

Filipino Children during the First Wave of COVID-19 Pandemic and Three Years Later

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Abstract

Objectives: To explore the children's sentiments on what they wrote about first COVID-19 pandemic study; find out their thoughts and feelings with the continuous presence of the pandemic; know how they spent their time; encourage them to express their hopes and wishes; and inspire them to share their experiences of the pandemic. **Method:** Pre-tested open-ended questionnaire was emailed through parents, and returned similarly. **Participants:** 49 boys and girls, 8 - 15 years old, in public and private schools, NCR, Luzon, Philippines. **Results:** Almost half of participants cannot recall, and the other half remember the first study with more negative and least positive events; participants seem aware and have a good understanding of the pandemic; they engaged in less inside, and more outside sports, leisure, hobbies, and tasks; recalled more negative experiences but hopeful, and wish for COVID-19 gone completely.

Keywords

COVID-19, Filipino, Family, Lock Down, Pandemic

1. Introduction

Our initial investigation was conducted during the first wave of the COVID-19 pandemic (Coccia, 2021) in mid-2020 when our team explored the sentiments of Filipino children on the COVID-19 pandemic (Agbing et al., 2020). We recommended that after two years, these children will be visited to find out how they coped and lived with their memories of the virus with an optimistic view that their recollections would be rich, and COVID-19 will be gone. However, the second wave of the pandemic (Coccia) followed with the report of the "still unsafe and

unhealthy” conditions surrounding the monkeypox virus (Casas & Cruz, 2022) changed our timetable. Flash back, briefly, World Health Organization declared the COVID-19 outbreak a global pandemic (Cucinotta & Vanelli, 2020) and held the Infodemiology Conference which brought together partners around the globe who engaged in various initiatives to eliminate COVID-19 (WHO, 2020, June 29 to July 21). However, despite global coordinated efforts, it was evident that everyone was vulnerable. The solution was to shut the world down, close borders, and allow people to stay inside their homes. Most industries and businesses ground to a halt. Treece (2020) reports that the United States experienced its steepest quarterly drop in economic output in recorded history; more than half of businesses that closed during the pandemic will not reopen; 30 percent of businesses closed in the first contraction of the Philippine economy in 22 years (ABS-CBN, 2020). Washington Post by Tim Carman (2022, 21 June) stated that by the spring of 2021, the National Restaurant Association (NRA) issued a statement that 90,000 closed restaurants, both temporary and permanent, which includes diners, cafes, chain outlets, taverns, bars, and neighborhood restaurants... A total of about 70,300 establishments closed.

From the voluminous reports on the effects of the pandemic on the young a few are briefly cited due to space restrictions: high rates of anxiety, depression, and post-traumatic symptoms (Marques de Miranda et al., 2020); moderate to severe anxiety, depression, and psychological impact, and home quarantine is associated with depression, anxiety, and stress symptoms (Tee et al., 2020); home quarantines contributed to health anxiety and loneliness (Bautista & Manuel, 2020); stress, worry, helplessness, and social and risky behavioral problems (Meherali et al., 2021); stress indicators were positively and significantly correlated with self-reported behavioral concerns, and stress arousal (Schwartz et al., 2021); stress, worry, helplessness, and social and risky behavioral problems (Meherali et al., 2021). Cost et al. (2022) reported changes in mental health across six domains: depression, anxiety, irritability, attention, hyperactivity, and obsessions/compulsion while from Elharake et al. (2023), feeling more anxious, depressed, fatigued, and distressed than prior to the pandemic.

World Economic Forum (2022) reported COVID-19’s impact on education: Lockdowns had 1.5B students in 188 countries being unable to attend school, 147M children missed more than half of their in-person schooling (2020-2022), and many are at risk of dropping out of education altogether (Broom, 2022, Nov. 14).

