
How the Omicron variant affected a media study in the Philippines

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On January 3, 2022, the National Capital Region (NCR) in the Philippines was put under alert level 3 because of the surge of the Omicron variant. NCR is a region in Luzon that is composed of 17 local government units (LGU) with over 13-million population (Philippine Statistics Authority, 2021). The Omicron, first discovered in South Africa in November 2021, is known to be more contagious than the other COVID-19 variants but has less severe effects (Sohn, 2022). From 500 cases on December 25, 2021, the cases significantly jumped to 4600 by January 2, 2022 (Dancel, 2022). Being under alert level 3 resulted in limited travel within and outside the region. Activities such as face-to-face classes, sports, and recreational activities in bars and casinos were prohibited. Indoor and outdoor capacity for restaurants and cinemas was limited from 30% to 60% occupancy. The same restrictions applied to social gatherings such as funeral services (Galvez, 2021). The alert level 3 was initially set until January 15 but extended until January 31, 2022. Other regions in the country, such as the Cordillera Administrative Region, Central Luzon, Region 5, and some parts of the Visayas and the Mindanao regions, followed the protocol a few weeks after (F. M. Cervantes, 2022).

The surge had a widespread effect on people as many pharmacies were observed to have long queues of customers in line to buy paracetamol and flu medicines. To make matters worse, many of them had shortages of stocks because of the extremely high demand. The Pharmaceutical and Healthcare Association of the Philippines and the local doctors were aware of the problem explaining that the sudden surge of COVID-19 cases and the increasing number of people getting flu-like sickness every day prompted people to panic buy (Dela Pena, 2022). Adding to the problem was the detection of the BA.1 and BA.2 Omicron subvariants in the country by the end of January (Tomacruz, 2022). There was an influx of cases in the last two weeks of January in the Luzon region as 87 Omicron cases were recorded (Department of Health, 2022), while major cities in Central Luzon suffered high rates of COVID-19 cases. These areas include Bataan (3206 cases), Tarlac (1013), Pampanga (4285), and Angeles (1592) (D. Cervantes, 2022). Not including NCR, Luzon has an approximate population of 48 million (Philippine Statistics Authority, 2022).

The LGUs in NCR experienced problems in handling the matter. For instance, although my personal experience of the contact tracing system proved efficient in terms of receiving a call from the Malabon LGU instructing me to go to a local facility to get a polymerase chain reaction (PCR) test to detect if any variants of COVID-19 infected me after being identified as a close contact of a positive case, I was subsequently never informed of the results nor received any follow-ups from them. The disaster of managing the sudden surge in Malabon City was expected after recording almost 1000 active COVID-19 cases by the second week of the month (Caacbay, 2022). Other NCR cities such as Caloocan, Manila, Navotas, and Valenzuela were in the same crisis as they were classified as high risk due to the increase of active cases in a short amount of time (Mateo, 2022). The standard protocol was for people with positive results to be placed in an isolation facility. However, due to the sudden increase of cases, shortages of the facilities, and possible management crises, the LGUs instructed people to self-isolate in their houses instead.

Following these events, I encountered some challenges as I conducted my data collection process at the height of the Omicron surge. My research study needed to interview a set of groups from the three main regions in the Philippines: Luzon (NCR is in Luzon), Visayas, and Mindanao. The study aims to gather the thoughts of a marginalized community all over the Philippines on how they are represented in the Philippine media. It seeks to establish a few agreed-upon opinions regarding media representations from the community itself. The country is diverse in terms of language, dialects, or religions, as they are varied in every region. For example, most people in the Mindanao region, located in the southernmost area of the country, are Muslims. This differs from the Luzon and Visayas regions because the population is mostly Catholic. Thus, the Filipinos do not have monolith beliefs in everything. The perceptions of the people in Luzon towards one issue do not reflect the perceptions of the entire Filipino nation. Hence, reaching out to all the major regions is vital to gather a broader and more holistic idea of what my study aims to discover.

