

Ensuring the Safety and Welfare of Filipino Children in the Covid-19 Pandemic and the New Normal

Longitudinal Cohort Study on the Filipino Child UNFPA-OPS Policy Notes Series_No. 7

Largo FM^a, Alegado JLG^a, Herrin AN^b, Borja JB^b, Mayol NL^b, Bechayda SA^b and Bautista CAP^c

^aDepartment of Economics, School of Business and Economics and Center for Social Research and Education, University of San Carlos.

^bUSC-Office of Population Studies Foundation, Inc., University of San Carlos

^cUnited Nations Population Fund, Philippines

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1. Introduction

The COVID-19 pandemic is disrupting almost all aspects of life in affected countries across the world. Disruptions come in the form of having to change lifestyles and adapt to safer ways of doing things to avoid viral infection and transmission. With the course of this pandemic remaining uncertain, these safety measures, such as frequent hand washing, physical distancing, and home confinement are likely to be implemented for a longer term. Children have not been spared from the resulting “new normal” environment. They are now required to wash their hands with soap more frequently and stay protected whenever outside their homes. Outdoor play time with friends, an important aspect of their socialization, is now restricted.

The children’s capacity to adapt to these changes are highly dependent on how much help they get from parents, teachers, and the community. This brings us to the question: Are children’s needs being addressed by current guidelines on COVID-19? At the most basic level, ensuring the safety and welfare of children during the pandemic would require that public policy adequately accounts for their particular circumstances and vulnerabilities. This would enable policy to specifically mitigate these vulnerabilities or at the very least not worsen them. Such policy would need to build on data on the circumstances that define these vulnerabilities.

The Longitudinal Cohort Study on the Filipino Child (Cohort Study)¹ presents an opportunity to look at data on these identified areas: handwashing compliance, the implications of home confinement, and

¹ The Longitudinal Cohort Study on the Filipino Child is a collaborative undertaking of government agencies, development partners and demographic researchers aimed to examine how the lives of Filipinos are changed in the course of the implementation of the Sustainable Development Goals (SDG) agenda (OPS,2018). The research strategy is to prospectively observe a nationally representative sample of 4,952 Filipinos from age 10 through 24 (2016-2030) and collect yearly data on significant life course milestones such as puberty, school completion, labor force entry/exit, sexual activity initiation and other reproductive health events, and marriage. Data collected at each survey round are analyzed to determine the interplay of child, household and community attributes that

distance learning preparedness and capability. Data and insights from the Cohort Study in the waves prior to the pandemic may be used to indicate readiness and capability for observing mandated policies. As communities and countries transition to the new normal, insights from the Cohort Study findings may also help guide new policies or emphasize implementation of existing ones that still prove relevant. This policy note examines key results of the Cohort Study in the above areas and concludes with implications for policy formulation.

First, one of the pillars of policy response is the emphasis on hand hygiene. For this, we would need to look at the water, sanitation, and hygiene (WASH) profiles of children and their households to indicate their ability to comply with directives especially for children who may still be forming habits when it comes to proper hygiene measures. Compliance with these mandates may also depend on index child specific dispositions to following rules or mandated behavior. The Cohort Study will describe results on handwashing compliance.

Secondly, at the start of this pandemic, minors were not allowed outside the home and this restriction may continue in the near future. Prolonged home confinement and being isolated from their peers may have adverse consequences on children (Wang et al., 2020; Xie et al., 2020). Aside from being distanced from their regular social support network, children may have been inadvertently missed out in terms of getting the right information about COVID-19 and its implications. School openings have been delayed and the teaching modality has now shifted from classroom-based to distance learning.

The Omnibus Guidelines on Community Quarantine by the Inter-Agency Task Force for the Management on Emerging Infectious Diseases (IATF, 2021) singles out those under 18 years of age for mandatory home confinement unless the most lenient classification of Modified General Community Quarantine (MGCQ) is declared which would then restrict those under 15 from outside activity. For most of the country, this has meant 6-7 months of restriction from going outside. For some, this will mean confinement to cramped spaces where increased interaction with other household members will bring about new or heighten existing household dynamics. This is in addition to the higher likelihood of disease transmission within households if carriers are introduced for some reason or the other.

For children, this will mean a period of extended home confinement that would increase the likelihood of exposure to existing abusive relationships or possible new stresses as household members cope with disruptions. Children may decide to violate home quarantines for this reason. Prolonged confinements may also deprive children of socialization with peers. The latter may be an important coping mechanism for home associated stressors and extended confinement may have adverse effects on child mental health. An added layer of risk is the propensity of some children, particularly those in their pre-teens, to manifest deviant or rule-breaking behaviors (de Haan et al., 2012). At this time when compliance to minimum safety measures such as wearing masks, frequent hand disinfection, and social distancing are very crucial, particular attention must be focused on children's capacity to adhere to such rules. The Cohort Study provides information on the implications on children of prolonged home confinement.

Finally, among the key objectives of the IATF guidelines (IATF, 2021) is "to reduce uncertainty by making information available to answer some of the pressing questions of various stakeholders." The capacity of children to adapt to the "new normal" also hinges on their access to right information. Of equal

explain various health and socio-demographic outcomes among the cohort. Study findings will inform policy decisions, program design and service delivery efforts.

importance is to identify the main sources of information utilized by children and their parents. For instance, which media can be tapped to effectively communicate to children regarding COVID-19 and its consequences? What proportion of 10–12-year-old Filipino children have access to cell phones, computers, internet connectivity, radio and TV? Aside from being communication avenues, access to these also impact their capacity to meet distance learning requirements. The Cohort Study provides information on children’s capacity for distance learning.

