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## Resilience of Community in the Early Phase of the COVID-19 Pandemic in the Philippines

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### Keywords

COVID-19, pandemic, resilience, Philippines, religion

### Country Situation during COVID-19

The Coronavirus disease 2019 (COVID-19) was first reported in the Philippines on January 30, 2020. The first documented case was a woman who arrived in Manila from Hong Kong. The country's second confirmed case, who was the companion of the first case, was the first recorded death due to COVID-19 outside of China (Estrada et al. 2020). A few weeks passed between the first reported case and the first recorded case from local transmission, which was reported by the Department of Health on March 7 (Department of Health, Republic of the Philippines 2020). Following this crucial development, Philippine President Rodrigo R. Duterte declared a state of public health emergency on March 8, followed by the implementation of a strict enhanced community quarantine (ECQ) across the entire island of Luzon on March 17 (Proclamation No. 922. s1). Under this order, all forms of public transportation were suspended, and citizens were required to stay at home except when purchasing necessities, performing essential work, or for health-related travels. These measures were undertaken to limit the transmission of the virus in communities. As of April 4, 2021, the Philippines had recorded a total of 795,051 COVID-19 cases (Department of Health, Republic of the Philippines 2021).

The implementation of the enhanced community quarantine severely affected the educational system in the Philippines. Upon the announcement of the ECQ in Luzon, all classes across the country were suspended, and schools were forced to prematurely end the academic year. Higher education was also impacted by the pandemic, with some private and state universities and colleges (SUCs) implementing a “pass-all” or “promote

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all” approach to summative evaluation of learning, whereas others opted to defer grades for one year following the abrupt end of the semester (De Vera-Ruiz 2020; Malasig 2020). As the community quarantine continued to be extended well after the scheduled school summer break, the Department of Education (DepEd) was forced to delay the opening of classes beyond its original schedule of June to October (Santos 2020). The DepEd adapted to the extraordinary situation and shifted to modular and online modes of learning. Institutions of higher education also shifted to virtual learning.

The COVID-19 pandemic and the ensuing forms of community quarantine that were implemented in the country also severely impacted the economy. Due to the strict community quarantine measures, many small business establishments were forced to stop their operations temporarily while others shut down permanently due to incurred losses. Many employees lost their jobs as a result of business closures. According to the International Labour Organization, an estimated 10.9 million Filipino workers faced job disruptions due to the pandemic, with the manufacturing, food service, and entertainment industries severely affected (International Labour Organization 2021). The suspension of all forms of public transportation during the strict ECQ period also led to the loss of income for many workers in the transport sector, especially those who were driving public utility jeepneys and tricycles.

At the other end of the economic spectrum are the frontline workers. Many workers whose tasks were considered essential, such as those in the health sector, public safety and order, and retail food workers, continued to report for work despite the continuous community transmission of the virus. Many had to contend with the lack of public transportation from home to work and vice versa. Even with the lifting of the quarantine, transportation remained at a reduced capacity, leaving many frontline workers without their own vehicles with the challenge of reporting for work. Many had to endure long queues at train and bus stations (Esmael 2020), which contributed to their fear of contracting the disease themselves or unknowingly transferring it to the families that they go home to every day (Ropero 2020).

The COVID-19 pandemic has exacerbated the already precarious health situation in the Philippines. Expert analysis during the early months of the pandemic predicted that most provinces in the country were not equipped to handle the possible surge of COVID-19 cases (UP COVID-19 Pandemic Response Team 2020); indeed, hospitals, especially those located in urban areas, were inundated with suspected and confirmed cases of COVID-19, leading people with other diseases to delay seeking medical help due to fears of contracting the disease during their hospital visits. Many hospitals also had to reallocate hospital beds and transform wards into COVID-19 wards, gravely affecting the availability of facility-based care for people with other health conditions. The inadequate supply of personal protective equipment also led to health workers reusing or purchasing their own equipment (Olanday and Smith 2020). Access to health services and medical prescriptions was also severely affected during the pandemic; for example, access to mental health services and medications was severely disrupted, with patients having difficulty

in setting up and seeking appointments (Ku 2020).

