Invited Paper

Children in especially difficult circumstances: The global and Philippine situation

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Key words abuse, armed conflict, child labor, natural disasters, refugees, street children.

Children in especially difficult circumstances (CEDC) is a worldwide problem with a labyrinth of compartments. It is sad to note that the problem is manmade, and that the most serious threat to our children is humankind itself.

The causes of the escalation of this problem are multifactorial, but of great significance are the observations concerning a degradation of values and failing moral, spiritual, psychosocial, and other interpersonal development.

It is gargantuan global social concern that has attracted the attention and commitment of the entire world community, from professionals in the various fields of pediatrics, social work, psychology and psychiatry, to legislators, administrators, and politicians.

Data on CEDC

Working children

Child labor is usually characterized by exploitative work that is poorly paid or unpaid. The work is often hazardous to the health and development of the child due to harmful working environment, excessive hours of work or too heavy work. No time is allocated for school work, depriving the child of educational opportunities. In the Philippines, examples of dangerous work are deep sea diving, mining and quarrying, and manufacture of pyrotechnics.

A joint meeting of the International Pediatric Association/International Labour Organization (ILO)/World Health Organization (WHO)/United Nations International Children’s Emergency Fund (UNICEF)/Union of National Pediatric Societies/Société Senegalise de Pediatrie was held in Dakar in December 1993 on Child Labor. The Dakar Declaration on Child Labor considered the following to be a reality.

1. Child labor is a common occurrence, with about 100-200 million working children under 15 years of age, many of whom labor under exploitative and hazardous conditions.
2. Child labor has an adverse effect on the health, growth and psychosocial development of the child.
3. Child labor produces long-term impediments to individual growth resulting in socio-economic underdevelopment of society and country.

A report of the ILO reports that there are about 3.7 million working Filipino children, most of whom are unpaid or grossly underpaid and working under conditions that are detrimental to their health and development. The National Statistics office states that 56% of these child laborers are in farming and that two-thirds of working children are in the rural areas. As of 1993, UNICEF has 9.2% of children aged 10-14 years in the labor force, an increase of 3.4% in 1989.

Children in armed conflict: War, civil strife and organized violence

In areas of strife in the southern Philippine island of Mindanao, children are involved directly as couriers or even combatants, and indirectly become victims when their parents are killed and they are displaced from their homes and communities, ending up as refugees. Official estimates of the United Nations High Commissioner for Refugees (UNCHR) reveal that children represent a large proportion of refugees and displaced people (Table 1).

These data clearly show that armed conflicts remain one of the major tragedies of our time with children paying a very high toll for wars in which they have no say. UNICEF estimates that over the past 10 years: (i) 2 million children have been killed; (ii) 4-5 million have become physically disabled; (iii) 12 million have been displaced or forced to
Thee as refugees; (iv) 1 million have become orphans or unaccompanied children; (v) 10 million have suffered from severe psychological trauma; and (vi) 200,000 children were drafted as soldiers in 1988.

In the Philippines, it is estimated that, from 1972 to 1988, 4.5 million children were affected by armed conflict, and that 70,000 children were displaced annually in 1994 and 1995.

**Street children**

Street children are urban children, spending most of their time on the streets; they may be working or not and have tenuous ties or no ties at all with their families. These children, not surprisingly, have developed specific survival strategies.

Street children are exposed to specific risks. Among them are: (i) use and abuse of dangerous substances; (ii) involvement in trafficking of drugs; (iii) exploitative work; (iv) sexual exploitation/prostitution; (v) violence/delinquency; (vi) maltreatment; and (vii) discrimination.

In the Philippines, the national project on street children of the Department of Social Welfare and Development (DSWD) and the National Council for Social Development shall focus most on this aspect of CEDC. These are children who are occasionally or habitually victims of physical, sexual or emotional violence that originates from their immediate environment, but which is, fortunately, preventable.

The Philippines Pediatric Society has already pledged itself to the fight against child abuse. It has accepted the challenge of what I call the most common societal disease of children of our times. It is definitely our most current silent epidemic.

The worldwide scenario reveals that it is a problem that does not respect race, religion or state of development; in fact, it is sustained by cultural and social norms and by structures of political and economic inequality. Approximate figures provide the data that street children comprise 1–3% of the child and youth population of a major city. In 65 major cities of the Philippines, there are over 220,000 street children; in metropolitan Manila alone there are 50–75,000 street children. National data shockingly reveal that 60,000 are sexually exploited or prostituted.

**Children affected by natural disasters**

Children affected by natural disasters experience physical loss or damage, may be separated from their families and suffer social and economic dislocation either through high impact disasters such as earthquakes, volcanic eruptions, typhoons, tsunamis or floods or through slow-onset events such as droughts or chronic poisoning from a degraded environment.

**Abused, neglected and deprived children**

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reveal that 1 out of 100 children is abused physically, sexually or emotionally by their own caretakers and 1 out of 10 children experiences an abusive incident annually. Approximately one in three girls are sexually abused before the age of 18 and one in six boys before the age of 16.

