RESEARCH ARTICLE

Coping and well-being of school-aged children in a quarantined environment during the COVID- 19 pandemic

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ABSTRACT

Background: School-aged children bear a lot of difficulties and discomforts brought about by the new normal during the COVID-19 pandemic.

Objectives: This study aimed to examine the general well-being of children during the pandemic, how the children are coping with all the challenges, and parents' strategies to help their children cope.

Methodology: This study utilized a descriptive correlational research design with purposive sampling. Data was collected through an online survey. The standardized Kidcope-Child version was utilized to measure children's coping, while the Pediatric Quality of Life Inventory (PedsQL)™ 4.0 Short Form 15 Generic Core Scales was utilized to measure the children's well-being.

Results: A total of 134 parents participated in the study. No significant relationship was found between the age, sex, and coping strategies of the children, as well as between the age and well-being of children. Male children experienced more difficulty in physical functioning (p-value= 0.028), social functioning (p-value= 0.017), and overall well-being (p-value= 0.031) compared to female children. The computed mean for parents' helping strategies was between 2.67 to 2.78, which lies between the categories of sometimes (2) to always (3).

Conclusion: School-aged children were found to be using more positive coping strategies than negative coping strategies during the pandemic. They have "sometimes" to "almost no" experience of difficulty in terms of the five functions of well-being. Parents used the six fundamental tasks of parenting to help their children cope.

Keywords: *School-aged children, coping strategies, well-being, parents' strategies, COVID-19 pandemic*

Introduction

The rise in the number of COVID-19 cases in the National Capital Region (NCR) in March 2020 prompted the government to implement an enhanced community quarantine (ECQ) as an attempt to control the spread of the virus. The Department of Education employed distance learning modalities to continue the provision of learning opportunities [1]. This sudden shift to a new and unfamiliar mode of learning has brought about new challenges for school-aged children with ages 6 to 12 years, wherein they needed to stay at home. The home has become the only vital interactional context at this point, which is not most ideal [2]. At school age, children are beginning to value relationships and develop a sense of independence [3]. Routines, social interactions, and physical activities are among the important factors responsible for the children's normal psychological development [4].This is dependent on the social learning opportunities at both home and school, which is refined through practice from their interactions and reactions from the environment [5]. In a sense, quarantine measures have become an obstacle to the social development of children, which led to problems with socialization.

The immediate observable effects of this COVID-19-imposed quarantine include restrictions on mobility and daily activities, separation from loved ones, and idleness or boredom; the more covert effects include anxiety due to uncertainty of health status and feelings of being unsettled or uprooted. These may result in the child's decreased well-being, ability to cope, and performance of daily tasks [6]. The children's ability to effectively appraise a stressor and the

psychological resources that enable them to cope are dependent on their rapidly shifting cognitive developmental stage [7]; as such, it is important to acknowledge that not all children cope in the same way. The Erikson's psychosocial theory [8] highlights the developmental task of industry versus inferiority during the school-age years. The restrictions brought about by the COVID-19 pandemic may affect school-aged children's self-esteem and well-being through feelings of inadequacy and disconnection from peers. In Freud's latency stage [9], this is the period of development of social skills and intellectualabilities. Staying at home most of the time during the pandemic and not being able to go out and explore, may result in feelings of boredom, frustration, and difficulty in focusing for school-aged children as they struggle to adapt to the changes brought about by remote learning and social distancing restrictions.

Children may employ various coping strategies, including disengagement coping and primary or secondary control engagement. Effective coping strategies provide a buffering effect against mental health problems, while ineffective coping strategies can lead to mental health issues. During the ages of 6 to 12, children are considered particularly resilient in their coping abilities. This resilience is due to three key developments: consolidation of representational capacities, improvement in problem-solving and emotion regulation strategies, and growth in executive functions. These developments, when nurtured by parents, contribute to the child's development of pragmatic and constructive self-systems that will help them cope with future stressors [10,11].

Skinner and Zimmer-Gembeck [12] noted two patterns in the relationship between age and coping in children: general coping capacities increase with age, and specific coping strategies improve with personal experiences with stress. Children may experience changes in how they cope with stress during developmental transition points. Kuftyak [13] found that mentally healthy children tend to use adaptive and socially-supported coping strategies, with differences in coping strategies between male and female children. Female children tend to focus inward and ruminate, while male children tend to display externalizing behavior and passive distraction.

Similarly, the well-being of children can also be affected by their age and sex. According to Jiang *et al.* [14], sex differences in subjective well-being and quality of life become more prominent during early adolescence, around the age of 12, due to hormonal changes and life events. Girls are found to be more satisfied with their school experiences and less happy with their body image, while boys are driven more by academic achievement. Strózik *et al.* [15] further explained that older children tend to feel less satisfied with their everyday lives compared to younger children, suggesting that well-being decreases with age.

