

#ONtheLINE: The Role of Information and Communications Technology in the Delivery of Likhaan Center's Programs during the COVID-19 Pandemic

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ABSTRACT

The unprecedented COVID-19 pandemic in 2020 brought significant changes to how Information and Communications Technology (ICT) is leveraged in various industries, including social work and community development. This research analyzes the role of ICTs on the delivery of Likhaan Center for Women's Health's programs from March 2020 to December 2022. Likhaan is a non-government organization aiming to promote the sexual and reproductive health and rights (SRHR) of women and young people from disadvantaged communities. This study considers the perspectives and experiences of Likhaan's beneficiaries, community mobilizers, and social service providers. A mixed-methods design was utilized, beginning with an online survey-questionnaire for the collection of quantitative data from Likhaan's beneficiaries, which garnered 90 completed responses. The quantitative data was used to identify eight beneficiaries to participate in in-depth individual interviews for the collection of complementing qualitative data. Individual interviews were also conducted with four project coordinators and clinicians from Likhaan. Additional qualitative data was collected through focus group discussions (FGDs) with 16 community mobilizers from various Likhaan clinics. The results revealed that ICT accessibility and integration has a direct impact on the delivery of social services, which is felt and experienced by beneficiaries, community mobilizers, and social service providers in different ways. The findings have implications for the aforementioned groups, along with policymakers, program implementers, and researchers, providing insights into opportunities, challenges, and barriers in utilizing ICT in the delivery of SRHR social services. The study underscores the need for further research, collaboration, and innovation in leveraging ICT to address the complex and multifaceted challenges related to SRHR and how it can be used in the context of social work and social welfare.

Keywords: Sexual and Reproductive Health and Rights, Information and Communications Technology, COVID-19 pandemic, social services, Likhaan Center for Women's Health

1. Introduction

Likhaan Center for Women's Health was established in 1995 by a collective of feminists, political activists, community leaders, and health workers. The non-profit, non-government organization was created to address women's increasing demands for sexual and reproductive health services and rights. Presently, Likhaan is active in five Metro Manila cities, namely Manila, Malabon,

Navotas, Pasay, and Quezon City. They also operate centers in two provinces, San Jose del Monte Bulacan, and Eastern Samar. Likhaan is a proponent of women's rights, equality, and justice as well as the ability of citizens to change their communities. Their vision of a country for the Filipinos is one that is free, egalitarian, and democratic, where everyone has the same rights and possibilities for growth and well-being. Their goal is to assist women and underprivileged groups in mobilizing their resources through working with the government and other decision-makers to change unfair and inequitable circumstances. Likhaan's long-term plan is to build a society where women, including their families and communities, can completely exercise their right to health, including their right to sexual and reproductive health (Rodriguez, 2021). In order to achieve such, they have made and developed initiatives that will make reception of aforementioned rights more meaningful – especially during the recent COVID-19 pandemic.

Information and Communication Technology (ICT) served as the lifeline for many during the COVID-19 pandemic. Unfortunately, the Philippines' access to digital technologies is still short of its capabilities, and our utilization and adoption of these technologies lag behind when compared to neighboring countries (World Bank, 2020). Social services and potentially cathartic economic opportunities are not equally accessible due to the "digital divide" between those with and without adequate internet access despite that in 2016, the United Nations General Assembly asserted that Internet access is a compulsory human right.

The digital divide is defined as “The gap between people who can easily use and access technology, and those who cannot. The term digital divide has been in common use to refer to the sense of technological haves and have-nots for over a decade” (West, 2011, as cited in Sanders and Scanlon, 2021). In other words, not everyone is fortunate when it comes to ICT accessibility and utilization. This is influenced by several factors, including access to gadgets, Internet connectivity, and digital knowledge. The digital divide and consequently, the digital poverty it highlights, can be considered as a combination of several existing divides in society, such as economic inequality, accessibility, and sociological inequality (Mossberger et al, 2003, as cited in Sanders and Scanlon, 2021). ICT services are used daily by citizens to engage with each other and the government. In fact, a political study conducted in 2010 suggested that Internet utilization is directly proportional to civic engagement, including access and utilization of government social services (Sylvester and McGlynn, 2010, as cited in Sanders and Scanlon, 2021). This means that those with no or inadequate access to ICT services are more likely to forgo civic participation, resulting in adverse effects to the delivery of social services and political participation.

Social services pertain to programs, services and other activities provided under different channels, with the aim to address the needs and problems of the community (Lee-Mendoza, 2008). The recent pandemic has encouraged the need of innovations for the field. Unfortunately, for the Philippines, there are barriers such as digital divide of location, gender, and age. Nonetheless, the benefit of a new platform to the course will integrate not only new but a wider variety of options for the bigger benefit and rights of the Filipino people. This study aims to analyze the role of ICT in the provision of sexual and reproductive healths and rights (SRHR) social services for women by Likhaan Center for Women's Health during the COVID-19 pandemic. SRHR includes various human rights such as sexual health, sexual rights, reproductive health, and reproductive rights. SRHR is a vital component of universal health coverage and is not limited to addressing physical illnesses and dysfunction, but also covers emotional, mental, and social welfare.

