

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Ethiopia: Fifth Call

Introduction

The biggest concern for those living in Ethiopia remains the year-long conflict between the government and the Tigray forces, which has resulted in heavy casualties, human rights and sexual violations, and large numbers of IDPs and refugees. Even after hostilities have ceased, substantial reconstruction will be required, particularly in relation to destroyed infrastructure in affected areas, including health and education facilities.

In 2021, persistently high costs of staple goods were further exacerbated by high inflation and currency devaluation, poor harvests, locust swarms and disruptions due to conflict. High food insecurity is now a major issue affecting livelihoods, diets and nutrition in many parts of the country.

Added to these concerns is the ongoing COVID-19 pandemic. While Ethiopia has continued to record relatively low per capita rates of COVID-19, both globally and compared to the other three Young Lives study countries (India, Peru and Vietnam), a recent upsurge (most likely due to the highly transmissible Omicron variant) has led to rapidly increasing numbers, particularly in urban areas. The total number of recorded cases currently ranks Ethiopia as the fourth highest in Africa. However, with low levels of testing, the extent of underreporting is difficult to ascertain. Despite the rise in recorded infections, overall concerns about the health implications of COVID-19 are currently overshadowed by the impact of the Tigray conflict, a worsening economic situation, food insecurity and drought.

The national vaccination programme is now available to all adults over 18 years old, though uptake has been very low, with limited awareness and some unwillingness to accept the vaccine. Only 8 per cent of the total population have received one vaccine dose

HEADLINES: FIFTH CALL

1. Fewer than 1 in 20 Young Lives respondents (3.4 per cent) had received a COVID-19 vaccine dose by the end of 2021; those who had received a vaccine were more likely to be from urban areas and from the wealthiest households.
2. Worryingly, our results show very high rates of vaccine hesitancy, with 29 per cent of respondents unlikely to take a vaccine due to either concerns over its safety (and possible side effects) or being against vaccines in general.
3. Overall, 24 per cent of young people believed that they would not be able to get a COVID-19 test if needed, either because they did not know where to get tested or because testing centres were too far away. Those unable to get tested were most commonly living in rural areas.
4. There have been significant increases in overall levels of perceived poverty, especially in urban areas (Addis Ababa, in particular). The proportion of households who are struggling increased from 22 per cent before the pandemic to 46 per cent by the end of 2021. Similarly, the proportion of poor or destitute households increased from 12 per cent before the pandemic to 17 per cent by October–December 2021.
5. Food insecurity has become more widespread, especially in urban areas and the Southern Nations, Nationalities, and Peoples' (SNNP) region. By October–December 2021, 47 per cent of respondents had been worried about running out of food at least once in the last 12 months, compared to 41 per cent in 2020. More than half of urban respondents (53 per cent) had experienced at least mild food insecurity, and three-quarters of those from the drought-affected Young Lives sites in SNNP (75 per cent).
6. However, severe food insecurity decreased in most regions, with the overall rate falling from 15 per cent in 2020 (Call 3) to 10 per cent in 2021 (Call 5). Alarming, however, more than 4 out of 10 (42 per cent) of those from the SNNP region experienced severe food insecurity, having run out of food at least once in 2021 (an increase from 26 per cent in 2020).
7. Among those 19–20 year olds who were enrolled in education since January 2020 (86 per cent of the Younger Cohort), 13 per cent had left education by October–December 2021. The majority of this group left for reasons other than completing their studies, most often to find work.
8. Employment rates were returning towards pre-pandemic levels by early 2021, only to fall again by the end of the year. By March 2021, 58 per cent of 26–27 year olds were in work (compared to 61 per cent pre-pandemic). However, the worsening conflict, combined with drought and high inflation, saw the proportion of those working fall to 54 per cent by October–December 2021.

and just over 1 per cent are currently fully vaccinated,¹ falling well short of the country's target to vaccinate 20 per cent of its eligible population by the end of 2021. While wearing a mask is common in Addis Ababa, outside of the capital mask-wearing and social distancing measures are limited, with all government offices, businesses, and schools having returned to normal routines (except for areas directly affected by conflict).

Earlier Young Lives research showed that the initial six-month-long state of emergency, following the COVID-19 outbreak in 2020, led to widening inequalities and significant adverse economic and social impacts, which could derail progress towards the Sustainable Development Goals (SDGs). In particular, the combined pressures of interrupted education and reduced employment affected poor households most severely, with girls and young women facing increased levels of domestic work and childcare, and worsening mental health in the sample overall.