It is believed that the strategies people use to cope in response to stressors can affect their future development. It has been found that the utilization of avoidant coping strategies, such as procrastination, passive-aggressiveness, and rumination can predict an increase in symptoms of anxiety, depression, and eating disorders. On the other hand, higher levels of self-acceptance, environmental mastery, purpose in life, and personal growth have been found to be valuable personal resources that promote adaptive coping [16,17].

With regards to Filipino school-aged children's coping and well-being during the pandemic, Agbing *et al.* [18] reported that children felt locked, trapped, and imprisoned. Their coping mechanisms involved obeying directives, engaging in leisure and self-help activities, praying, and spending time with their family. As primary caregivers, parents play a huge role in helping their children cope. Undeniably, children need a supportive environment to cope with the many stressors of the pandemic, and given the limited availability of alternative forms of support, parents had to take on a number of additional roles in a short amount of time, such as that of educator and counselor [19]. Their actions to help their children recover from what is considered a developmentally challenging circumstance can be classified into the six fundamental parenting tasks according to Bradley [20], which include the provision of the following: safety and support, socioemotional support, stimulation or instruction, surveillance or monitoring, structure, and social connectedness.

Evidence showing the effects of the pandemic on the well-being and coping of children is still sparse. In the long run, the restrictions and confinement in the house hinder children from achieving a significant part of their overall cognitive and socio-affective development. Long-lasting effects of impairments in these domains of development include the inability to maintain interpersonal relations, difficulty constructing one's personal and gender identity, and inability to regulate emotions, empathy, and judgment [21].

This study provided an understanding of the effect of the COVID-19 pandemic and quarantine on the well-being and coping of children. It aimed to examine the general well-being of children during the pandemic and how they coped given the challenges. Specifically, this study aimed to:

1. Determine the coping and well-being of school-aged children (6-12 years old) during the COVID-19 pandemic as reported by parents;
2. Determine the relationship between the coping strategy and well-being of school-aged children;
3. Determine the relationship of coping strategy and well-being of school-aged and:
   a. age, and
   b. gender; and
4. Describe the strategies that parents use to help their children cope with stressors during the pandemic according to the Parents' Helping Strategies for their Children's Coping (PHSCC).

The study only looked at the coping and well-being of school-aged children during the pandemic, as there is no way of eliciting their coping and well-being before the pandemic. Age and sex were also the only variables looked into that may have a relationship with coping and well-being, as found in earlier studies [15,17,22,23]. It is important to validate whether the same variables are related in the same manner to the coping and well-being of Filipino children, as coping and well-being are context-dependent and may vary across cultures and settings [24].

Methodology

The study utilized a descriptive correlational research design to determine the coping and well-being of children in a quarantined environment during the COVID-19 pandemic. The researchers conducted the study in Metro Manila, which had the highest number of coronavirus cases in the Philippines [25]. Hence, Manila had a stricter quarantine, compared to its neighboring cities and provinces. To participate in the study, respondents must meet the following criteria: (1) has a school-aged child aged 6-12 years old, (2) of legal age (18-59 years old), (3) living with their child in Metro Manila, (4) primary caregiver of the child, and (5) the child must be enrolled and has been taking distance learning classes amid the quarantine. The study sample did not include parents of children who have already been homeschooling even before the pandemic and parents of children with special needs as they would require specialized parameters of assessment. Sample size for a Spearman correlation was determined to be 132 using power analysis , with each sample group size being 66. The researchers utilized a non-random purposive sampling design.

Accepted respondents were also asked if they know other parents who meet the set inclusion criteria, directing these parents to also participate in the study.

In order to measure children's coping, the researchers used the standardized Kidcope – Child version [26], with some questions reworded for clarity based on Pfeifer's [27] adaptation of the same tool. To measure children's well-being, the researchers used the Parent Report for Children (8- 12 years of age) version of the Pediatric Quality of Life Inventory (PedsQL)™ 4.0 Short Form 15 Generic Core Scales. All answers were recorded through a 5-point response scale (0 = “never”, 1 = “almost never”, 2 = “sometimes”, 3 = “often”, 4 = “almost always”). The scores were transformed on a scale from 0 to 100, and then the mean of each dimension was computed [28]. Higher scores meant more perceived problems related to the given well-being factor.

The researchers developed a 12-item questionnaire entitled *Parents' Helping Strategies for their Children's Coping* (PHSCC), based on the Six Fundamental Tasks of Parenting. To assess whether the PHSCC covers the concept to be measured, the questionnaire was submitted for a face validity test to a pediatric nursing university professor, and was evaluated using Oducado's [29] Survey Instrument Validation Rating Scale. Moreover, the Cronbach alpha coefficient was used as a measure of the internal consistency. The computed reliability score of the researcher-made PHSCC was 0.903, indicating that the questionnaire is excellent in measuring the strategies that parents use to help their children cope [30]. The frequency of the performance of the six tasks was measured, instead of whether the parents perform the six tasks or not, as the latter will require binary responses (“yes” or “no”), thus increasing the risk for social desirability bias. The responses in the PHSCC were measured.