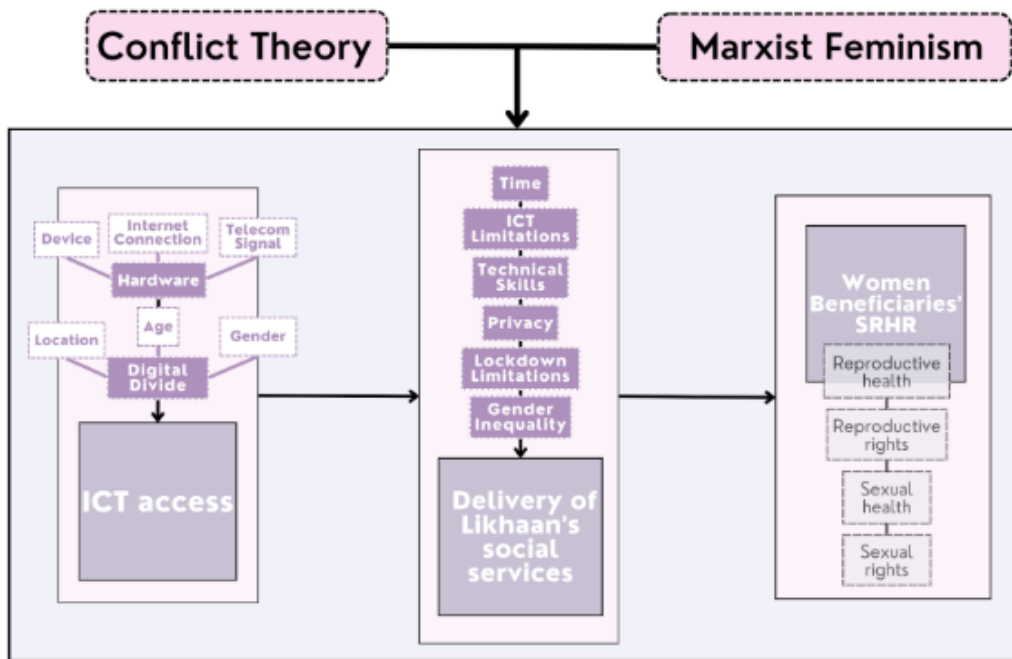
This research aims to analyze and describe the influence of ICT in the delivery of social services and SRHR rights during the COVID-19 pandemic through the projects and initiatives done by Likhaan, describing the challenges and opportunities in integrating ICTs in the delivery of SRHR

programs. It also aims to describe opportunities for policy reforms and advocacy with regards to the accessibility of ICT and its integration to the delivery of social services. The researchers gathered information from previous studies that understands the changes ICT has made and the ways it paved in other crucial fields such as medicine and agriculture, both of which serve an essential purpose to the daily lives of people and how it has improved especially in the time of the COVID-19 pandemic. Furthermore, in identifying underlying factors in the category of delivery, they have also taken note of different categories involved in the digital divide namely: location, age, and gender.

2. Theoretical Framework

The conceptual framework diagram shows the relationship between the access to ICT and Likhaan’s online delivery of their social services and as a result, the latter’s influence on the beneficiaries SRHR. The framework also summarizes the factors affecting the participants during the study, as well as the relevant theories the researchers utilized to interpret the data.

Figure 1. Conceptual Framework Diagram



According to the research data and findings as supported by the previously discussed review of related literature, ICT access is influenced by two things: hardware and digital divide. Hardware, in this context, consists of three things: a person’s device, internet connection, and the telecommunications signal. Device refers to the gadget, such as a smartphone, cellphone, laptop, tablet, and the like, a user uses to either operate the telecom signal through phone messages and calls, and internet access. Both internet connection and telecom signal determine the quality and speed of data transmission a user has access to. Internet connection is the data transmission options available to the user; examples of data transfer options are fiber-optics, cable networks, xDSL connections and such for WiFi; and 3G, 4G, LTE, 5G networks, and the like for mobile data. On a relevant note, the telecommunications signal in an area dictates stability of the options as well as their existence as an accessible option. Digital divide refers to the ability or inability to access ICT due to a myriad of factors. In the context of the digital divide is influenced by location, age, and

gender. Given this, ICT becomes accessible as the digital divide worsens or eases depending on the characteristics of the ICT user.

During the interviews and focus group discussions with the respondents, various other factors related to ICT access that affected Likhaan's delivery of social services during the COVID-19 pandemic arose. These mentioned challenges include time, ICT limitations, technical skills, privacy, lockdown limitations, and gender inequality. Time refers to the temporal difficulties experienced by those who deliver and receive social services of Likhaan amidst the pandemic. An example of this is a conflict between the time of work and the scheduled consultation. ICT limitations, on the other hand, account for all the limits that exist within the ICT sphere. An example of this is a clinician being unable to touch the patient and conduct an in-depth analysis of their symptoms through online platforms. Technical skills are related to the previous point, wherein this refers to an individual's ability to understand, use, and maximize ICT despite its limitations efficiently and effectively. An example of this is an individual failing to use Zoom due to the confusion with the unfamiliar interface. As the name suggests, privacy is when one's personal information and matters are kept private and confidential. Breach of privacy happens during the online delivery of social services when the client discloses their sexual and reproductive health or symptoms to their clinician but is overheard by a relative. Lockdown limitations, meanwhile, are the difficulties in accessing Likhaan's social services due to the imposition of the lockdown. An example of this is the struggle in continuity and accessibility of certain services, such as provision of certain birth control methods. On the other hand, gender inequality is the "discrimination on the basis of sex or gender causing one sex or gender to be routinely privileged or prioritized over another." An example of this is women having less opportunities to access and learn ICT in contrast to their male counterparts.

Conflict theory states that society has an existing structural and power divide due to (Nickerson, 2021). As a result of this, resource inequalities occur and are decided and maintained by those in power. As such, conflict theory asserts that the factors of ICT accessibility as well as of the delivery of social services are determining elements for their accessibility or inaccessibility. Utilizing the conflict theory as a lens allows a critical understanding of the factors and challenges Likhaan's beneficiaries, staff members, and community mobilizers experience in the delivery of Likhaan's social services through ICT access as users of Philippine internet in relation to existing power struggles among competing groups in society.

