



LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD

WAVE 6
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 other agencies which funded the survey.

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EXECUTIVE SUMMARY

The Longitudinal Cohort Study on the Filipino Child (LCSFC) continues to be an important database for studying the well-being of the Filipino youth, as they transition from childhood to adolescence. Now at age 16 in the most recent LCSFC survey round featured in this report - Wave 6 conducted in 2022 - we learn new information about this cohort, particularly on their sexual reproductive health as some of them begin sexual activity, experience pregnancy or are more open about expressing their sexuality. The LCSFC data provide a unique opportunity to examine and identify vulnerabilities and potential risk factors that very young Filipino adolescents are exposed to, early enough for remedial actions or preventive measures to be taken before more serious consequences such as adolescent pregnancy, sexual abuse or other adverse problems related to sexuality can occur.

This important evidence-based resource can help the government and other stakeholders craft policies and programs to improve the well-being of young people and identify areas for intervention targeting the adolescents themselves as well as their ecosystem, which includes their households and communities.

CHAPTER 1

INTRODUCTION

Study description and objectives

The Longitudinal Cohort Study on the Filipino Child (LCSFC) tracks a nationally representative cohort of young Filipinos throughout the years coinciding with the Sustainable Development Goals' (SDG) implementation period (2015-2030). The LCSFC Baseline Study in 2016 recruited a sample of nearly 5,000 10-year-old children who will be tracked through age 24 by the Endline Study in 2030. The LCSFC observes important developmental changes and socio-demographic milestones in the lives of this cohort: as they go through the different pubertal stages, educational transitions from elementary to higher levels, labor force participation, engagement in social and romantic relationships, cohabitation/marriage and family formation. Most importantly, the study examines how the SDG generation, or the youth who transitions from childhood to young adulthood of working age as represented by the LCSFC cohort, is being primed on building up their human capital foundation through their exposure to programs aimed to achieve the SDGs. The capacity of this cohort to be productive as they reach young adulthood, as they maneuver through their important life course transitions, will be illustrative of the country's success towards meeting its SDG objectives. In a way, the cohort will serve as a "human face" of the success or failure of the Sustainable Development Goals in the Philippines.

The LCSFC has two objectives:

1. Contribute to the body of evidence on population dynamics and sexual and reproductive health and rights, with a special focus on the SDG related indicators.
2. Provide an evidence-based resource that will inform national policy making and development planning particularly on how the SDG agenda can contribute to maximizing the potentials of the Filipino youth.

Study team

The LCSFC is a research collaboration involving the leading demographic research institutions in the country. The USC-Office of Population Studies Foundation, Inc. (OPS) of the University of San Carlos in Cebu City is the study's main implementing agency. The OPS handles the overall planning, study design and implementation. Data collection operations across the country are handled by the Demographic Research and Development Foundation (DRDF) of the University of the Philippines, Diliman (Luzon); the Center for Social Research and Education (CSRE) of the University of San Carlos (Visayas); and the Research Institute for Mindanao Culture (RIMCU), of Xavier University in Cagayan de Oro City (Mindanao). The LCSFC team is joined by a group of consultants who are well-known experts in their respective fields: Dr. Alejandro N. Herrin (Policy Adviser), Dr. Erniel B. Barrios (Sampling and Statistical Consultant) and Dr. Delia E. Belleza (Psychologist Consultant).

Appendix 1 provides more information on the research institutions that are part of the LCSFC collaboration.

The LCSFC receives oversight from the United Nations Population Fund (UNFPA), the agency that originally conceptualized the entire project, and the Philippine Government, represented by the LCSFC National Steering Committee (NSC), composed of some of the leading government agencies working on the welfare of young people. The NSC is chaired by the National Economic Development Authority. The NSC has consistently provided valuable guidance to the LCSFC researchers in steering the study toward research areas that may yield maximum policy and programmatic gains. A full list of NSC members is found in Appendix 2.

Prior to the start of each survey round, a team from various disciplines such as nutrition, psychology, child labor, adolescent sexuality, adolescent welfare and rights, and

education is convened to review the survey instruments and research procedures, and provide useful inputs for improving the study.

The LCSFC Data Collection Structure and Consenting Procedures

Data collection for each full survey round consists of a household survey and a community (barangay) survey. To date, the LCSFC has conducted six full survey rounds and one supplemental survey (see Table 1.1).

Household surveys are done through in-person home interviews with the exception of the surveys done during the pandemic which were administered by phone (as described below). This module consists of a household questionnaire and two cohort or index child (IC) questionnaires (one administered by the interviewer; the other is self-administered). Until the IC reaches age 18, the household survey is administered to the IC's mother (or primary caregiver if the mother is not home at time of visit). Written consent forms are read to and signed by the household respondents and verbal assents are obtained from the IC prior to any interview. At age 18 and thereafter, the IC will be the main respondents (barring changes in data collection procedures), and will be consented directly. At the completion of the home visit, the household respondents and the ICs are given standardized tokens of appreciation for allocating time for the interview and assessments.

For the community survey, the respondents are mainly the Barangay Captain or any knowledgeable barangay official. For specific questionnaire modules (i.e., on community facilities), relevant key informants are interviewed.

Data collection during the pandemic. The Wave 4 data collection started in January 2020 and was mid-way when the pandemic hit the country. Thus, field operations had to be terminated in March, 2020, as communities started to lockdown due to increasing COVID-19 cases. This resulted in missing 38% of the Wave 4 target sample. In November 2020,

a brief tracking survey (Wave 4A) was done by phone to check on the status and whereabouts of the cohort. The data collection for Wave 5 in 2021 was initially designed to be conducted through home visits but was eventually administered as a phone survey given a surge in COVID-19 cases in the country (OPS, 2022). The community survey was not conducted in tandem with the household survey, given the COVID-19 conditions in the community. The community survey (Wave 5A) was eventually conducted from March to May of 2022 when the LCSFC was cleared to conduct field operations once again.

Table 1.1. LCSFC Survey Timelines and Sample Sizes

Surveys (data collection period)	Mean Age/ Grade level	Sample sizes (retention rates)
Wave 1 (Baseline; Nov 2016-Jan 2017)	10.5/ Gr. 4-5	4,952
Wave 2 (Feb-May 2018)	11.8/ Gr. 5-6	4,734 (95.6%)
Wave 3 (Jan-Jun 2019)	12.8/ Gr. 6-7	4,662 (94.1%)
Wave 4 (Jan-Mar 2020)	13.7/ Gr. 7-8	3,079 (62.2%)
Wave 4A (Supplemental phone survey; Nov 2020)	14.4/ Gr. 8-9	3,182 (64.3%)
Wave 5 (Phone survey; Jun-Aug 2021)	15.0/ Gr. 8-9	4,195 (84.7%)

Source: OPS, 2023

LCSFC Wave 6

This current report discusses the procedures in conducting Wave 6 of the LCSFC which was conducted from October to December of 2022. Key findings on the cohort, at age 16, are also presented. Given that Wave 5A was conducted within the same year as Wave 6, no community survey was conducted for this survey round.

CHAPTER 2 WAVE 6 SURVEY SAMPLE

2.1 Survey Sample and Inclusion Criteria

The LCSFC Baseline Survey (Wave 1, 2016) recruited a sample of 4,952 ten-year-old children which was representative of all Filipino children of that age in 2016, across Luzon, Visayas and Mindanao. At baseline, the sample proportions by island group were 53.8% for Luzon, 19.6% for the Visayas, and 26.6% for Mindanao, reflecting the proportions relative to population size of the approximately 2.1 million ten-year old Filipino children in these various domains at the start of the study (OPS, 2018). The LCSFC findings are not representative at levels of aggregation lower than the major island groups. The baseline sample sizes of the different units of analysis, stratified by domain (island group), are in Table 2.1. Previous LCSFC reports have also described the characteristics of the children and their households at various survey rounds (see OPS, 2018, 2019, 2020, 2021).

Table 2.1 Wave 1 sample distribution by domain

Survey statistics	Luzon	Visayas	Mindanao	TOTAL
Sample barangays, n	115	115	115	345
Households interviewed, n	1,618	1,639	1,695	4,952
Index children (10-year old sample) interviewed ^a , n	1,600	1,639	1,688	4,927
Population of 10-year old children per domain ^b in 2016, n	1,134,854	414,228	561,308	2,110,179
Weighted proportion of sample across domains, %	53.8%	19.6%	26.6%	100.0%

^aThere were 25 index children not interviewed but with household interviews: 8 were with disabilities and incapable of being interviewed and 17 either refused to be interviewed (but parents consented to participate in study) or were not available for interviews]

^bEstimated based on the population of 9-year old children in 2015 Census Survey (age 10 in 2016)

Source: OPS, 2018

Wave 6 Recruitment:

The sampling frame for Wave 6 was the baseline sample with the exception of the IC whose household opted to drop out of the study (n=1) and the ICs who were reported to have died by the prior survey (n=9). The same recruitment criteria of all prior follow-up surveys (Waves 2-5) were observed for this survey round: a) ICs residing in the same

municipality or city (sample areas) where they were interviewed in the last survey they participated in; b) those who moved out of the sample areas to a municipality/city adjacent to their prior address; c) those who moved to another sample area anywhere in the country where a field team could conduct the interview; and d) those who moved to any other area where follow-up was deemed logistically feasible.