Although the virus-infected cases have been decreasing, the environmental condition has not completely returned to the “old normal”; the virus is still spreading, and the death toll is nearing 7 million worldwide (Johnson, 2023, March 10). In the Philippines, COVID-19 cases continued to decline (WHO, 2023, June 5-July 23) which gave us the go signal and started searching our first study participants in June 2023. Although the result was discouraging nonetheless, we pursued to answer our objectives:

- To explore the children's sentiments on what they can remember since the start of the pandemic;
- To find out their thoughts and feelings about the continuous presence of the pandemic with no sign of it being completely eradicated soon;
- To know how they spent their time in this situation;
- To encourage them to share their experiences; and
- To inspire them to express their wishes in this time of the pandemic.

This study is anchor on the theories of forgetting developed by psychologists with the proposition that briefly, we forget because some memory disappeared but leave a trace in the brain, and some are still stored in our memory system but there is failure of retrieval. From there came about a person's episodic memory of special events unique to the person because of place, time, and involvement of other people (Tulving, 1972 cited in Guo et al., 2024) thus, people who experienced the same event may have different recollections of what happened. The COVID-19 pandemic is an example of a special event which first happened probably, when many participants were in their middle childhood age development.

2. Method

2.1. Design

This study is a descriptive survey with the use of an open-ended questionnaire to elicit the children's sentiments on the COVID-19 pandemic.

2.2. Participants

With the age of participants, only their personal data appeared in the questionnaire (Table 1).

Table 1. Demographic characteristics of participants (N = 49).

| | Demographic group | <i>n</i> | % |
|--------|-------------------|----------|-----|
| Gender | Male | 31 | 63% |
| | Female | 18 | 37% |
| Age | 7 | 1 | 2% |
| | 8 | 2 | 4% |
| | 9 | 7 | 15% |
| | 10 | 2 | 4% |
| | 11 | 5 | 10% |
| | 12 | 9 | 18% |
| | 13 | 6 | 12% |
| | 14 | 13 | 27% |
| | 15 | 4 | 8% |

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|----------------|---------|----|-----|
| | 3 | 3 | 6% |
| | 4 | 5 | 10% |
| | 5 | 4 | 8% |
| | 6 | 10 | 21% |
| Grade Level | 7 | 6 | 12% |
| | 8 | 10 | 21% |
| | 9 | 6 | 12% |
| | 10 | 2 | 4% |
| | 11 | 2 | 4% |
| | 12 | 1 | 2% |
| Type of School | Public | 10 | 22% |
| | Private | 39 | 78% |

2.3. Research Tool

An open-ended questionnaire was pre-tested on five children (9 - 14 years old), in their homes, and took about 15 to 20 minutes to answer it. The questionnaire asked participants about their recollection of the pandemic, their sentiments on the pandemic, their activities, hopes, and experiences.

2.4. Procedure

The parents were informed of the follow-up study and secured their approval. The questionnaire was emailed to them in June 2023 with the request to supervise its administration to their children. The filled-out questionnaire was emailed back to us by the parents which signified their approval of this second study.

2.5. Data Analysis

The coding framework of responses was based on our judgment and experience: each item was treated individually thus, all answers were grouped according to commonality of terms, or similarity in meaning. Simple descriptive statistics was used. Finally, grouped words/terms under each category were added which appeared as the frequency. In the first study, participants wrote essays maybe because it was their first experience, and they were eager about the novelty of COVID-19. This seemed no longer the case now. When there were only one or two responses, i.e., referring to faith and God, these were included in the coding framework and in the Tables but no discussion. In the first study Faith. this was given emphasis thus, with the Theme 3—Hope and Faith in God Expressed in Prayer.

3. Results

Responses on the five items in the questionnaire are presented in briefs, and discussed in the next chapter thus, to the first item, *Do you remember when you were*

asked about covid and pandemic, and you wrote your answers in the paper? Half of participants recalled their answers and the other half said they cannot recall (Table 2).

Table 3 contained the participants' responses to the item, "What can you say about the pandemic that is still with us now?" where some felt happy, others were sad, and several expressed their doubts.

There are multiple and varied responses of participants on what they did on the item, "What activities do you do this time of the pandemic?" which included sports and leisure, home chores, and social with family and friends (Table 4).