Apart from the effects on the physical health of Filipinos, the pandemic also had a significant effect on mental health. Hopeline, a suicide prevention and crisis intervention helpline being operated by the Natasha Goulbourn Foundation, reported a 200% increase in calls received in April 2020 (Nortajuddin 2020). Similarly, the National Center for Mental Health reported a significant increase in the monthly calls they received through their hotline (Maramag 2020). In an online survey conducted by Tee et al. (2020), during the early phase of the pandemic and during the implementation of the strict ECQ guidelines (March to April 2020), around 16 percent reported experiencing moderate to severe depression and psychological impact whereas approximately 25 percent reported moderate to severe anxiety. The survey also found that females, singles, and younger people (twelve to twenty-one years old) reported higher levels of stress and anxiety (Tee et al. 2020). However, in another study on stress during the COVID-19 pandemic, Montano and Acebes (2020) did not find any significant difference between males and females. Their study, however, further supported the idea that young people experience higher levels of stress during the pandemic. A multitude of factors, some of which include the shift to online learning and completion of requirements, possibly contributed to the higher stress levels experienced by young people (Austria-Cruz 2019; Crisostomo 2020; Magsambol 2020).

Workers' mental health was also severely affected by the pandemic. Frontline healthcare workers were especially vulnerable, reporting anxiety, depression, sleep problems, and distress (Muller et al. 2020). Many worked longer shifts after the start of the pandemic, which started to take a toll not only on their physical health but also their mental health. Toxic work environments and the lack of hazard pay were additional factors that contributed to the development of mental health problems among healthcare workers (Baron 2020). Furthermore, exposure to COVID-19 patients and the fear of getting infected and of bringing home the virus to their family also increased the risk of mental health problems among frontline healthcare workers (Labrague and de Los Santos 2021; Rola 2020). The shift to telework, commonly known as work-from-home in the Philippines, also affected workers' mental health. Although telework is beneficial in terms of flexible work schedules and reduced hours spent on travelling to and from home, it can also adversely affect the physical and mental health of workers (Ansong and Boateng 2018; Tavares 2017). In the Philippines, workers reported feelings of burnout and mental health problems after months of working from home (Llarena 2020). Teleworking increased the hours being spent on work, and it also blurred the boundary between work and home life (Allen, Golden, and Shockley 2015; Weinert, Maier, and Laumer 2015).

## **Country Response to COVID-19**

After the World Health Organization (WHO) declared COVID-19 to be a public health emergency of international concern, the Philippine government convened the

Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) in January 2020. The task force is composed of all departments of the national government and is chaired by the Secretary of the Department of Health and co-chaired by the Office of the Cabinet Secretary and the Department of Environmental and Natural Resources. IATF-EID is responsible for policy-making related to the COVID-19 pandemic and serves as the government's instrument to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines.

The IATF created the National Task Force against COVID-19, which serves as the operational command, with the Secretary of the Department of National Defense as its head. The head of the National Task Force is responsible for implementing the National Action Plan for the COVID-19 pandemic in their day-to-day operations. In general, the National Action Plan aims to adopt strategies for containment and mitigation of the spread of COVID-19, to reduce the spread of new cases, and to facilitate the detection, identification, and isolation of COVID-19 carriers. The country's response strategies to the pandemic have been continuously evolving based on the very novel nature of the virus and on how new evidence influences national policies, programs, and guidelines.

Based on the WHO website, the following were the country's response strategies to the COVID-19 pandemic during the first 100 days: surveillance, contact tracing, infection prevention and control, access to laboratory and therapeutics, clinical care, non-pharmaceutical interventions and mental health, risk communication and community engagement, logistical support, subnational operations support, and responding to outbreaks in high-risk areas (World Health Organization 2020a). On top of these strategies, the country also participated in the WHO Vaccine Solidarity Trial, which aims to ensure equitable access to COVID-19 vaccines by Filipinos based on the WHO priority listing. Last March 1, 2021, the country administered the first batch of donated CoronaVac vaccine through a bilateral source to frontline health workers of the Philippine General Hospital, which serves as the National COVID-19 Referral Center. This was followed by the receipt of vaccines from AstraZeneca, which were administered to frontline health workers and senior citizens as well as those with comorbidities.