2.2 Sample coverage and attrition

Over time, some sample households have moved to barangays other than the baseline barangay. Table 2.2 shows that the barangay coverage for the study increased in the first three survey rounds, from 345 sample barangays in the baseline survey to 483 barangays in Wave 3. In Wave 4, because of the truncated data collection period during the pandemic, only 385 barangays were covered. The Wave 4A and Wave 5 phone surveys covered information for IC households in 537 and 555 barangays respectively. By Wave 6, which was the first survey done through home visits since the pandemic, the coverage increased to 752 barangays.

Table 2.2 also presents information on the increasing coverage of the study in terms of the number of municipalities, and provinces. This increasing coverage reflects the ability of the LCSFC team to follow up the original sample even those who have changed addresses over time. As reported in Table 1.1 and shown in Table 2.2, participation rates decreased in the surveys conducted during the pandemic. However, by Wave 6, the study managed to interview 4,487 IC households or 90.6% of the baseline sample. The retained sample size is within the estimated number needed to achieve the target endline sample of 2,000 households by 2030 (OPS, 2018).

Table 2.2 Waves 1-6 sample distribution and area coverage by domain

Survey statistics	Luzon (n)	Visayas (n)	Mindanao (n)	TOTAL (n)
A. Sample area coverage				
A.1 Number of barangays:				
Wave 1	115	115	115	345
Wave 2	141	141	132	414
Wave 3	143	162	178	483
Wave 4	124	135	126	385
Wave 4A	180	151	206	537
Wave 5	188	163	204	555
Wave 6	255	225	272	752
A.2 Number of municipalities covered in each wave:				
Wave 1	74	84	85	243
Wave 2	82	94	86	262
Wave 3	80	102	99	281
Wave 4	60	78	54	192
Wave 4A	99	97	107	303
Wave 5	100	98	108	306
Wave 6	122	120	123	355
A.3 Number of provinces covered in each wave:				
Wave 1	15	14	25	54
Wave 2	19	15	25	59
Wave 3	18	16	25	59
Wave 4	14	11	16	41
Wave 4A	20	15	26	61
Wave 5	20	15	26	61
Wave 6	21	15	26	62
A.4 Number of regions covered in each wave:				
Wave 1	5	3	6	14
Wave 2	8	3	6	17
Wave 3	6	3	6	15
Wave 4	6	3	6	15
Wave 4A	7	3	6	16
Wave 5	7	3	6	16
Wave 6	7	3	6	16
B. Number of households interviewed:				
Wave 1	1,618	1,639	1,695	4,952
Wave 2	1,492	1,610	1,633	4,735
Wave 3	1,450	1,595	1,618	4,663
Wave 4	935	1,281	863	3,079
Wave 4A	1,025	1,028	1,129	3,182
Wave 5	1,335	1,492	1,368	4,195
Wave 6	1,414	1,530	1,543	4,487

The relatively high follow-up rate can be mainly attributed to the continued dedication, commitment, patience, perseverance and resourcefulness of the LCSFC survey teams,

amidst the still present threat of the COVID-19 pandemic and other difficulties encountered in the field. Table 2.3 shows that attrition (n=465; 9.4%) is mostly due to outmigration (34.6%) which is also the case in prior in-person surveys (Waves 2 and 3). About 20% have moved to unknown addresses. The refusal rate has increased to 22% from 6% in the Wave 5 phone survey (OPS, 2022) or from 16% from the last in-person survey in Wave 3 (OPS, 2020). The soft refusals by way of non-response to scheduling calls or texts or being unavailable is at 19% (the rate was 21% in Wave 3).

The longitudinal survey participation rates shown in Table 2.4 indicate that, almost halfway through the 15-year study period, the LCSFC has complete data to date for about 40% of the baseline sample or that about 71% are with data for at least 6 survey rounds.

Table 2.3. Wave 6 Attrition Profile by Island Group^a

Reasons for attrition (n= 465 out of 4,952):	Luzon n=1,618 at baseline	Visayas n=1,639 at baseline	Mindanao n=1,695 at baseline	TOTAL n=4,952 at baseline
Outmigration (household moved to address out of recruitment area ^d)	46	40	75	161 (34.6%)
Household has moved, new address unknown	42	26	27	95 (20.4%)
No response to follow calls/text messages for interview scheduling (soft refusal)	56	20	13	89 (19.1%)
Refused interview	57	20	25	102 (21.9%)
Dropped out of study	1	0	0	1 (0.2%)
IC died	5	6	6	17 (3.7%)
Total attrited in Wave 6	207	112	146	465

^a Stratified by island groups at baseline

Table 2.4. Survey Participation Patterns to Date (Waves 1- 6) by Island Group^a

Participation patterns in 7 survey rounds (Waves 1-4, 4A-6 ^b)	Luzon n=1,618 at baseline	Visayas n=1,639 at baseline	Mindanao n=1,695 at baseline	TOTAL n=4,952 at baseline
1. In all 7 surveys (Waves 1-4, 4A-6)	562	822	587	1,971 (39.8%)
2. In all 6 full surveys (Waves 1-4, 5-6)	139	319	94	552 (11.1%)
3. In 6 surveys (excluding #2)	355	192	463	1,010 (20.4%)
4. In 5 surveys	313	207	326	846 (17.1%)
5. In 4 surveys	122	58	151	331 (6.7%)
6. In less than 4 surveys	127	41	74	242 (4.9%)

^a Stratified by island groups at baseline

^b In all 7 surveys: 6 full surveys and 1 tracking survey (Wave 4A)

^c Prior to conducting home visits, the last household respondent surveyed is called on the phone or sent text messages. If no contact is established, the household’s last address is visited.

^d Households considered out of coverage or recruitment area are those who moved to a municipality/city that is different from and not adjacent to previous survey address and not feasible for any of the field teams to visit (Read Wave 6 recruitment in Chapter 1).

2.3 Representativeness of the Wave 6 sample

To adjust for attrition or to the loss of cases due to various reasons, sampling weights were adjusted and applied to the Wave 6 datasets (Appendix 3 gives more details on the survey sampling design and the sample weights). The adjusted weights were applied to the Wave 6 households which remained in the baseline domain (whether still living in the same baseline barangay or have moved to another barangay within the same domain).

CHAPTER 3 WAVE 6 DATA COLLECTION AND PROTOCOLS

3.1 Recruitment and hiring of field interviewers

As in prior LCSFC surveys, the partner institutions specifically, the Demographic Research and Development Foundation (DRDF) for Luzon and Research Institute for Mindanao Culture (RIMCU) for Mindanao, took charge of recruitment and hiring of field personnel for their respective areas. The USC-Office of Population Studies Foundation, Inc. (OPS) recruited and hired office and field personnel for monitoring and for Visayas data collection. In recruiting personnel, past fieldwork experience in any of the LCSFC surveys, either as a team leader or interviewer, was given preference.

3.2 Survey training

For this wave, the survey training was conducted from August 22, 2022 to September 16, 2022, wherein a ten-day long training was allotted for each domain. All project personnel, including the management, coordinators, monitors, research assistants, and field teams participated in the training sessions. Training sessions were conducted through a combination of virtual (Zoom) and in-person modalities and were divided into two sets:

(1) the first five days covered survey-related topics such as project overview, fieldwork protocols, relevant policies, and the concepts and flow of the questionnaires/forms from screening, consenting to the main interviews (household respondent (HR) and Index Child (IC)). This set was facilitated virtually by the OPS LCSFC Study Team. In addition, the psychologist consultant, Dr. Delia Belleza, reviewed the concepts of Psychological first aid and other relevant approaches that can be employed during fieldwork when necessary.

(2) the next five days covered anthropometric (weight and height) measurements training and Computer Assisted Personal Interviewing (CAPI)-related training activities such as CSEntry (US Census Bureau, 2020) installation, program use and update, and data transmission, among others. This set was conducted through a combination of in-person and virtual modalities. Domain project personnel and field interviewers gathered in-person in a training venue facilitated by the CAPI consultant (in-person) and OPS team (mostly virtual). The OPS programmer and anthropometry trainer joined the Visayas training in-person.

For the anthropometric measurements, Luzon and Mindanao domains sent three representatives each to OPS in Cebu for an in-person two-day training facilitated by the OPS anthropometry trainer/expert, Ms. Nikola Mae Belarmino. This “Training of Trainers on Anthropometry”, conducted separately for each domain, was done prior to the domain’s training schedule on August 17-18, 2022 for Mindanao and August 31-September 1, 2022 for Luzon. The trained representatives assisted Ms. Belarmino (who facilitated the training virtually) in training the rest of the field personnel in their respective domains. For the Visayas, Ms. Belarmino oversaw the training for anthropometric measurements. Since new modules/questions were introduced in this Wave, pre-tests were conducted for these items.

Constant communications with the teams were done via Facebook Messenger (chat groups). Several meetings, including recap meetings, were done between the end of the main training sessions and prior to the start of data collection.

Sequence of training was as follows:

Mindanao: 24 interviewers on August 22 - September 2, 2022

Retraining/Recap on: October 1, 2022

Visayas: 20 interviewers on August 29 – September 9, 2022

Retraining/Recap on: October 11, 2022

Luzon: 24 interviewers on September 5-16, 2022

Retraining/Recap on: October 5, 2022

3.3 Data collection

After the initial 10-day training, comments and observations raised during the training were incorporated to the final questionnaire, and programming adjustments were carried out accordingly. As soon as the approval notification from the Single Joint Research Ethics Board (SJREB) to conduct the Wave 6 Survey was received on October 3, 2022, courtesy calls to city/municipal and barangay officers were conducted. Tracking and home visits for in-person data collection commenced on October 10, 2022 in Luzon, October 12, 2022 in the Visayas, and October 17, 2022 in Mindanao. For the interviewer to go through and get used to the flow of the interviews and assessments, pen-and-paper interviewing was employed for the first two barangays. CAPI was then used for the rest of the interviews and assessments. Data collection ended on December 23, 2022.

