USC-Office of Population Studies Foundation, Inc.

LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD

Baseline Qualitative Study Final Report

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Disclaimer

All discussions and interpretations of study findings presented in this report are not necessarily that of UNFPA and the agencies which funded the survey.

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EXECUTIVE SUMMARY

The main impetus for conducting the Baseline Qualitative Study is to put a human face to the plight of 10-year old marginalized Filipino children. These are the children who survived the crucial developmental demands of infancy and early childhood and are on the verge of crossing important milestones on their way to adulthood within marginalized settings or circumstances. In this report we share the stories of children and adolescents whose context of marginalization include societal, physical/mental/behavioral, spatial and political/ideological. We interviewed 10-year old children a) with disabilities, b) residing in areas exposed to armed conflict, c) residing in geographically isolated and disadvantaged areas, and d) belonging to indigenous communities. Also featured are narratives of 15-19 year old adolescents who identify themselves as either lesbians or gays and tell us about what it was like when they were aged 10.

Few studies have delved deep into the lives of such children. Chapters 3-7 describe them within their family, school and community environments. We learn about their transition into puberty and what this means to them, the day-to-day challenges facing them and how they are coping with these, and their aspirations in life and how they perceive their future. We also present the perspectives of parents and one grandmother of children with disabilities who shared with us their concerns regarding the welfare and future of these children. These narratives inform us about who among them are being helped, by whom and in what ways. We identify those who are not getting any help or are not receiving appropriate help.

We underscore some concerns confronting these children that need urgent attention. Of the different sectors, the most in need of support are the children with disabilities and their caregivers. The ultimate desire of these families is for their children to learn to live independently as much as possible. This may require professional help in the form of rehabilitation and therapy for the children. Only a few of the children received therapy and the high cost of getting one was among the problems raised. The caregivers' capacity to care for these children are clearly crucial for the latter's survival. Proper information and training on how to take care of these children are needed by these caregivers. Equally as important is the caregivers' psychological well-being. Aside from the physical and mental burn out, they deal with the anxiety over what might happen to their children if something happens to the caregivers. None such training was mentioned in the caregiver interviews.

While it is highly encouraging to know that the majority of the marginalized 10-year old children in this study are in school, the school environment can be a tough arena to navigate in. For children with disabilities, not being in the right school or not fitting in can be stressful. For all the other sectors, bullying in school was reported. This is consistent with our Baseline Survey results which showed that among 10-year old children, experiencing violence among peers and friends is quite common, even among the non-marginalized. Children with disabilities appear to be the most vulnerable. The qualitative data give us a more vivid depiction of their bullying experiences. This issue is not to be taken lightly, since bullying among the marginalized brings the suffering to a different level. While the children narrated various ways in which they coped, none of them reported getting any counseling or mental health support from the school or the community.

As they approach puberty, another realm of concern opens up for these children, particularly among the females, and notably among children with disabilities. Most of the children are aware of the physical changes that transpire in this transition, and some of them knew that this signals the start of their sexual lives. From the data, it is clear that these children as well as their parents need to have their reproductive health knowledge substantiated, through the school or the community, and be empowered in handling whatever risks these children face as they enter adolescence.

Of significant value are the points we raised in Chapters 8-9 highlighting the windows of opportunity for assisting these children that have been missed or are not properly addressed, based on what we learned from the narratives. We enumerated ways through which these can be rectified through initiatives, such as the programs implementing the Sustainable Development Goals (SDG) and *Ambisyon Natin 2040* of the National Economic and Development Authority. Only then can we fulfill the SDG target of no one being left behind, hopefully not the marginalized Filipino child.

CHAPTER 1: INTRODUCTION

1.1 The Longitudinal Cohort Study on the Filipino Child (Cohort Study)

The Cohort Study is primarily aimed to examine how the lives of young boys and girls are changed as our country implements the Sustainable Development Goals (SDG) agenda (2015-2030) (United Nations, 2017). The strategy is to prospectively observe a cohort of Filipinos, from ages 10 through 24, in the course of the SDG agenda implementation and collect data capturing significant milestones from childhood to young adulthood (i.e., puberty, school completion, entry into labor force, sexual activity initiation, marriage). Data collected at each survey round contribute to a comprehensive database on population dynamics, sexual reproductive health and rights, and provide information on how this cohort and their households are faring as far as 13 of the 17 development goals are concerned. This evidence-based resource will inform national policy making and development planning particularly on how the development goals are contributing to maximizing the potentials of the Filipino youth[1].

The Cohort Study Baseline or Wave 1 Survey recruited a nationally representative sample of 4,952 10-year old children, corresponding to a population of about two million children of this age in 2016 across the country's three main island groups (also the sampling domains) of Luzon, Visayas and Mindanao (see Table 1).

Table 1. Cohort Study baseline sample distribution by domain.

Survey statistics	Luzon	Visayas	Mindanao	TOTAL
No. of barangays enumerated	115	115	115	345
Target households for enrollment	1,725	1,725	1,725	5,175
No. of households enrolled in study[a]	1,618	1,639	1,695	4,952[b]
No. of index children interviewed	1,600	1,639	1,688	4,927
Population size(weighted sample)[c]/domain	1,134,764	414,162	561,253	2,110,179

[a]Eligible households: with children aged 10 and consented to participate in Baseline and future surveys
[b]Target sample size at baseline: 5000 households
[c]Matches population of 9-year old children in 2015 Census Survey (age 10 in 2016)

The baseline sample includes marginalized children, defined as children existing outside society's mainstream, or have conditions or are in circumstances that render them vulnerable. These are children with disabilities, those living in areas prone to armed conflict (AC), in geographically isolated and disadvantaged areas (GIDA), or are classified as indigenous peoples (IP). Their voices are often not heard

[1]For more details on the study methodology please refer to the Cohort Study Baseline Technical Report (OPS, 2018).

rendering them powerless and thus vulnerable to various elements of risk. Also at-risk are children whose gender preference differ from their sex assigned at birth, and who eventually identify themselves in any of these categories: lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA). The 10-year old children at baseline were deemed too young to be asked gender identity questions but these questions will be included in future surveys.

The marginalization of these children may be contextualized as societal (regarded as different from the majority, such as in the case of the IP and LGBTQIA), physical, mental or behavioral (in the case ofchildren with disabilities), spatial (marginalized by distance in the case of GIDA), or political/ideological that result in armed conflicts (such as the case of AC).

Table 2 shows the proportion of the baseline sample classified as marginalized (excluding LGBTQIA) and non-marginalized (NM). Overall, 19% of the children were marginalized at age 10. It is important to note that about 3.7% of these children fall under more than one marginalized sector[2]. Compared to Luzon and Visayas, Mindanao has the highest proportion of marginalized children, particularly in the AC and IP sectors.

Table 2. Percent distribution of index children by marginal status across domains[#].

Marginalized categories (n)	Luzon	Visayas	Mindanao	TOTAL
NM[a,b] (n=3845)	89.7	87.4	58.6	81.0
M (n=1107)	10.3	12.6	41.4	19.0
Breakdown of marginalized groups:				
Children with disabilities (n=65)	1.0	1.2	2.3	1.4
AC (n=412)	1.7	3.4	14.6	5.5
GIDA (n=181)	2.5	5.9	2.4	3.2
IP (n=449)	5.1	2.1	22.1	9.0

Weighted results presented as percentages. Test for significant differences in weighted proportions were based on Pearson's chi-squared test of independence. Significantly different at $p<0.05$ between [a]Luzon and Mindanao; [b]Visayas and Mindanao

As discussed in subsequent chapters of this report, these marginalized children are at a disadvantage in various forms ranging from physical/sexual abuse, bullying, discrimination, depression and unmet health needs (Chuang et al., 2012; Farbstein et al., 2010; Dayrit et al., 2018; Mori, 2015; UNICEF-Philippines, 2018; Peek-Asa et al., 2011; Quejada and Orale, 2018; UNDP, 2018). The Baseline Survey results reveal significant differences in selected vulnerabilities among children categorized by marginalized status (see Table 3 below). Compared to the other categories, higher proportions of children with disabilities were

[2]Children with multiple vulnerabilities were categorized under the most severe marginal sector following this order of severity: children with disabilities, AC, GIDA, IP.

shown to have ever repeated a grade, reported recent illness, are stunted and reported experiences with physical abuse from friends and adults. Higher proportions of children were stunted among the marginalized compared to the non-marginalized. Children in armed conflict areas appear the least disadvantaged among the marginalized. Given that exposure to armed conflict was defined as within the last 3 years, these results could reflect more peaceful times (as evidenced by our field survey staff being allowed entry to these areas known to have had past armed encounters).

Table 3. Proportion of index children with vulnerabilities by marginalized sector[a].

Characteristics	Children with disabilities	AC	GIDA	IP	NM	All
Ever repeated a grade***	35.5	12.5	18.1	16.9	10.5	11.8
Sick last 6 months**	42.3	17.4	40.9	29.4	29.1	29.1
Stunted ***(n=4925)	47.7	36.0	44.8	43.9	29.6	32.0
Low BMI-for-age(n=4925)	21.5	13.1	22.3	19.1	15.3	15.9
Low DDS**	60.0	56.0	46.5	63.9	54.6	55.4
Hungry but did not eat(n=4908)	54.9	51.4	39.0	46.8	42.0	43.0
Physically hurt by friends**(n=4823)	43.0	37.6	40.7	28.3	39.5	38.5
Physically hurt by parents(n=4817)	24.9	22.2	17.1	16.2	15.6	16.2
Physically hurt by adults**(n=4764)	33.3	26.8	23.1	16.3	22.6	22.4

a Weighted results are presented as percentages. Test for significant differences in weighted proportions were based on Pearson's chi-squared test of independence. Significantly differentacross categories at ** $p<0.05$, *** $p<0.01$

1.2 The Baseline Qualitative Study: putting a human face to the marginalized Filipino children

The Baseline Survey collected a wide array of quantitative information characterizing various aspects of the lives of 10-year old children and their households along key outcome areas such as health, nutrition, and human capital formation. The main impetus for conducting the Baseline Qualitative Study is to obtain deeper insights on issues pertinent to the lives of children from marginalized sectors, especially on issues that relate to the rights articulated in the Convention on the Rights of the Child (United Nations, 1989) and of initiatives such as the SDG agenda and *Ambisyon Natin 2040* of the National Economic and Development Authority (NEDA). Through this study we hope to highlight certain addressable needs that emerge from the data and identify resources and success stories that can help in the attainment of rights-based sustainable development for all, particularly for marginalized children.

The main objectives of this Qualitative Study are to:

1. Identify the challenges facing marginalized children, especially those that impinge on their basic rights

2. Explore support networks and resources that help them overcome these challenges

3. Identify important aspects that need to be taken into account in future survey rounds.

The ultimate goal, if resources permit, is to collect longitudinal qualitative data on the same children, and generate a series of case studies to fully examine how these marginalized children fare throughout the SDG agenda implementation period.

The battle cry of the SDGs is that no one is left behind. This promise holds more meaning to the plight of the marginalized children. In this report, we tell these children's stories. We learn of their individual and family situations, and their support networks at home, in school and within their immediate community. We share their experiences with puberty and what it means for these children to cross that milestone. We report on their prevailing challenges and difficulties, on their experiences with discrimination or bullying and how they cope with these. We discover what makes them happy or sad, and how they are being helped and by whom. Lastly, we discuss their aspirations in life. These compelling narratives help put a human face to the marginalized children, provide context to their circumstances and make us better understand how initiatives such as the SDGs can potentially lift them out of society's peripheral vision.

1.3 The Study Team

The Cohort Study was conceptualized by the United Nations Population Fund (UNFPA) led by Dr. Rena Dona, Mr. Jose Roi B. Avena and Dr. Joseph Michael Singh with assistance from Ma. Sylvia Nachura and Mr. Jose Nicomedes Castillo. The UNFPA manages the funding and direction for this project in coordination with the National Steering Committee (NSC) composed of government agencies led by NEDA.

The USC-Office of Population Studies Foundation, Inc. (OPS) is the implementing agency of the Cohort Study in collaboration with the following renowned research institutions which are strategically based in the study's sampling domains:

Luzon: Demographic Research and Development Foundation (DRDF)
University of the Philippines, Diliman, Quezon City

Visayas: Center for Social Research and Education (CSRE)
University of San Carlos, Cebu City

Mindanao: Research Institute for Mindanao Culture (RIMCU)
Xavier University, Cagayan de Oro City

Also joining the team are well-known experts in their respective fields, Dr. Alejandro N. Herrin (Policy Adviser) and Ms. Priscilla Gonzalez Fernando (Psychologist Consultant).

The entire Study Team worked together in designing the Baseline Qualitative Study. Data collection training was conducted by Dr. Fiscalina A. Nolasco of CSRE, Mr. Sonny A. Bechayda and Dr. Judith Rafaelita B. Borja of OPS and Ms. Priscilla Gonzalez Fernando. Data collection and field work were conducted and supervised by DRDF (Luzon), CSRE (Visayas) and RIMCU (Mindanao). OPS handled overall field and data processing management and supervision. The OPS team also took the lead in report writing. See Appendix 1 for more information on OPS, the collaborating research institutions and their data collection teams.

CHAPTER 2: STUDY DESIGN

2.1 Qualitative study design and components

Data collection for the Baseline Qualitative Study was conducted from August to October 2017 on a non-probability sample of children and adolescents from the 5 marginalized sectors described in Chapter 1. In-depth interviews (IDIs) were conducted on 10-year old children (non-cohort participants) representing children with disabilities, IP, GIDA and AC sectors. IDIs were also conducted among the primary caregivers of children with disabilities as we anticipated that some of these children may have difficulty responding to the interviews. For the LGBTQIA sector, since gender identity at age 10 may not yet be well-defined, we decided to conduct focus group discussions (FGDs) among 15-19 year old adolescents. The goal was to obtain their insights and opinions on issues such as health, social and economic difficulties that confronted them at age 10, and their perceptions on the utility and accessibility of services and programs. Data were collected across the three main study domains: Luzon, Visayas and Mindanaoexcept for AC for which interviews were done only in Mindanao which had the most concentration of armed conflict areas.

2.2 Recruitment and data collection procedures

The cohort participants were excluded in the qualitative component to avoid contaminating them with extra exposure to the study team other than during the longitudinal survey waves. Furthermore, given that a much smaller sample size was needed for the qualitative study, not all cohort participants in a sample barangay will be involved. This could cause some confusion or even bad feelings among cohort households as not all may fully understand why they were excluded for this visit. This was also the reason why the qualitative study participants were recruited from areas outside of the Baseline or Wave 1 Survey sample barangays. Qualitative study areas were determined by DRDF, CSRE and RIMCU, who knew best where to recruit respondents within their respective domains. All sample sites and replacements were approved by OPS.

General selection criteria

Selection criteria and recruitment procedures for each component are detailed in Table 4. Rural/urban classifications were based on Philippine Statistics Authority (PSA) definitions. Households were classified as poor/nonpoor based on a series of screening questions (see Appendix 2). Given the possibility of conducting future repeat visits to the 10-year old IDI respondents, willingness to participate in future visits was among the criteria. Children whose households were likely to move out of the area in the near future were not recruited.

Data collection procedures

Prior to starting any data collection, FGD participants, IDI respondents, and parents/caregivers (of minor participants/respondents) were properly consented (see Ethics Review section below for more details). FGDs were conducted by trained teams consisting of a Moderator and a Documentor. IDIs were conducted by trained qualitative interviewers. To ease the challenging task of getting a 10-year old to open up and engage in a conversation with an adult interviewer, play was incorporated into each session to make the child feel more comfortable and the interview process less threatening. Each interviewer brought a standard set of toys to the interview. Each session started with both the interviewer and the child playing with the toys (which were left with the child after the session). All FGDs and IDIs were conducted in the local languages and audio-recorded.

All IDI interviews were conducted within sight of the primary caregivers or adult household members (but not within hearing distance). FGDs were done in areas where privacy was assured. A community informant assisted the teams in the recruitment and in gathering the participants. This informant was also tasked to ensure that non-participants did not hover around the ongoing session.

Upon their request, referral letters to the nearest health centers for further counseling or medical assistance were provided each FGD participant and IDI respondent who felt distressed after sharing their experiences in the sessions. All participants/respondents were provided a list of resources (including local resources) for various problems or concerns they may need assistance on.

For more details on the data collection procedures and topic guides, please See Appendix 3.

Training of data collection teams

Dr. Fiscalina Nolasco of CSRE, a highly experienced qualitative researcher, conducted the training on conducting FGDs and IDIs. Ms. Priscilla Gonzalez Fernando (Certified Specialist in Clinical Psychology, and Child and Play Therapist) taught the qualitative research staff techniques in interviewing 10-year old children and incorporating play into the interview session. Ms. Fernando also trained the teams in providing first-line counseling in case any form of distress or trauma was triggered from among FGD participants and IDI respondents in the course of narrating or sharing their stories. Throughout the course of data collection, Ms. Fernando was on call in case data collection teams had concerns regarding handling minors or triggered crisis situations. Mr. Sonny Bechayda of OPS trained the data processing staff on transcription and thematic coding. Dr. Judith Borja of OPS did the training on consenting procedures, data confidentiality and the OPS Child Protection Policy. See Appendix 4 for the training schedule.

Mandatory courtesy calls to Mayors, Barangay Captains and IP Chieftains (for IP IDIs): Prior to any recruitment and data collection activities in an area, each data collection team was required to conduct a courtesy call on the City/Municipal Mayor to obtain permission to visit the sample barangays. Letters of introduction from OPS, UNFPA and the National Economic and Development Authority (NEDA) were provided each team for the courtesy calls. Copies of these letters which were stamped as received bythe Mayor’s office were presented to the Barangay Captains of each sample barangay. For the IP sample

areas, an additional endorsement from the National Commission on Indigenous Peoples (head office and regional offices) was obtained.

Participant/Respondent Tokens

FGD participants were provided transportation refund and snacks. FGD participants and IDI respondents were given bed sheets and pencil boxes (with colored pens and pencils) in appreciation for the time they shared with us.

2.3 Ethics Review

The study protocol was reviewed and approved by the University of San Carlos Institutional Ethics Review Committee. All FGD participants, IDI respondents and parents or primary caregivers of minor children (aged 10-17) were properly consented prior to starting any data collection activity. Only participants/respondents who had assented (minors, and with parental consent) and consented (those aged >17) were included in the study. Four sets of forms (translated in local languages) were used to obtain consent from:

Form 1: parent/primary caregiver to interview 10-year old child (IDI)

Form 2: parent/primary caregiver to be interviewed (IDI)

Form 3: parent/primary caregiver for their 15-17 year old child to participate in the FGD

Form 4: 18-19 year old adolescents to participate in the FGD

Please see Appendix 5 for copies of the consent forms and the OPS data confidentiality and child protection protocol agreement (signed by all research personnel involved in study).

2.4 Data processing and analysis

All audio-recorded FGD and IDI proceedings were transcribed and converted into electronic document files. Transcripts in the vernacular were translated into English for electronic coding. Each of the collaborating institutions (DRDF, CSRE, RIMCU) did the initial coding on the English transcripts for their assigned island group using NVivo 11 qualitative research software[3]. Themes and sub-themes (based on an agreed coding scheme) were identified and coded in NVivo. The coded transcripts were collected at OPS and merged into one working file for use in the analysis for the final report, and special analysis papers undertaken by collaborators. Face to face data processing and analysis meetings among the collaborating institutions were held in December 2017 and March 2018. These meetings were held to discuss coding issues, and the initial themes arising from the data. Tables of results based on NVivo coding to be used by collaborators were also created by the staff of OPS and Ms. Jennefer Bagaporo of RIMCU from May to July 2018.

[3] NVivo qualitative data analysis software; QSR International Pty Ltd. Version 11, 2015

Table 4. Study components and specifications (See Appendix 3 for detailed instructions per component).

	Children with disabilities	AC	GIDA	IP	LGBTQIA
Method	IDI [child (C) and primary caregiver (PC]	IDI child	IDI child	IDI child	FGD
Subjects and selection criteria	10-yr old childrenwith at least ONE of ff. disabilities (since birth or in last 3-5 years): a) Visual b) Hearing/speech/communication impairment c) Physical/orthopedic d) Mental (intellectual/psychiatric/behavioral) * separate IDIs for C and PC	10-yr old children currently residing in areas exposed to armed conflict (since birth or in last 3-5 years)	10-yr old children currently residing in GIDA (since birth or in last 3-5 years)	10-yr old children from IP settlements (non-migrant households)	Openly LGBTQIA aged 15-19 (may be from different barangays; avoid recruiting from just one common social group; non-Muslim)
Sample per domain and criteria	a) Visual - C and PC b) Hearing/speech/communication -PC c) Physical/orthopedic - C and PC d) Mental -PC IDIs must have representations from the ff. children: Male and female Urban/rural Poor/nonpoor **Total/domain: 16**(whether paired or PC only)	4 males 4 females **MINDANAO only** **Total: 8**	2 males per domain 2 females per domain **Total/domain: 4**	1 urban male per domain 1 urban female per domain 1 rural male per domain 1 rural female per domain **Total/domain: 4**	FGD sets: 1 urban poor assigned male at birth 1 urban poor assigned female at birth 1 urban nonpoor assigned male at birth 1 urban nonpoor assigned female at birth *Same 4 sets for RURAL **Total/domain: 8**
Tokens	1 flat sheet per PC 2 pencil cases per child	2 pencil cases per child	2 pencil cases per child	2 pencil cases per child	1 flat sheet per participant

CHAPTER 3: CHILDREN WITH DISABILITIES

In 2010, global statistics indicated that about 93 million children aged 0-14 suffered from some form of disability with 13 million of these classified as severe cases (WHO, 2011). The 2010 Philippine Census of Population and Housing revealed that 1.4 million individuals had disability, and about 20% of these were children 0-14 years old (PSA, 2016).

The United Nations implemented the Convention on the Rights of Persons with Disabilities (CRPD) which defines persons with disabilities as those who have "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006).

Children with disabilities are the most marginalized and excluded groups in society (UNICEF-Philippines, 2018). The Convention on the Rights of the Child, which took effect in 1990 and signed by 196 countries, states that "a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" (Art 23.1 United Nations, 1989). Having any form of disability sets children at a great disadvantage, particularly in the area of schooling. Many children with disabilities are not able to go to school due to financial or structural hindrances (Mori, 2015). Mainstream child development services and programs also often overlook children with disabilities (UNICEF-Philippines, 2018).

