

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Peru: Second Call

Introduction

Peru instituted a national lockdown in response to the COVID-19 pandemic on 15 March 2020. The government started gradually opening the economy from May, but with substantial restrictions on the movement of people. In our first [Headline Report](#), published in early August 2020, we reported a death rate due to COVID-19 of 62 per 100,000, with GDP expected to decrease by 12.5 per cent by the end of 2020. Since then, the government has moved to a phase of local lockdowns at both the region and province levels, kept schools and universities closed, maintained restrictions on the movement of people (currently for those under 12 years old) and social gatherings, and ordered a curfew (currently from 11 pm to 4 am).

Unfortunately, as of 9 November 2020, the death rate has increased to 109 deaths per 100 thousand,¹ with approximately 920,000 cases reported. There has been an encouraging reduction in the number of new cases since September, but employment levels have not entirely recovered, and the Central Reserve Bank of Peru is maintaining a sobering decrease in GDP growth projection for 2020 (slightly decreased from -12.5 per cent to -12.7 per cent).²

HEADLINES: SECOND CALL

- 1. About 13 per cent of Young Lives participants in Peru have been infected or believed to be infected with COVID-19** since the beginning of the pandemic (3 per cent detected in the first call in June-July, 10 per cent between August-October 2020). The prevalence rate is substantially higher in urban areas and wealthier households. About 20 per cent have been tested for COVID-19 since the first call.
- 2. Very strong adherence to hand washing, social distancing, and wearing masks has been observed.** In addition, those in urban areas and in wealthier households are more likely to strictly adhere to social distancing, wearing masks and facial shields.
- 3. The lockdown and health crisis has had a significant and very unequal impact on households' income and expenses.** The reduction in household income hit women harder than men, and those from the poorest households, rural areas, and without home internet access.
- 4. Employment among participants aged 26 reduced significantly during the lockdown, from 81 per cent to 39 per cent.** The subsequent recovery in employment has not yet reached pre-pandemic levels (72 per cent in August-October), explained mainly by a **slow recovery of jobs in urban areas**.
- 5. Of those in formal education before the pandemic at age 19** (mainly in higher education), **16 per cent have subsequently dropped out or chosen not to enrol.** More women have been able to continue their studies than men (87 per cent, compared to 77 per cent), and access to the internet has been key in explaining who has been able to continue distanced learning.
- 6. During the lockdown, young people spent more time on household and caring responsibilities than before, and the burden was greater for women:** 85 per cent of women agreed they spent more time doing household work, compared to 72 per cent of men. Similarly, 48 per cent of women spent more time taking care of children, compared to 23 per cent of men.
- 7. The burden on mental health is high:** 30 per cent of respondents report symptoms of depression (much higher than under normal circumstances), and 40 per cent report symptoms of anxiety.
- 8. Preliminary results show a significant proportion of the sample (8 per cent) reported an increase in experiences of domestic violence.**

1 See <https://coronavirus.jhu.edu/data/mortality>, 9 November 2020.

2 See www.bcrp.gob.pe/docs/Publicaciones/Reporte-Inflacion/2020/setiembre/reporte-de-inflacion-setiembre-2020.pdf

This report investigates the ongoing impact of the COVID-19 pandemic on the health, well-being, household wealth and income, labour and education trajectories of Young Lives participants in Peru, tracked since 2001 and now aged 19 and 26.³ The results presented here are based on a preliminary version of the data collected during the second call of the [Young Lives phone survey](#), conducted between August and October 2020.

Methods

The second call of the Young Lives phone survey took place between 18 August and 15 October 2020, and interviewed a total of 1,992 young people (1,550 Younger Cohort respondents aged 19, and 442 Older Cohort respondents aged 26 years old). This corresponded to 91 per cent and 84 per cent of each sample located in the most recent tracking completed in December 2019, an improvement on the first call, when 81 per cent and 78 of each sample was located, respectively. The reduction in attrition is due in part to the longer time available for making the phone calls (one month more than for the first call) and the use of social media (Facebook) to contact missing participants, as explained in the [fieldwork manual](#).