Data collection method

The Wave 6 surveys employed face to face, computer-assisted personal interviewing (CAPI). The CAPI components were collected and managed using CSEntry, a secure, web-based software platform specifically designed for surveys using tablets. The interviewers and team leaders were trained in the implementation of the CAPI survey. They were also trained on how to securely transfer the data from the tablets to the secure cloud-based data repository maintained by OPS.

As decided by the project team, no community survey was conducted for Wave 6. A community survey (Wave 5A) was conducted several months prior to Wave 6 .

3.4 Tracking protocol

The Master list. The survey team kept a master list containing the names of the ICs and household respondents (HR), together with their contact numbers and other relevant identifying information. These were sensitive information, and all research staff were trained to keep these and all personal information confidential. Furthermore, all the survey staff were required to sign the OPS Data Confidentiality Agreement (this can be found in Appendix 4 of this report).

Each interviewer conducted a household visit, and ascertained the identity of the survey respondents using the contact information from the master list. Only after the respondent's identity is established could the interview continue. If the respondent's identity could not be established, the interviewer has to report the matter to the domain-based research centers and to OPS for further assessment.

Tracking protocol. Tracking and locating the IC and his/her current household were done through phone calls and verified by household visit. The interviewer determined whether the IC and his/her mother or caregiver in the earlier surveys were still living together (co-residing) in the same household or whether the IC was no longer living with the previous household respondent. In the latter case, a new household respondent is selected following the eligibility criteria.

Phone Tracking. In tracking by phone, calls were made to all the listed households of the living index children, using the most recent contact numbers obtained in previous surveys. After achieving contact, the current address of the IC was noted down and an eligible household respondent was selected. The Wave 6 survey sought to obtain information from the eligible household respondent, and from the IC in the household where he or she currently belonged.

For respondents who could not be tracked or scheduled for an interview, for whatever reason, the interviewers filled out an attrition form. For outmigrants to other domains (e.g.,

those originally from Visayas who migrated to Mindanao), the address of their new location and contact information would be noted by the interviewers if these were available, and these would be reported to OPS. The OPS staff, together with the research partner institution in the domain of origin, assessed whether the outmigrants could still be possibly tracked in the domain of his or her destination. An arrangement would be made with the collaborating research center in the destination domain, who would do the tracking and interviewing of the outmigrant IC and his/her present household.

3.5 Survey components¹

Consenting process

The interviewers were trained to read the consent or assent form word for word to the survey respondent, after respondent's identity had been verified. Even by Wave 6, when many of the respondents could be expected to be already familiar with the study, there was still the need to explain the details of the present data collection to the respondents, without any exception. This is to get the respondent's consent/assent for the conduct of the face-to-face interview.

Interview components

In Wave 6, the interview was conducted through computer-assisted personal interviewing (CAPI) where the interviewer made a home visit and interviewed the respondent using a tablet computer to input and store the responses. The Wave 6 household questionnaire included modules on household information, child schooling, food insecurity experience, access to facilities and commercial establishments, pregnancy history, family planning, violence in the household or neighborhood, household morbidity and health care, psychosocial health and social media. The child interview gathered information on schooling and aspiration, values, religiosity, happiness, bullying, internet and social media

¹A list of all the variables collected in each survey wave is available upon request.

use, work experience, marriage/ cohabitation, family planning, nutrition, WASH, disability, and anthropometry. Sensitive topics in the self-administered questionnaire answered by the child included non-sexual and sexual risky behaviors, violence, and SOGIE (sexual orientation, gender identity and expression).

At the end of the face-to-face interview, the respondents were provided with tokens, the value of which corresponded to the estimated amount the respondents' opportunity cost (what they would have earned had they not spent time for the interview).

Monitoring

Wave 6 monitoring activities were done by the OPS staff, the CAPI consultant, and by the domain research investigators, coordinators and monitors. The monitoring activities included reviewing and correcting possible errors in protocols, debriefing the field staff, and assisting in the CAPI implementation. Monitoring was done through in person spot-checks and observations, calls/chats and checking of transmitted data. Coordinators regularly updated the management of the status of fieldwork, and OPS assisted the domain partners with regard to issues that arose in the conduct of field data collection for Wave 6.

Debriefing

The domain research partners conducted debriefing meetings in their respective areas. These meetings allowed interviewers to share their observations and experiences in the field, including the learnings from the field, and the challenges that they encountered and how they addressed these challenges. Information from the debriefings help improve the implementation of succeeding survey waves. Debriefing meetings in Luzon, Visayas and Mindanao were held in December 2022.

3.6 Ethics review

The ethics review for the Wave 6 survey round was handled by the Single Joint Research Ethics Board of the Department of Health. The SJREB Certificates of Approval, approved consent forms and IC assent scripts are in Appendix 5.

3.7 Data collation, processing and documentation

For the Wave 6 survey round, the individual and household interview data were encoded through the CSEntry application in the interviewers' tablets. The data from the tablets were sent to the project's secure Dropbox (a file-hosting service operated by Dropbox, Inc. that offers cloud storage and file synchronization), managed by the OPS staff and the CAPI consultant, Mr. Leo Ocampo. They monitored the integrity and completion of the electronic data transmitted from the field interviewers.

Validations with previously collected data were done to check possible inconsistencies. These validations started as soon as the first few interviews were transmitted from the field. The tracking and interview summary reports were regularly sent to the coordinators. Team leaders and interviewers were contacted for validation when necessary. As soon as all interview data had been synced, survey counts were summarized and were prepared for weights calculation. Additional cleaning, recoding, coding of non-numeric text (string) responses, and analyses of data followed.

3.8 Problems encountered in the Wave 6 survey implementation

Most of the sample households/respondents welcomed the field teams. Rapport and trust have been established given the same field teams since baseline (2016). Nonetheless, as expected in research activities, there were challenges encountered.

The following were the main challenges and difficulties experienced during data collection:

- *Scheduling of interviews.* Most of the ICs were in school during data collection, thus presenting a challenge to field interviewers as regards to the timing of interviews. The interviews for the IC alone took about an hour. Same challenge with the working mothers or caregivers. A significant number of interviews were conducted in late afternoon/evening or very early in the morning.
- *Phone numbers changed/cannot be contacted.* This presented a challenge in initial tracking and setting appointments for interviews/home visits.
- *Change in address/location.* Movement outside of the municipality of the sample barangay (or neighboring areas) and movement to unlocated locations were the most common reasons for attrition in this survey. Quite a number of households moved with no exact address or contact number left or could be gathered from previous neighbors/ informants. Another challenge was the demolition or relocation of entire areas where sample households resided. Though the relocated households were tracked, additional time and resources were needed. Even following-up the households that moved within same municipality or neighboring municipality, incurred higher transportation expenses and extra time.
Change in household or structure. As the IC became older, a number of them have moved to different households for various reasons such as schooling, marriage/cohabitation, or work. Though older, they remain as minors, thus consent from parents/caregivers/responsible adults were still necessary but sometimes difficult to obtain. In addition, though OPS provided guidelines, a few household structures or situations presented a challenge on who best to interview for the household questionnaire. These had to be dealt with in a case-to-case basis.
- *Higher transportation and living costs.* Significantly higher transportation costs were observed in this wave, some fares more than doubled that of the last in-

person survey. The increase in the movements of households/respondents added to the higher transportation costs. Living expenses for field staff, such as accommodation and food, were also reported to have substantially increased.

- *Length of the questionnaire.* Some respondents commented on the length of the questionnaires and assessments. A number of modules or questions were added in this Wave, especially for the IC. Some questions, though pre-tested, need to be reviewed further.
- *Bad weather.* Heavy rains and typhoons delayed schedules and presented risks to fieldwork. Flooding and landslides trapped some teams and slowed down data collection activities.
- *Slow/Unstable/Unavailable internet connection in some areas.* This presented a challenge in program installation, updating and data transmission (syncing).
- *Data collection tool (Tablets).* Some survey tablets had frequent issues during data collection (e.g., “hang” or “freeze”). These tablets (2015 and 2019 models) will need to be upgraded or replaced with higher models to keep up with the CSEntry (data entry) upgrades. Some tablets were replaced to resolve issues.
- *Others.* A caller, claiming to be connected to the LGU, questioned data collection in an area in Luzon. Though the coordinator was able to respond to the caller’s queries, the conversation caused anxiety to the coordinator and team, fearing safety risks.

CHAPTER 4

SELECTED KEY FINDINGS: PROFILE OF THE FILIPINO ADOLESCENT AT AGE 16

4.1 Household and IC Characteristics at age 16

Table 4.1 shows the household characteristics and basic profile of the cohort or IC at Wave 6. Just like all the other waves, the main household respondent, across all island groups, was the mother. In her absence the most identified primary caregiver/household respondent were the fathers and grandparents. There were 17 cases where the IC was the main respondent in the absence of a mother or adult primary caregiver in the household at the time of survey. For such cases, the nearest relative (usually, living next door) was asked for informed consent.

There were significantly more urban households in the sample and in Luzon and Mindanao. The average household size was 6 persons, and slightly below half of all households (45.09%) were beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps), the conditional cash transfer program of the government. It was observed that there were significantly more 4Ps households in Mindanao and Visayas compared to Luzon.