Feminist theory asserts that the key to understanding inequalities, oppression, and injustices faced by women is listening and assessing commonly forgotten experiences and stories of women through the lens of intersectionality. As such, the researchers recognize that although accessibility of ICT may influence the delivery of Likhaan's social services to their clients in rural areas like Bulacan and the beneficiaries' SRHR, factors like class, sexuality, age, ability, and such influence the state of their SRHR on an individual and systemic scale. Even prior to the pandemic, there have been opportunities in the provision of adequate and comprehensive sexual and reproductive education particularly to Filipina adolescents. This problem is especially pervasive among the marginalized and vulnerable sectors, particularly those in rural areas, which often lead to unwanted pregnancies and poor prenatal and postpartum care. These gaps not only impact women's fundamental rights to life and health, but they also interact with many other areas of their lives, going beyond socio-economic aspects.

Marxist feminism, on the other hand, adds another layer of critical and intersectional perspective in understanding the experiences and stories of the beneficiaries of Likhaan in the general SRHR scene of the Philippines. The marxist feminist lens allows the researchers the ability to identify

and discern factors, forces, and structures that hinder the SRHR of Likhaan's beneficiaries with consideration to not only socio-economic status, but also the gender of the female beneficiaries. The theory asserts that to confront and combat the injustices, and oppression the beneficiaries of Likhaan's social services may face, it is necessary to understand the root of such inequalities and identify the structures and forces maintaining the imbalances.

In analyzing the accessibility of ICT in relation to Likhaan's social services' online delivery, the researchers utilized Conflict Theory and Marxist Feminism as a lens to create a clear and comprehensible direction for the paper and as a framework in understanding and interpreting the data. Conflict Theory and Marxist Feminism laid the foundations to depict a more accurate and complete context of the experiences and stories of the beneficiaries of Likhaan Center.

3. Literature Review

This literature provides a comprehensive review of the related literature on SRHR in the Philippines and the use of ICT in the delivery of social services during the COVID-19 pandemic. It begins with an overview of the current state of SRHR in the Philippines, discussing key issues and challenges, as well as highlighting relevant initiatives such as programs and social services in the country. Next is the discussion of how the COVID-19 pandemic has affected these programs and services, with emphasis on Likhaan Center's operations from March 2020 to December 2022. Third is an analysis of the emerging adoption and integration of ICT in social services, and a review of the impact of ICT accessibility on the delivery of social services in the country at the time of the pandemic. Last, this chapter explores the idea of the digital divide and the digital transformation in the Philippines.

3.1. Sexual and Reproductive Health and Rights the Philippines

In the Philippines, equal access to sexual and reproductive health and rights remains a relevant and controversial issue. Despite the passage of the Responsible Parenthood and Reproductive Health Law (RPRH) in 2012, there remains to be challenges in its full implementation. There is still a lack of sufficient and meaningful discourse about sexual and reproductive health and rights among Filipinos, and Filipino women continue to face barriers to sexual and reproductive health services, heavily influenced by cultural beliefs and values. To this day, abortion remains restricted and punishable under the penal code- though the government has stated that exceptions may be granted if the abortion is necessary "to protect one's life and health." Several studies reported that over 610,000 secret and dangerous abortions were conducted in the Philippines in 2012 (Center for Reproductive Rights, 2021).

The battle for sexual rights in the Philippines remains an uphill one, though there have been recent developments such as the passage of Republic Act No. 11648, which increased the age of sexual consent from 12 to 16. A survey by The Commission on Population and Development found that at least 500 Filipino youths gave birth each day in 2019 (Diamondstein, 2022). In 2019, the government declared teenage pregnancy a "national social emergency" (De Castro-Villa, 2021). Among the country's poor and rural communities, the situation is grimmer. In these areas, citizens spend hours to get to government health centers which are often the closest, if not only, source of sexual and reproductive health services and information (Saludes, 2021). The COVID-19 pandemic further exacerbated this issue with heightened restrictions and health care workers being forced to turn their focus on addressing the pandemic (Saludes, 2021).

Issues involving SRHR in the Philippines persist despite recent legal improvements, largely due to social norms and cultural opinions on what constitutes conventional or acceptable behavior. Chief among these are norms and stereotypes on gender roles and duties, which are predominantly patriarchal and misogynistic (Valerio and Butt, 2020). In the Philippines, SRHR of Filipino women are rarely discussed openly due to the very conservative and religious beliefs of the majority of those in the country. As such, accessibility to information regarding SRHR is lacking; the topic of SRHR along with the laws that protect the rights of women is often left undiscussed and untouched in most communities (OXFAM, 2021). This is despite the “national emergency” seen in the alarmingly large number of teenage pregnancies in the country, which was recorded to be around 47 births for every 1,000 girls aged 15 to 19. This is higher than the global average of 44 and The Association of Southeast Asian Nations (ASEAN) average of 33.5 (United Nations Population Fund, 2020). Feminist theory asserts that the rights of women are often overlooked in these situations due to the moralistic, classist, and antifeminist views of, attitudes and behaviors towards femininity, women, and their choices. Besides the lack of open discussion on women’s sexual and reproductive autonomy and rights, availability and accessibility of contraceptives, actual sex education, and gender and reproductive health services is also lacking. This is on top of stigma and unfounded myths commonly surrounding these topics, making it even more difficult to access help women may need for their sexual and reproductive health and needs. Bok (1987) mentions that as patriarchal society, power is still heavily in the hands of men despite the progress of women’s rights. As such, decisions on policies on welfare, education, and the SRHR of women reflect a male perspective, distant from women’s daily experiences and struggles. Because of this, not only boys and men may hold conservative and even harmful values and notions about women, their sexual and reproductive autonomy, rights, and health, but also girls and women. This can be observed in the innate repression of women’s sexuality, while men’s are commonly praised or explained away as them being merely boys. Examples of this are “negative labeling of girls who show interest in sexuality, but allowing or even encouraging the same for boys; beliefs that categorize women, but not men into a madonna/whore dichotomy; and social norms that punish married women for extramarital sex, such as adultery laws, but permit or even encourage men to do the same (Crane & Crane-Seeber, 2003 as cited by Manalastas & David, 2018). Although this already promotes negative experiences regarding SRHR on an individual level, it is also very problematic on a societal level. Increased risk for unwanted pregnancies, no or delayed medical care for sexually transmitted infections (Crawford & Popp, 2003 as cited by Manalastas et al., 2018), sexual abuses and lack of legal aid and the like are just some of the results of anti-feminist misconceptions and stigma (Glicksman, 2022). Besides this, intersectional and social feminism highlight that experiences of women from lower economic classes are also vastly different compared to those belonging to a higher class, albeit all experiencing a form of oppression. 58% of Filipino women are born in “low-income rural areas,” where the country’s fertility rate is approximately “3.0 births per woman,” and 22% of women give birth at age 19 (PSA & ICF International, 2014 as cited by Manalastas et al., 2018). Compared to their urban counterparts with 28.41 percent, women from rural areas experience teenage pregnancy three times more, with 71.59 percent of teenage pregnancies recorded from the Philippines National Demographic and Health Survey occurring in rural areas (Cuisa-Cruz, Seposo, Smith & Tabei, 2021). Not only do women from rural areas experience higher rates of teenage pregnancy, but they also face constrained reproductive health services and reduced contraception, wherein “costs, poor-quality services, lack of awareness of or access to a source of contraceptive care, and lack of awareness of methods” hinder their use of contraceptives (Likhaan Center for Women’s Health Inc., 2010).