To the item, "Do you have hopes and wishes which you would like to write?" Table 5 reflects that majority of participants seemed hopeful and optimistic which were for the termination of the pandemic, and safety for their family and others. What appeared as one of the most varied yet interesting responses of participants in Table 6 were responses to, "Is there anything which you would like to share, maybe an unforgettable experience during the pandemic?" It included their academics, social life, health and sickness, and death in the family.

4. Discussion

The number of participants for this follow-up study did not reach our goal. However, data expressed the sentiments of the participant-children which satisfactorily answered our objectives.

The school year would end in July 2023, we assumed that participants would be excited and might be distracted when answering the questionnaire. Nonetheless, we emailed the questionnaire to the parents. After a long wait, barely 25 percent from the first study (N = 200) responded (Table 1). Many of the participants changed residence, transferred to the province, moved from private to public school, some stopped schooling, a few got sick, one participant returned from abroad her filled-out questionnaire. Some parents lost or changed jobs, and a few got sick.

4.1. Recollection

Participants were divided in their recollections with about half saying they cannot recall, and the other half wrote what they can remember in our first study (Table 2). Braaten (n.d.) explains that besides the three storage systems in the brain—encoding, long-term memory, and the recall system—working memory is another system that holds information in the mind for a very short time. When children have trouble focusing, they may struggle with the encoding part of memory.

For some participants, perhaps, a time lapse of three years might be too long. Therefore, not much could be recalled: "I don't remember anymore... remember not seeing my friends", (F, 9) which appears that missing friends had a negative impact on her and she remembered it. Also, "kaunti na lang ang naaalala ko at hindi na ako takot sa COVID-19", (Sef, 14) implies there was fear of COVID-19 before but not now. Small (2021) said that there is a positive aspect in forgetting

because “it helps turn down the noise and discard useless details to give way to new learning or ideas”, and gives way “to prioritize, think better, make decisions and be more creative”. Let us hope that the participants who forgot the unpleasant memories benefited from their being forgetful.

Table 2. Responses to, “Do you remember when you were asked about covid and pandemic, and you wrote your answers in the paper?” ($N = 49$).

| Responses | <i>n</i> |
|--|----------|
| No. Cannot remember/recall | 24 |
| Yes. (multiple responses) | |
| - Wear face mask, face shield, online and home schooling | |
| - Sad, scared, lonely, bored staying home | |
| - Missed school, friends, parties | |
| - Parents work at home | |
| - People suffering | |
| - A huge impact ...cannot go outside to play, meet friends | |
| - <i>Konti na lang po ang naalala ko, di na ako takot sa covid</i> | |
| No answer | 1 |

For other participants their episodic memory seemed to work thus, they recall: “To wear face mask and face shield every time we go out”, (F, 9). “I was scared, sad and bored staying home”, (Matt, 14); “people suffering from COVID-19”, (M, 12); “COVID-19 made a huge impact in our lives, I cannot go outside to play and meet friends”, (Mathew, 15). The participants remember the event, the people, and their feelings suggesting that young children do have episodic memories and continue to develop and improving linearly with age (Guo et al., 2024).

4.2. The Pandemic

Table 3 shows the varied thoughts and feelings of the participants about the status of the pandemic.

Table 3. Responses to: “What can you say about the pandemic that it is still with us NOW?” ($N = 49$).

| Responses | <i>n</i> |
|--|----------|
| Condition has improved, calmed down, much better, feel happier | 23 |
| Other responses (multiple answers) | 21 |
| - No social distancing, quarantine, face mask; people move a lot, not dying, not scared; classes on-site; I/we didn't get Covid; adapted to pandemic; not much cases; focusing on other problems | 5 |
| - Stressful; annoys, mild inconvenience to wear masks; still causing fear, uncertainty and anxiety; sad, still with us; bit fearful-could get sick again; still worried | 9 |

