.g., not sleeping on time)	21	30%	2	10	4	8
2. Children follows parent's diet restrictions (e.g., no canned goods, no sweets, no soft drinks)	17	24%	3	4	4	6
3. Do physical exercise from time to time (e.g., Zumba, tiktok dance, badminton, biking, jogging, pogs)	16	23%	3	7	4	2
4. Doing house chores as physical exercise	14	20%	4	5	3	2

Table 16. Coping strategies on child's physical health problems						
Coping strategies on child's physical health problems	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
5. No action taken on nutrition problems (e.g., missing meals, food preferences)	**10**	**14%**	2	4	3	1
6. Would throw tantrum/ get moody when extended gadget use is not granted	**7**	**10%**	2	1	3	1
7. Follows parent's gadget use restriction/regulation	**6**	**8%**	1	1	2	2
8. Bargain to extend gadget use	**3**	**4%**	0	0	2	1

When it comes to their physical health issues, the majority of the parents (63%) reprimand their children by talking to them or lecturing them on their misdeeds such as lack of physical exercise, unhealthy weight gain, and sleeping too late due to unhealthy gadget use. Parents or caregivers use the same discipline measures when it comes to the children's other health issues, such as those related with COVID-19 and food-related issues. Most of the adult informants have not observed their children's coping strategies in their physical health issues. Most of the parents have imposed and established coping strategies for their children.

About 24% of the key informants shared that their children follow the diet restrictions their parents' have imposed on them, such as eating fewer canned goods, eating less rice, avoiding sweets and soft drinks, and drinking more milk. About 14% couldn't say any measures they have implemented to cope with children's food concerns. However, one particular 10-year-old child would do her own diskarte (strategy) to get money and buy her own food, especially when her mother can't afford her preference for fried chicken. She would also sometimes give the money to her mother to buy food for their family. *"Dumidiskarte na siya ng pera kapag magtapon ng basura... Maaga pa lang po siya mahanap na ng paraan. Tapos minsan manghihingi ng pera sabihin ko wala pa tayo ngayon. Sasabihin niya na lang Mama ako bahala. Ayon magtatapon siya ng basura kapag may gustong pagkain tapos minsan sasabihin niya, Ma bili mo na lang ng ulam* (She tries to find ways to get money when she is taking out the trash... She looks for ways at such a young age. Sometimes when she asks me for money I say we have none right now. She says, 'I'll take care of it.' Then she takes out the trash and when she wants to eat something, she would say, Ma, here, buy us a meal)."

Since most of the children were glued to gadgets, 34% of the parents and guardians said that they regulate the time of the child's gadget usage. About 34% of the adult key informants admit that they allow the child to use gadgets so they won't go out of the house and they'll be entertained and not get bored. Around 7% confiscate the cellphones to regulate their children's phone use. *"Oo, puro gadget, halos maghapon. Hindi ko na din sila mapigilan kasi nga hindi sila makalabas. Puro cellphone. Binibigyan ko na din ng time na hanggang ganitong oras lang, di pwedeng buong araw. Minsan naiintindihan ko rin, ano bang gagawin dito sa loob? Nood ng tv, minsan gadget, balik ulit nood tv. Kain tulog lang ang mga nangyayari* (Yes, it's gadgets for them the whole day. I can't stop them because they cannot go out of the house anyway. But they're always glued to their cellphones. I now give them time limits on their phone use. They cannot use it all

day. But sometimes, I can understand their situation. What will they do inside the house but watch TV, use the gadget, then watch TV again? Eating and sleeping are all that happens here)."

About 10% of the informants shared that the children would either throw a tantrum or get moody when their request to extend phone use is not granted. About 8% said children would follow their instructions, while a few (4%) said the children bargain to extend the time of gadget use. The children's lengthy gadget use often lead to changes in their sleeping patterns. About 30% of the parents and caregivers were not able to mention any action they have taken to address the children's disrupted sleeping patterns. This may be concerning, given its possible implications to the child's overall health.

Parents and caregivers said they manage the unhealthy weight gain of their children by asking them to do house chores as their physical exercise (20%). This is more prevalent among female children (64%). Others (23%) do various activities such as doing zumba with their relatives, following dance trends on Tiktok, playing badminton, biking, jogging, and playing pogs with friends.

Table 17. Coping strategies on child's mental health problems						
Coping strategies on child's physical health problems	Total (N=71)		Female 6-9 (N=15)	Female 10-12 (N=20)	Male 6-9 (N=19)	Male 10-12 (N=17)
1. Use social media/gadget to de-stress, relax, and cool off						
· On their own	53	75%	12	14	14	13
· With siblings and relatives	34	48%	8	10	10	8
· With peers	33	46%	3	11	7	12
2. Seek mother for comfort (startled when heard a fight, fire/smoke, authority scare, COVID-19 scare, bully)	24	34%	6	9	4	5
3. Avoids authority and getting caught, stay at home	11	15%	1	4	4	2
4. Eating as source of comfort	9	13%	2	4	1	2
5. Keeping "cool" from the negative events with fire and typhoon	4	6%	1	1	2	0
6. Do recreational activities (e.g., drawing, listen to music, read books)	3	4%	0	3	0	0

Adult key informants often fail to observe the strategies their children utilize to address their mental health concerns. Most of the coping strategies this study surfaced were inferred from their narratives, that show that the children are observed to be stressed over school requirements, and sometimes over conflict with friends. They mostly use of social media, gadgets, and other media to de-stress, relax, and cool off. Majority of the children (75%) use social media on their own, sometimes to bond with siblings and relatives (48%), and with their peers (34%). They usually use Tiktok, scroll through Facebook, play online games, and watch YouTube videos as well as shows on television.

When in fear or discomfort, the children seek their mothers to help them process the situation or their emotions (34%). This happens whenever they get startled when they hear someone fighting on the street, when they fear that a fire will start in their house, when they get scared of an authority roaming outside their house, when they are scared of getting infected with COVID-19, or whenever they are bullied. Seeking comfort from their mothers was more observed among the female children (63%) than among male children (25%). A similar pattern is observed with children who experienced negative events such as fire and typhoon. According to the parents, their children developed phobias and often reach out to their guardians whenever they feel discomfort. Some children do not fear these calamities (6%), though. Among children who fear authorities and getting caught, 15% stay at home to avoid them, of their own accord or at their parent's behest. In terms of fear of getting afflicted with COVID-19, one child was observed to be cleaning and showering frequently to not get the virus.

When children were in distress due to school requirements, 13% of the informants reported that their children eat snacks to be comforted. Eating is also a source of happiness for several children, while some children do recreational activities such as drawing, sketching, calligraphy, listening to music and reading books to de-stress and take a break from schoolwork.

Red flags

An 8-year-old boy tended to act violent towards his peers and siblings. He easily gets irritated. According to his mother, he might have adapted these actions from his father when he physically and verbally abused both of them before.

An 11-year-old male child is observed to be selective with whom he socializes. He gets socially anxious when requested to perform in a crowd and would rather skip class than join the school group activity. He doesn't have his own social circle and just bonds with the friends of his older brother, who is one year older to him.

Physical, verbal, and cyberbullying are prevalent in a group of children. The bullying stems from their misunderstandings on how they want to play, what game they will play, or over school activities. Their bullies are usually older than them, with whom they are not well acquainted. They are either their neighbors or peers from school. The reasons for bullying include the child's physical appearance (e.g., bigger built, cross-eyes), being perceived as gay, or misunderstandings while playing. Several children were observed to have anger issues and would often easily fight back with their bullies. One child won't back down until he gets even with his sibling *(ayaw magpatalo).*

It was alarming how corporal punishment is mainly utilized by parents to discipline their children. These punishments take the form of *pananakit* (inflicting pain), *pamamalo* (whipping or spanking), *pagsermon* (lecturing or preaching), and *kurot* (pinching). The children receive these punishments when their parents observe them to be pesky, disobedient, using their phones too much, or find it difficult to understand their online or modular lessons. Generally, parents do not view corporal punishment as a concern.

A 9-year-old male child perceived to be gay was beaten up and threatened by his own uncles and grandfather to straighten out his behavior. This might potentially impact the child's own self-perception and how he wants to relate with others.

Yellow flags

More than half of the children (62%) are observed to have changes in sleep patterns and routine during the pandemic. Most of them sleep late and often not on time as they are fond of playing games (Mobile Legends), doing Tiktok videos, scrolling through social media or watching television. They are also observed to live a more sedentary lifestyle and seemed to be content with staying at home. They lack physical exercise and are gaining weight. Meanwhile, several children often miss their meals because they are too focused on playing video games. A 10-year-old female child was observed to be sleeping late as she's too grade conscious and doesn't want to sleep until she's assured that there are no mistakes on the modules she must submit. On the one hand, a 12-year-old female child has expressed the desire to quit school because she's not learning anything. A few children dread doing modules and avoid doing it at any cost.

Several children have been observed to fear either fire or earthquake. They show discomfort when they hear someone shouting fire or when they see smoke from afar. During the pandemic, several children have heightened fear of authorities because they were frequently reminded by their parents or due to their personal experience with the authorities.

Two children faced adversities dealing with their disabilities during the pandemic, taking a toll on their social relations. These are an 8-year-old male child diagnosed with Autism Spectrum Disorder (ASD) and a 9-year-old male child who has late growth deficiency/developmental delay. Both children have challenges meeting their peers and have no access to meeting them online. They used to be part of special groups of children with the same disabilities but their meetings were paused during the pandemic. For the child with late growth deficiency, his family faces extra financial challenges with the child's daily needs since the government relief goods are not appropriate for his needs (e.g., the child still consumes infant food such as oatmeal and the likes, but the relief goods are customized for adults).

A 12-year-old female child was able to see a Facebook live of a child committing suicide in their city. She didn't have any violent, curious, or any other reaction to what she saw. As mentioned by her mother, she just said *"Wala lang sabi niya lang 'ang gara ah, tumalon.' Ganon lang (laughs) (Nothing, she just said, 'oh, she jumped' and that was it)"* when she saw the video.

A 10-year-old female child was reported to be picking out trash on behalf of their neighbors to earn enough money to buy her own preferred meal. She often dislikes the meal prepared by her mother. The child is potentially at risk for child labor even though her parents discourage her to pick out trash.

Green flags

The children's happy moments during the pandemic mentioned by the key informants can be nourished and maintained. Most frequently mentioned happy moment during the pandemic is the increased bonding time of the family (69%). This is followed by spending time together as a family while doing shared activities (e.g., watching movies, television, gaming, etc.) (25%) and eating meals together (15%). The children often bond with their siblings and cousins at home, as they rarely meet with other friends or peers. Some of the children would easily calm down when they are with friends and family. The children find comfort in their parents and/or guardians whenever they have difficulties in their modules or have to address a peer conflict (e.g., misunderstanding, bullying). Also, 34% have considered not being afflicted of COVID-19 and having any other form of sickness as a positive experience during the pandemic.

For more detailed narratives of some of these cases of red, yellow, and green flags among children, see Appendix 1- Narrative Cases.

Consolidated Report - Adolescents

Demographics

The experiences, stressors, coping and well-being of 28 female and 27 male adolescents during the COVID-19 pandemic were gathered, particularly in the areas of their household, education, social life, and health and psychosocial wellbeing status. The participants' mean age was 15.4, with ages ranging from 13 to 18 years old. The adolescents come from four study sites, namely, Navotas (20), Malabon (16), Pasay (9), and Quezon City (10).

Table 18. Adolescents Demographics (N= -55)	
Gender	
28	Female
27	Male
Age	
·	**Mean:** 15.4 years old
·	**Range:** 13 to 18 years old
Location	
20	Navotas
16	Malabon
9	Pasay
10	Quezon City

Educational status

Fifty-one or 93% of adolescents were enrolled in school over the pandemic, many of them in Grade 8 (25%). Grade levels of the adolescents interviewed ranged from Grade 7 to 1st year college.

Four respondents stopped schooling. One of the female respondents stopped in Grade 11 due to pregnancy despite doing well in school. Another teen cites the loss of family members, particularly her mother and grandparents, which led her to start acting out in school. One of the male respondents stopped attending school during the pandemic because of financial difficulties and lack of motivation to proceed with home-based schooling. Another respondent has not attended formal schooling since elementary but continued to pursue vocational education until the pandemic hit.

Table 19. Adolescents' Educational Status	
Participant school status	
51	Enrolled in school
4	Not enrolled in school
Current grade level (if enrolled)	
13	Grade 8
11	Grade 10
10	Grade 9
8	Grade 11
4	Grade 7
4	Grade 12
1	1st year college
Highest educational attainment (at present)	
1	Grade 12
1	Grade 11
1	Grade 7
1	Elementary

Household/living conditions

Table 20. Adolescents' household/living conditions	
Household members	
·	**Mean:** 6.3
·	**Range:** 3-15 members
Present living conditions	
28	Living with nuclear family only
5	Living with extended family only
19	Living with nuclear and extended family
2	Living with extended family and neighbors
1	Living with family friend

Data on the count of household members (including the child) and present living conditions were also collected. The mean number of members per household is 6.3, ranging from 3 to 15 members per household.

A majority (51%) live with their nuclear family, i.e., their mother, father, and siblings (or with stepparents and stepsiblings). This nuclear family may also be incomplete, as some adolescents have family members who live far away due to their jobs—overseas Filipino workers, househelpers, and construction workers. Participants living with extended family (18%) often live with the relatives of their primary caregivers: aunts, uncles, grandparents, and cousins. These are due to their parents' death or separation. In instances when the nuclear and extended family live in one household (68%), the child's nuclear family still supports itself and its own needs. One adolescent started living with her neighbors, while also working as a babysitter for them. Another adolescent lives with a family friend to help run their sari-sari store on the weekdays, and then goes home to her family on the weekends.

Table 21. Adolescents' main sources of household income		
Main sources of household income		
1-adult income	Income of mother	3
	Income of father	12
	Income of primary caregiver (aunt, uncle, grandparent)	4
	Total	19
2-adult income	Income of both parents/ primary caregivers	22
	Income of one parent and one relative	8
	Income of two relatives	1
	Total	31
3 or more adult income		5

The majority (56%) of adolescents rely on two wage-earners in the family, commonly their parents or primary caregivers. The wage-earners may be one parent and one relative, or two relatives—their siblings, aunts, uncles, grandparents, or cousins. About 36% adolescents have only one breadwinner in the family, usually their fathers, but may also be their mothers, aunts, uncles, or grandparents. Nine percent (9%) of the adolescents have 3 or more breadwinners in the family.

Table 22. Adolescents' household member's occupation		
Household Members Occupation		
13	Construction worker	
4	Vendor	Helper
	Factory worker	
1	Sari-sari store	Seller
	Volunteer or worker for barangay	
2	Security guard	Driver
	Fisherman	Janitor
	Worker in fish port	

Table 22. Adolescents' household member's occupation		
Household Members Occupation		
1	Overseas Filipino Worker	Streetsweeper
	Family fish port business	Saleslady
	Food business	Rental of chairs and tables
	Drug store interviewer	Accountant
	Call center agent	Bangus deboner
	Laundry worker	Volunteer for NGO
	Odd jobs	Merchandiser
	Part-time for Avon	Health worker
	Part-time encoder	Assistant maintenance
	Xerox	

About 21% of the breadwinners in the family are construction workers. Some are street vendors (6%), factory workers (6%), and helpers (6%). There are also those who tend to sari-sari stores (5%), work or volunteer at the barangay (5%) and do online selling (5%). There are also security guards (3%), fishermen (3%), fish port workers (3%), drivers (3%), and janitors (3%). In some families, there are two or more breadwinners.

Most of the participants do not know how much their parents or guardians make. However, based on the National Economic and Development Authority's (NEDA) income bracket classifications,[11] the researchers surmise that a majority of the mentioned occupations fall under Brackets D and E, with a few included in Bracket C. Bracket D consists of lowly-paid blue-collar workers, unskilled overseas Filipino workers, and small informal business owners with an estimated income ranging from Php 8,001 to Php15,000 monthly. Bracket E comprises fishermen, unskilled laborers or vendors, those engaged in odd jobs, and those without regular income with an estimated income of below Php8,000 monthly. Lastly, Brackets C encompasses skilled overseas Filipino workers and small businesses with an estimated income of Php15,000 to Php30,000. Data from the PSA,[12] show that construction work has an estimated income of around PHP10,000, which falls under Bracket D.

Table 23. Adolescents' Top Stressors				Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=1)
		Total (N=55)					
Education/ Classes		35	63%	7	10	6	12
Family and Household Life	Financial Situation	8		3	2	0	3

[11] https://2040.neda.gov.ph/wp-content/uploads/2016/06/AmBisyonNatin2040_Technical-Details-of-the-National-Survey.pdf
[12] https://psa.gov.ph/content/2016-occupational-wages-survey-ows

Table 23. Adolescents' Top Stressors							
		Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=1)
	Boredom/ Repetitiveness/ Not being able to go out	3		3	2	0	3
	Interpersonal Conflicts	2		0	0	2	1
	Detachment from family	3		1	1	0	1
	Passing away of a family member	2		1	0	0	1
	Not being able to see the family	1		0	1	0	0
	Concern over health of family member	1		1	0	0	0
	Corporal punishment	2		1	1	0	0
	Total	**1**	**38%**	**0**	**0**	**1**	**0**
Social Life	Interpersonal conflicts with romantic partner	3		0	0	0	3
	Keeping in touch with friends	3		1	0	2	0
	Deterioration of friendship quality	1		0	0	1	0
	Loss of friends	1		1	0	0	0
	Total	**8**	**15%**	**2**	**0**	**3**	**3**
Health	Gaining weight	2		0	0	0	2
	Health	1		0	0	0	1
	Fear of COVID-19	1		0	0	1	0
	Mental health issues	3		1	1	0	0
	Total	**7**	**13%**	**1**	**1**	**1**	**3**

Note that the total does not add up to 55 since participants can indicate more than one top stressor

The top stressors, according to the adolescents, are issues that concern or worry them most, as well as issues that interviewers judged as issues of consequence—because of frequency, severity, dysfunction, or distress observed during the interview.

The most common top stressor among adolescent participants are issues related to the current system of education—distance learning either through online classes, modules, or both (63%). Many find the new system to be difficult and almost all prefer face-to-face learning.

The family life and household situation come in second (38%). Under this category, financial difficulty is often touted as a top concern by many participants (15%). Other issues include boredom or the feeling of repetitiveness in the household (5%), interpersonal conflicts (5%), detachment from family, (4%), not being able to see the family (2%), concern over the health of a family member (2%), and corporal punishment (2%).

The social life is not commonly cited as a top stressor, with only (15%) participants reporting this. Of this, issues include interpersonal conflicts with their romantic partner (5%), keeping in touch with friends (5%), the deterioration of friendship quality (2%) and the loss of friends itself (2%).

A few adolescents (13%) reported their physical and mental health as a top stressor. About 5% of the participants included mental health as one of their top issues. One adolescent feels sad every day and has panic attacks. Another believes she had postpartum depression and suicidal ideation after being pregnant at the young age of 16. One participant reported not knowing what happiness is and cannot say when he is happy. Other health issues deemed as a top stressor by participants include gaining weight (4%), the disruption of sleeping habits (2%) and the fear of COVID-19 (2%).

Adolescent's family life

Table 24. Family's happy moments						
	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Doing shared activities as a family	29	53%	8	6	6	9
Generally more time together as a family	25	45%	5	10	3	7
Eating meals together as a family	21	38%	4	6	5	6
Celebrations	7	13%	1	2	2	2
Harutan (playful banter)	4	7%	0	0	1	3

Due to stay-at-home orders, adolescents are most often with their family. About 53% reported bonding with their family through different activities such as playing music, dancing, and playing mobile and tabletop games together. Forty-five percent (45%) were generally grateful that the quarantine was able to give them more time to be together because before the pandemic, household members were too busy with work or school. A common refrain among teens is "lagi po kaming nasa labas. Dati walang tao halos sa bahay, ngayon po sama-sama kami sa bahay (We were always outside. Hardly anyone was ever home before, but now we're all together at home)." Some teens believe that this time spent together has brought them closer to the family. *"Mas naging magka-close kami noong nagka-COVID-19 kasi dati papa ko kapag bumaba laging gabi sya umuuwi. Umaga at gabi trabaho lang sya. Ngayon nakakasama na naming sya lagi kaya mas okay na* (We became closer when COVID-19 came. My father use to go home late at night. He works from morning to night. Now, we get to be with him, so everything is better)."

Some note that their conflict resolution was better due to this time spent together.

Thirty-eight percent (38%) reported that sharing meals are happy moments in the family. Those who struggled financially were grateful that they can still be together and eat together as a family. About 13% reported celebrations as happy moments, and this include birthdays, relationship milestones, weddings, and childbirth. Others also reported of harutan (playful banter) as a way to show their affection towards other members of the family.

Table 25. Family stressors for adolescents						
	Total **(N=55)**		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Financial difficulties	**37**	**67%**	7	11	5	14
Conflicts between and among household members	**23**	**42%**	5	6	4	8
Boredom/"pagkakasawaan"	**10**	**18%**	4	2	1	3
COVID-19-related fears (being infected, stigmatization, discrimination, consequences)	**7**	**13%**	3	1	2	1
Health situation of any household member	**3**	**5%**	1	2	0	0
Affected by disaster/natural calamity (fire, typhoon, demolition)	**3**	**5%**	1	0	1	1
Detached or not close to family	**3**	**5%**	1	0	0	2
Parent's drinking habit	**3**	**5%**	1	0	2	0
Imprisonment of family member	**2**	**4%**	0	0	2	0
Family infected with COVID-19	**1**	**2%**	0	0	1	0
Father is away from home because of work	**1**	**2%**	0	1	0	0
Death of a family member	**1**	**2%**	0	0	0	1
Forced into membership to a religious organization	**1**	**2%**	1	0	0	0
Missing family members who passed away	**1**	**2%**	0	1	0	0
Teenage pregnancy and marriage	**1**	**2%**	0	1	0	0
Corporal punishment	**1**	**2%**	0	0	1	0

The most common stressor across all adolescents was financial difficulties (67%), caused by the family breadwinners' job loss or a loss of income due to reduced working hours and loss of demand and customers. Although many have regained their jobs, financial recovery is not guaranteed because of the debt they incurred during the troubling phase of their financial situation. Some respondents and their families experienced food insecurity because of this problem. "*Minsan po may mga oras din po na hindi na kami naghahapunan kasi nga po walang pera (There were times when we did not eat dinner because we*

did not have money)." They reported not eating enough or not eating nutritious food. Another direct effect is the inability to afford data load and other learning materials, as well as an optimal gadget for school. For some teens, this financial difficulty is more inferred rather than directly experienced (i.e., that they know that their parents are having difficulties, but they don't necessarily carry the burden).

About 22% of the adolescents cited conflicts between and among household members as a common problem. This includes quarrels between the child and his or her siblings, the child and the parents, and among other members of the household. Quarrels between siblings are the least bothersome, and are often due to division of household chores, unwillingness to share, and teasing. One respondent said *"Okay lang po. Minsan nag-aaway, minsan bati-bati* (It's okay. Sometimes we don't get along, sometimes we do)." Scolding and disagreements also cause tensions between teens and their parents. This type of conflict seems to stress the participants more than their squabbles with their siblings. Lastly, adult members of the household often fight about financial difficulties and the drinking habit of another household member. Although the participants are not typically directly involved, they expressed distress about it.

Around 18% reported being bored at home because of the pandemic's restrictive and repetitive nature. They complained about the repetitiveness of routine and not having much choice in the selection of activities inside the house. Due to quarantine restrictions, they are unable to do usual leisure activities like going outside with family or friends. One said *"Kaya po ako nagiging bored kasi paulit-ulit lang po. Nakakasawa* (I get bored because everything just repeats. I'm fed up with it)."