In the Philippines, several programs and legislations are beginning to be implemented to address the needs of children with disabilities. Among these are the Philippine Health Insurance Corporation (PhilHealth) Z-Benefit Package for Children with Disabilities, and the DSWD residential and community-based services for children with disabilities; in addition to other programs and legislations for persons with disabilities such as the Magna Carta for Persons with Disabilities, RA 10070 or "An Act Establishing an Institutional Mechanism to Ensure the Implementation of Programs and Services for Persons with Disabilities", the Philippines Development Plan 2017-2022 with strong focus on equity, disability measurement in existing population surveys, the Budget Priorities Framework which includes disability as a priority sector, inclusion of disability indicator in the Seal of Good Local Governance, and the provision of social cash transfers in some LGUs for persons with disabilities (UNICEF-Philippines, 2018).

Whether these government programs and services are reaching and actually helping children with disabilities to become productive members of society, is a matter of public concern.

Children with disabilities data collection

The goal was to supplement what we have learned about children with disabilities from the Baseline Survey and probe for more contextual information such as the circumstances that led to their disability, health and social challenges these children face at age 10, forms of assistance received from the government, private, and civil society sectors and whether these were perceived as helpful or not. The researchers strove to get respondents from various types of disability: visual, hearing/speech/communication impairment, physical/orthopedic, and mental (intellectual/psychiatric/behavioral). Separate interviews were done with the child and the

primarycaregiver. In cases when it was not possible to interview the child (particularly for children with mental disability), only the primary caregiver was interviewed.

The study aimed to conduct a total of 48 IDIs, 16 IDIs per domain (of either 10-year old children with disabilities or their primary caregivers) stratified by sex, urban/rural and poor/nonpoor status (see Table 4 for specifics on sample selection). We completed a total of 48 IDIs representing 31 cases of children with disabilities (see Table 5). We conducted 18 child IDIs and 30 primary caregiver IDIs (25 mothers, 4 fathers and 1 grandmother). Except for one case, the child interviews had matching primary caregiver interviews. From hereon, the term "caregivers" refers to the parent/grandmother who was interviewed.

Table 5. Breakdown of children with disabilities IDIs by domain and type of disability.

Type of disability	Luzon		Visayas		Mindanao		TOTAL
	Child	Caregiver	Child	Caregiver	Child	Caregiver	
Physical/orthopaedic	1	1	4	2	3	3	14
Visual	1	2	2	1	2	2	10
Both visual and hearing		1		1			2
Mental	1	5	2	4	1	2	15
Speech impaired		1			1	1	3
Both hearing and speech impaired		1					1
Both mental and speech impaired						1	1
Visual/hearing/mental		2					2
TOTAL	3	13	8	8	7	9	48
TOTAL CHILD IDIs							18
TOTAL CAREGIVER IDIs							30

Profile and life experiences of children with disabilities

<u>Circumstances that led to disability</u>

Most of the disabilities in the study were thought to have been incurred during pregnancy, at childbirth, or in the early childhood. Difficulties during pregnancy were thought to cause the fetus not to develop properly in the womb. In the case of a boy with polio, his mother attributed his disability to the exhaustion she felt during pregnancy as well as the physical violence inflicted on her by her husband while she was pregnant. Among the childbirth-related circumstances that were believed to have caused disability were premature childbirth, late delivery, and complications during childbirth such as seizures caused by a viral infection affecting the child's brain.

There was also the case of a boy who required surgery at birth because he was born with his intestines outside his body (according to the mother, a birth defect called omphalocele). His mother believed that post-surgical circumstances may have caused his son's subsequent visual impairment:

> *After he was operated on, he was incubated. The incubator was really hot. The light was really very close (to the baby)… That may be one of the reasons (for his condition).*
> Mother of boy #2 from Mindanao (with visual impairment), urban, nonpoor

A woman from Mindanao believed that her son was born without legs because of the irregular bleeding or spotting she experienced during pregnancy, which also resulted in premature delivery. Sickness and malnutrition during the first three years of life were also mentioned as possible causes of disability.

<u>The caregivers</u>

The most common caregiving activities were feeding and bathing the child, and bringing the child to school. When the child gets sick, the caregiver ministers to the child, gives medicines, and if needed, brings the child to a doctor or hospital. Several caregivers shared their desire for these children with disabilities to be as independent as much as possible. It made them happy to see the children perform basic activities on their own like eating, brushing the teeth, changing clothes, and bathing. For caregivers of mentally impaired or blind children who were in school, any indication of their children learning something is already a cause for joy. A mother related these positive changes on her deaf and mute son since he began going to school:

> *When we got him in school, oh you see. He knows how to wash plates. He cleans the home… Even though you tease him… he doesn't fight back because he knows… what's right and wrong. But when he was not yet studying, none, he had no empathy. He stabs. Yes, he looks for [fights]…When he's teased like that… he chases them with a knife. But now, I really thank the Lord and I'm in my right mind that he is in the process [of learning things] because of the teacher.*
> Mother of boy #1 from Luzon (deaf and mute), urban, nonpoor

Schooling

Of the 31 children with disability, 27 were attending school at time of interview. Of the four children who were not in school, two had mental disability and were from the Visayas. One was a boy from a rural area whose only schooling option was to attend public school. The nearest SPED school was too far away. This boy did not like to attend public school as he claimed that he was bullied there. The other was a girl, also from a rural area, who was previously enrolled in a SPED school. She lasted in school for only two months then lost enthusiasm in going to school. While she was not bullied in school, she claimed to have felt that no one accepted her there. There was also a boy in Luzon with cerebral palsy. The fourth child was a boy from the Visayas who had polio. Aside from half of his body being paralyzed, he also could not speak very well. His mother shared that she tried enrolling her son to a public school but was refused enrollment. Discouraged from this experience, the mother decided not to pursue enrolling her son to other schools. Of those who were in school, nine were in a special education curriculum.

Usual Activities of children with disabilities

When asked about what they did prior to the interview (or on the morning of the interview) or what their usual activities are, children with disabilities reported activities that may be typical of any 10-year old child. For those in school, their day started with preparing themselves for school (such as washing face, brushing teeth, taking a bath and dressing up), eating breakfast andpreparing food or bottled water to take to school. They would commute to school by tricycle or motorcycle and perform tasks expected of students. There were those who reported doing household chores such as fetching water, sweeping areas inside or outside the house, cleaning the house, making the bed, cooking, washing dishes and washing clothes. On weekends, some of them talked about going shopping. On Sundays, they attended church with their parents or family members. Strolling or going out for air *(magpahangin)* and visiting other children are activities enjoyed by both boys and girls. There were also mentions of health-related activities, like doing non-rehab physical exercises and treatments (e.g., applying *ap-ap* solution to face). There were two children who were undergoing therapy at the time of interview. As related by a male child who did therapy after school:

> *I go home at 6:00 because I have therapy. And also my friend has therapy too.*
> Boy #1 from Visayas (with intellectual disability), urban, nonpoor.

Play

Playing was also among the activities cited by the children with disabilities. The boys mentioned basketball, playing with their toy cars, and even jackstones. The girls engaged in Chinese garter, *karate-karate*, hide and seek, playing tag, *tumba langit*, playing house, playing with the cat, biking and playing on playground slides. Disability, however, can be a barrier for a child who wants to engage in play, which is the general trend reported by children with disabilities and their caregivers:

> *Maybe there are others who are not able to play because they are in a wheel chair. There are others who have pain/sickness in their body parts.*
> Boy #1 from Mindanao (with orthopedic disability), rural, nonpoor

One boy reported that his teacher did not allow him to play basketball because the other players were taller and bigger than him. For another, his disability certainly did not keep him from playing basketball, even if this means playing alone (he only plays with others in birthday parties):

Interviewer: Who do you play basketball with?
Child: I'm alone.
Interviewer: Only you. How do you play basketball?
(Child acts in a shooting position)
Child: Whoosh!
Interviewer: How do you call that? (imitates action of the respondent)…
Child: Shot.
Interviewer: Shot. Then, if you are able to shoot a ball successfully, what do you feel?
Child: Yes! (exclaims while clenching his fist)
Boy #2 from Visayas (with orthopedic disability), rural, nonpoor

Siblings and family members were commonly named as playmates by these children. One child with polio shared that he was able to play basketball together with his cousins:

Interviewer: What do you play with your cousins?
Child: We play basketball.…
Interviewer: How often do you play basketball?
Child: Yesterday, I played. Tomorrow, I will play. As long as I have someone to play with, I will play.
Interviewer: So, you play basketball everyday.
Child: (nods)
Boy #3 from Visayas (with orthopedic disability), urban, poor

Computer games were particularly enjoyed by male children with disabilities, whether using their cellphones or on computers. Here is Boy #3 from the Visayas shared about playing the computer game Crossfire:

Interviewer: What are you doing in the Internet Café?
Child: Play games.
Interviewer: What kind of games do you play?
Child: Crossfire (sounds like "hop-pay" when he speaks).
Interviewer: What do you do in that game? How do you play it? What do you see?
Child: They fire guns.
Interviewer: Hmmm... What do you do when you play Crossfire?
Child: Fire guns.
Interviewer: … Of all the computer games, why do you play it?
Child: Because it's fun.
Interviewer: Hmmm... What do you do in the evening?
Child: Go to the Internet Café.
Boy #3 from Visayas (with orthopedic disability), urban, poor

Experiences with bullying

Despite their conditions and perhaps in reaction to physical and emotional manifestations of their disabilities, the children in this study were not spared being targets of bullying as revealed in these narratives:

> *I feel sad because they do not want to make friends with me . . . they hit me here (pointing to her belly) . . .*
> Girl #1 from Visayas (with mental impairment), rural, poor
>
> *I do not have any friends at school, they bully me . . . they push me . . .*
> Boy #4 from Visayas (with mental impairment), rural, poor
>
> *Someone threw a bag at me, I got angry, then, he slapped my face (demonstrates the slapping action) . . . I retaliated, I pinched him, he got angry . . .)* –
> Boy #5 from Visayas (with mental impairment), rural, nonpoor

Perpetrators of physical violence were not just limited to peers or classmates, but also included family members as well. As narrated by one mother:

> *He (the father) has slowly accepted the fact, sometimes he gets tired and hits ourson, the worst was when he hit him with a belt . . . sometimes you lose your patience . . . I have tried hitting him using my hands, sometimes I shout at him, it is when your frustrations get the best of you . . . they just make fun of him because he easily cries, he cries when hisbrother plays with other kids, they exclude him from play activities because he could not understand the rules of the game, and he cries easily . . . his older brother teases him, whenhe talks to himself, his brother shouts at him, he hates being scolded, yes, his brother hits him . . .* **–**
> Mother of boy #1 from the Visayas (with intellectual disability), urban, nonpoor

Schooling-related support for children with disabilities

The narratives showed that parents and teachers play important roles, not just in taking care of school-related needs, but also in protecting children with disabilities from bullying. Unfortunately, there were accounts of teachers not helping these children at all when bullied. Worse, some mothers reported that the teacher would even join in the bullying.

Siblings were also mentioned to have assisted the children with their schooling. Be it help with homework or physical support like in the case of a rural boy in Mindanao who was carried to school on his older brother's back. Apparently not all classmates are bullies, as the children shared stories of classmates giving them paper or lending them ballpens in school, even giving them food and money. Children enrolled in special schools cited their therapists as their source of support. Several children also remembered receiving school supplies from the barangay, municipal government or non-goverment organizations. Government assistance was in the form of benefits from the Pantawid Pamilyang Pilipino Program and the Special Education (SPED) program was also mentioned.

Dealing with sickness

Being sick was described by the children with disabilitiesas a difficult experience particularly for the caregivers. One child said that her mother would take leave from work to take care of her. Another child shared that her father would stay awake during the night, just watching over her.

The most frequent sicknesses mentioned were cough and fever. The hierarchy of recourse was such that home remedies were for common sicknesses like cough, colds and flu; professional help was sought for more serious illnesses. When very sick, children with disabilities were brought to the barangay health center, a private clinic or a government or private hospital (particularly when the condition worsens). Parents were likely to take the children to hospitals where they were previously treated.

Puberty

At ten years of age, the majority of the children interviewed said that they had not yet attained puberty or that they still don't consider themselves as adolescents. All of the girls have not reached menarche, although a few of the caregivers reported observing signs that their children were already transitioning to puberty such as the presence of body and pubertal hair. Specific signs for the girls included: experiencing tantrums, having crushes, being shy, having strong body odor. Among the boys, these would be: voice change, growing interest in girls, increased need for privacy, masturbation and interest in pornography.

A few children with disabilities revealed that they had no idea what the terms "puberty" or "adolescence" meant but acknowledged that they were aware of and even experiencing some of the puberty-related changes. As one boy from Mindanao (rural, poor) described: his scrotum ached, his voice had changed, and he was now not as restless as before. Aside from voice change, the boys also reported physique changes such as having bigger bodies and growing muscles, having wider shoulders and getting taller. The girls talked about having bigger breasts, wider hips, heavier bodies and bigger bellies, body and pubic hair and menstruation. For some girls with disabilities, menstruation was perceived to be a painful experience, a cause for anxiety and shame. As one girl described:

> *I would get ashamed because whenever I pass, they will say "She is menstruating, you are menstruating, right?" If my menstruation will come.*
> Girl #2 from the Visayas (with visual impairment), rural, nonpoor

Other children mentioned changes in terms of taking on greater responsibilities at home (running errands and doing household chores), and acquiring skills such as knowing how to ride a bicycle. There were also behavioral and relational changes that were cited. For some boys, puberty and adolescence were associated with engaging in smoking and drinking. Many of the children related puberty to having boyfriends and girlfriends, sexual intercourse, pregnancy, marriage, and having children. A few children said their knowledge about pubertal changes was learned from lessons in school.

Help Received by children with disabilities

The forms of assistance received from government sources were free medicines, vaccinations, vitamins and medical checkups from health centers; money, clothing, toys, rice and groceries from local government units (LGUs) especially during Christmas and Persons with Disability Day; and referral to services of government hospitals and government programs. Government officials, like the Mayor, were

thought to have "sponsored" such assistance. The PWD card was found useful as it got them discounts for medicines, even for food and transportation. The parents' Philhealth membership also helped in paying hospital bills. Enrollment in 4Ps also helps children with disabilities to access Philhealth benefits, in addition to other benefits such as financial assistance and free checkups. LGUs and local officials often help children with disabilities access services and resources offered by NGOs and private donors, which may include medicines, trainings, wheelchairs and surgical operations.

One of the needs of children with disabilities is rehabilitative or physical therapy. However, the cost of therapy from a private practitioner is often prohibitive and government resources are limited. Sometimes the services received were also unsatisfactory. These concerns were specifically mentioned by mothers of nonpoor children with disabilities in urban areas:

> *She needs to undergo therapy… I just can't afford to take her to therapy. I asked and an hour's session costs P500… Therapy is expensive and there are no free services… I want long-term and sustainable therapy sessions for my daughter.*
> Mother of girl #1 from Luzon (with mental disability), urban, nonpoor

> *They (staff at Provincial Hospital) gave us (endorsement) as indigent and referred us to XX (a facility run by foreign doctors) because PT (physical therapy) at the Provincial (Hospital) would cost P350 per session… We continued with the therapy at XX, but only volunteers were there.…When I had no time to go to the XX, I did it at home… If we get a private therapy, I think that a session will cost P600… YY (name of a private facility) was mentioned to us…We inquired… The registration there was P1,500, then every session costs P1,000… So we continued the therapy at XX until they closed the (main facility), and there was no one in charge. We maintain her now with massage. She has a masseuse.*
> Mother of girl #1 from Mindanao (with orthopedic disability), urban, nonpoor

> *Occupational therapy… That is required by the doctor… [But we can only avail of services] based on the budget approved for the medical assistance that we applied for… At PCSO [Philippine Charity Sweepstakes Office] they gave us P6,000… In one year I make three requests at PCSO. I have already made three requests, so there's none now. So I also asked for medical assistance from the municipality [DSWD]… Their therapy has six sessions… What I really want also, is for her speech, but speech therapy is expensive.*
> Mother of girl #2 from Mindanao (with speech impairment and intellectual disability), urban, nonpoor

> *So he had occupational therapy. When I visited the therapy center in [PLACE], it looked like it was a new place and the therapists were young, so the doctor advised and referred me to another.*
> Mother of boy #1 from Visayas (with mental disability), urban, nonpoor

<u>Children's aspirations in Life</u>

Male children with disabilities expressed varied career aspirations which ranged from desiring to be a pilot, doctor, teacher, architect, engineer, chef, policeman, computer technician or work on a ship (seaman) to being a security guard or motorcycle driver. Some wanted to finish schooling, have a nice job and get married in the future. Female children with disabilities commonly aspired to be teachers, nurses, and doctors. Just like the boys, some of the girls also wanted to finish college, work and have a good salary, have a big house, and have specific goals like being a rice retailer someday. It is certainly encouraging to hear from these children that their physical or psychological conditions are not deterrents to dreaming big in life. Unfortunately, not everyone in their immediate environment may be as supportive of their dreams. As explained by one mother:

He wants to be a teacher, but when his older siblings would hear him say that, they would laugh and make fun of him . . . they would say 'you are not even inschool and you aspire to become a teacher?' . . . also, there are jokes like "nobody will fall in love with you because you are lungay (weak)" . . .
Mother of boy #3 from Visayas (with orthopedic disability), urban, poor

Caregivers' aspirations for their children with disabilities

Most parents of male children with disabilities expressed the desire for their children to live normal lives, finish schooling, land jobs, and have their own family. Some parents had specific goals in mind for their children: to learn how to use the computer, be a DJ with a Youtube channel, be a seaman. Some simply wanted their children to overcome specific challenges brought about by disability: to be able to write, write his own name, and improve their way of speaking.

Parents of female children with disabilities wanted their children to be independent and perform normal day to day tasks such as washing the dishes and doing the laundry. Some parents want their daughters to be able to talk or to develop into normal, adult women - perhaps to someday get married and have a husband. Some said they want their daughters to continue in the special education (SPED) curriculum, finish school then have decent jobs.

Caregivers' concerns about the future of children with disabilities

A foremost concern was of the children outliving the caregivers, and what would happen to the children when this happens. The caregivers worried about the children completing school, on how their education might be supported given the higher cost of putting them to school. A mother from the Visayas, whose son was intellectually impaired, worried about her son's capacity to attain his dream of becoming a teacher some day. The prospects of these combined fears can indeed be quite daunting. In the words of one mother:

Mother: If we will pass away and he did not finish (school)? What will he do?
Interviewer: What are you doing now to prepare for hisfuture?
Mother …. We don't have anything, because we don't have land. We don't have any wealth to leave behind for him.
Mother of boy #3 from Mindanao (with orthopedic disability), rural, poor

Finding a school capable of addressing the needs of children with disabilities and where these children would feel at home was also among the concerns raised by the caregivers. While there were children in this study who were fortunate enough to be in special schools, there were those who had to be taken out of the public school system because they did not quite fit in and ended up being home schooled.

The onset of puberty and adolescence were also sources of worry among the caregivers. Those with female children with disabilities expressed much concern regarding the onset of menstruation. There was the problem of the girls not being capable of taking care of themselves and maintaining proper hygiene during menstruation, especially when in school. Given the girls' current physical or mental conditions, and that there are evil people who may take advantage of these limitations, other caregivers worried about how to protect their girls from sexual molestation or abuse, or of pregnancy once puberty has set in. For caregivers of male children with disabilities, among the challenges were dealing with the boys' sexuality (and, for some, homosexuality), increasing interest in the opposite sex, aggression, and curiosity regarding

pornography and masturbation. Some parents expressed difficulty in communicating with or teaching their children on how to handle these matters. There were caregivers who worried that physical growth may not be achieved normally given the children's disabilities.

CHAPTER 4: CHILDREN IN ARMED CONFLICT AREAS (AC)

The 2017 Report of the UN Secretary General on Children and Armed Conflict in the Philippines (United Nations, 2017a) showed disturbing statistics about children involved in armed conflict, especially in Mindanao. The Report stated that between December 1, 2012 to December 31, 2016, “the United Nations verified a total of 129 grave violations affecting 192 children.” These grave violations were attributed to the Armed Forces, including the Citizen Armed Forces Geographical Unit, the National Police, the Abu Sayyaf Group, the New People’s Army, the Bangsamoro Islamic Freedom Fighters, and the Moro National Liberation Front. The violations, most of which occurred in Mindanao (93%) included recruitment and use, deprivation of liberty for alleged association with armed groups, rape and other forms of sexual violence, killing and maiming, attacks on schools and hospitals, and abductions of children. A related document, the Secretary General’s Report on Children and Armed Conflict around the world (United Nations, 2017b), mentioned the positive development that the armed group MILF had decided to exclude children among its ranks. As the Report mentioned, “1,850 children were separated from the military wing of the Moro Islamic Liberation Front.”

Given the horrors and threats to life that children go through in armed conflict situations, it is not surprising that they are known to suffer from various adverse consequences. These include post-traumatic stress disorder, depression, attention-deficit hyperactivity disorder, phobia, separation fears, generalized anxiety disorder, emotional disorder, strong reactions to noise, excessive crying, aggressiveness, risk-taking behaviors, disobedience in home and school, nightmares, and obsessive-compulsive disorder (Berger et al., 2007; Pat-Horenczyk et al., 2007; Sadeh et al., 2008; Shahar et al., 2009; Farbstein et al., 2010).

AC data collection

There are few accounts of how life is like for children living amidst armed conflict (see Noguera, 2013; Shakya, 2011). To learn more about these children, we aimed to conduct 8 IDIs on 10-year old children from Mindanao who have been exposed to armed conflict areas since birth or in the last 3-5 years (see Table 4 for specifics on sample selection). We conducted a total of 4 male IDIs and 4 female IDIs for this sector.

Profile and life experiences of ACs

Usual Activities of AC

Their morning routine included cooking rice, fetching water, washing plates, and sweeping the front yard. One boy said that minding their family-owned store was one of his early morning activities. Other usual activities mentioned were chores like cleaning the house, helping their mothers do the laundry, and looking after younger siblings. Other children sold ice candy.

All of the AC children were enrolled in school at the time of interview. During school days, they prepared for school and did school assignments. After school, they played games such as *tumba* (hitting either a playmate or a can with a pair of slippers), *catcheranay* (play tag), *taksi* (a game similar to *tumba* which uses coins, bottle caps or playing cards) and hide and seek. They would play until about 6 pm or until their parents would summon them home. On non-school days, they could watch TV.

Experiences with bullying

Bullying at school was also reported by AC children. Bullying behaviors included name-calling, teasing, and mocking. A usual response to bullying was to tell the teacher:

> *Once when I misspelled the word "computer" and wrote "kompyuter" instead, they mocked me… I reported them immediately to the teacher… who scolded them.*
> AC girl #1

One girl said that she would glare at her male classmate who would usually criticize or tease her. In some schools, the bullies appeared to be penalized.

> *Interviewer: Is there a bully [in your school]? …*
> *Child: Hmmmn, they are fined.…*
> *Interviewer: How much is the fine?*
> *Child: Five [pesos].*
> *Interviewer: Have you been fined or not?*
> *Child: I'm the one that they bully.*
> AC boy #1

While there may be fines against bullying, the bullies could take advantage of times when the teacher was not around. The victim himself/herself might not want to report the bullies for fear of retaliation.