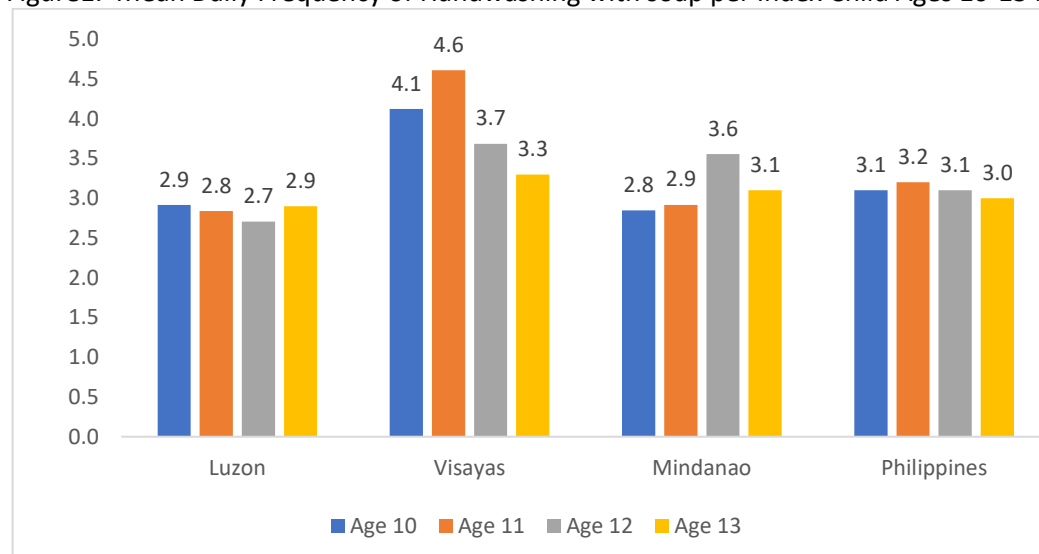
2. Cohort Study Results

a. Handwashing Compliance

The Department of Health (DOH, 2020) and the World Health Organization (WHO, 2020a) guidelines on mitigating the spread of COVID-19 highlight the importance of handwashing. The WHO also emphasizes proper water, sanitation, hygiene, and waste management (WHO, 2020b). The Cohort Study data from Waves 1-4 (ages 10-13) are able to indicate the ability of households with Filipino children to adhere to these guidelines.

Figure 1 shows the mean frequency of handwashing with soap per day for children 10-13 years old stratified by the country’s major island grouping or domain. Children, on the average, wash their hands thrice a day for the entire Philippines for all four waves. We see that there is some variation across domains and waves around this figure. Children from the Visayas consistently exceed the average across waves. Preliminary data from the follow up Phone Survey conducted towards the end of 2020 shows that 82% of household respondents reported an increase in the frequency of handwashing among index children since the pandemic started in March 2020. This preliminary result indicates some recognition of the need for increased handwashing due to the pandemic. Frequency data on handwashing for children is hard to come by for the Philippines so this Cohort Study result is one of rare measures available.

Figure1. Mean Daily Frequency of Handwashing with soap per Index Child Ages 10-13 by Domain

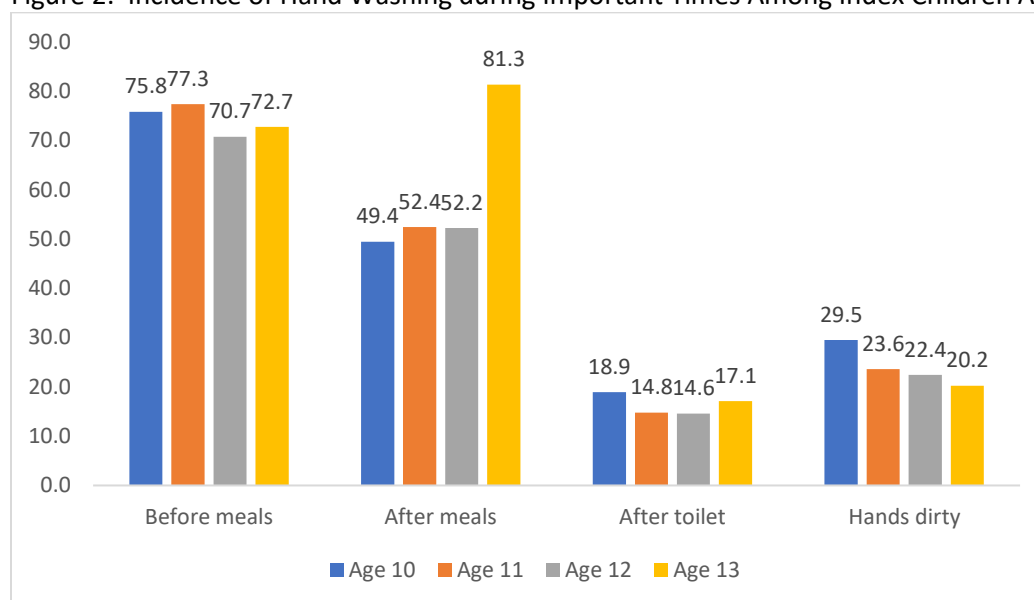


Source: Cohort Study, Waves 1-4 (wave 1 n=4,620 , wave 2 n=4,504, wave 3 n=4,555, wave 4 n=3,039)

The Cohort Study also shows when children are likely to wash their hands within the day. This is important as some activities are particularly important for maintaining hand hygiene. Ensuring clean hands when handling food or after handling human or solid waste are such instances. Figure 2 shows the incidence of handwashing for index children before and after mealtime, after using the toilet, and when hands are dirty across the first four waves of data gathering. The highest incidence of hand washing is found before eating meals across the four waves.

Of particular concern is the relatively low incidence of hand washing for the other important times especially for after toilet use and when hands are visibly dirty. These are low relative to incidence reported in Valley et al. (2019) for household members in the Philippines which reports rates around 80 percent for those done using the toilet and eating or preparing meals for households with WASH education interventions. As these are children still forming habits, education interventions on proper handwashing remain essential. In light of the COVID-19 transmission mode, getting the children to wash their hands after being in contact with possibly contaminated surfaces, a practice that they may not normally do, pose an additional challenge in educating children on proper handwashing in the new normal.

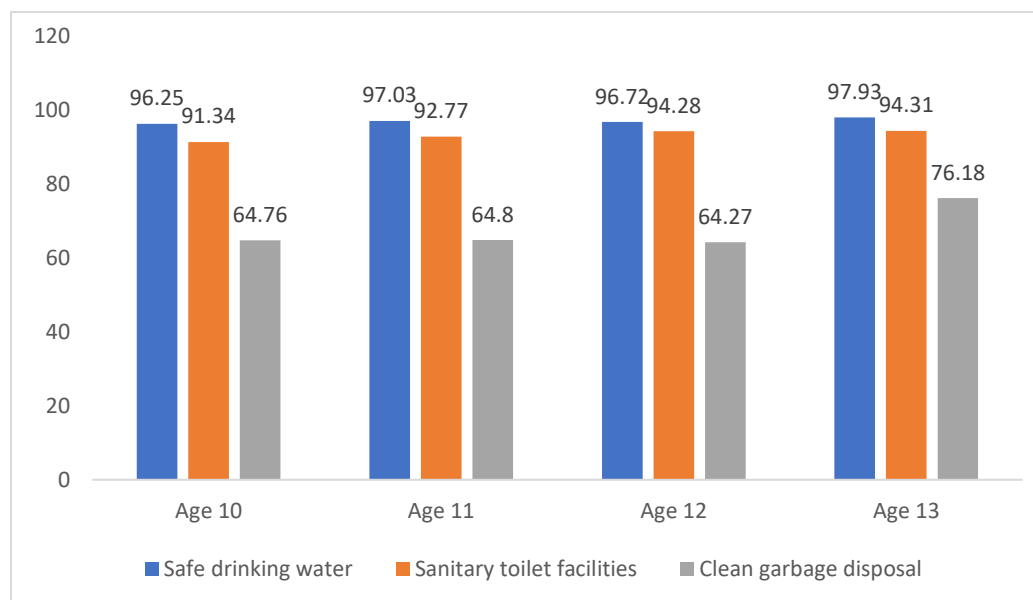
Figure 2. Incidence of Hand Washing during Important Times Among Index Children Ages 10-13