In Wave 6, about 96.1% of the children were enrolled in school, which was about the same proportion as in Wave 5 but a bit lower compared to Wave 3 and Wave 4A (both at around 97%). Majority of the children were already in Grade 11 (58.08%) and in Grade 10 (28.14%).

Table 4.1 Basic characteristics of index children at Wave 6[#]

Characteristics	Luzon	Visayas	Mindanao	ALL
Age in years,n	16.40	16.44	16.39	16.40
Males,%	54.17	50.01	52.96	53.02
Main household respondent ^{***} , %				
IC himself/herself	0.89	0.00	0.43	0.59
Mother	71.49	75.47	71.05	72.16
Father	8.78	9.75	9.20	9.08
Grandparent	10.78	7.81	7.75	9.39
Aunt/uncle	1.70	3.01	3.92	2.55
Sibling	3.27	2.42	4.54	3.44
IC's spouse	0.39	0.12	1.34	0.59
Other household members	2.71	1.42	1.76	2.21
Rural/urban stratum of IC household's barangay (based on 2015 CPH) ^{**} , %:				
Urban	60.46	36.60	53.65	53.92
Rural	39.54	63.40	46.35	46.08
Household size [*] , n	5.93	6.11	6.18	6.08
4Ps beneficiary household ^{***} , %	37.29	52.37	55.28	45.09
Currently in school,%	95.86	97.12	95.42	96.09
Current grade (if in school),%				
SPED Elementary, undergraduate	0.03	0.00	0.05	0.03
K12- Grade 1	0.00	0.00	0.05	0.02
K12- Grade 2	0.00	0.16	0.00	0.05
K12- Grade 4	0.14	0.08	0.05	0.10
K12- Grade 5	0.16	0.21	0.03	0.14
K12- Grade 6	0.46	0.19	0.46	0.38
K12- Grade 7	1.06	1.02	3.07	1.66
K12- Grade 8	1.84	2.29	4.05	2.65
K12- Grade 9	5.69	5.39	9.14	6.65
K12- Grade 10	28.52	26.55	29.18	28.14
K12- Grade 11	59.81	61.89	52.11	58.08
K12- Grade 12	1.14	1.43	0.98	1.18
K12- ALS	1.14	0.79	0.83	0.94
	(n=1,360)	(n=1,474)	(n=1,431)	(n=4,265)
N (IC)	1,424	1,532	1,505	4,461
N (MOM/CAREGIVER)	1,398	1,517	1,536	4,451

[#]Weighted results presented as percentages or mean ± standard error (SE). Tests for significant differences in weighted proportions and means were based on Pearson chi-square test for independence and adjusted Wald test respectively. *p<.05, **p<.01, ***p<.001

4.2 Internet and Cellphone Use

Vividly illustrated in Figure 4.1 is the increasing access to the internet and cellphone ownership among the ICs as they got older. By Wave 6 or at age 16, the proportion of those who used the internet more than doubled, and those who owned cellphones more than tripled, since the beginning of the study in 2016. These are indicative of the importance of the internet and having cellphones in the lives of young Filipinos, whether for school, social or other purposes. The proportion of the cohort playing online games was highest in Wave 1 at age 10, and considerably reduced in the last three waves. The reason for this is not yet clear. Reported ownership of email account, which might also be related to online gaming, decreased in Wave 5, but bounced back a bit by Wave 6. These fluctuations merits further analysis.

Figure 4.1 Internet and cellphone use (Waves 1-6)

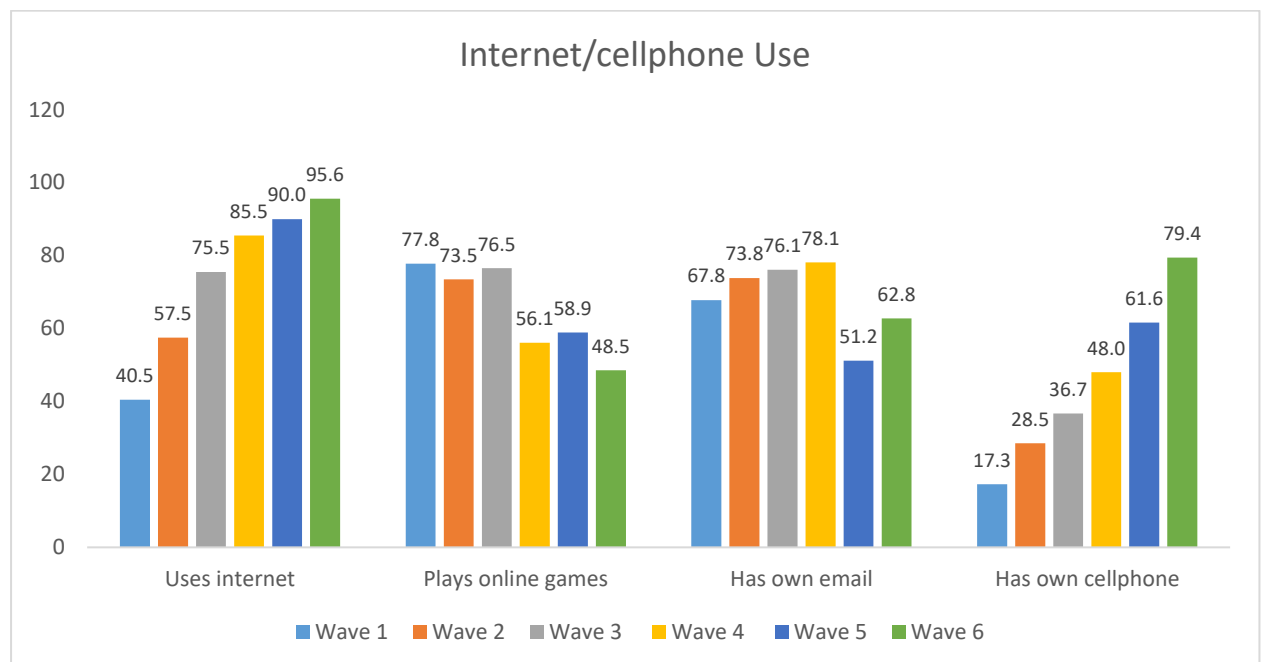


Figure 4.2 shows that cellphones were mostly used for social media, followed by research or doing assignments in school. When their online activities were assessed (done through the computer, cellphones or other devices), Figure

4.3 shows that social media remained top in the list of activities, and that the males were more into playing online games while the females were more online doing research.

Figure 4.2 Top uses of cellphones by age 16

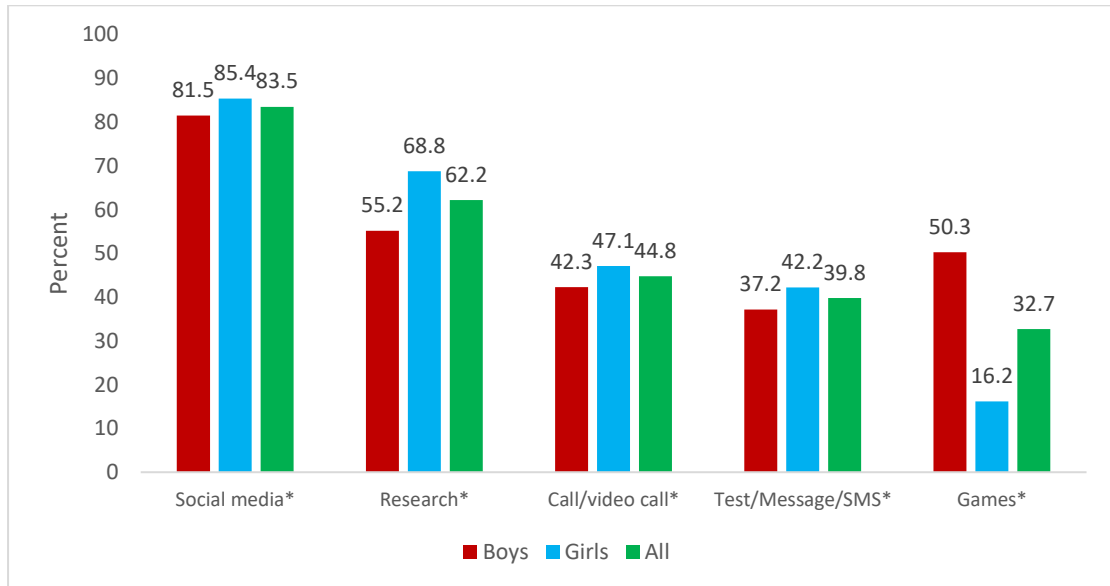
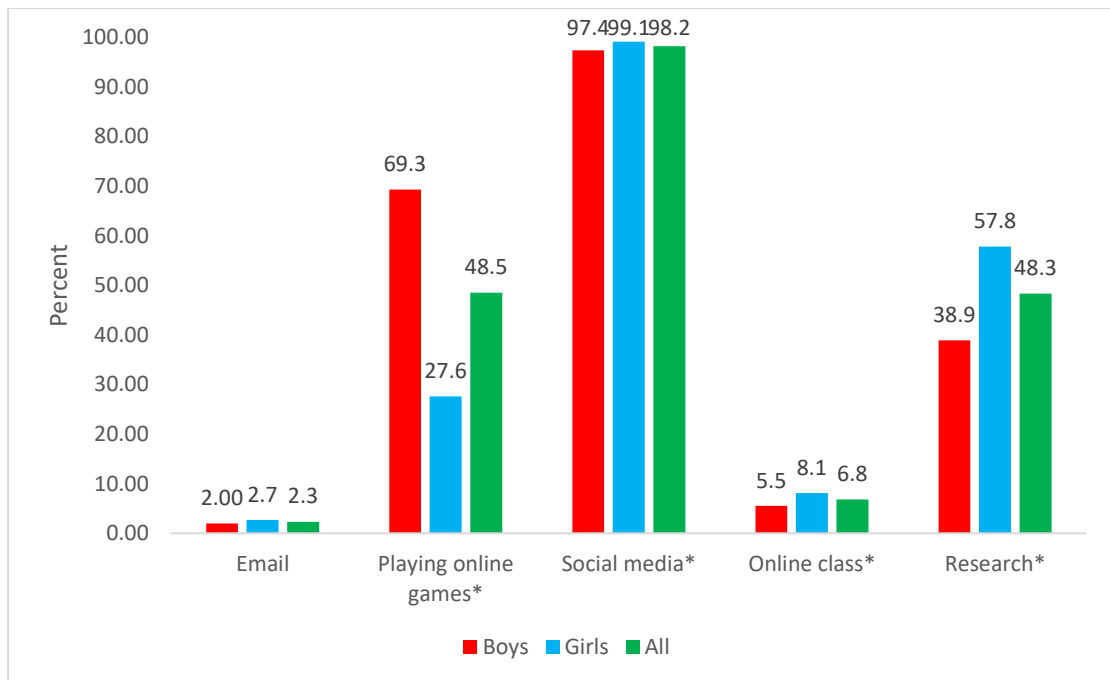