Once an ethical approval was given by the UP Manila Research Ethics Board, the researchers proceeded with recruitment and data collection. Respondents were recruited through social media platforms in order to reach a larger audience. The researchers posted publication materials to invite parents who met the given inclusion criteria. Respondents were given the choice to participate in the study either through the online survey or through telephone/mobile phone survey. The researchers utilized Google Forms for data collection. Informed consent was obtained by providing information about the study at the beginning of the survey. Consent was implied as respondents proceeded answering the survey questions and submitted their answers online. In the telephone/mobile phone survey, the researchers read the information to the respondents.

The data were tabulated using Microsoft Excel and were analyzed using the Statistical Package for the Social Sciences

(SPSS). The SPSS was used to generate tabulated reports, charts and plots of distribution and trends, and statistical analyses. Descriptive statistics was utilized to summarize the data on the coping strategies, well-being, and parents' strategies to help their child cope. Item analysis was done as well. Inferential statistics was utilized to determine the relationship between the children's coping and well-being, coping and age, coping and sex, well-being and age, and well- being and sex.

Results

Profile of the Participants

A total of 134 parents participated in the survey. Majority of them (132, 98.5%) were mothers of the children. Almost half (61, 45.5%) of the children were aged 6 years old. The mean age was 7.16 years old (s.d.= 1.48). The children were equally distributed by sex. Majority of the children were in Grade 1 (87, 64.9%) and have online classes as their main learning modality (99, 73.9%). Table 1 shows the demographic profile of the respondents.

Coping of Children During the Pandemic as Reported by Parents

Coping, as reported by the parents, refers to the actions of school-aged children to manage the difficulties they face during the pandemic. Coping was measured using the 15-item Kidcope – Child version by Spirito and Stark [26]. It is composed of 15 items in which respondents were asked regarding whether the coping strategy is used and if it is effective.

Analyses involving coping were based only on coping style usage, following the example of Elmose *et al.* [31]. To compute the mean for the two kinds of coping strategies, the number of "yes" answers were divided into the total number of items per category. After computing and comparing the percentage of strategies used by the children, the responses were then categorized into three groups: (1) using more positive coping strategies, (2) using more negative coping strategies, and (3) equally using both strategies. Majority of the children (88 [65.7%]) were using positive coping strategies more than negative strategies.

Table 2 shows the coping strategies used and the mean efficacy of each coping strategy as reported by the parents. All the positive coping strategies were reported to have been used by the majority of the children amid the pandemic. Among the positive coping strategies, "Looking at the good side of things, finding something positive in the situation, or concentrating on something good that could come out of the situation" was used by the most number of children (as reported by parents) (99, 73.9%). Most of the participants

Table 1. *Demographic profile of the respondents (n=134), 2022*

Parent's characteristics	Frequency	Percentage (%)
Sex		
Male	2	1.5
Female	132	98.5
Child's characteristics	**Frequency**	**Percentage (%)**
Age (in years)		
mean= 7.16, s.d.=1.48)		
Sex		
Male	67	50.0
Female	67	50.0
Grade level		
Preparatory School	4	3.0
Grade 1	87	64.9
Grade 2	6	4.5
Grade 3	19	14.2
Grade 4	9	6.7
Grade 5	4	3.0
Grade 6	2	1.5
High school and above	3	2.2
Learning Modality		
Modular	35	26.1
Online classes	99	73.9

Table 1 shows the demographic profile of the respondents.

Table 2. *Item analysis of the coping strategies used by the children during the pandemic (n=134), 2022*