AC boy #1 also said that he would often fight back, even when outnumbered by the bullies, especially when his surname is made fun of or he is called short:

> *They tease me and they also shove me… I also push them. They gang up on me. There are several of them.*

There were bullies in the neighborhood as well. AC boy #1 didn't like a certain neighborhood child who teased other children a lot.

> *He also teases, punches… he teases my friends… He teases PEDRO (not real name)… [saying] he's "balikbayan…" Because he is older; he should be in Grade 6 now.*
> AC boy #1

Situations that make ACs sad, afraid or angry

Common situations that made them sad were the death of a family member, being teased by a sibling, not having anyone to play with, quarrelling with other kids, being hit or punched by an older sibling when parents were not around, or when their parents fight. A girl related:

> *[I feel sad] When my parents fight… I would be affected also… I would be awakened because I could hear them fight. And then I wouldn't be able to go back to sleep.*
> AC girl #2

Various ways of coping with their sadness were mentioned. Among these were to sleep on it or keep oneself busy by going out of the house or doing household chores. People that the ACs turned to when sad included their mothers, classmates, aunts, and teachers.

Being caught in the midst of armed conflict was obviously one source of fear among these children.

> *Uhmm, there was a war… Most of these happened in the mountains… guns….The rebels… soldiers… I was scared*.
> AC girl #2

One fear that was expressed was that of getting separated from their parents each time their family had to hide or seek shelter from the ongoing war.

> *I might be separated from my mom… I am scared I will lose my mother… If I hear gun shots I go to my mother immediately.*
> AC girl #1

When asked where they would seek help during times of armed conflict, the children mentioned barangay officials. When at home the children sought help from their parents. If the parents were not around, they ran to the neighbors for help.

The children also recalled what they were doing when the armed conflict began and what transpired thereafter.

> *We were watching TV at that time and we turned it off when we heard the gunfire… I was already grade 5… We went to sleep [early].*
> AC girl #2

> *There was a raid there [a neighborhood near the school]. Someone was doing drugs there… I went inside the school… [I thought] houses would be in ruined… [People] would die… For example, if someone would get hit, I'd cry.*
> AC girl #1

> *It was a long time ago… Maybe I was in Grade 2… The soldiers were fighting…their enemies… Armed battle… My grandfather was even hit… [At that time] my grandfather took the cattle for grazing… [He] was hit… We were not able to go there then as there was still an armed battle… We just stayed and hid in the house… my younger siblings and older brother… my mother…it took a long time… I was very nervous… I hid. I was scared… Then the soldiers left… When the armed battle ended and when we reached the place, our grandfather was no longer there. He died… We cried.*
> AC boy#1

The children also remembered evacuating to an area of relative safety.

> *It [happened] in the mountains and we evacuated to the school… we even crawled on the ground… we had to be at the school… My mother, father and brother… I think it was around the time when I was still in Kinder[garten]... I was afraid.*
> AC girl #2

Children could also reflect on the possible effects of armed conflict on children.

> *They could die. Like that… They could be hit by the bullets from the guns. They'll get infection because of that.*
> AC girl #2

The children depicted life in the evacuation center to be hard, particularly as they are deprived of the usual material comforts they enjoyed at their homes. Children would pass the time by playing, but they

were hurt and angry and sometimes would throw stones toward the direction where the rebels and soldiers were fighting.

> *We threw stones at the houses on the other side… Because the armed battle was there… Our feelings were hurt… because a lot of houses had fallen apart there.*
> AC boy #3

Access to Services and Assistance

Several types of government assistance were cited by the ACs. In school, there were de-worming and yearly feeding programs. One girl remembered that their community once received rice from the government. Another girl also reported that the National Grid Corporation of the Philippines (NGCP) provided their community with towels and school supplies. Most of the children interviewed remembered times, usually when they were much younger, when they had to evacuate due to armed conflict. In their stories about evacuation, the local government officials appeared to play crucial roles. They talked about the barangay captain or barangay councilors arranging for dump trucks to evacuate people, sometimes in the middle of the night. At the evacuation sites, government officials together with local and international NGOs would assist them. Their stay in the evacuation centers could last a few days or could extend into weeks.

Aspirations of AC

The ACs aspired to finish school. One boy wanted to have a medal upon graduation from Grade 6. Some children even had multiple aspirations. One girl aspired to be a teacher and also to be a police officer.

> *Interviewer: Aside from becoming a teacher, what are your other ambitions?*
> *Child: Police. So that I could arrest those people who deal with drugs.*
> AC girl #1

One boy wanted to be a cook as well as a policeman like Cardo (Ricardo Dalisay, a cop protagonist in the TV show *Ang Probinsyano*).

Puberty

Many of the girls interviewed had not yet attained menarche. The boys too had not yet observed changes in their body associated with puberty.

Among girls, menstruation meant the onset of being a woman, when girls could have boyfriends, that stage when girls gain weight, have bigger breasts, and might get pregnant. A girl related that she knew someone from Grade 7 in their school who got pregnant. Among boys, puberty meant an increase in body size such as growing taller, gaining weight or becoming more muscular in various parts of the body. A boy who had reached puberty was considered a grownup.

CHAPTER 5: CHILDREN IN GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS (GIDA)

People who live in isolated rural areas have the distinct disadvantage of being far from most services and facilities. Various studies around the world have associated living in such areas with limited labor market (Von Reichert et al., 2011), social isolation and lack of social networks (Winterton & Warburton, 2011), no electricity or access to energy services (Casillas & Kammen, 2011), lack of telecommunications and internet connectivity (Imani et al., 2012; Martinez-Fernandez et al., 2017), high prevalence of diseases such as chronic diarrhea and HIV/AIDS (Obi & Bessong, 2002), lack of preventive health counselling (McCall-Hosenfeld & Weisman, 2011), violence and drugs (Affonso et al., 2010), suicide (Alston, 2012), intimate partner violence (Peek-Asa et al., 2011), and low use of contraceptive and preconception care services (Chuang et al., 2012). Studies done in the Philippines reported that communities in hard to reach or isolated rural areas suffer from lack of health workers and access to health programs and services (Dayrit, 2018), gender inequality in terms of housework and unpaid care work (Karimli et al., 2016), and scarcity of teaching resources and teachers (Quejada and Orale, 2018). Concern for such areas led to the identification of GIDA and increased efforts in extending health and other social services to these areas. Aside from the physical isolation, transportation difficulties and other adversities facing GIDA, these areas are also known to have high poverty rates and are prone to armed conflict situations (DOH, 2019).

GIDA data collection

We based our sampling frame from the Department of Health's GIDA listing. A total of 12 IDIs were conducted among 10-year old GIDA children, 4 in each island group or domain (see Table 4 for specifics on sample selection). In each domain, the four IDIs were distributed as follows: urban male/female, rural male/female. Rural/urban classification was based on the Philippine Statistics Authority classification. For GIDA areas with indigenous peoples, clearance was obtained from the corresponding regional offices of the National Commission on Indigenous Peoples (NCIP).

Profile and life experiences of GIDA children

Usual Activities of GIDA Children

All of the GIDA children were enrolled in school at the time of interview. As with other children, their usual activities comprised mostly of those done in relation to schooling. They talked of doing the usual preparations for school, buying school materials and doing assignments. They were also engaged in household chores and most girls helped in washing clothes. Just like any other children their age, play was a part of their lives. Playing volleyball, basketball or badminton were mentioned. Watching TV was also a usual activity of these children.

Family Relationships

Family members who were liked most were those who were kind and protective of the children, particularly against bullies or against other family members who would scold or get angry at the children. A girl explained why she liked her mother:

> *[My most liked family member is] my mother… because she is kind…She sends me to buy viands.*
> GIDA girl #1 from Mindanao

Another child from Mindanao liked his father because he was loving and worked hard for the family, and his brother because he was his companion in school and in fetching water for the household.

Bullying can also be present among family members in GIDA communities. Physical bullying, such as punching, pinching in the thigh, spanking with big piece of wood, and kicking, by (usually older) siblings had been mentioned in several IDIs. Other forms of bullying among siblings were teasing, making fun of the child, scolding, and conniving with other siblings against the child. The usual reason for bullying was not doing household chores assigned to the child. Sometimes the child's response would be passive, crying, or not doing anything to fight back. Sometimes, however, the child would also pinch back, talk back, or connive with other siblings. There were instances when it was the index child who would hurt a younger sibling, whenever the younger sibling would make fun of or would not respect him or her. The younger sibling would tell the mother, in which case the mother would scold the child.

School Relationships of GIDA Children

Teachers who taught well and were rarely absent were well-liked. Classmates who were ill-tempered, crazy, attention-seekers, nosy, and were bullies [those who called them names (e.g. pig), or would hit them] were not liked. A girl related her experience of being in conflict with some of her male classmates because she was the class secretary.

> *Interviewer: Ahh ok, when do you feel angry?*
> *Interpreter: When the boys are punching her.*
> *Interviewer: Is there someone who is punching you?*
> *Child: There is.*
> *Interviewer: How many?*
> *Child: JUAN and PEDRO* (not their real names).
> *Interviewer: In school or here in your village?*
> *Child: In school.*
> *Interviewer: Why are they punching you?*
> *Child: When I write their names.*
> *Interpreter: She is the class secretary.*
> *Interviewer: Ah, you report mischievous people.*
> *Interpreter: She writes their names.*
> *Interviewer: What do you do if they punch you?*
> *Child: I tell sir.*
> *Interpreter: She reports to her teacher she says.*
> *Interviewer: Do they always punch you or not very often?*
> *Child: Just sometimes.*
> GIDA girl #1from Luzon

Another instance when bullying could happen was when seats were limited inside the classroom. A child from Mindanao reported being evicted from his seat by those who did not have seats.

> *Child: I was just staying put. I was not doing anything to them [bullies]. They would just tell me to vacate my seat, when the seat was mine. It had my name on it.*
> *Interviewer: Why did they evict you from the seat?*
> *Child: Because they didn't have chairs.*
> GIDA boy #1 from Mindanao

Some children from GIDA communities had a passive response to bullying. They kept silent about their experiences of being bullied, did not fight back, did not tell their parents for fear they might get angry, and simply avoided the bullies. The others took a more active stance by informing their teacher (who would then scold the bully), reporting the incident to the bully's parents or relatives (one boy got spanked as a result), fighting back or soliciting help from playmates to stave off bullies.

GIDA Children's Relationship with Neighbors

Among the most liked persons in the neighborhood were playmates who were kind and not ill-tempered, had good manners and were nice to be with. Neighborhood children who were least liked were those who were mischievous, grumpy, and quarrelsome. For a boy from Mindanao, an elderly female neighbor was somewhat not liked, because she would scold children who messed with her property.

What makes GIDA children sad

When asked what made them sad, their common answer was when they get sick. Be it having a cold, headache, stomachache, or for just not feeling well or when feeling tired. GIDA children also feel sad when another child or a sibling quarreled with them, or when bullied by other people. Bullying could be physical (getting kicked by another child) or emotional (being made fun). A girl from the Visayas felt sad when other children refused to allow her to join them in game of basketball. A Visayan boy narrated how it makes him sad when his parents would not take him with them to town to do some shopping. Another source of sadness was when someone in the community died, especially when the child would hear the crying and wailing from other people. It was especially sad when it was the respondent's own relative who died. A boy in Mindanao feels sad each time Manny Pacquiao, a world-renowned Filipino boxer, loses in a boxing match:

> *Interviewer: What other things make you sad?*
> *Boy: If Pacquiao will lose in his fight.*
> *Interviewer: Why would that make you sad?*
> *Boy: It's because he lost.*
> *Interviewer: Did you see Pacquiao's fight?*
> *Boy: Uhuh (affirms)*
> *Interviewer: Where?*
> *Boy: On TV*
> *Interviewer: Why would you feel sad if Pacquiao will lose in his fight?*
> *Boy: It's because he will lose his title belt.*
> GIDA boy # 1 from Mindanao

When sad or unhappy, GIDA children would often seek consolation from family members who would cheer them up, talk to them, provide advice, or try to get the child to sleep. Sleep was what GIDA children

did to cope with sadness. They would stay home to avoid the person stressing them, or go out and play with someone else.

What makes GIDA Children afraid

GIDA children are afraid of ghosts, white ladies, monsters *(aswang, manananggal*), rumors of monsters (e.g. someone was said to be an *aswang* or a *manananggal*), horror stories or when someone dies. Other causes of fear were darkness (evenings and brownouts), going to a far place alone, walking at night without a companion, sleeping alone and thieves. They were also afraid of being in conflict with other children who were bigger than them. Also mentioned was the fear of adults who were unruly, drug addicts, drunk drivers and car accidents caused by drinking under the influence. One child was afraid of an uncle who hurt children.

When afraid, GIDA children would seek the help of parents, siblings (especially older ones), friends or neighbors. When confronted with a possible fist fight, one child's strategy was to just leave and walk away.

What makes GIDA Children angry

Naughty classmates and bullies made them angry. They did not like being physically hurt by other children - like when they are punched, beaten up, pinched, or if something is thrown at them. It makes them angry when they are bothered when they are busy, or when other children make fun of or tease them (e.g. one girl hated it when she was teased about a crush). They didn't like violent people. One child hated someone who told indecent or bad jokes.

When angry, the children would often run to their mothers or teachers for help. Sometimes, however, the teacher would not scold the bullies even when reported; or a mother might even get angry when the child complained about bullies. That's why some children would not report being bullied, and would adopt a passive attitude by either avoiding bullies or just backing off from a potential confrontation. On the other hand, there were those who retaliated and engaged bullies in a fight.

GIDA Children in Times of Sickness

When very sick they were brought to traditional healers, barangay health center, or the hospital in the town or center. A girl from the Visayas recalled being taken to a *paraghilot* (traditional healer-masseuse) when she had fever. She narrated that it hurt a bit when the *paraghilot* massaged her but she did not cry. In the end, she believed that it was really the paracetamol that made her well.

Access to Services and Assistance

The GIDA children reported having received free vaccination from the government. Private sources of assistance included missionaries, language translators, tourists, and NGO (non-government organization). From private sources they received school supplies and toys.

Puberty

All but one boy from among the ten-year old GIDA children were pre-pubertal, based on their narratives. None of the girls have experienced menstruation. One boy claimed that he was already an adolescent because of his big body size; otherwise all the rest did not consider themselves to have reached adolescence yet. Some professed not having any knowledge about menstruation or puberty. Boys who had opinions about puberty or adolescence said that being adolescent was about becoming bigger in size and taller in height. Thus adolescents could now play basketball, do household chores and heavier tasks (like fetching water), and start earning money by working. For some boys, adolescence was also associated with becoming more handsome, courting, and marrying. Adolescents were also thought of as having more maturity in their thinking compared to children.

While they had not yet experienced menstruation, some girls had heard about it from family members or in class. Descriptions of a girl with menstruation included being moody and angry, one who uses sanitary napkins, and becoming a young woman. Like their counterparts in other sectors, many GIDA girls also expressed negative feelings toward the prospect of menstruation. It was foreseen as a painful experience and an event that elicited unneccessary attention from classmates and family members. For some girls, however, having menses was associated with having boyfriends, and they were thrilled.

Aspirations of GIDA Children

When they grow up, the boys want to be policemen. The reasons for wanting to be such were to stop the delivery of *shabu* and to stop the planting of marijuana. The girls aspire to be teachers, to help children learn how to read and write, or accountants, to help the barangay or municipality. Other aspirations ranged from becoming an engineer to fetching water for pay, or just to earn money in some way.

CHAPTER 6: CHILDREN IN INDIGENOUS COMMUNITIES (IP)

The Philippine Statistics Authority defined indigenous peoples (IPs) as "A group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed customs, tradition and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and culture, become historically differentiated from the majority of Filipinos." There is an estimated 14-17 million indigenous peoples (IPs) in the Philippines (UNDP, 2013).

The landmark legislation for the indigenous peoples in the Philippines is the Indigenous Peoples Rights Act of 1997 or IPRA (Congress of the Philippines, 1997). The IPRA ensures that IP rights over their ancestral domains are maintained and that access to basic services, and education of IP children are promoted and protected by the State. Section 25 of the IPRA states that indigenous cultural communities (ICCs) or indigenous peoples (IPs) "have the right to special measures for the immediate, effective and continuing improvement of their economic and social conditions, including in the areas of employment, vocational training and retraining, housing, sanitation, health and social security. Particular attention shall be paid to the rights and special needs of indigenous women, elderly, youth, children and differently-abled persons. Accordingly, the State shall guarantee the right of ICCs/IPs to government's basic services which shall include, but not limited to, water and electrical facilities, education, health, and infrastructure." On children and youth, IPRA Section 27 states that "The State shall recognize the vital role of the children and youth of ICCs/IPs in nation building and shall promote and protect their physical, moral, spiritual, intellectual and social well-being. Towards this end, the State shall support all government programs intended for the development and rearing of the children and youth of ICCs/IPs for civic efficiency and establish such mechanisms as may be necessary for the protection of the rights of the indigenous children and youth." An integrated system of education facilitated by the National Commission on Indigenous Peoples (NCIP) is also provided in Section 28 of the IPRA, where it is stated that "The State shall, through the NCIP, provide a complete, adequate and integrated system of education, relevant to the needs of the children and young people of ICCs/IPs."

The Department of Education (DepEd) has contextualized its K-12 program for the ICCs/IPs by creating indigenized lesson plans. Close to 8,000 public school teachers and administrators in the country have been trained on this IP curriculum. Aside from capacity building, this initiative also envisions to continually work with elders and representatives of ICCs/IPsto to make sure that the IP curriculum is "truly inclusive, culture-sensitive, and relevant to the aspirations of the IP community" (DepEd, 2017).

IP data collection

We conducted 12 IDIs on 10-year old children from IP communities, four each in Luzon, Visayas, and Mindanao (see Table 4 for specifics on sample selection). In each island group the IDIs were distributed as follows: urban male/ female and rural male/female. Rural/urban classification was based on the Philippine Statistics Authority classification. Clearance was obtained from each of the corresponding regional offices of the National Commission on Indigenous Peoples (NCIP) in the areas covered by the study.

Profile and life experiences of IPs

Usual Activities of IPs

The usual activities of the children in this sector were very similar to what has been reported in the other sectors. All of the IP children were enrolled in school at the time of interview. Their school-related activities were no different from the other children. At school, they would do things such as cleaning the classroom, arranging and mending books, writing poems and running errands for teachers such as throwing the garbage. Play was a part of their lives. Basketball and skating were among the games mentioned. Those who had access to television mentioned watching TV as one of their usual activities.

Like other 10-year old children, they were involved in household chores and caring for younger siblings. IP chores not mentioned elsewhere included gathering firewood, burning trash and feeding the animals (such as pigs). A common activity in both the urban and rural IP children is fetching water, either from a well or a pump. This probably reflects the lack of adequate water supply system in some IP communities.

The rural IPs mentioned engaging in farming or horticulture tasks such as planting vegetables or corn, and weeding. A rural boy from the Visayas related that he helped his grandmother sell herbs and amulets in the market:

> *I help install trapal (canvas roofing for the stall) … We sell sansay, esargaso, karmen, kamangyan (medicinal herbs and amulets).*
> IP boy #1 from Visayas, rural

Family Relationships

IP children liked family members who were kind, took care of them and helped them with their school assignments. They detested family members who physically hurt them and made them cry. Often these are siblings, as shared by a boy from Luzon:

> *Interviewer: Who, on the other hand, do you not like quite well?*
> *Boy: My elder brother… There were times when he made me cry… He kicked me.*
> *… Sometimes I would tell on him… He and his friends… they punch me.*
> IP boy #1 from Luzon, rural

School Relationships

In school, the children were drawn to people who were kind, bought them snacks, did not quarrel with them and defended them against bullies. They liked teachers who listened to their problems and admired those who taught well and spoke good English. However, there were also teachers they did not like. An IP child from an urban area in Luzon explained why she didn't like two of her teachers.

> *Interviewer: Among these 13 teachers of yours, is there anyone that you don't like very well?*
> *Child: Yes sir… two.*
> *Interviewer: So why don't you like them quite well?*
> *Child: It's like….it hurts… all their words*
> *Interviewer: These two…or just one of them?*
> *Child: Two.*
> *Interviewer: Are they females or males?*
> *Child: They are both females.*

Interviewer: Do you have other reason why you don't like them very well?
Child: Nothing else (barely audible).
IP girl #1 from Luzon, urban

The IP children also experienced bullying. Usual forms of bullying were verbal (teasing, name calling such as calling child a cat or a "*kalabasa*") and physical (pinching, beating, pushing, shoving, hitting, punching). Perpetrators were usually classmates. These were those who were bigger than them physically or were older because they had already repeated a grade. There were also reports of being bullied by non-IP schoolmates. An IP child from the Visayas reported being punched by non-IP classmates, an experience with an adverse consequence:

Interviewer: What will they do to you in school?
Child: Punch me.
Interviewer: When can you say that you are afraid? … When are you afraid?
Child: When going to school.
IP boy#2 from Visayas, urban

These IP children responded to the bullying in various ways: by informing their teacher, keeping a brave front and trying not to cry or running away from the bullies. The child who was physically bullied by his non-IP classmates described how he handled these situations:

Interviewer: If ever in that situation [bullying], to whom or where do you seek for help?
Child: From my teacher.…
Interviewer: If outside school, where do you go or from whom do you seek help?
Child: Just run.
IP boy #2 from Visayas, urban

Teachers would usually talk to the bullies and make them apologize to their victims. In one case, the teacher had an interesting way of dealing with the bully:

Interviewer: Hmm, after MARIA (not her real name) *pulled your hair, you reported directly to your teacher. Then what did your teacher do to MARIA?*
Child: Like this also (Pulling her hair up beside her ears.)
Interviewer: She pulled MARIA's hair also?
Child: Yes.
IP girl #1 from Visayas, urban

Having odd family names also made IP children prime targets of bullies. One rural IP girl from Mindanao said that her classmates made fun of her family name which when spelled without a dash referred to something humorous.

IP Children's Relationship with Neighbors

When asked who were their friends in the neighborhood, majority of the IP children mentioned their peers or cousins. While having same-sex peer groups were common among the children, there were a few who reported being friends with the opposite sex. Peers who were least liked were those who didn't want to play with them or bullied them. The bullies were usually playmates, classmates or out of school children who were often physically bigger than them. Bullying in the neighborhood took the form of quarreling, shooing children out of the playground, rudely interrupting children while at play or physical harm (punching or pulling hair).