This report summarises the experiences of Young Lives respondents in Ethiopia since the beginning of the COVID-19 pandemic.² Two age cohorts of individuals have been tracked since 2001 and are now aged 19-20 years old (the Younger Cohort) and 26-27 years old (the Older Cohort). We look at changes in their education, employment, food security and mental health. These findings are based on a preliminary analysis of the data collected during the fourth and fifth calls of the **Young Lives phone survey**, conducted in August 2021 (Call 4), and October and December 2021 (Call 5).

Methods

The fifth call of the Young Lives phone survey took place between 5 October and 15 December 2021, following a shorter **fourth survey call** conducted between 2 August and 1 September 2021. A total of 1,738 young people were interviewed: 1,169 from the Younger Cohort and 569 from the Older Cohort. This corresponds to 64 per cent of the sample located in the most recent tracking (January–February 2020) and 83 per cent of those contacted in November–December 2020 (Call 3).³

As in Call 3 and Call 4, no data was collected in the Tigray region. The relatively high (and unusual) attrition rate compared to the last two phone calls is due to severe difficulties interviewing respondents in some parts of the country, owing to the ongoing conflict, particularly in two Young Lives sites in Amhara.

In the analysis below, respondents from both age cohorts are included in the sample, unless otherwise stated. The sample used does not include individuals from the four

sites in the Tigray region and the two conflict-affected sites in Amhara (combined, these respondents represent approximately 30 per cent of the January–February 2020 tracking sample).

Our analysis is designed to assess how the impact of COVID-19 is affecting individuals with different socio-economic backgrounds and histories, and is informed by the previous COVID-19 survey calls, as well as longitudinal data collected since 2001 through regular in-person surveys.

Results

COVID-19 and health

COVID-19 infections and testing

In October–December 2021, only 5 per cent of respondents believed that someone in their household had been infected since the virus outbreak in 2020, compared to 2 per cent in August–October 2020 (Call 2). Perceived levels of infection were considerably higher among urban respondents (9 per cent), compared to less than 1 per cent in rural areas. Differences in suspected infections between locations may be a result of different levels of transmission, but may also reflect more limited access to testing in rural areas.

Overall, only 73 per cent of young people said they would be able to get a COVID-19 test if needed, compared to 24 per cent who said they could not (3 per cent were unsure). **Those living in rural areas were significantly less likely to be able to get tested** (only 63 per cent could get a test, compared to 88 per cent in urban areas). Wealth status also mattered in urban areas, where only 79 per cent of those in the poorest households (compared to 92 per cent of the wealthiest group) reported that they could get a test if needed.⁴

Over half of those who believed they could not get a test said they did not know where to get tested, while just under half stated that testing centres were too far away. A lack of knowledge on where to get tested was the most common reason in rural areas (cited by 6 out of 10 of those who could not get a test), while distance was the most common reason in urban areas.