### **Challenges to the Philippines' Response to the COVID-19 Pandemic**

As part of the National Action Plan for COVID-19, the National Task Force implemented individual health measures, community quarantine, and the T3 strategy: test, trace, and treat. However, the Philippine government faced many challenges in its fight against the COVID-19 pandemic.

The Department of Health repeatedly emphasized the importance of following minimum health standards such as handwashing, the wearing of face masks, and physical distancing, especially in the absence of effective treatment and vaccination against COVID-19. However, there were conflicting reports regarding the public's compliance with these measures. A survey conducted among 29 countries in June 2020 ranked the

Philippines as having the second highest percentage of citizens reporting that they wore masks when leaving their home (*GMA News* 2020). Meanwhile, a national mobile-based survey conducted by Social Weather Stations in September 2020 reported compliance to minimum health standards that ranged from 56 to 79 percent (Ornedo 2020). However, a report by the National Economic and Development Authority cited by government officials in September 2020 noted that Filipinos only scored 50 percent compliance to these standards (Casas 2020; Rita 2020). The latest available survey highlighting the measures Filipinos take to avoid getting infected reported that the majority frequently wash their hands and use face masks. Observing physical distancing, using a face shield, and avoiding crowded places were also cited to a lesser extent (Pulse Asia Research Inc. 2020). Despite the high percentage of compliance with minimum health standards, it is necessary to ensure that citizens do not get complacent. An analysis of factors affecting the perceived effectiveness of COVID-19 prevention measures among Filipinos during the ECQ by Prasetyo et al. (2020) reported that an understanding of COVID-19 affected how Filipinos perceive the severity of and their vulnerability to COVID-19. This perceived severity and vulnerability, in turn, influenced their intention to follow prevention measures and ultimately, their actual and adapted behaviors. Filipinos' education on COVID-19, such as the mode of transmission, incubation period, symptoms, and the protocol to follow when infected, influenced their concurrence and practice of preventive measures against COVID-19 (Prasetyo et al. 2020). These findings highlight the need to strengthen health interventions in Filipino communities to achieve high compliance with the minimum health standards.

To mitigate the transmission of COVID-19 in communities, the Philippine government formulated quarantine protocols for persons suspected of being infected with the virus. Under the Republic Act No. 11469, also known as the Bayanihan to Heal as One Act, establishments such as hotels, resorts, apartment hotels, and other establishments operating for accommodation purposes shall serve as quarantine facilities. Local government units were tasked to lead the control and prevention of community transmission of the virus (Republic Act No. 11469 2020). To augment the existing facilities in communities, local government units also set up isolation and quarantine facilities in schools and SUCs. In March 2020, the Commission on Higher Education (CHED) convened a Public Health Experts Group (PHEG) led by the dean of the College of Public Health, University of the Philippines Manila. The public health experts came from the fields of environmental health, occupational health, mental health, infectious disease, health promotion and education, and health systems. The CHED and PHEG aided SUCs and local government units in ensuring their compliance with standards in using school facilities as COVID-19 isolation or quarantine facilities (Commission on Higher Education, Republic of the Philippines 2020).

As of March 2021, the Philippines had established 602 isolation units throughout the country, with occupancy as high as 50 percent in areas experiencing a surge in cases, such as the National Capital Region (Galvez 2021). In its earlier directives, the government

required strict facility-based isolation for asymptomatic and mild COVID-19 patients. However, as of September 2020, the IATF had allowed home-based isolation if the patients had comorbidities or were vulnerable, and if the facilities at home were deemed sufficient by the local health officer.