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|---|---|
| - People starting to get careless; with mask now but still need to be careful; <i>magsuot pa din ng mask, maghugas ng kamay</i> | 7 |
| Other answers | |
| - COVID be eradicated soon; God allowed pandemic to capture our attention; covid now like flu; thankfully we survive; closest we've come to doomsday; forced to stay inside, watched an invisible kill people was frightening; with evidence of threat decided to party | 8 |

The participants who expressed positivity seem conscious of the improvement of the general environmental conditions that have a direct impact on them, such as social distancing (Sun et al., 2022) and face masks (Executive Order No. 7, s., 2022) being removed: “Classes in my school are onsite”, (ML, 9); having time with family and friends: “I can go visit our friends, see Lola and Lolo, eat at the mall”, (M, 14; Stoecklin et al., 2021); and an expression of faith: “I believe that God allowed the pandemic to capture our attention”, (Josiah, 11). They seem to be in a calm disposition and they feel safe: “I feel safer now than two years ago”, (Miel, 12); and, “I am not scared of getting it”, there are not many cases, people are not dying “anymore”, (F, 11).

There are participants who expressed some reservations if the pandemic is no longer a threat: “I am still a bit fearful we could get sick again”, (Thomas, 12); “still causing fear, uncertainty, and anxiety”, (F, 9). Fear may adversely affect their mental health (Wasim et al., 2023) and needs to be addressed. Also, some participants seem uncomfortable when certain conditions must still be observed: “It annoys me because I have to wear a mask”, (Carmen, 9); “mild inconvenience because I don't like wearing masks”, (Miel, 14); “*magsuot pa din ng mask, maghugas ng kamay*”, (F, 9). These are expected reactions especially if they had unpleasant experiences putting on a face mask like sadness and fear (Maftei et al., 2022), or sadness due to sickness or death in the family (Kluger & Singer, 2021). A few participants seem to accept the improved conditions but with caution: “We should still follow the protocols until we know that it is very safe to go out”, (Ergino, 12); “take off our mask now but we still need to be careful”, (Yana, 12). One participant expressed gratefulness, “thankfully we were able to survive”, (Josiah, 11); many participants feel hopeful and thankful (Liu & Doan, 2020).

The participants in our two studies generally appear to be aware and have a good understanding of the pandemic while they continue to be involved in their academics and different activities, and follow the protocols.

4.3. Activities

One of the most persistent constraints for children during the pandemic was their play activities (Kourti et al., 2021). Table 4 shows that the majority of participants engaged in various outdoor activities, “I play different sports”, (Nicolo, 14); “sports and exercise”, (Mirko, 14); “swimming”, (M, 13); go out for other

activities, “with parents to grocery and malls”, (Miel, 12); “do household chores”, (F, 11); “help Mom and Dad”, (Matt, 12); “playing outside, doing house chores”, (M, 13); “*tumutulong sa gawaing bahay*”, (Matteo, 15); “help *po si Mommy di na siya nag-work sa office*”, (Sofia, 10), and “to church and malls with parents and brothers”, (Miguel, 12). Spending more time doing outdoor activities and sports is good for the young, since engaging solely in indoor activities can have an impact on their physical health (Villamor, 2020; WHO, 2023, May 22).

Table 4. Responses to: “*What activities do you do this time of the pandemic?*” ($N = 49$).

| Responses (multiple) | <i>n</i> |
|--|----------|
| Engage in outdoor sports and games alone, with family, with friends | 38 |
| Play video games online | 19 |
| Study, go to school | 14 |
| See, go and hang out with friends | 14 |
| Watch television, anime, movie, news, Netflix | 14 |
| Help at home | 13 |
| Do traditional and digital art; draw, edit videos for internet; painting; drawing; singing; content creation; acting; ballet | 8 |
| Play instruments | 8 |
| Go to the mall/shop with parents | 5 |
| Others | 10 |
| Napping, same habits; with mask when going out; to: church with family; social events; beach; tutor on-site; work; mother taught us activities | |

It was observed that during the early part of the pandemic, there was a significant decline in the physical activities of the young, except for household chores. The most dramatic decline was in outdoor activities and sports (Moore et al., 2020), and leisure screen time and social media use were much higher than before the pandemic (WHO Europe, 2023, May 22). The participants who spent time doing indoor activities engaged in: “drawing and painting”, (Yana); “acting and singing” (Pablo, 14); “ballet”, (Leila, 13); “drawing traditional and digital art” (Paraiso, 12); “drawing and editing videos”, (Elinor, 9).