Source: Cohort Study, Waves 1-4 (wave 1 n=4,622 , wave 2 n=4,509, wave 3 n=4,522, wave 4 n=3,039)

Access to improved water supplies, toilets, and proper garbage disposal lead to overall household hygiene that prevents household transmission of pathogens and insults to immune systems. Compliance with handwashing mandates is also made easier by easy access to facilities. Figure 3 shows the profile of index children's households with respect to the above. Access to safe drinking water and sanitary toilet facilities were reported by more than 90 percent of households for waves 1-4. However, access to clean garbage disposal was lower and uniformly reported to approximately 65 percent in all 3 waves but increased to 76 percent in wave 4. The level of access to safe drinking water and sanitary toilet facilities roughly coincides with the results of the 2017 Annual Poverty Indicators Survey in this area (PSA, 2019). In the latter, 94 percent of Philippine households had access to improved sources of drinking water while 89 percent had improved toilet facilities.

Figure 3. Water, Sanitation and Hygiene Profiles of Households with Children

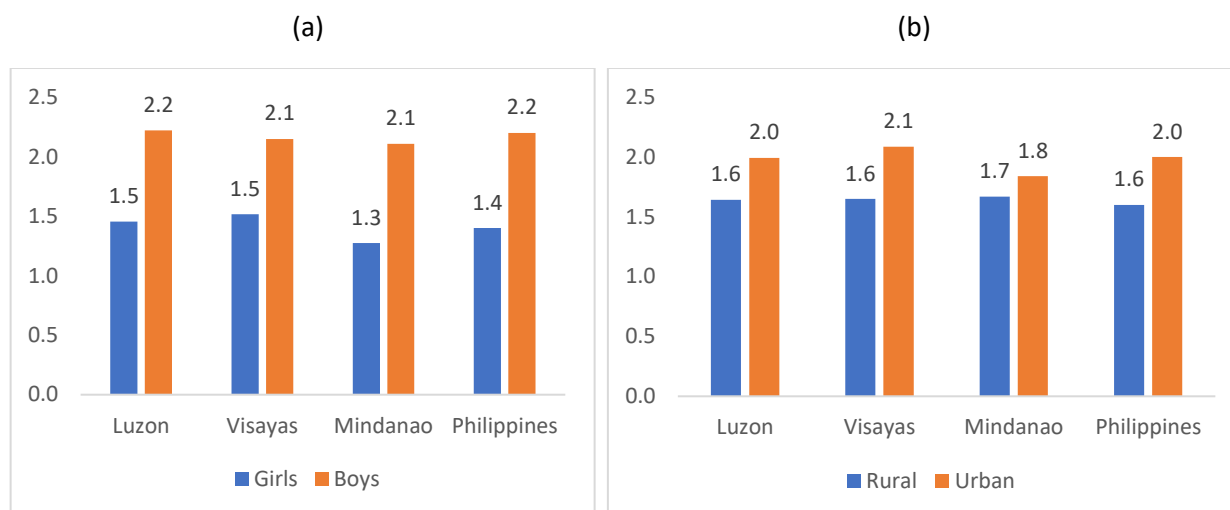


Source: Cohort Study, Waves 1-4 (wave 1 n=4,650 , wave 2 n=4,548, wave 3 n=4,650, wave 4 n=3,066)

The likelihood of following rules including those for preventing transmission (e.g., hand washing, wearing masks, social distancing, staying at home) of COVID-19. may be indicated by the rule-breaking score in the Child Behavior Check List.² The Cohort Study administered the CBCL for Wave 2 (at age 11). Figure 4 shows the mean rule breaking scores by sex, location, and domain. We see that boys and children in urban locations have higher mean rule breaking scores.

² The Wave 2 Report (OPS, 2019) describes the Child Behavior Checklist (CBCL) as a "tool that measures competency levels in terms of activity levels (sports, hobbies, household chores, jobs), social skills, and school performance." The CBCL questionnaire also includes a suite of 113 questions from which are derived scores measuring mental and behavioral syndromes anchored on the Diagnostic and Statistical Manual for Mental Disorders (Achenbach, 2013). The syndrome scales consist of factors that represent internal (emanating from within) or external (projected outwardly) factors and problem behaviors (manifestations of social problems, unusual behaviors, attention-seeking and related problems). The internalizing factors are reported behaviors that depict anxious/depressed, withdrawn/depressed and include somatic complaints. Rule-breaking and aggressive behaviors are considered externalizing factors."

Figure 4. Mean CBCL Rule Breaking Scores by Sex, Location, and Domain



Source: Cohort Study, Wave 2 (n=4,732)

In an environment where water and sanitation facilities are available, children do practice handwashing with soap. However, washing hands, when necessary, like after using the toilet and when hands are dirty, appear infrequent. The likelihood of washing hands after being outside the home or exposed to possible virus-contaminated surfaces may be an added challenge, as this is not the norm prior to the pandemic, even among adults. This deficiency is of added concern particularly when children have problems with following rules. Rule breaking scores among boys appear higher, particularly among those living in urban areas. At age 11, rule breaking, as indicated by the relevant CBCL score, is significantly negatively correlated with the frequency of handwashing. That is, rule breakers wash hands less often. The latter can be a focus for policy action especially for information and behavior modification campaigns.

The adequacy of WASH facilities in home (at least on paper) means that ensuring hygiene continuity for children means focusing attention on other settings where children habituate, primarily schools and other community settings.