Figure 4.3 Online activities by sex by age 16

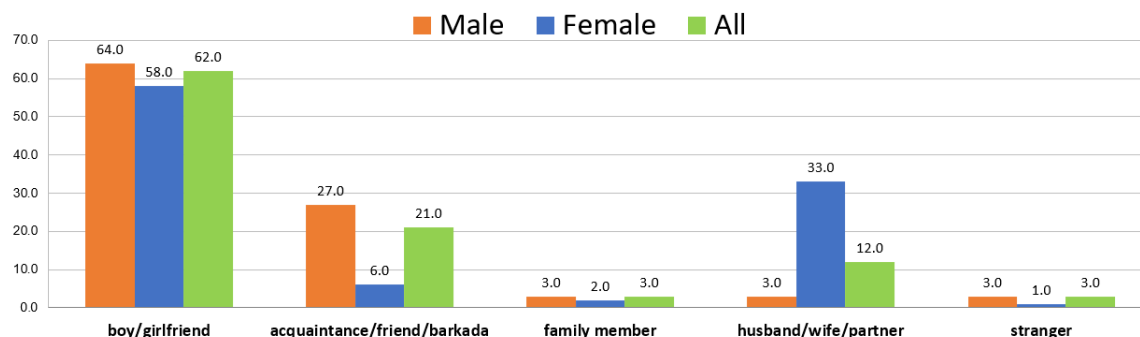


4.3 Sexual Activity

By Wave 6 or at age 16, about 7.5% (n=335) of the cohort reported having ever experienced sexual intercourse, with a higher proportion observed among males (10.6%) compared to females (4.4%). Of those who have already initiated sexual intercourse, slightly more than a quarter (26%) had first sex between ages 7 and 14, and the rest (74%) at ages 15-16. The mean age at first sex was 14.6 years old. These statistics provide important evidence of early sexual activity in a nationally representative cohort of adolescents in the Philippines.

Figure 4.4 describes their first sexual partner. For the majority, the first sexual partner were that their boyfriend/girlfriend (62.0%). The other most cited partners were their current acquaintance/friend/barkada (21.0%) or their current husband/wife/partner (12.0%). It is disturbing however, that a few described having first sex with a stranger (3.0%) or a family member (3.0%). It is significant that the female adolescents were significantly more likely to report having sex with the person who was now their current cohabitational/marital partner compared to the males (33.0% vs. 3.0%; data not shown).

Figure 4.4 First sexual partner (n=335)



4.4 Forced sex

Those who had ever experienced sexual intercourse were further asked "Have you ever been forced to have sexual intercourse against your will?". Out of 335 ICs who have initial sexual intercourse, 69 responded "Yes." When cross-checked against their answers on "What made you do it? [Had first sex]", however, 46 out of the 69 who said "Yes" did not explicitly mentioned being forced, implying that adolescents may not always clearly discern whether they are being forced into having sex or not. This should be considered in interpreting the forced sex data from the cohort.

Among those who said Yes (had "forced sex"), the mean age at first forced sex was 15.0 years, and the range of age at first forced sex was from 7 years old to 16 years old. The person who forced them into sex were mostly their boy/girlfriend, barkada, or an acquaintance.

4.5 Contraceptive use at first sex

Only 35% used contraceptive protection in the first sexual experience (38% males, 27% females). Among those who did not use any protection (n=218), 59% said they were unprepared at the time of first sex. Table 4.2 shows the type of contraception used at the time of first sex. The most usual method

used was condom (70.9%), followed by pills (15.4%). Among those who used condoms at sexual initiation (n=83), the main sources of information on condoms were family (37%), classmates or friends (29%), and internet or social media (19%). For the main sources of supply of condoms, the most usual sources were the health center (31%) and the pharmacy (31%) (data not shown).

Table 4.2 FP method used at sexual initiation

FP method used at sexual initiation	Number	%
Condom	83	70.9
Pills	18	15.4
Withdrawal	7	6.0
Other methods	9	7.7
Total	117	100.0

4.6 Pregnancy and Fertility

In this survey, we also asked about ever being pregnant among females and for males, if they had ever gotten someone pregnant (Table 4.3). A substantial proportion of the females reported ever being pregnant (60.4%). The mean age at first pregnancy was 15.3 years old.

Among the sexually-initiated males, only 15.6% reported ever gotten someone pregnant, and the mean age of experiencing this was 14.4 years old.

Table 4.3 Pregnancy experiences among those who have ever had sex*

CHARACTERISTICS	BOYS	GIRLS
Ever been pregnant	NA	60.4
Ever gotten someone pregnant	15.6	NA
Age at first pregnancy experience, in yrs	14.4	15.3
No. of times got pregnant or got someone pregnant, median	1	1
N	238	96

*With 1 missing case

Comparing those with pregnancy experience (having been pregnant or having gotten someone pregnant) and those without pregnancy experience by age 16 (Table 4.4), the study found that there were no significant differences by rural/urban stratum or by island group, but females were more likely to report pregnancy experience (2.7% vs. 1.6% for males). We also found that those who were on-track with schooling (meaning were enrolled in age-appropriate grade levels and never missed a school year) had significantly lower proportions with pregnancy experience compared to those who were off-track.

Table 4.4 Comparing those with pregnancy experience and those without pregnancy experience by age 16 (n=4,442)

CHARACTERISTICS	With preg experience (%)	Without preg experience (%)
By sex*:		
Male	1.6	98.4
Female	2.7	97.4
By stratum:		
Urban	2.2	97.8
Rural	2.1	98.0
By island group:		
Luzon	1.8	98.2
Visayas	2.0	98.0
Mindanao	2.6	97.4
By age-appropriate grade levels (at age 15)*:		
On-track	1.4	98.6
Off-track	5.8	94.2

By Wave 6, it was still too early to engage in a study of fertility in the cohort since they were only 16 years old and very few of them could have given birth to a child. There were a few children, however, who had undergone a pregnancy experience, and we looked at the outcomes of these pregnancies. Table 4.5 shows the pregnancy outcomes among the few females who had experienced pregnancy and for whom we had data (n=58). The majority of these (n=55) only had experienced a single pregnancy, and most (n=35) had a single live birth, while the others were still currently pregnant at the time of the interview (n=16), and a few had suffered miscarriage (n=4). Two females had already experienced two pregnancies : one had successfully two live births, while the other one had one live birth and currently pregnant at the time of the interview. One female IC had already experienced 3 pregnancies (by age 16) with no successful childbirth: the first pregnancy ended in abortion, the second in miscarriage, and the third ended in stillbirth.

Table 4.5 Pregnancy outcomes

PREGNANCY OUTCOMES	COUNT
<i>Among those with first pregnancy only (n=55):</i>	
Still currently pregnant	16
Single live birth	35
Miscarriage	4
<i>Among those with two pregnancies only (n=2):</i>	
Single live birth (first) + single live birth (second)	1
Single live birth (first) + currently pregnant (second)	1
<i>Among those with three pregnancies only (n=1):</i>	
Abortion + Miscarriage + Stillbirth	1
TOTAL	58

4.7 Sexual Orientations, Gender Identities and Expressions (SOGIE)

Wave 6 included several questions about the IC's sexual orientation, gender identity and expression. One question asked "To whom have you felt sexually attracted?". The answers to these questions are shown in Table 4.6 and shows that about a tenth (10.52%) expressed that they had never felt sexually attracted to anyone, male or female, while more than ten percent (13.0%) answered "Don't know", perhaps an indication of a certain vagueness of sexual orientation by age 16. Majority of boys (68.2%) expressed that they were sexually attracted only to women, never to men, although about 4.1% said that they were attracted to men (same sex) and never to women, and 6.6% professed that they were sexually attracted to both men and women. Among females, about 52.0% said they were sexually attracted only to men, never to women, but some 16.1% said they were sexually attracted to both women and men, and 6.0% said they were sexually attracted only to women, never to men. These results indicated that significant proportions of adolescents cohort ICs experienced some vagueness, fluidity, or non-conventionality in terms of sexual orientation, at around age 16.