The participants seem to be enjoying their activities now compared with the same participants in the first survey. It may be assumed that in both situations, they were having a good time with family, felt protected, and received support from their family (Lips, 2021). While social distance was perceived as still negative, they found time for indoor sports, leisure, hobbies, different activities, and house chores, with friends and family. It seems evident that the participants’ physical activity (Dunton et al., 2020; Schmidt et al., 2020), play behavior, play habits and moods (Zhang et al., 2020) have changed due to the lockdown (DiYanni, 2021). What appears important is they did not stop in their play as it affects their moods, behavior, attitude, and well-being.

4.4. Hopes and Wishes

Hope is briefly described as a belief, or a wish, that something either can or will happen. The participants appeared optimistic, confident, and hopeful (Table 5). The majority were hopeful, which could have been part of their protective weapon (Liu and Doan) thus, their wish: “For the COVID-19 pandemic to be gone completely all over the world”, (Miel, 12), and for their life to return to what it used to be: with family and friends, “*parang iyung dati ulit masaya*”, (Sef, 14). They believed things were going to get better: “*Meron po akong pag-asa na mawala na ang COVID-19 para maging gaya ng dati ang mundo*”, (Matteo, 15).

Table 5. Responses to: “Do you have hopes and wishes which you would like to write?” (N = 49).

| Responses (multiple) | n |
|--|----|
| COVID to be gone forever | 20 |
| Everyone in good health; COVID will not harm or make anyone suffer or sick | 12 |
| Life be back to normal | 12 |
| Family, everyone—safe and feel secure | 7 |
| To be with family and friends | 6 |
| None | 3 |
| Others responses* | 10 |

*Nothing as deadly/strong like COVID would hit us in any time; technology stronger, hospitals more prepared; everyone suffering have enough medicine and food; great time at my new school; remain calm.

In the first study, the participants said that during the pandemic, they were sad and they missed their school and friends (Swank et al., 2021). Hence, their wish now is for the pandemic to be gone so they can be with friends: “I want to go back to school and meet my friends”, (Carmen, 10), “that we keep going to school and be with friends” (Oli, 9; Egan et al., 2021).

The participants’ wish for everyone to be in good health, safe and secure might have been due to their experience of family members and friends contracting the virus (Pax, 9; Vera, 10); a grandmother and a grandfather dying (F, 9; Mathew, 15) must have been too stressful for them (Bryce & Fraser, 2022). Family solidarity in a Filipino family may be observed when they are together in almost all family affairs. However, this was greatly disturbed at the onset of the pandemic thus, the participants wish that they can be together again and resume their togetherness: “I hope to see and spend more time with my family’s relatives”, (Krisy, 12).

Some participants’ wishes include the bigger world, beyond themselves: “I hope everybody who is suffering from COVID-19 recovers soon”, (Leroy, 14); “I hope

that everyone is healthy and safe”, (Leila, 13); “everyone suffering from COVID-19 will get enough medicines and food”, (F, 9; Mathew, 15); “I wish nothing as deadly as this would hit us any time... if the virus comes again, I wish our technology is stronger and hospitals are more prepared”, (Ergino, 12); “I’m hoping that it will soon be over in other countries as well” (Lalin, 11).

It was shown that the family was a protective factor that helped them brace for the difficulties during the pandemic (Maftei et al., 2022; Salin et al., 2020). A participant’s wish for his father not to work abroad (Matt, 14) seems to show that having his father stay with them during the pandemic was a much-needed support (Panchal et al., 2023; Weissbourd et al., 2020). Children who had discussions with their parents about COVID-19 experienced less depression, anxiety, and stress (Tang et al., 2021). Bryce and Fraser stated that children’s relationships and interactions with others were the best aspects of their lives during the pandemic.