3.2. Likhaan Center for Women's Health

Over the past few years, organizations such as Likhaan have worked hard to help women and the youth realize and fight for their SRHR. Likhaan's motto, "Creating alternative pathways for women" symbolizes the organization's commitment to advocate for Filipino women's right to sexual and reproductive health and rights and social services which are often overlooked particularly in poor and marginalized communities. Throughout their seven clinics in Manila, Malabon, Navotas, Pasay, Quezon City, San Jose del Monte Bulacan, and Eastern Samar, Likhaan conducts approximately 40,000 medical consultations, with trained nurses and midwives operating eight primary care clinics for women in vulnerable areas. Through community education and organizing, Likhaan aims to equip women with practical knowledge regarding their health, gender, culture, human rights, governance, and other social issues (Likhaan, 2018). Aside from that, Likhaan's staff also deliver social services through outreach programs in areas that are usually difficult to access. Their goal is to deliver client centered, gender-sensitive care, collaborating with community health workers and community health promoters (Likhaan, 2018). Since its inception in 1995, Likhaan has served at least 8,000 clients in Metro Manila, Samar, and Bulacan.

Likhaan also has an advocacy staff dedicated to pursuing collaborations with policymakers and producing research backed program proposals, focusing on feminist issues. Among their recent works are policy publications on abortion, the contraception prohibition in Manila, family planning, sexual and reproductive health (RH) and reproductive rights (RR). Likhaan also works with Civil Society Organisations (CSO) and conducts studies on existing policies and programs to analyze their implementation and effectiveness. It is therefore important to frame Likhaan's projects and goals in the context of the feminist theory and how it applies in the Philippine context. Feminist theory provides a lens of understanding women's experiences and struggles (Hooks, 2000). It identifies and critiques the forces, structures, and factors at play in the larger social system that create and foster "inequality, oppression, and injustice" through the inclusion and analysis of women's experiences, which have been largely forgotten and excluded from the development of social theories and social science as an entirety. It recognizes that women's experiences of oppression and subordination are not all the same, and understands that variables, such as age, race, class, sexuality, and the like, interact with and work off of one another to create a different struggle for equality for each woman (Crossman, 2020). Unlike the common misconception that feminism theory points men as the enemy, it simply enables the discovery of factors and structures at play, and as such, the pathway to finding solutions to "confront and eradicate oppressive systems and structures" (Arinder, n.d.).

During the onset of the pandemic, Likhaan, along with other organizations providing social services, experienced challenges, and disruptions in their operations. Despite initial setbacks, Likhaan was able to continue operations during the pandemic, though certain adjustments and measures had to be implemented. Among these is having their Reproductive Health Services focused on family planning services and community education and mobilization. They also expanded the role of ICTs and digitalization in the operations by conducting a basic course on using and adopting ICTs for their staff and community mobilizers. In addition, they introduced teleconsultation services and utilized social media channels, mainly Facebook and Messenger, to maintain communication with their beneficiaries. Community organizers volunteering for Likhaan also often communicated with beneficiaries regarding the continuous delivery of social services through text messages. Likhaan continued to offer social services to its clients, through online webinars and counseling sessions focusing on family planning, reproductive health, as well as therapy and rehabilitation for survivors of gender-based violence and sexually transmitted

diseases. From March to December 2020, Likhaan was able to cater to a total of 30,461 clients, of which 7,396 were new, conducting 34,533 consultations.

Table 1. RH Services Provided by Likhaan Clinics from March-December 2020
Source: Likhaan

Reproductive Health (RH) Service Category	LIKHAAN TOTAL								
	Adult (> 19 years old)			Adolescent (10-19 years)			Total		
	New	Client	Consult	New	Client	Consult	New	Client	Consult
Family Planning All (incl provision of contraceptives and consultations)	5,338	25,592	27,990	899	2,384	2,679	6,237	27,943	30,669
Mother and Child Care	517	1,107	1,550	204	399	669	721	1,506	2,219
Postabortion Care	36	38	38	1	1	1	37	39	39
Cervical Cancer Services (prevention and detection)	212	422	433	-	-	-	212	422	433
Sexually transmitted infections and diseases	105	351	807	45	128	276	150	479	1,083
Sexual and Gender-based	21	40	50	18	32	40	39	72	90
Totals RH Services	6,229	27,550	30,868	1,167	2,944	3,665	7,396	30,461	34,533

Recognizing the importance of maintaining the delivery of social services was instrumental in the rapid shift and digital adoption of Likhaan’s centers, but it was not without any hiccups (Beltran, 2020). The implementation of quarantine passes and having a designated individual per household allowed to go out made it difficult for some women to access social service providers. The lack of information and the communication gap also posed issues initially. To mitigate this, Likhaan’s community volunteers would join other volunteer groups and operations and distribute flyers about their continued services during the pandemic for women who may need assistance.