Vaccinations

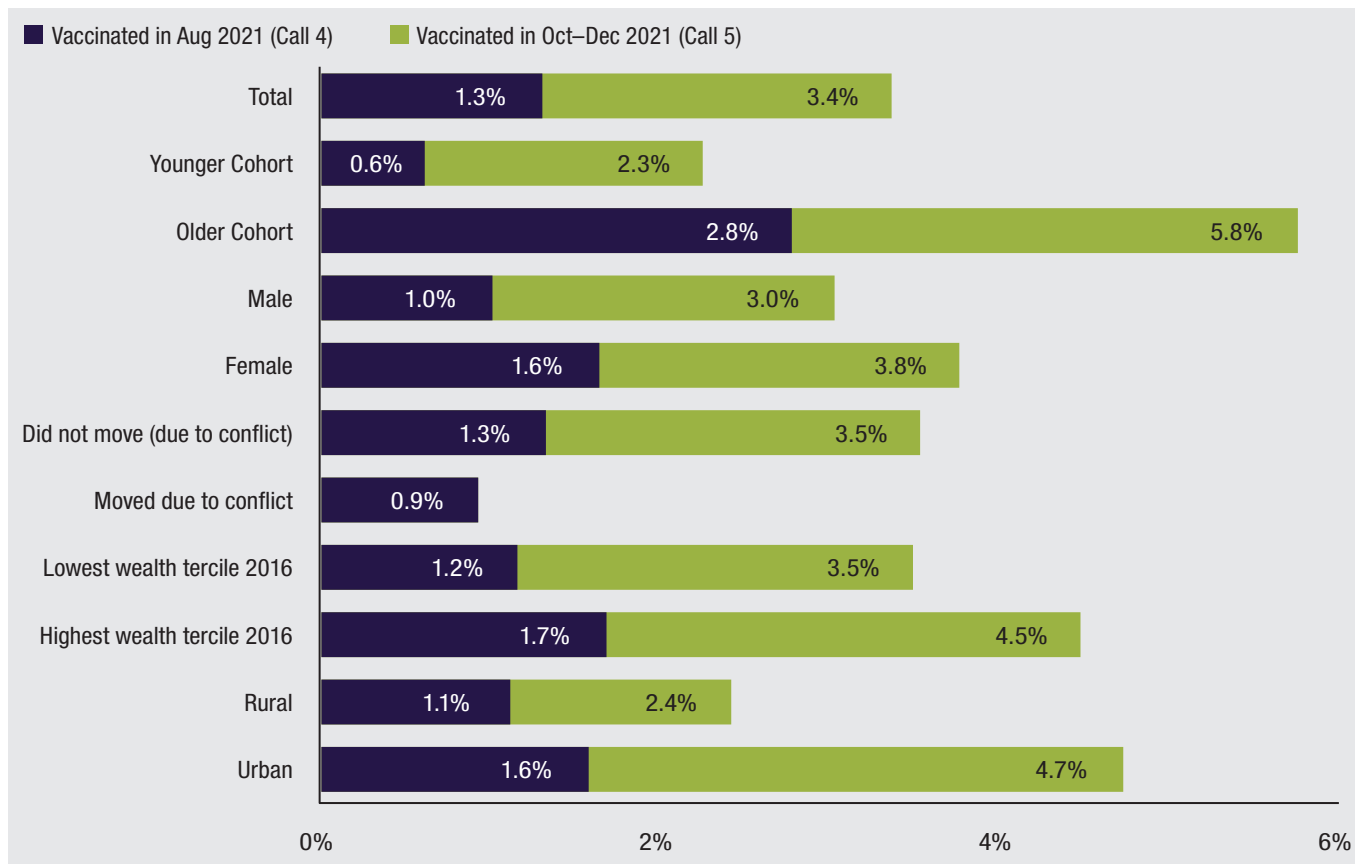
Vaccination rates were very low in October–December 2021 and distributed unequally. Fewer than 1 in 20 (3.4 per cent) respondents had received a COVID-19 vaccine dose by the end of 2021, marginally above that reported in August 2021 (1.3 per cent) (Figure 1).

1 Data for 31 January 2022, accessed from [Our World in Data](https://ourworldindata.org) on 2 February 2022.

2 In this call (Call 5) of the survey, no data was collected in the Tigray region, while observations from two conflict-affected sites in Amhara are also omitted (see Methods section).

3 The full sample attrition report for Call 5 is available at <https://www.younglives.org.uk/research-project/young-lives-work>

4 Household wealth is determined using the **Young Lives wealth index** measured during the Round 5 survey, undertaken in 2015/16.

Figure 1: Vaccination rates in August 2021 (Call 4) and October–December 2021 (Call 5)

The likelihood of being vaccinated is higher among 26–27 year olds (Older Cohort), than 19–20 year olds (Younger Cohort), despite no difference in age-eligibility for vaccinations. Vaccination rates are also higher among those living in urban areas (6.3 per cent, compared to 3.5 per cent in rural areas), and among the wealthiest households (6.2 per cent, compared to 4.7 per cent among the poorest households). Notably, none of the 114 respondents who had moved location since early 2020 to avoid conflict had received a vaccination between August 2021 (Call 4) and October–December 2021 (Call 5).

Worryingly, our results show very high rates of vaccine hesitancy, with only 71 per cent of respondents ‘somewhat’ or ‘strongly’ agreeing that they would get a vaccine if available. This is the lowest rate among the four Young Lives study countries (96 per cent in India, 93 per cent in Peru, and 99 per cent in Vietnam). There was little difference in vaccine hesitancy between men and women, or urban and rural groups. However, in spite of relatively higher vaccination rates (Figure 1), those in the Older Cohort (26–27 year olds) were, on average, less willing to take the vaccine (only 65 per cent indicated a willingness to get vaccinated, compared to 74 per cent of 18–19 year olds).