Questions	Did your child do this?		How much did it help them?			
	Frequency (%)		Frequency (%)			Mean (s.d.)
	Yes	No	Not at all	A little	A lot	
1. Forgot about the stressor, didn't think about it, or thought about something else.	84 (62.7)	50 (37.3)	27 (20.1)	28 (20.9)	29 (21.6)	0.64 (0.82)
2. Did an activity or hobby to take their mind off it.	95 (70.9)	38 (28.4)	22 (16.4)	29 (21.6)	45 (33.6)	0.89 (0.88)
3. Kept to themselves – they didn't hang out with anyone in-person or reach out to people much on phone, through text messages, or online.	39 (29.1)	95 (70.9)	27 (20.1)	7 (5.2)	5 (3.7)	0.13 (0.43)
4. Kept quiet about the problem by not talking about it and/or not talking about their feelings about it.	37 (27.6)	97 (72.4)	24 (17.9)	7 (5.2)	5 (3.7)	0.13 (0.43)
5. Looked at the good side of things, found something positive in the situation, or concentrated on something good that could come out of the situation.	99 (73.9)	35 (26.1)	25 (18.7)	29 (21.6)	45 (33.6)	0.89 (0.88)
6. Blamed themself for making the problem worse, or for feeling the way they do about the problem.	35 (26.1)	99 (73.9)	27 (20.1)	6 (4.5)	1 (0.7)	0.06 (0.27)
7. Blamed someone for causing the problem or making it worse, or for making them go through it	44 (32.8)	90 (67.2)	36 (26.9)	6 (4.5)	2 (1.5)	0.07 (0.32)
8. Thought of ways to help solve the problem or to make it better or thought of ways to help themself and make themself feel better.	94 (70.1)	40 (29.9)	22 (16.4)	29 (21.6)	43 (32.1)	0.86 (0.88)
9. Looked for ways or took actions to make the problem better, or talked to others about how to feel better.	96 (71.6)	38 (28.4)	29 (21.6)	26 (19.4)	40 (29.9)	0.80 (0.88)
10. Yelled, screamed, got mad, or felt angry for long periods of time	53 (39.6)	81 (60.4)	37 (27.6)	13 (9.7)	3 (2.2)	0.14 (0.41)
11. Tried to calm themself down.	91 (67.9)	43 (32.1)	30 (22.4)	26 (19.4)	35 (26.1)	0.72 (0.85)
12. Wished the problem had never happened.	87 (64.9)	47 (35.1)	36 (26.9)	29 (21.6)	21 (15.7)	0.53 (0.75)
13. Wished things could be different or that they could change what happened	81 (60.4)	53 (39.6)	35 (26.1)	27 (20.1)	18 (13.4)	0.47 (0.72)
14. Talked about their feelings with others like family, friends, or trusted others or turned to them for support.	91 (67.9)	43 (32.1)	23 (17.2)	22 (16.4)	44 (32.8)	0.83 (0.90)
15. Just accepted the problem because they knew it was out of their control	91 (67.9)	43 (32.1)	34 (25.4)	24 (17.9)	33 (24.6)	0.67 (0.85)

Table 2 shows the coping strategies and the mean efficacy of each coping strategy.

believed that this positive coping strategy helped their children cope the most, with a mean score of 0.89 and sd=0.88. Of the negative coping strategies, children only used the following as reported by their parents: "Forgot about the stressor, didn't think about it, or thought about something else" (84, 62.7%), "Did an activity or hobby to take their mind off it" (95, 70.9%), "Wished the problem had never happened" (0.53, 0.75%), "Wished things could be different or that they could change what happened" (0.47, 0.72%), and "Just accepted the problem because they knew it was out of their control" (0.67, 0.85%). The coping strategy, "Did an activity or hobby to take their mind off it" had the highest frequency (95, 70.9%) among the negative coping strategies. However, only the coping strategies of "Forgot about the stressor, didn't think

Table 3. *Item analysis of the well-being of children during the pandemic (n=134), 2022*

Problems with	Frequency (%)					Mean (s.d.)
	Never	Almost Never	Sometimes	Often	Almost Always	
Physical Functioning 1. Walking more than one block	56 (41.8)	10 (7.5)	39 (29.1)	20 (14.9)	8 (6.0)	1.35 (1.32)
2. Running	41 (30.6)	11 (8.2)	46 (34.3)	21 (15.7)	14 (10.4)	1.67 (1.34)
3. Participating in sports activity or exercise	33 (24.6)	18 (13.4)	49 (36.6)	24 (17.9)	9 (6.7)	1.68 (1.22)
4. Lifting something heavy	48 (35.8)	30 (22.4)	44 (32.8)	10 (7.5)	2 (1.5)	1.16 (1.05)
5. Doing chores around the house	36 (26.9)	20 (14.9)	41 (30.6)	22 (16.4)	15 (11.2)	1.70 (1.33)
Emotional Functioning 1. Feeling afraid or scared	25 (18.7)	24 (17.9)	72 (53.7)	12 (9.0)	0 (0.0)	1.53 (0.90)
2. Feeling sad or blue	24 (17.9)	27 (20.1)	79 (59.0)	4 (3.0)	0 (0.0)	1.47 (0.82)
3. Feeling angry	34 (25.4)	23 (17.2)	69 (51.5)	7 (5.2)	0 (0.0)	1.37 (0.93)
4. Worrying about what will happen to him or her	36 (26.9)	32 (23.9)	52 (38.8)	11 (8.2)	3 (2.2)	1.35 (1.04)
Social Functioning 1. Getting along with other children	27 (20.1)	9 (6.7)	31 (23.1)	40 (29.9)	25 (18.7)	2.21 (1.39)
2. Other kids not wanting to be his or her friend	78 (58.2)	33 (24.6)	19 (14.2)	1 (0.7)	3 (2.2)	0.64 (0.91)
3. Getting teased by other children	64 (47.8)	21 (15.7)	44 (32.8)	4 (3.0)	0 (0.0)	0.91 (0.97)
School Functioning 1. Paying attention to class	26 (19.4)	4 (3.0)	18 (13.4)	40 (29.9)	43 (32.1)	2.53 (1.47)
2. Forgetting things	27 (20.1)	23 (17.2)	70 (52.2)	7 (5.2)	5 (3.7)	1.55 (0.99)
3. Keeping up with schoolwork	29 (21.6)	7 (5.2)	16 (11.9)	36 (26.9)	44 (32.8)	2.45 (1.53)