The Philippine government is currently implementing its COVID-19 vaccination program following the arrival of donated and procured vaccine doses. While the adequacy of vaccines remains a problem, vaccine hesitancy was deemed to be another major problem in the roll out of the program as a certain proportion of the population did not want to receive the vaccine. Surveys conducted as early as November 2020 reported that nearly 50 percent of the Filipino respondents did not want to receive the vaccine even when it became available (*CNN Philippines* 2021). The proportion of those who were not willing to get vaccinated even increased in March 2021, when the country started rolling out its vaccination program (Magsambol 2021). Among those not wanting to receive the vaccine, safety concerns were the overwhelming reason for hesitancy, followed by concerns about the cost of the vaccine (*CNN Philippines* 2021; Magsambol 2021). For those who did plan to get vaccinated, there was also a segment who preferred one type of vaccine over the other despite the Emergency Authorization Approval issued by the Food and Drug Administration for these vaccines (Magsambol 2021). The high rate of vaccine hesitancy among Filipinos highlights the need to strengthen risk communication and health education on the benefits of getting the COVID-19 vaccine, especially in the context of the current surge in COVID-19 cases that the country is experiencing.

## Resilience

As an old Japanese proverb puts it, “The bamboo that bends is stronger than the oak that resists.” This proverb must have popularized the use of bamboo as a symbol of resilience as it has been intricately designed by nature to bend and withstand even the most torrential weather conditions (Mejia 2020). For Nicomedes et al. (2020), resilience directly means “elasticity” or “vigor” that generally stands for tolerance for the disruption of a system. Moreover, Dr. Lourdes Ladrigo-Ignacio, a well-known Filipino psychiatrist, and her colleagues defined resilience as the ability to recover and regain readily one’s form or particular state, to “rise from the rubble” and recover without intervention, cognizant of the fact that every person has a natural physical and intrapsychic capacity to recover without interventions (Ladrigo-Ignacio 2010).

Anga and Diaz (2021), in their study on perceptions, resilience, and coping strategies of Filipinos amidst disasters, identified the following themes that relate to resilience: faith-based resiliency, familial support, sense of humor, positivity, *bayanihan* spirit, and flexibility. The authors highlighted that deep spirituality, strong family ties, and right disposition are cultural values that aptly describe Filipino resiliency.

Arguably, Filipinos have been known to be one of the most resilient people in the world. Filipino resilience has been observed in the many emergencies and disasters that

have struck the country over the years. The abilities to cope, innovate, rise from the rubble, and even help other people have been observed after every devastating disaster. This characteristic has even become more evident during the COVID-19 pandemic, especially among the health workers here and abroad (Morton 2021; New York Historical Society Museum and Library 2020).

### **Filipino Religiosity and Spirituality during the COVID-19 Pandemic**

Literature has provided significant evidence of the positive effect of religion and spirituality on health. People use prayer and other religious practices as a means to understand and seek comfort from the challenges that they experience in life, a phenomenon known as religious coping. A study conducted by Bentzen (2020) described how Google searches for prayer increased during the COVID-19 pandemic, indicating that many people across the world prayed to end the pandemic. The surge in Google searches for prayer was observed across all major religions, with a greater increase observed among countries with more religious societies (Bentzen 2020). Brazilian adults also reported that their religion helped them cope with social isolation due to the pandemic restrictions, as evidenced by two thirds of the respondents engaging in private religious activities more than once a week. Participating in these religious activities was also found to be a protective factor, with respondents who participated in religious practices having lower levels of fear and worry (Lucchetti et al. 2020). Molteni et al. (2020) also found similar results among Italians, with people who were more severely affected by the pandemic reporting higher levels of engagement in religious behavior. A study among American Orthodox Jews also yielded positive impacts of religiosity on stress (Pirutinsky, Cherniak, and Rosmarin 2020).