Interestingly, only a few adolescents (13%) explicitly said they were afraid and worried of having COVID-19. Those who expressed fear said they are afraid of acquiring and transmitting the virus, which is especially experienced by those who live in communities with a high number of cases. A participant said *"Hindi po ako komportable sa ganito kasi po mahirap na po makahanap ng trabaho kasi po hindi tayo sigurado kung sino po yung kalaban natin. Hindi po natin sila nakikita* (I'm not comfortable because it's hard to find a job because we are not sure who the enemy is. We cannot see it)." This also includes worries about the implications of the government's response against COVID-19, which are the implementation of guidelines, restriction of movement, and the presence of police and military personnel. *"Natatakot po, kinakabahan. Wala po kaming pambayad pag nahuli.* (I am afraid, I am nervous. I cannot afford to pay the fines if I get caught)."

Some adolescents (5%) are particularly worried about a household member's health situation. The worsening financial situation and quarantine restrictions hinder their ability to seek consistent medical attention.

A few adolescents (5%) lost their homes from a fire that broke out in their area. They were able to repair or rebuild their homes with the help of their local government. However, they still worry that their house is not stable enough to withstand other calamities. One participant reported that he still has lingering trauma over the fire, and still feels anxious when he smells something burning.

There are unique problems faced by several respondents, with varying degrees of distress. One respondent is worried about her father being away from home because of work. Another respondent dislikes that her parents are forcing her to join a religious organization. Three respondents struggle with not being close to their family. Three respondents reported that they are concerned about their

parent's drinking habit. Two respondents experienced loss when a family member passed away from non-COVID-19 complications. Two respondents have family members who were imprisoned due to drug-related charges, one of whom experienced police harassment. One respondent is a mother and is struggling with early pregnancy and marriage. One respondent dislikes that his parents practice corporal punishment. Lastly, one respondent was infected by COVID-19.

Table 26. Adolescents' coping strategies for family stressors						
	Total **(N=55)**		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Seeking material support from friends, neighbors, government, NGOs, and other social support systems	**18**	**33%**	5	6	1	6
Passive coping *(Pagtanggap sa kalagayan)* or forbearance *(Pagtitiis sa kalagayan)*	**18**	**33%**	8	1	5	4
Cognitive reframing/framing difficulties as challenges that can be overcome	**11**	**20%**	1	2	2	6
Social media	**8**	**15%**	2	2	2	2
Seeking emotional support	**7**	**13%**	2	3	1	1
Helping/engaging in sideline to cope with financial problem	**6**	**11%**	2	2	0	2
Complying with household chores	**5**	**9%**	1	0	2	2
Spiritual practices	**5**	**9%**	2	1	1	1
"Pag-aawat" or stopping parents' quarrels	**4**	**7%**	1	1	0	2

To cope with the family's financial difficulties, many (33%) sought material support from friends, neighbors, government, NGOs, and other sources, such as the Church. Relatives outside the household are also a common source of monetary support. Loans or "utang" from neighbors, wet markets, and sari-sari stores are also common, with or without interest. The national government instructed local government units to provide "ayuda" or financial assistance, either in-kind or in cash, depending on the locality. The Department of Social Welfare and Development (DSWD) also continued to support previous 4Ps beneficiaries. Lastly, local churches conducted relief operations to provide gift cheques to members of the community.

Aside from seeking material support outside the family, 11% of the adolescents actively helped address the family's financial needs by looking for a source of income. To augment the family's income, a few provided online tutorial services, others babysat and helped other households with chores, while some did data encoding and freelance editing. One respondent helped an older member of the household sell clothes online. Another respondent established a vape juice business and built computer rigs. A participant was briefly employed at a calendar factory.

Passively coping with or accepting the situation is another common response to household difficulties (33%). Many adolescents recognize that they cannot directly help the family's financial difficulties. So instead, they took their studies more seriously so they can secure a good job in the future to lift their families out of poverty (makahaon sa hirap). Passive coping is more common when responding to interpersonal conflicts at home. Those who have conflicts with their parents respond by staying silent. They may also comply with the demands of their parents, such as when the conflicts arise from household chores. Among those who reported that their other household members quarrel with each other, the teens said that they either let them be or actively mediates *(pag-awat)* when the fight escalates.

Respondents who squabble with their siblings tend to immediately resolve it, even when no one explicitly apologizes. "*Nagkakaaway pero saglit din naman po yung mga away na 'yon. Parang after ng away na ganon, nagkakalaro na lang po kami, magkakausap na po* (We fight but only for a short while. After the fight, we play and start talking to each other again)." Some adolescents (20%) frame their current problems as challenges they will overcome. Some (15%) also explicitly mentioned de-stressing by scrolling through social media, listening to music, and playing online games. A few (13%) seek emotional support from friends or family. They share their feelings to friends who are in similar situations. They are also comforted by family members when they have a problem. The adolescents themselves may also be a source of comfort to younger members of the household. A few said (5%) they pray so the burdens of their problem may be eased.

The adolscent's social life

Table 27. Social life stressors for adolescents						
	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Decrease in communication frequency/duration with friends	22	40%	6	8	1	7
Change/decrease in friendship quality	10	18%	3	3	2	2
Interpersonal conflict with friends/partner	10	18%	3	1	1	5
Loss of or stopped communication with friends	8	15%	3	2	0	3
Non-participation in organizations/team/community groups	6	11%	2	3	0	1
Romantic breakup during the pandemic	3	5%	0	2	1	1
Trash talking	2	4%	0	0	2	0
Difficulty in long distance relationship	2	4%	0	0	1	1
Bullying or cyberbullying	2	4%	1	1	0	0

Table 27. Social life stressors for adolescents			Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
	Total (N=55)					
Friend infected with COVID-19	**1**	2%	0	0	0	1
Disrespectful strangers online	**1**	2%	0	1	0	0
Unable to go out because of strict parent	**1**	2%	0	1	0	0

Note: *The counts only include those perceived to be challenging to adolescents*

A common issue in the adolescents' social life is the decrease in frequency or duration of communication among friends (40%). More girls see the lack of communication as a problem than boys. Half of the girls (50%) share this perception compared to only a third of the boys (30%). Table 27, however, only includes counts of issues participants perceive to be challenges to or difficulties in their social life. It does not include the count of issues that they experience but do not really bother them. One example is a reduction in the communication among friends that does not negatively affect the friendship. About 18% of the adolescents noted a decrease in the quality of their friendship. *"Yung mga ibang friends ko po dati na sobrang close medyo nawawala na po yung closeness. Mas sanay po kami noon, syempre po sa labas. Pero ngayon hindi na po nakakalabas nawawala na po yung parang closeness. Pero okay naman, nagkakausap pa rin, nagkaka-chat* (I am no longer as close to my friends with whom I was tightly knit before. We're more used to going out. Now since we can't go out, we've drifted apart. It's still okay we can still talk and we can chat). In addition, **18%** of the participants have ceased communications with their friends, and this issue primarily affects more girls than boys.

About 18% of the participants cited mild interpersonal conflicts with their friends or romantic partners. These conflicts include *'tampuhan'* (sulking) *'banas'* (frustration) when playing or losing in games as well instances of jealousy and of jokes taken seriously by the romantic partners, among others. A few participants (5%) also experienced a romantic break up during the pandemic.

Eleven percent (11%) of the participants found the loss of participation in organizations to be a problem in their social life. Those belonging to a religious organization were unable to meet with other members, as well as attend worship activities. Due to the shift to online classes, members of sports organizations in school were unable to train with other members, too. *"Mahirap din po. Hindi po makapagkulitan, wala pong basketball.* (It's hard to be playful when there is no basketball)." More girls than boys see this as a problem. Some boys who said they were members of student organizations or athletic teams before do not see the loss of participation in these groups as a problem.

Other issues in their social life include: 'trash talking' (hurling insults while gaming), having a friend infected with COVID-19, disrespectful strangers online, inability to go out because of strict parents, and difficulty in sustaining a long-distance relationship. Two participants were victims of bullying and cyberbullying by those they personally knew. One respondent had always struggled with being mocked by her peers due to her mother's mental health condition and her family's financial situation. *"Mama mo baliw, tapos minsan dinadamay nila pati si lola. Inaasar po nila si lola kasi nagtitinda lang po ng palitaw* (Your mother is crazy. They also mock my grandmother just because she sells rice cakes)." Another child was

cyberbullied during the pandemic when her old friends and significant other hacked into her school account to make it unusable. She couldn't attend classes for one week until she was able to make a new account.

Table 28. Adolescents' coping strategies for social life stressors						
	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Maintaining physical visits to friends	17	31%	0	2	5	10
Increased communication through chat in lieu of physical interaction	12	22%	4	4	3	1
Passive coping (Pagtanggap sa kalagayan) forbearance (Pagtitiis sa kalagayan)	10	18%	2	1	2	5
Adjustment and compromise during interpersonal conflicts with friends or partner/Direct conflict resolution with friends or partner	9	16%	1	1	2	5
Engaging in self-soothing hobbies	7	13%	4	2	0	1
Seeking emotional support from social support systems	5	9%	1	2	0	2
Joining online communities	2	4%	1	1	0	0

All adolescent participants in this study continued to communicate with at least one of their friends through online messaging or mobile phone texting. Many adolescents (31%) also maintained physical visits to friends who live nearby as way to cope with stressors in their social life during the pandemic. This approach is particularly favored by older male teens. These physical visits are typically accompanied by gaming. While all have maintained communications through online chatting, 22% of the participants reported increased in the frequency of their online communication with friends in lieu of physical interaction. "*Medyo araw araw po, lalo na kapag-stress sa module tapos kailangan ng kadamay* (It's almost every day now, especially if I am stressed with modules and I need someone to share it with)."

For issues like decrease in friendship quality, some (18%) take a more passive form of coping or essentially forbearance or pagtitiis. Others engage in self-care hobbies such as watching anime and scrolling through social media to distract themselves when they miss their friends or experience interpersonal conflict.

To resolve interpersonal conflicts, many teens take a direct conflict resolution approach (16%) where issues (such as jealousy, '*utang*', or '*tampuhan*') are raised with friends and/or romantic partners. "*Siya po yung nag sosorry, di po sya pumapayag na matagal mag-away, isang oras pa lang okay na kami* (my partner is always the one who apologizes. She won't let us squabble for long. After one hour, we're already in good terms)." Other coping strategies include seeking emotional support and advice from friends as

well as joining online communities such as online 'fandoms' of a celebrity they like. *"Nagpa-advice din ako tapos sabi niya baka daw sadyang ganun lang, sabi niya ipa-try mo kayang sabihin 'yung nararamdaman mo, baka sakaling maging okay pa kayo* (I ask for advice and my friend said maybe things are just the way are. My friend asked me to try expressing how I feel and maybe then we'll be okay)."

The adolescent's education

Table 29. Education stressors for adolescents						
	Total **(N=55)**		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Difficulty in understanding learning materials	**26**	**47%**	10	8	4	4
Poor internet connection	**25**	**5%**	4	6	7	8
Workload	**12**	**22%**	0	4	1	7
Lack of funds for data load	**9**	**16%**	2	0	4	3
Lack of gadgets	**7**	**13%**	3	2	0	2
Motivation problems	**7**	**13%**	0	2	4	1
Other gadget issues (lagging, inappropriate for subject)	**6**	**11%**	2	0	0	4
Distractions	**4**	**7%**	0	0	2	2
Gadgets are shared among household members	**3**	**5%**	3	0	0	0
Missing class	**3**	**5%**	0	0	0	3
Lack of space in the house to do projects	**1**	**2%**	0	0	0	1
Unable to go out because of strict parent	**1**	**2%**	0	1	0	0

The most common concern for education is difficulty in understanding learning materials (47%), including their modules, lessons, or instructions given by their teachers. *"Sobrang hirap po ma'am, kasi yung ibang mga lesson hindi ko rin po naiintindihan* (It's been very difficult, there are lessons I don't understand)." Adolescents have complained about their unanswered questions, making it harder for them to understand instructions and grasp concepts. *"Ako po marami po akong tanong, may mga bagay din po akong hindi maintindihan. Nahihirapan po akong magsagot sa mga module* (I have so many questions, there are many things I cannot understand. I find it hard to answer the modules). "

About 45% of the adolescents experience poor internet connection. *"Kahit po meron po yung school na nabigay na data po para po makasali kami sa mga meetings, medyo nahihirapan din po sa signal* (Even if our school gave us data to connect to our online meetings, it is still difficult to get a signal)." This hinders them from attending their classes with ease. They often encounter issues such as lagging, constant buffering and stuttering, and continuous loading screens. About 22% of the participants struggled with heavy workload, which affected older adolescents more.

Although the internet is accessible through WiFi and mobile data, 16% of the participants are unable to go online due to lack of funds for data. To reduce mobile data usage, they limit their class attendance. This hinders them from accessing learning materials and attending their online classes. Aside from internet connection, gadgets are also concerning for students since this is their main tool for distance learning. About 13% of the participants reported gadget issues. Lagging is caused by a slow performing gadget that causes mobile applications to be unresponsive or slow. Some gadgets are also inappropriate for certain subjects, like the case of one respondent who has an animation class requiring them to draw but only uses a phone with a small screen. *"Android lang po. Nagse-sketch po kami sa cellphone tapos isi-screenshot po, tapos doon na namin ipapasa. Bale ayun na po 'yung assignment naming kapag natapos po iyong sketching po* (I have an android phone. When we sketch using the cellphone, I take a screenshot and submit it using the phone, too. That's already the assignment when we finish our sketch)."

About 4% of the respondents experience technical issues with their gadgets because they are not proficient with technology. About 5% do not have a gadget of their own, which limits their ability to attend classes, access their learning materials, and research concepts. *"Medyo nahihirapan po kasi po wala pong magamit sa pang-research kasi wala po akong cellphone* (It's hard because I have no tool for researching since I don't own a cellphone)."

About 13% of the respondents indicated that they have motivation problems. This mostly affects males. The girls mentioned disliking the nature and method of their requirements, believing that it is too much to ask for this mode of learning. *"Sobrang hirap din po talaga 'pag online class kasi yung iba po naming kaklase, hindi po sila nakikipag-cooperate* (It's really hard to do on class online because our other classmates do not cooperate)." The boys mentioned feeling *"tamad"* (lazy) to do their schoolwork. About 7% participants, all of which are boys, mentioned being distracted from doing their modules. They prefer to play on their phones or scroll through the internet over accomplishing their schoolwork. *"Yong cellphone po, bigla po mapupunta sa fb, sa Youtube, sa Roblox* (When I use my cellphone, I would suddenly be in FB, Youtube, or Roblox)."

Other problems the adolescents cited include missing classes and lack of a quiet space at home. Five percent (5%) of the participants miss their classes sometimes due to lack of sleep. Aside from this, one respondent complained about his home not being conducive for online learning due to the loud environment and distractions outside.

Table 30. Adolescents' coping strategies for stressors to education						
	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Asking for help from family members/non-classmate friends/ neighbors	24	44%	9	3	8	4
Asking for help from teachers/ classmates	20	36%	5	4	2	9

Table 30. Adolescents' coping strategies for stressors to education						
	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Passive coping *(Pagtanggap sa kalagayan)* forbearance *(Pagtitiis sa kalagayan)*	**12**	**22%**	1	0	5	6
Self-study or research	**9**	**16%**	2	4	1	2
Developing time management/ productivity systems	**9**	**16%**	3	3	0	3
Engaging in self-soothing hobbies to deal with stress	**5**	**9%**	0	3	2	0
Focusing on modules/activities instead of online classes	**3**	**5%**	0	0	1	2
'Hiya' dynamics (dynamics of embarrassment)	**3**	**5%**	0	0	1	2
Cognitive reframing/framing difficulties as challenges that can be overcome	**2**	**4%**	0	2	0	0
Motivation due to financial considerations	**2**	**4%**	0	0	0	2

For their concerns on education, the most common way the adolescents cope is by asking help from family members, friends who aren't their classmates, and neighbors (44%). Younger adolescents tend to seek help from their family more so than the older adolescents. They ask help from their older siblings, cousins, parents, and other older members of the household, usually in answering their modules. Parents and primary caregivers also act as their teacher at home. Older adolescents, meanwhile, prefer to ask for help from their friends/classmates or the teachers themselves (36%). They ask their classmates for screenshots of lecture slides. They also work together with their classmates when they struggle with an activity. *"Yung isa ko pong kaklase, nag-uusap po kami kung tapos na ba module mo, okay lang ba module mo, maayos lang ba yung pagsagot mo. Pero hindi po kami naglalabas ng mga sagot* (I talk with a classmate, and we ask each other if we're done with the module, if it's okay and if we answered it properly. We don't give each other the answers to the module, though)." The teacher is also essential. They ask their teachers for clarifications, as well as deadline extensions when the workload is too heavy. *"Kapag nahuhuli po ako sa mga lesson, nagtatanong na lang po ako sa teacher ko. Then ako na po bahala kung papaano ako makakasabay* (When I can't catch up with the lesson, I just ask my teacher. Then I find ways to keep up)."

Although some adolescents can seek help from their social support systems, there are also adolescents who passively cope with their problems (22%). This is more common among males and is usually a response to internet connectivity or gadget problems. They either wait for the signal to be better or wait for their gadget to be responsive. When they have no one to get help from, adolescents also respond to education stressors by passively coping.

Some adolescents take the initiative to learn on their own. About 16% review and familiarize themselves with concepts through Google searches and YouTube tutorials. Those who have online classes also revisit their teachers' pre-recorded lectures. Around 16% also developed time management and productivity systems. This includes prioritizing their education over playing games, making to-do lists, pacing their activities, and the use of productivity mobile applications. "*There's a lot of apps which you can use po na parang scheduling and then you can also write it po* (There's a lot of apps we can use that includes scheduling and then you can write it, too)."

Those who have limited access to online learning materials and classes focus on their offline activities (5%). To reduce their stress levels, 9% of adolescents listen to music while they answer their modules. For motivation, 5% continue studying to avoid feeling *"hiya"* (embarrased) over being left behind by their peers and not knowing the answer when called by a teacher. "*Napapahiya na po kasi ako noon dati na nagre-recitation po. Yung nag-eexplain ka sa harap napapahiya ka madalas kasi mali-mali po yung ine-explain.* (I have been embarrassed before when I had to recite in class. I explained in front of everyone, and I was ashamed because I often gave the wrong explanations)." About 4% look at their struggles as challenges they need to overcome because this is the path to achieving their hopes and dreams. About 4% also continue to study to justify the investment their parents made on their education. "*Kailangan pa rin po matuto kasi gagraduate ka ng first year college nang walang alam. Sayang yung binigay sa iyo ng magulang mo para makapag-aral* (We need to learn because if not you'll finish your first year in college knowing nothing. That's wasting what your parents gave you to study)." They also do this to help their family in the future financially. "*Gusto ko pong makaahon po kami sa hirap* (I want us to get out of poverty)."

The adolescent's physical health

	Total (N=55)		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Table 31. Adolescents' eating habits						
Able to eat adequately (as of time of interview)	**45**	**82%**	9	13	9	14
Identified nutrition problems	**10**	**18%**	5	1	1	3

To know more about the adolescent's physical health, this study explored their food adequacy, sleep, and exercise. About 82% participants were able to eat adequately (three or more times a day) at the time of interview. However, 18% participants were food insecure at least once during the pandemic. They experienced days of eating only once or twice in a day due to the financial difficulties their families were facing. "*Hindi po kami minsan kumakain. Isang beses lang po kami kumakain sa isang araw* (Sometimes we don't eat. We only eat once a day)." Some participants, while not food insecure, also face the issue of poor nutrition. Their staple meals are not nutritious but affordable, such as instant noodles and tuyo (dried fish). "*Parang pag tuyo lang, parang may hinahanap po ako na ulam—parang may hinahanap po ako ganon. Parang kulang po sa sustansya minsan yung kinakain ko* (When we just eat tuyo, I still look for other food, I feel like looking for something else. It seems that our food sometimes is lacking in nutrients)." The issue of food nutrition, however, was generally not probed in the interviews.

Table 32. Adolescents' physical health (sleeping habits, exercise, substance use)				Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
		Total **(N=55)**					
Sleeps 8 hours or more a day?	Yes	**31**	**56%**	5	4	8	14
	No	**24**	**44%**	9	10	2	3
Exercises?	Yes	**27**	**49%**	9	9	2	7
	No	**28**	**51%**	5	5	8	10
Smokes/drinks/drugs?	Yes	**1**	**2%**	0	0	0	1
	No	**54**	**98%**	14	14	10	16

About 56% of the participants can sleep for eight or more hours each day. However, 44% do not. This mostly include girls, where half do not have sufficient sleep. This lack of sleep is often attributed to overwhelming schoolwork and their overthinking. *"Tuwing natatapos po ako sa school works ko, mga 12:00 AM. Gustuhin ko mang matulog agad, hindi naman po nakakatulog kasi nag -o-overthink pa po ako. Hindi ko po alam. 12:00 AM po ako usually natatapos. Natutulog po ako 4:00 AM, 3:00 AM* (I finish my schoolwork around 12:00 AM. I can't sleep even if I try because I overthink. I don't know. I usually finish at 12:00 AM. I sleep around 4:00 AM, 3:00 AM)." One participant believes that she lost weight due to lack of sleep. *"Medyo bumagsak po yung timbang ko kasi nga po yung laging nagpupuyat. Minsan yung oras po ng kain hindi nasasakto talaga kasi late na kumain* (My weight fell because I hardly sleep. I can't eat on time most of the time)."

Almost half of the participants (51%) also do not exercise, nor do they have consistent physical activities. For those that do, these exercises include biking, jogging, push-ups, Tiktok dances, and engaging in PE/ MAPEH classes that require them to exercise.

The adolescents also noted the issue of weight changes (16%), with the majority of this being weight gain (13%), presumably due to the more sedentary lifestyle given the pandemic restrictions. Other medical conditions noted include those already pre-existing (allergies, high blood sugar level, luslos/hernia) and those developed over the course of the pandemic, such as stress-related symptoms (one participant suffered flu-like symptoms due to stress, another had headaches due to not sleeping enough), as well as other issues such as eyesight deterioration and lethargy.

The adolescents' mental health and emotional profile

Table 33. Frequency table for anxiety/fearfulness/nervousness among adolescents			Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
	Total **(N=55)**					
Hindi kailan man naramdaman (never felt)	**12**	**22%**	0	3	6	3
Bihirang naramdaman (rarely felt)	**34**	**62%**	10	8	4	12
Maraming pagkakataong naramdaman (often felt)	**6**	**11%**	4	2	0	0
Palaging naramdaman (frequently/ all of the time)	**2**	**4%**	0	1	0	1

Note: *missing counts are for responses that did not follow the four options*

The adolescents (62%) most commonly said that they seldom felt (bihirang nararamdaman) anxiety/ fearfulness/nervousness. Common reasons for this response are the occasional anxiety that comes from modules and online classes. About 22% participants report not having felt anxious/fearful/nervous in the past 30 days. A few (11%) participants responded with *"maraming pagkakataon nararamdaman* (often felt). All who responded this way are girls who commonly said the modules/classes are the reason for their anxiety.

About 4% of the adolescent said they always feel anxiety/fearfulness/nervousness (palaging nararamdaman). The lone male adolescent who responded this way said that he felt nervous, even over the simple things. *"Kahit mga simpleng bagay, kapag ka po andiyan na pulis, pero nasisilayan lang sa labas, mga ganoon po. Minsan parang bigla akong kinakabahan pero hindi naman po talaga ko nerbyoso. Pero madalas po kasi sa akin kahit simpleng bagay bigla po akong ninenerbyos tapos mas magiging kalmado po ako* (Even simple things make me nervous like when there's a police officer, even when I just catch a glimpse of them, I would suddenly get nervous. I wouldn't say I'm a nervous person. But even simple things make me nervous, although I immediately feel calm after those events)." The other respondent, a female, who said she always feels this way said she suffers from panic attacks. *"Iyong heartbeat ko po, mabilis tumibok tapos parang naiiyak po ako agad. Ewan ko po kung ano, umiiyak lang po ako agad. Naiiyak lang po ako agad habang nagppanic attack. Tapos pautal-utal* (My heart beats so fast and then I start to cry. I don't know why, but I just start to cry. I just cry when I have a panic attack. I also start to stutter)."