Table 3 shows the well-being factors, as well as the mean frequency per item.

about it, or thought about something else" and "Did an activity or hobby to take their mind off it" have been reported to be very helpful by a greater number of respondents. The coping strategy, "Did an activity or hobby to take their mind off it" had a mean efficacy of 0.89, showing that it is viewed by parents just as effective as the use of positive coping strategies.

Well-being of Children During the Pandemic as Reported by Parents

The general well-being score of the children was 1.56. As this score is between almost never (1) to sometimes (2) categories, this indicates that the children "almost never" or only "sometimes" had problems regarding their general well-being according to the parents' perception.

With physical functioning, the majority of the parents reported that their children never had problems with "walking more than one block" (m=1.35, sd=1.32) and "lifting something heavy" (m=1.16, sd=1.05); however, the majority of the children sometimes had problems with "running" (m=1.67, sd= 1.34), "participating in sports activity or exercise" (m=1.68, sd=1.22), and "doing chores around the house" (m=1.70, sd=1.33).

In terms of social functioning, parents reported that children often have a problem with "getting along with other children" (m=2.21, sd-1.39). However, they also reported that their children never had a problem with "other kids not wanting to be their friend" (m=0.64, sd=0.91) and "getting

Table 4. *Table of relationships among the variables analyzed in the study (n=134), 2022*

Variables analyzed	Result	p-value *Significant at α = 0.05
Coping categories and well- being scales	***F value***	
Physical Functioning	0.183	0.833
Emotional Functioning	0.012	0.988
Social Functioning	1.063	0.348
School Functioning	0.223	0.800
Overall well-being	0.014	0.986
Coping categories and age	***F value***	
	0.403	0.669
Coping and sex	***χ2 value***	
	0.139	0.933
Well-being scales and age	***Spearman's rho***	
Physical Functioning	-0.093	0.286
Emotional Functioning	-0.044	0.613
Social Functioning	-0.159	0.067
School Functioning	0.019	0.831
Overall well-being	-0.107	0.219
Well-being scales and sex	***T-test score***	
Physical Functioning	2.223	0.028*
Emotional Functioning	1.322	0.189
Social Functioning	2.428	0.017*
School Functioning	0.697	0.487
Overall well-being	2.185	0.031*

Table 4 shows the relationships among the variables analyzed in the study.

teased by other children" (m=0.91, sd=0.97). In terms of emotional functioning statement, "feeling scared" got the highest score (m=1.53, sd=90) falling under the category between almost never to sometimes, followed by "feeling blue" (m=1.47, sd=0.82), "feeling angry" (m=1.37, sd=0.93), and "worrying" (m=1.35, sd=1.04).

It can be noted that the three social functioning statements have a higher mean than the rest of the items. These are "getting along with other children" (mean= 2.21, sd=1.39), "paying attention to class" (mean= 2.53, sd 1.47), and "keeping up with schoolwork" (mean= 2.45, sd=1.53). Children were perceived to have the most problems regarding these well-being factors.

On the other hand, it can be noted that the social functioning statements "other kids not wanting to be his or her friend" (mean= 0.64, sd=0.91) and "getting teased by other children" (mean= 0.91, sd=0.97) got lower mean scores than the rest of the items. Children were perceived to have the least problems regarding these well-being factors.

Table 3 shows the well-being factors, as well as the mean frequency per item.

Relationships between Coping, Well-Being, Age, and Sex of Children During the Pandemic as Reported by Parents

Table 4 shows the relationships among the variables analyzed in the study. To compare the well-being of children in the different coping categories, the one-way ANOVA was utilized. No significant relationship was found.

The ANOVA was used to compare the mean age of different coping categories. No significant relationship was found. The Chi-square test was performed to determine the relationship between sex and coping categories. No significant relationship was found.