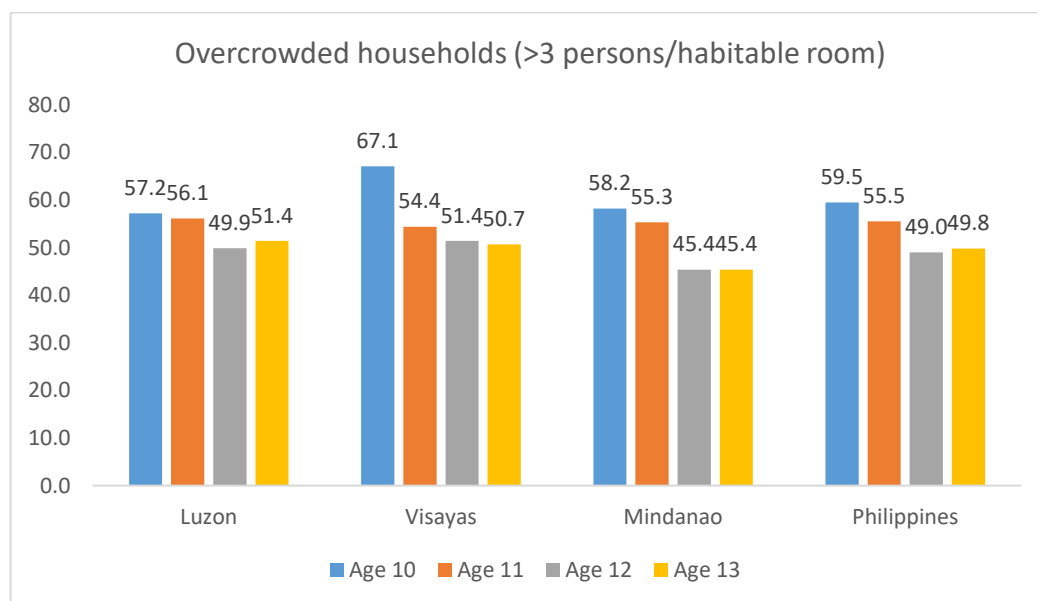
b. The Implications of Prolonged Home Confinement on Children

Children and those under 15 have continued to be confined to their homes under IATF guidelines. This could have consequences for children who belong to very densely populated households as such density may lead to increased risk of disease transmission if a carrier is introduced into such an environment. Figure 4 shows the incidence of overcrowded households, defined as households with more than 3 persons per room used for sleeping (the UN Habitat standard cited in WHO, 2018), by wave and by domain.

In this study, the mean household crowding index (number of persons per sleeping room) is 4 and ranges from 0.5-17 across the waves. The proportions of households with more than 3 persons per

sleeping room have diminished across waves and domains with the difference being the most marked for households in the Visayas and Mindanao as shown in Figure 5. As of the latest wave, approximately half of households with children were in households with more than 3 persons per sleeping room. However, having more than 3 persons share a sleeping room calls to serious question the ability of households to observe distancing within households.

Figure 5 . Incidence of Overcrowded Households by Domain and Wave



Source: Cohort Study, Waves 1-4 (wave 1 n=4,581 , wave 2 n=4,537, wave 3 n=4,618, wave 4 n=3,066)

Home confinement may also increase the exposure of children to existing abusive relationships or newly developed conflicts or abuse from confinement with people experiencing increasing stresses from the current pandemic (Pereda and Diaz-Faes, 2020). At the baseline survey (OPS, 2018) 29 percent of all the 10-year-old children reported ever witnessing violence at home. The proportions of index children reporting being hurt by their parents within the past 6 months were 16 percent in Wave 1 (age 10), and 13 percent in Wave 2 (age 11). The quarrelsome nature of index children was shown to be associated with experiencing violence from parents and witnessing any physical violence at home. Another aspect worth exploring is the risk of other family members or residents being potential sources of violence, particularly in crowded households. New analysis done for this note from Wave 1 data shows a significant positive association between household crowding and experiencing violence within the household. This is further seen in two forms: a significant association is found being hurt by an adult other than parents and the index child is also more likely to hurt other family members with greater crowding. Table 1 shows the mean household crowding index scores for those who these forms of experienced violence.

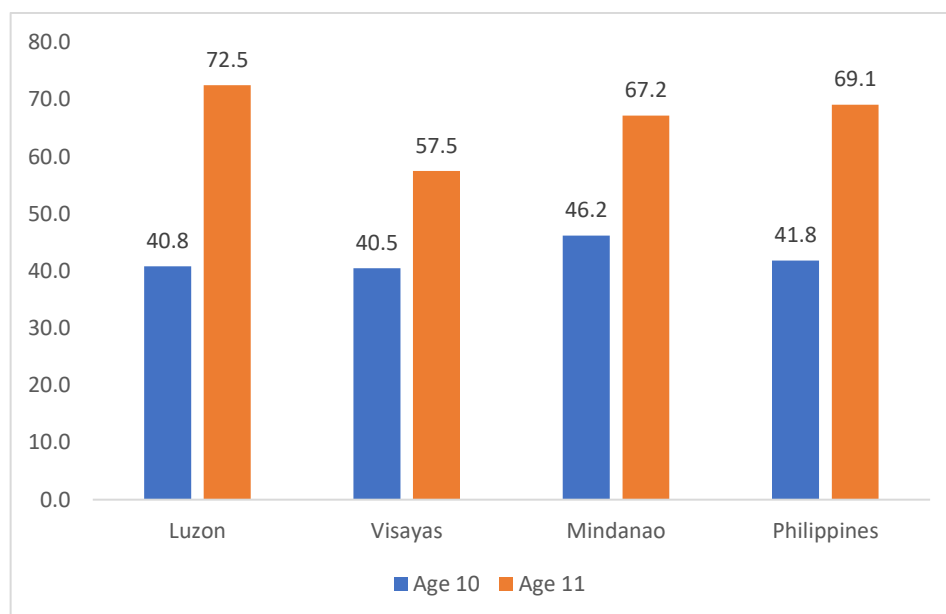
Table 1. Mean Household Crowding Index Scores and Forms of Reported Violence by Index Children at Age 11

Reported Experiencing Form of Violence	Mean Household Crowding Index Score	
	Being Hurt by an Adult Other than Parents	Hurting Any Family Member
Yes	4.27	4.23
No	4.04	4.01