What makes them sad and ways of dealing with sadness

Like other children, IPs felt sad when playmates or siblings behave badly or would quarrel with or physically hurt them, when scolded (such as by elder siblings) or when they get sick. Certain circumstances also lead to feelings of isolation and sadness: when they have no one to talk to, having no playmate, being alone at home, when their parents are away (e.g. to work abroad) or when classmates don't pay attention to them. Some IP children also reported feeling sad at the death of important persons in their lives, such as an uncle or a teacher.

Some of the children sought the help of parents, teachers, siblings or playmates when they felt sad, while others opted not to seek help from anyone. One way of coping with sadness was to be with friends or engage in some activity. An urban IP girl from Mindanao said that she would go swimming whenever she was sad. Others said they would watch TV. There were those, however, who just kept to themselves or would simply cry. If sadness was due to bullying, some responded by either reporting the incident to the teacher or running away from the bullies. Loving oneself was also mentioned as a response to being sad or unhappy.

What makes IP children afraid

These children were afraid of being alone (especially of alone at home), of ghosts, ghost stories and horror movies. They also feared being scolded by parents or other family members such as uncles and grandfathers. Getting the ire of teachers, especially those that glare at or punish them, also caused fear. An urban IP boy in the Visayas detested going to school out of fear of being punched by non-IP classmates. A rural IP boy from Luzon was afraid of a male cousin who would always ask the child to give him a massage.

When afraid, IP children would seek the company of a sibling, a playmate or find comfort in the presence of their mothers. Others would hide (such as inside the house) or run away from whatever they feared. Some would shout, while others just kept quiet. For those bullied in school, some would choose to just ignore or stay away from the bully, opting to be by themselves, like sitting somewhere and write. A rural IP boy from the Visayas said he would feel sick each time he's afraid. A rural IP girl from the Visayas said she experiences fear whenever the teacher would get angry at her for being naughty in school.

What makes IP children angry

Any form of bullying made them angry, whether it be psychological (such as when they are teased, made fun of or called names) or physical bullying (such as being punched, kicked or thrown stones at). Even the sight of a bully classmate could elicit feelings of anger. Classmates who misbehave or are nuisances also made them angry. Being scolded by their parents make them angry or when somebody in the family messes with and destroys their toys. One felt annoyed when cousins would become unruly or would not listen to him.

These IP children manifest their anger through shouting, saying bad words, or pinching and boxing whoever they were angry with, such as a classmate. Some would choose to avoid a fight and go home even when they were angry with a classmate. There were those who reported the trouble makers to the teacher. In some cases, classmates would try and placate the IP children whenever they were angry.

IP children in times of sickness

Family members, usually the mothers, took care of them when they were sick. Sometimes they were brought to the Barangay Health Center for checkup and medications. When very sick, the children were brought to the hospital, an experience associated with pain, as children remembered being injected.

Traditional methods of treating sickness were most often reported among IP children. These methods were administered in conjunction with more modern treatments, such as those received from the barangay health centers or hospitals. The traditional treatments reported made use of herbs and natural ingredients. When one IP had a lump in the neck, this was treated with poultice made from beehives and the bile of the iguana. The body may also be wrapped in herbs (for an unspecified sickness). Home remedies even involved softdrinks:

> *When I had pain here (pointing to his stomach), I drank Mountain Dew and then the pain was gone.*
> IP boy#1 from Visayas, rural

Access to Services and Assistance

The most common forms of services or assistance received by the IP children were either from the barangay health center or their school. These included height and weight measurements, de-worming, vaccination, receiving vitamins, and medical and dental checkups. The children also reported receiving food (e.g. rice) from the Department of Social Welfare and Development. Other government assistance mentioned included feeding programs, receiving school supplies (such as bags from Philippine army personnel) and necessities such as shirts and slippers. Some also mentioned government-initiated infrastructure projects such as building a water tank for the barangay. One IP recalled a congressman visiting their area bringing them fried chicken and juice.

Private sources of assistance included NGOs (non-government organizations) and missionaries. These organizations sponsored feeding programs; taught the children Christian values; and gave gifts such as toys, slippers, school supplies, and food (e.g. noodles, juice, bread). Sometimes private citizens also helped out in paying for hospitalization bills.

Some children, however, reported hearing of services given elsewhere which they did not receive. In the Visayas, one IP child claimed to have not received the food, clothes, and school uniforms that were provided to another IP community.

Puberty

At ten years of age, the majority of the IP children did not know much about puberty, particularly those from the Visayas and Mindanao. When asked about puberty some children would just stare at the interviewer, or give vague answers. Despite this, most of them claimed that they have not yet reached puberty. A few IP boys said they had already reached puberty because of certain signs: voice change (they became hoarse), increased body size (bigger and taller), pain in the belly, and shortness of breath. One urban IP boy from Mindanao noticed that he had gained more weight and was taller than before but still wouldn’t consider himself to have reached puberty. Some IP children who had not yet reached puberty shared what they thought were the characteristics of those who had reached this stage: changed voice,

bigger body size and gaining weight, growing taller, having an older face, hair in genitals and armpits, growing a beard, and menstruation for girls. A rural IP boy from Mindanao said that boys would get married once they reach puberty.

Two IP girls were able to share their thoughts on menstruation:

> *It's different and it smells… It's because of the smell of blood… My sisters because they're older… They put on sanitary napkin… There are others [in our tribe] who would use a cloth [as an alternative for sanitary napkin] because they cannot afford because* they do not have money.
> IP girl #1 from Mindanao, rural
>
> *She (girl with menstruation) will get pregnant… She will use napkin… Will wear a skirt… because she is afraid that her napkin will be seen*.
> IP girl #2 from Mindanao, rural

<u>Aspirations of IP Children</u>

Many of the children wanted to finish college (one child mentioned hotel and restaurant management). Other aspirations focused on the home (building or owning a house, renovating their house to make it bigger), helping their mothers financially, or the family business (improving the father's repair shop business). Others had more philanthropic dreams like to help other children.

Some also talked about having jobs or what they want to be when they grow up (to be a policeman, teacher, doctor, soldier, truck manager, cowboy, basketball player, farmer). Becoming policemen or teachers were aspired for by many IP children. The reasons given for wanting to be a cop were to: stop the delivery of shabu, arrest shabu users, stop the planting of marijuana, and send drug users to jail because drug addicts kill people. Some wanted to be a cop because there were also other cops in the family.

Motivations for being a teacher included the desire to teach children, help them to read and write, and help their family by providing them with the things they need (e.g. money to buy rice). Those who aspired to be doctors were motivated by the desire to help sick people. One child wanted to be a doctor to help the mother who had hypertension. One boy explained why he wants to be a soldier:

Child: To be a soldier… Because they will help the people.
Interviewer: To help the people? ….
Child: If being killed.
Interviewer: If people will be killed? Why is it? Who will kill the people?
Child: The rebels.
Interviewer: Rebels. What rebels?
Child: Abu Sayyaf. ….Because they will kill people.
IP boy #2 from Visayas, urban

Some of the IP children also expressed multiple aspirations regarding future careers. One IP girl from Luzon wants to be a cop to emulate her older female cousins who were cops. Aside from this, she also wants to finish her studies and become a teacher. When asked which career she liked most, she said she prefers to be a teacher. Another urban IP boy from Mindanao dreams of being a cowboy as well as a basketball player.

Majority of the children were aware that the key to attaining their goals in life was to study well and finish their studies.

Child: I want to be a teacher. Then I will help my family. I will give them whatever they need..
Interviewer: How do you intend to achieve this?
Child: To make good in school, to finish.
IP girl #1 from Mindanao, rural

CHAPTER 7: LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX, ASEXUAL (LGBTQIA)

Several years ago, a Pew Research Study was cited as naming the Philippines as one of the few "gay-friendly" countries of the world, a label that the local LGBTQIA community was quick to qualify (Global Nation Inquirer, 2013). Indeed while several milestones were already achieved towards protecting the rights of the LGBTQIA, among which was the increase in LGBTQIA advocacy and support groups all over the country, the sector is still known to suffer from stigmatization, discrimination, and physical violence (UNDP, 2018). And while the House Bill 4982, the Sexual Orientation and Gender Identity Expression Equality Bill, or the SOGIE Equality Bill, which seeks to penalize discrimination based on sexual orientation, gender identity and expression, was approved by the House of Representatives last September 20, 2017, it still faces some resistance in the Senate (Rappler, 2019). There is also the need for greater ordinances at the provincial and municipal levels that would protect LGBTQIAs from discrimination (Human Rights Watch, 2017).

These concerns overshadow another crucial issue: the plight of children and youth LGBTQIAs. There were reports that bullying against LGBTQIAs was occurring in schools, by fellow students and even by teachers (Human Rights Watch, 2017). Because of their age, children and youth LGBTQIAs are more prone to experience confusion regarding gender identity and sexual expression; and they also did not have enough independence from their parents to allow them to join support groups. Such support groups may even be disliked by their parents or caregivers, who also may disapprove of any gender identity expressions that deviate from what they consider as normal or moral. Therefore, these adolescents are faced with the challenging task of sorting out their gender identities without much social support, which may lead to a negative self-image (Little, 2001). Parental rejection of emerging homosexual identity and behavior can have negative physical and mental health consequences (Katz-Wise et al., 2016)

Research calling for studying gender development at early ages is called for, especially since sexual and gender identity development are very important and have far-reaching effects for the self-image of the youth in this sector (Little, 2001). Having an LGBTQIA child also impacts upon the well-being of the parents or caregivers, many of whom may worry about the welfare of their LGBTQIA children (Conley, 2011).

LGBTQIA data collection

Data for this sector were collected through FGDs on 15-19 year old participants. A total of 24 FGDs were conducted, 8 each for Luzon, Visayas and Mindanao. The average number of participants was 3 for Luzon, 5 for Visayas, and 5 for Mindanao. We stratified the FGDs by urban/rural, poor/nonpoor and male (M) or female (F). While the participants classified themselves according to which LGBTQIA category they belonged to, we assigned them to FGD groups based on their assigned sex at birth. The 8 FGDs in each domain were distributed as: 2 urban poor(M/F), 2 urban nonpoor (M/F), 2 rural poor (M/F) and 2 rural nonpoor (M/F). The participants were selected through snowball or convenience sampling. The FGD sessions were handled by a Moderator conversant in the local language, assisted by at least 2 note takers. Sessions were audio recorded.

While the goal was to collect data from as many categories in the LGBTQIA sector, we only managed to recruit participants who identified themselves as gays or lesbians. We based our LGBTQIA categories on

definitions obtained in the UC Davis LGBTQIA Resource Center (http://lgbtqia.ucdavis.edu/educated/glossary.html). Lesbians are women whose primary sexual and affectional orientations are toward women. Gay men are men whose primary sexual and affectional orientation are toward men.

Profile and life circumstances of lesbian and gay children

For some of the topics discussed in the FGDs, we asked the adolescent participants to recall how things were like for them when they were 10-year old children or think about how things may be like for 10-year old lesbian and gay children.

Experiences with how their family reacted/responded to their gender choice

When asked about the relationship of 10-year old children with family members, the FGD participants mentioned possible problems that children at this age might face, particularly in the course of realizing their gender preferences. These problems include: not being accepted for who they are, feeling unloved or embarrassed, being distant from other family members, not having anyone to talk about their problems, the lack of privacy, distrust of family members, being teased, singled out and picked on, being lectured on the religious edicts regarding men and women, being at the receiving end of discouraging words and physical violence. However, they also talked about family members who are supportive to their developing gender identity. Such support can take the form of acceptance, withholding judgment, showing respect for the child's gender choice, giving the child toys and clothing consonant to gender choice, providing encouragement to express oneself, and protecting the child against bullies.

There may be parents who tolerate their child's gender choice probably brought about by their desire for a child of a different sex. As one lesbian FGD participant remembered, her father would often try to treat and dress her up as a boy because she closely resembled him physically.

> *He won't buy me Barbie dolls, instead he buys me toy guns…he does not let me wear a dress and instead lets me wear clothes for playing basketball, because we look alike.*
> FGD participant #1 from Visayas (assigned female at birth, rural, nonpoor)

Many participants described the often difficult transition from rejection to acceptance in how family members regarded their gender identity. Often, signs of a developing gay or lesbian gender identity will be objected by at least one family member.

> *I was influenced by my friends…so I decided to cut my hair short. Because of that, we're always fighting with my family. When I went home, I fought again with my mother then we sleep, eat, sleep, then I go to school. That's it. It seemed that there's no bond, there's no love in my family that time. But we're okay with my sisters and my father. It's really with my mother, but now my mother has accepted me and she changed a lot also.*
> FGD participant #2 from Visayas (assigned female at birth, rural, nonpoor)

Objections to having a gay child are common among families who take pride in their family's masculine attributes.

Maybe to other people, but to my family I can't tell directly that I am gay, I cannot tell that, because my grandfather was a soldier and my father always says that there's no gay in the family, and he always tell us, don't bring shame to the family.
FGD participant #1 from Mindanao (assigned male at birth, rural, poor)

There were also objections due to religious reasons.

Unfortunately when I started to come out, my mother seemed to oppose it, so I thought I needed to hide it, because my mother was so religious, and then my grandfather with whom we were staying was a minister in the church. So my mother did not want to tarnish the name of my grandfather.
FGD participant #2 from Mindanao (assigned male at birth, rural, poor)

Some were teased by siblings who noticed them exhibiting signs of being gay or lesbian.

Your siblings will tease you, like, "Ay, gay! You are gay…You are really gay! Don't be like that!"
FGD participant #1 from Luzon (assigned male at birth, urban, poor)

Conflicts among siblings can result with differing ideas about proper gender expression.

They [siblings] would be angry if I didn't wear girl clothes. They would force me but I wouldn't. I told them not to insist, and now they would not anymore.
FGD participant #3 from Visayas (assigned female at birth, rural, poor)

Some children get nervous when made to talk about their gender-related concerns, and so they keep silent about what they were feeling and experiencing.

But I got nervous [paraphrased] that is why I was not able to tell them.
FGD participant #1 from Luzon (assigned female at birth, urban, poor)

Eventually, however, the family accepted their being gay or lesbian:

My parents. And my uncles and aunts. They told me that if this is who I am, they could not do anything. This is my choice. But at first my mom got angry when I had my hair cut.
FGD participant #2 from Luzon (assigned female at birth, rural, nonpoor)

Sometimes, parents even consented to their beginning a same sex relationship.

She [her partner] courted me and my mother… My mother gave her permission to court me and my mother likes her.
FGD participant #3 from Luzon (assigned female at birth, rural, poor)

Acceptance of a child's gay or lesbian identity by family members can be easier if there are also other family members who are gay or lesbian.

Well in my case, ever since I was young, Papa already accepted me the way I am. They accepted because they already knew that I was like this, because my brother was also gay.
FGD participant #4 from Luzon (assigned female at birth, urban, poor)

As for me, when I started being a lesbian my family already accepted me because on my mother's side of the family there are lesbians, then on my father's side there are gays. So ever since I became a lesbian they already accepted…but my younger sister now, because we are two lesbians in our family… The first

time she showed [being a lesbian] and had her hair cut short she was not accepted by our mother because she could not believe that the child whom she dressed as a girl suddenly became a lesbian by the time she reached high school. She [mother] said she was hurt but she gradually accepted it, because she already accepted me, so she should accept my younger sister also.
FGD participant #4 from Visayas (assigned female at birth, rural, nonpoor)

It was nothing to her [mother] because she herself was boyish (bagsikon) before.
FGD participant #5 from Visayas (assigned female at birth, rural, poor)

Acceptance can also be easier if the gay or lesbian has something to offer to the family, such as a having a talent for make-up and cosmetics. A gay FGD participant from the Visayas related how the news of being gay was accepted by his female siblings:

They were happy. Now, someone's going to do their make-up, their eyebrow.
FGD participant #1 from Visayas (assigned male at birth, rural, poor)

Other parents and family members did not expressly reveal their feelings toward the gender preference of the child.

They just noticed something and gave no reactions at all. They don't care about it as long as I am on the right path.
FGD participant #2 from Visayas (assigned male at birth, urban, nonpoor)

There were parents who had a fatalistic attitude with regards to their child's gender preference. For some, being gay was fine as long as the child studies properly.

It's fine as long as we are studying properly in school.
FGD participant #3 from Visayas (assigned male at birth, urban, poor)

Some parents believe that being gay is considered a negative reflection on their bloodline.

Most of my relatives on my mother's side are very manly. They are quite aggressive. Then, no one among them is gay. The relatives of my father's side are also all men. That's why they would say, "What the heck is this? We don't have it in our blood. Probably, you got that gay gene from your father's relatives." Then, my father replied, "Don't be like that. You might have a brother or relative who is gay." That's why they had an argument when I told them I was gay.
FGD participant #4 from Visayas (assigned male at birth, urban, poor)

For some participants, the process of gender identity formation occurred in a troubled family context, such as separation between parents; having to live with uncles, aunts or grandparents; and having to adjust to parents' new partners, step-parents or step-siblings.

When I was in Grade 1, my father and mother separated. So from when I was in Grades 1 to 3, I was with my father, but he was working, so he was always leaving. He was always away, so I was left with my uncle and auntie. Then when I was in Grade 4, my mother got me. We went to [PLACE IN LUZON]. Then when I was in Grades 5 and 6 I was with my grandfather and grandmother… they judged me based on my taste in music, how I behaved. So they were saying, "You're a boy. You should be like that" or "Don't be like that." My grandfather was strict when it came to those things. Then, maybe there was discrimination. You feel that your parents had favorites, when it was a long time before you saw them again. Then, at my recognition day I got an award in school excellence. I told my father to come. So he came but since my recognition day was still the next day, he said he needed to go. So I sulked ... I didn't know if he made a mistake... I got really resented him. When I reached high school, my hatred grew because he didn't

give attention to me. … he didn't talk much to me. So on my part, I would also do the same until, like, what do you call this? Where there is a time when you are not talking to each other, you're always arguing, especially because, my stepmother was already there. It was difficult on my part to explain what I felt because you didn't know what she could do to you. My trauma was formed then and I also had a grudge towards him [father]. *So for me, that's it, because of how they classified me in that kind, and their playing favorites, it's quite painful.*
FGD participant #2 from Luzon (assigned male at birth, urban, poor)

Identity Formation

Some of the participants realized their gender identities when they joined beauty pageants or public contests for singing and dancing.

Actually when I was in Grade 1, my mother made me wear shorts, and when I was in Grade 2, there was an inter-division dance competition and they needed dancers. I was volunteered by someone who said I was gay, I would be good in dancing and moving my body because I was gay. So I tried it and I realized that indeed I was gay.
FGD participant #3 from Mindanao (assigned male at birth, rural, poor)

The beginning of gender identity formation for many gays is often marked by "confusion". Sometimes they would stay quiet or would just cry because they could not understand themselves. Behavioral signs of distress could be noticed by family members.

Early signs of developing gay or lesbian identities include having crushes on the same sex and wanting to wear clothing and hairstyles of the opposite sex. These could be experienced even before age ten. Sometimes a child can have crushes on both sexes at the same time, which illustrates the plasticity of gender identity at such ages. At times they want to behave like straight boys and girls.

Eleven…I had crushes [on girls]… But one time I had a crush on a boy… It's like… half and half… half-girl, half-boy.
FGD participant #5 from Luzon (assigned female at birth, rural, poor)

Back then I wanted to be a girl sometimes. In school I always hanged out with girls, and when they were joking, they would tell me that they saw me as a gay. They would say, "Be a girl." And I would say "I don't know but I really like girls." So I did not want to be a girl.
FGD participant #6 from Luzon (assigned female at birth, urban, poor)

Some FGD participants remember a time when they still liked toys and clothes usually associated with their assigned sex at birth. One lesbian from Luzon shared her experience during Grade 2:

But I wanted my clothes to be girly… I still liked girly things…Maybe I just became a lesbian in grade 3.
FGD participant #6 from Luzon (assigned female at birth, urban, poor)

Same sex relationships could start at age 14. A rural poor lesbian from Luzon revealed that she already had twenty girlfriends during the teenage years. Sexual abuse incidents came up in two FGDs of assigned males at birth from the Visayas, with one participant identifying it as main trigger for the decision to become gay.

When I was still in the city, …it was night time and we were playing hide and seek.. it was around 9 or 10 [PM} at that time…I hid in an abandoned house… after a while, someone suddenly made a hissing sound to catch my attention… I did not know who it was… [I thought] it was still part of hide and seek… He made a hissing sound to catch my attention and I got nervous because I wondered "Why did someone do that?" and that was it.. He said, "Come here" ... So I came because I was a child and did not have that much maturity yet… So I came to him… That was it.. He said that he wanted me to umm... his thing..? BJ?... masturbate… using my hand and that was it… I got very perturbed... I really cried at that time… I was already crying… Then he said that, "Go, or I'll punch you"… So I got scared.. that was it... I really touched his private part and that was um... good thing that my playmates came and... they wondered why I was crying when I got out… that was it… I ran to my house and that was it… because of that day, I thought that it seemed that… it seemed that it's nicer to become a girl than to become a boy.
FGD participant #5 from Visayas (assigned male at birth, rural, nonpoor)

Some participants claimed to at first resent being called “gay” or “lesbian” as a description of their gender, but later they came to accept such labels as an easier and more convenient way to describe them:

Some FGD participants revealed that they were still attracted to both boys and girls at their age (15-19):

In my case, I still like boys until now.
FGD participant #4 from Luzon (assigned female at birth, urban, poor)

For those who are attracted to both boys and girls, a sort of “confusion” can be experienced:

Until nowI am still confused… I also do not know what I am confused about… I think I am bisexual because I am also attracted to girls.
FGD participant #3 from Luzon (assigned male at birth, rural, poor)

Having a same-sex romantic partner can be a time of stress for the family:

Me, when my mom cried because I separated from my boyfriend and had a girlfriend. She really cried. I just didn’t talk back. She said I was a girl so why did I have a relationship with a girl. That’s what she said.
FGD participant #6 from Visayas (assigned female at birth, rural, poor)

Some participants talked about events related to their gender identity formation and expression during the teenage years.

Parents may object when the child begins to cross-dress and use hormones. But being able to work and earn money can be empowering to teenage lesbians and gays. An FGD participant described how, at age 14, as a sign of rebellion to his strict grandfather, he decided to cross-dress and take hormonal pills (a micro-version of Dianne), buying the pills from money he had earned from working.

I dressed up as a girl, I applied lipstick. Of course I am taking hormones, I wear bra. I heard [my grandfather] "You're wearing bra, are you a girl?" Like that. I said "Why? I take pills eh. What can you do? [He said] “There, you’re taking pills again. Maybe later you’ll get sick” Then I wore a dress. He got angry because he also didn’t like it. I said, “Why? I bought it myself. I didn’t get your money so I could buy this!” Like that, but he couldn’t do anything. He couldn’t do anything. This was it! This was it! He couldn’t do anything about it!
FGD participant #1 from Luzon (assigned male at birth, urban, poor)

Challenges faced by lesbian and gay adolescents

One challenge they face is discrimination. The most common problem across domains, especially among gays is perceived discrimination with comfort rooms (CRs)labeled only male or female: they encounter negative reactions when entering the CR which other people think is not right for them. Another form of discrimination, mentioned by a lesbian in Mindanao, is when students are segregated by a teacher who do not like her students to mix with lesbians. People's treatment towards them also change once they learn that they are lesbians or gays.