3.3. Digitalization and the Digital Divide in the Philippines

Meanwhile, the Philippines and its adoption of ICT has always been centered on the Internet and social media. The Digital 2022 report of social media management firm Hootsuite showed that internet users in the Philippines spent an average of 10 hours and 27 minutes online each day, ranking second worldwide (2022, Baclig). Unfortunately, the quality of ICT services in the Philippines does not rank as high. Moreover, access to such technology is difficult to obtain, especially in the province. Given the availability of resources and traditional preferences, many rural areas are still lagging, regardless of the capability the technology can supposedly provide. Two main reasons would be: (1) not being able to have the gadgets and (2) lack of knowledge on how to use the internet or anything related to it. Apart from the gap hinted through location, there is age and gender. For age, the older generation do not comprehend its essence thus the reference. While for gender, there are risks posed for women on how websites can be used to exploit them without having any means to protect themselves (Cudis, 2021).

According to Nickerson (2021), conflict theory assumes that society has a structural and power division, which leads to resource inequalities and conflicting interests between the existing groups. There is an understanding that class struggle and inequality is inevitable due to “conflict over economic resources,” as Marx posits, and “power and status independently of class structures,” as Weber suggests. Additionally, conflict theory believes that instead of “consensus and conformity,” simply power and domination, which is maintained by those with wealth and power. This is often accomplished through the suppression of the marginalized and powerless (Hayes, 2022).

Given this, conflict theory suggests that in the context of ICT, internet accessibility is dictated by inequality of resources, and it is intended to be this way. Factors, such as cost of the data or WiFi plan, and internet speed, are often not attainable for your average Filipino. For example, Globe offers the GPlan 599 SIM-Only All-Data for 599 pesos as their cheapest postpaid plan, which includes 10GB of data and free 3GB of GoWiFi for a six-month contract period, and the GPlan Plus 599 for 599 pesos a month, which includes 6 gigabytes of data, unlimited text, call, and landline call to all networks, free 3GB of GoWiFi, and a free KonsultaMD subscription (Pagkatotohan, 2022). Compared to this, prepaid plans offer shorter term plans and more seemingly cheaper plans. For example, 10-to-30-peso plans offer between 30 megabyte or MB to 2GB of data for 1 to 3 days, while the more expensive 90-to-100-peso plans offer 1GB to 8GB of data for a week to a month depending on the telecom company (Reyes, 2022). To contextualize this, using data to access only Facebook on the smartphone for one hour a day would cost “around half a gigabyte of data;” this equals approximately 3.56GB for a week, while it is around 14GB for a month (Cassery, 2022). The best prepaid plan offering 8GB for a month costing 99 pesos is not even enough for a month’s worth of one-hour Facebook surfing every day. Besides this, internet speed is another factor influencing one’s internet accessibility. Internet speed is affected by several factors, such as data transfer technology, user’s location, number of people sharing the internet, and even the user’s device. Transfer technology refers to the technology the telecom company uses in data transfer. “Fibre-optic and cable networks enable high-speed connections, whereas traditional xDSL connections provided over a telephone network have limited maximum transfer speeds” (Traficom, 2021). Recently, fiber-optic WiFi plans have become more common, but they have remained expensive, where PLDT’s Fiber Unli plan starts at 1,299 pesos a month with 25 megabits per second or Mbps (Cañete, 2022).

Moreover, network technologies in mobile data are also different, wherein availability in the user’s area and their device’s capabilities also must be considered. LTE and 4G networks offer some of the fastest data transfers available on mobile data, but the Philippines’ 4G availability was only 63.7 percent in 2018; while its speeds along with LTE’s are much slower and more unreliable compared to its international counterparts. Compared to the 9.5Mbps download speed found across all 4G networks in the country, the average global LTE download speed 16.9 Mbps is much faster (OpenSignal, 2018). Besides these, the user’s location also affects the speed of the data transfer due to their device’s proximity to signal posts and operator’s broadband centralizer, wherein the farther the user is from the operator and network centralizer, the more that speed is affected. Another factor is the number of users connected. Having multiple users or devices connected to the network or internet at the same time may cause for the connection “to slow down or cut out.” Given these factors, conflict theory suggests that those with less societal power and are lower class will lose out on the competition over limited resources. The theory suggests that trends where internet and signal posts being concentrated and more accessible in urban cities, as opposed to rural areas, are deliberate.

3.4. ICT Access During the Pandemic

The increasing use of and access to ICTs around the world has pushed social work to adopt digitization at a faster rate. Worldwide, it has been recognized to connect various countries in the aspect of integrating social benefits, sharing knowledge, and working with each other through different ideas with the use of social media and technology. This is showcased as field researchers are more progressive and varied when it comes to their studies (Mishna, et. al., 2021). In addition, offices can keep better track of their clients’ data and impart better systems in accomplishing their tasks. Social service providers and users around the world now find it a necessity, making the integration of ICTs to the profession inevitable (UNDP, 2022).