The Spearman's rank correlation coefficient analysis was performed to determine the relationship between age and well-being of children during the pandemic. No significant relationship was found. Independent samples t-test analysis was performed to compare the well-being of male and female children during the pandemic. Male children were found to have significantly higher scores with physical functioning (p-value= 0.028), social functioning (p-value= 0.017), and overall well-being (p-value= 0.031) compared to female children. This means that male children experience

Table 5. *Frequency distribution of the parents' responses regarding their strategies help their children cope during the pandemic (n=134), 2022*

Statement	Frequency (%)			Mean (s.d.)
	Never	Sometimes	Always	
Task 1: Safety/Sustenance 1. Provide basic needs such as food, shelter, etc.	7 (5.2)	13 (9.7)	114 (85.1)	2.80 (0.52)
2. Avail of government or LGU-providedsupport and service (e.g., free vaccination,social amelioration packages such as foodpacks, financial assistance or ayuda, etc.).	11 (8.2)	67 (50.0)	56 (41.8)	2.34 (0.62)
3. Remind my children of the COVID-19 safety protocols (e.g., face shield and face mask when going outside, curfew, etc.)	6 (4.5)	3 (2.2)	124 (92.5)	2.89 (0.44)
Task 2: Socioemotional Support 4. Listen to my child tell stories.	4 (3.0)	24 (17.9)	106 (79.1)	2.76 (0.49)
5. Validate my children's feelings and concerns.	6 (3.7)	25 (18.7)	104 (77.6)	2.74 (0.52)
6. Set aside time where we sit with each other (e.g., during mealtimes, watching television together, etc.).	4 (3.0)	14 (10.4)	116 (86.6)	2.84 (0.45)
Task 3: Stimulation or Instruction 7. Remind my child to focus beyond the immediate.	3 (2.2)	26 (19.4)	105 (78.4)	2.76 (0.48)
8. Expose my child to situations that producepositive emotions.	8 (6.0)	38 (28.4)	88 (65.7)	2.60 (0.60)
Task 4: Surveillance or Monitoring 9. Help my child focus on their step-by-step progress in their schoolwork.	5 (3.7)	17 (12.7)	111 (82.8)	2.80 (0.49)
Task 5: Structure 10. Maintain a routine within the home.	5 (3.7)	33 (24.6)	95 (70.9)	2.68 (0.54)
11. Reduce barriers to productive activity (e.g.,looking for ways to improve Wi-Fi connectionfor online classes, setting up a space within thehome that is conducive for learning, etc.)	6 (4.5)	31 (23.1)	97 (72.4)	2.68 (0.56)
Task 6: Social Connectedness 12. Encourage my child to maintain their socialconnections (e.g., with relatives, classmates,teachers, friends, etc.).	5 (3.7)	19 (14.2)	110 (82.1)	2.78 (0.50)

Table 5 shows the distribution of answers for parent's strategies to help their children during the pandemic.

more difficulties related to their physical, social, and overall well-being compared to female children.

Parents' Helping Strategies for Children's Coping (PHSCC) During the Pandemic

Table 5 shows the distribution of answers for parent's strategies to help their children during the pandemic. For Task 1, majority answered that they always provided for their children's basic needs and reminded them of the COVID-19 safety protocols (114, 85.1% for item 1; 124, 92.5% for item 3). Half of the parents responded that they only seldom availed of the national and local government support and services during the pandemic *67, 50% for item 2). For Task 2, majority answered that they were always able to provide socioemotional support to their children (106, 79.1% for item 4; 104, 77.6% for item 5; 116, 86.6% for item 6). For Task 3, majority answered that they were always able to provide stimulation or instruction to their children (105, 78.4% for item 7; 88, 65.7% for item 8). For Task 4, majority answered that they were always able to help their child focus on the step-by-step progress of their schoolwork (111, 82.8% for item 9). For Task 5, majority answered that they were always able to maintain structure within their home (95, 70.9% for item 10; 97, 72.4% for item 11). For Task 6, majority answered that they were always able to encourage their child to maintain their social connections. (110, 82.1% for item 12).

The computed mean for parent's helping strategies is between 2.67 to 2.78, which lies between the categories of sometimes (2) to always (3). This means that the majority of

the respondents claimed to have sometimes or always used all six fundamental tasks of parenting to help their children cope through the pandemic.

Discussion

Coping of Children During the Pandemic as Reported by Parents

The results indicated that the respondents found positive coping strategies to be the most effective in helping their children cope amidst the pandemic, and that negative coping strategies are the least effective.

It is worth noting that of all the negative coping strategies, parents perceived the item "Did an activity or hobby to take their mind off it," a negative-distraction coping strategy, to be comparable in efficacy to the positive coping strategies.