Table 34. Frequency table for calmness among adolescents						
	Total **(N=55)**		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Hindi kailan man naramdaman (never felt)	**0**	**0%**	0	0	0	0
Bihirang naramdaman (rarely felt)	**5**	**9%**	0	2	1	2
Maraming pagkakataong naramdaman (often felt)	**27**	**49%**	9	9	2	7
Palaging naramdaman (frequently/ all of the time)	**20**	**36%**	5	3	6	6

Note: *missing counts are for responses that did not follow the four options*

For the frequency of feeling calm *(panatag ang loob)* in the past 30 days, 49% responded with *maraming pagkakataon nararamdaman* (often felt) and 36% palaging nararamdaman (always felt). Their reasons include overcoming their stressors (i.e., feeling calm after having passed their modules, or knowing what to do during classes, therefore not stressing about it). Some also point to their lack of stress. *"Kasi po wala na mang bumabagabag sa isipan ko kaya po kalmado lang po talaga* (I feel calm because nothing is disturbing my mind)." Some said that their daily prayer makes them feel calm.

About 9% participants responded that they rarely feel calm *(bihirang nararamdaman),* commonly because of the class workload. No respondent replied with *hindi kailan man naramdaman* (never felt) calm in the past 30 days.

Table 35. Frequency table for sadness among adolescents			Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
	Total (N=55)					
Hindi kailan man naramdaman (never felt)	**10**	**18%**	0	0	7	3
Bihirang naramdaman (rarely felt)	**29**	**53%**	8	9	3	9
Maraming pagkakataong naramdaman (often felt)	**12**	**22%**	6	4	0	2
Palaging naramdaman (frequently/ all of the time)	**2**	**4%**	0	1	0	1

Note: *missing counts are for responses that did not follow the four options*

Ten or 18% of the teens reported not feeling sad in the past 30 days. All those who responded this way are males. They said they felt this way because *"Wala naman pong nakakalungkot sa bahay po* (There is nothing to be sad about at home)" or *"Kasi okay naman po ang buhay po* (My life is okay)." Some of the respondents (18%) said they did not feel sad at all. For them, they did not perceive as sadness the negative events or irritants that happened to them. This can actually mean that they do not remember being sad (no remembered salient sadness) the past 30 days from the date of the interview, rather than no actual sadness.

The teens (53%) most commonly said that they seldom (bihirang nararamdaman) felt sadness in the past 30 days. These occasional moments happen when they remember a deceased father or worry that the grandfather might have COVID-19. These moments also happen when they have interpersonal conflicts with a romantic partner or with peers. Some teens report to sometimes overthink (pag-iisip ng malalalim).

Additionally, 22% participants responded that they feel sad often (maraming pagkakataon). Those who responded this way commonly report overthinking, particularly of their top stressor (e.g., difficulties in classes, social life, or family life).

There is clear gender difference in the feeling of sadness: Not one of the female respondents reported not feeling sadness in the past 30 days, while 10 male respondents reported they did not feel sadness. Ten (10) females also reported feeling sad often (maraming pagkakataon) compared to only two males.

Two or 4% of the participants reported regularly feeling sad (palaging nararamdaman). One participant who responded this way said his father passed away weeks before the interview took place and he also worries about his grades in his classes. The other participant, meanwhile, said that the sadness would just come to her. *"Minsan pumapasok na lang sa 'kin, sa isipan ko* (sadness just comes to me sometimes)." This problem includes the feeling of pressure from the parents' expectations.

Table 36. Frequency table for happiness/joy among adolescents			Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
	Total (N=55)					
Hindi kailan man naramdaman (never felt)	0	0%	0	0	0	0
Bihirang naramdaman (rarely felt)	5	9%	3	1	0	1
Maraming pagkakataong naramdaman (often felt)	16	29%	7	5	1	3
Palaging naramdaman (frequently/ all of the time)	30	55%	4	6	9	11

Note: *missing counts are for responses that did not follow the four options*

Most of the adolescents said that they always feel (palaging nararamdaman) happy or joyful in the past 30 days. They said this is because they are with their family and friends, or are able to pursue their goals. "*Masaya naman po buhay ko kasi palagi ko naman po kasama kapamilya ko po tapos palagi naman po kami nag-uusap ng mga kaibigan ko* (My life is happy because I am with my family, and I always talk to my friends)." They feel happy because of the lack of stressors, too. "*Palagi ko pong nararamdaman kasi wala naman pong dahilan para maging malungkot* (I always feel happy because I have no reason to be sad)." Others feel this way because they just have a cheerful/optimistic disposition. One participant, for example, said that he is happy everyday when he wakes up because "*panibagong umaga, panibagong araw* (new morning, new day)."

About 29% of the participants said they often feel happy (maraming pagkakataon nararamdaman). They said this is because, they have their families and friends with them, as well as gaming, romantic partners, and hobbies.

Five or 9% of the respondents said they seldom *(bihirang nararamdaman)* feel happy. Four female teens and one male teen said this. The latter said he is only happy when he is with his friends, which is not very often. The female adolescents had different reasons behind this answer. One of the girls is bored at home because she is unable to see her friends. The other female teens reported just overcoming their stressors recently, so most days they have been thinking deeply about their problems but have since felt a period of happiness afterwards. For example, one participant was sad when she thought her friends were moving away but was relieved when this did not push through. "*Nalaman ko po na hindi na po sila tuloy na uuwi ng probinsya kasi po naubos na daw po pera nila kaya po umupa na lang daw po sila ng bahay doon kaya po nagkikita pa po kami* (I learned that they will not move to the province anymore because they no longer have money. They just rented a house here so we still see each other)."

Two individuals were not able to answer this question. One said she does not remember when she last felt genuine happiness. "*Hindi ko po alam. Yong genuine happiness po na sinasabi niyo, parang hindi ko po alam* (I don't know. I cannot explain genuine happiness. I do not know anything about genuine happiness)." The other said he does not to know what happiness is or what it is like to be happy. "*Hindi ko po alam. 'Di ko po alam kung anong masaya, 'di ko rin po alam kung paanong maging masaya* (I don't know. I do not know what happiness is. I do not know how to be happy)." See Appendix 1, page 128 Narrative Cases, for a longer description of this participant's case.

Table 37. Frequency table for hopelessness among adolescents						
	Total **(N=55)**		Female 13-15 (N=14)	Female 16-18 (N=14)	Male 13-15 (N=10)	Male 16-18 (N=17)
Hindi kailan man naramdaman (never felt)	**43**	**78%**	11	11	10	11
Bihirang naramdaman (rarely felt)	**10**	**18%**	2	3	0	5
Maraming pagkakataong naramdaman (often felt)	**1**	**2%**	1	0	0	0
Palaging naramdaman (frequently/ all of the time)	**0**	**0%**	0	0	0	0

Note: *missing counts are for responses that did not follow the four options*

Despite the pandemic and the resulting restrictions, most (78%) of the adolescent participants did not feel hopeless in the past 30 days.

Ten or 18% of the adolescents replied that they seldom felt hopeless (bihirang nararamdaman). They cited various instances and reasons. One participant feels a sense of hopelessness whenever his mother and her partner fight. "*Tuwing nag-aaway po sila mama, naaalala ko na na halos maiyak na lang po ako sa sobrang lungkot* (Whenever my mother and her partner argue, I remember being on the verge of tears because of extreme sadness)." He associates these fights with the ones his mother had with his biological father before they separated. Another said he sometimes feels hopeless at night, when he thinks deeply of how the pandemic has impacted him. "*Hanggang ganito na lang po ba? Andami po kasi talagang nagbago simula noong nagkaroon ng COVID-19. Hindi ko na po nagagawa yung mga gusto kong gawin dati* (Is this all it will ever be? So many changes have happened because of COVID-19. I haven't done what I wanted to)." One respondent shared how he occasionally overthinks. "*Kapag masyado pong malalim talaga yung naiisip ko* (When I think too deeply)." Particularly, he thinks about the repetitiveness during the pandemic. A teen also related how he spent his birthday late, and with only a few people. Another narrated how there was a brief period during the quarantine where he did not have a phone and was not able to entertain himself or stay connected to friends.

Another participant also felt extreme sadness during the New Year 2021 because they could not have their usual family gathering, as her grandfather was admitted to the hospital due to heart problems. Another one felt this when she thought her neighborhood friends would move away. A teen also experiences this when she feels the pressure of her family expectations and how she is compared to her cousin. "*Minsan po nag-ca-cause po siya ng pressure kapag nag-co-compare po. Naaano po ako lalo na po pag nagsabayan po sila 'di ba? Nasabayan na yung comparing po tapos po yung masasakit pong words na nasasabi po* (I feel pressure when I'm being compared to someone else, especially when this comparison is accompanied with hurtful words)." Another participant said she feels hopeless when she thinks about all the people affected by the pandemic and other disasters. "*Nung pagkadating po ng COVID-19, tapos yung mga nasalanta ng bagyo, nasunugan* (When COVID-19 arrived, and then there are those who were affected by typhoons and fire)."

One female participant reported feeling hopeless many times (maraming pagkakataon). She said that she tends to overthink, and when she does so, she feels extreme sadness. Sometimes she asks herself if she can still live through the next few days. Although she feels this way sometimes, she reminds

herself to not lose hope. *"Kapag minsan hindi ko na maintindihan sarili ko, ganun kapag nag-o-overthink, kung kung okay pa ba ako? Bukas ba kaya ko pa? Pero lagi ko lang po iniisip na don't lose hope* (Sometimes I no longer understand myself when I overthink. Am I still okay? Can I still make it tomorrow? But I always remember to not lose hope)."

Generally, hopelessness is not prevalent among the participants. Almost all teenagers readily responded that they have something to look forward to. Common responses include looking forward to graduating, getting the job that they want and being able to help their family, as well as for COVID-19 to end. They also look forward to bonding and doing activities again outside the home with their friends and families and for things to go back to normal.

Red flags

Four male adolescents exhibited red flags—worrying behavioral, mental, developmental, or external issues that they experienced at the time of the interview. One participant is a 14-year-old male, who has a history of violence (i.e., suntukan or physical fights). The latest incident was a physical fight with his cousin with whom he lived, after an argument between the two. This participant reported three other violent incidents in 2020 when he was either the first to throw a punch or when he was the first to be punched. While he feels sad during these fights and knows that he is hurting other people, he does not fully comprehend the potential severity or effects these may have on the victims. This may be in part due to his developmental stage, and also in part because he views suntukan or physical fights as a normal response to quarrels or antagonism.

Another male teenager (13 years old) has a worrying family dynamic. He is a victim of physical fights from his brother who has mood swings and violent outbursts. The participant believes he may have depression. He said that *"Minsan na lang naman po kasi siya magalit. Pag nagalit po kasi siya, galit na galit po. Minsan po sinisipa ako sa tiyan. Kaya po napapalo po siya kapag umuuwi po si mama* (He seldom gets mad. But when he does, he goes into a rage. Sometimes he kicks me in the stomach. That's why my mom spanks him when she gets home)." Additionally, his parents dole out corporal punishment to him and his brother, and hits them with a hanger or a broom. He says that his mother brings him food after as an apology.

Another male teenager (16 years old) feels detached from his family, and explicitly withdraws from them. He said that he observes his family's behaviors and finds many of these behaviors frustrating or irritating. He expressed a desire to return to normal and appreciate his family better, but he says that he doesn't know how to do so. Further, while the detachment may just be a yellow flag, an alarming dimension to this case is how he responds to questions about happiness—that he doesn't know what it means to be happy and he can't point to instances of happiness either with his family members, or in general.

Four female adolescents also exhibited red flags, which are further explained in Appendix 1. One teenager is a 17-year-old with a husband (20 years old) and child (9 months old). She stopped schooling at Grade 11 and currently works as a parcel packager. She believes that she experienced postpartum depression and has had thoughts of not wanting to live anymore.

Another teenager is a 16-year-old Grade 11 student experiencing daily insomnia, crying spells, overthinking, and feelings of anxiety/panic. She was tearful multiple times during the interview, particularly during the parts about parental expectations and not being able to go out with friends. Among all areas in her life, she is most concerned about her mental well-being—mainly caused by the aforementioned problems in her family and social life.

One of the respondents, a 14-year-old child, is living with her mother who has a history of mental illness. During the pandemic, her mother was unable to receive consistent medical attention, which aggravated her mental health problem. The family is unable to afford her medication since their breadwinner, the child's grandmother, is out of work as a street vendor due to quarantine restrictions. The child has resorted to babysitting her neighbors' children. They provide her necessities, including food, housing, the gadget she uses for school, and an additional fifty pesos for helping to take care of the children and doing the household chores.

A 16-year-old respondent is struggling with the constant pressure from her family. She has had thoughts of self-harm whenever her family compared her to other relatives they deem successful.

Yellow flags

One male teenager (17 years old) feels invisible in his family/household environment. While various probes show that his relationships with his parents and brothers seem satisfactory (he notes no notable quarrels with them), there seems to be an air of detachment in the household environment. The participant says there are no special bonding' moments. For example, they do not normally eat together. Interestingly, he is not distressed about his invisibility. He seems to be naturally introverted, does not like attention, and says that he finds contentment in solitude (*mapag-isa* or a loner). In fact, he stresses more about modules and his social life rather than his family environment. Despite this non-distress, this yellow flag is still concerning, especially since the participant also mentions of incidents when he releases emotions (i.e., that he would cry) and incidents which he believes he 'resets' himself to cope with his various stressors.

One participant (13 years old, male) is scolded by his mother almost every day, while another participant (18 years old, male) is shouted at by his mother. Another male adolescent was corporally punished once by his mother, and reports of instances of his father going berserk (nagwawala) after drinking, although he says that these were never physical.

Three male teens were observed to give minimal attention to their classes; the family of one of the teens even asked him if he still wants to continue schooling. All three cited the difficulty in adjusting to online classes. One of them spends his time gaming rather than attending his classes.

Another yellow flag (although neither the participant, nor his family views it as a problem or an imposition) is the case of a 13-year-old child tasked to take care of his younger siblings during weekdays when his parents are out of the house working. He cooks, bathes his two younger siblings and puts them to sleep in afternoon. He says that he doesn't mind this. His siblings are easy to take care of and are responsible.

Four female adolescents outlined various mental health-related concerns deemed as yellow flags and three other female teens detailed issues with their parents. One child complained of experiencing anxiety and insomnia. Another child described extreme sadness at night (matinding kalungkutan tuwing gabi). Yet another child could not remember the last time she felt happiness. One child shared feeling extreme sadness during New Year's Day 2021 which they couldn't celebrate the way they used to.

In terms of parental-related flags, one child described her mother getting drunk from alcohol whenever she missed her husband/the child's father. *"Na-stress ako kapag lasing po si Nanay. Minsan lang po, pag may okasyon, ganon. Minsan po pag lasing naiyak. Siguro kasi po wala si Papa* (I feel stressed when my mother is drunk. This only happens occasionally. When she is drunk, she cries. Maybe it is because my father is not around)." Two participants also mentioned parental fighting, with one of the teens saying their parents' anger is projected at them through hurtful words. "*Minsan po yung nagkaka-conflict sila, nadadamay kami. May hindi lang po kaming nagawang ganto-ganyan, sa 'min na po ibubuntong yung galit nila pero hindi po nila kami pinapalo. Ano po puro po mura po nila naririnig namin 'pag mainit talaga yung ulo nila like 'lintik' po gano'n* (Sometimes we get dragged into their fights. If we fail to do something, they vent their anger on us, but they don't hit us. We hear them curse all time when they are mad)."

Green flags

Many male teenagers displayed 'green flags.' Many showed a happy or optimistic disposition, and these teens are relatively unstressed and actively focused on the positive rather than the negative. This is illustrated for example, when one participant said *"Opo ganoon na talaga. Pag may problema bakit papapatagalin 'yan. Problema nga* (It's just the way it is. Why should we prolong our problems?)." Another said "Hindi ko po medyo inisip 'yon. Parang hindi ko siya pinapa-stay sa utak ko (I don't think about it. I don't let it stay in my head)."

Some display good time management and a proficiency in handling their studies. Some display long-term goal directed behaviors, such as how they plan for the future, how that affects their daily routines, and how they handle their stressors such as education. Others meanwhile showed self-initiative, illustrated by the older teens who voluntarily take on jobs (either temporarily as a construction worker, or by helping their parents in their online selling) or remain frugal to help ease their household's finances. Some also display emotional maturity. They can handle complicated matters, such as the separation of their parents and choosing whom to stay with, in a graceful manner; or dealing with interpersonal conflicts with friends in an open and communicative manner.

It is observed among the female participants that those who surround themselves with family and friends were more likely to answer that they were often happy. Some of the respondents often seek support from their friends by sharing their emotions and engaging in leisure activities together. One respondent was able to find an online social circle who shared the same problems. Some also seek guidance from their parents when they need advice.

For detailed narratives of some of these cases of red, yellow, and green flags among adolescents, see Appendix 1 - Narrative Cases

<div style="background:red; color:white;">

OVERALL DATA — CHILDREN AND ADOLESCENTS

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In this section, the overall data among children and adolescents will be presented, particularly on the stressors and coping strategies in four areas: family and household life, social life, education, and physical & mental health. This will serve as an overview of the commonalities and differences between the stressors and the coping strategies of these children and adolescents in these four domains.

Family life

Table 38. Family stressors for children and adolescents				
Family Stressors	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Financial difficulties due to loss of job or income of any household member	**103**	**82%**	66	37
2. Quarrels among and between household members (including disciplining issues)	**88**	**70%**	65	23
3. Fear/worry about COVID-19	**36**	**29%**	29	7
4. Corporal Punishment	**23**	**18%**	22	1
5. Medical situation of any household member	**18**	**14%**	15	3
6. Boredom / *"Pagkakasawaan"*	**16**	**13%**	6	10
7. Affected by disaster/natural calamity (e.g., fire and typhoon)	**11**	**8%**	8	3
8. Immediate family infected by COVID-19	**8**	**6%**	7	1
9. Parental neglect, abuse, and/or conflict	**5**	**4%**	5	0
10. Drinking habit of a family member	**4**	**3%**	1	3
11. Detached or not close to family	**3**	**2%**	0	3
12. Imprisonment of family member	**3**	**2%**	1	2

The participants reported family and household environment as one of the roots of their stressors during the pandemic. These stressors were related to their financial instability, relationship conflicts among family members, issues in disciplining their child, experience of parental neglect, abuse, and the fear of being afflicted with COVID-19 virus, among others. Most the children's family members have experienced financial difficulties during the pandemic (82%). Their breadwinners experienced job loss, or a loss of income due to reduced working hours and loss of demand and customers. This financial difficulty has challenged their ability to support their needs in terms of food, educational requirements, and school supplies (e.g., gadgets, data load). Some of the children's requests are often not accommodated (e.g., food, toys). Although there are a few who have regained their jobs, financial recovery is not guaranteed because of the debt they incurred during the more troubling phase of their financial situation. Their financial burden is also compounded by the medical needs of other family members (14%), such as those with manifestations of depression, autism spectrum disorder, late growth deficiency/developmental delay, and Alzheimer's disease, among others.

Quarrels among and between household members are also common. Misunderstandings with siblings and other members of the household were reported among 70% of the children and adolescents. Things often get heated whenever there's no food at their table and they are all cash strapped, or when the adolescents quarrel over WiFi signals whenever they use gadgets. Quarrels between siblings are the least bothersome, and are often due to division of household chores, unwillingness to share with siblings, and teasing. Adult informants reported facing problems looking after their children, niece, nephew, or grandchildren. A majority have issues in disciplining the child (92%) and they mostly describe the children as *makulit* (pesky), *maldita* (mean), *pasaway* (uncontrollable), or *di sumusunod sa utos* (disobedient). The parents, guardians, or caretakers (63%) of the children mostly reprimand the children by talking to them or doing *sermon* (lecturing) to explain the misdeeds they did. Many (30%) also physically hurt their children to discipline them, either by pinching them or spanking. The adult informants do not see these instances of corporal punishment as a problem.

More children, as reported by adults (43%) felt fear and worry of being afflicted by COVID-19 more than the adolescents (10%). This includes the fear of acquiring and transmitting the virus, which is especially experienced by those who live in communities with a high number of cases. Also, the fear of being separated and isolated from their family worries them the most, along with the financial burden of being afflicted with the virus. About 6% of the participants have immediate family members infected with COVID-19. The afflicted were either the children's parents, aunts, or grandmother. Among these eight, one is a child who had to be isolated for 21 days.

In connection with the imposed quarantine, 12% shared that their families were bored and *nagkakasawaan* (getting fed up with each other) since they are all staying at home. The government protocol has restricted the families from doing their usual activities which brought challenges to their finances, social activities, and daily routine. This reported boredom is more frequently mentioned by adolescents especially when they want to meet their friends but are restricted from going out. The adolescents reported being bored at home because of the pandemic's restrictive and repetitive nature. A few also note (3%) that a drinking habit of a family member causes misunderstandings inside their household.

About 8% mentioned that their families were affected by fire and typhoon, during the time of pandemic. These incidents caused financial constraints and anxiety to parents and to the children. For those affected with fire, one family was barely left with any of their house belongings and had to start from scratch. The children who experienced having their house caught on fire are often alarmed with the sound of shouting or the scent of smoke. Some of the adolescents reported that even though they were able to repair or rebuild their homes with the help of their local government when a fire hit their area, they still worry that their house is not stable enough to withstand other calamities.

The children's relationships with their parents and other family members were affected during the pandemic as well. Parental neglect, abuse, and detached relations were mentioned. Some children were said to be neglected while their parents worked to provide for their family or while the parents were separating. One child also experienced physical and verbal abuse from his father.

Table 39. Children and adolescents' coping strategies for family stressors				
Family and Household Environment Coping Strategies	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Seeking material support from friends, neighbors, government, NGOs, and other social support systems	**89**	**71%**	71	18
2. Cognitive reframing/framing difficulties as challenges that can be overcome	**25**	**20%**	14	11
3. Passive coping *(Pagtanggap sa kalagayan)* or forbearance *(Pagtitiis sa kalagayan)*	**24**	**19%**	6	18
4. *"Dasal sa Diyos"* and spiritual practices	**20**	**16%**	15	5
5. Outsourcing income through sidelines and diskarte (strategy)	**20**	**16%**	14	6
6. Social Media use (gaming, TV, internet, etc.)	**10**	**8%**	2	8
7. Seek emotional support	**9**	**7%**	2	7
8. Pag-aawat (mediating) or stopping parents' quarrels	**5**	**4%**	1	4

Coping strategies for children in this section were mostly reported by the adult participants, while the adolescents shared they actively help out however they can. For the financial constraints and challenges experienced by the children, their family members usually find ways to address these concerns. Majority of the family members of both children and teens (71%) seek material support either from the government (e.g., *ayuda,* SAP allowance, grocery goods), from their friends, neighbors or social support system (e.g., loan or *utang,* five-six moneylending, grocery goods), or from NGOs that give in-kind donations. To make ends meet, the family members do multiple diskarte (strategies), venture into online business and selling, and apply for a new job, while some of the adolescents reported to actively help out with their family's financial struggle by looking for other sources of income. Side jobs they mentioned were online tutorial services, babysitting, helping other households with chores, data encoding, and freelance editing.

Another common response to household difficulties is cognitive reframing of their difficulties as something they can overcome (20%). Others passively cope and simply accept the situation as they are (19%). For financial difficulties, some of the adolescents recognize that they cannot help with their expenses directly, so they took their studies more seriously aiming to help the family in the future by securing a good job. The adult participants on the other hand find comfort in the fact that they are not the only family experiencing the compounding problems brought by the pandemic. Others are possibly in a worst scenario than them. Praying and joining spiritual practices also are strategies used by the family members to overcome their uncertainties and problems during the pandemic with (16%).

About 8% find comfort and entertain themselves by scrolling through social media, listening to music, and playing online games. As most of the children were described to be glued to their gadgets that may be their own or borrowed from their parents or relatives, gadget use is regulated by their parents and guardians. Only 7% of participants reported seeking emotional support from friends or family. They share their feelings to friends who are in similar situations. They are also comforted by family members

when they have a problem. The adolescents usually ignore the misunderstandings and quarrels among parents, intervening only when the quarrels escalate.