Although the pandemic had unpleasant effects, it brought out one positive trait in children—feeling hopeful. The data seems to indicate that, perhaps, they developed resiliency (Bryce and Fraser), or maybe they experienced fatigue from pandemic prevention measures (Sun et al., 2022), or they simply chose to forget the bad or unpleasant things that happened in the more than three years of the pandemic (Small, 2021).

4.5. Experiences

Table 6 reflects the positive and negative experiences expressed by the participants. Online learning was an unforgettable experience, and teachers played a critical role in this learning modality (Munoz-Najar et al., 2021), or they had fun because their lessons included games and videos, and “I gained new friends during the online classes”, (Ergino, 12). However, there were also negative remarks about it, like, “online classes were very odd and quite difficult to use to learn”, (Antonio, 14).

Table 6. Responses to: “*Is there anything which you would like to share, maybe an unforgettable experience during the pandemic?*” ($N = 49$).

| Responses | <i>n</i> |
|------------------------|----------|
| Online learning | 11 |
| Family bonding | 8 |
| Me/family getting sick | 6/4 |
| New activities | 6 |
| Helping others | 5 |
| Fun time | 5 |
| Death | 5 |
| Separation/isolation | 4 |

Continued

| | |
|---------------------|---|
| Missing socials | 4 |
| Getting vaccinate | 3 |
| Activities withheld | 3 |

Family bonding was an unforgettable experience for other participants. While staying indoors, they were able to do activities together as a family, such as watching television, eating meals, and doing house chores because there were no household helpers (F, 11; Matt, 14). Household helpers who had gone for the weekend were unable to return when the lockdown was enforced. The absence of the household helpers gave them a good opportunity to be together and enjoy (Lips, 2021), “*ang buong pamilya kasama ko noong maypandemic*”, (Sofia, 10); and increased quality time of the family (Swank et al.). Engaging in new activities was another bonding opportunity, like, “Mommy teaches us home chores”, (Josiah, 11); “making masks for the frontliners” (Aiden, 8; Espinosa et al., 2022; Matheo, 14). Helping others in a time of uncertainty is a prosocial behavior that allows people to gain satisfaction with their life.

A few participants recalled fun experiences that the pandemic did not hinder—sports and leisure time, like, “the Kite Flying Day”, (Rafael, 9); “the summer Aviation Camp was great”, (Nate, 12); “playing online games with friends” (Leila, 13); “I’ve made lots of fun memories with my classmates even though we are online”, (Franchesca, 12); “face timing my friends and playing online games”, (Morales, 13).

The negative unforgettable experience of some participants was the COVID-19 pandemic: “All of us got sick so badly we thought we would not get well”, (Pax, 9); “we all got sick after New Year, we were all not happy”, (Vera, 10); “all my family had COVID-19”, (F, 10; Lalin, 11); “our mother had COVID-19 and we were separated, which was most difficult” (F, 13).

Death in the family takes a toll on our emotions: “Two of my family members passed away, we couldn’t travel to be with their family and it was very disheartening”, (Mathew, 15); “I still cannot believe that my Lolo is dead”, (F, 9); “I was so sad when my Lola died, I always talked to and spent time with her when she was alive” (F, 9); “not being able to say goodbye and no proper funeral for my Lolo”, (Josiah, 12).

The participants shared their personal hard times: “I had COVID-19”, (M. Diaz, 10); “it was traumatizing”, (Matteo, 10); “my parents were there to heal me, help me get better”, (Santos, 14); “I was really scared”, (Kristy, 12); “it was a horrible experience”, (Lalin, 11); “I thought I would not make it”, (M, 14). Getting the vaccines alone was an unforgettable experience for them.

Missing socials and friends also hit some participants. They recounted: “I did not have a party for my birthday and missed my friends”, (Sef, 14); “I missed the birthday of my best friend”, (Ella, 12); “it saddened me a lot that I could not be with my friends”, (Miel, 12); “I couldn’t join my parents in going to the supermarket

or strolling around”, (Miel, 12).