Despite the positive effects of religiosity and spirituality on health, negative effects were also reported. Attendance at religious gatherings, especially during the early phases of the pandemic, increased the scale of viral transmission. In South Korea, a religious group was identified as the source of an outbreak following the confirmation of clusters of cases among its followers and their contacts (*BBC* 2020). A religious congregation in Malaysia attended by thousands of pilgrims from various countries led to the widespread transmission of the virus in Southeast Asia (Beech 2020). An analysis of geographic behavioral data of people in the United States by Hill, Gonzalez, and Burdette (2020) found that compliance to the stay-at-home orders issued by the government was lower in the more religious states in the US. In another study, higher religiosity was found to be associated with more unreasonable behavior, such as hoarding toilet paper and avoiding 5G networks (Kranz et al. 2020).

Religiosity and spirituality are well ingrained in Philippine society. Most Filipinos, regardless of religion, go to church regularly, pray, and participate in church activities and gatherings. Special non-working holidays are also implemented in observance of religious celebrations, with many people flocking to churches, mosques, or other religious

centers to pray, sing, and receive religious sacraments together. Similar to what has been observed in terms of religiosity and spirituality in other countries, more Filipinos also turned to God during the pandemic. A huge majority of Filipinos believe that religion plays an important role in the country's fight against COVID-19 (Social Weather Stations 2020), and many Filipinos used religion to cope with the stresses of the pandemic during the ECQ (Orillo et al. 2020; Patinio 2020). A survey of Filipinos conducted by Social Weather Stations six months after the implementation of the ECQ found that around 50 percent of Filipinos reported becoming more religious during the pandemic, with more women than men reporting that they became more religious. The same survey also highlighted the importance Filipinos placed on the continuation of religious services, with an overwhelming 73 percent reporting this as the top role that religious organizations should play in the pandemic (Cornelio 2020). However, many face-to-face religious events and celebrations were cancelled to prevent mass gatherings and possible transmission of the virus (Sucquit Jr. 2020; World Health Organization 2020b). The start of the implementation of the ECQ in the country coincided with the Catholic season of Lent, a major season in the Catholic liturgical calendar. Eid al-Fitr, an important religious holiday celebrated by Muslims, was also affected by the pandemic. Despite the cancellation of face-to-face religious events and celebrations, religious services remained available to Filipinos. Church officials and faith leaders, who are considered as key and influential members in communities, complied with the minimum public health standards imposed by the government and health officials (Morales and Morales 2021; Sucquit Jr. 2020). Religious ceremonies and celebrations shifted to online platforms, and religious practices, such as praying, were done at home. The Catholic Church live-streamed masses, prayers, spiritual recollections, and other religious observations on different social media and online platforms, while the Shia communities in Mindanao aired religious proceedings, prayers, and lectures on social media. In areas where there is poor internet connectivity, churches relied on more traditional methods of communication, such as the public announcement system (Abellanosa 2020; Del Castillo, Biana, and Joaquin 2020). However, with the gradual easing of restrictions in the country, the religious returned to attending face-to-face religious celebrations in churches. In January 2021, the Catholic celebration of the feast of the Black Nazarene in Manila cancelled its traditional procession and only allowed 400 people to attend the hourly services. However, the celebration drew thousands of people who gathered around the church (Al Jazeera 2021), with some devotees expressing that their faith in Jesus of Nazarene is stronger than their fear of contracting the virus while attending the religious celebration (Mendoza 2021; Portugal and Lopez 2021).

Religious organizations also contributed to the provision of material relief during the pandemic. The *bayanihan* spirit, an ancient Filipino custom of mutual help and concern (Ang 1979), was evident in the activities of religious communities in the Philippines. The Catholic Church initiated multiple donation drives to collect personal protective equipment for frontline health workers along with donation drives and feeding programs for the



homeless and families severely impacted by the pandemic (Del Castillo, Biana, and Joaquin 2020; Lopez 2020; United Nations Office for the Coordination of Humanitarian Affairs 2020). Religious groups and churches also opened their doors to frontline health workers, providing food and shelter to those who needed it (*CNN Philippines* 2020). The Catholic Church also recognized the need for mental health services, launching a helpline to provide guidance and counseling for Filipinos struggling with stress, anxiety, and depression during the pandemic (Gomes 2020).

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