Education

Table 40. Education stressors for children and adolescents				
Education - Stressors	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Difficulty in understanding learning materials	**84**	**67%**	58	26
2. Poor internet connection	**43**	**34%**	18	25
3. Motivation problems and distractions	**42**	**33%**	33	9
4. Workload	**17**	**13%**	5	12
5. Lack of funds for data load	**17**	**13%**	8	9
6. Gadgets are shared among household members	**17**	**13%**	14	3
7. Lack of gadgets	**15**	**12%**	8	7
8. Other gadget issues (lagging, inappropriate for subject)	**6**	**5%**	0	6
9. Missing class	**3**	**2%**	0	3
10. Lack of space in the house to do projects	**1**	**.7%**	0	1

The most common concern across all children and adolescents in education is the difficulty in understanding learning materials (67%). Younger children struggle more with comprehending the content of their modules, especially those who cannot read or write well yet. Primary caregivers find it hard to guide their children, deeming the material too advanced for them, too. The adolescents, on the other hand, are accustomed to face-to-face learning and have found it difficult to adjust to the new mode of learning. They believe that they learn better when concepts are explained to them by a teacher in a classroom setting. They have difficulty understanding because they are unable to ask questions or clarifications about the material, especially those who reported to have typographical errors on their modules.

Poor internet connection was reported by respondents (34%) as another stressor. Adolescents are shown to be more concerned about poor internet connection since they are more likely to be enrolled in online learning than children. Those who struggle with internet connectivity were unable to attend classes or meetings. Some reported that they get logged out of their accounts in the middle of class. This also affects the quality of the audio and the video of lectures, so they are unable to hear or see the lessons.

Children and adolescents' motivation towards their education was also a concern. About 33% of respondents struggle with motivation and distractions. Children have shown disinterest in studying for multiple reasons. Since gadgets are heavily used in learning, they tend to get distracted more easily and they prefer to play games or scroll through social media on them. The environment is also a factor. Children do not feel obligated to study at home since they are not in school. They have also expressed frustration about their parents' teaching in the absence of a teacher.

Adolescents also struggle with being distracted by gaming. They reported feeling too lazy to accomplish their schoolwork, as well as feeling that the online classes are asking for too much. About 13% of the respondents, mostly adolescents, have complained about workload. Older adolescents, those who are Grade 10 or higher, are more burdened by this since they have more complicated syllabi. Younger children who are still struggling with basic writing find it difficult to accomplish schoolwork that requires them to write a lot.

Other problems mentioned by the respondents were material concerns. About 13% of the respondents are unable to afford data load, so they have limited access to learning materials and their online classes. Gadget issues are also common because many cannot afford it. About 13% do not have their own gadgets, so they are shared among household members. Younger children do not have their own gadgets since they are too young and did not need gadgets prior to distance learning. Gadgets are usually shared among siblings who also need it for school. About 12% do not have any gadget at home. About 5% reported other gadget issues, including having an inappropriate gadget for a specialized course. Children also struggle with using Microsoft applications necessary for schoolwork or maneuvering a gadget itself because they are new to it.

Lastly, other concerns mentioned by adolescents are missing class due to lack of sleep (2%) and the lack of a comfortable space that is free from outside noise (7%).

It is important to note that four adolescents have stopped schooling. One of the female participants stopped in Grade 11 due to pregnancy despite doing well in school. Another teenager cites the loss of family members, particularly her mother and grandparents, which led her to start acting out in school. One of the male participants stopped attending school during the pandemic due to financial difficulties and lack of motivation to proceed with online schooling. Another participant has not attended formal schooling since elementary but continues to pursue vocational education until the pandemic hit, which caused him to stop once again.

Table 41. Children and adolescents' coping strategies for education stressors				
Education - Coping	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Asking for help from family members/relatives or non-classmate friends	**88**	**70%**	62	24
2. Asking for help from teachers / classmates	**32**	**25%**	12	20
3. Self-study or research	**22**	**17%**	13	9
4. Passive coping (Pagtanggap sa kalagayan) forbearance (Pagtitiis sa kalagayan)	**12**	**9%**	0	12
5. Letting the child rest from doing modules	**11**	**9%**	11	0
6. Child gets scolded/beaten when not following parent/guardian	**10**	**8%**	10	0
7. Developing time management / productivity systems	**9**	**7%**	0	9
8. Engaging in self-soothing hobbies to deal with stress	**5**	**4%**	0	5

Table 41. Children and adolescents' coping strategies for education stressors				
Education - Coping	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
9. Skips class when disconnected, have no load	**4**	**3%**	4	0
10. Skips questions or modules when too difficult	**3**	**2%**	3	0
11. Hiya dynamics	**3**	**2%**	0	3
12. Focusing on modules/activities instead of online classes	**3**	**2%**	0	3
13. Get a new phone	**2**	**1%**	1	1
14. Parent/Guardian answers the module instead	**2**	**1%**	2	0
15. Cognitive reframing / framing difficulties as challenges that can be overcome	**2**	**1%**	0	2
16. Motivation due to financial considerations	**2**	**1%**	0	2

Children and adolescents commonly ask for help from different social systems when they are struggling in school. About 70% of respondents ask help from their family, relatives, neighbors, and friends for help. Children and young adolescents typically ask their parents or primary caregivers more since they act as the teacher at home. Older members of the household are also an option for them, including siblings and cousins. Meanwhile, (25%) seek help from classmates or teachers, which is more often done by older adolescents (25%). For logistical concerns, the respondents seek help beyond their homes. Those who do not have a gadget of their own borrow from their relatives or neighbors. They also connect to their WiFi routers to access the internet.

When they are unable to ask anyone for help or none are knowledgeable on the topic, children, often with the aid of their parents, and adolescents research (17%). They google concepts they do not understand, self-study through watching pre-recorded lectures, and watch YouTube tutorials. Even with this, they sometimes still do not understand or they get incorrect answers when they search for answers on the internet.

When it comes internet connectivity and gadget, some respondents (9%) usually just passively coped with their concerns. They wait for their internet connection to get better or their gadget to be responsive. About 3% or four respondents, all of whom are children, skip their classes when they get disconnected.

To avoid feeling too tired, about 9% of the respondents, all of whom are children, rest from doing their modules. Adolescents tend to engage in self-soothing activities to de-stress. Five or 4% of respondents, all of whom are adolescents, listen to music when they start to feel stressed over schoolwork.

Since children are more likely to be supervised by their parents, their activities are being tracked. When there is trouble with following instructions, some parents scold or beat their child (18%). This also happens when the parents find it difficult to teach the lesson.

Adolescents were more independent when it comes to their education. Some coped with their schoolwork by developing their own time management and productivity systems. About 7% of the adolescents have mentioned making to-do lists, using productivity mobile phone applications, and pacing their activities to help with the workload. About 2% of the adolescents manage their time by focusing on their modules when they are unable to attend online classes.

The respondents had different motivations when it comes to their education. Around 2% of the respondents are concerned about being left behind by their peers, so they continue to study motivated by *"hiya"* (shame or embarrassment). Only adolescents reported this, and they also seem to be more conscious about their standing in class and among their peers. Two (2%) of the respondents perceive their struggle as challenges to be overcome and necessary to achieve their dreams. Two (2%) respondents continue to study so they may secure a good job in the future to help their family financially. All these responses were provided by adolescents only.

Lastly, two respondents were able to secure a new phone for online classes. One was given a phone by the parents, and the other worked as a construction worker to afford a new phone.

As previously mentioned, four adolescents are out of school. Each had different outcomes and coping strategies. One female participant, who is a mother, tries to study on her own by answering her husband's modules herself. The other female participant is also trying to study on her own because she would like to go back to school soon. One of the male participants responded to his situation by using his time to build his skills and build his online business to help his family's financial situation. The other male participant pursued vocational learning.

Social life

Table 42. Social life stressors for children and adolescents				
Social life - Stressors	Total (N=126)		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Decrease in communication frequency/ duration with friends	82	65%	60	22
2. Interpersonal conflict with friends/partner	28	22%	18	10
3. Non-participation in organizations/team/ community groups	25	20%	19	6
4. Bullying (including physical, verbal, and cyberbullying)	21	17%	19	2
5. Loss of friends or stopped communication with friends	16	13%	8	8
6. Change/decrease in friendship quality	10	8%	0	10
7. Romantic breakup during the pandemic	3	2%	0	3
8. Trash talking	2	1%	0	2
9. Difficulty in long distance relationship	2	1%	0	2

The most common stressor in the social life of children and adolescents is the decrease in communication among friends (65%). This is by far, the most reported social life stressor, which is not surprising given the age-based restrictions in the pandemic response.

The second most common stressor in their social life are interpersonal conflicts, with 22% of the participants reporting this. These conflicts are more common in children (25%) compared to adolescents (18%). For children, these conflicts include what parents label as 'away bata,' or conflicts while playing, sharing toys, and so on. For adolescents, these conflicts include 'tampuhan' or sulking because of broken promises, as well as conflicts with romantic partners that arise due to jealousy, miscommunication, and infidelity among others.

The third most reported social life stressor is the 'loss' of organizations/teams/community groups such as those in church or those at school. This is primarily reported by adults for children 6-12 years old, (27%). For adolescents, many shared that they were part of organizations before but they do not meet anymore during the pandemic. They did not classify this as a problem or a difficulty, and 11% lists the non-participation or loss of organizations as a social life stressor.

Worryingly, 27% of the children have also been bullied, according to their parents/primary caregivers. These include verbal, physical and cyberbullying. The bullies are commonly older than the children involved, and the targets of bullying include their weight ("*taba*"), the perception of them being gay, as well as other perceived negative characteristics such as smelling bad, being dark-skinned and so on. Two adolescents (both females) reported being bullied during the pandemic, although there were a few others that admitted to being bullied before the pandemic, when the schools were open.

About 13% of children stopped communication with some friends, in effect 'losing' them. For the children, these resulted to isolation and lack of peers or playmates (11%). For the adolescents, this meant cutting off some friends, although no adolescent reported total isolation or lack friendships during the pandemic. However, a portion acknowledged that the quality of some of their friendships deteriorated during the pandemic (8%) because they feel they are not as close as they were pre-pandemic.

Other non-common social life stressors include romantic breakup during the pandemic (2%), trash talking (or being insulted by the opposing virtual team during gaming session; 2%) and general difficulties in maintaining long-distance romantic relationships during the pandemic (2%).

Table 43. Children and adolescents' coping strategies for social life stressors				
Social life - Coping	**Total** **(N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
1. Maintenance of communication with friends (social media, online video games)	**102**	**81%**	47	55
2. Maintaining physical meetups with friends	**27**	**21%**	11	16
3. Parent/Guardian intervenes with peer conflict	**22**	**17%**	22	0
4. Passive Coping/ forbearance*	**16**	**13%**	6	10

Table 43. Children and adolescents' coping strategies for social life stressors				
Social life - Coping	**Total (N=126)**		Children as Reported by Adults (N=71)	Adolescents (N=55)
5. Spend time with siblings / cousins / neighbors instead	**14**	**11%**	14	0
6. Increased communication through chat in lieu of physical interaction	**12**	**10%**	0	12
7. Parent/Guardian advise child to not mind their bullies	**10**	**8%**	10	0
8. Direct conflict resolution with friends/partner	**9**	**7%**	0	9
9. Engaging in self-soothing hobbies	**7**	**6%**	0	7
10. Seeking emotional support from social support systems	**5**	**4%**	0	5
11. Joining of online communities	**2**	**2%**	0	2

this counts: *"Don't allow to play outside/meet friends due to COVID restrictions (paying of fine, COVID)" for children*

Among those who experienced decreased communication among friends, many children and all adolescents (81%) use social media, gaming, and other online and mobile platforms to maintain communication. This is less common in children, though, due to the more prevalent lack of gadgets at their age, and thus, gadget sharing among the household is done when these children want to contact their friends/peers. A portion of the participants, mostly female teens, not only maintained, but increased their communication online in lieu of physical interaction (10%). Some continued to physically meet with friends, despite the pandemic restrictions (21%). This is more common among male adolescents. Some children (17%) played and socially engaged their siblings, cousins, and neighbors who are physically accessible to them.

About 13% have more passively dealt with the decrease in communication or deterioration in friendship quality during the pandemic. They typically say they miss their friends and want to hang out with them again. Some also said they engage in self-help hobbies when they feel the longing (6%), such as watching anime or playing video games.

To cope with interpersonal conflicts, 31% of the key informants reveal that they intervene in the peer conflicts experienced by the children (6-12 years old) under their care. For adolescents meanwhile, direct conflict resolution is done, with the issues being brought up and apologized for (16%).

Other less common coping mechanisms for social life stressors include seeking emotional support from social support systems (4%) such as by asking their friends advice for what to do in their situation, as well as deliberately joining online communities such as 'fandoms' of the musician that they idolize.

Physical Health and Mental Health

Table 44. Physical health of children and adolescents (eating habits, sleeping habits, exercise)				
		Total	**N=71**	**N=55**
Eats well?	**Yes**	**108 (86%)**	63	45
	No	**18 (14%)**	8	10
Sleep well?	**Yes**	**80 (63%)**	49	31
	No	**46 (37%)**	22	24
Exercises?	**Yes**	**70 (55%)**	43	27
	No	**56 (45%)**	28	28

Most children and adolescents were able to eat at least three times a day during the time of the interview, but some participants have reported having had household food insecurity during the pandemic even if they are currently able to eat well. This food adequacy in fact, may be due to the loans taken by the parents/primary caregivers in the household. Another physical concern is the number of children and adolescents who are not able to sleep well (37%). This includes those who are not able to get enough hours of sleep (less than eight hours), as well as children who has had a change in sleeping pattern since the pandemic, typically sleeping later than their previous pre-pandemic routine. Children and adolescents also seem to live a more sedentary lifestyle, with almost half (45%) not having consistent physical activities or exercise during the pandemic.

Table 45. Frequency table for anxiety/fearfulness/nervousness among children and adolescents				
Children (6-12 Years Old)				
	Total (N=71)		**Females**	**Males**
Never	10	14%	7	3
Rarely	21	30%	11	10
Sometimes	35	49%	15	20
Frequently/All of the time	0	0%	0	0
Adolescents (13-18)				
	Total (N=55)		**Females**	**Males**
Never	12	22%	3	9
Rarely	34	62%	18	16
Often	6	11%	6	0
Frequently/All of the time	2	4%	1	1

The most common response regarding the frequency of anxiety/nervousness/fearfulness is sometimes (49%) or rarely *(bihirang nararamdaman)* (61%). Their anxiety is commonly caused by modules/classes, wariness from authority figures, and the fear of being caught by the police when staying outside. None of the children reported that they feel anxious frequently but as for the teens, 11% sometimes feel it *(maraming pagkakataon nararamadaman)* and 4% feel it all the time *(palaging nararamdaman)*. The adolescents who feel anxiety and fear more frequently said modules/classes are the cause of their anxiety.

Table 46. Frequency table for sadness among children and adolescents				
Children (6-12 Years Old)				
	Total (N=71)		**Females**	**Males**
Never	4	6%	2	2
Rarely	23	32%	14	9
Sometimes	34	48%	16	18
Frequently/All of the time	3	4%	2	1
Adolescents (13-18)				
	Total (N=55)		**Females**	**Males**
Never	10	18%	0	10
Rarely	29	53%	17	12
Often	12	22%	10	2
Frequently/All of the time	2	4%	1	1

About 48% of the informants answered that the children felt sad sometimes. Parents observed that their children get sad when they do not get what they requested or when phone usage is being regulated. Another reason was the inability to go outside and meet with their friends. The cancellation of graduation rites was also cited as a reason for sadness. Some parents and caregivers (32%) identified that their children rarely felt sad.

More than half of the adolescents (53%) said that they rarely felt *(bihirang naramdaman)* sad. For those who experienced sadness, ruminating and overthinking their stressors are the causes. Twelve or 22% responded that they felt sadness often *(maraming pagkakataong naramdaman)* because of periods of rumination over their top stressors, such as their difficulties in school, family, or social life. Around 4% of respondents reported that they regularly felt sad or "palaging nararamdaman." One participant had recently experienced loss when his father died. He also ruminates over his academic problems. Another participant likewise gets sad over her problems, mainly her struggle with meeting her family's expectations of academic achievement.

Table 47. Frequency for hopelessness and deep sadness				
Adolescents (13-18)				
	Total (N=55)		**Females**	**Males**
Never	43	78%	22	21
Rarely	10	18%	5	5
Often	1	2%	1	0
Frequently/All of the time	0	0%	0	0

Note: *questions regarding hopelessness and deep sadness were not asked for children 6-12 years old*

Despite the pandemic and the resulting restrictions, most of the adolescents (78%) did not feel hopeless in the past 30 days. Ten or 18% answered with *bihirang naramdaman* or rarely. They cited various reasons. One participant feels a sense of hopelessness when his mother and her partner would fight. This reminds him of the fights she had with his biological father before their separation. Another participant would

feel intense sadness when her family pressures her to meet their expectations and compares her to a cousin.

Participants related the impacts of the pandemic to their feelings of hopelessness. One participant feels hopeless sometimes when he ruminates over the impact of the pandemic to his life, particularly its repetitive nature. Another participant felt this way when he spent his birthday late, and with only a few people. Another participant recalled a time during the pandemic when he was not able to entertain himself or stay connected to his friends because he did not have a phone. Another participant also felt extreme sadness when they were unable to do their usual family gathering during the new year, especially because her grandfather was at the hospital. Another participant felt the same way when her friends had to move away. One participant dreads the pandemic, not only because of personal problems, but of how it affects other people.

One female participant said she often felt *(maraming pagkakataong naramdaman)* hopeless because she tends to overthink. She asks herself if she will be able to live through the next few days with all the problems in her mind. However, she has cognitive tools to remind herself to not lose hope.

Table 48. Frequency table for calmness among children and adolescents				
Children (6-12 Years Old)				
	Total (N=71)		**Females**	**Males**
Never	0	0%	0	0
Rarely	0	0%	0	0
Sometimes	2	3%	1	1
Frequently/All of the time	62	87%	34	28
Adolescents (13-18)				
	Total (N=55)		**Females**	**Males**
Never	0	0%	0	0
Rarely	5	9%	2	3
Often	27	49%	18	9
Frequently/All of the time	20	36%	8	12

About 87% of the parents shared that their children are frequently calm. They can remain steady and focused when doing an activity, such as modules, watching television, and playing with their toys. Among the adolescents, about 49% commonly answered feeling calm or *"kalmado"* and *"panatag ang loob"* often *(maraming pagkakataong naramdaman)*. About 36% said that they always feel (palaging naramdaman) this way. The reasons they cited for this are feeling calm after overcoming their stressors, such as finishing and passing their requirements, and knowing what to do during class. They also said that they feel no stress in the first place while others others feel calm with daily prayer. About 9% of the adolescents rarely *(bihirang nararamdaman)* feel calm mostly because of their class workload.

Table 49. Frequency table for happiness among children and adolescents				
Children (6-12 Years Old)				
	Total (N=71)		**Females**	**Males**
Never	0	0%	0	0
Rarely	0	0%	0	0
Sometimes	4	6%	3	1
Frequently/All of the time	61	86%	32	29
Adolescents (13-18)				
	Total (N=55)		**Females**	**Males**
Never	0	0%	0	0
Rarely	5	9%	4	1
Often	16	29%	12	4
Frequently/All of the time	30	55%	10	20

Most of the children and the adolescents responded that in the past 30 days, they were frequently happy. About 86% of children were observed and reported by parents to be frequently happy. This is because they do activities that make them happy, such as playing and spending time with their friends, playing video games, going on social media, and TikTok. Among the adolescents, about 55% said they always feel *(palaging nararamdaman)* happy. Their family and friends are their sources of happiness. Other reasons for their being happy all the time include the lack of stressors and their general cheerful disposition. About 29% of the adolescents said they often feel *(maraming pagkakataon nararamdaman)* happy because of their family, friends and/or romantic partner.

About 9% of the teen participants answered that they rarely feel *(bihirang naramdaman)* happy. They feel this way because they only occasionally spend time with friends, are bored at home, and afraid that a friend will be moving out of the neighborhood. Two teens were not able to answer this question, saying that they cannot recall when they last felt happy.

Top Stressors

Table 50. Top stressors of children and adolescents		
	Children as Reported by Adults (N=71)	Adolescents (N=55)
Family and Household Environment	**67**	**21**
Education	**51**	**35**
Social Life	**41**	**8**
Physical / Mental Health	**40**	**7**

Note: *No summation is made, since the calculation of top stressors for children are based on whether they experience stress in life in that component, while calculation of top stressors for adolescents are based on the most consequential stressor, they have across the components*

The most common top stressors for children are family and household issues, with financial difficulties and interpersonal conflict/disciplining issues comprising the bulk of the stressors in their family life. Education is a clear top stressor for the adolescents, but this is also a pressing issue for many children. In terms of their social life, the children seem to encounter more problems. They face more interpersonal conflict and bullying compared to the adolescents, whose social life stressors are rarely a top concern. For the teens, their social life generally acts as a protective factor despite the pandemic restrictions (i.e., that it acts to protect from the more damaging or stressing effect of pandemic stressors). The children and the youth, overall, encounter the least stress in their physical and mental health.

DISCUSSION

The Filipino Family in the Time of COVID-19

The COVID-19 pandemic is generally and inevitably a family experience. Since the 12th of March 2020, the government's immediate response to the coronavirus was to contain and slow down its spread by imposing community quarantine which was extended and later on relaxed after several months. During the periods of lockdown, establishments, malls, and restaurants were closed, supply chains were cut, and public transportation were shut down. The imposed restrictions have affected the informal sector workers, mostly the daily wage laborers (Cho et al., 2020a).

Artwork by: Arlyn Casiple

Among the children and adolescents, about (53%) identified family and their household environment as a stressor during the pandemic. This This identification should be interpreted with caution as these were reported by the adult key informant (parent, caregivers, and guardians) on behalf of the children. These family and household environment stressors center on financial challenges (82%) and the associated anxiety over the health and safety from the COVID-19 virus (35%), and other negative events (disasters/emergencies) such as experience with fire and/or typhoons (9%). The parents reported that their children may be stressed over the financial challenges due to their inability to provide for their needs in school and requests for food and/or toys. Most of the adolescents, on the other hand, do not perceive their family and households as a high-level stressor. But for the others who identified family and household environment as stressors, they point out more objective indicators such as problems with food, school budget, or tuition fees.

More than half of the parents (51%) believe and think that their child is not encountering any stressor at the moment by saying wala namang problema (there is no problem) at the time of the interview. They believe the child is still too young to think of stress and they have nothing to be stressed about at a young age. Given this reported situation, it can be inferred that many parents do not intend to inform or unduly burden their children of their household's financial challenges.

The Filipino family in the pandemic as depicted by the participants are immersed with financial difficulties, forced to stay at home, and feel uncertain of their livelihood, health condition, and welfare. More than half of the participants (55%) live with their extended family, including their nuclear family, ranging from 3 to 23 members, with a mean number of 6.3 members per household. The children in this study mostly live in a multigenerational household with their grandparents, aunt, uncle, cousins, and niece/nephew. This is the norm among low-income Filipino couples with no fixed residence. After marriage, Filipino couples live with the bride or groom's family (bi-local residence) or establish residence elsewhere (neo-local residence) (Abejo, 1995).

These families have reported complicated and conflicted relationships with their household members characterized by misunderstanding and quarreling (70%), observed parental neglect (4%), conflicts due to the drinking habit of a family member (43%), detached or not close to a family member (12%), and distress due to imprisonment of a family member (2%). These stressors are pre-existing conditions in the household that may have aggravated their current situation (i.e., detachment from a family member prior to the pandemic may have increased during the pandemic).