Like, when you are able to determine what you really are, people also tend to change their treatment of you… You'll feel hurt too, you treat them nicely but they suddenly change when they know that you are gay.
FGD participant #5 from Visayas (assigned male at birth, urban, nonpoor)

There is physical bullying. One assigned female at birth FGD participant said that in their classroom the gays were mostly the ones that were bullied and described what happened to one:

They [classmates] put him on the floor and then they kicked him. They carried him at the top of the buildingand threatened to throw him over… He cried, but he got his revenge by chasing them (the bullies) with a broom.
FGD participant #7 from Luzon (assigned female at birth, rural, nonpoor)

Another common challenge they faced is verbal bullying, such as being teased or and receiving unkind remarks.

A gay guy who enters the CR with make-up is usually called names.
FGD participant #4 from Luzon (assigned male at birth, urban, nonpoor)

Participant 6: They find us such a waste.
Facilitator: A waste because?
Participant 6: They find us a waste because of our good looks.
Participant 7: In my case, they would just tell me that I'm such a waste. They would tell me to stop acting like a gay cause I won't be able to taste (women).
FGD in Visayas (assigned male at birth, rural, poor)

Such verbal bullying can even come from family members. In one FGD, a participant talked of what happened when he came home from school much later than expected.

Participant 8: [They said] that I was lustful. Things like that.
Facilitator: So, you somehow got home really late and then they started to ask where you had been and say stuff like you're being lustful, things like that?
Participant 8: Yes. And the sad thing is they didn't even know the real story.
FGD in Visayas (assigned male at birth, rural, poor)

Bullying can also happen to closet gays. There is a perception that being openly identified as gay can actually protect one against further bullying.

When you already said that you are gay, people won't mind anymore. Unless if you do not come out yet even if it is already very obvious. That's the time when you'll be bullied.
FGD participant #7 from Visayas (assigned female at birth, urban, nonpoor)

Communicating their problems and concerns to their family members can also be difficult. They preferred seeking help from gay or lesbian peer groups.

> *One reason that I don't like to share with my family is that I don't want them to feel sorry towards me. That was it.*
> FGD participant #9 from Visayas (assigned male at birth, rural, nonpoor)

> *Moderator: When a gay child has difficulties, to whom does he usually go?*
> *Participant 4: To his, for example, group of gays. He stays with them. If he has struggles with his family and he stows away, he spends the night with his friends, just to hang out with them. He returns home only when his family has already accepted him.*
> FGD in Mindanao (assigned males at birth, urban, poor).

It was particularly difficult for them to share with family members about their experiences of sexual harassment. This topic was even regarded as too sensitive to discuss among parents considered as supportive. An FGD participant from the Visayas shared such an incident after being sexually harassed by a neighbor:

> *Whenever I have problems, I try keep them to myself... but I don't have the courage to do so because I always end up telling my mother about them because ever since, she has always been supportive of me. She knows that I am feminine by gender. She has always supported me. She buys me short shorts, and there are times where I get to explain to her what kind of problems I have. But when it comes to sexual harassment and stuff or activities, I don't tell my mother about those because I get scared that her perception towards me might change. The only problems that I'm able to tell them are minor ones. But there was a time when… when I consulted my mother. I said, "Would you still accept me as your child even when I have made a huge mistake?" …She said, "Why not? Only if you were aware that you did not mean to do so, then why not?" So there, my urge to tell her sort of flourished. However, I still could not tell her because umm… it was our neighbor who did it. It's like… I get hesitant to tell her. She might make a scene and she might give a bad image to the community... because scandals do not just stay in one place… it spreads.*
> FGD participant #10 from Visayas (assigned male at birth, rural, nonpoor)

<u>Coping Mechanisms</u>

Uniting with fellow lesbians and gays can be a strategy against teasing and bullying.

> *In our classroom, since we [gays] are united, teasing isn't really common.*
> FGD participant #11 from Visayas (assigned male at birth, rural, poor)

Reciprocity, such as treating other people with respect so that one too would be treated with respect, can also help build rapport among peers, such as classmates.

> *I treat them [friends and classmates] well and they treat me the same way too. We all have respect towards each other.*
> FGD participant from Visayas(assigned male at birth, urban, nonpoor)

Some of the FGD participants, especially those who just found their gender identities, would be able to get their messages across to other people in jest.

No, at first they ask me, due to curiousity, so I told them that I am bisexual... Somewhat jokingly said… But everything is true.
FGD participant #12 from Visayas (assigned male at birth, urban, nonpoor)

Continued lack of acceptance would lead some gays to leave their parents' house to live on their own, especially if they can already earn a living and could financially sustain themselves.

At age 16 I already started joining pageants, and I lived separately from my father because he could not accept me.
FGD participant #5 from Mindanao (assigned male at birth, rural, poor)

Access to Services and Programs

Among the services and programs FGD participants mentioned were feeding programs, vaccinations, free soaps and medicines, free school supplies, educational scholarships, free circumcision, free haircut, free tooth extraction, sports fests and 4Ps benefits from the government. Private sources and NGOs also provided scholarships. Regarding programs particularly targeting LGBTQIAs, some mentioned LGU-sponsored beauty pageants, free check-ups, HIV awareness seminars, anti-discrimination seminars. Some FGD participants, however, pointed out that a negative aspect of HIV awareness seminars given for students was that they can become a venue for bullying against gays.

Participant #6: There are occasions when there is someone from DSWD who visits the school, and conducts a symposium on HIV/AIDS. All are there, everyone is gathered. ...
Participant #7: People share "knowing looks" that seemed to refer to us [gays].
Participant #8: At our school, when they conducted an interview regarding HIV, they [classmates] would then say to me, "You go first."
FGD in Mindanao (assigned male at birth, urban, nonpoor)

Getting involved in student organizations for LGBTQIAs was perceived as helpful. Several participants also mentioned laws being implemented by the government for the protection of LGBTQIAs such as those against bullying and physical abuse. Some LGUs were active in promoting LGBTQIA rights and in organizing events, and setting up organizations and networks for them. One lesbian FGD participant felt good about getting the mayor's open support to LGBTQIAs and gender equality:

We feel secured here in our town because we are accepted here. We are seen here as equals.
FGD participant #8 from Luzon (assigned female at birth, rural, poor)

Aspirations

Many FGD participants wanted to be teachers. There were those who also wanted to work abroad or be successful in business. They also expressed the desire to travel in other countries. Among the aspirations commonly expressed were to own a house, to finish schooling, and have successful careers. There were also philanthropic aspirations such as aspirations to help the family, help street children, help orphans, work in health organizations, and become an LGBTQIA rights advocate. Many lesbians wanted to be police officers. Several FGD participants also said that they wanted to get married and have a partner in life. Some lesbians said they wanted to adopt a child or get pregnant. Some gays said they would like to adopt a child or have a child through artificial insemination.

Participant #8: I think it's okay for a lesbian to have children even if she is a lesbian.
Participant #4: But other people would think it's not okay. …
Participant #9: We could just adopt so we have a child…
Participant #8: It should be your own. You get pregnant.
FGD in Visayas (assigned female at birth, rural, nonpoor)

What I want is to adopt a child, or I could consider insemination if I have enough money for that because I cannot… umm…I don't want sexual intercourse with a girl because I'm openly gay.
FGD participant #10 from Visayas (assigned male at birth, rural, nonpoor)

CHAPTER 8: SUMMARY OF FINDINGS

The marginalized 10-year old children in this study share a lot in common in terms of their daily activities which often consist of housework and school routine. The IP children were the only ones who reported farm work. It is particularly encouraging to learn from these narratives that play remains a key activity in their lives. Regardless of their current circumstances, these are 10-year old children after all. Article 27 of Convention on the Rights of the Child (United Nations, 1989) stipulates that every child is entitled to a life that ensures their physical, mental, spiritual, moral and social development. Play has important health and emotional benefits and could be an important development stimulus, even for children with health disadvantages (Nijhof et al., 2018).

Across all marginalized sectors, relationships within the family define the support as well as stress structures of the children and adolescents. Family provided protection against bullies. However, some family members themselves were the perpetrators of bullying. For the children with disabilities, their reliance on family for their care and assistance with their school needs was quite apparent in the interviews. Among children on the verge of recognizing gender identities different from what they were born with, their family dynamics at age 10 may be more challenging than the other marginalized 10-year olds. From what the gay and lesbian FGD participants shared, the root of their conflict with parents and other family members may be that their gender preference deviates from the norm or family expectations. Lack of harmony within the family and unstable family relationships caused sadness, and in the case of some lesbian and gay adolescents, may have pushed them toward deviant lifestyles.

The marginalized children and adolescents in this study also shared commonalities in terms of what makes them happy or sad. Being bullied, being alone, being sick and experiencing conflicts with friends and within the family made them sad. Spending time with family and friends, playing and having fun, and receiving gifts or treats were among the things that made them happy. Despite their disadvantages in life, these children and adolescents aspire to finish school, to have specific careers and to help their families.

Among the main objectives of this study is to identify challenges experienced by marginalized children. From the narratives collected for this study, we came up with a list of issues that posed as problems or caused sadness to the respondents (see Table 6). While some of these difficulties were pertinent to their current circumstances, there were also shared challenges across sectors.

Bullying was a predominant common factor across the sectors. In this study we learned so much about the different forms of bullying, who the perpetrators are and the circumstances that provoke bullying. The data also revealed various ways by which the children and adolescents cope with the physical and emotional abuse. There were those who took an assimilative stance or who took action by fighting back or retaliating, talking about the situation with someone or seeking the company of friends or family. Others adopted an accommodative form of response by choosing to ignore the bullies or occupied themselves with other things as a form of distraction or a way of refocusing their attention away from the bullies. The more worrisome response to bullying was keeping the incident to themselves or missing school to avoid the bullies.

How are these marginalized children being helped? There were several types and sources of help reported, many from government and a few from non-profit or church organizations. Most of the IDI

respondents mentioned general services and programs that are also provided to the non-marginalized such as feeding programs and provisions of school supplies. The LGBTQIA sector mentioned initiatives that were organized by their community specific to their needs such as setting up a facebook page for their members and organizing events that provide education and services to the LGBTQIA community. The parents/caregivers of children with disabilities mentioned the value of having a PWD card in getting access to medicines and health services.

Table 6. Challenges mentioned by marginalized respondents.

Challenges	Children with disabilities	AC	GIDA	IP	Lesbians/gays
Bullying from peers/classmates	√	√	√	√	√
Bullying from adults/family/teachers	√	√	√		√
Discrimination/communicating with family					√
Gender identity issues					√
Sexual harassment					√
Getting help with schooling, finding the right school	√				
Concern of parents about their future welfare	√				
Need for financial security	√				√
Having to leave home to seek safety/problems in evacuation centers		√			
Loneliness and isolation				√	
Anticipated problems with onset of puberty and adolescence	√	√			
Being sick	√		√	√	
Death of family members/people close to them		√	√	√	
Dealing with conflicts with other children		√	√	√	
Dealing with conflicts within the family		√	√		
Fear of and problems brought about by separation from parents/family		√			

CHAPTER 9: POLICY IMPLICATIONS

From the narratives of marginalized children and adolescents, and the parents/caregivers of children with disabilities, we identified common as well as unique challenges faced by these marginalized children. While the generalized versions of these challenges have been recognized and responses have been institutionalized in international conventions and national legislation, the specific challenges that were identified in these in-depth qualitative study merit specific responses in the societal context and physical environment these children find themselves. A mapping of such challenges, from a summary of findings shown in the previous chapter (Table 6), and the locus of key interventions for each marginalized group are presented in Tables7A-7E below.

Table 7A: Challenges and locus of policy/program interventions: Children with disabilities

Challenges/Locus	Index child	Family	School/Health facilities	Government, institutions
Special care (to ensure functioning)	X	X		
Access to special schools including enrollment in Special Education Program			X	X
Access to special health care (e.g., therapy for children, mental health support to parents)	X	X	X	
Access to gender, sexuality and reproductive health (education and services)			X	X
Protection from violence (bullying)	X	X	X	X
Access to and proper use of modern communication technology (internet and social media)	X		X	X

Table 7B: Challenges and locus of policy/program interventions: Children in armed conflict areas

Challenges/Locus	Index child	Family	School/Health facilities	Government, institutions
Physical security and safety				X
Access to schools and health services			X	X
Access to special health care and counseling arising from trauma associated with effects of conflict (fear, death of family member, separation from family, evacuation)			X	X
Access to gender, sexuality and reproductive health (education and services)			X	X
Protection from violence (bullying)	X	X	X	X
Protection from recruitment as child soldiers				X
Access to and proper use of modern communication technology (internet and social media)	X		X	X

Table 7C: Challenges and locus of policy/program interventions: Children in GIDA

Challenges/Locus	Index child	Family	School/Health facilities	Government, institutions
Access to schools and health services (including outreach health services)	X	X	X	X
Access to gender, sexuality and reproductive health (education and services)			X	X
Protection from violence (bullying)	X	X	X	X
Access to and proper use of modern communication technology (internet and social media)	X		X	X

Table 7D: Challenges and locus of policy/program interventions: Children belonging to IP/in IP communities

Challenges/Locus	Index child	Family	School/Health facilities	Government, institutions
Access to schools and health services (including outreach health services)	X	X	X	X
Access to programs highlighting knowledge and appreciation of IP cultures and rights			X	X
Protection from discrimination			X	X
Access to gender, sexuality and reproductive health (education and services)			X	X
Protection from violence (bullying)	X	X	X	X
Access to and proper use of modern communication technology (internet and social media)	X		X	X

Table 7E: Challenges and locus of policy/program interventions: Lesbian and gay youth

Challenges/Locus	Index child	Family	School/Health facilities	Government, institutions
Access to counseling (gender identity issues)	X	X	X	
Protection from discrimination		X	X	X
Access to gender, sexuality and reproductive health (education and services)			X	X
Protection from violence (bullying)	X	X	X	X

From such mapping, we identify specific areas that require urgent attention enumerated below. These specific areas should be viewed within the context of already existing international conventions, national legislation and programs, while ensuring room for innovations in design and implementation. It may also be noted, that while this qualitative component of the Cohort Study covered only a purposive sample of marginalized children, a more complete picture of their numbers in the general population and their vulnerabilities is provided in the earlier description of the results of the quantitative baseline survey (Chapter 1). From the profile of the general representative population, a marginalized child can have multiple vulnerabilities, and that a child can also have multiple marginalization (e.g., GIDA areas might be predominantly IP, and may also be areas of armed conflict). Taking these into consideration implies the need to consider integrated interventions that have multiple impacts.

For all sectors:

1. Counseling or psychological help on how to deal with bullying, particularly among the marginalized. This could be school-or community-based sessions targeting children, adolescents, teachers and parents.

2. Providing reproductive health care and preventive measures particularly for females at the onset of puberty and for those who may have experienced or are at high risk of experiencing sexual harassment.

3. Broaden participation of teachers, mothers, fathers and other adult caregivers, and the LGU in school- and community-based programs through a more effective, coordinated, integrative, and gender-responsive approach. Adults' lack of information regarding the sentiments, needs and concerns of young children particularly on the aspects of sexuality, reproductive health and gender, has been proven to be the primary reason why emotional and psychological-related difficulties are encountered by children in both school and community environments. Doing so could result in having a heightened sensitivity and more meaningful and sustainable outcomes.

4. Capacitating the LGUs on how to serve these sectors better, beyond the traditional services and programs offered to non-marginalized children. A good start would be to appraise the LGUs on the special needs of these sectors.

Children with disabilities:

1. Providing access to schools that fit the needs of these children

2. Assistance in obtaining appropriate and affordable therapy for the children

3. Reproductive health care or counseling for female children particularly at the onset of puberty.

4. Assistance for parents/caregivers in the form of lectures on caregiving, handling finances, and preparing contingencies for the children's future.

5. Mental health support for parents/caregivers of children, particularly in dealing with physical and emotional burn out

6. Among the marginalized 10-year old, only the children with disabilities mentioned the use of cellphones or computers. Providing them with the appropriate technological support and access to the internet and social media may be a way for these children to interact and reach out to the outside world, given mobility restrictions for some of them. Giving them training on using the internet and social media responsibly is also important.

AC:

1. Mental health counseling to help children cope with the trauma of experiencing armed conflict and dealing with having to leave their homes and stay in evacuation centers.
2. Providing physical protection and ensuring the safety of children caught in armed conflict situations.

GIDA:

1. Children living in areas also developed as tourist attractions (mostly islands), appear to have benefited from the services and programs received through the tourism industry. Both the Department of Tourism and local governments can continue to work together to support this initiative. In addition, efforts should be made to ensure that protective mechanisms are in place that safeguard children against human trafficking and other negative events associated with areas exposed to the foreign public.
2. Those living in non-tourist spots appear to be at greater disadvantage as few mentioned any such assistance.
3. Providing the children with the appropriate technological support in terms of computers and other media, and access to the internet and social media may be a way of supplementing the education of these children living in isolated areas.

IP:

1. Further strengthen DepEd's IP K-12 curriculum as well as the regular curriculum by developing a teacher-training program that promotes appreciation for indigenous culture and identity and supports IP students in all levels of basic education. This initiative will increase the capacity of teachers on how best to effectively engage IP children in school processes and develop their leadership and interpersonal skills, especially in mixed-ethnicity schools. Such mechanism fosters a positive learning environment, thereby, reducing incidences of bullying, stigma and discrimination as well as increasing IP children's school performance and sense of indigenous identity.

LGBTQIA:

1. Homosexuality remains to be viewed negatively by non-LGBTQIA and family members. Apart from the need for policy advocacy that directly accrue to the best interests of young children, it may benefit schools and communities to establish a Center that caters to the LGBTQIA gender, sexual and reproductive health needs. The Center must be managed by sensitive and competent staff who are adequately trained to respond to information gaps/misconceptions and provide counseling services and/or psychological help to those who are faced with gender identity issues, particularly among the children and adolescents, in an atmosphere of respect and confidentiality. These sessions could also involve their parents and other family members.

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APPENDIX 1

USC- Office of Population Studies Foundation, Inc.
W. 00Flieger Bldg., University of San Carlos
Talamban, Cebu City

History, Mission and Vision

The USC-Office of Population Studies Foundation, Inc. (OPS) is a non-stock and non-profit population and health research institute affiliated with the University of San Carlos (USC), Cebu City, Philippines. It was established in 1971 by a German demographer and SVD priest, Dr. Wilhelm Flieger, in response to the government's call for more academic involvement in national development and to formalize demographic and related-research activities at USC. From an extension office of the Sociology-Anthropology Department and later, of the university, OPS became a USC foundation in 2005 with links to various academic units in the interest of promoting multi- and inter-disciplinary research. Through the years, OPS has evolved into one of the country's leading population and health research institutions.

Our mission is to strengthen local, regional, and national development initiatives through the conduct of quality, multi-disciplinary and socially responsible research on population, health, nutrition, and all other aspects of human development. The OPS is also committed in enhancing research capacities at USC and in the greater community. We aim to disseminate our research findings to relevant stakeholders through publications, lectures, and policy briefs, and share our research expertise through teaching and extension work.

Our vision is to become a world-renowned research organization with a credible track record in relevant research and related activities that influence programs and policies for uplifting human and social development.

Research Staff

The OPS research core group consists of 9 locally and internationally trained Research Fellows and Associates with expertise in the fields of demography, economics, nutrition, epidemiology, sociology, and reproductive health. In addition, most are survey specialists with vast experiences in designing and implementing surveys. Many have risen from the ranks of field supervisors and data managers. Former Research Fellows/Associates continue to actively engage in OPS research as consultants. In support of research, OPS has a programmer/network administrator, GIS personnel, as well as a Data manager who takes charge of data processing (encoding, editing and validation), documentation, and storage. Administrative work is handled by a Human Resources Manager and a Finance/Grants Officer and their respective staff members. The OPS also has a pool of field research staff, office data editors, and encoders that are hired on a contractual basis for survey operations.

Research Services

The OPS has an established track record in conducting large-scale, multi-site, multi-level (person, household, community, facility, line agencies) surveys that require elaborate data collection protocols and the construction of complex, hierarchical data file structures. The OPS Research Fellows/Associates are also trained to analyze data, run statistical programs, and write research papers and grant proposals.

For more details on our governance, research portfolio and research collaborators, please visit the OPS website at: http://opsusc.org.

Longitudinal Cohort Study on the Girl and Boy Child
Baseline Qualitative Study
OPS Project Management Team

Principal Investigator:	Dr. Judith Rafaelita B. Borja
Co-Investigator:	Dr. Nanette L. Mayol
Project Coordinators:	Tita Lorna L. Perez
	Delia B. Carba
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Research Assistants	Gloribieve Omayan
	Punky May Bacon
	Maureen Burdador
	Louie Aznar
	Eric Jon Canoy
	Andraia Clarence Canton
	Lance Dominic Gallego

Demographic Research and Development Foundation (DRDF, Inc.)

About Us

The Demographic Research and Development Foundation, Inc. (DRDF), established in 1983, is a non-stock, non-profit organization registered with the Philippine Securities and Exchange Commission that aims to promote and undertake research, training and other related activities in population and development. More specifically, DRDF as a group of population and development specialists aims to: (1) undertake studies in the general area of population and development; (2) lend technical expertise in planning, policy formulation, project conceptualization, project implementation, human resource development in population and development; and (3) disseminate important, policy-relevant and research-based information.

In pursuing its mission and vision, DRDF works closely with the University of the Philippines Population Institute (UPPI), with whom it has special working relationship and arrangements. DRDF is temporarily housed in the UPPI premises. They share library resources (e.g. books, journals, electronic references), facilities and human resources, creating a synergistic environment for the improvement of the quality of demographic studies and research outputs.

DRDF is an active player in the Philippine demographic arena, working closely with other organizations. It is an active member of the Philippine Population Association (PPA), Philippine NGO Council on Population, Health and Welfare, Inc. (PNGOC), and Reproductive Health Advocacy Network (RHAN). It is accredited by the Department of Science and Technology.

ACTIVE MEMBER:

ACCREDITED:

Baseline Qualitative Study

Project Staff List

Demographic Research and Development Foundation (DRDF, Inc.)