Table 4.6 To whom does IC felt sexually attracted to (at age 16)

	Male		Female		All	
	Count	Percent	Count	Percent	Count	Percent
Don't know	285	12.58	293	13.36	578	12.97
Only to women, never to men	1,544	68.17	132	6.02	1,676	37.60
Both to women and to men	150	6.62	353	16.10	503	11.28
Only to men, never to women	92	4.06	1,140	51.98	1,232	27.64
Never felt sexually attracted to anyone	194	8.57	275	12.54	469	10.52
TOTAL	2,265	100.00	2,193	100.00	4,458	100.00

During the survey, the term transgender was explained to the IC as having gender identity and/or expression that differed significantly from what was expected of people in the culture based on their sex assigned at birth. When asked (in a self-administered questionnaire) whether he or she considered himself/herself as transgender, the majority (82.9%) did not consider themselves as such, although about one in ten (10.2%) were not sure and about 6.8% professed that they considered themselves as transgender (Table 4.7). There was no significant difference in the proportion considering self as transgender among males and females.

Table 4.7 Whether IC considers self as transgender

	Male		Female		All	
	Count	Percent	Count	Percent	Count	Percent
No	1,869	82.52	1,827	83.31	3,696	82.91
Yes	163	7.20	142	6.38	305	6.84
Not sure	233	10.29	224	10.21	457	10.25
TOTAL	2,265	100.00	2,193	100.00	4,458	100.00

Gender identity was also assessed in the survey with the question "Do you consider yourself a..." with options being man, woman, lesbian, gay, bisexual, transman, transwoman, queer, pansexual, asexual and non-binary (with some brief explanations of these terms in the self-administered questionnaire). The answers to this question, by sex of respondent, is shown in Table 4.8. We see that in terms of gender identity, about 9 out of 10 males and females see

themselves as straight, or man if they are male, and woman if they are female. It is clear, however, that at age 16, there are other gender identities, and about one in ten in the cohort sample had identified themselves variously as transman, transwoman, non-binary or other gender identities.

Table 4.8 Whether IC considers self as a.... (Gender identity at age 16)

	Male		Female		All	
	Count	Percent	Count	Percent	Count	Percent
No response	1	0.4	2	0.09	3	0.07
Man	2,122	93.69	0	0.00	2,122	47.60
Woman	0	0.00	2,019	92.07	2,019	45.29
Straight	0	0.00	1	0.05	1	0.02
Lesbian	0	0.00	3	0.14	3	0.07
Gay	6	0.26	0	0	6	0.13
Bisexual	2	0.09	6	0.27	8	0.18
Transman	0	0.00	70	3.19	70	1.57
Transwoman	64	2.83	0	0.00	64	1.44
Queer	7	0.31	3	0.41	10	0.22
Pansexual	8	0.35	7	0.32	15	0.34
Asexual	4	0.18	5	0.23	9	0.20
Non-binary	51	2.25	77	3.51	128	2.87
TOTAL	2,265	100.00	2,193	100.00	4,458	100.00

As early as mid-adolescence, as we can see in the cohort, it is important to be aware of emerging sexual orientations, gender identities, and gender expressions. For most of this report, we have reported sex differentials (male versus female) for the sake of simplicity and because trans or non-binary identities and sexual orientations are as yet to emerge as a significant category in all analyses, but we have tried to look at the implications of SOGIE in certain experiences of the adolescents, such as in pregnancy and union.

Tables 4.9, 4.10 and 4.11 show that among the ICs who had pregnancy, childbirth, and cohabitation/marriage experiences by age 16, there was variation according to sexual orientation. While the majority of those who had pregnancy-related experience described themselves as straight (83.2%), others (16.8%) described themselves as gay, lesbian, bisexual, pansexual or transwoman (Table 4.9). Similarly, among those who had ever experienced

childbirth (n=36), the majority considered themselves to be straight, a few were also bisexual, lesbian or pansexual (Table 5.10). Among those who had ever experienced cohabitation by age 16 (Table 5.11), only 84.2% described themselves as straight. About 10.9% described themselves as bisexual, and others were lesbian, gay, transman, or pansexual. Thus, SOGIE seems to be one of the aspects to be considered in issues of adolescent pregnancy, fertility, and early marriage.

Table 4.9 Sexual orientation of those who have ever been pregnant or gotten somebody pregnant by age 16

SEXUAL ORIENTATION	COUNT	PERCENT
Straight	79	83.16
Lesbian	3	3.16
Gay	7	7.37
Bisexual	3	3.16
Transwoman	1	1.05
Pansexual	2	2.11
TOTAL	95	100.00

Table 4.10 Sexual orientation of those who have experienced childbirth

SEXUAL ORIENTATION	COUNT
Straight	31
Lesbian	1
Bisexual	3
Pansexual	1
TOTAL	36

Table 4.11 Sexual orientation of those who have ever experienced cohabitation by age 16

SEXUAL ORIENTATION	COUNT	PERCENT
Straight	85	84.16
Lesbian	2	1.98
Gay	1	0.99
Bisexual	11	10.89
Transman	1	0.99
Pansexual	1	0.99
TOTAL	101	100.00

CHAPTER 5 PUBLISHED REPORTS AND POLICY NOTES

Over the years, the LCSFC team has produced various publications analyzing the study data with regard to various topics. Below is a list of these publications, which are also available at the LCSFC page of the website of the USC Office of Population Studies (<https://www.opsusc.org/LCSFC.php>).

[LCSFC Survey reports \(https://opsusc.org/lcsfc-survey-reports.php\)](https://opsusc.org/lcsfc-survey-reports.php)

Wave 1 (Baseline Survey) Technical Report (2018)
Baseline Qualitative Study Report (2019)
Wave 2 Final Report (2019)
Wave 3 Final Report (2020)
Wave 4 Final Report (2021)
Waves 4A, 5 and 5A Final Report (2022)

[LCSFC Policy Notes Series \(https://opsusc.org/lcsfc-policy-notes.php\)](https://opsusc.org/lcsfc-policy-notes.php)

1. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). Mitigating the effects of undernutrition on schooling performance among 10-year-old children: What can be done?
2. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). Reducing the incidence of bullying and improving elementary school performance: Enhancing effectiveness of school programs.
3. Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). Mitigating the effect of children’s disabilities on elementary education outcomes.
4. Largo, F.M., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2020). Early work/labor patterns of Filipino children and their implications on policy.
5. Alegado, J.L.G., Largo, F.M., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2020). Closing the gender gap in schooling outcomes and cognitive ability among Filipino children.

6. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2020). Food Insecurity is Associated with Poor Outcomes in Filipino Children.
7. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2021). Ensuring the Safety and Welfare of Filipino Children in the Covid-19 Pandemic and the New Normal.
8. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, C.A.P. (2021). The Impact of Covid-19 on Households with Children. Findings from the Longitudinal Cohort Study on the Filipino Child.
9. Alegado, J.L.G., Largo, F.M., Belleza, D.E., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Junio, R.P.T. (2023). Policy Brief. Tracking Adolescent Mental Health Status Before and During the Pandemic: Findings from the Longitudinal Cohort Study on the Filipino Child.
10. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, Junio, R.P.T. (2023). Health Care Utilization Before and During the Covid19 Pandemic.
11. Alegado, J.L.G., Largo, F.M., Belleza, D.E., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Junio, R.P.T. (2023). Human Capital Profile of Filipino Adolescents
12. Largo, F.M., Alegado, J.L.G., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Bautista, Junio, R.P.T. (2023). The Impact of the Pandemic on Maternal Depression and Stress.
13. Largo, F.M., Alegado, J.L.G., Belleza, D.E., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Junio, R.P.T.(2023). Tracking Community-level SDG Indicators from 2016-2021.
14. Alegado, J.L.G., Largo, F.M., Belleza, D.E., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Junio, R.P.T. (2023). Early Sexual Initiation among Filipino Adolescents: Evidence from the Longitudinal Cohort Study on the Filipino Child.
15. Largo, F.M., Alegado, J.L.G., Belleza, D.E., Herrin, A.N., Borja, J.B., Mayol, N.L., Bechayda, S.A., Junio, R.P.T. (2023). Internet Use Among Children. Findings and Implications from the Longitudinal Cohort Study on the Filipino Child.

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USC-Office of Population Studies Foundation, Inc. (OPS). (2023). The Impact of the COVID-19 Pandemic on the SDG Youth Agenda. OPS Report Series No. 7. Retrieved

from https://www.opsusc.org/paper_series.php.

APPENDICES

Appendix 1. National Steering Committee member agencies

Agency
National Economic and Development Authority (NEDA)
Department of Health (DOH)
Department of Education (DepEd)
Department of Social Welfare and Development (DSWD)
National Youth Commission (NYC)
Philippine Statistics Authority (PSA)
Philippine Commission on Women (PCW)
Council for the Welfare of Children (CWC)
Philippine Statistical Research and Training Institute (PSRTI)
Commission on Population and Development (CPD)

APPENDIX 2. Collaborating research institutions and data collection teams



USC- Office of Population Studies Foundation, Inc.

W. Flieger 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>.



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:



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.

School of Arts and Sciences - University of San Carlos
Philip van Engelen Building, Talamban Campus, Cebu City 6000, Philippines
(63) (32) 2-300-100 local 140/141 Email: csre.usc@gmail.com





Research Institute for Mindanao Culture

Xavier University – Ateneo de Cagayan

4th Floor Social Science Building, Xavier University, Corrales Avenue, Cagayan de Oro

Email: rimcu1957@gmail.com / Website: www.rimcu.org

Telephone no.: (088) 853 9800 loc. 9275

RIMCU Profile

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).