Child abuse and exploitation can be classified into three levels as shown in Fig. 1. Level I refers to a global situation in which the lack of social, economic and other developmental resources adversely affects the growth and development of children. It occurs in societies where poverty, hunger, poor sanitation, and inadequate shelter and health care result in malnutrition and early death. This is child abuse at the societal level. Child abuse at the global level is also associated with extrafamilial factors and occurs in the form of child labor, child prostitution and children who are victims of armed conflicts. Some of these also may be considered under Level II, which is best exemplified by abuse within institutions, such as orphanages, or by cultural practices such as female circumcision or genital mutilation, or by severe punitive measures practiced as disciplinary methods. Level III is concerned with intrafamilial child abuse.

The definition of child abuse, therefore, has always been complicated by conditions that are cultural, economic, social or political in nature. I am presenting here the definition adopted by the British Child Protection Register, which includes four major categories.

**Child neglect**

Persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold and starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child’s health or development, including non-organic failure to thrive.

**Child physical injury**

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen’s syndrome by proxy.

**Child sexual abuse**

Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.

**Child emotional abuse**

Actual or likely severe adverse effect on the emotional and behavioral development of a child caused by a persistent or severe emotional maltreatment or rejection.

The effects of child abuse are both violent and insidious. Consequences can be life-threatening or may result in permanent developmental disabilities, behavioral problems or growth impairment.

**Lack of complete statistical data**

Most statistics on child abuse and exploitation are controversial due to complex and subtle issues, including strong emotional and moral commitments. It is believed that most abused and exploited children never come to the public attention. There is an inadequacy of working data that could be very useful in detection, diagnosis and planning of interventions.

Because the victims are minors who are unable to report, and most situations are illegal, the data available is very meager and the problem is more widespread than indicated by current figures.

**The challenge**

The challenge is to protect our children, to advocate for our children, to mobilize for these children and to act as catalysts for interventions.

From the Progress of Nations of the United Nations Children’s Fund, 1996, I quote the following excerpt:

> The day will come when the progress of nations will be judged not by their military or economic strength, nor by the splendour of their capital cities and public buildings, but by the well-being of their peoples: by their levels of health, nutrition and education ... and by the protection that is afforded to the growing minds and bodies of their children.

We all know that ‘the day’ has come and each of us should be an advocate for CEDC, committed to awareness, legislation and funding to further the cause. We must be involved and we can do this by creating our own groups, establishing links, networks and partners, and mobilizing everyone.

What can the Philippines Pediatric Society or individual pediatricians do? The list is endless and what I am presenting is by no means complete.

1. Provision of access to appropriate services.
   - Child protection units in strategic areas (chapters).
   - Interdisciplinary, multidisciplinary, transdisciplinary, and interdepartmental collaboration.
   - Specific services for child abuse and exploitation cases (e.g. hotlines).
General services for health and nutrition, such as day care centers, education and social services.

(2) Training of professionals.
Physicians, including pediatricians; allied health professionals and nurses; hospital administrators; social workers/case workers; law enforcers, including police officers, prosecutors, fiscal and justices, and personnel of agencies such as the Commission on Human Rights and non-government organizations (NGO).

(3) Development of training modules on child abuse and exploitation.
Undergraduate education (e.g. medicine, nursing, midwifery, law and social work, postgraduate education (e.g. residency, fellowship, and continuing education for other professionals), and elementary and high schools (i.e. teaching children how to protect themselves).

(4) Development of protocols and guidelines in dealing with child abuse in institutions (e.g. hospitals), by individual health workers (e.g. pediatricians) and by community members (e.g. neighbors).

(5) Establishment of systems to ensure competent, appropriate, immediate and continued services, including safety, for victims.

Delivery of effective services, protection of victims, and access to and financial assistance with social work and legal agencies.

(6) Public education and information dissemination.
Parenting skills, public seminars, media dissemination (print and broadcast), and resource learning centers (e.g. main PPS library and in chapters).

(7) Research and data collection (bioethical considerations must always be of paramount importance).

Documentation using the latest information technology. An epidemiological framework should be used in analysis and development of strategies to reduce frequency, severity, and sequelae.

A development approach to child abuse prevention should be utilized.

Utilization of data for planning, policy making and evaluation.

Some topics on which research might be focused are: incidence (number of new cases per year), prevalence (percentage of individuals in some population groups who have had such an experience, and a definition of abuse, sexual abuse and neglect. The latter has always been a difficult area and should be made in the context of Filipino sociocultural values. Societal, familial and individual factors associated with child abuse also need to be identified. Information is required on the utilization of data for both immediate and sustained interventions, especially in the areas of prevention and recurrence, diagnostic competence, therapeutic capabilities, and safety assurance.

(8) Social mobilization.
Government agencies, schools, community organizations (NGO), child and youth organizations, media, religious groups, cultural and sports groups, professional organizations, and business corporations.