Parents face issues on disciplining the child. They described the children as makulit (pesky), maldita (mean), pasaway (uncontrollable), or di sumusunod sa utos (disobedient) when they are glued to their gadgets playing video games, scrolling through social media sites, or when they don't do assigned house chores. Some feel bored and fed up with living with household members (pagkakasawaan) while they stay at home. This experience was mostly manifested by adolescents, since their developmental inclination to become more independent and socialize with their peers is impeded while staying at home with their family (Papalia et al., 2015).

The families of younger children who were not financially challenged were the ones concerned with boredom. They reported less distress with finances, too. It can be inferred that the financial situation of adds to the distress experienced by the household.

The atmosphere in a Filipino household during the pandemic more likely includes conflicts, but it is still happy and light environment. The pandemic has given them more time to bond over shared activities (e.g., watching movies, television, gaming), eating meals together, doing celebrations, and harutan or playful banter. These were happy moments for the participants, especially because these shared moments rarely happened prior to the pandemic. The children were in school busy with schoolwork and the parents were out working, too. The participants also shared that not being afflicted with COVID-19 or any other form of sickness (19%) was considered a positive experience for the family during the pandemic.

Artwork by: Arvie Mamasadlo Mendoza

Poverty and the Filipino family during the pandemic

Public-health crises such as the ongoing COVID-19 pandemic tend to disproportionately affect those living in poverty (Adams-Prassl et al., 2020). It has significant adverse impacts on the Philippine economy, jobs, and poverty incidence (Asian

Artwork by: Arvie Mamasadlo Mendoza

Development Bank, 2020). Other conservative assumptions showed that poverty may almost double during the pandemic (Economic Policy Research Institute, 2020). The pandemic had badly affected many of the participants' families as 103 out of 126 participants, or 82%, had a family member who lost a job, had reduced hours, and had no alternative sources of income. Several households mentioned that they had lost all income sources. Evidence from previous pandemics shows that the impact of the crisis will likely be bigger for households near the poverty line (Economic Policy Research Institute, 2020).

The parents, guardians, and adolescent participants shared that their families experienced absolute or material poverty while some experienced subjective poverty. The households of the family interviewed fall under the low income but not poor category, following PSA guidelines in the family and income expenditure survey (FIES) (2018), as cited in Philippine Institute for Development Studies (PIDS), (2020, Table 7, p. 22). Moreover, most parents and guardians of the children and adolescents described in this study are manual laborers in construction sites and factories, sidewalk vendors, and employed in other labor-intensive jobs. They lived in economic deprivation in the time of pandemic, with at least three mouths to feed every single day. It can be inferred that they are trapped in poverty, due to deprivations and not because of any intrinsic lack of ability (Ridley et al., 2020). Participants have never experienced nor anticipated negative economic shocks to their families and livelihood at this scale. These families used to get by with what they have, but the pandemic caused them to barely survive. Their previous diskarte or financial strategies are no longer feasible given the quarantine restrictions.

The loss of job and income source of a family member are connected to the household challenges the participants experienced. The loss of income affected how families address the medical needs of other household members and a significant number of families had quarrels and conflicts due to financial constraints. Financial challenges are also linked to the participants' anxieties on the fine for not following COVID-19 government restrictions (e.g., 1,000 pesos penalty for curfew violation) and financial support for the anticipated medical needs once a household member gets inflicted with the COVID-19 virus.

Similarly, the low-income household panel economic (HOPE) survey by Cho and his colleagues (2020) showed that household distress was deepening as loss of savings and jobs occurred during the pandemic. As shared by this study's respondents, food insecurity reflected their household's anxiety, consistent with the low-income HOPE survey (Cho et al., 2020b). Moreover, underemployment or job loss limits families' economic resources to purchase resources and goods for school, housing, and safety of the household (Yokishawa et al., 2012).

Effects of poverty

Across several studies, poverty is associated with a range of adverse outcomes for children on aspects of physical health, language and cognitive development, academic achievement, and educational attainment (Yokishawa et al., 2012). A literature review by Tuason (2010), highlighted that it's mostly the children who carry the burden of their parent's poverty. Moreover, in the Philippines where socio-

political crises are exacerbated by poverty levels, children in poor families experience a great amount of stress (Carandang, 1989).

The effects of poverty on a family and on a child are cumulative and can be considered a risk factor to a child's development (Yokishawa et al., 2012). A study on poverty and adolescent mental health showed that changes occurring during the period of adolescence which creates vulnerability to the child are accentuated by poverty (Dashiff et al., 2009). The adolescents' awareness of their family's economic difficulties influences their satisfaction with their family and environment. On the other hand, early childhood's mental, emotional, and behavioral development are also affected by poverty, and have a causal relationship (Yokishawa et al., 2012). As reported by the parents and experienced by the adolescent participants in the current study, their low-income situation has greatly affected their access to education (e.g., lack of data load, buying school project supplies), and food security.

Altered parenting and child-rearing practices

The child's stressor and coping strategies are informed by the nested environment the child is situated in as suggested by the bio-ecological systems theory of Bronfenbrenner (1979). One of the environments that largely influence the child's development is their household, including family and sibling relations, and parental interaction, among others. The family environment is the first system that a child is exposed to and plays largely on their socialization processes, such as learning mabuting asal or positive or good social behavior (de Leon, 2012), and competence (Durbrow et al., 2011). As pointed out in the research conducted by Moitra and Mukherjee (2012), normal and healthy development starts at home and the family constitutes the backbone of an individual. With this perspective in mind, a family is considered to be a basic social unit in which a child's behavior may be negatively or positively reinforced. Even the interviewed parents in de Leon's study (2012) agree that inculcating socialization is the primary responsibility of parents.

Corporal punishment and strict and harsh measures of disciplining were experienced by about 18% of the respondents, most of whom were children. Parents reported making use of measures such as verbal reminders, processing the situation with the child, and teaching morals. They also use corporal punishment, such as spanking, yelling, hitting, and pinching to discipline their child. It is possible that parents, when discussing their methods of disciplining their children, may try to present these ways in a positive light. However, it can be inferred that they do not understand their children and may not be as sensitive to their needs. Some parents elaborated that they discipline their children due to their perceived role in the socialization and upbringing of the child and their desire to enhance their competence. This is consistent with de Leon's (2012) finding on the parent's use of physical, verbal, and cognitive approach to enhancing mabuting asal (positive social behavior) and pagiging masunurin (obedience) of children. Moreover, good conduct, compliance, and helpfulness are reported criteria of poor Filipino mothers in describing a good and competent child (Dubrow et al., 2001).
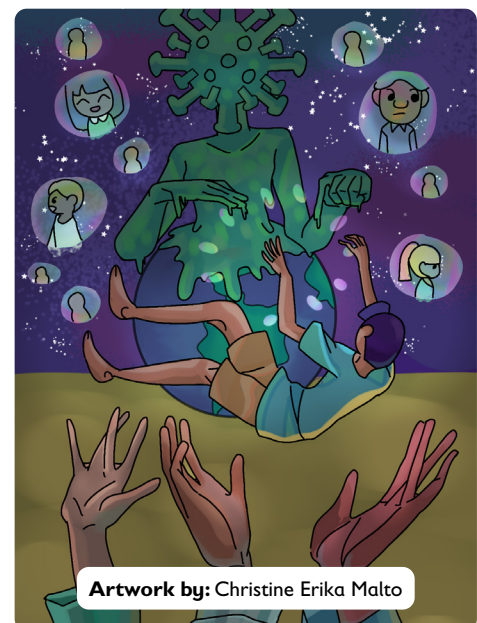
Artwork by: Christine Erika Malto

Literature suggests that contextual variables, level of education, environment stress, socioeconomic status, employment status, and parenting style have a role in the parent's use of corporal punishment on their children (Dashiff et al., 2009; de Leon, 2012; Mulvaney & Mebert, 2007; Yokishawa et al., 2012). A correlational study conducted by Jocson et al., (2012) supports that the higher the education level of parents, the less they practice authoritarian parenting and corporal punishment. This research shows that a high number of parents with low education levels (approximately 6—10 years of education) utilized corporal punishment to discipline their children, following culturally approved practices. The physical approach to punishment is mostly used when parents lose patience or they get frustrated over their child's behavior (de Leon, 2012). Likely, the compounding stress of the need to provide for the family during the time of the pandemic has also influenced this behavior.

Some parents in the current study admitted that pressures with their parental role, coupled with financial problems during the pandemic, led them to mental and physical exhaustion. In turn, although not stated by the parents themselves, this exhaustion has seemingly led to the increase in the frequency of harsh treatment towards their children at the slightest annoyance (Abell et al., 1996); that is, the children experience secondary stress from financial difficulties. Some parents would reason that words were not enough to stop the children's misbehavior. They would inflict pain to correct misbehavior, as cited by de Leon (2012). Inconsistently, some parents (29%) said that they don't observe any problem with their child that may lead them to harm the child. Thus, training and education for parents in assessing and being aware of their child's stressor and the parent's consequential behavior should be stressed and recommended to address this situation.

Several studies support the claim that parents trapped in the state of poverty lead to altered parenting either with children (Yokishawa et al., 2012) or an adolescent (Dashiff et al., 2009). Poverty seems to stimulate negative parenting practices that may be a result of parental stress. Parental stress due to economic struggles has been found to be associated with undermined ability to use positive discipline strategies and results in higher reliance on punitive discipline instead (e.g., Crnic & Greenberg, 1987; McLoyd et al., 1994; Patterson, 1986, as cited in Pinderhughes et al., 2000). Perceived material deprivation strongly predicts parenting stress and harsh or unresponsive parenting (Gershoff et al., 2007). Moreover, parental distress which disrupts parent-adolescent relationships often leads to inconsistent discipline measures and increased parent-adolescent conflict (Stern, Smith, & Jang, 1999).

Low economic conditions are observed to reduce parent's psychological resources and parenting quality through higher parent psychological distress, and reduced ability to provide effective caregiving to their child (Yoshikawa et al., 2006). The parent's poverty can also affect the child's biology through activation of biological stress mechanisms or their immune systems (Blair et al., 2012; Essex et al., 2002; Lupien et al., 2000). Additionally, a study conducted by Mitchell (2006) reported that children in poverty bear the sudden and unpredictable emotional and violent outbursts of adults around them, often angered by having too little money, which is reflected in the shared stories of the parents and adolescents in the current study.

From the current study's shared narratives, it can be inferred that most of the parents and/or guardians are authoritarian parents, while some border on being neglectful and permissive. Most of the parents emphasize conformity and obedience to the rules they prescribe to the child and expect the child to obey without much explanation, which Hoskin (2014) defines as authoritarian parenting. Another side of altered parenting in the state of poverty and in the pandemic is the neglect of the emotional

and psychological needs of the child. Only a few participants (3%) observed and admitted that their attention is divided among the family's needs for food, housing, strategizing to gain income, and looking after their child's welfare. Similar findings were shown in Mitchell's (2006) study on children, where children often get neglected as they do not fall within the immediate priorities of their own parents, other adults around them, or even the government.

It is important to note, that corporal punishment is a risk factor to the child's development of negative behavioral, psychological, and cognitive characteristics (Mulvaney & Mebert, 2007), and showed increased internalizing (e.g., depression) and externalizing behaviors (e.g., aggression) (e.g., Cicchetti & Toth, 1991; Grant et al., 2003). The effects are said to be cumulative and can be best understood on a stress-process framework (Mulvaney & Mebert, 2007), wherein the child is a receiver of physical discipline under the condition of stress. In other words, poverty is a risk factor to children's mental, emotional, and behavioral health.

Coping strategies utilized by the family members

Financial challenges that strike the family are mainly mitigated by their parents or guardians. This study previously highlighted that children in the pandemic are in financially disadvantaged households and surrounded by a less supportive environment. The households engage in a variety of strategies to cope with their financial crisis. The majority rely on material support from the government, their own social networks (e.g., neighbors, relatives), and NGOs. Nearly all households of the participants received food assistance primarily from their local government units and some received a form of cash assistance through the SAP of the DSWD (Economic Research Policy Institute, 2020). Moreover, many households mentioned borrowing especially from sari-sari stores, and loan sharks (five-six money lending). They also obtain items on credit. Several households shared that they have been forced to reduce food consumption, consistent with the low-income Household Panel and Economic (HOPE) survey conducted by Cho and his colleagues (2020b). Some households also mentioned making and selling goods such as masks or food on the street or online because the material support they receive, although helpful, were not sufficient to provide for their family.

The whole family works together to alleviate their financial struggles. Reports of "saluhan kung sino ang meron" (support each other whenever one has the resources) in paying household bills and buying daily goods for the family were frequently mentioned by the participants. Their siblings and/or relatives supply for the whole household if they are financially capable to do so. Some adolescent participants engaged in side jobs to cope with their finances.

These strategies were also used by the children by complying with household chores and looking after their parent's sari-sari stores and vending shops, while their parents primarily managed the finances. However, about 13% of the parents mentioned that they need to explain their financial situation to the child whenever they cannot provide the children's food or toy requests. Their children would understand the situation later. When the parents or guardians argue when there's no food on the table and they have no money, some children and adolescents intervene by stopping them (inaawat ko sila).

Literature describes the norms and reciprocal obligations existing between neighbors in the Filipino context (Mendez & Jocano, 1974; Jocano, 1969), which also apply to the current study participants. A

neighborhood for them is defined not by any fixed physical boundaries, but rather by the quality and intensity of their social relationship. A great number of the participants have relied on the material and sometimes emotional support of their kapitbahay or neighbors. They turn to them not just for financial support but for difficulties in school requirements, and to share and vent out their current struggles in the household, among others. These help-seeking behaviors of the participants support the common saying that "a Filipino never starves because he/she always has a relative to turn to." The mutual help/support of the neighborhood serves a protective role that Filipinos attribute to and expect from their family (Miralao, 1997). The cultural values of the community could then be identified as a factor that helps the household cope with the financial struggles better (Tuason, 2010).

Artwork by: Jacquelyn Ligna

The camaraderie and mutual help/support of a Filipino neighborhood was further extended as shown in the recent developments and occurrence of the "Community Pantry," which runs on the principle of "Magbigay ayon sa kakayahan, kumuha batay sa pangangailangan (give what you can, take what you need)." Community pantry is a growing movement that supports the most vulnerable during the pandemic—the daily wage earners and the poverty-stricken families. The concept behind the movement is not new as it grew out of Filipino resiliency, pakikipagkapwa (fellowship), and social solidarity (bayanihan) born out of necessity. Similar movements were also prevalent in other countries such as in the US when they developed food pantries to provide assistance to students with crippling debt in 2013 and Thailand's Too Pan Sook (Pantries of Sharing) which emerged in late 2020. As of writing, the instituted movement is still growing not just in Metro Manila but in other cities across the nation (Suazo, 2021).

Patience and enduring suffering are part of the Filipino values. They were frequently mentioned by the participants as their way to cope with the pandemic situation. These values are often fused with a religious value such as calling on or leaving all to God when they are confronted with overwhelming problems. These are consistent with Bulatao's (1972) and Lagmay's (1977) "Bahala na" explanation of Filipino's religiosity and trust in God. The numerous pieces of literature reviewed by Tuason (2010) further supports that Filipinos under the state of poverty have a deep sense of trust and hope and a belief that God will provide for them. The current participants make use of religious practices (16%) such as joining online mass and doing intentional and personal prayers, through which they recycle emotional movements in ways that deepen their understanding of how poverty has affected them. They look to God to change their situation despite their fears (Tuason, 2010).

About 19% of the participants said they practiced passive coping or acceptance of one's fate (pagtanggap sa kalagayan) and forbearance (pagtitiis sa kalagayan) as they recognize and acknowledge that financial challenges are possibly not in their control. For adolescents, they recognize that they cannot help with their family expenses directly. Some take their studies more seriously to eventually help their family in the future (e.g., secure a job). Passive coping is more common when responding to interpersonal conflicts at home. Some teens stay silent when parents are in a disagreement and comply with the demands of their parents (e.g., regulated gadget use, household chores), while others laugh it off when they playfully fight with their siblings.

On the one hand, cognitive reframing of difficulties or thinking of them as challenges that they can overcome was also observed among the participants. They look at the situation optimistically as an inevitable event that should be tackled and find comfort in the fact that they are not the only family experiencing compounding problems brought by the pandemic. They find comfort in reframing their challenges as something they can overcome, keeping in mind the impermanence of the situation and that other families may have it worse than they do. Studies have shown that parental and family resiliency may modify and mediate the effects of poverty (Dashiff et al., 2009).

Social Life of Filipino Children During the Pandemic

Among children (6-12 years old), and adolescents (13-18 years old), the most common social life stressor was the decrease in communication among friends and peers. However, note that the social life is not commonly cited as a top concern, especially for adolescents. They stress less about their social life compared to issues in education and the family/household. In fact, for the most part, it is a protective factor for the children and teen's wellbeing during the pandemic, a finding that aligns with results in the literature (Holt-Lunstad, Smith, & Layton, 2010; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015) that point to relationships as an important predictor of wellbeing.

Keeping up with friends

As discussed in previous sections, the decrease in the frequency of communication is the most frequent social life stressor among children and adolescents (65%, see table 42). However, note that there are also many instances where the decrease in communication was not treated as a problem or a difficulty by the participants, and the decrease in communication does not necessarily reduce the perceived quality of the relationship between the participants and their friends.

Because of the age-based restrictions of the quarantine, many parents/primary caregivers restricted the movement of their children (6-12 years old) and kept them from going out of the house. Some children have lost friends or stopped communicating with previous friends, while many have resorted to keeping up with their friends through social media. However, this means of retaining connection has its share of challenges. These include the lack of gadgets, (and therefore, gadget sharing in the household) and the lack of funds for data load. Due to gadget sharing, there are also potential privacy issues for the children, where contents of their conversations with friends may be monitored. Increased internet use at an early age also brings about certain challenges, such as the risk of exposure to stimuli which may be developmentally inappropriate, such as sexual or violent imagery (Livingstone, 2013). Some parents are also concerned about the children's loss of social skills, especially for those who are isolated because these are formative years for the learning of cognitive and social skills (Broadhead, 2004; see also Loades et al., 2020), and the increased risk of depression and anxiety when children and teens are isolated and lack peer support.

It was common for some children to play and interact with cousins and relatives at home, as well as with neighbors and friends who live nearby. For those who have managed to keep up with friends physically, they would play games (pogs, tumbang preso etc.), run around, or do technology-facilitated activities such as watching Tiktok (a video-based platform) together, or playing online games such as Mobile Legends—a multiplayer, collaborative game that allows gamers to team together to beat an opposing team.

Among adolescents, while many miss going out and having physical/face-to-face bonding, problems relating to their social life are rarely at the top of their concerns. The teens almost unanimously still keep in touch through mobile texting or internet chatting, and a portion still physically meet with others, particularly friends and barkada (peer group) that live in the neighborhood.

However, while not common, there are some adolescents who do believe that the quality of their relationships with their friends have deteriorated, and some (typically female) adolescent participants report to having lost friends or have entirely stopped communicating with them. This may reflect the fact that more male adolescents have neighborhood-based friends compared to women and are typically more willing to go out of their houses even during the pandemic. While all adolescent participants reported maintaining some form of communication during the pandemic, more female participants reported increased communication through internet chatting in lieu of physical meetups.

Interpersonal conflict

Interpersonal conflict among peers is the second most common social life stressor among all the participants. For children, these quarrels include what parents label as "away bata" (typical for their development stage) which include quarreling over what to play, about sharing toys, and so on. For adolescents, these quarrels include 'tampuhan' over actions done by the friends, as well as getting frustrated when gaming. These interpersonal conflicts also include those among romantic partners – which include quarrels that stem from jealousy and miscommunication. "Pumapasok po doon yun salitang selos kasi doon po makikita 'yung nakakasama niya sa lugar nila. Yun ang dahilan ng pag-aaway naming dahil hindi po kami nagkikita (The word "jealousy" comes to mind because I can see who are with him in their neighborhood. Not being able to see each other is usually the cause of our fights)."

For the most part, adolescents have taken a direct conflict resolution approach when it comes to interpersonal conflict, where they communicate and apologize when there are conflicts. Not surprisingly, parental intervention and guidance are much more common as a means of coping for younger children when they get into quarrels with their playmates.

However, reports on bullying among children (27%) were concerning. Some were bullied for their weight ("taba"), for being perceived as gay, or for other perceived negative characteristics such as smelling bad, and being dark-skinned, among others. These incidents of bullying include physical, verbal and cyberbullying. "Yung mga nambubully sa kanya yung mga kapitbahay lang din. Maiinis ka na lang din dahil alam naman nila yung kondisyon. Mas higit na may isip naman sila (The bullies are usually our neighbors. It's so frustrating because they already know the condition of the child [child has autism]. They should know better)."

For these instances, parents often directly intervene for their children, either talking to the bullies or the bullies' parents. However, many have also advised their children to avoid the bullies and to just let them be. This latter advice, despite being a common cultural response, is likely not an effective bullying prevention strategy (Black, Wienles & Washington, 2010; Bradshaw, 2015; Craig, Pepler, Murph & McCuaig-Edge, 2010). This is particularly concerning given the known effects of bullying on the well-being and mental health (Wolke & Lereya, 2015; Vanderbilt & Augustyn, 2010) of the child.

The role of gaming

An interesting aspect of the participants' social life during the pandemic is the consequential, if not central role of gaming, especially among male teens. While much more common among male adolescents (59%) compared to female adolescents (18%), gaming is familiar across age and gender among all participants, especially with the access restrictions to other forms of entertainment, such as going to malls or playing basketball in public spaces. It provides a consistent, accessible, and familiar outlet for socialization. It is a structured social activity—teens know the schema or roles that they play when they game. It can be played everyday and provides an easy 'excuse' to bond with friends. In fact, the prevalence of gaming particularly among male teens may be the reason for their continued strong bonds. Without the consistent structure of gaming activities, which also affords a platform for communication and for 'hanging out,' more friendships may have gone the route of what one participant describes as talking only whenever there is something they need to talk about. "Tuwing may pag-uusapan lang po. Siguro po 'pag may ikekwento lang po ako, 'pag may ikekwento po sila (We only talk when there is something I have to tell them, and when they have something to tell me)."

Gaming is a double-edged sword, though. Because of its design for engagement (Prensky, 2001), many teens find it to be a distraction especially from classes and household chores. Gaming has also been reported to impact the sleeping schedule of some teens. While a source of happiness for many teens, gaming also has the potential to induce addiction-like behaviors (Sublette, & Mullan, 2012). The teens who were able to balance gaming and academics usually had long-term, goal-directed approaches. "May pangarap po ako sa buhay kaya nababalanse ko lang ang paglalaro (I have dreams to pursue, so I have to balance my gaming and academics.)" The central role of gaming, and its double-edged nature can be further researched for possible policy interventions.

Note that similarly, the social media app Tiktok (where the norm is to dance to trends) and the common interest among pop-culture icons such as the Korean boyband, BTS, also function as a collectively shared interest that facilitates bonding among children and adolescents.

Social life as a protective factor

Many adolescents have been able to keep up and retain active social lives (with face-to-face meetups) because their barkada (peer group) also lives within the barangay (village). The teens' neighbor-friends served as a buffer to the mental health and psychosocial well-being of teens, in addition to the friends they have kept in contact with through social media alone.

The neighborhood-based (i.e., within the village, living near the individual's residence) social network of some teens, along with the facilitative elements that exist within those social networks (primarily gaming as a structured, consistent social activity) are likely to be the reasons for their sustained quality relationships. In turn, these close social networks (along with family bonds), are often the reasons why they feel happy on a regular basis. These friendships also seem to provide a strong protective factor for the teen's mental health and psychosocial well-being. They are not only a source of happiness but are

Artwork by: Jayven Angelo Watanabe

also a source of emotional and material support (Holt-Lunstad, Smith, & Layton, 2010; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). This is especially seen for example, with how common it is for adolescents to ask their friends for help in their classes/modules, which is a clear supportive factor for their top stressors.

This might also be part of the reason why female participants (having less neighborhood-based friends, are less inclined to game and thus have less options for go-to structured activities during the pandemic, report more conflicts with friends, and have more issues in their social lives. The weakening of this protective factor also seems to contribute to the disparity between reported outcomes across male and female teens. Female teens are prone to being more frequently anxious, sad, and hopeless than the male teens.