APPENDIX 3. Sampling design

Samples are selected using two-stage sample selection. Barangays are considered the Primary Sampling Units (PSU) and are selected using probability proportional to size systematic sampling (PPS Systematic Sampling) with number of target children (age 4 in 2010, age 10 in 2016) per barangay as the size measure. In each sample barangays, sample children are selected using equal probability systematic sampling.

Sampling Domain and Frame

The survey considers three domains corresponding to the main island groups of Luzon, Visayas, and Mindanao, i.e., estimates for the key indicators will be generated for each of these domains. The frame is based on single digit age distribution in Census 2010 (children age 4). Children age 4 in 2010 are expected to be age 10 in 2016. The number of target children is aggregated at the barangay level, this serves as the size measure in the sample selection.

Selection of Barangays

To increase the likelihood of observing the target children, barangays are selected with probability proportional the number of children age 4 in systematic sampling (PPS Systematic Sampling). Some barangays with too many eligible respondents are included as certainty units.

Implicit Stratification

To ensure selection of sample barangays that includes certain subdomains (rural-urban, IP children, and PWD children), implicit stratification was used. In each domain, barangays are sorted by urban-rural classification, then by number of IP children, and by number of PWD children. PPS Systematic is then used with these subdomains as the control variable.

Selection of Sample Children

In each of the sample barangays, a listing operation was be conducted to enumerate children 10 years at that time, information on sex, IP/non-IP, with/without disability, etc., were included in the listing operation. From the list, sample children were selected using systematic sampling.

Sample Size and Margin of Error

The target of 5,000 respondents is divided into 3 to be allocated equally into the three domains. With a target of 15 sample children in each sample barangay, approximately 115 barangays were selected for total of 1,725 sample per domain.

Sampling Weights

The original weights are based on the inclusion probabilities based on the selection of PSU (barangays) through probability proportional to size. Since the households are selected using systematic sampling, the sample households have equal weights within the sample barangays.

Since the 2010 Census was used as the frame, further adjustments need to be done from the original base weights. The number of households in 2015 Census and the number of households screened, eligible, and those interviewed are used in further adjustment of the weights as follows:

$$\text{Adjusted Weights} = \text{Original} * \frac{2015HH}{\text{No. of HH Screened}} * \frac{\text{Eligible HH}}{\text{HH Interviewed}}$$

If the Eligible HH is missing or less than the HH interviewed, the last multiplier ($\frac{\text{Eligible HH}}{\text{HH Interviewed}}$) is deleted from the adjustment process.

With the availability of single-digit age population from the 2015 Census, the above weights are adjusted further as follows:

$$\text{FinalAdjusted Weights} = \text{Adjusted Weights} * \frac{2015ChildrenAge9}{\text{Total AdjustedWeightDomain}}$$

There are 2,110,186 children age 9 in 2015 Census (age 10 in 2016), 1,134,767 are from Luzon, 414,166 are from Visayas, and 561,253 are from Mindanao. The idea of the final adjustment above is to make sure that the weights per domain sum up to the total of the target population (age 10).

The baseline weights are carried over to Waves 2 and 3 since the attrition rates are “negligible” enough to influence inclusion probabilities of the sample. For both Waves 2 and 3, weights of samples attrited in the previous wave are distributed proportionally to the responding samples in each domain.

Data collection for Wave 4 has been interrupted initially by the eruption of Taal for Luzon, while COVID-19 pandemic halted data collection in Luzon, Visayas, and Mindanao. Even subsamples cannot be collected in some barangays during the lockdown. The weights for samples lost due to attrition or those in barangays who were not enumerated due to volcanic eruption and the COVID-19 pandemic were distributed proportionally to all responding samples within each domain. The weights are further adjusted to approximate the projected population of the cohort group.

APPENDIX 4. OPS confidentiality and child protection agreement



USC-Office of Population Studies Foundation, Inc.

University of San Carlos

Talamban, Cebu City, Philippines

TeleFax #: (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, Dr. Nanette L. Mayol and

Name of Researcher: _____

Residing at: _____

Affiliated with: Center for Social Research and Education, University of San Carlos

This agreement is to acknowledge that any data gathered in the conduct of the **Longitudinal Cohort Study on the Filipino Child** (Wave 6 Survey) including names, addresses, and contact information of study participants are confidential in compliance with the Data Privacy Act of 2012 (Republic Act No. 10173).

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

Nanette L. Mayol
OPS Director

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 activities 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 Constitution², 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 (see definition below) 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.

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. **All data collection activities will be conducted within sight of mothers or responsible adult household members (but not within hearing distance).**
- 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 supervisor** for proper assessment and action

- b) Notify your direct supervisor 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 parent(s) or legal guardian(s)**.
- 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.

APPENDIX 5. Ethics review approval



Republic of the Philippines
Department of Health
SINGLE JOINT RESEARCH ETHICS BOARD

September 26, 2022

DR. NANETTE L. MAYOL
Coordinating Principal Investigator

Dear **Dr. Mayol**:

We would like to inform you that the Single Joint Research Ethics Board reviewed your amendment application and progress report for the protocol entitled, "**Longitudinal Cohort Study on the Filipino Children**" with the code **SJREB-2019-31**.

As a result of the review, the Board decided to **APPROVE** your amendment application and progress report. Your ethics approval is extended for another year which will expire on **21 September 2023**. The following documents were reviewed:

1. SJREB Form 8 - Amendment Report received last 14 September 2022;
2. SJREB Form 7 - Annual Progress report received last 05 August 2022;
3. Wave 6 Form 1_Household Qre_English;
4. Wave 6 Form 2_IC Interviewer-Administered Qre_English;
5. Wave 6 Form-3-IC Self-Admin-IC Qre_English;
6. LCSFC Survey Description_v 20220822;
7. LCSFC Wave 6 Survey Data Collection Protocol_20220822;
8. Wave 6 Consent & Assent Forms.

Should you have any questions or clarifications regarding the above mentioned recommendations, please contact the undersigned through the SJREB Secretariat at (02) 651-7800 local 1326/1328 or sjreb.doh@gmail.com.



Very truly yours,


JACINTO BLAS V. MANTARING III, MD, MSc
Chairperson
Single Joint Research Ethics Board

• URL: <http://www.doh.gov.ph>; e-mail: sjreb.doh@gmail.com

APPENDIX 6. Consent and Assent forms

Consent Form for Mothers/Caregivers (Household Respondent)

	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	
CONSENT FORM FOR MOTHERS AND CAREGIVERS		
<hr/>		
Consent Form Approval Date: September 26, 2022		
Title of Study: LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD (Wave 6 Survey)		
Funded by: United Nations Population Fund (UNFPA)		
Study Contact: Nanette L. Mayol, PhD Director USC-Office of Population Studies Foundation (OPS), Inc. Telephone number: 63-32-3466050; Email: opsfoundation@opsusc.org		
<u>What you need to know about this study or "research" and participating in this study</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. People like you are asked to participate in these studies so that researchers can collect important information for their research.		
The USC-Office of Population Studies Foundation, Inc. and <u>(NAME OF PARTNER RESEARCH INSTITUTION)</u> are conducting a research on a group of children from the time they were age 10 until they will reach the age of 24. The purpose of this study is to find out how their lives are changed by programs that are run by the government and non-government agencies, which are aimed to improve the health and well-being of all Filipinos.		
Not everyone is asked to participate in a research project. Our researchers followed a special procedure in selecting households who would participate in this study. <u>(NAME OF INDEX CHILD)</u> is among the children selected for this study and has participated since he/she was 10 years old. His/her family has given us permission to visit <u>(NAME OF INDEX CHILD)</u> until he/she reaches the age of 24.		
This year, we would like to interview you and <u>(NAME OF INDEX CHILD)</u> once again. Participation in the study is voluntary. Even if you have already agreed to participate, you may withdraw from the study for any reason and at any time without penalty. You can also choose to participate in some parts of the study but not others. The researchers also have the right to stop your participation at any time. This may happen because you have failed to follow instructions, or because the entire study has been stopped.		
You should not hesitate to ask me any question you may have about this study. When I have answered all your questions, you can decide if you want to remain in the study or not.		
<u>How many people will take part in this study?</u>		
<u>(NAME OF INDEX CHILD)</u> is one of about 5,000 children across the country who is participating in this study.		

How long will your participation last in this study?

Our visit this year may take about 2 hours. If we can't finish the interview in one visit, we will need to return to complete the interview. If you agree to participate in this study, we can start today or whenever it is convenient for you while our research team is in your area.

What will happen if you take part in the study?

Just like in our previous visits, we will ask you questions about your household, pregnancy experiences and health. We will ask about the schooling, health, diet and activities of (NAME OF INDEX CHILD). His/her height and weight measurements will again be taken.

We will also ask (NAME OF INDEX CHILD) some questions about him/herself, his/her friends, experiences and opinions on certain things. We also have a questionnaire that he/she will fill out him/herself. Just like in our previous visit, we will take his/her picture for our records. We will use this picture to properly identify (NAME OF INDEX CHILD) in future visits. His/her picture will not be used for any other purpose. In our next visit we will give you a copy of his/her picture.

INTERVIEWER: SHOW MOTHER/CAREGIVER COPIES OF THE PRINTED QUESTIONNAIRES FOR REFERENCE.

What are the possible benefits for being in this study?