*Significantly different means at $p < 0.05$

Prolonged home confinement may be difficult for children who like engaging in activities outside of the home for recreation as well as for certain reasons including finding respite from crowded households. Figure 6 shows the mean proportions of activities done outdoors by children by wave and domain. We see that at age 11, children across domains devote a greater proportion of activities outside of the home. At this age, those who experienced being forcefully hurt by a parent had higher proportions of time spent outdoors vs those who did not (75% vs. 65%). Those who experienced being hurt by an adult other than their parents also had higher proportions of time spent outdoors (74% vs. 65%). These correlations must be interpreted with caution as these could mean several things, e.g., that greater time spent outdoors increases exposure to violence from adults not part of the household, that the child may opt to spend more time outdoors to avoid violence from adults in the household or that those who spent so much time outdoors get to be reprimanded more by parents

Figure 6. Mean Proportions of Play/Exercise/Sports Done Outdoors by Wave and Domain



Source: Cohort Study, Waves 1-2 (wave 1 $n=2,571$, wave 2 $n=2,182$)

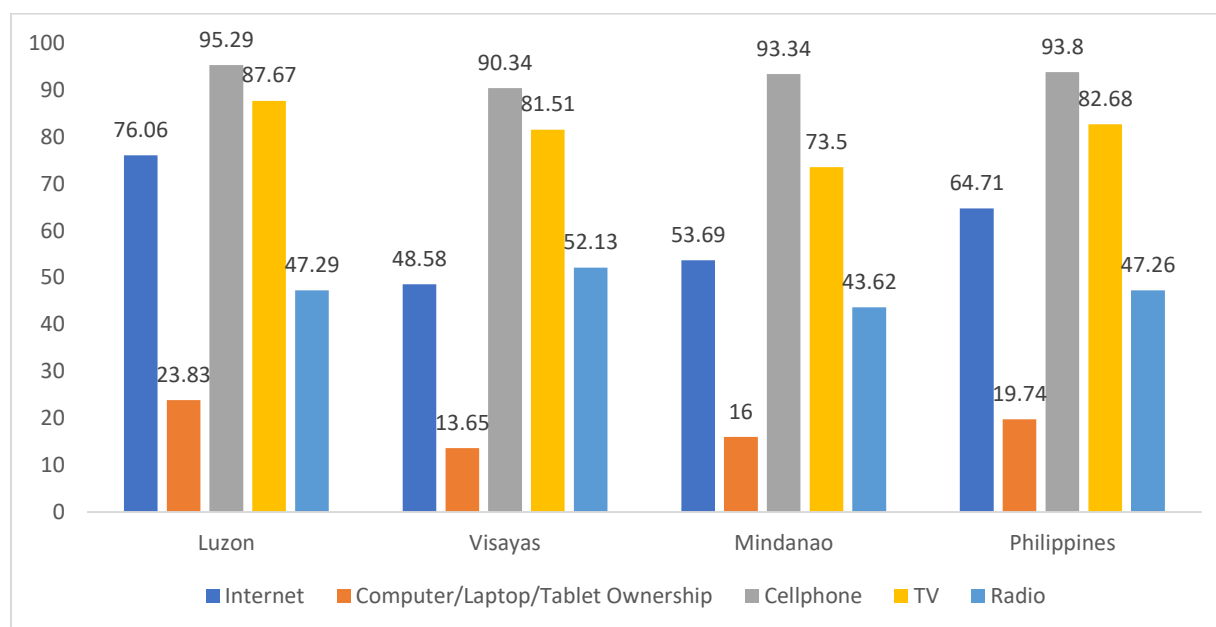
For children used to outside activities, complying to the home confinement requirements of community quarantine may pose certain risks. From the preliminary results of the follow up Phone Survey conducted towards the end of 2020; 22 percent of respondents indicated that children complained about not being able to go play outside.

c. The Capacity for Distance Learning

The Covid19 pandemic has led to the Department of Education (DepEd, 2020a) mandating a blended learning approach for basic education in its Basic Education Learning Continuity Program (BE-LCP). The latter allowed for the use of distance learning methods where face to face classes were not feasible. Whether or not households with children and the children themselves have the capacity to undertake distance learning requires data on particular indicators of this capacity. The Cohort Study produced data on household and index child characteristics that can be used for the latter purpose. These are presented below.

Household Capacity for Distance Learning. The capacity of households to facilitate distance learning for its child learners would depend on several factors. Household ownership of resources needed for this type of learning would be one important consideration. Figure 7 shows the proportions of households with access to the internet, computers or tablets and telecommunications equipment by domain from Wave 3 of the Cohort Study. Households in Luzon tend to do better across categories of the latter measures compared to households in the Visayas. Household access to the internet has been shown to have a significant positive relationship with schooling competency as indicated by higher CBCL z-scores for those with internet access at home using Wave 2 data.

Figure 7. Household Internet Access and Ownership of Assets for Distance Learning by Domain

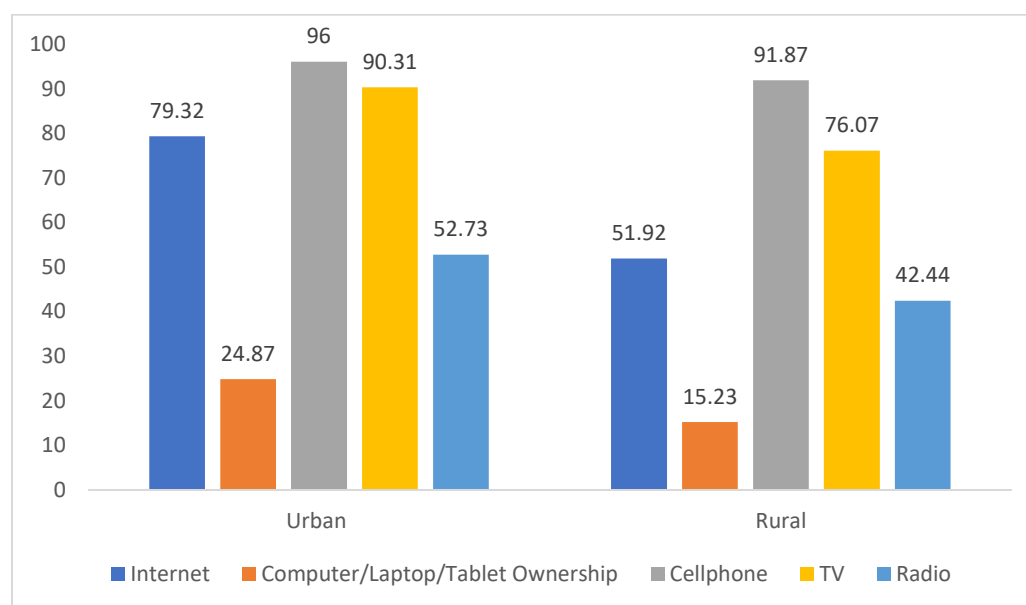


Source: Cohort Study, Wave 3

We see that internet access is far from being universal with only 65 percent of households nationwide reporting being able to access the internet at home. Ownership of personal computers, laptops or tablets is also quite low nationally with less than 20 percent of households reporting ownership of these equipment. On the other hand, more than 90 percent of households reported owning at least one cellular phone. This high proportion of ownership is consistent across domains. The other possible media of television and radio present contrasting situations. A high level of TV ownership is observed across domains exceeding 80 percent nationally except for households in Mindanao where incidence of TV ownership slightly exceeds 70 percent. Radio ownership, however, does not exceed 50 percent of households nationally and in the Visayas and Luzon but just slightly exceeding this level in Mindanao.