Education During the Pandemic

Education is highly valued in Philippine society. Filipino parents regard it as a legacy they can give their children, especially those who do not have much material possessions to leave behind. Education is believed to ensure a good future; hence it is also perceived as a way out of poverty (Dolan, 1991). Although the pandemic posed many difficulties in education, 25 million children remain in school, according to DepEd, as reported by the Manila Bulletin (Hernando-Malipot, 2020). Out of the 126 participants of the present study, 122 (97%) pursued their education.

Despite various stressors in the family life, social life, and physical and mental health, education and classes were the most pressing stressors among children and teens (even if financial difficulties were most common). This is largely due to the difficulty in adjusting to the new mode of learning. Participants struggle with keeping up with the changes in environment, pedagogy, modality, and technology. Almost all prefer face-to-face classes and going back to school.

The education landscape

To avoid transmission of the virus, lockdowns have been implemented, causing schools to close indefinitely. DepEd responded by drafting the Basic Education Learning Continuity Plan (BE-LCP) to ensure that students are still learning at home. Learning delivery modalities that schools can adopt are (1) face-to-face, (2) distance learning, (3) blended learning, and (4) homeschooling. DepEd defines distance learning as "A learning delivery modality where learning takes place between the teacher and the learners who are geographically remote from each other during instruction. This modality has three types: Modular Distance Learning (MDL), Online Distance Learning (ODL), and TV/Radio-Based Instruction."

Artwork by: Kate Doles

The participants mentioned that they are either attending modular or online distance learning since schools are still not open. Under modular distance learning, children are given printed or electronic Self-Learning Materials (SLMs) produced by DepEd, which will be checked and monitored by their teachers. They may ask for assistance from their teachers via online or text messaging. In this mode of learning, parents and primary caregivers are expected to serve as the children's teacher at home. Online distance learning allows students and teachers to interact through synchronous classes wherein the teachers

accompany the students as they go through the lessons together. This mode of learning requires a stable internet connection to be able to attend classes and regularly download learning materials. Aside from synchronous classes, asynchronous classes are also an option, wherein students are given activities to accomplish on their own within a time frame using an online platform. Synchronous and asynchronous learning may be integrated.

The home as a learning environment

The educational landscape is shifting quickly because of the pandemic, and children are struggling with adjusting to these changes. Results of this study show that the primary concern for all participants is the difficulty in understanding learning materials (67%). This may be attributed to the change in the students' learning environment. Students who are accustomed to the traditional face-to-face classes may find it difficult to adjust to online learning because they are used to concepts being taught to them in a classroom setting. Participants believe that their lectures are more effectively taught in a face-to-face setup. They struggle remaining engaged in class, which affects their comprehension of the lesson.

Artwork by: Mary Clarisse Besares
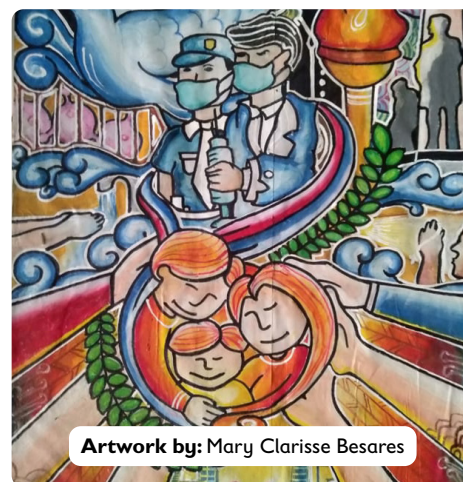
Lange and Costley (2020) explored the importance of paying attention to how media are used by educators in online learning. The ineffective use of media could lead to poor comprehension, loss of interest, and reduced engagement in learning. It is important to be careful about how information is presented to students. Some teaching strategies might not be suitable for online learning just as it was in the classroom.

Adding to the difficulty in understanding their lessons, students find it hard to consult their teachers online. During synchronous classes, it is more likely for participants in the conference call to talk over each other due to lagging or they may be incomprehensible due to poor audio. This results in students becoming too shy or feel discouraged to ask their teachers for questions and clarifications. This affects their ability to answer their modules and other activities, as cited by many participants of this study. Additionally, 13% of the participants have noticed that their workload has increased, and they have trouble keeping up.

Children also face difficulty writing, especially since most of their requirements aim to enhance their written language skills. Moreover, there is a shift in syllabi and academic requirements. As prescribed by the DepEd, schools opted out of periodical examination. To adjust to this change, teachers looked for alternatives to track student learning. DepEd undersecretary San Antonio recommended using summative or performance assessments instead (Magsambol, 2020; Romero, 2020). This might be the reason why students are given more workload, which in turn affected some participants' sleeping habits.

The role of the teacher is crucial in facilitating learning. Without their guidance, students and their parents or primary caregivers are left to navigate on their own. In the absence of teachers, children look to their parents or primary caregivers for guidance. However, they also find it difficult to guide the children because they also struggle with understanding the content of the material, especially among parents and caregivers with low educational attainment. Further, most parents/caregivers lack the

training and knowledge on pedagogy, hence they find it difficult to explain concepts to their children (Garbe et al., 2020). Academics is not the only point of concern. Motivation is affected as well. About 33% respondents struggle with motivation and distractions.

In the current study, many children expressed disinterest in their education, saying that they do not like their parents as their teachers because they cannot do it well. Children are having a hard time adjusting to their home as their new learning environment. With the lack of routine and the absence of their peers and teachers, some children perceive home-based schooling as a "vacation" (Bhamani et al., 2020). In Bhamani's study, children were uninterested in doing schoolwork, and often preferred to spend their time playing and watching cartoons. They have also exhibited poor sleeping habits. The results of this study is similar; children will tend to neglect their studies because they do not feel responsible studying at home. "Hindi naman daw po kasi school yung bahay namin (He says our house is not a school)."

The participants, both children and adolescents, prefer to play games or scroll through social media on their gadgets instead of using it for educational purposes. Children are more distracted since the applications for gaming and studying are in one gadget. Adolescents also struggle with being distracted by gaming. They reported feeling too lazy to accomplish their schoolwork. They also feel that the current modality is asking for too much.

Gadgets are not the only distractions at home, the location of the home may be distracting, too. Noises from outside such as vehicles, construction work, or stray animals are some examples of distractions. There could also be distractions within the home from other household members doing their own activities like watching television, videos, or they may be younger siblings playing. These distractions may disrupt their focus in class. One participant found it difficult to attend his classes because of these. These were mentioned by other participants, too, but they were not identified as stressors. The Department of Education of Western Australia (2020) recommends students and parents to designate a space at home suitable for extended learning. Reducing distractions and ensuring comfortability is important. Ideally, the student must be in a room which they do not associate with leisure to avoid getting distracted. It is also a must to be in a quiet space so they can maintain focus. However, given the socioeconomic status of the study participants, this is likely to be an unfeasible ideal.

The inaccessibility of education and ICT services

Information and Communications Technology (ICT) use in elementary and high school was limited pre-pandemic. From being merely an option, technology is now a necessity if one wishes to avail of synchronous or asynchronous online learning. Students and teachers now rely heavily on their gadgets and internet connection to continue schooling. Mobile phones, tablets, laptops, and computers are the main tools in online learning. Various online platforms allow for conference calling for classes and messaging for interacting with their teachers and classmates. These platforms are also convenient for file storage to compile learning materials, as well as conducting activities to track student learning (Petrie, 2020).

The participants of this study mentioned using Zoom and Google Meet to attend their classes. Facebook groups are also a way to pool references such as lectures and other learning materials. DepEd created a repository of learning materials available to students and teachers online called the DepEd Commons. As cited in their roadmap, this website can be accessed for free by all mobile subscribers of Globe, TM, Smart, Sun and TNT made possible by their collaboration with the Department of Information and Communication Technology (DICT) and the National Telecommunications Commission (NTC). However, this does not go beyond the website's domain. Education during the pandemic revolves around technology.

The adjustment to the current system of learning is not seamless. According to the participants, a common issue they run into is poor internet connection (34%). Out of 79 countries in the 2020 Global Connectivity Index (GCI) report, the Philippines ranked 59th. The report, prepared by Huawei Technologies, based this ranking on the availability and accessibility of quality ICT products and services. According to the GCI, the Philippines is still a "starter" in developing digital infrastructure. Unlike "adopter" and "frontrunner" countries who are respectively working on increasing demand and enhancing user experience, the Philippines is still working on accessibility (Huawei Technologies Co., LTD, 2020). Although some of the participants have access to the internet, it is unsure if they have optimal bandwidth for their activities. Some have reported struggling with never-ending buffering of applications, as well as poor quality audio and video, which impede their learning. Existing problems with internet connection are more impactful in the context of the pandemic (Pohkrel et al., 2021; Petrie, 2020).

Artwork by: Lindsay Joy Decena

Aside from the quality, affordability of ICT services is also a problem in the Philippines. According to the Digital Quality of Life Index released in 2020, the Philippines ranks 79th out of 85 countries when it comes to internet affordability. The British firm Cable.co.uk ranked 211 countries based on the price of broadband internet. The Philippines ranked 119th, far away from its Southeast Asian neighbors. The average cost of broadband internet per month in the Philippines is $53.71 or Php 2600. This is significantly higher than the cost of broadband internet in neighboring countries. Vietnam ranked 12th with its $11.27 monthly average, Thailand ranked 37th with $23.30, Indonesia ranked 53rd with $29.06, and Malaysia ranked 59th with $31.85.

Research has already shown access to education is still a problem in the Philippines. According to the 2017 Annual Poverty Indicators Survey, 3.6 million or 9% of Filipinos aged 6-24 are out of school. Moreover, it was mentioned that 25 million children are in school, but 27 million were enrolled the previous year, equivalent to around 2 million dropouts. In this study alone, there were respondents unable to enroll in the current academic year due to financial constraints, with or without the pandemic. The current COVID-19 situation further aggravates the issue of access to education. Due to the pandemic, there is a shift in material needs and those belonging to low-income households struggle more, especially after the changes in their financial situation.

Most of the children who participated in this study belong to low-income households. During the interviews, they expressed their inability to afford mobile data and procurement of their own gadgets.

About 13% of the children struggled with the lack of funds for data load, which is important to attending classes and accessing learning materials. More adolescents see this as a problem since they are more likely to be enrolled in an online class. Moreover, 13% of the children must share their gadgets with other household members likely because younger children never had their own gadget because of their age and it was unnecessary for them to have one before the pandemic. It has only become a necessity due to the shift to online learning. About 12% of the adolescent and children participants (as reported by parents) do not have access to gadgets at home. Around 5% of adolescents struggle with other gadget issues. Students may find it difficult to use their smartphones in online classes because of the small screen. They might not be able to read the visual aids presented. Those who are enrolled in specialized courses may find their gadget inappropriate, much like the case of one participant who struggles with drawing and animating on his smartphone.

The pandemic highlighted the already evident digital divide between the rich and the marginalized communities. Only participants from Quezon City mentioned that their local government provided a tablet for them, as well as subsidized their mobile data charges. Quezon City was able to provide tablets for 176,000 high school students because of the increased budget allocation for education (Rappler, 2020). Although there are local government units that subsidize mobile data and provide gadgets to those in need, they are still not enough. According to the BE-LCP, around 1 million gadgets were distributed, but there are far more who need it but cannot afford it.

Active coping through help-seeking and self-help behavior

After identifying the issues they encounter in their education, the participants shared what they do to cope in these situations. The primary response among children and adolescents is seeking help from their people in their environment. Children and younger adolescents generally ask help from their family, older siblings, cousins, and other relatives. Older adolescents, meanwhile, prefer to ask help from their classmates and friends. This shift from relying on family to peer support as one grows older is not surprising.

Artwork by: Ronald IV Asis

Aside from help-seeking, children and adolescents are also able to help themselves in the face of adversity. When they are unable to ask anyone for help or none are knowledgeable on the topic, children, often with the aid of their parents, and adolescents research online. They google concepts they do not understand, self-study through watching pre-recorded lectures, and watch YouTube tutorials. To avoid workload from piling up, some of the adolescent participants developed time management and productivity systems. Many also self-soothe by listening to music, taking breaks, or using social media as a de-stressing activity.

Adolescents are more able to help themselves and devise strategies to tackle their problems in a practical way. They are more likely to respond to their stressors with a problem-focused approach. Children, on the other hand, do not have many opportunities to control their learning experience. Their parents have a more hands-on approach, so there is little to no

need for them to manage their schoolwork on their own. Most children, then, employ emotion-focused coping, which focuses on reducing negative emotions brought by stress.

As previously mentioned in other sections, participants also struggled with staying motivated in this new education setup. Adolescents help themselves to stay motivated in different ways. Some participants pursue learning because they are afraid to be left behind by their peers. They are also afraid of not knowing the answer to questions when they are called for recitation. They do not want to look incompetent in class and feel "hiya" or embarrassed or ashamed about it. Enriquez (1992) explained the Filipino value of "hiya" comes from our desire to not to lose face despite all the challenges the participants are experiencing. Moreover, some frame their stressors as challenges to be overcome. They view it as something inevitable in their journey through learning. Some participants are also motivated to continue studying to secure a good future for them and their family. One adolescent said "Kasi gusto ko pong makaahon po kami sa hirap (I want to get my family out of poverty)."

As previously mentioned, education is highly valued in Philippine society, and is viewed as a way out of poverty (Dolan, 1991). This may also explain why four participants who are out of school continue to pursue learning, although in different ways. This may either be studying on their own at home with learning materials they find online or pursuing vocational learning with the help of the Technical Education and Skills Development Authority (TESDA). They all eventually want to go back to formal schooling since education is something they highly value.

Passive and negative coping and mental health in education

Although some participants were able to receive social support or were able to help themselves, some still responded passively. Passive coping may be a symptom of lack of access to resources. Participants who responded passively to their problems only did so because they cannot help it. It is not easy to buy a new gadget for school or speed up internet connection because of budgetary constraints. As a result, they are unable to attend their classes. Moreover, those who skipped questions on their modules only did so because they did not have learning resources and adequate support at their disposal.

As mentioned in the previous section, the family proves to be a helpful asset in one's learning when they can provide academic, material, or emotional support. However, participants (8%), all of whom are children, are scolded or beaten when their parents find it difficult to discipline them or follow their instructions. This also happens when the parents find it difficult to teach the lesson. The parents get frustrated when their children do not obey them. Many also believe that corporal punishment is necessary, so that children will learn about the consequences of their disobedience.

As previously discussed, the level of education, environment stress, socioeconomic status, employment status, and parenting style contribute to the use of corporal punishment by parents (Dashiff et al., 2009; de Leon, 2012; Mulvaney & Mebert, 2007; Yokishawa et al., 2012). Responding to educational concerns with corporal punishment is likely to negatively impact the children. According to Turner and Finkelhor (1996), corporal punishment can contribute to psychological distress and depression. Even for those who are experiencing it infrequently, physical punishment can lead to distress. Corporal punishments are also linked to negative outcomes such as aggression and poor behavior in school and may also negatively affect the relationship between the child and the parent (Smith, 2006).

The shift to online classes had been abrupt and caused much stress to the participants. While normal day-to-day stresses are expected and generally not harmful, there are instances where students identify education as a major stressor, which may affect them greatly. Some adolescents interviewed in this study suffer from lack of sleep due to deadlines, studying all night, or simply from worrying about their grades. Sustained sleep deprivation is linked to a host of negative effects on attention, memory and performance (Amaral et al., 2018; APA, 2014; Alhola & Polo-Kantola, 2007; Maheshwari & Shaukat, 2019; Okano et al., 2019; Zeek et al., 2015).

Many children and adolescents face motivation problems and many feel like they are not learning as much as they could during the pandemic compared to when they had face-to-face classes. What the cumulative effects of more than a year of disrupted education will be for a generation of students still remains to be seen. It is likely to be consequential.

The participants have expressed their dislike to and have face various difficulties in the current system/s of learning. However, it is unknown when traditional face-to-face classes will resume, so it is imperative that their stressors and concerns be addressed.

Physical, mental Health and Psychosocial Wellbeing

WHO (2020) defines health as "the state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity," and mental health as the "state of wellbeing where every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community" (WHO, 2018). Mental health is affected by psychosocial considerations, which pertain to how psychological and social processes continually affect and influence each other (IASC, 2010). The assessment of mental health and well-being at the development stage of childhood and adolescence take on unique challenges given the number of factors that determine a child's healthy growth and development. Indicators include changes in routine (such as sleeping and eating habits) and the degree to which there is distress, dysfunction, danger or deviance to the behavior and mental functioning that they exhibit. Further, the patterns of behavioral, cognitive, and affective indicators are judged to the similarity to known mental disorders such as those listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013)

Physical health

In this study, most of the children and adolescents seem to be in good health. They can eat adequately, but some has experienced food insecurity at least once during the pandemic. However, there is a significant portion that does not have good sleep or does not sleep well (37%) or does not have eight hours of sleep per day. They also do not have consistent physical activities/exercise (45%) which reflects a more sedentary lifestyle, with their main means of entertainment in the household technologically facilitated (including social media, browsing the internet, gaming etc.) This sedentary lifestyle is seen in the number of adolescents who report gaining weight, and in the children who were reported to be sleeping later because of cellphone use. This may be potentially concerning, given the importance of good sleep and the effects of poor sleep on mood, emotional regulation, and cognitive performance (Tarokh, Saletin & Carskadon, 2016; Tomaso, Johnson, & Nelson, 2020).

Other health problems (including pre-existing conditions such as diabetes, allergies, eyesight deterioration etc.) are not common. Substance use and abuse are rarely reported. While there are few teens (13-18yrs old) who engage in minimal smoking and drinking binges, there were no significant reports on drug use and abuse. Therefore, despite some worrying trends regarding sleeping and exercise patterns, most still seem to be in good physical health.

Emotional profile

Overall, the emotional profiles of participants seem healthy. The children and adolescents share the same pattern of feeling happy all of the time or most of the time, and anxious and sad occasionally. They also rarely feel hopeless, despite the pandemic, the various restrictions, and living in the 'new normal' with novel stressors and conditions.

These occasional instances of anxiety/nervousness/fear center around modules/classes for teens or anxiety around the repercussions of violating the pandemic restrictions (such as when staying outside) for children. Instances of sadness for children center around not getting what they want, while for adolescents these are more variable, ranging from missing friends to grieving for family members. Feelings of happiness are commonly reported in the context of family, friends, entertainment (such as gaming), being able to pursue goals, and the general lack of stressors.

Artwork by: Rick Franco Capistrano

Hopelessness

One interesting result from this study is the general absence of hopelessness among children and teens. This is especially contrasted with the common notions of the pandemic as a period of languishing (Grant, 20201) or with studies that find increased levels of loneliness after pandemic restrictions (Killgore et al., 2020A; 2020B). What explains this discrepancy?

Hopelessness is not prevalent and children and teens they are happy and calm a lot of the time. Most also readily share that they have something to look forward to, such as finishing school, getting a good job, and the end of COVID-19 so they can physically bond with their friends again.

This general lack of hopelessness is likely due to the protective effects of the family and friends, and the strong social ties that the participants are embedded in (see also: Kemp, Arias & Fisher, 2017; Birditt et al., 2021). Unlike those individuals broadcasted in popular media articles that face the pandemic alone or with few close individuals (Sweet, 2021), many of the participants live with their nuclear and extended family, and many can maintain their friend groups either through online messaging or meeting up with neighborhood-based friends or peers. The family and their social life, especially for the teens, are the reasons why they feel happy.

The protective effects of the family and social life to the children and teens' wellbeing remain even in the face of many stressors (e.g., financial difficulties & stress regarding modules/class). This is likely because these two factors provide multiple pathways of protection: they serve as direct support (for example, friends who help share materials when the teens miss class or when neighbors share resources

with each other during times of food inadequacy), as sources of emotional support (such as helping to process problems), as a source of positive emotions (such as when gaming), and are instrumental in structuring the participants' routine and reducing idle moments. All these contribute to wellbeing.

Stressors, coping, and wellbeing

As discussed above, there are many stressors faced by children and teens that can have clear negative impacts such as corporal punishment, bullying by peers, financial difficulties of the household, and difficult interpersonal conflicts with friends/romantic partners. However, links to stressors and wellbeing are not straightforward. They are always dependent on each individuals' contexts, risk and protective factors (both internal psychological attributes and external resources) and how they perceive and cope with these stressors.

Since friends and family provide an important protective factor for children and adolescents, anything that strengthens these ties can be seen as important to wellbeing. Aside from these, the participants have also used many healthy coping mechanisms. They have explored cognitive reframing or finding positive meaning in the stress they experienced. They have also displayed long-term goal directed behaviors and self-initiative. Some have also mentioned religious and spiritual coping, with prayer helping adolescents feel calm.

The participants' use of of self-help and mutual help efforts, combined with a mix of protective factors and coping mechanisms in the light of strong stressors, show their resilient response to the pandemic. These signs of resilience show an overall sense of wellbeing among many children and teens.

Other mental health observations and reflections

Possible gender divide

One interesting observation in this study is a pattern where male teens do not categorize many seemingly negative events (decrease in communication among friends, non-participation in organizations etc.) as stressors or as difficulties while the female teens are more likely to see these events as stressors. The female teens said they commonly ruminate over these stressors. They also display more frequent anxiety and sadness than male teens. This gender disparity in mental health is likely to be due to a confluence of factors. One factor may be the differing role expectations especially during development. It could also be because the male teens in this sample tend to have robust social ties among neighborhood-based friends who serve as a protective mechanism. Further research is needed to establish to explore this seeming gender disparity is and to identify what mechanisms underlie it.

Cases of mental health issues

While results show the participants' generally resilient response to the pandemic and their ability to cope with various stressors, there are cases of mental health that show the vulnerability of those with pre-existing conditions.

Among children (6-12 years old), one child suffers from developmental delay. Despite being 9 years old, the child still cannot walk and talk and acts like an infant. One child was diagnosed with autism spectrum disorder while another was previously abused and now acts violently towards his peers. Among adolescents (13-18 years old), one believes she had postpartum depression with suicidal ideation after her teenage pregnancy. One feels sad every day and had panic attacks while another does not know what happiness is and cannot say when he experienced happiness.

All these mental health issues precede the pandemic. However, in general, the pandemic has made these individuals with pre-existing conditions more vulnerable. One factor that impacts this vulnerability is the lack of access to the support these individuals need due to the pandemic restrictions, compounded by financial difficulties and the lack of mobility which also impacts their access to friends. The child with development delay for example, was previously supported by NGOs pre-pandemic, but these organizations have not gotten back to the child's family during the pandemic, presumably because of operational difficulties due to quarantine restrictions. These children with mental health issues have also not been able to keep their social lives active. Another factor that impacts their vulnerability is how their mental health issues affect their response to stressors and their ability to cope. They are seemingly more distressed when encountering common stressors (financial difficulty, conflict with family etc.) compared to their cohorts. These vulnerabilities deserve special attention especially in the 'new normal' when resources are spread thin.

Attention should also be given those with 'yellow flags,' which include one teen who feels detached from his family and feels 'invisible', one child who suffers from social anxiety, and others who developed 'phobia' from natural calamities. They also experience lack of access to support, which they badly need even if their condition only potentially trends toward more serious distress and dysfunction.

Mental health awareness

Caution must be heeded in interpreting some claims made regarding children (6-12 years old). They were not directly interviewed. Their experiences, behaviors, mental health condition were reported by their parents or primary caregivers. Parents or primary caregivers may currently not be equipped to adequately assess and understand the mental health needs of their children, especially during the pandemic. Many have attributed "negative" behaviors to personality traits (makulit or pesky, tamad or lazy) instead of potential indicators of underlying needs and symptoms. Many adult key informants interviewed were not aware for example, of the negative effects on mental health that corporal punishment can induce. Understandably, many have prioritized finding ways to survive the pandemic and seek material resources than attending to the potential mental health concerns of the children.