Name	Role
1. Cabbuag, Samuel	Interviewer/Documenter/Transcriber/Translator/Coder (guardian/parent and child)
2. Camhol, Armand	Interviewer Documenter/Transcriber/Translator (IPs)
3. Campano, Rikki Joshua	Interviewer/Documenter/Transcriber/Translator/Coder (guardian/parent and child)
4. Cruz, Christian Joy	FGD Moderator (LGBT youth)
5. Evangelista, John Andrew	FGD Moderator (LGBT youth)
6. Matociños, Allison	Transcriber/Translator/Coder (guardian/parent and child, LGBT youth)
7. Nario-Glimpse, Hannah	Interviewer (guardian/parent and child)
8. Reyes, Marc del Christian	Transcriber/Translator/Coder (guardian/parent and child, LGBT youth)
9. Presto, Athena Charmaine	Documenter/Transcriber (LGBT youth)
10. Villegas, Justine Kristel	Interviewer/Documenter/Transcriber/Translator/Coder (guardian/parent and child)

CENTER FOR SOCIAL RESEARCH AND EDUCATION

Harnessing Research, Building Better Communities

The Center for Social Research and Education (CSRE) was established as the research arm, research coordinating body and grant-seeking center of the School of Arts and Sciences, University of San Carlos. It aims to establish strategic alliances and collaborative agreements with other research organizations and professional groups, and produce relevant, timely and interdisciplinary research that could be utilized in community development efforts. CSRE, formerly the Social Science Research Center, undertakes research and development work in areas that relate to: (i) environment (including disaster risk-reduction), water and sanitation; (ii) women, gender and health (including MCH, HIV and AIDS, reproductive health, ethno-medicine); (iii) food, culture and local knowledge; (iv) poverty, child labor and migration; and (v) other development-related concerns e.g. assessment and social acceptability. Technical assistance for community-based initiatives (community assessment, project planning, monitoring and evaluation) is also part of the services it offers. To do this, CSRE harnesses social science researchers and occasionally invites practitioners from other disciplines within and outside USC for endeavors that require their expertise. For many years now, the research associates and field personnel of CSRE have been involved in several collaborative undertakings, advocacy endeavors, consultancy, and networking activities.

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD:
BASELINE QUALITATIVE STUDY
LIST OF PROJECT STAFF

Project Coordinator:	Fiscalina Amadora-Nolasco
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Research Assistants:	Punky May B. Demeterio
	Gloribieve N.Omayan
Support Staff:	Jeahlyn A. Camaymayan
	Rio B. Valdez

The **Research Institute for Mindanao Culture (RIMCU)** was founded in 1957 by Rev. Francis C. Madigan, S.J., PhD. RIMCU's mandate is the pursuit of high-quality social science research to advance the development of the Philippines, in general, and Mindanao in particular. RIMCU envisions of becoming a leading research institute in the country that produces high-quality research that informs both policy and practice in the areas of socially just and sustainable development. It aims to: a) pursue academic and research excellence, professionalism, interaction with its network in an inclusive and empowering environment; b) contribute to societal transformation and development through research and training; and c) engage in socially and ethically responsible and evidence-based advocacy.

RIMCU has conducted a considerable number of locally, nationally, and internationally funded studies. Moreover, it established not only a track record in research but also as a social and cultural center where research findings are generated and shared to a wider audience of students, policy-makers, line agency executives, local government units, non-government organizations, and research respondents/participants. Included in these research studies conducted are its engagement with the IP communities as well as in health-related issues.

To date, more than 600 research undertakings have been successfully completed and disseminated and to some extent utilized by planners and decision-makers. These undertakings cover a wide range of interest, such as:

- conflict situations, peace, and ethnic relations
- preventing/countering violent extremism
- operations research on health
- development studies (socio-economic and cultural factors of the development process)
- violence against women and children, women's concern and gender relations/issues
- sexual and reproductive health and rights
- demographic studies on mortality, fertility, and migration
- natural disasters
- poverty and employment-related issues
- ecological and environmental concern
- evaluation studies
- anthropological studies
- governance and democratization

The research experiences and skills are closely intertwined with education and training, communication and advocacy, and networking endeavors. The twin-affiliation of senior research associates in both the Institute and the Department of Sociology & Anthropology fuels and feeds upon their research and teaching in the academe.

RIMCU envisions of becoming a leading research institute in the country that produces high-quality research that informs both policy and practice in the areas of socially just and sustainable

development. It aims to: a) pursue research excellence, professionalism, and interaction with its network in an inclusive and empowering environment; b) contribute to societal transformation and development through research and training; and c) engage in socially and ethically responsible and evidence-based advocacy.

To fulfill its aim, RIMCU engages with policymakers, civil society, researchers and students to promote their use of RIMCU's research to strengthen their research capacity and to create opportunities for analysis, reflection and debate.

RIMCU conducts discussions and sharing of research outputs with stakeholders within and outside the university. Within the university, RIMCU shares research experiences and utilizes findings in appropriate courses/subjects. Doing so would increase students' awareness and appreciation of research and research utilization

Thus, it is reflected in its Strategic Plan for 2016-2018 under Mission 2 – "Contributes to societal transformation and development through Research and Teaching;" and under its Goal 3: Informed policymakers and practitioners. Its strategies are

1. Popularize research outputs in tri-media through linkages with academic units with communication courses
2. Establish strong linkages and partnership with GOs, NGOs, POs, and CSOs
3. Establish strong linkages with policy-makers, planners and political leaders
4. Conduct capability building project/activities in utilizing research outputs in policy-making

At present, the Institute Staff is composed of 8 senior research associates, an experienced administrative staff headed by the Institute's Operations Manager, data processing unit, and a pool of field operation's personnel (survey specialists/field supervisors and data collectors/ interviewers). It has also established a network of relationship and partnerships with the academe, LGUs, and NGOs.

RIMCU's research projects were funded locally, nationally, and internationally. International agencies include World Bank, USAID, DFAT (formerly AusAid), International Development Studies (IDS), UN agencies such UNICEF, UNFPA, ILO, WHO, and FAO, and Oxfam GB, among others; while local or national institutions include the Department of Health (DOH), the Philippine Commission for Health Research and Development (PCHRD), the National Commission for Culture and the Arts (NCCA), and the Philippine Center for Population and Development (PCPD)

UNFPA QUALITATIVE SURVEY	
Co-Investigator	CABARABAN, Magdalena
	ECHAVEZ, Chona
Team Leader/Supervisor	TALAROC, Edvilla
	BOAC, Vergil
	MONTEJO, Michael Lou
Field Interviewer	SALCEDO, Sonica
	BRIONES. Esther
	ONG, Sue
	SUTACIO, Rex Adryann

APPENDIX 2

SCREENER FOR POOR (P)/NONPOOR (NP) STATUS FOR **FGDs and PWD IDIs** (Questions to be asked of FGD participant or of PWD **mothers/guardians)**

Status is NP if **responses** to **all 5 screeners** fall under NP column. P if **at least one response** falls under P.

Selection Criteria	P	NP
1. Household density		
1a. At present, how many persons are living in your household (INCLUDING YOURSELF? ________ 1b. How many rooms in this house are being used for sleeping? ______		
1c. Household density (a/b) ____	≥4	<4
2. Access to clean water		
What is your usual source of drinking water?	Dug well unprotected Unprotected spring Tanker truck (unclean) Cart with small tank Surface water (River/Dam Lake/Pond/Stream/ Canal irrigation channel)	Piped into dwelling Piped to yard/plot Public tap/Standpipe Tube well or borehole Dug well protected Protected spring Rainwater Bottled water/Refilling station Tanker truck (clean)
3. Access to improved sanitation – Toilet facility		
What kind of toilet facility do members of your household usually use?	Pit latrine without slab Open pit Composting toilet (public) Bucket toilet Drop type/Overhang type No facility/Bush/Field Public toilet	Flush to piped sewer system Flush to septic tank Flush to pit latrine Ventilated improved pit latrine Pit latrine with slab Composting toilet (non-public)
4. Access to improved sanitation – Toilet sharing		
How many households use this toilet facility?	**> 2**	1-2
5. Household materials		
(OBSERVED or ASKED) What material are the exterior walls of the respondent's house predominantly made of?	Makeshift Bamboo/Nipa Dirt/Stone with mud Galvanized iron	Concrete/Cement Wood/Plywood Stone with lime/cement Bricks

Definitions:

1. A household is a social unit consisting of a person living alone or a group of persons who:

1) sleep in the same housing unit; and
2) have a common arrangement in the preparation and consumption of food.

2. Access to clean water:

What is your usual source of drinking water?
Description of drinking water source:

Piped water. This means that the household gets supply for drinking water from a faucet that are either:

Piped into dwelling (inside the house)
Piped to yard (inside yard/plot)
Public tap/standpipe - whether for own use or shared, pipe is directly connected to water pipeline from the community water system or the local water network system

Water from tube well or borehole
Tube well or borehole refers to the water tapped by digging a hole or sinking pipes into the ground and installing water drawing equipment such as pumps.

Water from dug well
Dug wells are excavations that are circular or square or rectangular in shape. They could either be protected, semi-protected, or unprotected wells.

Protected well - dug well with a lining made of permanent materials like masonry or bricks which serve as protection against surface or outside contamination. They may further be provided with roofs or removable covers which protect the wells from falling materials.

Unprotected well - An undeveloped dug well, hence, unprotected from external contamination unlike the ones mentioned above

Water from spring
Protected spring (or developed spring) - spring is developed by enlarging the water outlet and constructing an intake structure for water catchment and storage. It is considered protected if efforts were made to develop or shield it from external contamination such as filters, roof, among others.

Unprotected spring (or undeveloped spring) - spring is not protected from external contamination.

Rainwater
Rain water is included if it is used as a source of drinking water. This may be collected and stored through tanks or other storage vessels.

Bottled Water/ Refilling Station
Mineral/distilled water bought in bottles, gallons, or any other containers are under this category.

Water from tanker truck (or peddler)
Drinking water comes from moving tanker trucks or ambulant/roving vendors regardless of where the water originally came from. Water from commercial tanker trucks serving high end communities are considered clean.

Water from cart with small tank
Water is obtained from a provider who transports water into a community using a cart and then sells the water.

Surface Water (River/Dam/ Lake/Pond/Stream/Canal Irrigation Channel)
These are bodies of water which are mixtures of surface or ground water used for drinking.

NOTE: If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview. If other sources of water (not in list) are mentioned, classify under nonpoor only if described as clean.

3. Access to improved sanitation:

What kind of toilet facility do members of your household usually use?

A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).

Flush/pour flush to piped sewer system
A piped sewer system is a system of sewer pipes, also called sewerage, that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.

Flush/pour flush to septic tank
A septic tank is an excreta collection device and is a water-tight settling tank normally located underground, away from the house or toilet.

Flush/pour flush to pit latrine refers to a system that flushes excreta to a hole in the ground. ***NOTE: If f****lushed to somewhere else* meaning excreta being deposited in or nearby the household environment (may have a water seal but deposited not into pit, septic tank

or sewer) or flushed to the street, yard/plot, drainage way or other location: classify as poor

A *ventilated improved pit latrine or VIP* is a type of pit latrine that is ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.

Pit latrine with slab uses a hole in the ground for excreta collection and has a squatting slab, platform or seat (made of concrete, steel, or wood to allow standing with ease) that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit.

Pit latrine without slab uses a hole in the ground for excreta collection and does not have a squatting slab, platform, or seat.

Open pit is a rudimentary hole in the ground where excreta is collected.

A composting toilet is a toilet into which excreta and carbon-rich material are added (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. If within private premises consider as nonpoor; if in a public area consider as poor.

Bucket toilet refers to the use of a bucket or other container for the retention of faeces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal.

Drop type/Overhang type is a toilet built over the sea, a river, or other body of water into which excreta drops directly.

No facility/Bush/Field includes excreta wrapped and thrown with garbage, the 'cat' method of burying excreta in dirt, defecation in the bush or field or ditch, and defecation into surface water (drainage channel, beach, river, stream or sea).

If you are not able to determine the toilet type based on your conversation with the respondent, ask to observe the facility.

APPENDIX 3

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD BASELINE QUALITATIVE STUDY

FGD INSTRUCTION SHEET

A. Pre-recruitment activities

1. Mandatory courtesy calls to Mayors of city/municipality and Barangay Captains i in target barangays
   a. Present endorsement letter from NEDA/UNFPA and introduction letter from CSRE/DRDF/RIMCU (bring duplicate copies of both letters) to the **Mayor** (or authorized official if Mayor not present)
   b. Have duplicate copies stamped and signed by authorized official at Mayor's office
   c. Present stamped letters to the Barangay Captain (or authorized official if Barangay Captain not present) of the ***initial target barangay*** (in list of study sample areas)

   NOTE: If recruitment in adjacent barangays is needed please conduct barangay courtesy calls prior to any recruitment activity.

2. Arrange for safe accommodations for study team if staying in area for more than a day is needed.

B. Recruitment

1. At the Barangay office, inform your barangay informant (Barangay captain or official) about the study. Suggested script to Barangay informant:

   We are here in your area to conduct a research study on young people between the ages of 15-19 who are gay men or lesbians (or use commonly-used terms for LGBTQIA)*. We would like to gather these young people and ask them about their situations and experiences.*

   Then ask about local LGBTQIA organizations or households with LGBTQIA.

2. Ask to be introduced to the local organizations, ***particularly to the identified households.*** Use snow ball or chain-referral method in identifying potentially eligible participants.

3. Once in contact with a recruitment informant, introduce yourselves, briefly explain the purpose of the FGD (use recruitment script as guide) and request assistance to identify LGBTQIA who are 15-19.

4. In recruiting participants please use this standard recruitment script (<u>**use translated version in actual recruitment**</u>):

We are here in your area to conduct a research study on young people between the ages of 15-19 who are gay men or lesbians (or use commonly-used terms for LGBTQIA). *We will be doing a "Focus Group Discussion", where we will gather these young people and talk about their situations and experiences. May we invite you to join this discussion?*

IF PERSON SAYS YES: *Thanks! First we need to ask you a few questions. How old are you?*

IF AGE IS 15-17, SAY: *Before you join the discussion, may I ask if your parents know about your being gay or lesbian? If your parents don't know, there is a possibility that your parents will know that you are a gay man/lesbian because you joined this discussion. As a minor, we also have to ask permission from your parent. Are you fine with all these?*

IF YES: Ask to be brought to their house or to meet parent/guardian.
IF NO: *I'm sorry that you can't join the discussion but thanks anyway!*

IF AGE IS 18-19, SAY: *Before you join the discussion, may I ask if your parents know about your being gay or lesbian? If your parents don't know, there is a possibility that your parents will know that you are a gay man/lesbian because you joined this discussion. Are you fine with all these?* Proceed with C.

C. Consenting and Screening

1. Before starting the consenting process, make sure to use the appropriate consent forms

Ages 15-17: Use **Consent Form 3** to obtain consent from the parent/guardian (Before conducting the consenting process, **CONFIRM** that person is participants' parent or guardian

Ages 18-19: Use **Consent Form 4** to obtain consent directly from participants

2. After having obtained informed consents, fill out the FGD participant profile sheet (use P/NP screening questions).

D. Pre-FGD tasks

1. Group your FGD participants based on their P/NP status. Give instructions to participants as to venue and time of FGD.
2. Find a good venue for the FGD. Make sure to obtain the required permissions before using the place.
3. Prepare the malongs/flat sheets, fares, acknowledgment receipts, and snacks.

E. FGD reminders

1. Prepare the FGD list of participants and seating map. Make sure Participant Numbers match those in FGD participant profile sheet.
2. Ensure privacy of discussion (politely ask onlookers or curious crowd to give you privacy).
3. Check audio recorders to make sure these are working (check batteries and do a test recording).
4. Before starting the FGD:
    a. Make sure that all participants have undergone the consenting process and have provided their consents.
    b. Inform all participants that discussions during the FGD must be held confidential.
    c. Make sure to inform the participants that the session will be recorded.

After FGD:

1. Serve snacks
2. Distribute malongs and fares (have participants sign acknowledgment receipts for these)

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD (BASELINE QUALITATIVE STUDY)
TOPIC GUIDE
FGD (15-19 years old)

WARM UP

A. Facilitator Introduction: name, institution, study objectives, purpose of the FGD, why they were selected, why their participation, views and recalled experiences (when they were 10 years old) are important.
IMPORTANT: Inform the group that it is important for everyone to agree that a) all that will be discussed in this session must not be shared with anyone after the session; and b) discussions can be recorded.

B. Participant Introduction: brief description of self, how they came to know of the FGD, why they came.

USUAL ACTIVITIES *[of 10-year olds in general]*

1. What are the usual activities of 10-year old children?

RELATIONSHIP OR EXPERIENCE *[of 10-year olds in general]*

2. How would you describe the relationship or experience of 10-year old children with their family?

CHALLENGES AND DIFFICULTIES (these refer to them as LGBTQIA. PLEASE USE LOCAL TERMS for the LGBTQIA group(s) represented in session denoted here as _____). ***PROBE for: coping mechanisms, support networks***

3a. Usually at what *age* does a person **realize** that he/she is a **______**? *PROBE – feelings, struggles*
3b. Usually at what *age* does a person **accept**that he/she is a **______**? *PROBE – feelings, struggles*

4. To whom does a **______** usually disclose that he/she is a **______**? *PROBE: why? when? what age? how? what happened (Process)?*

5. Can you tell us the usual reactions of (a, b, c) **to the disclosure that one is a ________**: *(Note: for those who have disclosed)*
   a. family/relatives
   b. friends/peers/classmates
   c. others

6. What are the challenges or difficulties of **10-year old children** who are **______**? *(Note: have disclosed **or** not)*

   a. in terms of discrimination, bullying, other forms of abuse *Probe: awareness of children's rights for every experience of abuse mentioned, if any*
   b. in terms of differential treatment: (1) among LGBTs (or local term encompassing LGBTQIA)
   (2) between _____ and non-______

ACCESS TO SERVICES AND PROGRAMS

7. What programs do you know are provided by government or NGOs for 10-year children who are _____? *PROBE: participation of 10-year old children in these programs, and access to services*

ASPIRATIONS

8. How do you see yourself 10 years from now?

LAST QUESTION (MAKE SURE TO ASK THIS IF NOT COVERED IN PRIOR DISCUSSIONS): Are there any **differences** in the **challenges** of 10-year old children today who are ____ compared to the **challenges** of 10-year old children who are ____ during your time?

--end of FGD English 20170821--

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD
BASELINE QUALITATIVE STUDY

ID CHILD (GIDA_IP_AC) INSTRUCTION SHEET

A. Pre-recruitment activities

3. For **IP IDIs**: Obtain permit from the local NCIP prior to proceeding to ensure we are allowed to conduct interviews in the target sample area.
    a. Explain the study objectives and procedures to the local NCIP. Seek their advice on procedures that may be offensive to our IP respondents.

4. Mandatory courtesy calls to Mayor of city/municipality and Barangay Captains in target barangays
    a. Present endorsement letter from NEDA/UNFPA and introduction letter from CSRE/DRDF/RIMCU (bring duplicate copies of both letters) to the **Mayor** (or authorized official if Mayor not present)
    b. Have duplicate copies stamped and signed by authorized official at Mayor's office
    c. Present stamped letters to the Barangay Captain (or authorized official if Barangay Captain not present) of the ***initial target barangay*** (in list of study sample areas)

    NOTE: If recruitment in adjacent barangays is needed please conduct barangay courtesy calls prior to any recruitment activity.

5. Arrange for safe accommodations for study team if staying in area for more than a day is needed

B. Recruitment

1. For **IP IDIs**: request assistance from the local NCIP in recruiting 10-year old subjects for the IP interviews. Ask to be introduced to these households.

   For other IDIs: At the Barangay office: ask about households with 10-year old children. Ask to be introduced to these households.

   Suggested script to IP contact or Barangay informant (Barangay Captain or official)
   We are here in your area to conduct a research study on 10-year old children. We will be interviewing these children to ask questions about the situations and experiences of these children.

2. At each household, ask to speak to a responsible adult in the household. Introduce yourselves, briefly explain the purpose of the study using this standard recruitment script (**<u>use translated version in actual recruitment</u>**):

We are here in your area to conduct a research study on 10-year old children. We will be interviewing the child to ask questions about his/her situation and experiences. Is there a 10-year old child residing in this household?

3. If the household member says yes, verify age of the potential child respondent by asking for the child's birth certificate. If this is not available, ask for the date of birth.

4. IF CHILD IS ELIGIBLE: Ask to speak with the child's parent or guardian and proceed with C.

   IF CHILD NOT ELIGIBLE: Inform the household member that we are looking for a 10-year old child and give thanks for spending time to respond to your questions.

C. Consenting and Screening

1. Consenting procedures: use the appropriate consent forms

   Consent Form 1: to obtain consent from the parent/guardian to interview 10-yr. old child

2. After having obtained informed consents (**PLEASE MAKE SURE TO GET THEIR CONTACT NUMBERS IN CONSENT FORMS**), fill out the GIDA/IP/AC IDI participant profile sheet

3. Proceed with interview

D. Reminders for IDI

1. Toys. Please be reminded that the use of the toys is part of our protocol (not optional) to establish rapport, make the child comfortable and enhance his/her capacity for self-expression.

PLEASE SEE TOYS INSTRUCTION SHEET FOR DETAILS

REMINDERS:

Don't forget to thank both mother/guardian and child after the interview. Present two pencil cases to the respondents. Leave the toys with the child.

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD
BASELINE QUALITATIVE STUDY

Children with disability IDI INSTRUCTION SHEET

F. Pre-recruitment activities

6. Mandatory courtesy calls to Mayor of city/municipality and Barangay Captains in target barangays
    a. Present endorsement letter from NEDA/UNFPA and introduction letter from CSRE/DRDF/RIMCU (bring duplicate copies of both letters) to the **Mayor** (or authorized official if Mayor not present)
    b. Have duplicate copies stamped and signed by authorized official at Mayor's office
    c. Present stamped letters to the Barangay Captain (or authorized official if Barangay Captain not present) of the ***initial target barangay*** (in list of study sample areas)

    NOTE: If recruitment in adjacent barangays is needed please conduct barangay courtesy calls prior to any recruitment activity.

7. Arrange for safe accommodations for study team if staying in area for more than a day is needed

G. Recruitment

5. At the Barangay office, inform your barangay informant (Barangay captain or official) about the study. Suggested script to Barangay informant:

    We are here in your area to conduct a research study on 10-year old children with disabilities. We will be interviewing the children, if possible, and their mother or guardian to ask questions about their situations and experiences.

    Then ask about households with children with disabilities. Ask to be introduced to these households. **Also ask barangay informant to categorize households as P/NP. If informant has difficulty categorizing, ask him/her to verify household status with a colleague or with other informants (i.e., health center personnel, local school personnel, etc.**

6. At each household, ask to speak to a responsible adult in the household. Introduce yourselves, briefly explain the purpose of the study using this standard recruitment script (**use translated version in actual recruitment**):
    We are here in your area to conduct a research study on 10-year old children with disabilities. We will be interviewing the child, if possible, and the child's mother or guardian to ask questions

about their situations and experiences. Is there a 10-year old child residing in this household with any disability?