The Young Lives sample has national coverage, covering 20 randomly selected districts (excluding the top 5 per cent of the wealthiest districts) and includes urban and rural areas. In the analysis below, Younger Cohort and Older Cohort respondents are merged into one sample, unless specified. All results are adjusted to consider the Young Lives sampling design. Differences among sub-groups are reported at the 5 per cent significance level. Our analysis is informed by comprehensive data collected over 15 years of previous 'regular' Young Lives surveys, to assess how the impact of COVID-19 is affecting individuals with different socio-economic backgrounds and histories.

We measured household wealth in 2002 and 2016 using the Young Lives wealth index, and report results for households in the bottom and top terciles in each period. A household with a wealth index in the bottom tercile has reduced access to public services, housing quality, and/or durable goods. We also assessed the ability of households to comply with the World Health Organization (WHO) recommendations, particularly in relation to self-isolation, through an adapted version of the Home Environment for Protection Index (HEP) developed by Brown et al. (2020). This indicator includes the ability to receive reliable information on local disease incidence and protection measures, dwelling attributes to implement the social distancing recommendations within the household, and hand washing.⁴ The likelihood of a home possessing the required characteristics for protection declines with household wealth status, as measured by the Young Lives wealth index in survey Round 1 (2002) and the previous survey undertaken in Round 5 (2016).

Results

1. Preventative behaviours around COVID-19

About 13 per cent of participants have been infected or believed to be infected with COVID-19 since the beginning of the outbreak, including about 10 per cent since call 1. The prevalence rate is substantially higher in urban areas (16 per cent, compared to 4 per cent in rural areas) and in wealthier households. The latter is explained to a large extent because wealthier families are more likely to live in metropolitan areas, which were hit hard by the virus. From a regional perspective, a larger proportion of cases were detected outside Lima City, which is consistent with administrative data. About 20 per cent of participants have been tested for COVID-19 since call 1.

Adherence to recommended behaviours to prevent infection

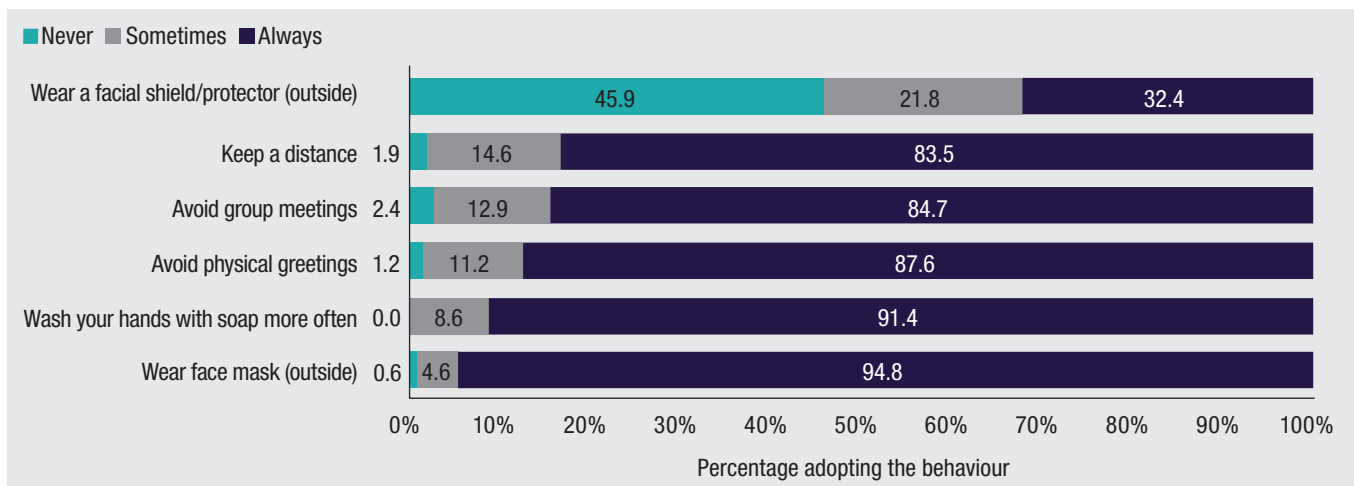
Between August and September, some regions remained in lockdown. Consistent with this, 17 per cent of respondents were quarantined at home, while men and those from rural areas were more likely to leave the house. The three main reasons why participants left their homes were to buy food, go to work, and to buy medicines (66 per cent, 52 per cent and 23 per cent, respectively). The proportions of those leaving their homes were larger for men, those in rural areas, from the poorest households (bottom wealth tercile), and those with a low ability to comply with WHO recommendations (low HEP index). A similar pattern is observed when focusing on differences among those who left their homes for work-related reasons.