Artwork by: Wryan Kyth Florentino

It's important to note that while mental health terms have been used loosely by some participants ("trauma," "depression," "anxiety," "phobia"), their engagement with the professional mental health system is very minimal and almost non-existent. They seem to have picked up these words and phrases from social media and friends. Those that display mental health dysfunction have not reported seeking mental health services. They generally just suffer through their conditions. These individuals, along with others who have displayed red and yellow flags, were given a hotline to text or call after the session. They were asked if they wanted to see a professional (for free) to talk about their problems. All but one participant declined the offer to see a psychologist or psychiatrist. This may be due to a host of reasons, including unfamiliarity with therapy and treatment. The teenager who took up the offer only did so two months after the interview, when he believed his distress/dysfunction was getting worse. This has implications on

how to promote mental health interventions in these settings, where a community-based approach may have better reach and effectivity rather than a clinic-based approach (Kort et al., 2018).

There were two participants who were knowledgeable about mental health issues, particularly about depression. One was an adolescent, who said that she checks up on her friends, especially if she sees worrying posts online since she knows what depression can do having read articles about it. One adult knows about depression as a mental health condition because their neighbor has been diagnosed with one. She makes sure to be attentive to her son during quarantine, has conversations with him, and includes the problems that he's facing in their conversation. She explains her reasons when she reprimands and take notes of what works for her son during the quarantine (such as having a classmate regularly visit). She notes that her son hasn't shown symptoms of depression even though he's just staying at home. These two individuals present what is possible in terms of mental health awareness, and consequent thoughtful and proactive behaviors when more Filipinos are aware of mental health issues.

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SUMMARY AND CONCLUSION

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1. The most common general stressor among participants was financial difficulty due to loss of income or jobs, with most of the participants having experienced this as a direct result of the COVID-19 pandemic restrictions. Support of parents/primary caregivers' friends, neighbors and relatives were instrumental in getting material resources (food, cash etc.) to survive the pandemic. Government support was found to be helpful even though it was deemed inconsistent and overall insufficient for most families.

2. Financial difficulties affect the children's and adolescent's wellbeing in multiple ways. It directly impacts physical health through food inadequacy and it indirectly impacts wellbeing by its effect on their access to gadgets and data load which are needed to access online classes and connect with friends. Financial difficulties are also a source of interpersonal conflict among family members. It affects, too, the attention given to child-rearing practices during the pandemic.

   Increased time spent with the family is generally considered to be positive, which also allows for the increased frequency of family bonding activities such as eating or watching movies together. Interpersonal conflict among families is common, but these typically are not due to the increased time spent with each other but are quarrels that either were similar pre-pandemic (for example, regarding household chores), or due to financial difficulties.

3. Child-rearing issues and practices were prevalent, with almost all adult key informants indicating having issues with or problems disciplining their children. Corporal punishment is also very prevalent and is use when the child does not obey or do what the parent/caregiver/guardian wants, or as punishment when they do not understand their modules.

4. While decrease in communication among friends was a common social life stressor, children and teens' social lives has been kept active either by maintaining communication online (social media, gaming etc.) or by spending more time with those that are physically accessible, including cousins, and neighborhood-based friends and peer groups.

5. Gaming has taken a consequential role during the pandemic. This is due to it being a consistent, accessible, and familiar structured social activity. Gaming has been seen to be beneficial to teens' social lives. However, it is double-edged with gaming also serving as a potent distraction to modules/classes and household chores. It sometimes affects sleeping and eating habits.

6. There is a high frequency of bullying noted among children (6-12 years old), where incidents of verbal, physical, and cyberbullying were recorded. Parents/primary caregivers report of having their child bullied because of their weight (taba or fat), for being perceived as gay, or for other perceived negative characteristics such as smelling bad or being dark-skinned. Many parents/primary caregivers directly intervene by either talking to the bullies or the bullies' parents. Many have also just advised their children to avoid the bullies and to just ignore them.

7. Despite various stressors in the family life, social life, and physical and mental health, education and classes were the most pressing stressors across children and teens. This is largely due to the difficulty in adjusting to the new mode of learning. Participants struggle with keeping up with the changes in environment, pedagogy, modality, and technology. Almost all prefer face-to-face classes and going back to school.

8. Various stressors abound in the educational lives of children and adolescents. Many face difficulties in understanding the learning materials in modules or online classes. Young children in particular struggle in comprehending the content of their modules especially for those who cannot read or write well yet. Further, primary caregivers find it hard to guide their children, deeming the material as too advanced for them. Many also struggle with the motivation to study, especially with potent distractions such as social media and gaming. Others feel that one is not obligated to study at home and that it is not a conducive environment compared to school.

9. Many face issues regarding resources and access to education. Poor internet connection is a common frustration among those that take online classes. Many lack the funds for buying data load and thus, either attend online classes inconsistently or just focus on modules. A portion of children and teens lack gadgets or share gadgets among their household. The issue of inaccessibility to education has worsened during the pandemic because the new mode of learning requires much more resources.

10. Most participants are physically healthy, although many report to live a more sedentary lifestyle than pre-pandemic. Consequently, weight gain was noted in some children and teens. Further, due to increased gadget use (as the primary source of entertainment), adult informants have noticed negative sleeping pattern changes in their children.

11. The feeling of being hopeless is not prevalent across children and adolescents. Children and adolescents commonly said that they are regularly happy, and only occasionally sad/anxious/fearful even during the pandemic. Many adolescents look forward to something, such as graduation and being with friend again after the pandemic. This pattern of results is likely due to the protective role of family (with many participants living in households with nuclear and extended family) and their active social life/friend groups

12. Mental health issues (pre-existing conditions) were noted in some participants (developmental delay, autism spectrum disorder, violent tendencies, depression, suicidal ideation, and panic attacks). The pandemic has made these children and teens with pre-existing conditions more vulnerable as pandemic restrictions hindered access to the financial and peer support they need.

13. Mental health as a concept, resource, or support is minimally brought up by the participants, and there is practically no contact between the participants and the professional mental health system and other mental health services.

POLICY/INTERVENTION RECOMMENDATIONS

For the government

1. **Strengthened poverty reduction strategies.** Results of the study show the concerning impact of financial struggles on the wellbeing of the children. Most poverty reduction measures include cash transfer programs and financial support. It is vital that support is facilitated at the early stage of children's life to lessen the cumulative impact of poverty (Yokishawa et al., 2012). One study that synthesized the impacts of the varied welfare-to-work demonstrations in the 1990s and 2000s found that effects were positive, even though small, when poverty reduction strategies are conducted for children in early childhood but not when experienced later in childhood or in adolescence (Morris et al., 2005). Thus, the appropriate timing of the strategies should be considered.

2. **Monitoring and evaluation of government assistance in the time of pandemic.** Even though the government gave support to those in need, the participants observed gaps in terms of the identification of those who are truly in need of cash assistance and the consistency of this material support. There were also reports of corruption in the system. Increased monitoring and accountability of the government (LGU and/or national) are needed in the dissemination of ayuda (support) as the participants pointed out inconsistencies and delayed distribution to their households.

3. **Allocate budget for provision of resources needed in education.** At the time of writing this research, DepEd has yet to propose options to the President for the plans for the academic year 2021-2022. As of this writing there is also a possibility that DepEd will have face-to-face classes resumed by August to September of 2021 or compromise an alternating system (face-to-face and online). It is imperative to pay attention to access to resources and adequate support. The government, community, and household levels are recommended to continue providing support. Municipalities can adapt the efforts made by the Quezon City government and allocate a budget for the provision of gadgets and the subsidy of data load. It would do good for DepEd to continue providing support to schools as they adjust to online learning. It is currently in the second phase of their PEN (Public Education Network) program in partnership with the DICT and the National Transmission Corporation (TransCo). This program aims to address internet connectivity issues. Eventually, the program will be able to provide teachers with data load and students with ICT equipment.

4. **Improve the current educational system with lessons learned from the experiences of this batch.** Although vaccine rollout is in process, it is still unsure when traditional face-to-face classes will resume. It is important to revisit the current design of the distance learning system, analyze its shortcomings, and resolve existing issues. It is recommended that teaching methods be assessed. Not only should procurement of materials be supported, as previously mentioned, but teachers should also be trained effectively in this new modality, covering topics such as new and appropriate teaching strategies, effective use of ICT services, and implementation of different media in teaching.

5. **Maintain physical activities in education and promote active lifestyle campaigns.** Given the more sedentary lifestyle observed among the participants, the education sector is encouraged to maintain the physical activity requirements in P.E. and MAPEH and expand the coverage of physical activities across grade levels. As seen in the interviews, the physical activities done for class are sometimes the only consistent physical excursions by some children and adolescents. Further, with the help of other NGOs and other alliances, campaigns can be propagated for families to adopt a more active lifestyle, which can be adopted in low-income communities.

For family and parents

1. **Parent, caregiver and guardian awareness and capability building on mental health for children.** Training on parental awareness and understanding of their children's stressors are highly recommended as a form of positive parenting. The lack of awareness and understanding of possible mental health issues in children and adolescents can lead to further distress and delayed intervention. Moreover, the parents' and family's mental health literacy plays a big factor in this process. The parent's or guardian's role in determining their child's stressors is important for early detection and treatment-seeking for the condition (Abera et al., 2015). Training and modules on child stress and coping strategies, positive child-rearing practices, corporal punishment consequences, and promotion of mental health even in the state of poverty can be provided to them.

2. **Sustained campaigns to end corporal punishment and promotion of positive parenting.** As observed with the altered child-rearing measures of the parents and guardians during the time of pandemic, there is the continuing need for sustained campaigns to end corporal punishment and promote positive parenting.

3. **Interventions for parents and guardians on handling financial stress and possible impact to the child's physical and mental health.** A major stressor for many families is financial insecurity. The burden and worries of unstable income and inadequate financial support can lead to poor physical and mental health and become secondary stress for their children. They may also foster conditions that increase the likelihood of violence against children. There is a need to further research how best to alleviate financial-based stress and its resulting risks.

For the peers and the larger community

1. **Establish community anti-bullying programs.** There is a high prevalence of bullying among children (6-12 years old). Some parents advise their children to just ignore the bullies. There is a cultural factor at play that leads to this advice, i.e., the notion that ignoring will lead to better 'pakikisama' or fellowship. This is unlikely to be an effective anti-bullying strategy (Black et al., 2010; Bradshaw, 2015; Craig et al., 2010). The current thinking on bullying prevention is to have a multi-sectoral approach, involving the community, school, and peers, and to remain consistent in disciplining bullying behaviors. However, given the nature of distance learning, the locus of bullying now is mainly online (cyberbullying). Due to the pandemic restrictions, coordination among community members may be challenging. However, various forms of anti-bullying campaigns may prove feasible. For example, in teaching peers how to interact as a bystander when bullying occurs, as well as to change norms peer-to-peer (Paluck, Shepherd, &Aronow, 2016).

2. **Peer-to-peer accommodation of mental health needs.** There is an observed need to teach peers of children (6-12 years old) how to accommodate and interact with children, especially those with mental health issues (autism spectrum disorder, developmental delay, and children with disabilities). In this study, children and teens with mental health issues were not able to keep up active social lives. Points for interventions might be on teaching adults, teachers, and community members how to handle guided free play with the children, and to model appropriate social interactions with the child with special needs (Chang, Shih, Kasari, 2016). Interventions can also be done among the peers, in the form of sessions that include verbal explanations, modeling, feedback, and role-playing to teach them how to facilitate social interactions (Chan et al., 2009).

3. **Explore interventions based on neighborhood-based social ties.** In the pandemic context, neighborhood barkadas/friends have proved to be robust, and have great benefits to mental health and well-being. However, there is gender disparity. Male teens have more neighborhood-based friends than female teens. Why this disparity exists may be due to a host of personal and cultural factors, such as that boys are given more leeway to venture out, to wander alone among the neighborhood, and to take risks. It may be beneficial to further research how we can introduce the positive elements of neighborhood-based friendship networks to more teens.

Other mental health intervention recommendations

1. **Increase material support for better mental health.** It is reasonable to recommend that psychological first aid and psychological processing of overwhelming feelings of anxiety due to COVID-19 be done to prevent further mental health problems. The management of the overwhelming situation can best be tackled by getting at the core of the family's struggle, which is their financial condition. Other mental health interventions should complement this core struggle (see also: Blattman, Jamison & Sheridan, 2016; Haushofer, Mudida& Shapiro, 2020). It should be further highlighted that even though resilience and help-seeking behaviors are maintained by the participants, the government still remains accountable for the public health crisis.

2. **Interventions for gaming.** Gaming takes a consequential, if not central role in the lives of adolescents during the pandemic. It provides great benefits to the teens' social lives, being a consistent, accessible, and familiar outlet for socialization. However, it is also a highly potent distraction. How does one mitigate the addiction-like behaviors, but retain its huge benefits to the teens' social lives? Interventions may come in the easy-to-use resources (for ex. Kulman, 2020) or by leveraging peers to model peer-to-peer time management and other balancing behaviors, especially given the highly social nature of gaming.

3. **Increase mental health awareness and support.** Those who exhibited concerning behaviors were asked if they were open to receiving professional help. Most were apprehensive to accept and ask for help because they think they do not need it, or the situation is not bad enough to warrant it, or they are not familiar with the process. It is important to raise not only awareness but also access to and comfortability with mental health resources. There are several psychological services open to the public. A list of these is now available at the website of the National Research Council of the Philippines in the study of Mapping of MHPSS in the time of the Pandemic 2019. These mental health service providers offer counseling and psychotherapy services for those affected by the pandemic.

However, it must be acknowledged that internet connection, mobile load and gadgets are not easily accessible by the participants.

4. **Promote and adapt easy to use psychosocial tools.** The International Federation of the Red Cross (IFRC) Psychosocial Centre, Regional Psychosocial Support Initiative (REPSSI), and MHPSS.net developed materials to support practitioners, teachers, and parents/caregivers in 2021 to address issues in the context of the COVID-19 pandemic. These are:
    a. Hopeful, Healthy and Happy - Living and Leading During COVID-19 (for Teachers)
    b. Hopeful, Healthy and Happy Living and Learning - (Parent and Caregiver Guide),
    c. Hopeful, Healthy and Happy Living and Learning Activity Guide (for Teachers and Parents).
    d. It would also be helpful to look at the Manual "Lifeskills for Children and Young People in times of Disaster" developed by PSTCRRC in 2014 for Plan International Philippines[13]
    e. Another important resource is the Priority Child Protection Actions: Technical Note: Protection of Children during the Coronavirus Pandemic (v.1) (Appendix 2)

5. **Strengthen public health system.** For these mental health recommendations to happen, there is a need to strengthen the public health system particularly the primary, secondary, and tertiary levels, so that mental health and psychosocial support is integrated into the intervention and services given at all these three levels. Further, there is a need to develop collaborative multi-sectoral and multi-disciplinary approaches integrated into pre-existing programs, structures, and initiatives to address mental health problems.

6. **Promote community-based mental health programs.** In the end, clinic-based or even tele-health services might not be the most optimal vector of intervention for the mental health needs of many Filipino children and adolescents, especially those struggling financially. As seen in the results, the most protective factors (including strong social ties in the family, neighborhood, and friends) seem to be those that are accessible and familiar to the children and adolescents. What seems to be needed are culturally-sensitive and community-integrated approaches. Thus, future interventions regarding mental health awareness and support should optimally be through community-based mental health that taps into local capacity and social ties to deliver the needed interventions (Kort et al., 2018).

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[13] Contact PST CRRC at pstcrrc@gmail.com for the copy of the manual

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APPENDICES

APPENDIX 1: Narrative Cases

These narratives are selected among the whole participant pool to reflect various experiences of the children and adolescents during the pandemic. Red flags are serious stressors that likely lead to extreme distress, dysfunction or danger which include various cases of abuse, bullying, and neglect as well as other mental, behavioral, developmental or external issues. Yellow flags are mid-level stressors that could eventually lead to a more serious problems such as those listed in the red flag. Green flags are positive examples of healthy coping and outcomes in the time of stress/distress.

Red flags

Kevin's experience with verbal and physical abuse by his father

Kevin, 8 years old, is the eldest of two siblings. Kevin's parents have separated since he was 5 years old due to his father's abusive behavior towards him and his mother even while she was pregnant. Kevin has an open and trusting relationship with his mother and would even share his secrets with her. He has turned aversive towards his father and is mad towards how he treated them. He doesn't like seeing his father even though he tried to communicate with him during the pandemic. When Kevin was younger, his father would physically and verbally abuse him whether he was under the influence of alcohol or not. He would hurt Kevin when he gets makulit (naughty) or when Kevin tries to protect his mother when his father hurts her.

Now, Kevin looks after his younger brother as they live with his aunt, uncle, and grandmother. Kevin's mother is worried about seeing Kevin manifest violent tendencies that she thinks he may have adapted from his own father. Kevin would mock, bully, or punch his little brother and peers sometimes randomly or sometimes when he gets in conflict with them. He would shout and throw a slipper towards his playmates when he's mad at them. Kevin gets in conflict with his peers when they bully him for showing behavior perceived to be gay. Kevin is observed to be bugnutin (irrittable) as he easily gets irritated and throws temper tantrums, especially when someone minds over his belongings. Kevin acts out and expresses violent tendencies even before the pandemic. His mother thinks that he has been "traumatized" by his father's abusive treatment. She would find Kevin randomly staring blankly and she said she can't talk to him sensibly. "One time nagkatrauma si Kevin hindi mosiya makausap ng matino, lagi siyangtu lala, tahimik (One time Kevin had trauma and we could not talk to him clearly. He often had a blank stare and was quiet)."

Now in the COVID-19 pandemic, Kevin is sad that he can't play with his friends in school. With the government restrictions, Kevin like the other children in their neighborhood who can't go out and physically play together. Instead, Kevin plays Mobile Legends with his friends most of the time. Despite the conflicts Kevin has due to his behavioral difference with his peers, Kevin is said to be doing great with his studies. He is always excited and likes to be the first to join their online meeting to impress his teacher. Moreover, Kevin is physically well and eats whatever her mother serves.

John and his behavioral pattern of suntukan (boxing or fighting)

John is a 14-year-old male (Grade 9) living in Malabon. He lives in a large household with nine other members, many of them male. His mother and father are separated, but he is still able to visit and talk to his dad. There are 3 things salient in John' narrative:

First is his overall contentment with his life situation. He speaks positively of his home environment, and it's a source of happiness and contentment for him, even as he describes it as a "simpleng pamumuhay" (simple lifestyle). He also has an active social life with friends that he can meet face-to-face. This is also seen in the emotions he felt in the past 30 days, where he rarely feels anxiety/fear, and sadness, and always feels content and happy.

Second is his positive evaluation of his online/module system of education, something that is not common with the current batch of interviewees. Although, he still prefers learning face-to-face both for educational and social reasons.

However, unfortunately, another salient aspect to John is the red flag behavioral pattern of violence—suntukan (boxing or frighting), something which he doesn't treat as a problem. In this section, I will focus on this issue, and discuss three incidents where he was the first one to punch, and one incident where he was the receiver of the punch, where he then fought back

The latest of these incidences was in December 2020, where he had a quarrel with his nephew, Ikoy. Ikoy was heckling John about his 'tigyawat' (acne), repeating this over and over, and John countered back with 'bansot' (small and stunted growth). Eventually "nagkabanasan at nagkasuntukan (Got irritated and started hitting each other) and they were then reprimanded by Gerard, John's older brother. He reportedly cried after the fight and after getting reprimanded, and just went to sleep. The day after, they were made to reconcile by Gerard (pinagbati), and he knew that they were okay with Ikoy when Ikoy offered him food. At a later part of the interview, he would add (possibly to downplay), that they have a physical form of showing affection with his predominantly male household (including playful punches and wrestling).

The other incident was pre-quarantine, in January 2020, when a person in the friend group apparently insisted to play during their basketball session and continued to bother the group even when he initially said that he was not joining this. This annoyed (nabanas) him and led him to punch the friend. Apparently, the friend did not strike back, "tahimik lang siya (he was just quiet)." John reports that he would eventually reconcile with this friend.

He also recalled another incident when he punched an individual who borrowed his basketball but lost it. The kid struck back, and then "may nag-awat (stopped the fight)." Eventually, John and the kid would end up ignoring each other (hindi na nagpapansinan).

An incident where he was the receiver of the punch was when he asked someone to lend him a basketball. This individual was older (estimated by John to be around 16 years old). Although the exact details are unclear, a person from the group he was borrowing from called him "madamot" (stingy) and afterwards "bigla na lang sinuntok (suddenly punched him)." He struck back, "hindi naman ako papayag na pag sinuntok hindi ako babawi (I will not let this pass without my revenge). He would eventually reconcile with this individual.

He coped with the first incident by crying and going to sleep. For the other incidents, however, he lets off steam by hanging out with friends (sa iba muna ako tumatambay) which also lets him distract himself (para makapaglibang din), and shares with his friends his problems. For example, when he was punched his friends told hi hayaan nalang daw (let it be).

Experience teaches us that kids with these behavioral issues can grow out of them as they mature, but arguably it does present a red flag. While expressing sadness over hurting others (Nalulungkot din ako – nakakasakit ng ibang tao) he may not fully comprehend the potential severity or effects these may have on the victims. As speculated above, this may be in part due to his developmental stage, inhibiting mature perspective-taking – or potentially suntukan (boxing) may be normalized in the community that he is living in, and may be seen as a "normal" response to quarrels or antagonism.

At the end of the interview, I offered John to message me so I can refer him to someone who can help him process and listen to him when he feels these bouts of anger/frustration (that leads to suntukan) again.

Noah and his detachment from his family and issues with happiness
Noah is a 16-year-old male adolescent living in Malabon City. He is currently in Grade 11. Noah lives in a household with 5 other relatives. Unlike other interviewees with active peer support, Noah has decreased communications with his friends, and only talk now "tuwing may pag-uusapan lang po (only when there is something to talk about)." He says that he doesn't mind this and he respects their personal time.

Noah has several difficulties in education, ranging from the lack of appropriate gadgets, internet connection issues, missing early morning classes, and just finding the current system to be difficult. He also finds the current system to be unfair, and wonders whether the semester has been wasted. Part of what keeps him studying in classes is the fear of being left behind by his peers, and the sense that "walang magagawa (nothing to do)" and to just continue going forward. However, this sense of unfairness may also point to a potential green flag – Noah has expressed a sense of wanting to change the world. He is also bothered by the boredom and the repetitiveness of life under the pandemic.

However, a salient red flag to Noah's case is his feelings of detachment and withdrawal from his family. He said that he is observant of his family's behaviors and find many of these behaviors to be frustrating or irritating. He expressed a desire to return to 'normal' and appreciate his family better, but he says that he doesn't know how to do so. Further, an alarming dimension to this case is how he responds to questions about happiness –he doesn't know what it means to be happy, and he can't point to instances of happiness either with his family members, or in general.

When asked what his family does, Noah says that they don't do much as a family, but they do eat their meals together. Noah says that "masaya naman po sila" not "masaya kami" (They are happy but not we are happy). Noah says that he started being quiet when he was in Grade 8 (roughly 3-4 years ago), and eventually, "lumalayo" (distanced himself) with his family. Because of this pagkatahimik (silence), Noah says that he became more observant. Although he says that they are good people, he observes behaviors that frustrate him and further makes him silent in the family environment.

With his siblings for example, "naiingayan si Noah (Noah find them noisy)." For example, for his older sister, he says that she has the tendency to be "OA" (overacting). He narrates an instance: when their parents were away for a Saturday, and they were eating together, the 12-year-old brother remarked that the sister was using her phone on the table. The sister then shot back that it's not as if the younger brother doesn't do it. Noah gets frustrated with this behavior, asking how his brother was going to learn if their sister was always irritable.

Then he also goes on with his younger brother's faults – that his brother antagonizes him and that "di tinatablan ang kapatid ng sermon (sermons on good behavior cannot get through him). Noah describes him as lazy. Because of these quarrels, he says that "Minsan nadadala ng emosyon (sometimes I get carried away)" and he shouts at him in frustration. But since these do not have an effect on his siblings (i.e., that they only get angry), these pushes him to want to be quiet in the household. He also adds that his brother is only mabait (kind) when he needs something, which adds to his frustration (nababad trip).