7. If the household member says yes, verify age of the potential child respondent by asking for the child's birth certificate. If this is not available, ask for the date of birth.

8. IF CHILD IS ELIGIBLE: Ask to speak with the child's parent or guardian and proceed with Consenting and Screening (C).

   IF CHILD NOT ELIGIBLE: Inform the household member that we are looking for a 10-year old child with disability and give thanks for spending time to respond to your questions.

H. Consenting and Screening

3. Consenting procedures: use the appropriate consent forms

   Consent Form 2: to obtain consent interview mother/guardian and her/his 10-year old child for IDI

4. After having obtained informed consents **PLEASE MAKE SURE TO GET THEIR CONTACT NUMBERS IN CONSENT FORMS**), fill out the Children with Disability IDI participant profile sheet (use P/NP screening questions).

5. Proceed with interview

I. Reminders for IDI

1. Toys (FOR CHILD IDIs). Please be reminded that the use of the toys is part of our protocol (not optional) to establish rapport, make the child comfortable and enhance his/her capacity for self-expression.

PLEASE SEE TOYS INSTRUCTION SHEET FOR DETAILS

REMINDERS:

Don't forget to thank both mother/guardian and child after the interview. Present two pencil cases to the respondents. Leave the toys with the child (whether or not the child IDI was conducted).

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD (BASELINE QUALITATIVE STUDY)
TOPIC GUIDE
In-Depth Interview: FOR 10-YEAR OLD CHILD (Children with disability, IP, GIDA, AC)

for **IP:** PLEASE **PROBE** ON*CULTURAL PRACTICES AND INDIGENOUS KNOWLEDGE ON PUBERTY, HEALTH, SEXUALITY OR RELEVANT TOPICS THAT COME UP IN DISCUSSION*
for **GIDA:** PLEASE **PROBE** ON *EXPERIENCES/FEELINGS OFDEPRIVATION DUE TO GEOGRAPHICAL ISOLATION*
for **AC:** PLEASE **PROBE** ON *EXPERIENCES/FEELINGS OFTRAUMA AND DISPLACEMENT*

1. USUAL ACTIVITIES

1.1 What did you do this morning? Is that what you usually do every morning?
1.2 What other activities do you usually do?
1.3 Can you say that these are the usual activities of 10-year old children?

2. RELATIONSHIPS

2a. FAMILY	2b. SCHOOL	2c. NEIGHBORS
Who lives here in your household? Who do you like the most in your family? *PROBE WHY.* Who do you *somewhat* do **not** like? *PROBE WHY.*	Who are your friends at school? Who do you like the most [friends, teachers, others]? *PROBE WHY.* Who do you *somewhat* do **not** like? *PROBE WHY.*	Who are your playmates in your neighborhood? Who do you like the most? *PROBE WHY.* Who do you *somewhat* do **not** like? *PROBE WHY.*

3. PUBERTY

3.1 [IF GIRL] Have you started your period? IF YES: What was your reaction the first time you had your period? How did you feel? Can you tell me about it?
3.1a What does it mean once a girl starts her period?
3.2 [IF BOY] Are there changes that happen to the body when a boy reaches puberty? Has any of these happened to you? IF YES: How did you feel? Can you tell me about it?
3.2a What does it mean once a boy reaches puberty?

4. CHALLENGES, COPING MECHANISM, SUPPORT NETWORKS

4.1 When are you <u>happy</u>? What makes you happy? PROBE

	1	2	3
4.2 When are you:	a. Sad or Unhappy?	b. Afraid?	c. Angry or Mad?
4.3 Has anyone made you feel:	a. Sad or Unhappy?	b. Afraid?	c. Angry or Mad?
4.4 From whom do you usually seek help when you feel:	a. Sad or Unhappy?	b. Afraid?	c. Angry or Mad?
4.5 What do you do when you are:	a. Sad or Unhappy?	b. Afraid?	c. Angry or Mad?

Note: Probe to capture experiences of discrimination, bullying, abuse, differential treatment between girls and boys, and sexuality-related issues. Ask if it happened in the family, school, or community? [For 4.2 - Probe also for difficult situations but not necessarily sad for them] [For 4.5 - Probe: Awareness of Children's Rights]

5. ACCESS TO SERVICES, PARTICIPATION IN GOVERNMENT PROGRAMS

5.1 When you get sick: a. What happens? b. Who takes care of you?
5.2 If you are very sick: a. Where do they bring you? b. Can you tell me about the last time you got sick?
5.3 Do you know if the barangay/municipality helps children like you? Has anyone from the barangay/municipality given you any assistance? PROBE services e.g. education, health, others

6. ASPIRATIONS

6.1 What do you want to be when you grow up?

*** end of IDI child guide (English 20170821)***

LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD (BASELINE QUALITATIVE STUDY)
TOPIC GUIDE
In-Depth Interview: MOTHER/GUARDIAN OF CHILDREN WITH DISABILITY

1. INFORMATION ON CHILD'S DISABILITY

1.1 How old was NAME OF CHILD when he/she started having TYPE OF DISABILITY?

1.2 Can you tell me the circumstances that led to his/her condition?

1.3 Who **mainly** takes care of NAME OF CHILD? What does this person do to assist NAME OF CHILD?

2. PUBERTY

2.1 [IF CHILD IS GIRL] Has NAME OF CHILD started her period? *[IF YES]*: Have you experienced any difficulty
about her having her period? Can you tell me about it? What did you do?

[IF NO]: What difficulties do you foresee regarding her having her period?

2.2 [IF CHILD IS BOY] Have you observed any manifestations on NAME OF CHILD indicating that he has reached puberty?

[IF YES]: Can you tell me about it? Have you experienced any difficulty now that he has reached puberty?
[IF YES TO ANY DIFFICULTY]: What did you do?

[IF NO MANIFESTATIONS OR NO TO ANY DIFFICULTY]: What difficulties do you foresee regarding his reaching puberty?

3. CHALLENGES, COPING MECHANISM, SUPPORT NETWORKS

3.1 How is your relationship with NAME OF CHILD? Can you tell me about how you communicate with him/her or how you talk to each other?

3.2 What can you say about NAME OF CHILD's relationship with people:
a. at home b. in school c. in the neighborhood/community

3.3 Has NAME OF CHILD ever experienced any form of discrimination, bullying, abuse?

[IF YES]: Can you tell me about it? **PROBE** *if experienced in the family, school, or community*. **PROBE** *if the child was aware; ask for child's reactions*.

Has any member of the family ever experienced any form of discrimination, bullying or abuse because of the condition of NAME OF CHILD? *[IF YES]*: Can you tell me about it?

3.4 Do you think NAME OF CHILD is treated differently than other children his/her age? *[IF YES]*: Can you tell me about it? **PROBE** *if experienced in the family, school, or community*. **PROBE** *if the child was aware; ask for child's reactions.*

3.5 From whom do you usually seek help/assistance when it comes to NAME OF CHILD?
PROBE: *Why, when or under what circumstances*?
IF husband's support or lack of it is mentioned, ask if it affects child's disability.
IF child's disability affects marital relationship.

3.6 What do you think a child like NAME OF CHILD should be provided with or have access to when she/he experiences being put down, treated differently or caused to suffer)? **PROBE:** *Awareness of Children's Rights.*

4. ACCESS TO SERVICES, PARTICIPATION IN GOVERNMENT PROGRAMS

4.1 In what ways have you tried getting help/assistance for NAME OF CHILD regarding his/her: (1) health, (2) schooling, (3) mobility, (4) other needs? **PROBE:** *a) awareness of children's rights for **every service** mentioned, if any; b) on linkages with other families in similar situations*

4.2 What programs do you know are provided by government or NGOs for 10-year children like CHILD? Can your family participate in any of these programs? **PROBE.**

4.3 Has anyone from government offered NAME OF CHILD any assistance? Is there any government program that you participate in because of NAME OF CHILD's condition? **PROBE.**

5. ASPIRATIONS

5.1 How do you see NAME OF CHILD 10 years from now?

5.2 What do you worry about? Are there things you are doing now to prepare for the child's future?

*** end of IDI Mother/Guardian Guide ***

APPENDIX 4

Baseline Qualitative Study Training Schedule:

Day 1: Overview of study and qualitative components (Borja)

Consenting process and Child Protection Policy (Borja)

Mechanics and techniques: FGDs and IDIs (Nolasco)

Day 2: AM: Mock IDIs (recruit volunteer children for this)

Processing of mock IDIs (Team)

PM: Counseling and Play-interview module: (Fernando)

Guidelines in interacting with children (aged 10-17) and engaging them in IDIs/FGDs (Fernando)

Using play to enhance comfort and self-expression in interviewing children (Fernando)

Day 3: AM: Mock IDIs with play session (recruit volunteer children for this) (Team)

PM: Processing of mock IDIs (Team)

Principles in first-line crisis counseling (Fernando)

Day 4: FGD Participants/IDI Respondents profile sheets (Borja)

Qualitative data processing (transcription, translation, coding) (Bechayda)

Practice transcription/coding of practice interviews (Bechayda)

Training wrap-up (Borja)

Training Team:

Dr. Fiscalina A. Nolasco
Ms. Peachy Gonzalez Fernando
Dr. Judith Rafaelita Borja
Mr. Sonny Bechayda

APPENDIX 5

USC-Office of Population Studies Foundation, Inc.
Talamban, Cebu City, Philippines
Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050
Website: http://ops.usc.edu.ph

CONSENT FORM # 1

CONSENT FORM FOR PARENTS/GUARDIANS OF MINOR RESPONDENTS
(IN-DEPTH INTERVIEWS SET 1)

Consent Form Approval Date: August 9, 2017
**Title of Study: LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD
(BASELINE QUALITATIVE STUDY)**

Research Institutions conducting this study:

USC-Office of Population Studies Foundation, Inc. (OPS), University of San Carlos, Cebu City
Center for Social Research and Education (CSRE), University of San Carlos, Cebu City
Demographic Research and Development Foundation (DRDF), University of the Philippines, Diliman, Quezon City
Research Institute for Mindanao Culture (RIMCU), Xavier University, Cagayan de Oro City

Research Collaborators:

Judith Rafaelita B. Borja, PhD, Lead Investigator (OPS)
Nanette L. Mayol, PhD, Co-Investigator (OPS)
Alan B. Feranil, PhD, Co-Investigator (OPS)
Fiscalina A. Nolasco, PhD, Co-Investigator (DRDF)
Grace T. Cruz, PhD, Co-Investigator (DRDF)
Magdalena C. Cabaraban, PhD, Co-Investigator (RIMCU)

Funding Source and/or Sponsor: United Nations Population Fund (UNFPA)
Study Contact telephone number (Philippines): OPS 63-32-3460102
Study Contact email: opsusc@gmail.com

<u>What you need to know about research studies and participating in these studies</u>
Research studies are done to obtain new information to help us learn more about certain aspects in life that may help people in the future. These studies are planned carefully by researchers or people who have the training to conduct research. People are asked to participate in these studies so that researchers can collect important information for their research. Not all people can participate in a study. Researchers follow a procedure in selecting who to include in a study.

People selected for a study must first give their consent to participate through a consent form. The consent form is a document which discusses the purpose of the study, what the person will be asked

to do if he/she participates, his/her rights as a participant, and the possible risks and benefits of being in this study.

Your child (NAME OF CHILD) ______________________ has been selected to participate in this research study. We are asking your permission for his/her participation in the study because your child is still of minor age. Participation in the study is voluntary. You may refuse to grant permission for your child to join the study and your child may also refuse to participate. Even if both of you have already agreed for your child to participate, his/her participation in the study may still be withdrawn for any reason without penalty.

It is important that you understand the information in this consent form so that you can decide whether to allow your child to participate or not participate in this study. You have the right to ask questions if there is something not clear to you. You may also call the researchers listed in this document if you have any questions about this study. You will be given a copy of this consent form.

What is the purpose of this research and why is your child being asked to participate?

This research will follow a group of 10-year old children for the next 15 years, or until they reach the age of 25. The objectives of this research are to study the lives of 10-year old children, what their situations and difficulties are and how they manage these. We will also study how their lives are changed by programs that are run by the government and non-government agencies in the community. This research, which is conducted in the entire country, will provide us more information about the health and welfare of the Filipinos, especially the young people in the next 15 years.

Your child (NAME OF CHILD) ______________________ is being asked to participate in this study because he/she is 10-years old. Again, not all 10-year old children are asked to participate in our study. Our researchers followed a procedure in selecting children in the community who are to participate in this research. If you allow your child to join this research, he or she will be one of 56 children in the Philippines who will be in this study.

How long will your child participate in this study?

In this study, your child will be visited in your home several times between now and 2030. For this year your child will be visited at home once. Each visit will take about 1 to 2 hours. If you allow your child to participate in this study, we can start today or whenever he or she is available in the next few days when our team is in your area. We will again visit your child in the next few years until he or she reaches the age of 25. Each visit will again take about 1-2 hours.

What will your child be asked to do if he/she participates in the study?

For each visit an interviewer will have a conversation with your child. He or she will be asked questions about his/her usual activities, his/her family, friends, classmates and neighbors, on the things he/she aspires for, what are his/her concerns or difficulties and how he/she handles these. The conversation with him/her will be recorded using a recorder. To make your child comfortable during the conversation, he or she will be given a toy so he/she can play while talking. After the visit, he/she gets to keep the toy.

In the next few years after this first visit, an interviewer will return to visit your child again, and ask the same questions. It is possible that there will be new questions, as the child grows up.

What are the possible benefits for being in this study?

Research is done to benefit society by gaining new knowledge. There are no direct benefits to your child for participating in this study. What we learn from the study may be useful to those who make policies in the government, and to people who handle programs and provide services to improve the lives and health of people. Your child's participation in this study is an important contribution to society.

What are the possible risks or discomforts of being in this study?

The risks related to your child's participation may possibly be very small. There may be some questions that may make your child uncomfortable or cause him/her to remember unhappy events in his/her life. Your child can just choose to answer only the questions that he or she wants to answer.

Your child's responses to the questions will be kept confidential, even from you. There is a very small chance that someone outside of this research team might learn of your child's responses to my questions. We will take great care to prevent this from happening.

How will your child's privacy be protected?

Participants in this study will NOT be identified in any report or publication about this study. Except for the researchers involved in this study, no one else will learn about your child's responses to the questions. Recordings of the conversation with your child will be kept in locked files at our research office. Your name and your child's name, your address and phone numbers will also be stored in locked files. The information obtained from the conversation with your child will be used by the researchers, but will NOT include any name, address or phone numbers. Only the research personnel can use the information.

What if your child wants to stop participating in this study?

Your child can withdraw from this study or you may decide for him/her to stop participating at any time, without penalty. The researchers also have the right to stop your child's participation at any time. This may happen if your child is clearly no longer interested in responding to our questions or if the entire study has been stopped.

Will your child receive anything for being in this study? Will it cost you anything for your child to be in this study?

As a way of saying thanks for spending time for this study, your child will receive a small gift from us. There will be no costs to your child's being in the study.

<u>What if any of you has questions about this study?</u>

You and your child have the right to ask any questions about this research. If you have questions, complaints, concerns, or if your child is harmed as a result of this study, you should contact the researchers listed on the first page of this consent form.

<u>What if you have questions about your child's rights as a research participant?</u>

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. The project has been reviewed and approved by the Institutional Ethics Review Committee at the University of San Carlos in Cebu City, Philippines. This group is responsible for judging whether research participants are treated fairly and not exposed to harm. If you have questions or concerns about your child's rights as a participant in this study you may contact:

Institutional Ethics Review Committee
University of San Carlos, Talamban Campus
Email: usc.ierc@gmail.com
Tel: 2547742 and 2531000 loc 204

Do you give permission for your child to participate in this study?

Since this research is designed to collect data on your child at age 10 and in the following years, it is important for us to know if you are willing to have your child participate in this study ***this year and in the next few years***. If you think your child can only participate this year but not in the next visit, we cannot include him/her in this research study.

Do you give your consent for your child (NAME OF CHILD) __________________________to participate in this study this year and in the next visits?

___ YES ___ NO

IF CONSENT IS GIVEN TO PARTICIPATE:

Since you have agreed for us to visit you again in future surveys ***in the next few years*** being able to reach you will be important to us.

May we ask for a cell phone number where we can reach you?

___ YES; phone number______________________________________ ___ NO

Will you give us permission to contact other members of your family, relatives or a close friend, in the event that we have problems in reaching you for our future visit?

___ YES IF YES: Will you kindly ask their cell phone numbers for us? Please let them know too that we may call them in case we can't reach your number.
Phone number: ___________________________________

____NO

This is to certify that I have understood what is written in this consent form and that I consent to my child's participation in this study.

____

Signature and printed name of sample child's parent/guardian

Certification from interviewer:

I certify that I have read and explained the contents of this consent form to the parent/guardian of the child being recruited for in-depth interview. Responses were given freely without any due influence from me.

I also certify that I have asked (NAME OF CHILD) ___________________ if he/she consents to participate in the in-depth interview and he/she said: ___YES___NO

His/her response was given freely without any due influence from me.

____

Printed name and signature of study staff obtaining consent Date

IF PARENT/GUARDIAN REFUSES TO SIGN CONSENT FORM:

I certify that the parent/guardian of _________________________(NAME OF CHILD) has:

___ consented to the child's participation in the in-depth interview

___ NOT consented to the child's participation in the in-depth interview

USC-Office of Population Studies Foundation, Inc.
Talamban, Cebu City, Philippines
Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050
Website: http://ops.usc.edu.ph

CONSENT FORM # 2

CONSENT FORM FOR MOTHERS/GUARDIANS OF MINOR RESPONDENTS
(IN-DEPTH INTERVIEWS SET 2)

Consent Form Approval Date: August 9, 2017
Title of Study: LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD (BASELINE QUALITATIVE STUDY)

Research Institutions conducting this study:

USC-Office of Population Studies Foundation, Inc.. (OPS), University of San Carlos, Cebu City
Center for Social Research and Education (CSRE), University of San Carlos, Cebu City
Demographic Research and Development Foundation (DRDF), University of the Philippines, Diliman, Quezon City
Research Institute for Mindanao Culture (RIMCU), Xavier University, Cagayan de Oro City

Research Collaborators:

Judith Rafaelita B. Borja, PhD, Lead Investigator (OPS)
Nanette L. Mayol, PhD, Co-Investigator (OPS)
Alan B. Feranil, PhD, Co-Investigator (OPS)
Fiscalina A. Nolasco, PhD, Co-Investigator (DRDF)
Grace T. Cruz, PhD, Co-Investigator (DRDF)
Magdalena C. Cabaraban, PhD, Co-Investigator (RIMCU)

Funding Source and/or Sponsor: United Nations Population Fund (UNFPA)
Study Contact telephone number (Philippines): OPS 63-32-3460102
Study Contact email: opsusc@gmail.com

What you need to know about research studies and participating in these studies

Research studies are done to obtain new information to help us learn more about certain aspects in life that may help people in the future. These studies are planned carefully by researchers or people who have the training to conduct research. People are asked to participate in these studies so that researchers can collect important information for their research. Not all people can participate in a study. Researchers follow a procedure in selecting who to include in a study.

People selected for a study must first give their consent to participate through a consent form. The consent form is a document which discusses the purpose of the study, what the person will be asked to do if he/she participates, his/her rights as a participant, and the possible risks and benefits of being in this study.

You and your child (NAME OF CHILD) ______________________ have been selected to participate in this research study. We are asking your permission for your child's participation in the study because he/she is still of minor age. Participation in the study is voluntary. You may refuse to grant permission for you and your child to join the study and you and your child may also refuse to participate. Even if both of you have already agreed to participate, your participation in the study may still be withdrawn for any reason without penalty.

It is important that you understand the information in this consent form so that you can decide whether to allow your child to participate or not participate in this study. You have the right to ask questions if there is something not clear to you. You may also call the researchers listed in this document if you have any questions about this study. You will be given a copy of this consent form.

What is the purpose of this research and why are you and your child being asked to participate?
This research will follow a group of 10-year old children for the next 15 years, or until they reach the age of 25. The objectives of this research are to study the lives of 10-year old children, what their situations and difficulties are and how they manage these. We will also study how their lives are changed by programs that are run by the government and non-government agencies in the community. We also have some questions for the mothers or guardians of these children. This research, which is conducted in the entire country, will provide us more information about the health and welfare of the Filipinos, especially the young people in the next 15 years.

Your child (NAME OF CHILD) ______________________ is being asked to participate in this study because he/she is 10-years old. Again, not all 10-year old children are asked to participate in our study. Our researchers followed a procedure in selecting children in the community who are to participate in this research. You are being asked to participate in this study because your child was selected to be a part of this study. If you allow your child to join this research, he or she will be one of 56 children in the Philippines who will be in this study.

How long will you and your child participate in this study?
In this study, you and your child will be visited in your home several times between now and 2030. For this year you will be visited at home once. Each visit will take about 1 to 2 hours. If you and your child agree to participate in this study, we can start today or whenever you are available in the next few days when our team is in your area. We will again visit you and your child in the next few years until he or she reaches the age of 25. Each visit will again take about 1-2 hours.

What will you and your child be asked to do if you both participate in the study?
For each visit an interviewer will first have a conversation with your child if that is possible. He or she will be asked questions about his/her usual activities, his/her family, friends, classmates and neighbors, on the things he/she aspires for, what are his/her concerns or difficulties and how he/she handles these. The conversation with him/her will be recorded using a recorder. To make your child comfortable during the conversation, he or she will be given a toy so he/she can play while talking. After the visit, he/she gets to keep the toy.

The interviewer will next have a conversation with you. You will be asked questions such as your aspirations for your child, what you think are his/her concerns or difficulties, and the kind of health services your child has used. The conversation with you will also be recorded using a recorder.

In the next few years after this first visit, an interviewer will return to visit you and your child again, and ask the same questions. It is possible that there will be new questions, as the child grows up.

What are the possible benefits for being in this study?
Research is done to benefit society by gaining new knowledge. There are no direct benefits to you and your child for participating in this study. What we learn from the study may be useful to those who make policies in the government, and to people who handle programs and provide services to improve the lives and health of people. Your child's participation in this study is an important contribution to society.

What are the possible risks or discomforts of being in this study?
The risks related to you and your child's participation may possibly be very small. There may be some questions that may make you and your child uncomfortable or cause any of you to remember unhappy events in your life. You and your child can just choose to answer only the questions that you want to answer.

You and your child's responses to the questions will be kept confidential. There is a very small chance that someone outside of this research team might learn of your child's responses to my questions. We will take great care to prevent this from happening.