Very strong adherence to hand washing, social distancing and wearing masks was observed, while the use of facial shields was much less common (Figure 1). When asked about use over the last seven days ('always' or 'sometimes'), there was close to universal adherence (98 to 100 per cent) to wearing masks (when outside), hand washing with soap (more often than usual), social distancing, and avoiding physical greetings and group meetings. In contrast, the use of facial shields is far less common (54 per cent); their use was more likely among those from wealthier households, those with home internet access and, especially, those in urban areas. Members of the Older Cohort (aged 26) are also more inclined to use facial shields than the Younger Cohort (aged 19), probably because the former have more financial and caring responsibilities and, thus, need to spend more time outside.

While adherence to recommended behaviours is high, there is variation on how strict that adherence is. For instance, 95 per cent always use masks when outside, whereas only 83 per cent always adhere to social distancing, and 23 per cent always wear facial shields when outside.

3 More information on the Young Lives phone survey, fieldwork manual, second call questionnaire, an annex with the full analysis produced for this report, and the call 1 headlines reports are available on the Young Lives at Work pages of the Young Lives website here: www.younglives.org.uk Background on the Young Lives survey overall (sampling strategy and previous rounds) is also available at www.younglives.org.uk. Data will be soon available UK Data Service website. Data from call 1 is available here: <https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8678>

4 More information on how the HEP has been computed using the Young Lives data is provided [here](#).

Figure 1: Adherence to recommended behaviours to prevent infection

Note: Younger Cohort and Older Cohort samples shown together. Estimates use sampling weights.

Those from urban areas and from wealthier households were more likely to strictly adhere to these behaviours, and the Older Cohort to the use of facial shields.