He then goes to outline his stepmother's behavior. While he admits "Inaasikaso naman kami ni tita (She looks after us), he says that she shows favoritism. For example, according to Noah, when he tells her (sumbong) what his younger brother does, she just says to make peace with him which he finds frustrating since his stepmother doesn't seem to understand why the fights break out in the first place, or how the pagkasundo (reconciliation) can happen given that the brother is at fault.

Noah has nothing much to say about his dad, although he says that "Wala naman po siyang pinapaboran (He has no favorites)." When probed for happy and sad moments with his father, he was unable to give either "Wala rin, hindi ko po—hindi po kami nag-aano (None, we don't do things)." Noah's biological mom lives in Batangas, where Noah grew up in, having spent his elementary school days there. It was only in Grade 8 that he moved to Metro Manila to study high school. He still spends his summers in Batangas. His biological mother and his father have been separated for 12 years already.

However, he said that his friend's parent had died recently, and he realized that "dapat po talaga hindi po sinasayang yung oras kasama sila" (we should not waste the time we are with them). However, he confessed that he doesn't know how to change the situation, how to change it back to 'normal.' He doesn't know what happened to him (Hindi ko po talaga alam kung pa'no ko ibabalik yung ano ako sa bahay. Pero po kung ano—sa pamilya po, 'di ko po alam kung bakit ano—kasi po 'di ko rin po alam kung bakit ba talaga). When asked about happy moments in the family, he says that "Hindi alam kung kailan masaya sa pamilya (I don't when the family is happy)." This would be reflected in his emotional profile where he says that he does not know when he is happy. When asked how frequently he is happy, Noah replied "Hindi ko po alam. 'Di ko po alam kung anong masaya, 'di ko rin po alam kung paanong maging masaya. Di ko po alam yung pakiramdam (I don't know. I don't know what happiness is, I don't how to be happy. I don't how happy feels)." He related that this not knowing what happiness is started at the same time he felt detached/tahimik.

In the past thirty days before the interview, Noah has also occasionally felt deep sadness and hopelessness, and this was when "masyado pong malalim talaga yung naiisip ko, gano'n (I was in deep thought)." Part of what he is thinking are his regrets as well as "kung ano-ano lang po mga pumapasok sa utak ko (So many things go through my mind)." When asked what he does in these instances, he just says "Wala po akong ginagawa (I do nothing)" and that "na sanay na lang din po kasi yun dahil sa lalim ng iniisip ko (I'm just used to being in deep thought)." He presents no suicidal ideation, "Pero wala naman po

akong naiisip na parang—sumuko o mawala sa mundo, mga gano'n (I don't think about giving up on life or leaving this world)."

Johanna's struggle with teenage pregnancy in the time of COVID-19
Johanna is a strong 17-year-old with a husband (20) and child (nine-month baby girl). She lives with her parents and two uncles. She had to stop schooling due to her pregnancy. She would have been Grade 12 had she continued. She stopped because she could not bear the frequent morning sickness. She was a good student, and her teachers were sad to see her go.

She gave birth to her son at the start of the COVID-19 lockdown, thus they had to get swab tested right after the childbirth. She spent 10 days in the hospital and 2 weeks at her husband's house for quarantine before the baby was brought home. Despite having a bout of pneumonia, Hezekiah is currently a smart 9-month-old baby who enjoys mimicking the adults she sees— putting on lip tint, headbands, and shoes because she sees her parents do it.

Financial difficulties are the biggest problem for Johanna and her family, with her husband losing a job at the start of the lockdown and presently still losing income. This makes her feel stressed and depressed." At some point, she frequently cried and did not want to live anymore. With her partner, she is also worried where they will get the funds to baptize their baby.

They are 4Ps beneficiaries. When they need the funds, it is mostly her mother who assists them, but her father and father-in-law also do so. Her mother also does not fully accept her husband, often ignoring him. They often just bear it ("tinitiis lang") because her husband does his part around the house. They just hope to live on their own someday.

Johanna wishes to become a working student on top of becoming a mother. She wishes mostly for a stable source of income so that she can support her family.

Yellow flags
Frank, the child with a heightened fear of authorities during the pandemic
Frank is 7 years old and is the youngest among three siblings. He has a close relationship with his mother wherein his mom would immediately know if something were wrong or if Frank is in distress. Commonly, when Frank becomes suddenly quiet, he would say that he is well, but his mother would make sure that Frank tells her about his problems for it to be addressed.

Prior to the pandemic, Frank is friendly and not as shy as he is now. Frank now doesn't go out even when his mother invites him to do so. He is mainly anxious about getting caught by the police or barangay officials roaming around their neighborhood. Frank's elder brother once encountered police on his way home from his grandmother's house. From this incident, Frank got a "phobia" as suggested by his mother. Whenever Frank's mother would ask him to go meet and play with his friends outside even for a short period of time, Frank would insist on staying home to be safe from the authorities. Frank seems to be content in reaching his friends online through video games and rarely physically communicates with them.
Frank learned how to speak English by following the commands at the games he plays and the videos he watches online. Moreover, Frank's mother observed that Frank became reserved and his attitude

towards his playmates changed during the pandemic. He doesn't like sharing his toys anymore and his mother suggested that it might be because his playmates never returned his toys back. Frank's mother is alarmed that her son might not know how to get along well with other children as he mainly stays at home and is glued to his gadget.

In terms of his studies, Frank loses interest in studying when he has a pile of modules to write on and answer. He would reason that he can't read the blurry copy of the module and requests to study at his preferred time. Frank also quarrels with his mother whenever she lectures. Frank would insist on his own way of understanding the lesson which frustrates his mother.

As Frank is mainly at home with no physical exercise and changes in sleeping patterns, he gained weight during the pandemic. Frank had remarkably been less outgoing and needed to be pushed to go out of the house. He won't even follow his mother's requests to buy at a nearby sari-sari store due to his worry that he'll be sent to the barangay and be away from his family. Frank's mother during the interview kept repeating that all her children had "phobia" due to the unreasonable policing in their neighborhood.

Anna, the child content with staying indoors while on her phone

Anna, 12-years-old, is the only child of her parents. Anna's father only goes home every weekend from his workplace in Laguna and it's only her mother who she spends most of the time with during the pandemic. Anna is open to sharing her difficulties in school and stories about her crush to her mother.

According to her mother, during the pandemic, Anna was observed to be too focused on her cellphone, became lazy, and takes time in following in her mother's requests and orders. Anna is not being regulated for her phone use and her mother would just sometimes remind her that she's on her phone too much. Anna's mother lets her use the phone as she has nothing else to do, and she'd prefer that she stay home rather than go out at night like the other kids in their neighborhood. Anna is fond of watching Tiktok videos, following the dance trends, and fangirl over the Korean group BTS.

Anna would sometimes go out with her friends, and they even completed the Simbang gabi. However, it was observed that Anna spends less time with her friends outside and prefers to just lay in bed the whole day scrolling through videos on Facebook or Youtube. Her sleeping pattern also changed. She'd stay up all night and wake up by noon due to her unregulated gadget use.

In terms of her studies, Anna would easily get irritated and lose focus when their internet connectivity acts up. She would get frustrated when she can't follow the discussions and can't complete her modules easily. She would skip the class, the module, or some questions in the module when she can't decipher them easily. To cope with these difficulties, she would ask her classmates and other grade 7 students to help her.

Jana, the introvert child distressed with online schooling

Jana, 12 years old, is the youngest child among three siblings. She is observed to be introverted, shy, and not as open to her mother, father, or any of her siblings. Her mother said that she's like living in her own world (parang may sarili siyang mundo) as she rarely relates to them. She has been like this even before the pandemic and prefers to not be bothered. She remains quiet while doing her activities. She would go straight home from school when they have face-to-face classes and has no close friends in their neighborhood.

During the pandemic, Jana does not mind that she can't go out because she rarely does so even prior to the government restrictions. She's not persistent in asking her parent's permission to go out unlike the other children in their neighborhood. While staying at home, she is fond of scrolling through social media posts and videos and sleeps late from doing so. She once saw a Facebook live video of a student committing suicide in their community, which alarmingly she has not much reaction on. She didn't express any curiosity, empathy, or even any extreme reaction towards what she saw. She plainly said, "hala tumalon, ang gara" which can be interpreted as desensitization, unawareness, or less expressions of empathy towards the situation. Jana's mother, on the one hand, just told her that the child who committed suicide is not thinking well as he committed suicide over minor problems, which they haven't confirmed.

Jana has frequently complained to her mother that she wants to stop schooling as she doesn't learn anything from the online class and modular setup. She initially finds it hard to adapt and navigate through the group chats of different subjects. Her mother reached out to her adviser to request to drop out of the class but was not approved since dropouts are prohibited when the school year has started. Jana is reminded to just do what she can, she doesn't need to be part of the honor roll, and she doesn't need to pressure herself. Jana is still having difficulties with understanding the lessons provided to them, but she continues through with her studies.

Alyanna's struggles with her mother's academic expectations and her own mental health

Alyanna is a sensitive 16-year-old student living with her mother (a sari-sari store owner), uncle (a security guard) and older brother (a Grade 9 student). She is in Grade 11 pursuing the STEM track. Her family went through a fire on May 17, 2020, which caused them to live in a tent for about a month as renovations were ongoing. Their sari-sari store also lost income over the pandemic. Luckily, these problems did not affect the child much. Their family became more united over the pandemic as they spent more time together.

However, the expectations and mindset of her mother bother her a lot. This trickles down to her social life and education. First, her mother disallows her to hang out with friends face-to-face due to the pandemic, and they continued to go out without her. This makes her feel like she cannot make decisions for herself. As for her education, her mother expects her to be an honor student and shift out of STEM which is a difficult and competitive track. She does not want to shift out, as she wants to become a cardiologist when she grows up. She wants this because her father died from a heart attack. Her academics are difficult, but she is still able to keep up. She has her own laptop, as well as two internet sources (phone and laptop data). Both still get poor signal.

Alyanna's mental health is what she considers her biggest problem. She often feels panic attacks (fast heartbeat, frequent tearfulness) and is sad everyday, especially at night. Her sleep is compromised. She often sleeps at 3-4am because of overthinking. She cannot remember the last time she felt genuine happiness. She hopes that her mental health can improve, and that she can one day become a cardiologist. She hopes that the pandemic can be over for the good of the country.

Christine's struggle with frequent household quarrels and mother's drinking habit

Christine is an amicable 15-year-old girl living with her six other family members: her mother, two siblings (16 & 12), grandmother, aunt, and uncle. Her father works in the province as a machine operator.

In her family, she is bothered by the quarreling: first verbal disagreements (sagutan, pagtatalo) between her aunt and uncle, and second between her and her siblings. Despite her saying that quarrels are infrequent for the former and mild for the latter, she says she gets "scared" and "traumatized" when her aunt and uncle fight. Her baby brother even cries because of this. She provides support for her brother when this happens, and personally either tries to break up the fight or go somewhere else. On the other hand, her sibling squabbles are quite mild, ranging from playful teasing to somebody not lending their toys/gadgets, etc.

Apart from that, Christine is bothered by the absence of her father and her mother's drinking habit. She is sad especially on holidays, since these are times when he is supposed to be home but cannot because of COVID-19 restrictions. She thinks that this is why her mother has turned to drinking. Her mother often cries when drunk, to which she and her siblings simply show affection to her to appease her.

Green flags

Story of Nina – the child with a supportive family household

Nina, 6-years-old, is an only child. Her mother works as a caregiver abroad while her father is in the province having difficulties with walking as he had an accident at work before. Ever since then, Nina was taken care of by her grandparents and uncle. Nina is observed to be physically healthy, and she doesn't even look like the average 6-year-old with her weight and tall height. Nina is described to be affectionate and well-behaved but she's sometimes moody and throws tantrums. Her grandmother considers tantrums as normal behavior for a child, and she just turns affectionate around her to ease Nina's mood.

Nina doesn't have much to adapt to when the government restrictions were imposed. She's accustomed to staying at home and remains obedient to following the protocols even during the pandemic. She doesn't have as many friends living nearby and thus rarely goes out to play. Also, Nina's grandmother prohibits her from going out and mingling with children in their neighborhood. The children in their neighborhood often curse and Nina's grandmother doesn't want Nina to copy that behavior. Nina is fixed and content with playing with enough toys she has at home. Nina doesn't face any difficulties with her school as reported by her grandmother and she even received outstanding awards as recognition. She follows through well with the guidance of her uncle and she has her own tablet to use for her school needs. Nina did manifest any distress during the interview, as reported by her grandmother. She can easily get what she requests in terms of food, toys, or type of play as her grandmother would be there to support her.

Michael, the trusted friend

Michael, 12- years-old, is an only child. He is said to be closer now to his mother as they spend more time during the pandemic. His mother was able to stay at home more often due to her thyroid condition and prohibition to work. She looks after him closely. He would be open to sharing with her his feelings if he has troubles in school. His mother would check up on him daily to be assured that he won't feel depressed. Michael is encouraged to be open even if he's already turning into a teen. When he turns quiet, his mother would be alarmed and would immediately ask what he was thinking and feeling. Michael has a healthy relationship with both his parents, and he would intervene and won't let them stay in conflict whenever they have misunderstandings. Michael is observed to have not much of any stressor during the pandemic as he would open up whenever he is distressed, and he can request anything at any time from his mother

As Michael matured, he became less affectionate. During the time of the pandemic, Michael got invested in playing Mobile Legends and he would sometimes raise his voice to his mother when he gets reprimanded. He gets emotionally affected when he loses a game. Michael is very close to his friends. They stay in touch and even got closer during the pandemic as they met online regularly. They would share and talk about their life prior to the pandemic and their plans when the government restrictions are lifted.

Michael's mother considers his close relationship with his friends as a sign that he is mentally well and not getting depressed even while just staying at home. Moreover, Michael's friends would turn to him and share their stressors and problems. They would seek Michael's advice and just talk to him. Michael is doing great in school and has been consistently at the top of his online and modular class in a private school.

Michael's mother is apprehensive and cautious of how she should approach and look after Michael. She makes sure that Michael is not manifesting depression, and this awareness is informed by her own neighbors' experiences of having depression.

Anna's story of mutual help in the community

Anna is a 13-year-old girl living in Navotas. She lives with her mother (42) and grandmother (67); However, she has been staying at her neighbors' house for a month. Anna said that her mother is diagnosed with, and taking medication for, depression. She said that her mother would often curse and be violent towards her and her grandmother. Anna is concerned about her mother's wellbeing and recovery. She is also concerned about helping her family's expenses.

Anna and her community have been active in dealing with this situation. Anna helps her family and herself by babysitting her neighbors' children. Not only does she earn from this, but she is also provided with her needs, including housing, food, and the gadget she uses for school. She helps around their house with household chores, too. This way, she is also helping her grandmother alleviate their financial concerns. They have been financially affected during the pandemic and they are unable to afford medicine for her mother and grandmother. Her neighbors let her borrow their phone, which she uses for school. Anna's neighbor, who owns a computer shop, allows her to connect to their WiFi so she can connect to the internet.

Alyssa's story about finding comfort in an online community

Alyssa is a 16-year-old female living in Quezon City with her nuclear and extended family. During the pandemic, the family struggled financially, which caused her parents to fight occasionally. When tension arises, the children are sometimes involved. Her parents sometimes project their anger onto them, which hurts Alyssa. Alyssa tries to intervene for the sake of her siblings. She provides comfort to her younger siblings and protects them from their parents' hurtful words. "Yung 'pag minsan po yung nagkaka-conflict sila—nadadamay kami. Like po may hindi lang po aming nagawang ganto-ganyan, sa 'min na po ibubuntong yung galit nila pero hindi po nila kami pinapalo. Ano po puro po mura po nila naririnig naming. Pag mainit talaga yung ulo nila like 'lintik' po gano'n (Sometimes we get dragged into their fights. If fail to do something, they will vent their anger onto us. They don't hit, but we often hear them curse, especially when they are mad)."

Aside from their financial struggle, Alyssa also struggles with meeting her family's expectations. They often compare her to her older cousin, which pressures her. Alyssa sometimes feels troubled and feels that she gets depressed. She stands up for herself and tells her parents to stop comparing her because it might leave a bad impression on her younger siblings.

When she is sad, she finds comfort in her online friends whom she met on a Facebook group of fictional story writers. She and her friends bond over telling stories to each other and exchanging the stories they have written. They also support each other emotionally. Her online community is in similar situations as her, in which she finds comfort. She believes that they understand her best. She feels as if they are sisters. "Nandudun po sila if need ko po ng makakausap ko po about my problems po (They are here when I need some to talk to about my problems)."

Ignacio's optimism

Ignacio is a 17-year-old, Grade 10 male adolescent living in Quezon City. Even with financial difficulties in the household, he describes the family situation as happy. He lives with his mother, brother, tito, tita, grandmother and two cousins. He also has a group of friends and a girlfriend that he regularly talks to and games with, although he hasn't met them physically over the course of the pandemic. His family and friends are a source of happiness for him. He longs for face-to-face meetups with his peers.

Ignacio's top stressor is his classes and the workload that comes with it. He says it has also already affected his sleeping schedule. Interestingly, he finds online classes to be easier. He finds himself more able to focus. He has a higher grade in online classes rather than face-to-face. However, he still prefers face-to-face classes for its social/bonding aspects. An additional protective factor for Ignacio's wellbeing is his teachers who he labels as magaling (good), mabait (kind), and understanding of the situation that the students face.

A salient point in Ignacio's narrative is his sunny and optimistic disposition. This can be seen in in his answers:
- Palagi po akong masaya kasi ganun ang buhay, parang hindi sobrang nahihirapan, yung mga problema ko—masaya pa rin (I am always happy. Life is like that, it's not too hard, even with problems, it's still happy)
- Walang nasasaktan po, masaya naman kaibigan ko, girlfriend ko, mama ko, pamilya namin, tita ko, lahat po okay lang—masaya lang po (Nobody is hurt. My friends, my girlfriend, my mother, may family, may tita, everyone is okay. That's happy)
- Mas iniisip ko na lang yung positive na mangyayari kesa negative kasi mahirap yung puro negative yung naiisip mo (I'd rather think of the positive things that can happen because it's more difficult if you only think of the negatives)

Ignacio is one of many male teens who frequently and regularly feel happy, rarely sad, and nervous and hasn't felt hopelessness in the past 30 days, despite the pandemic conditions and the difficulties that come with it (financial issues and mobility restrictions).

APPENDIX 2: Priority Child Protection Actions

<table>
<tr><td colspan="2" style="text-align:center">Priority Child Protection Actions
(Alliance for Child Protection in Humanitarian Action, 2020)</td></tr>
<tr><td style="text-align:center">Preparedness actions</td><td style="text-align:center">Response actions</td></tr>
<tr><td colspan="2" style="text-align:center">Child protection strategy: individual and group activities for child well-being</td></tr>
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<td>

In consultation with others, identifyalternative mental health and psychosocialsupport (MHPSS) and educational activitiesfor children
Consult children and adolescents, including girls, in the design of interventions

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<td>

Train health, education, child services and MHPSS staff on COVID-19-related CP risks
Identify strategies for providing psychosocial support to children, especially to those under quarantine
Conduct remote, age- and gender-appropriate awareness raising
Adapt existing referral pathways

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<tr><td colspan="2" style="text-align:center">Child protection strategy: strengthening family and caregiving environments</td></tr>
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<td>

Work with children, caregivers and otherstakeholders to understand cultural beliefsand practices that could protect or endanger children during an outbreak
Identify awareness-raising opportunities to highlight the importance of responsive parent-child relationships
Develop an inter-agency plan, in collaboration with relevant authorities, to strengthen the care of vulnerable children

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Provide targeted support to interim care centres and families, including child-headed households and foster families, to emotionally support children and engage in appropriate self-care
Provide financial and material assistance (cash or NFIs) to families whose income-generating opportunities have been affected
Encourage and create safe opportunities to support routine contact between children and family members who are physically separated
Work with other sectoral actors, includinggovernments, to put in place measures to prevent child-family separation

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<tr><td colspan="2" style="text-align:center">Child protection strategy: community-level approaches</td></tr>
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Identify what role communities can play in raising awareness and in protecting children and families
Work with communities to identify strategies to prevent and protect vulnerable groups (e.g., refugees, children in alternative care, those at risk of stigmatization and social exclusion)

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Work with community members to develop child-friendly messages on COVID-19, associated risks and referral pathways
Identify flexible strategies to communicate with communities remotely
Together with communities, carry out activities to end stigmatization, promote safe coping mechanisms, and support affected populations
Work with traditional and religious leaders to adapt traditional practices, if necessary (i.e., greetings, burial and grieving ceremonies, etc.)

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<tr><td colspan="2" style="text-align:center">Child protection strategy: case management</td></tr>
</table>

• Provide training and support to caseworkers and existing child helplines on COVID-19, including basic facts and myths, impact on CP concerns, and support services • Work with health actors to develop strategies to include marginalised and hard-to-reach children • Identify risk mitigation measures for • caseworkers and alternative methods for follow-up if home visits become impossible • Facilitate referral for other specialised services including GBV services	• Revise or develop SOPs with the health sector and others to ensure the safe identification and referral of children at risk • Establish mechanisms to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence • Identify children whose excluded status renders them more vulnerable (i.e., children without family care, children who are refugees, internally displaced, migrants or stateless; children living and/or working on the street; children with disabilities; etc.)
Child protection strategy: alternative care	
• Identify, train and mentor local health actors in preventing family separation and identifying and referring children who are unaccompanied and separated (UASC) • Identify and train persons across communities who are well-placed to care for UASC in case of a COVID-19 outbreak • Build the capacity of systems to prevent separation, engage in family tracing and reunification, and provide family-based alternative care for UASC	• Establish safe, family-based alternative care arrangements (preferably kinship care) • Ensure children who are separated from their caregivers have regular opportunities to communicate with them • Avoid disseminating information that might unintentionally encourage families to neglect or abandon their children • Work with relevant authorities to establish a registration system to prevent long-term separation and to facilitate reunification

APPENDIX 3: Area Method Approach Instructions

1. Ang "seed point" kada barangay ay malapitsa Barangay Hall

2. Simula sa seed point naito, magbilang ng anim na bahay/gusali, at saika anim na bahay, kumatok at magpakilala sa naninirahan
   a. Note: ang pagbibilang ng bahay/gusali ay nakabasesa right-shoulder side, o sakanangbanda ng recruiter/volunteer

3. Ipaliwanag ang layunin ng recruitment, magtanong ng impormasyon tungkol sa kanila o sa kanilang pinapalaki para malaman kung angkop sila sa pag-aaral (hal. Edad, kasarian). Tanungin rin kung pumapayag silang magpa-interbyu

4. Uulitin ang prosesong ito kada ika-anim na bahay/gusali

5. Kapag napunta tayo sa interseksyon ng mga kalye
   a. Pag may dalawang pwedeng puntahan (hal. Pa-kanan o pa-kaliwa), mag flip ng coin dalawang beses:
      i. H-H, punta sa unang opsyon (hal. pa-kanan)
      ii. H-T, punta sa pangalawang opsyon (hal. pa-kaliwa)
      iii. T-H, bumalik sa kalye kung saan nanggaling, at ulitin ang proseso sa bagong kanan
      iv. T-T, ulitin ang pagfi-flip ng coin

   b. Kapag may tatlong pwedeng puntahan (diretso, kanan o kaliwa), magflip ng coin dalawang beses:
      i. H-H, dumiretso
      ii. H-T, limiko pa kanan
      iii. T-H, lumiko pa kaliwa
      iv. T-T, bumalik sa kalye kung saan nangaling, at ulitin ang proseso sa bagong kanan

6. Uulitin ang prosesong ito hanggang sa May 9 na mga phone numbers bawat barangay. <u>Lahat ng phone numbers ay dapat galing sa magkakaibang household</u>

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