As Figure 8 shows, rural households are relatively disadvantaged across all these indicators of capacity to undertake distance learning with the gap particularly pronounced except for cellphone ownership.

Figure 8. Household Internet Access and Ownership of Assets for Distance Learning by Residence



Source: Cohort Study, Wave 3

Household resources may also come in the form of household labor time for education other than that of the learner himself. Given the added responsibility placed on adult or older members of the household to supplement instruction from printed modules, digital or broadcast media. Data from the Cohort Study show that a large proportion of children obtain help from their mother (27%) or a sibling (23%) in doing their homework.

At age 12, each index child, on the average, belongs to a household with 2 other members in schooling. This is notable in that these household members may compete over the same resources. However, it also possible for the presence of other members in schooling to be helpful especially if the other members are older. This notwithstanding the primary caregiver of the index child will have an important role to play in the distance learning context. The capability of the primary caregiver is then an important aspect.

Data on the primary caregiver on the index child, however, shows that less than half (44%) access the internet at a national level as shown in Table 2. There is a clear differentiation between domains as more than half (54%) of caregivers in Luzon access the internet compared to around one third of those from the Visayas (33%) or Mindanao (31%). The mean time spent on the internet per week is similarly differentiated as caregivers in Luzon spend 10 hours on the internet on the average compared to 7 hours for those in the Visayas and 6 hours for those in Mindanao. A similarly large disparity is found between urban and rural residents in terms of the proportion accessing the internet with twice the proportion of caregivers in urban areas doing so compared to those in rural areas. The mean number of hours in a week, however, only differs by two hours on the average.

Table 2. Internet Access of Caregivers and Index Children by Domain and Residence, Wave 3 Cohort Study

Indicator of Internet Access	Domain			Residence		National
	Luzon	Visayas	Mindanao	Urban	Rural	
<i>Index Child</i>						
Proportion Accessing Internet	81.84	69.88	67.76	93.63	59.9	75.69
Mean Hours Online in a Typical Day	1.92	1.53	1.39	1.87	1.5	1.72
Mean Number of Days in a Week Online	4.64	3.41	3.42	4.56	3.51	4.13
<i>Primary Caregiver</i>						
Proportion Accessing Internet	53.70	32.68	31.47	61.32	28.88	43.64
Mean Number of Hours in a Week Online	10.10	6.83	6.39	9.47	7.88	8.91

As cellphones are turning out to be an important medium for accessing information, cellphone ownership among caregivers would indicate capacity of caregivers to help child learners. Three-fourths of caregivers own cellphones as of Wave 3 of the Cohort Study. However, nearly all profess to using these phones primarily for calling (92%) or sending text messages (4%) which may indicate the lack of familiarity with the internet applications on smartphones that will be used for distance learning.

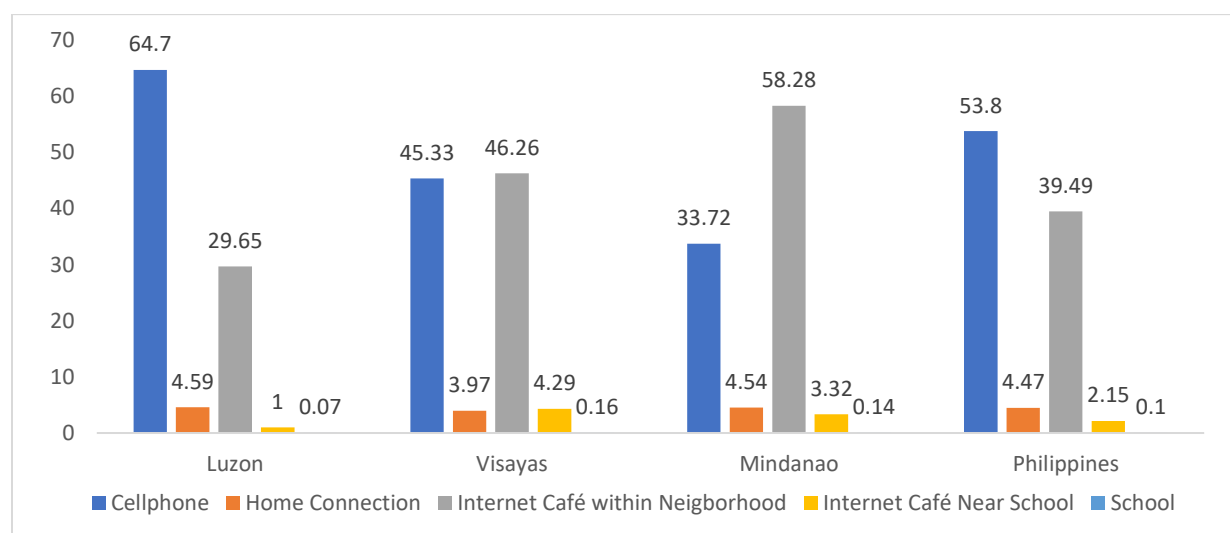
Help with schoolwork itself is done by either the mother or another sibling as cited by 27 percent and 23 percent of index children, respectively. A substantial proportion of children (37%) say that no one helps them with schoolwork done at home.

Index Child Capacity for Distance Learning. Index children are expectedly more adept at accessing the internet compared to their caregivers. This would be important in the distance learning model as primary or supplementary instruction may be coursed online. Around 76 percent of index children nationally, access the internet as of Wave 3 data gathering. There are variations in proportions of index children accessing the internet by domain and by residence as shown in Table 2. The same pattern of differences is seen in the average daily use and number of days index children are online. At age 12, index children are on the internet by greater proportion and time spent compared to previous waves. At age 10, only 47 percent accessed the internet. This increased to 53 percent at age 11. In both previous waves, index children spent approximately 1 hour a day and 3 days a week online.