Of the 29 per cent of respondents who were hesitant to get vaccinated (those who somewhat/strongly disagreed), **the most commonly reported reason was concerns over safety (and possible side effects), followed by individuals being against vaccines in general** (not specifically the COVID-19 vaccine). Both reasons were

common among men and women, and in rural and urban areas. However, a general distrust of vaccines (in general) was more common among those aged 26–27 years old (the most likely reason for this group). In the 18–19-year-old group, vaccine hesitancy was most often related to concerns over safety and side effects.

Education

Results relating to the impact of the pandemic on education focus on the Younger Cohort (19–20 years old), of whom 86 per cent were enrolled in education at some point between January 2020 and October–December 2021 (at the time of the Call 5 interview). Despite efforts to reopen schools towards the end of 2020, the disruption caused by the continuing conflict has made returning to school impossible for many young people. Even in affected areas where it may be safe to return, some school buildings have been destroyed or looted.

Enrolment and dropout

Of those enrolled in education since the beginning of 2020, 13 per cent had left education by October–December 2021; only 3 per cent stated that they did so because they had completed their studies, while 10 per cent left for other reasons. Among those who left education for reasons other than completing their course, most stated that they needed to leave to find work. In contrast to the other Young Lives countries, a lack of access to the internet (via computer, laptop, or smartphone) was not a strong predictor of dropping out of education.

Quality of education

Just under a third (30 per cent) of 19–20-year-old students reported that the quality of their education had declined since the start of the pandemic, with 62 per cent reporting no change (and 7 per cent reporting an improvement). Surprisingly, those in urban areas (38 per cent, compared to 24 per cent in rural areas), and those in the wealthiest households (46 per cent, compared to 20 per cent in the lowest wealth tercile), were more likely to report that the quality of their education had fallen.

Employment

Employment rates were returning towards pre-pandemic levels by early 2021, only to fall again by October–December 2021. Among 26–27 year olds (Older Cohort), rates of employment had broadly recovered by the end of 2020, following the lifting of economic restrictions, and continued to improve through the first part of 2021, with 58 per cent of these respondents in work by March 2021 (compared to 61 per cent before the pandemic). However, the worsening security situation in the latter part of 2021, combined with drought and high inflation, contributed to a subsequent fall, with only 54 per cent having worked for at least one hour in the week prior to the October–December interview. **Notably, the Young Lives sites in Amhara and Oromia** (the Amhara sites being closest to the Tigray conflict) **experienced the largest fall in employment between March and October–December 2021** (from 72 per cent to 65 per cent in Amhara, and from 70 per cent to 62 per cent in Oromia).

Among 19–20 year olds (Younger Cohort), stronger employment recovery towards (and surpassing) pre-pandemic levels by March 2021, reflected both

respondents regaining employment, and young people leaving education to enter the workforce, particularly young men.⁵ However, even with these new workers entering the labour force, there was a 4 percentage point decrease in the number of 19–20 year olds working in October–December 2021, compared to March 2021 (without these new workers, we would observe a 6 percentage point fall).