At their tender age, it is unfortunate that participants had difficult experiences. Whatever they have gone through, and are still going through, what they need is our assurance that we are there for them, that they “will be safe... there is a brighter tomorrow”, as Elizabeth expressed, “we’re going to take these experiences and use them in our future” (Swank et al., 2021).

It has been over three years since the pandemic shocked the world and its effects made a great impact on our lives. We experienced immeasurable personal loss, isolation from relatives and friends, online working and schooling, and the adverse effects on our mental health. It is said that the pandemic casts a long shadow, and unfortunately, it is the children who are so often the most vulnerable. Those children may be resilient, yet with COVID-19 and the other subvariants, children experienced negative emotions. The unhappy or sad events they recall may not be many, but still, these memories may pop up in their minds (including of those who cannot recall now) due to the ability to retain, rather than to form, an episodic memory; these memories are most relevant for understanding their childhood recollections (Amso, 2017; Scarf et al., 2013). Such could possibly happen to our participants when a similar disaster occurs, which we pray will never ever happen again; their episodic memory may come to consciousness. As pandemic stressors continue, children’s mental health needs to be addressed—at home, in school, during leisure time or play, and in every place where they stay and continue to grow. Let us fulfill our roles and do our best to make their growing years not only physically productive but healthy, safe, secure, and enjoyable. Banaag stressed, ‘with patience, empathy, understanding and unconditional support, it is possible to raise children to be emotionally resilient so they can withstand the stresses of modern life’ (Caruncho, 2019).

4.6. Mental Health

A whole gamut of studies on mental health exists but only a few are cited. Among Filipino children aged 5 to 15, 10 to 15 percent are affected by mental health problems (WHO, 2015). When COVID-19 was called a pandemic, Cucinotta and Vaneli (2020) showed that it has badly affected the mental health services in 93 percent (or 130) of countries worldwide thus, WHO called on world leaders “to move fast and decisively to invest more in life-saving mental health programmes during the pandemic and beyond”.

Malolos et al. (2021) showed that the COVID-19 pandemic has subjected the mental health and well-being of Filipino children to drastic conditions and the absence of unified and comprehensive strategies in mitigating this status. Mendoza and Dizon (2022) reported that among Filipinos, 35.89 percent exhibited moderate to severe anxiety symptoms during the COVID-19 pandemic.

Different factors contributed to the adverse effects on the mental health of the young, and a few are cited: Loads et al. reviewed 63 studies which employed observational, longitudinal, and cross-sectional methods found that fear and anxiety

of contracting the virus, the suspension of classes, the disruption of regular daily routine, and the decrease of social support from school peers, social isolation, and loneliness impact on the mental health of previously healthy children and adolescents (n = 51,576). Similarly, [Entringer et al. \(2020\)](#) found interrupted social interactions and missing friends, and shift to online classes ([Lee, 2020](#)). [Young Minds \(2020\)](#) reported that among the 2111 participants with a mental illness history in the UK, 83% said the pandemic made their conditions worse, 26% were unable to access mental health support, and peer support groups and face-to-face services have been cancelled. In the same vein, lockdown was reported by [Singh et al. \(2020\)](#), and [Egan et al. \(2021\)](#) showed missing care during the pandemic.

From 5828 retrieved articles, [Meherali et al. \(2021\)](#) did thematic analysis on 18 studies and reported that pandemics cause stress, worry, helplessness, and social and risky behavioral problems among children and adolescents. Their conclusion, that children and adolescents are more likely to experience high rates of depression and anxiety during and after a pandemic.

Conversely, it was found out that among participants who perceived no benefit from home quarantine, those who had discussions with their parents about COVID-19 experienced less depression, anxiety, and stress ([Tang et al., 2021](#)). They concluded that mental health problems and resilience co-existed in children and adolescents during the COVID-19 outbreak.