How will your privacy be protected?
Participants in this study will NOT be identified in any report or publication about this study. Except for the researchers involved in this study, no one else will learn about your child's responses to the questions. Recordings of your conversations will be kept in locked files at our research office. Your name and your child's name, your address and phone numbers will also be stored in locked files. The information obtained from these conversations will be used by the researchers, but will NOT include any name, address or phone numbers. Only the research personnel can use the information.

What if you and your child want to stop participating in this study?
You and your child can withdraw your participation in this study at any time, without penalty. The researchers also have the right to stop your or your child's participation at any time. This may happen if you are clearly no longer interested in responding to our questions or if the entire study has been stopped.

Will you and your child receive anything for being in this study? Will it cost you anything to be in this study? As a way of saying thanks for spending time for this study, you both will receive a small gift from us. There will be no costs to your child's being in the study.

What if any of you has questions about this study?
You and your child have the right to ask any questions about this research. If you have questions, complaints, concerns, or if your child is harmed as a result of this study, you should contact the researchers listed on the first page of this consent form.

What if you have questions about your rights as research participants?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. The project has been reviewed and approved by the Institutional Ethics Review Committee at the University of San Carlos in Cebu City, Philippines. This group is responsible for judging whether research participants are treated fairly and not exposed to harm. If you have questions or concerns about your rights as participants in this study you may contact:

Institutional Ethics Review Committee
University of San Carlos, Talamban Campus
Email: usc.ierc@gmail.com
Tel: 2547742 and 2531000 loc 204

Do you give permission for your child to participate in this study?

Since this research is designed to collect data on your child at age 10 and in the following years, it is important for us to know if you are willing to have your child participate in this study ***this year and in the next few years***. If you think your child can only participate this year but not in the next visit, we cannot include him/her in this research study.

Do you give your consent for your child (NAME OF CHILD) ___________________________to participate in this study this year and in the next visits?

___ YES ___ NO

IF CONSENT IS GIVEN TO PARTICIPATE:

Since you have agreed for us to visit you again in future surveys ***in the next few years*** being able to reach you will be important to us.

May we ask for a cell phone number where we can reach you?

___ YES; phone number_______________________________________ ___ NO

Will you give us permission to contact other members of your family, relatives or a close friend, in the event that we have problems in reaching you for our future visit?

___ YES IF YES: Will you kindly ask their cell phone numbers for us? Please let them know too that we may call them in case we can't reach your number.
Phone number: ____________________________________

____NO

This is to certify that I have understood what is written in this consent form and that I consent to my child's participation in this study.

____
Signature and printed name of sample child's parent/guardian

Certification from interviewer:

I certify that I have read and explained the contents of this consent form to the parent/guardian of the child being recruited for in-depth interview. Responses were given freely without any due influence from me.

I also certify that I have asked (NAME OF CHILD) ____________________ if he/she consents to participate in the in-depth interview and he/she said: ___YES___NO
His/her response was given freely without any due influence from me.

____
Printed name and signature of study staff obtaining consent Date

IF PARENT/GUARDIAN REFUSES TO SIGN CONSENT FORM:

I certify that the parent/guardian of __________________________(NAME OF CHILD) has:

___ consented to the child's participation in the in-depth interview

___ NOT consented to the child's participation in the in-depth interview

USC-Office of Population Studies Foundation, Inc.
Talamban, Cebu City, Philippines
Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050
Website: http://ops.usc.edu.ph

CONSENT FORM # 3

CONSENT FORM FOR PARENTS/GUARDIANS OF MINOR RESPONDENTS
(FOCUS GROUP DISCUSSIONS)

Consent Form Approval Date: August 9, 2017
**Title of Study: LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD
(BASELINE QUALITATIVE STUDY)**

Research Institutions conducting this study:

USC-Office of Population Studies Foundation, Inc. (OPS), University of San Carlos, Cebu City
Center for Social Research and Education (CSRE), University of San Carlos, Cebu City
Demographic Research and Development Foundation (DRDF), University of the Philippines, Diliman, Quezon City
Research Institute for Mindanao Culture (RIMCU), Xavier University, Cagayan de Oro City

Research Collaborators:

Judith Rafaelita B. Borja, PhD, Lead Investigator (OPS)
Nanette L. Mayol, PhD, Co-Investigator (OPS)
Alan B. Feranil, PhD, Co-Investigator (OPS)
Fiscalina A. Nolasco, PhD, Co-Investigator (DRDF)
Grace T. Cruz, PhD, Co-Investigator (DRDF)
Magdalena C. Cabaraban, PhD, Co-Investigator (RIMCU)

Funding Source and/or Sponsor: United Nations Population Fund (UNFPA)
Study Contact telephone number (Philippines): OPS 63-32-3460102
Study Contact email: opsusc@gmail.com

<u>What you need to know about research studies and participating in these studies</u>
Research studies are done to obtain new information to help us learn more about certain aspects in life that may help people in the future. These studies are planned carefully by researchers or people who have the training to conduct research. People are asked to participate in these studies so that researchers can collect important information for their research. Not all people can participate in a study. Researchers follow a procedure in selecting who to include in a study.

People selected for a study must first give their consent to participate through a consent form. The consent form is a document which discusses the purpose of the study, what the person will be asked to do if he/she participates, his/her rights as a participant, and the possible risks and benefits of being in this study.

Your child (NAME OF CHILD) ______________________ has been selected to participate in this research study. We are asking your permission for his/her participation in the study because your child is still of minor age. Participation in the study is voluntary. You may refuse to grant permission for your child to join the study and your child may also refuse to participate. Even if both of you have already agreed for your child to participate, his/her participation in the study may still be withdrawn for any reason without penalty.

It is important that you understand the information in this consent form so that you can decide whether to allow your child to participate or not participate in this study. You have the right to ask questions if there is something not clear to you. You may also call the researchers listed in this document if you have any questions about this study. You will be given a copy of this consent form.

<u>What is the purpose of this study and why is your child being asked to participate?</u>

The objectives of this segment of our research is to ask young people in the community, those between the ages of 15-19, about their situations and difficulties, how they manage these, and also ask them about their experiences when they were 10-years old. We also want to know how their lives are changed by programs that are run by the government and non-government agencies in the community. This research, which is conducted in the entire country, will provide us more information about the health and welfare of the Filipinos, especially the young people.

Your child, who is (AGE OF CHILD)_______________, is being asked to participate in this study because he/she is between 15-19 years old. Again, not everyone is asked to participate in a study. Our researchers followed a procedure in selecting young people in the community who are to participate in this research. If you allow your child to join this research, he or she will be one of about 240 young people in the Philippines who will be in this study.

<u>How long will your child participate in this study?What will your child be asked to do if he/she participates in the study?</u>

In this study, your child will be asked to join a group of young people his/her age to do a "focus group discussion". These young people will be gathered in one place and will be asked to join in a discussion about their lives. They will be asked to give their opinion or talk about their experiences to the group. One of the research team members will lead the discussion and another member will assist him/her. The discussion will take about 2 to 3 hours. If you allow your child to participate in this study, and if your child also agrees to participate, we will ask him/her to go to (NAME OF FGD SITE)________________on (DATE AND TIME OF FGD) ____________.

This group of young people will be asked questions about their usual activities, their family, friends, classmates and neighbors, the things they aspire for, what their concerns or difficulties are and how they handle these. The members of the group can talk about their experiences or about the experiences of others. The group's discussion will be recorded using a recorder.

<u>What are the possible benefits for being in this study?</u>

Research is done to benefit society by gaining new knowledge. There are no direct benefits to your child for participating in this study. What we learn from the study may be useful to those who make policies in the government, and to people who handle programs and provide services to improve the lives and health of people. Your child's participation in this study is an important contribution to society.

What are the possible risks or discomforts of being in this study?

The risks related to your child's participation may possibly be very small. There may be some questions that may make your child uncomfortable or cause him/her to remember unhappy events in his/her life. Your child can just choose to answer only the questions that he or she wants to answer.

The discussions in the group will be kept confidential. There is a very small chance that someone outside of this research team might learn about the discussions. We will take great care to prevent this from happening.

How will your child's privacy be protected?

Participants in this study will NOT be identified in any report or publication about this study. Except for the researchers involved in this study, no one else will learn about what was discussed in the group. Recordings of the group discussions will be kept in locked files at our research office. Your name and your child's name, your address and phone numbers will also be stored in locked files. The information obtained from the group discussions will be used by the researchers, but will NOT include any name, address or phone numbers. Only the research personnel can use the information.

What if your child wants to stop participating in this study?

Your child can withdraw from this study or you may decide for him/her to stop participating at any time, without penalty. The researchers also have the right to stop your child's participation at any time. This may happen if your child is clearly no longer interested in responding to our questions or if the entire study has been stopped.

Will your child receive anything for being in this study? Will it cost you anything for your child to be in this study?

As a way of saying thanks for spending time for this study, your child will receive a small gift from us. We will also provide him/her transportation fare in going to and returning from the site of the discussion. There will be no costs to your child's being in the study.

What if you or your child has questions about this study?

You and your child have the right to ask any questions about this research. If you have questions, complaints, concerns, or if your child is harmed as a result of this study, you should contact the researchers listed on the first page of this consent form.

What if you have questions about your child's rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. The project has been reviewed and approved by the Institutional Ethics Review Committee at the University of San Carlos in Cebu City, Philippines. This group is responsible for judging whether research participants are treated fairly and not exposed to harm. If you have questions or concerns about your child's rights as a participant in this study you may contact:

Institutional Ethics Review Committee
University of San Carlos, Talamban Campus
Email: usc.ierc@gmail.com
Tel: 2547742 and 2531000 loc 204

<u>Do you give permission for your child to participate in this study?</u>

This is to certify that I have understood what is written in this consent form and that:

____ I am the mother/father/guardian of (NAME OF CHILD) ________________________ and I give consent to his/her participation in this study.

____ I am the mother/father/guardian of (NAME OF CHILD) ________________________ and I DO NOT GIVE CONSENT to his/her participation in this study.

____
Signature and printed name of sample child's parent/guardian

This is to certify that I have been asked to participate in this study and:

___ I give my consent to participate

___ I DO NOT GIVE CONSENT to participate

____
Signature and printed name of FGD participant

<u>Certification from interviewer:</u>
I certify that I have read and explained the contents of this consent form to the parent/guardian of the child being recruited for focus group discussion. Responses were given freely without any due influence from me.

____
Printed name and signature of study staff obtaining consent Date

<u>IF PARENT/GUARDIAN OR THE CHILD REFUSES TO SIGN CONSENT FORM:</u>

I certify that the parent/guardian of _________________________(NAME OF CHILD has:

___ consented to the child's participation in the focus group discussion

___ NOT consented to the child's participation in the focus group discussion

I certify that _________________________(NAME OF CHILD) has:

___ consented to participate in the focus group discussion

___ NOT consented to participate in the focus group discussion

USC-Office of Population Studies Foundation, Inc.
Talamban, Cebu City, Philippines
Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050
Website: http://ops.usc.edu.ph

CONSENT FORM # 4

CONSENT FORM FOR FOCUS GROUP DISCUSSION PARTICIPANTS (AGED 18-19)

Consent Form Approval Date: August 9, 2017
Title of Study: LONGITUDINAL COHORT STUDY ON THE GIRL AND BOY CHILD (BASELINE QUALITATIVE STUDY)

Research Institutions conducting this study:

USC-Office of Population Studies Foundation, Inc. (OPS), University of San Carlos, Cebu City
Center for Social Research and Education (CSRE), University of San Carlos, Cebu City
Demographic Research and Development Foundation (DRDF), University of the Philippines, Diliman, Quezon City
Research Institute for Mindanao Culture (RIMCU), Xavier University, Cagayan de Oro City

Research Collaborators:

Judith Rafaelita B. Borja, PhD, Lead Investigator (OPS)
Nanette L. Mayol, PhD, Co-Investigator (OPS)
Alan B. Feranil, PhD, Co-Investigator (OPS)
Fiscalina A. Nolasco, PhD, Co-Investigator (DRDF)
Grace T. Cruz, PhD, Co-Investigator (DRDF)
Magdalena C. Cabaraban, PhD, Co-Investigator (RIMCU)

Funding Source and/or Sponsor: United Nations Population Fund (UNFPA)
Study Contact telephone number (Philippines): OPS 63-32-3460102
Study Contact email: opsusc@gmail.com

<u>What you need to know about research studies and participating in these studies</u>
Research studies are done to obtain new information to help us learn more about certain aspects in life that may help people in the future. These studies are planned carefully by researchers or people who have the training to conduct research. People are asked to participate in these studies so that researchers can collect important information for their research. Not all people can participate in a study. Researchers follow a procedure in selecting who to include in a study.

People selected for a study must first give their consent to participate through a consent form. The consent form is a document which discusses the purpose of the study, what the person will be asked to do if he/she participates, his/her rights as a participant, and the possible risks and benefits of being in this study.

You have been selected to participate in this research study. Participation in the study is voluntary. You may refuse to join the study. Even if you have already agreed to participate in the study you may still withdraw from the study for any reason without penalty.

It is important that you understand the information in this consent form so that you can decide whether to participate or not participate in this study. You have the right to ask questions if there is something not clear to you. You may also call the researchers listed in this document if you have any questions about this study. You will be given a copy of this consent form.

What is the purpose of this study and why are you being asked to participate?

The objectives of this segment of our research is to ask young people in the community, those between the ages of 15-19, about their situations and difficulties, how they manage these, and also ask them about their experiences when they were 10-years old. We also want to know how their lives are changed by programs that are run by the government and non-government agencies in the community. This research, which is conducted in the entire country, will provide us more information about the health and welfare of the Filipinos, especially the young people.

You are being asked to participate in this study because you are between 15-19 years old. Again, not everyone is asked to participate in a study. Our researchers followed a procedure in selecting young people in the community who are to participate in this research. If you agree to join this research, you will be one of about 240 young people in the Philippines who will be in this study.

How long will your participation be in this study?What will you be asked to do if you participate in the study?

In this study, you will be asked to join a group of young people your age to do a "focus group discussion". You and the other young people will be gathered in one place and will be asked to join in a discussion about your lives. You will be asked to give your opinion or talk about your experiences to the group. One of the research team members will lead the discussion and another member will assist him/her. The discussion will take about 2 to 3 hours. If you agree to participate in this study, please go to (NAME OF FGD SITE)_________________ on (DATE AND TIME OF FGD) _______________ .

Your group will be asked questions about your usual activities, your family, friends, classmates and neighbors, the things you aspire for, what your concerns or difficulties are and how you handle these. The members in your group can talk about your experiences or about the experiences of others. The group's discussion will be recorded using a recorder.

What are the possible benefits for being in this study?

Research is done to benefit society by gaining new knowledge. There are no direct benefits to you for participating in this study. What we learn from the study may be useful to those who make policies in the government, and to people who handle programs and provide services to improve the lives and health of people. Your participation in this study is an important contribution to society.

What are the possible risks or discomforts of being in this study?

The risks related to your participation may possibly be very small. There may be some questions that may make you uncomfortable or cause you to remember unhappy events in your life. You can just choose to answer only the questions that you want to answer.

The discussions in the group will be kept confidential. There is a very small chance that someone outside of this research team might learn about the discussions. We will take great care to prevent this from happening.

How will your privacy be protected?

Participants in this study will NOT be identified in any report or publication about this study. Except for the researchers involved in this study, no one else will learn about what was discussed in the group. Recordings of the group discussions will be kept in locked files at our research office. Your name, address and phone numbers will also be stored in locked files. The information obtained from the group discussions will be used by the researchers, but will NOT include any name, address or phone numbers. Only the research personnel can use the information.

What if you want to stop participating in this study?

You can withdraw participation from this study at any time, without penalty. The researchers also have the right to stop your participation at any time. This may happen if you are clearly no longer interested in responding to our questions or if the entire study has been stopped.

Will you receive anything for being in this study? Will it cost you anything to be in this study?

As a way of saying thanks for spending time for this study, you will receive a small gift from us. We will also provide you transportation fare in going to and returning from the site of the discussion. There will be no costs to your being in the study.

What if you have questions about this study?

You have the right to ask any questions about this research. If you have questions, complaints, concerns, or if you were harmed as a result of this study, you should contact the researchers listed on the first page of this consent form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. The project has been reviewed and approved by the Institutional Ethics Review Committee at the University of San Carlos in Cebu City, Philippines. This group is responsible for judging whether research participants are treated fairly and not exposed to harm. If you have questions or concerns about your rights as a participant in this study you may contact:

Institutional Ethics Review Committee

University of San Carlos, Talamban Campus
Email: usc.ierc@gmail.com
Tel: 2547742 and 2531000 loc 204

Do you give your consent to participate in this study?

This is to certify that I have understood what is written in this consent form and that:

____ I give my consent to participate

____ I DO NOT GIVE CONSENT to participate

____
Signature and printed name of FGD participant

Certification from interviewer:
I certify that I have read and explained the contents of this consent form to the person being recruited for focus group discussion. Responses were given freely without any due influence from me.

____
Printed name and signature of study staff obtaining consent Date

IF PERSON REFUSES TO SIGN CONSENT FORM:

I certify that (NAME OF PERSON)________________________ has:

___ consented to participate in the focus group discussion

___ NOT consented to participate in the focus group discussion

USC-Office of Population Studies Foundation, Inc.
University of San Carlos
Talamban, Cebu City, Philippines
Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050
Website: http://opsusc.org

Data Confidentiality and Child Protection Agreement

This confidentiality agreement takes effect on this date: _______________ between the USC-Office of Population Studies Foundation, Inc. (OPS), University of San Carlos, Talamban Campus, Cebu City, represented by its director, Judith Rafaelita B. Borja and

Name of Researcher: ____

Residing at: ____

This agreement is to acknowledge that any data gathered in the conduct of the **Longitudinal Cohort Study on the Girl and Boy Child (Baseline Qualitative Study)** including names, addresses, and contact information of study participants are confidential. As a Researcher involved in this study, I agree to respect and preserve the privacy, confidentiality, and security of these information. I also fully understand that I am not allowed to disclose any of these information in writing, orally or otherwise to unauthorized study personnel or people who are not part of this OPS study including family members and friends of the study participants.

I further certify that I have read the OPS Child Protection Policy and have been briefed on its guidelines. I agree to abide by these guidelines throughout the conduct of this study.

The parties agree to this agreement by executing this below

__________________________________   ________________
Signature and Printed Name of Researcher   Date Signed

Judith Rafaelita B. Borja
OPS Director
Lead Investigators

The OPS Child Protection Policy

The OPS is an academic research institution that conducts data collection, other research-related and outreach activities involving direct contact with children and their caregivers. As an institution and as individuals, we advocate for the rights, protection and general welfare of children. Through the years, the OPS research agenda have included studies that increase knowledge and inform policies on the improvement of children's nutritional status, physical and cognitive health, as well as their health and social capital potentials as adults.

We therefore abide by the Philippine government's stand regarding the rights and protection of children as mandated in Article XV, Section 3 of the 1987 Constitution[2], stating that the "*State shall defend... (2) The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;*".

All OPS staff (management officers, personnel and research collaborators) are asked to abide by this mandate in their professional and personal lives. All activities conducted in the name of OPS will ensure the general safety and protection of the children that OPS staff are in direct contact with, or have direct knowledge of by way of our data collection or outreach activities.

All OPS staff will be informed and briefed of this policy. Strict compliance of the policy guidelines presented below takes effect **25 September, 2015.**

Definitions

1. *Children* refers to persons under the age of 18.
2. The term *OPS staff* refers to:
   - OPS management officers: OPS Board of Trustees, Director, and Management Council
   - OPS personnel: all OPS Fellows, Research Associates, and regular/contractual/daily office and field staff
   - OPS research collaborators: all local and international experts/researchers/consultants conducting research or related activities in the name of OPS.
3. The term "OPS activity/ies" refers to data collection, research-related, outreach or any other activities conducted in the name of OPS
4. The term "child abuse" refers to the neglect or physical, sexual, verbal or psychological abuse of a child and other forms of child cruelty or maltreatment specified in DepEd Order No. 40, s. 2012.
5. The term "child exploitation" includes sexual and economic exploitation and refers to any form of using a child (which often translates to child abuse) for someone's advantage or gratification as specified in DepEd Order No. 40, s. 2012.

CHILD PROTECTION POLICY GUIDELINES

1. All members of the OPS staff must:

a) immediately report to authorized *barangay* officials any verifiable evidence or justifiable concern that a child is a victim of abuse or exploitation;

b) upon consultation with authorized officials and whenever possible within their capacities, assist children who are victims of child abuse or exploitation with the children's general welfare and safety in mind;

c) when called upon by authorized officials, cooperate fully and confidentially in any investigation of concerns and/or allegations of child abuse/exploitation;

d) ensure that audio recording, photographs and videos of children that are used professionally and personally are decent and respectful, not sexually suggestive, and not subject to abuse by any irresponsible members of the public;

e) avoid involving children in any activity or undertaking that presents any possibility of putting the children at risk of abuse/exploitation

2. All members of the OPS staff must *never*:

a) physically hurt or abuse children;
b) engage in any form of sexual activity or inappropriate behavior, or have sexual intercourse with children. Claiming being misinformed of the child's age is not an excuse;
c) engage in a relationship with children that could in any way be deemed exploitative or abusive;
d) treat children or behave in the presence of children in ways that may be inappropriate, sexually provocative or abusive
e) use language, make suggestions or offer advice which is inappropriate, offensive or abusive to children;
f) spend an inappropriate time alone with children with whom they are working
g) sleep in the same room with children with whom they are working
h) condone or participate in any activity involving children that are illegal, unsafe, abusive or exploitative;
i) behave in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse on children;
j) discriminate against, show unfair differential treatment to, or favor particular children to the exclusion of others;
k) engage or assist in the negotiation of any financial settlement between the family of a child victim of sexual abuse or exploitation and the perpetrator;

3. The following applies to all OPS activities:

a) If any of the incidences cited in #1 and #2 above is encountered in the course of an OPS activity: immediately report this to your direct OPS supervisor or the Director for immediate proper assessment and action

b) Notify your direct OPS supervisor or the Director of any concerns regarding an OPS staff member violating any of the items in #1 and #2.

c) All OPS activities that require direct contact with children must be done with the consent of the children's parents or legal guardians.

d) The design, supervision and implementation of data collection activities involving children or households with children must comply with the OPS Child Protection Policy and the Institutional Review Board (IRB) child protection stipulations specific to a research grant/ project. All involved OPS staff must be trained on and monitored for compliance with said OPS/IRB stipulations.

e) All physical assessments required in data collection (e.g. anthropometric measurements, biospecimen extraction) on children must be done under the supervision of a parent, caregiver or a responsible adult member of the household

f) All data, whether quantitative, qualitative, voice (audio) or image (photographic or video) involving children must be kept confidential, and used only for research purposes (without personal identifiers) by authorized researchers and in compliance with the OPS Child Protection policy.

g) All OPS staff undertaking any new OPS activity involving children must undergo an OPS Child Protection policy briefing.