Employment and gender

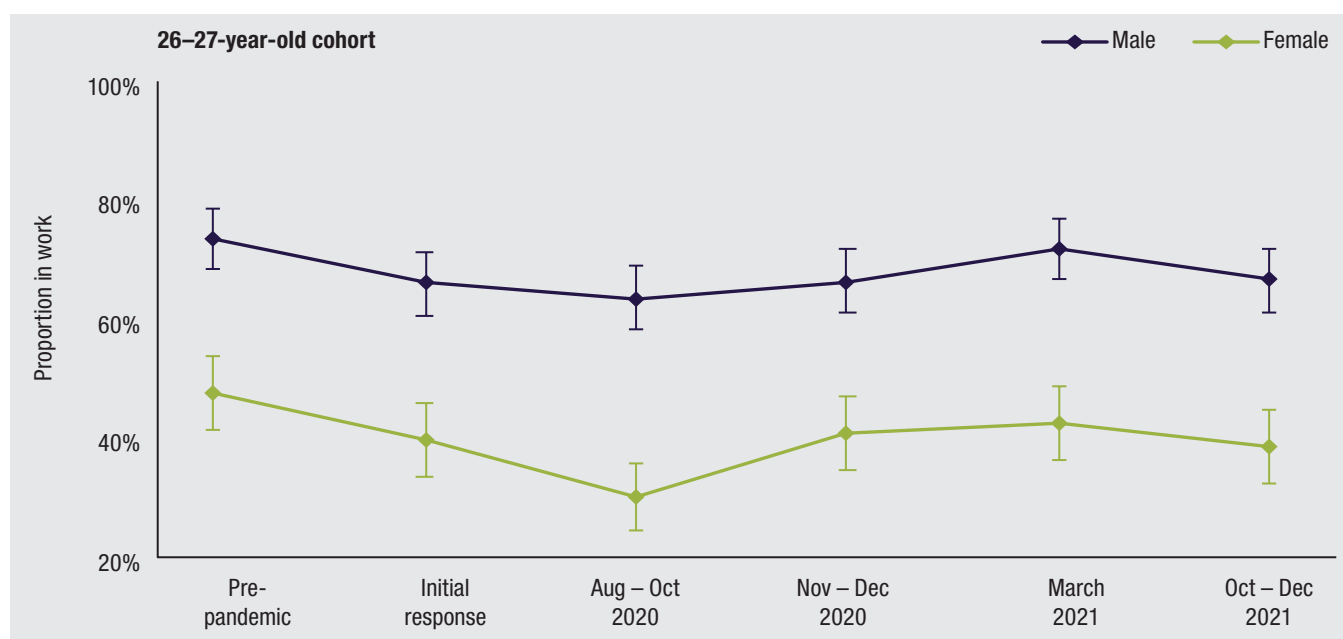
Focusing on the Older Cohort (26–27 year olds), Figure 2 shows that employment losses during the initial economic restrictions in 2020 were more heavily weighted towards young women, although both men and women appeared to have largely recovered by March 2021. By October–December 2021, the level of employment among 26–27 year olds had again fallen (by 4 percentage points for women, and 5 points for young men). **In contrast to the other Young Lives countries, there is little evidence of an increase in the gender employment gap over the course of the pandemic.**