Other factors were found by [Maftei et al. \(2022\)](#) sadness and fear; diets, physical activity patterns and other daily habits; anxious, depressed, fatigued, and distressed ([Elharake et al., 2023](#)); perceived stress, increase in sadness, decrease in positive affect, and increase in COVID-19-related worry ([Xiao et al., 2023](#)); increase in depression and anxiety disorder diagnoses ([Kostev et al., 2023](#)). Separation from family ([Kluger & Singer, 2021](#)) can make one experience multiple emotions of grief, sadness, fear and anger (at the cause of sickness or death).

Later studies showed [Wasim et al. \(2023\)](#) who did a systematic review of fear, stigma, and mental health outcomes of pandemics, and the results showed that past epidemics and pandemics escalated stress, distress, anxiety, fear, and stigma that persisted in countries and communities. From among 6030 10-13-year-old children results suggested that experiencing financial disruptions was associated with increase in perceived stress, increase in sadness, decrease in positive affect, and increase in COVID-19-related worry was found by [Xiao et al. \(2023\)](#). Separation from family ([Kluger & Singer, 2021](#)) can make one experience multiple emotions of grief, sadness, fear and even anger (at the cause of sickness or death). While some participants still expressed some fear and feeling stressed in this follow-up, compared with our first exploration and above-mentioned studies, they have much less of these emotions.

Several participants recalled the adverse effects of the pandemic which are similar to those shown by the preceding studies; these may negatively impact their mental health in their stage of growth and development. The role of the home, school, and community to cushion the negative impact of the pandemic is the

theme of countless papers, investigations, conferences, and other functions. Hopefully, this study may add knowledge on Filipino children's experiences during the first wave to three years of the COVID-19 pandemic when it seemed to stay indefinitely.

5. Conclusions and Recommendations

The number of participants did not reach our goal. Nevertheless, the data answered our objectives: participants recalled and expressed their sentiments on the pandemic, and shared their activities, hopes, and experiences with the awareness that the pandemic is still around and its end is not in sight.

Participants appeared sad, scared, and angry during the pandemic in the first study, however, their expressions here showed otherwise, except for some. The shift to positivity may be due to their experiences, matured age and wisdom (Kluger & Singer), positive outlook towards normalcy, gratefulness for being alive (Kluger and Singer; Swank et al.), family relations (Oliveira et al., 2022), being relieved from the fatigue of pandemic prevention (Sun et al., 2022), and resiliency.

Our first study was a refuge from worrying about the pandemic but this one kept us catching up on many concerns, hence, it took a back seat. The general environmental conditions have improved, however, our main problem was the slow and meager returned questionnaires, and unanswered telephone calls and messages from parents. This project is unfunded.

The participants' time for the questionnaire appeared limited as shown by their brief and short responses, maybe their parents did not watch them like before; they were busy being back at school, re-bonding with friends, and other concerns. In the first study, participants wrote essays maybe because it was their first experience, and they were eager about the novelty of COVID-19. This seemed no longer the case now. The number of returned questionnaires came from a small group with brief answers, hence, no generalization of results can be presented. The environmental conditions prevailing during the two studies were unfavorable to generate more data.

With the least number of participants, the briefs of related studies from other places showed that generally, children of the same age group had similar experiences of fear, anxiety, (i.e., Kluger & Singer, 2021; Stoecklin et al., 2021) other emotions and hope. Hopefully, a bigger number of participant-children from the Philippines will be available for a comparative analysis of their experiences and sentiments of the COVID-19 pandemic with other children from different places.

On the flip side, our project is a novel one. We take pride that in the first, and this follow-up study we engaged with children to ensure that evidence-based responses were generated at the time the issue was current, thus, best serving its purpose and avoiding "data contamination".

Our study contributes to the research database on children and the COVID-19 pandemic to serve different professions, and a resource to develop programs, strategies, and interventions for harnessing children's skills and coping behavior

during unexpected occurrences.

Recommendations

The study hopes to encourage school children to write in their journals (Tams, 2020). In addition, conducting longitudinal trajectory research on youth well-being to determine the long-term mental health implications of the pandemic on youth mental illness is also recommended.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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