The need for the in-person interviews was because of the study's theoretical framework. Because a pandemic was still ongoing at the time of data collection, one may ask why I did not choose the easiest and safest way of conducting a focus group through online apps such as Zoom, Google Hangouts, Facebook Messenger, or Skype. The methodology underpinning the focus group aspect of my study utilizes Morley's (1980) "Relevance Theory." This theory states that audiences in similar circumstances, whether of the same culture or socio-economic status, may interpret media messages differently than other audiences in a different situation. Moreover, Fiske (1988) suggests that social allegiance will be activated during discussions, especially with the people who share the same status quo. As a result, they can give collaborative interpretations of media texts wherein they all understood, could relate to, or have experienced at some point. Based on the study's theoretical framework and methodology, a face-to-face focus group interview is therefore crucial. Consequently, it is my contention that it can be difficult to activate a social allegiance between focus group participants if the interviews are done remotely, as it minimizes physical and social cues needed to form a bond between the participants, such as an opportunity to socialize before the interview takes place. The focus group interviews were carried out as semi-

structured, meaning the questions were open-ended, as I wanted the participants to keep the discussions flowing as if they were having a normal conversation over coffee. In taking this approach, it was, therefore, important to establish in-person “coffee afternoon”-like sessions to ensure a smooth flow of interviews while still following the goals of the theoretical framework.

As I continued with my data collection in this pandemic era, I discovered that each region presented unique problems, which were, albeit stressful, interesting and challenging. These problems were summed up into four categories: the anxiety (NCR), the calamity (Visayas), the additional costs (Mindanao), and the logistics.

Problem number one: the anxiety (NCR)

Because of the problems and protocols in NCR in the early weeks of January, it did not come as a surprise when my study’s potential focus group participants in this region expressed reservations about attending the interview that was initially set for January 08. The reasons for their reluctance included the following:

1. Their parents would not allow them to go outside the house due to the fear of acquiring the virus.
2. They were afraid to go outside the house.
3. They were close contacts.
4. They had to self-isolate as mandated by their employers.
5. They were experiencing flu-like symptoms on the days leading to the initial interview.
6. They were positive for COVID-19.

These were understandable concerns, given the fact that from January 6 to 19, the cases in NCR jumped to 7861 (Varcas, 2022). Rescheduling the interview to January 29 seemed like a logical choice. I sought to reassure the participants by attempting to ensure that their fears of acquiring the virus in the meetings would be alleviated. Specifically, face masks, shields, and alcohol disinfectants were made available for them. Safe distancing from one another was also assured. The non-alfresco café, as the meeting venue, guaranteed that the 30% indoor capacity would be followed. However, the protocol was ignored from 4:00 pm onwards on the day of the interview. At that time, some people were less cautious because of the downward trend of the Omicron cases (Rey, 2022). Despite all the promised actions to ensure safety, the ideal number of participants needed was not acquired due to a few of the same reasons they stated earlier.

Problem number two: the calamity (Visayas)

The Visayas region threw up somewhat different challenges to those faced in carrying out the fieldwork in Luzon. In terms of the Omicron situation, by the second week of January, the region announced the presence of the variant after confirming 22 positive cases in Central Visayas (Saavedra, 2022). At this rate, the region had started

experiencing shortages of flu medicines and was told to wait by the third week of the month for the supplies to be replenished (Saavedra,2022). By January 27, there were already 386 new COVID-19 cases in Eastern Visayas, totaling 3363 active COVID-19 cases in the region (Gabieta & Dejon, 2022). Visayas has an approximate population of 20.5 million (PSA, 2022). However, the virus was not my main problem.

On December 16, 2021, super typhoon Odette hit many parts of the region—including Cebu City, where the second cohort of participants was located. The typhoon resulted in devastating effects such as destroyed houses and communication facilities. An estimated 513,000 families or 1,947,000 individuals were affected (United Nations High Commissioner for Refugees, 2022). The aftermath was still felt until mid-January when the interviews were initially scheduled. The phone towers were down. There was no internet access or cell phone coverage. As such, it was hard to contact the participants. At this point, the decision was made to cancel the interview, look for other participants in other areas of the region, and reschedule it for February.

Problem number three: the additional costs (Mindanao)

For the Mindanao region, I faced a challenge different from the problems in NCR and Visayas. While some parts of Mindanao were affected by the typhoon, the target city of the interview was not. Everything proceeded as planned and garnered the ideal number of participants (5 to 6 participants per group). During the first week of January, the Department of Health (DOH) announced that the region was still Omicron-free (Gallardo, 2022b). However, by the third week, the virus spread in a few cities much faster, with the Omicron variant as the leading suspect. For example, in Cagayan De Oro City, the 118 COVID-19 cases recorded from December 25 to January 08 had gone up to 1255 by January 15 to 23 (Gallardo, 2022a). The region has an approximate population of 27 million (PSA, 2022).