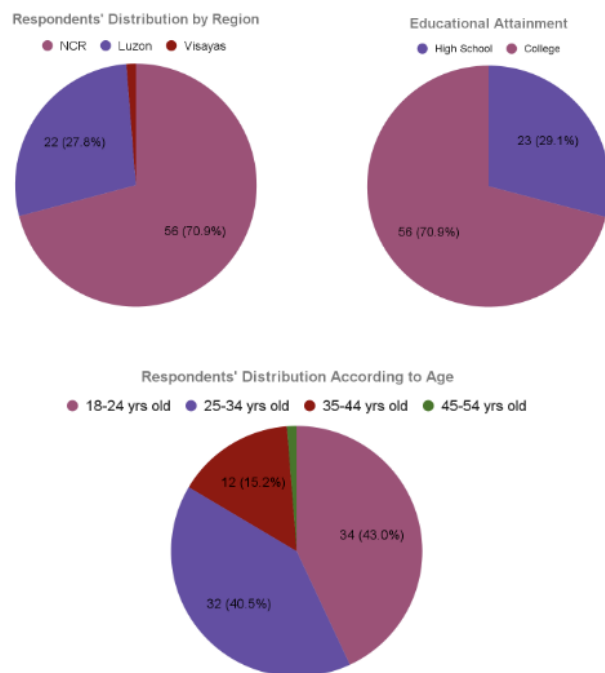
Recently, with the help of social media, organizations have been able to create and administer programs and activities that are more accessible to people, improving the delivery of social services (Ricciardeli et. al., 2019). This improvement may be less evident in developing countries such as the Philippines. Government offices from the Department of Social Welfare and Development (DSWD) to the Department of Health (DOH) used online forms to accommodate the needs of clients and patients respectively. This transition was not without difficulties, as the economy was also heavily impacted by the lockdowns and measures implemented by the government, which disrupted many Filipinos' livelihoods.

The pandemic's effects were felt across several aspects and layers of society as it exposed challenges, inequalities, and barriers among socioeconomic classes. These concerns were greatly felt by social workers who saw how the transition to ICT presented opportunities and challenges. It has been a question on how experts can make the best use of technology and how it will be executed properly in order to maintain focus on the well-being and needs of clients. In the United States, social media as a tool for social work has been increasing since 2019 and there have been discourses on rights and mode of delivery. Although convenient and accessible, there is still the possibility of data breaches and risks when it comes to digitalization (Voshel et. al., 2015).

4. Methodology

The study collected a combination of quantitative and qualitative data. This was accomplished through surveys, interviews and focus group discussions (FGD). It focused on the narratives from both SRHR social service users and providers to curate a more holistic view of the experiences of the effect of ICTs on the delivery of Likhaan's SRHR social services during the COVID-19 pandemic given the increased use of technologies in these fields and the implementation of lockdown and limited face-to-face services.

Figure 1. Survey Respondents' Demographic



The research utilized a total of three research instruments: surveys, interviews and FGDs. The surveys gathered a total of 90 survey respondents. Figure 1 visualizes the spread of the survey participants, where most were from the National Capital Region (70.9%), have finished college (70.9%), and aged either 18-24 years old (43.0%) or 25-34 years old (40.5%). Potential and willing beneficiary participants of the interviews were established through quantitative and qualitative questions regarding their general demographic and background information as well as their experiences with SRHR, Likhaan’s social services, and ICTs before and during the COVID-19 pandemic. The researchers then identified participants, including eight (8) outliers in terms of questionnaire response (regardless of clinic location), five (5) rural clinic beneficiaries, and thirteen (13) urban clinic clients. From this selection, a total of eight (8) participants agreed to be interviewed via Messenger call or Zoom. The researchers contacted Likhaan service providers and community mobilizers from a provided list of contacts. A total of four (4) willing clinicians were interviewed via Zoom. Meanwhile, a total of sixteen (16) CMs were divided into four (4) groups of four (4): two (2) for each category of rural and urban setting of practice. FGDs were then conducted with each group on the topic of the CMs’ experiences and knowledge of ICTs. the delivery of social services during versus before the pandemic, and the like.

Quantitative data collected from the survey utilized the Likert scale and were analyzed using Google Forms, Sheets, and Microsoft Excel. The data from the Google Forms survey was transferred to and organized in Google Sheets. Once the data has been structured, it was analyzed in Microsoft Excel to determine the Cronbach's Alpha, correlation, and covariance of specific variables and hypotheses. Qualitative data, on the other hand, was analyzed using thematic analysis to highlight commonalities and trends found within the different experiences of the participants. The researchers repeatedly read through the transcripts of the interviews and FGDs to identify existing patterns that could further expound on the trends observed in the quantitative data of the surveys. Common themes were then identified and color coded and highlighted in the transcriptions according to the identified themes per question or category.

5. Result

Conducting thematic analysis on the procured data, a total of 59 codes were identified. These codes were then further categorized into 3 major themes encompassing the recorded experiences of the interviewed beneficiaries, clinicians and CMs of Likhaan with ICT and SRHR social services during the COVID-19 pandemic. The themes and subthemes are below for clarity:

Table 2. Reoccurring themes and subthemes from data collection and analysis

Themes	Subthemes
1: Challenges faced by Likhaan beneficiaries, clinicians and staff in SRHR social service delivery during the COVID-19 pandemic	(1) The available hardware, such as gadgets, internet connection, and the like, used by the service users and providers (2) The time of the service users and providers (3) The technical skills of the service users and providers (4) The limitations posed by ICTs experienced by the service users and providers

	<p>(5) The privacy of the service users and providers</p> <p>(6) The issued lockdown experienced by the service users and providers</p> <p>(7) The challenges faced by the service users and providers due to gender-based inequalities</p> <p>(8) The challenges faced by the service users and providers due to age-based divide</p>
2: Benefits of ICT as experienced by Likhaan beneficiaries, clinicians and staff in SRHR social service delivery during the COVID-19 pandemic	
3: Changes in Likhaan conducted by Likhaan Center and their staff to adapt their services to the COVID-19 pandemic setting and maintain accessibility and reach	

5.1. Challenges faced by Likhaan beneficiaries, clinicians and staff in SRHR social service delivery during the COVID-19 pandemic

The first major theme resulting from the analysis of the interviews with the service users and providers discussed the issues they faced in accessing and delivering the SRHR social services provided by Likhaan amidst the pandemic. This theme was a persistent and thoroughly apparent commonality across all the interviewees and FGD members. Provided this, seven subthemes were derived from the collected and analyzed data.