Household wealth and food security

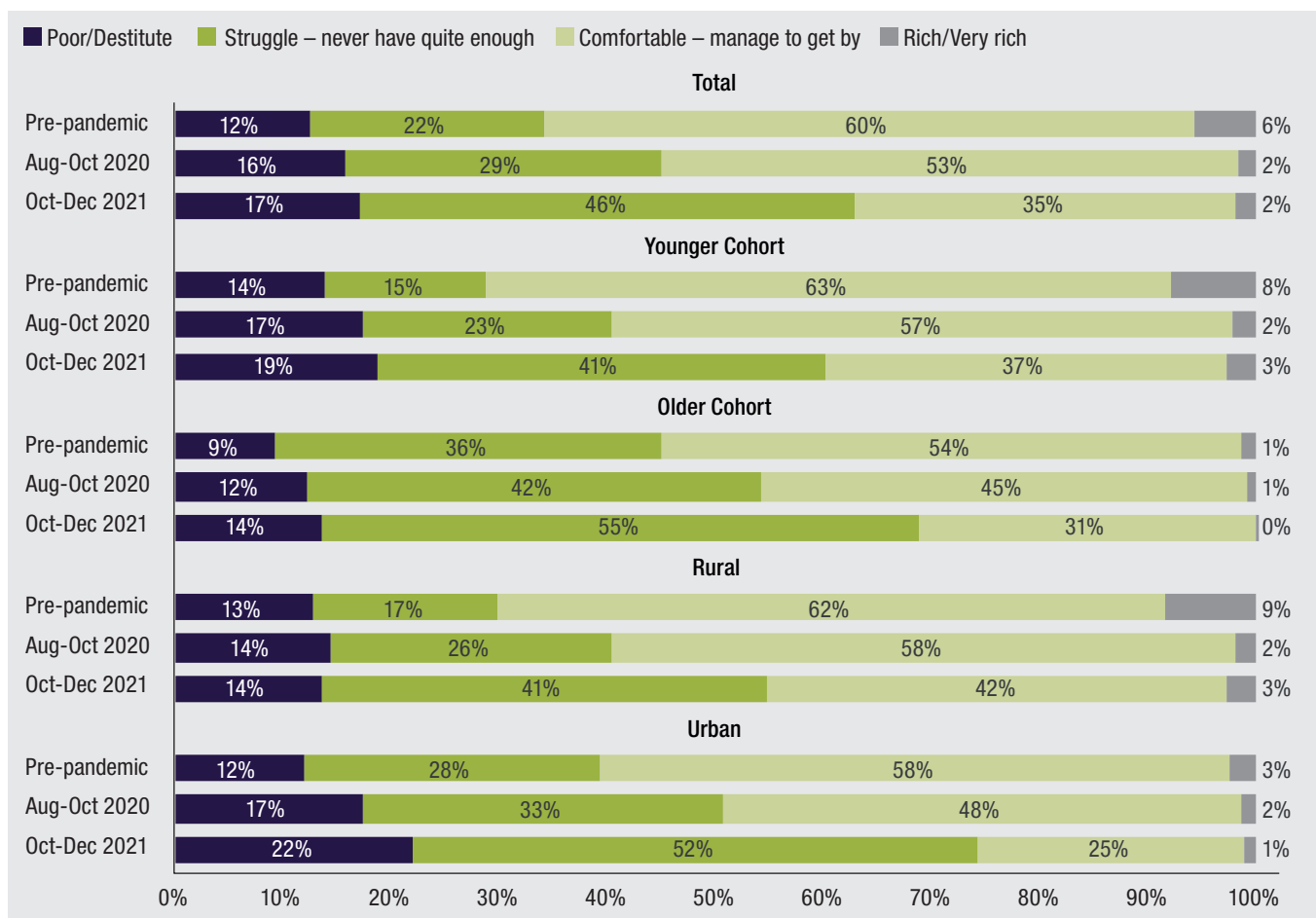
Household wealth

In October–December 2021, we asked the respondents to categorise the current wealth status of their household as poor/destitute, struggling, comfortable, or rich/very rich. We compare these responses to those recorded in August–October 2020 (Call 2) and just before the pandemic (recalled during the Call 2 interview). Figure 3 shows how perceptions of household wealth have shifted over the course of 2020 and 2021.

Figure 2: Percentage of Older Cohort respondents (26 - 27 years old) in work since the beginning of the pandemic



⁵ Notably, 8 out of 10 young men entering the workforce from full-time education had not completed 12 years of schooling.

Figure 3: Changes in subjective household wealth since the beginning of the pandemic

Overall, there has been a significant decline in perceived wealth, compared to before the COVID-19 outbreak. This likely reflects the combined impact of drought, conflict and increasing inflation, as well as the effects of the COVID-19 pandemic.

Figure 3 reports **an overall increase (more than double) in the number of respondents who consider themselves to be struggling** (from 22 per cent pre-pandemic to 46 per cent in October–December 2021). We also see a corresponding fall in the number of individuals who consider their household to be comfortable, from 60 per cent before the pandemic to only 35 per cent by October–December 2021.

Of even greater concern, is a marked increase in the overall number of individuals who consider their households to be poor or destitute, particularly in urban areas. This result is largely driven by those surveyed in Addis Ababa, where the proportion of young people in this category has increased from 10 per cent

(pre-pandemic) to 24 per cent (October–December 2021). Similarly, a sharp increase in poverty was found among those from SNNP, following droughts in the region, where the share of those poor or destitute increased from only 4 per cent to 23 per cent over the same period.⁶

Food security

To analyse changes in food security between 2020 and 2021, we compare responses from November–December 2020 (Call 3) and October–December 2021 (Call 5). In both calls, we asked whether the respondent (or those in their household) had worried about running out of food in the past 12 months, due to a lack of money, and also whether they had actually run out of food during that period. A 'yes' response to the first and second questions would be consistent with (at least) mild and severe food insecurity, respectively.⁷

Food insecurity had become more widespread since the end of 2020, with an increase in (at least)

⁶ On average, the Young Lives survey sites in SNNP experienced a 150mm annual rainfall deficit (12 per cent) in 2021, compared to the average yearly rainfall in the previous 10 years. These figures are based on measures from the [Climate Hazards Group InfraRed Precipitation with Station \(CHIRPS\) data](#), accessed on 31 January 2022.