When asked how they accessed the internet, index children pointed to the sources in Figure 9. It is clear that cellphones are the predominant way to access the internet for the nation as a whole. However, as

only 38 percent of index children report owning their own cellphones, cellphone use is likely to be based on sharing a phone with other family members. The relative importance of internet cafes in the neighborhood is seen for index children in the Visayas and Mindanao. The importance of cellphone access and nearby internet cafes is also seen in roughly similar proportions across urban and rural settings. Urban and rural resident index children access the internet using cellphones and school proximate internet cafes around the national proportions of 54 percent and 40 percent, respectively.

Figure 9. Methods of Accessing the Internet by Index Children



Source: Cohort Study Wave 3

Index children typically access Facebook the most with 64 percent of index children citing this site as the most visited site followed by YouTube (17%) and Google (9%). Capitalizing on familiarity with these platforms may facilitate the distance learning process.

It is important to note that 21 percent of households report having both the index child and primary caregivers not accessing the internet as of wave 3. These households would be especially vulnerable to any modality dependent on internet access. This may explain in part why the preliminary results of the Phone Survey follow up indicated that 73 percent used printed modules and only 9 percent were fully online.

We look to possible implications for policy given these results in the subsequent section.

3. Policy Implications

The Cohort Study Results point to several implications for informing the policy response to the pandemic. These are enumerated below:

a. Children and Handwashing

The Cohort Study bears out the availability of handwashing facilities at home. The quality of these facilities needs to be verified in detail, however. Children in the Cohort Study were also found to not regularly wash their hands after using the toilet and when they saw their hands were dirty. This is an

additional imperative for educating children about the importance of washing hands for hygiene and minimizing COVID-19 virus transmission. Particular attention must be focused on boys, especially urban boys, who have been found to have greater rule breaking propensities. This can be done through several modalities among them the Barangay Health Units and the schools. It is essential to also involve the parents in the handwashing intervention since they themselves need to be reminded of its basic importance, particularly during the pandemic.

As the government prepares to bring the children back to their classrooms, it is then very important to ensure continuity of practice that handwashing facilities are available, behavior is actually observed, and appropriate reinforcement education done. The Department of Education has a long-standing program on WASH in schools (WinS) as outlined in the website for this program. There also appears to be a monitoring system in place for this purpose. This would be helpful in gauging the success of program implementation.

The latest iteration of the Memorandum Order on WASH, DepEd Order 10 s 2016 (DepEd, 2016), however, points to the sourcing of fund for wash to be sourced from maintenance and operating expense funds. This could be a limiting factor for the effective sustainable rollout of this program as there are many competing demands on these funds. Mobilizing civil society and other partners such parents and local government units would then be ideal. Where water districts and other local water service providers are in place, such partners would be ideally mobilized as well. Schools are now undertaking a blended learning approach to instruction in the current term. This will minimize the need for such facilities, but it would also be an opportune time to prepare for when physical classes resume.

Street children, on the other hand, may not have access to home or school facilities. Community facilities may need to be made available to such children and their families. This will be primarily a local government initiative. Monitoring and evaluating such initiatives for efficacy and reach would be called for. Where successful, replication may be called for after careful documentation.

b. Home Confinement and Children

We have pointed out above that violence within the home witnessed and involving children was present even before the pandemic. Given the additional stresses of the pandemic including those of being confined at home with adults who may have lost their jobs or suffered downturns in businesses, it would be reasonable to call for increased attention to this. The Department of Interior and Local Government and the Council for the Welfare of Children recently issued a joint memorandum (DILG-CWC, 2020) reiterating the need to implement existing protocols for minding vulnerable children during the pandemic especially street children and children in conflict with the law. However, there appears to be no special provision in this order for intensifying efforts to reach out to children suffering violence at home. While such protocols are in place, there may be need to fine tune them to conditions of the pandemic. Case workers for known cases may have lowered mobility to attend to them and the employment of alternative monitoring modes may be called for including the use of new information technology advances such as smartphones. Where such innovation has been successful, compiling of best practices may help diffuse the latter across other localities.

In addition to experiencing violence at home as a cause for children to want to escape home confinement, we have also pointed out that the increasing prevalence of outdoor activities as children age increasing the risk of quarantine violations. This is in light of results presented that those experiencing violence have a greater proportion of time spent outdoors. While the DILG and CWC memorandum cited above did emphasize the need to be considerate of child violators of curfew and quarantine regulations, there are well known instances of child violators being inhumanely treated (Wurth and Conde, 2020). It is recommended that there be increased monitoring of these violations and added modalities for reporting them.

c. Capacity for Distance Learning

Two DepEd department orders set the basic policy framework for distance learning. The first, DepEd Order 12 S. 2020 (DepEd, 2020a), announced the adoption of the Basic Education Continuity Learning Program (BE-CLP) which rules out face to face classes until declared safe to do so and the adoption of distance learning approaches. DepEd Order 18, S. 2020 (DepEd, 2020b) lays out the guidelines for the provision of learning resources for the BE-CLP. While DepEd surveyed its own staff and gave indications of their capacity to deliver distance learning, it did not indicate if it knew of household and learner capabilities to adopt distance learning modes apart from a Global Connectivity Index Ranking. The data from the Cohort Study would be among the first to come from a nationally representative survey and could fill this gap to bridge the gap between these two groups of actors. The Cohort Study results bear the low readiness of households to conduct online learning. The use of self-learning modules (SLMs) would need to be complemented by some form of supplementary learning resources.

Household reports of high levels of TV ownership point to the use of this platform as a suggested linchpin of supplementary material provision. DepEd has obtained the support of the National Telecommunications Commission in facilitating TV and radio-based education. However, a significant downside to conventional TV for distance learning is the lack of interactivity including the pacing and time of control access. This can be remedied with additional communication channels and additional technological layers such as interactive digital TV technologies. Given the near universal household ownership of a cellphone, the use of this asset would be ripe for consideration. At the most basic level, the use of Short Message Service for reminders on scheduling and where feasible heightened interaction (polling and quizzes) are worth exploring. Heightened interaction may also mean substantial localization of the service. Ensuring an appropriate policy framework that facilitates these considerations would be important.