The interviews in the Mindanao region were scheduled for the second week of January; that is why it avoided the Omicron surge crisis. However, the city where I conducted the focus groups was moderately strict with its travel requirements as it was placed under alert level 3 from January 14 to 31 after a gradual increase of COVID-19 cases (Colina, 2022). As a result, the anticipated additional travel protocols were implemented: to present a negative antigen test result, taken within 72 hours before departure, upon arrival to the city.

Before the typhoon and the Omicron surge, my main concern was the extra costs that would be incurred because of additional protocols brought by the pandemic. In the Philippines, every LGU and city has its own travel policies. For example, proof of a negative PCR or antigen test before arrival regardless of the traveler's vaccination status. This would mean additional expenses on the researcher's part. Antigen test rates during this time ranged from 650 to 3000 pesos (USD 12 to 60), while PCR tests were around 1500 to 5000 pesos (USD 28 to 95). At a time when 95% of the population in NCR had at least one shot of the vaccine (Dancel,2 022) and the danger of spreading the Omicron virus to other regions was looming, the travel rules were subject to change from time to time, so the trouble of rebooking the flights and incurring additional costs was always a possibility. The latter problem was

experienced because of the super typhoon Odette. This problem was not anticipated in the NCR because I reside in the said area. All cities in the NCR can be reached via land transportation, so any travel changes would not incur additional costs. Securing COVID-19 and travel insurance was also helpful in easing my mind in the event of encountering any problem amidst the data collection. Even so, insurance could also be an additional cost.

Problem number four: the logistics

Aside from the participants who pulled out of the study and the additional costs, the other problems encountered while collecting research data in the middle of the Omicron surge were the following:

1. All audio and video recordings were of poor quality. It proved hard to understand what the participants were saying because they were wearing face masks, limiting their sounds and voices. The social distancing did not help either, as the sound was not very much contained. In the first interviews, I only used two video cameras and one audio recording device placed in front of the participants. The solution I implemented in the following interviews was putting more recording devices and distributing them all over the site. I used 4 to 5 audio and video recording devices to ensure that all areas were covered and that blind spots were eliminated.
2. The interviews had to be timed well because of the limited hours allowed by the facilities. For future researchers, the assigned time limit should not compromise the data gathering. The solution was to maximize the time by asking the most needed and vital questions aligned with the research goals.
3. Some participants were uncomfortable when the limited capacity was not observed. The interview had to be stopped a few times. The café was helpful enough to lend us their private office for an hour to continue the interview. However, the uneasiness was apparent, indicating that many of the focus group interviewees were still afraid of exposing themselves to people for fear of acquiring the virus. My advice is to have a backup plan, anticipate that situations may get complicated anytime, and communicate these well to the venue staff to provide additional assistance when a problem arises.
4. Opting for an alfresco facility was a challenge, as well. It was helpful for the participants to be less exposed to the virus. However, having clear and audible recorded materials proved problematic since outside noises can be unpredictable and unbearable. Aside from securing 4 to 5 recording devices, the solution was to edit the materials to remove noises and adjust volumes using a video editing tool.

Conclusion

The timeline of my research data collection, unfortunately, coincided with the surge of COVID-19's Omicron variant cases in the Philippines in January 2022. It started in the urban cities and later spread to all regions in the country. The study certainly

faced challenges such as participant recruitment and reaching the target number of partakers due to several reasons, including being infected or fear of acquiring the virus. Any research to be conducted at this time, whether supported by a funding body or self-funded like mine, would face extra costs due to the additional travel protocols. Acquiring the virus remained the ultimate worry because if the researchers tested positive in an antigen or PCR test, they would have had to postpone the original fieldwork plans and face the hassle of organizing and coordinating with the people all over again. Fortunately, this did not happen in my study. The challenges, however, extended beyond this concern, given that travel uncertainties, like delays and cancellations, were always expected due to the increasing COVID-19 cases in all the target areas of the study. While the pandemic regulations were manageable, the aftermath brought by a natural calamity, like typhoon Odette, certainly made things even more challenging. Unfortunately, this is something that nobody can control. Changing the city and recruiting new participants in a shorter time was stressful but not impossible. On top of these, apart from anticipating problems during the interview, I had to ensure the quality and quantity of the recording materials to avoid any complications post-production. Despite all the challenges brought by the calamity and the pandemic, specifically the Omicron variant, the study's dataset was still successfully collected. The account outlined in this article may be helpful to researchers who might face a similar problem in the future, especially since we are still experiencing a global pandemic. A study should not have its potential or quality compromised because of various problems caused by the pandemic. Let this article give some guidance to help other researchers anticipate problems that may arise, how to deal with them, and then ultimately solve them.

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