This study revealed that there was no significant relationship between age and use of coping strategies (hypothesis 2), consistent with Skinner and Saxton's [32] literature review that children who are either in school-age or in early or late adolescence who are all using more adaptive coping strategies are not significantly younger or older than those who use more maladaptive coping strategies, and vice versa. Different ways of coping seemed to follow different normative pathways. During elementary school years, the trend showed a balance between high usage of adaptive coping strategies and low usage of maladaptive coping strategies. In early adolescence, the trend indicated that the use of adaptive coping strategies began to decrease, while the use of maladaptive coping strategies began to rise. These trends began to plateau during middle adolescence, showing stability across one's high school years.

There was no significant relationship between sex and use of coping strategies (hypothesis 3). Whether sex plays a significant role in coping has been the topic of a considerable amount of studies, but the evidence remains inconclusive because of varying results. In some studies, sex differences did not exist at all [33-36], consistent with the results of this study.

Well-Being of Children During the Pandemic as Reported by Parents

This study aimed to describe the well-being of school-aged children during the COVID-19 pandemic as reported by their parents. It was evident that the pandemic had an impact on all of the different aspects of the children's well-being during quarantine.In terms of physical functioning, findings revealed that school-aged children encountered problems in moderate- to vigorous-intensity physical activities compared to low- intensity physical activities during the pandemic. This finding echoes previous studies which found that quarantine measures decreased the level of physical activity of school-aged children during the pandemic [37-43]. Thus, they have limited to no accessibility to playgrounds or other venues for active physical activities and are most likely encouraged to develop sedentary behaviors [44-46].

It was also found that the pandemic negatively affected the overall emotional functioning of school-aged children. This finding is consistent with other studies that have shown a negative effect of the pandemic on children's mental health [47-50]. The quarantine may have created or worsened problems such as loss of family income, disruptions to daily life, social isolation, and increased stress within the family [48,51,52].

The study revealed that the social functioning of school-aged children was also negatively affected. During school age, children are beginning to value relationships and develop a sense of independence [53]. The development of their social skills is dependent on the social learning opportunities at both home and school, and this is refined through practice from their interactions and reactions from the environment [54]. Therefore, quarantine measures became an obstacle to the social development of children, which led to problems with socialization. This finding corresponds with Dudovitz *et al.*'s [55] study that reported increased incidence of peer problems among school-aged children due to school closures. Because of social isolation, children may have developed a strong desire to socialize with their family and peers; therefore, this may explain why they would not have a problem with making friends and being teased by others. Family engagement may have helped in protecting the social functioning of the children [51,56].

Our findings suggest that children experience problems regarding school functioning during the COVID-19 pandemic. This is consistent with Panagouli *et al.*'s [57] study in which the incidence of learning losses, decreased school performance, and difficulties in online learning among younger students were present during the pandemic. Agaton and Cueto [58] also reported that lack of attention, difficulty in keeping up with lessons, inability to finish academic outputs, and health-related problems were observed by Filipino parents during the pandemic. Lower scores in school functioning may be attributed to the

caregiver's difficulties in the implementation of distance learning at home, including struggles to meet the resource demands of distance learning, availability of technology, and personal and financial problems in the family [58, 59].

This study revealed that there was no significant relationship between the age and the well-being of school-aged children (hypothesis 4). This finding is in contrast with other studies which revealed a decrease in well-being with age [60, 61]. Significant findings on age differences in the well-being of school-aged children during the COVID-19 pandemic is yet to be discovered in future research.

The study also showed that there was a significant relationship between the sex and the well-being of school-aged children (hypothesis 5). The findings showed that male children experienced more problems related to their physical, social, and overall well-being compared to female children. This finding is congruent with other studies which demonstrated lower well-being in boys [37, 62, 63].

Generally, boys are more involved in screen-based activities such as watching videos and online gaming, and less engaged in socializing compared to girls [64-66]. An increase in daily engagement in screen-based activities, facilitated by various enabling factors (e.g. quarantined environment due to the pandemic), is correlated to decreased physical and mental well-being among children and adolescents [67,68].

Relationship between Coping and Well-Being of Children During the Pandemic as Reported by Parents

The study revealed that there was no significant relationship between children's use of coping strategies and their well-being (hypothesis 1). Several reasons may account for this finding, and one such reason may lie in the nature of the COVID-19 pandemic as the identified stressor for the Kidcope questionnaire. The positive or adaptive coping items of the questionnaire also correspond to primary control coping, which entails efforts to alter a situation's objective condition, while the negative or maladaptive coping items correspond to secondary control coping, which entails efforts to adjust oneself to the situation's demands [69].

While primary control coping is consistently linked to better psychological outcomes and thus better well-being, this is usually in the context of controllable stressors that the individual can personally manipulate in their favor. While the results of this study indicate that the respondents are generally coping adaptively, given the uncontrollable nature of the pandemic, the positive effects of these coping strategies may have been diminished. On the other hand, while the use of negative or maladaptive strategies such as avoidance and disengagement may provide protective effects, these may also be diminished as these strategies only put off the problem. Adverse well-being outcomes may thus become apparent at a later time.