The first subcategory focused on hardware-related issues of the beneficiaries, clinicians and CMs. Mentioned challenges were weak internet connection, inaccessibility of Likhaan’s online pages, general difficulty in texting and calling, lacking gadgets and technologies, and even weak phone signals were identified. One or a combination of the aforementioned hardware issues led to some calls whether through the internet or phone signal, causing some communication between the service providers and users to be unreliable or lacking.

The second sub-theme identified is regarding the time of the service users and providers, which was further divided into three subcategories namely boundaries, time management and external schedule.

Boundaries: One mentioned that they had an experience where they were so engrossed that they continuously worked for four hours with no breaks, and developed UTI as a result. Many staff members mentioned that they experienced work-related messages from their clients outside of their work hours and at midnight.

Time management: As aforementioned, many exchanges, like texts and teleconsultations, between beneficiaries and clinicians or CMs exceed the provided allotted time. This is due to not only the increased demand, but also other factors, such as late arrival of beneficiaries to appointments, extended or sudden rearrangement of appointments, and the like.

External schedules: Because the teleconsultants are not dedicated staff who only manage telecommunication with beneficiaries, hours are only allotted according to their schedules and other responsibilities in Likhaan. Despite this, one interviewee expressed that

teleconsultation schedules and appointments would sometimes coincide with other schedules, such as meetings, office work, and the like. Similarly, beneficiaries also often experience scheduling conflicts. Rescheduling is sometimes requested due to sudden emergencies, classes among other things.

The third sub-category discussed the technical skills of both the deliverers and recipients of the Likhaan SRHR social services. Because online modalities specific to online services were not common before, many of the interviewees admitted to finding a significant learning curve in utilizing ICTs in accessing Likhaan social services. Difficulties with the platforms, such as Zoom, Messenger, and Google Forms, were also present in the form of unfamiliarity and misunderstandings. An example highlighted of this struggle was a beneficiary would be virtually uncontactable due to having their message requests settings restricted to only their friends. Another example mentioned was that instead of linking their own Facebook accounts, the beneficiary signing up for a service would simply copy the provided account link example, ““Facebook.com/LikhaanPH.””

The fourth identified sub-theme focused on the inherent existing limitations of ICTs as experienced by the beneficiaries, clinicians, and CMs. Many of the social service providers mentioned that assessing and validating symptoms and possible illnesses were difficult to do online and even through video calls. They mentioned that only basic consultations were reliably accomplished via Messenger, which they also highlighted could not stand alone unlike pre-pandemic face-to-face (FTF) appointments. With online meetings, there is a lack of flexibility when it comes to contraceptive options as teleconsultation does not allow for implants, injectables, and IUD insertion. Beneficiaries who needed these procedures had to switch in the mean time to other available options.

The fifth sub-theme named privacy as another posed challenge. Due to the non-private setting of the beneficiaries, unlike pre-pandemic appointments held in Likhaan clinics with only the clinician, the maintenance of privacy cannot be guaranteed. When the clients shared their symptoms and worries over the call, they seemed to withhold information. They also typically ask if sharing the aforementioned via chat is not possible as they are in the home of a relative. Many eventually resorted to chatting for their consultations, which is another barrier for assessment and efficiency of explaining one’s symptoms. Moreover, many women beneficiaries also seemed to hide their contraceptive information from their husbands. One of the interviewees actually shared that even prior to the pandemic, this was a common occurrence, because the husbands did not want their wives to be on any form of birth control and some were threatened with physical violence if this was defied. Although this was a situation experienced by many of the clinicians and staff already, they found it difficult to navigate around sensitive information without the privacy of their clinics, where a genuine one-on-one consultation between the clinician and client was honored.

The sixth subcategory was on the limitations of the implemented lockdown itself. According to one of the interviewees, the push for teleconsultation efforts of Likhaan amidst the pandemic was actually fueled by the challenges posed by the imposed lockdown. There was an instance wherein a minor patient along with her grandmother was not allowed through the checkpoint for the second dose of her injectable; instead, they had to circle and travel one to two kilometers to reach the clinic. Besides this, they also mentioned a time during the lockdown, wherein only the head of the family was given a quarantine pass. This posed a question on how women could freely travel for their needs and concerns (especially in the context of some of these women hiding their contraception from their partners and family members).

The seventh sub-theme on challenges faced by the beneficiaries and staff of Likhaan focused on gender-based inequalities. As previously mentioned, there was a time during the lockdown wherein only the head of the family could receive a quarantine pass, which, according to the interviewee, limited the mobility of women and their ability to seek out SRHR services. The social service provider also mentioned that some wives had to hide their birth control information as their husbands barred them from accessing and using various forms of contraception.

The last subcategory under the first theme was age-based divide. Interviewed beneficiaries aged 35 and above admitted to requiring the help of family members in the use of ICTs in contrast to those aged 20 to 30 years old who confirmed they were easily capable of using ICTs and found no issues in daily usage of technology. This was the same sentiment of the Likhaan staff, who mentioned that the younger generation in general found it easier utilizing ICTs and various online platforms. Besides this, the clinicians mentioned that the implemented lockdown also barred younger beneficiaries from physically accessing the clinic sites.