There are no direct benefits to you for participating in this study except that you will know about (NAME OF INDEX CHILD's) height and weight at each visit. You will know how his/her height and weight compare to those of children his/her age. However, what we learn from the study may be useful in improving programs for children and the youth.

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

We think the risks related to your participation are very small. Some of the questions may make you uncomfortable, but you can choose to not answer these questions. None of the measurements we will take on (NAME OF INDEX CHILD) will cause him/her any physical discomfort or pain. All the information you give will be kept confidential. There is a very small chance that someone who is not part of this research might learn of your responses to our 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 know about your responses to our questions or of the results of our measurements. All our records are kept in locked files. Only authorized research personnel will have access to your name, address and phone numbers.

Will you receive anything for being in this study?

In appreciation of your time, you will receive P300 and (NAME OF INDEX CHILD) will receive P200 for completing the study this year. We will also give you a card with the weight and height measurements of (NAME OF INDEX CHILD) in the previous surveys and his/her current height and weight.

Will it cost you anything to be in this study?

There will be no costs to you for being in the study.

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

If you have questions, complaints, concerns, or if an injury occurs as a result of this visit, you should contact the researchers listed on the first page of this form. You may also contact the SINGLE JOINT

RESEARCH ETHICS BOARD of the Department of Health who makes sure that you are treated fairly as a participant of this study and that your welfare is protected.

SINGLE JOINT RESEARCH ETHICS BOARD

Department of Health
Bldg. 3, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila
Trunkline: (02) 651-7800 local 1328/1326

INFORMED CONSENT FROM MOTHER/CAREGIVER

Do you give your consent to participate in this study this year and in the next visits? YES NO

IF CONSENT IS GIVEN TO PARTICIPATE:

Do you give your consent for us to interview (NAME OF INDEX CHILD)? YES NO

Do you give your consent to have him/her answer our questionnaire on his/her own? YES NO

Do you give consent for us to measure his/her height? YES NO

Do you give your consent for us to measure his/her weight? YES NO

Do you give your consent for us to take his/her picture? YES NO

Since you have agreed for us to visit you again, being able to contact you will be important to us. May we ask for a cell phone number where we can reach you? YES NO

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

YES NO IF YES: Will you kindly ask their cell phone numbers for us? Please inform them too that you are giving us their numbers.

Certification of interviewer obtaining consent:

I certify that I have read and explained the contents of this consent form to the respondent. The respondent's responses above were given freely without any due influence from me.

Printed name and signature of study staff obtaining consent

Date

Printed Name/Signature of Research Participant

Consent form for index children 15 years and above



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>



CONSENT FORM FOR INDEX CHILDREN 15 YEARS OLD AND ABOVE

Consent Form Approval Date:

Title of Study: LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD (Wave 6 Survey)

Funded by: United Nations Population Fund (UNFPA)

Study Contact:

Nanette L. Mayol, PhD

Director

USC-Office of Population Studies Foundation (OPS), Inc.

Telephone number: 63-32-3466050; Email: opsfoundation@opsusc.org

What you need to know about this study or “research” and participating in this study

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. People like you are asked to participate in these studies so that researchers can collect important information for their research.

The USC-Office of Population Studies Foundation, Inc. and (**NAME OF PARTNER RESEARCH INSTITUTION**) are conducting a research on a group of children from the time they were age 10 until they will reach the age of 24. The purpose of this study is to find out how their lives are changed by programs that are run by the government and non-government agencies, which are aimed to improve the health and well-being of all Filipinos.

Not everyone is asked to participate in a research project. Our researchers followed a special procedure in selecting households who would participate in this study. You are among the children selected for this study and have participated since you were 10 years old. Your family has given us permission to visit you until you reach the age of 24.

This year, we would like to interview you once again. Participation in the study is voluntary. Even if you have already agreed to participate, you may withdraw from the study for any reason and at any time without penalty. You can also choose to participate in some parts of the study but not others. The researchers also have the right to stop your participation at any time. This may happen because you have failed to follow instructions, or because the entire study has been stopped.

You should not hesitate to ask me any question you may have about this study. When I have answered all your questions, you can decide if you want to remain in the study or not.

How many people will take part in this study?

You are one of about 5,000 children across the country who is participating in this study.

How long will your participation last in this study?

Our visit this year may take about 1 hour. If we can't finish the interview in one visit, we will need to return to complete the interview. If you agree to participate in this study, we can start today or whenever it is convenient for you while our research team is in your area.

What will happen if you take part in the study?

Just like in our previous visits, we will also ask you some questions about yourself, your schooling, diet, your friends, experiences, activities and opinions on certain things. We also have a questionnaire that you will fill out yourself. Just like in our previous visit, we will take your picture for our records. We will use this picture to properly identify you in future visits. Your picture will not be used for any other purpose. In our next visit we will give you a copy of your picture. Your height and weight measurements will again be taken.

INTERVIEWER: SHOW INDEX CHILD COPIES OF THE PRINTED QUESTIONNAIRES FOR REFERENCE.

What are the possible benefits for being in this study?

There are no direct benefits to you for participating in this study except that you will know about your height and weight at each visit. You will know how your height and weight compare to those of children your age. However, what we learn from the study may be useful in improving programs for children and the youth.

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

We think the risks related to your participation are very small. Some of the questions may make you uncomfortable, but you can choose to not answer these questions. None of the measurements we will take will cause you any physical discomfort or pain. All the information you give will be kept confidential. There is a very small chance that someone who is not part of this research might learn of your responses to our 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 know about your responses to our questions or of the results of our measurements. All our records are kept in locked files. Only authorized research personnel will have access to your name, address and phone numbers.

Will you receive anything for being in this study?

In appreciation of your time, you will receive P200 for completing the study this year. We will also give you a card with your weight and height measurements in the previous surveys and your current weight and height.

Will it cost you anything to be in this study?

There will be no costs to you for being in the study.

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

If you have questions, complaints, concerns, or if an injury occurs as a result of this visit, you should contact the researchers listed on the first page of this form. You may also contact the SINGLE JOINT RESEARCH ETHICS BOARD of the Department of Health who makes sure that you are treated fairly as a participant of this study and that your welfare is protected.

SINGLE JOINT RESEARCH ETHICS BOARD

Department of Health

Bldg. 3, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila

Trunkline: (02) 651-7800 local 1328/1326

INFORMED CONSENT FROM INDEX CHILDREN (15 YEARS OLD AND OLDER)

Do you give your consent to participate in this study this year and in the next visits? YES NO

Do you give your consent to answer our questionnaire on your own? YES NO

Do you give your consent for us to measure your height and weight? YES NO

Do you give your consent for us to take your picture? YES NO

Certification of interviewer obtaining consent:

I certify that I have read and explained the contents of this consent form to the respondent. The respondent's responses above were given freely without any due influence from me.

Printed name and signature of study staff obtaining consent

Date

Printed Name and Signature of Research Participant

Index Child Assent Form

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>



INDEX CHILD (IC) ASSENT FORM
Wave 6 Survey



Hello, my name is _____ and I am a researcher from the USC-Office of Population Studies Foundation, Inc. University of San Carlos in Cebu City/Demographic Research and Development Foundation, University of the Philippines in Diliman, Quezon City/Research Institute for Mindanao Culture, Xavier University in Cagayan de Oro City. (SHOW YOUR ID)

A. PRIOR TO ADMINISTERING THE INTERVIEWER-ADMINISTERED QUESTIONNAIRE:

I am here because your household has been chosen to participate in a research study about the health and well-being of children your age. I have already talked to your mother (or NAME OF CAREGIVER) to ask some questions about your household and your health. I would like to ask you a few questions, too, about your schooling, your activities, the things you like to do, your friends, about yourself and other questions like these. No one else except me and our researchers will know about your answers. Just like in our past visits, I will measure your height and weight. This will only take a few minutes.

INTERVIEWER: SHOW THE IC INTERVIEWER-ADMINISTERED QUESTIONNAIRE.

Do you have any questions? ____ YES ____ NO

Do you agree to answer our questions? ____ YES ____ NO

Do you agree to have your height and weight measurements taken? ____ YES ____ NO

IF CHILD GIVES ASSENT: PROCEED WITH INTERVIEWER-ADMINISTERED QUESTIONNAIRE

B. PRIOR TO ADMINISTERING THE SELF-ADMINISTERED SECTIONS:

Now I would like you to answer a few more questions, but this time, I will ask you to read the questions and enter the responses yourself. (SHOW THE IC-SELF ADMINISTERED QUESTIONNAIRE).

Once again, no one else except me and our researchers will know about your answers. This will only take a few minutes.

Do you have any questions? ____ Yes ____ No

Do you agree to answer our questionnaires? ____ Yes ____ No

IF CAPI: Please enter your responses on this tablet (SHOW TABLET). If you don't know the answer or don't want to answer a question, just skip that question and go to the next question (SHOW CHILD HOW TO ENTER RESPONSE AND SKIP QUESTIONS).

IF DONE ON HARD COPY: Please write down your answers on this questionnaire (SHOW QUESTIONNAIRE). If you don't know the answer or don't want to answer a question, just skip the question and go to the next question.

Please answer the questions as best you can and as honestly as you can. There are no right or wrong answers for any of these questions.

C. PRIOR TO TAKING IC'S PICTURE:

Next I will take your picture so that our research office will have a copy. We will give you a copy of this picture in our next visit.

Will you allow me to take your picture? YES NO

NAME OF IC: _____ Age: _____ Date: _____

Signature of interviewer: _____