Strengthening the Filipino family

The functional interrelationship between the child and the family has been a crucial deterrent to child abuse. The family has an invaluable role to play. In fact, the following has been coined to emphasize this special link: Child A.N.D. Family, with A standing for Abuse, N for Neglect and D for Deprivation.

However, with the breakdown of the family as a unit of society, parents themselves abuse and exploit their own children.

Table 2 Excerpts from the Republic Act 7610 showing the offense and the penalty incurred

| Section 5 | Child prostitution and other sexual abuse. |
| Section 7 | Child trafficking. |
| Section 9 | Obscene publications and indecent shows. |
| Section 10 | Person with a minor twelve years or younger in any public or private place, not related within the fourth degree of consanguinity or affinity. |
| Section 10a | Person who shall use a child to beg, traffic drugs or conduct illegal activities. |
| Section 11 | Sanctions on establishment. |
| Section 12 | Working children. |
| Section 13 | Non-formal education for working children. |
| Section 17 | Discrimination of children of indigenous cultural communities. |
| Section 22 | Children in armed conflict. |

Table 3 Excerpts from the Republic Act 7610, PD603

| Article 8 | Right to protection against exploitation, improper influences, hazards, and other conditions, or circumstances prejudicial to his physical, mental, emotional, social and moral development. |
| Article 107 | Employment of children below 16 years. Children below 16 years of age may be employed to perform light work not harmful to their safety, health or normal development and not prejudicial to their studies. |
| Proclamation No. 731 | Declaring the second week of February of every year as 'National Awareness Week for the Prevention of Child Abuse and Exploitation'. |
children, sending them off to a life on the streets, into hazardous labor (the Balabagan case), exposure to dangers, both natural and man-made, involving them in armed conflict, pushing them into mendicancy and selling them to pedophiles, all horrifying indeed.

**Advocacy**

Children need powerful and effective advocates who will work for increased awareness, increased involvement, increased competence and strengthened linkages and networking. The last is vital to the success and sustainability of all the preceding activities. Definitely, everyone has a role to play.

**Existing legislation**

Worthy of note is the Republic Act 7610, an Act providing stronger deterrents and special protection against child abuse, exploitation and discrimination, providing penalties for its violation and other purposes. Some excerpts from Republic Act 7610 are presented in Tables 2 and 3.

**Proposed interventions**

Other effective interventions are required.

1. Increased access to services, health, nutrition and education.
2. Increased restrictions for exploitative labor.
3. Enforcement of compulsory primary education.
4. Adoption of training modules in curricula of relevant professionals (CHED).
5. Addressing gaps in child protection laws.

**National, regional, and international involvement**

Instances of national commitment, such as the monthly meetings under the leadership of the Secretary of the Department of Justice himself, are testimony to the Filipino government’s interest in combatting child abuse. All necessary units have been mobilized to address the challenge.

At the regional level, the Association of South-East Asian Nations (ASEAN) held the 5th ASEAN Senior Law Officials Meeting (ASLOM) in Manila in September 1996, at which child abuse problems were taken up.

As for international commitment, we can proudly say as members of the human race that there has been a continuous evolution of instruments to protect children. Several of these are considered monumental milestones in the global protection of the rights of the child and how children should be treated in a truly humane society (Table 4).

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**The Child Protection Unit at the Philippine General Hospital of the University of the Philippines**

A very specific concrete strategy is the Child Protection Unit at the Philippine General Hospital of the University of

**Table 4  International support for the rights of children**

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<th>Instrument</th>
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<td>Universal Declaration on The Rights of the Child, 1959.</td>
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**Strategies and Scope of Services**

Creating a Lasting Infrastructure

**Training and Education**

- Development of child abuse curriculum
- Specialized skills training
- Ongoing professional seminars
- Consultation to other programs

**Research and Development**

- Formulation of research objectives
- Development of information systems
- Creation of a library
- Strategic analysis of infrastructural needs

**Fig. 2** Strategies and services included in the Child Protection Unit at the UP-PGH.
the Philippines (UP-PGH) with financial and operational support from the Advisory Board Foundation. It is hoped that similar units may be established all over the country. Its strategies and scope of services include those shown in Fig. 2.

Accepting the challenge

I reiterate the challenge, therefore, to the Philippines Pediatric Society, a gathering of men and women who I believe are committed to the Filipino child and who are, at this very moment, trying their best to right a wrong; a wrong that has been with us for centuries, but in present times is a fire that has become a conflagration. And this is why we are here today at this plenary session.

(1) We are here to protect our children.
(2) We are here to see what our professional society can do.
(3) Can we mobilize for these children?
(4) Can we act as catalysts?

Let us advocate and dedicate ourselves to our vulnerable children, who being society’s faintest in voice and weakest in strength are totally dependent on others for their nurturance and protection.

In closing, may I quote from the book *The Song of the Bird* by Anthony de Mello, SJ:

A man saw a naked child in the street, hungry and shivering in the cold. He became angry and asked the Lord: ‘Why do you allow this? Why don’t you do something?’ God replied: ‘I certainly did something. I made you.’