⁷ We used comparable questions from the Food Insecurity Experience Scale (FIES) used in Call 3 of the phone survey (Ballard, Kepple, and Cafiero 2013) and the Household Food Insecurity Access Scale (HFIAS) employed in Call 5 (Coates, Swindale, and Bilinsky 2007). Under the definition used in the HFIAS, worrying about having sufficient food to eat is consistent with (at least) mild food insecurity, whereas running out of food is consistent with severe food insecurity.

mild food insecurity but, encouragingly, a fall in severe food insecurity in all but the SNNP region.

In October–December 2021, almost half of respondents (47 per cent) had been worried about running out of food at least once in the last 12 months. This represents an increase (of 6 percentage points) in mild food insecurity from the figure recorded in 2020 (41 per cent). **Much of this increase can be linked to the Young Lives sites in the SNNP region, where a staggering 75 per cent of respondents experienced mild food insecurity in 2021 (compared to 38 per cent in 2020).** Overall, mild food insecurity was most common in urban areas, where 53 per cent reported being worried about running out of food (compared to 43 per cent of the rural sample). Notably, an increase was reported among both the poorest and wealthiest households (6 and 7 percentage points, respectively).

The overall percentage classed as severely food insecure (measured as actually running out food in the last 12 months) fell between the two survey calls (from 15 per cent to 10 per cent), with respondents in the wealthiest households reporting the largest fall, from 14 per cent to 7 per cent, and those in the poorest households reporting a decline from 16 per cent to 11 per cent. **A striking exception came from respondents in the drought-affected SNNP region, where an alarming 42 per cent had experienced severe food insecurity, having run out of food at least once in 2021 (compared to 26 per cent in 2020).**

Mental health

As in previous calls, we continue to monitor young people's mental health using the Generalised Anxiety Disorder Assessment (GAD-7) to measure anxiety and the Patient Health Questionnaire (PHQ-8) to measure depression.⁸ Anxiety and depression are defined as at least mild symptoms of either condition.

Following a small increase in the prevalence of anxiety and depression during 2020, both conditions had shown a moderate decline by October–December 2021, though rates are still concerningly high among those that we spoke to. Levels of reported anxiety and depression fell between November–December 2020 and October–December 2021, from 19 per cent to 16 per cent, and from 18 per cent to 12 per cent, respectively, despite worsening levels of insecurity and conflict (although our sample excludes respondents from the Tigray region and the two conflict-affected sites in Amhara). While these figures suggest an overall improvement in mental health, it is likely that this does not reflect the experiences of all groups in Ethiopia (particularly those affected by conflict or food insecurity).⁹

Concluding remarks

The experiences of young people in Ethiopia have been shaped, not so much by the ongoing global pandemic, but by the political and economic events taking place during 2021. Early signs of recovery following the lifting of COVID-19 restrictions (imposed during 2020) have now been superseded by falling employment, an increase in poverty and alarming levels of food insecurity, especially in SNNP. Even if a swift resolution to the year-long conflict engulfing the north of the country is possible, further economic decline and worsening poverty will likely be seen in 2022. This will put progress towards the Sustainable Development Goals even further off track.

Some encouragement can be taken, however, from a fall in the reported prevalence of anxiety and depression, relative to the previous year, and by recognising that increases in mild food insecurity have not (as yet) led to a rise in severe food insecurity across the country as a whole (which has declined since 2020), in spite of the sharp increase in SNNP.

While the COVID-19 pandemic may not be the most immediate concern in Ethiopia, vaccination rates in the country remain remarkably low and access to testing facilities is still limited, particularly in rural areas. Of greater concern is the extremely high number of respondents who may be unwilling to receive a vaccine, even when one becomes available (almost 1 in 3). This is by far the highest level of vaccine hesitancy among the four Young Lives study countries and points to an immediate policy need for improved information on vaccine safety to allay concerns.

Young Lives is planning to return to the field for the next regular round of data collection (Round 6) in 2023 (although data collection in Tigray will be conditional on the evolution of the conflict). This survey round will assess the continuing effect of the pandemic on young people's lives three years after the coronavirus outbreak.