5.2. Benefits of ICT as experienced by Likhaan beneficiaries, clinicians and staff in SRHR social service delivery during the COVID-19 pandemic

Many interviewees highlighted that it is through the use of ICT that Likhaan is able to reach several women all over the country. ICT enables the center to reach many patients regardless of their location. Additionally, accurate, correct, and relevant SRHR information is easily accessible with the help of the internet and technology. Efficiency is also emphasized in this process, where basic and urgent concerns are answered immediately through the social media of Likhaan and its clinicians. Moreover, online consultations decongest FTF meetings, where only procedures and more in depth assessments have to be conducted. This allows for more women to be accommodated, especially if all questions and concerns were already previously addressed through the teleconsultation.

5.3. Changes in Likhaan to adapt their services to the COVID-19 pandemic setting

Various changes were adopted by Likhaan to reasonably accommodate the needs and demands of their beneficiaries. They initially assessed 165 how to deliver services, such as family planning, prenatal and maternal care, among others, in the context of working from home; relevant adjustments were made according to this. First, clinics were not shut down except around March where Likhaan had to recalibrate their approach. Clinic hours were merely reduced, and clinicians and health workers per clinic were also decreased. The number of patients clinicians could entertain in FTF consultations were also limited. Additionally, more physical and tedious services, such as IUD check up and insertion, were held off and only offered to those who traveled from distant areas. Besides these efforts, Likhaan endorsed and published their telephone number and Facebook page in their communities. On a personal level, a few clinicians and teleconsultants also created a separate FB account or page to communicate with their clients. During this time, most of the consultations, assessments, orientation, and the like were accomplished online through the beneficiary's preferred platform. For more provider-dependent services, Likhaan set up a patient transport vehicle. These vehicles would be stopped past checkpoints to allow those who are not able to go beyond, such as minors, to still be able to avail SRHR services. Community mobilizers were another medium to deliver and make various contraceptive options available to their clients. Likhaan and its educators also had to shift their SRHR relevant lectures online, instead of traveling to the concerned locality to deliver the educational session.

6. Discussion

Using Conflict Theory and Marxist Feminism, the study assessed the influence of ICT in the delivery of SRHR social services during the pandemic by Likhaan. First and foremost, ICT access in regarding the subject matter is majorly seen in two factors: opportunities through hardware and challenges due to the digital divide. Clients would be able to appreciate programs and services despite the pandemic if components of ICT hardware is accessible. This fact is easily observed in the cities but not in the provinces unless additional assistance is provided by the organizations and integration is done through presence of social workers within the area.

Moving on to the challenges, not only location but also age and gender indicates concerns. Respondents describe the digital divide by lacking discernment on true and false information along with limited knowledge on proper use of gadgets. On the aspect of lockdown, most women were limited to acquiring SRHR services at the time. In terms of safety, women and children are more vulnerable especially in the topic of SRHR rights. Guidance and critical analysis was advised, both by the clients and the workers. Furthermore, it is encouraged to maximize online platforms through advocacy and community education. People should not just be aware but also educated about technological use and advancements. Utilizing ICT in the field of Social Work is beneficial but also risky without the proper programs and policies catering to the perspective of the client.

7. Conclusion

ICT continues to progress in its role within society by becoming a necessity — when in the pandemic, it served as a consistent platform to continue social service delivery of SRHR programs. The COVID-19 pandemic caused immediate changes and a sudden shift of avenues for all social services at the time it was needed the most. These became within reach with the help of ICT. For an organization like *Likhaan*, not only were they able to open new clinics to every part of the country but also through online video conferencing, community education subsists. The system became organized and varied through addition of teleconsultations. But despite these opportunities, there were still challenges due to both the lockdown and increasing concerns of Filipina women within domestic households.

For a developing country like the Philippines where resources are not equally distributed to all regions, barriers are made through the urban vs rural settings where the latter suffers with weak signals. Moreover, on the use of ICT, there is an apparent difference in the technological knowledge between the youth and elderly while in terms of safety online, there is a visible level of vulnerability of women and children online. This incorporated how much ICT should be utilized accordingly and carefully without compromising the meaning of ‘social welfare’ and strict implementation of policies to serve the clients of equal resource distribution and continuous providence of essential sex education. ICT and its collaboration with the profession would provide an integration that would positively change the future of Social Work and SRHR social services in the coming years.

8. Suggestions

The study's findings provide a valuable guide for future SRHR social service providers, suggesting that implementation of these recommendations can enhance inclusivity, effectiveness, and resilience, particularly in the context of a global pandemic and the increasing reliance on technology in healthcare. Improving infrastructure and hardware challenges in rural areas, where reliable internet connection is a problem, should be a top priority. Partnerships with local

government units, ICT business, and NGOs can be utilized to address the digital divide. Social service beneficiaries, providers, and community mobilizers would also benefit from continuous capacity building with carefully crafted programs to complement their existing skills, with the goal of increasing digital literacy. This would help towards bridging the technological knowledge gap among stakeholders.

Recognizing the challenging nature of community work, the researchers also recommend social service providers to ensure work-life balance is a priority through implementing flexible working arrangements and schedules. Having clear boundaries for communication beyond working hours is essential to prevent burnout and sustain healthy work-life balance. Privacy protection for both beneficiaries and service providers are crucial. Establishing guidelines to create secure platforms will instill confidence in both service users and providers especially when it comes to sharing sensitive information.

There is also a need to tailor communication strategies and support mechanisms based on age groups, providing additional assistance or tutorials for older beneficiaries to enhance inclusivity in utilizing ICT platforms. A gender-sensitive approach is essential, acknowledging and addressing challenges faced by women due to gender-based inequalities, with a focus on empowering women to access SRHR services without fear. Strengthening the role of community mobilizers is key to bridging the gap between technology and beneficiaries through on-the-ground support, addressing misconceptions, and ensuring awareness and comfort with online services. Continuous monitoring and evaluation, along with policy advocacy for supportive measures at national and local levels, contribute to the creation of an enabling environment for technological advancements in healthcare.

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