Ensuring an ability for asynchronous learning may be more important for resource strained households with multiple learners as the latter case is common based on the Cohort Study. This is where internet-based platforms would be helpful. As index children become more accustomed to internet use as evidenced by increasing utilization across waves, capitalizing on existing familiarity would lower costs of use. Facebook and YouTube are pointed out as the most commonly used apps. DepEd uses YouTube extensively for housing a video library of lessons. It is not clear if this is also the case for Facebook. As the use of the latter is the most common, enhancing access to Facebook would be worth considering. It

is also not clear whether digital platforms such as these are required the same public service commitments as of conventional radio and television platforms. Negotiating for such commitments in emergency situations like pandemics would be worth exploring if not already in place.

Internet cafes are important access points for children in the study. Given quarantine restrictions, this mode has been unavailable. As restrictions relax, allowing such places to reopen or allowing substitute learning centers where health restrictions are closely observed would be also worth exploring. Public libraries, barangay facilities, and others could be explored for this purpose. Care must be given, however, that these facilities are adequately equipped to filter non-child appropriate content.

The reliance on printed modules as indicated by the preliminary Phone Survey results highlights the need to ensure quality delivery through this mode and ensuring the availability of support systems tailored to it. The same Phone Survey shows that 83 percent of households had some difficulty with the distance learning mode. A review of this mode of delivery given its widespread use in light of these difficulties would be appropriate in this regard.

Overall, there needs to be a pro-active approach to crafting guidelines for the “new normal” as the country still grapples with containing the pandemic. The findings in the Cohort Study point to directions for improving existing policy or more consistent implementation of existing ones that are even more relevant such as those for handwashing in schools. As the Cohort Study proceeds with more data gathering rounds, it will also be able to better inform in these areas.

4. References Cited

- de Haan, A. et al. 2012. “Change and reciprocity in adolescent aggressive and rule-breaking behaviors and parental support and dysfunctional discipline.” *Development and Psychopathology* Vol 24. Accessed at: https://www.researchgate.net/publication/221794266_Change_and_reciprocity_in_adolescent_aggressive_and_rule-breaking_behaviors_and_parental_support_and_dysfunctional_discipline
- Department of Education. 2016. Policy and guidelines for the comprehensive water, sanitation and hygiene in schools (wins) program. Accessed at: <https://www.deped.gov.ph/2016/02/19/do-10-s-2016-policy-and-guidelines-for-the-comprehensive-water-sanitation-and-hygiene-in-schools-wins-program/>
- Department of Education. 2020a. Adoption of the Basic Education Learning Continuity Plan for School Year 2020-2021 in the Light of the COVID-19 Public Health Emergency. Accessed at: <https://www.deped.gov.ph/2020/06/19/june-19-2020-do-012-2020-adoption-of-the-basic-education-learning-continuity-plan-for-school-year-2020-2021-in-the-light-of-the-covid-19-public-health-emergency/>
- Department of Education. 2020b. Policy Guidelines for the Provision of Learning Resources in the Implementation of the Basic Education Continuity Plan. Accessed at: <https://www.deped.gov.ph/2020/07/20/july-20-2020-do-018-s-2020-policy-guidelines-for-the-provision-of-learning-resources-in-the-implementation-of-the-basic-education-continuity-plan/>

- Department of Health. 2020. "What Can I Do to Prevent the Spread of Covid 19?". Accessed at: <https://www.doh.gov.ph/node/19588>.
- Department of Interior and Local Government and Council for the Welfare of Children. 2020. Joint Memorandum 2020-001. Accessed at: <https://www.dilg.gov.ph/issuances/jc/Reiteration-of-Protocols-on-Reaching-out-to-Children-including-those-in-Street-Situations-in-need-of-Special-Protection-Children-at-Risk-and-Children-in-Conflict-with-the-Law-During-the-Enhanced-Community-Quarantine/130>.
- Inter-Agency Task Force on Emerging Infectious Diseases (IATF). 2021. Omnibus guidelines on the implementation of community quarantine in the Philippines. Accessed at: <https://www.officialgazette.gov.ph/2021/04/15/omnibus-guidelines-on-the-implementation-of-community-quarantine-in-the-philippines-with-amendments-as-of-april-15-2021>
- Pereda, N. and Diaz-Faes, D. "Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors." *Child and Adolescent Psychiatry and Mental Health*. Vol 14. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7573863/>
- Philippine Statistics Authority. 2019. "Most Filipino Families have Access to Improved Source of Drinking Water (Results from the 2017 Annual Poverty Indicators Survey (APIS) and Water Quality Testing Module)". Accessed at: PSA wash <https://psa.gov.ph/content/most-filipino-families-have-access-improved-source-drinking-water-results-2017-annual>.
- USC-Office of Population Studies Foundation, Inc. (OPS). (2018). Longitudinal cohort study on the Filipino child. Baseline survey technical report. OPS Report Series No. 2. Retrieved from https://www.opsusc.org/paper_series.php.
- USC-Office of Population Studies Foundation, Inc. (OPS). (2019). Longitudinal cohort study on the Filipino child. Wave 2 final report. OPS Report Series No. 4. Retrieved from https://www.opsusc.org/paper_series.php.
- Valley, H. et al. 2019. "The Impact of a School-Based Water, Sanitation and Hygiene Intervention on Knowledge, Practices, and Diarrhoea Rates in the Philippines." *International journal of environmental research and public health*. Vol. 16(21): 4056.
- Wang, Guanhai et al. 2020. "Mitigate the effects of home confinement on children during the COVID-19 outbreak." *The Lancet*. Vol. 395. Accessed at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930547-X>
- World Health Organization. 2018. WHO Housing and Health Guidelines. Accessed at: <http://apps.who.int/iris/bitstream/handle/10665/275839/WHO-CED-PHE-18.03-eng.pdf>
- World Health Organization. 2020a. "Who save lives: clean your hands in the context of covid-19." Accessed at: https://www.who.int/infection-prevention/campaigns/clean-hands/WHO_HH-Community-Campaign_finalv3.pdf?ua=1

World Health Organization. 2020b. "Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19." Accessed at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4>

Wurth, M and Conde C. 2020. "Philippine Children Face Abuse for Violating COVID-19 Curfew." Accessed at: <https://www.hrw.org/news/2020/04/03/philippine-children-face-abuse-violating-covid-19-curfew>

Xie, Xinyang et al. 2020. "Mental Health Status Among Children in Home Confinement During the Coronavirus Disease 2019 Outbreak in Hubei Province, China." JAMAPediatrics Vol 74(9). Accessed at:
https://jamanetwork.com/journals/jama/fullarticle/10.1001/jamapediatrics.2020.1619?utm_campaign=articlePDF%26utm_medium=articlePDFlink%26utm_source=articlePDF%26utm_content=jamapediatrics.2020.1619