A second possible reason may be the length of time that has passed since the initiation of lockdown measures up until the study's data collection period. The lockdown of the entire Metro Manila region began on March 15, 2020, and has since then varied in the intensity of restrictions implemented. The study's data collection period began on October 16, 2021. The deleterious effects of the pandemic between these two points in time are well-documented, but for all its downsides, the lockdown measures also have their silver linings.

For example, certain populations of students benefited greatly from distance learning [70], in which autonomy and flexibility served as keys to motivation. As opposed to face-to-face learning that starts strictly in the morning and ends sometime in the evening, the flexibility of the schedule and method of online learning allowed the students to conduct their learning at a time when they're most motivated to.

Another such example concerns family dynamics and well-being [71]. For certain populations of parents, the increased time at home with their children, the work-from-home set-up, and the "slower" passage of time allowed for a reassessment of their priorities. Instead of being solely career-oriented, parents have been trying to reach a better work-family balance, leading to the creation of new family traditions that promoted togetherness and intimacy.

Given these two reasons, it is safe to say that the school-aged children's comfort with the idea of a pandemic has increased. The novelty of the COVID-19 as a stressor may have worn off, and it may no longer pose as great of a deterrent as it used to. It may also no longer be something that children need to exhaustively cope with using mental resources, hence the insignificance of the relationship between it and well-being. This is not to say that these reasons hold true for all family backgrounds, as evidence has also pointed out that financially-insecure households, households with PWDs, and matriarchal households are disproportionately the hardest hit [72].

Parents' Helping Strategies for Children's Coping (PHSCC) During the Pandemic

The results showed that the majority of the parents claimed to sometimes or always use certain strategies of parenting to help their children cope with effects of the ongoing COVID-19 pandemic. These findings are synonymous with Vanderhout *et al.*'s [73] study stating that parents would most often provide solutions to lessen the negative consequences of the global outbreak on their families.

Roos *et al.* [74] emphasized that positive parenting quality during the COVID-19 pandemic is essential in supporting young children to cope with stressors of differing severity, as continuous exposure to lower-quality parenting during times of uncertainties may increase the child's risk for chronic health, socio-cognitive, and developmental problems. Positive parenting strategies include supportive caregiving, setting limits, proactive fostering, engaging in joint-play with their children, setting sufficient routines, utilizing praise, and exhibiting warmth. Positive parenting may similarly lessen the behavioral problems of children and appropriately prevent the consequences of being in a prolonged quarantined environment [74]. In addition to parents gradually navigating multiple roles within their household during the pandemic, studies have shown that parents and their children have had better opportunities to make more meaningful moments together and understand each other, particularly through closer- knit ways of communication and intimacy. Some parents took on teaching responsibilities as their children virtually attended online classes, while some provided supervision and structure by guiding their children through online platforms [75,76].

Managing children's exposure to the pandemic is a vital strategy for parents to model their children's coping responses to stress [76]. It is important for parents to be more mindful of their reactions concerning the pandemic whenever they talk about it with their children.

Conclusion

Children were using more positive coping strategies than negative coping strategies during the COVID-19 pandemic. Coping strategy use—whether children were using more positive strategies, more negative strategies, or equally using both strategies —was not significantly related to the well-being of children. It was also not significantly related to the age and sex of children.

In general, children have little to no experience of difficulty in terms of well-being. There were those who reported some level of difficulty in terms of physical and social functioning and overall well-being; among those, there are more males than females.

Parents use the six fundamental tasks of parenting which include safety/sustenance. socioemotional support, stimulation or instruction, surveillance or monitoring, structure, and social connectedness to help their children cope positively during the COVID-19 pandemic.

Recommendations

The following are the recommendations of the study: (1) to include the guardians of school-aged children in the sample's inclusion criteria to gain their perceptions of the children's coping and well-being, (2) to obtain the records of current enrollees from the Department of Education to estimate the population size in the creation of a sampling frame, and to compute a more accurate sample size that is representative of the population, (3) to have an on-call psychologist during data collection for caregivers to consult with should they observe negative coping and well-being in their children, (4) to determine the specific city location of the respondents to facilitate a comparison of data among the cities of Metro Manila, and (5) to examine other variables possibly relating to coping and well-being.

Limitations

The use of non-probability sampling limited the ability of the study to make generalizations; thus, the study findings can only be generalized to the specified population. The use of an online survey platform with a simple interface prevented the use of both versions of the PedsQL™ 4.0 Short Form 15 Generic Core Scales (Parent Report for Young Child [ages 5-7] and Parent Report for Children [ages 8-12]). Selection bias, self-reports, and social desirability are also among the limitations of this study.

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