⁸ The GAD-7 and PHQ-8 consist of seven and eight statements, respectively, recording if the respondents experienced any of the anxiety and depression symptoms listed and how often. To calculate the GAD-7 and PHQ-8 scores, values of 0, 1, 2, and 3 are assigned to the frequency of symptoms reported ('not at all', 'several days', 'more than half the days', and 'nearly every day') and summed. Mild anxiety or depression is defined using a 5-point threshold on either scale (Spitzer et al. 2006; Kroenke et al. 2009). The scales were adapted for use during a phone survey: see Porter et al. (2021) for details.

⁹ Previous Young Lives research has established an association between food insecurity and poor mental health among young people in Ethiopia (Porter et al. 2022), and also significant increases in anxiety and depression among those in the conflict-affected Tigray region (Favara et al. 2022).

References

- Ballard, T.J., A.W. Kepple, and C. Cafiero (2013) 'The Food Insecurity Experience Scale: Development of a Global Standard for Monitoring Hunger Worldwide', Rome: FAO, https://www.fao.org/fileadmin/templates/ess/voh/FIES_Technical_Paper_v1.1.pdf (accessed 7 February 2022).
- Coates, J., A. Swindale, and P. Bilinsky (2007) 'Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide (v.3)', Washington, DC: FHI 360/FANTA, https://www.fantaproject.org/sites/default/files/resources/HFIAS_ENG_v3_Aug07.pdf (accessed 7 February 2022).
- Favara, M., A. Hittmeyer, C. Porter, S. Singhal, and T. Woldehanna (2022) 'Young People, Mental Health, and Civil Conflict: Preliminary Findings from Ethiopia's Tigray Region', *Psychiatry Research Communications* 2.1: 100025.
- Kroenke, K., T.W. Strine, R.L. Spitzer, J.B.W. Williams, J.T. Berry, and A.H. Mokdad (2009) 'The PHQ-8 as a Measure of Current Depression in the General Population', *Journal of Affective Disorders* 114.1-3: 163–73.
- Porter, C., M. Favara, A. Hittmeyer, D. Scott, A. Sánchez, R. Ellanki, D. Le Thuc, T. Woldehanna, M.G. Craske, and A. Stein (2021) 'Impact of the COVID-19 Pandemic on Anxiety and Depression Symptoms of Young People in the Global South: Evidence from a Four-country Cohort Study', *BMJ Open* 11.4: e049653.
- Porter, C., A. Hittmeyer, M. Favara, D. Scott, and A. Sánchez (2022) 'The Evolution of Young People's Mental Health During COVID-19 and the Role of Food Insecurity: Evidence from a Four Low-and-middle-income-country Cohort Study', *Public Health in Practice* 3: 100232.
- Spitzer, R.L., K. Kroenke, J.B. Williams, and B. Lowe (2006) 'A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7', *Archives of Internal Medicine* 166.10: 1092–7.

Acknowledgements

This report is part of a series of reports providing headline findings from the fifth call of the Listening to Young Lives at Work Phone Survey, conducted in Ethiopia, India, Peru and Vietnam between October and December 2021.

The report was written by Douglas Scott, Richard Freund, Kath Ford, Marta Favara and Catherine Porter. We also extend our thanks to Alula Pankhurst and Tassew Woldehanna for their insights and policy information, comments and suggestions.

We particularly wish to thank the Young Lives respondents for generously giving us their time and cooperation.

Thanks also to Adam Houlbrook for copyediting, Garth Stewart for design, and Julia Tilford for oversight of the publication of all Young Lives summative reports.

Special thanks to the UK's Foreign, Commonwealth and Development Office (FCDO) for funding Young Lives at Work and enabling this research in response to the COVID-19 pandemic.

The views expressed are those of the authors. They are not necessarily those of, or endorsed by, the University of Oxford, Young Lives, the UK Government or other funders.

Young Lives at Work is
funded with UK aid from
the UK government



Young Lives is an international study of childhood poverty and transitions to adulthood, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam). Young Lives is a collaborative research programme led by the University of Oxford and conducted in Ethiopia in partnership with the Policy Studies Institute (PSI) and Pankhurst Development Research and Consulting Plc (PDRC).

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Young Lives, Oxford Department of International Development (ODID)
University of Oxford, 3 Mansfield Road, Oxford OX1 3TB, UK

www.younglives.org.uk

Tel: +44 (0)1865 281751 • Email: younglives@qeh.ox.ac.uk • Twitter: [@yloxford](https://twitter.com/yloxford)