2. The impact of COVID-19 on household wealth and income

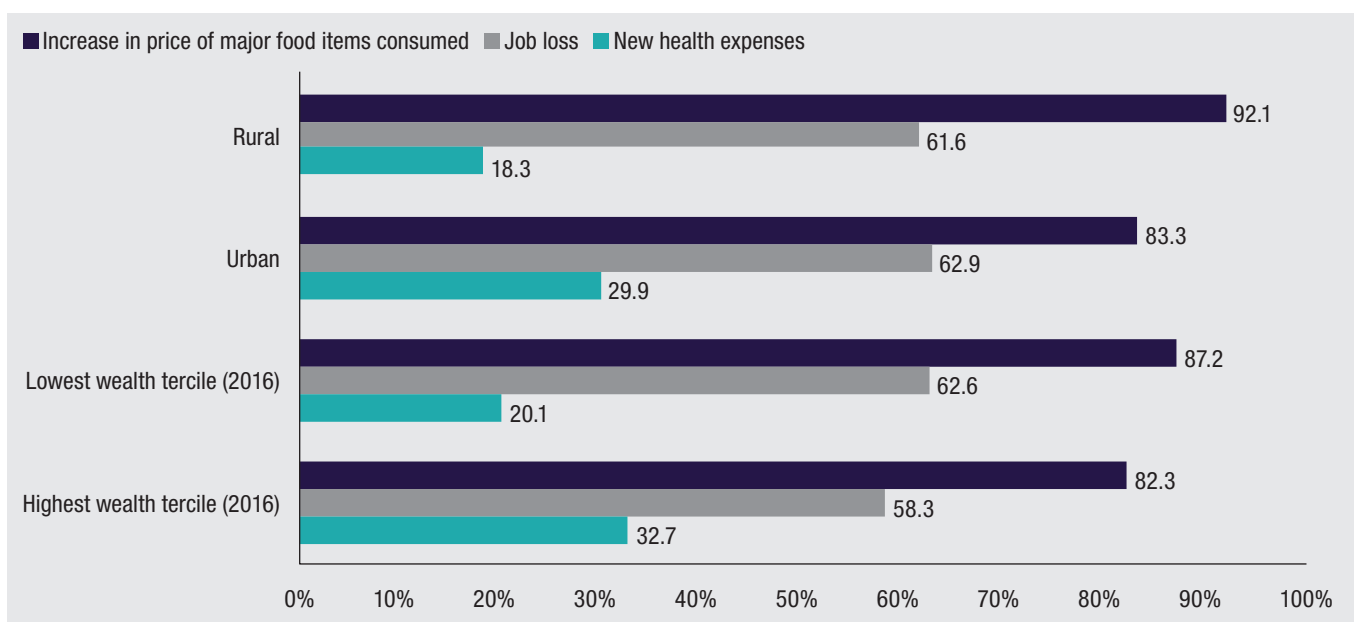
Economic shocks associated with COVID-19

The combined impact of the national lockdown and health crisis on households' income and expenses has been substantial, especially among the poorest households. About 63 per cent of respondents reported that their household expenses went up, and 77 per cent that their household income went down since the beginning of the national lockdown. The increase in household expenses was felt across all groups but impacted the poorest

households most (bottom wealth tercile). The reduction in household income hit women harder than men, those from the poorest households (bottom wealth tercile), from rural areas, and those without home internet access.

Increased prices of major food items, job losses, and new health expenses are the three most common economic shocks reported since the outbreak

(Figure 2). An increase in food prices was the most frequent shock reported (85 per cent), especially by those in the poorest households (bottom wealth tercile), in rural areas, and by women and the Older Cohort. This is followed by significant job losses (63 per cent), which also affected women and the Older Cohort more heavily. The third most important shock was new health expenses (27 per cent) which affected those in urban areas and those from wealthier households the most.

Figure 2: Economic shocks since the outbreak of COVID-19 (%)

Note: Younger Cohort and Older Cohort samples shown together. The urban/rural variable is defined based on call 2 data. The wealth index is based on Round 5 data (2016). Estimates use sampling weights.

Loss of employment/income

To quantify the impact of the COVID-19 crisis on employment, we compared employment levels of participants before the national lockdown (between January and February 2020), during the national lockdown, and between August-October 2020 when the national lockdown had ended but many regions and provinces still remained in lockdown. The first two periods were measured retrospectively, the last one focuses on employment during the last seven days at time of call 2. Due to the exceptional nature of the crisis which made it difficult to search for a job, we do not make a distinction between those within and outside the active labour force, instead we focus on understanding how the overall proportion of people employed changed over time.

A massive reduction in employment occurred during the national lockdown, followed by a substantial but incomplete recovery (Figure 3). During the lockdown only essential sectors could operate, contributing to almost half of the participants losing their jobs, with overall employment declining from 69 per cent in January-February 2020 to 34 per cent. Job losses were even more marked for the Older Cohort (aged 26), who experienced a reduction in employment during the national lockdown from 81 per cent to 39 per cent. Job losses were similar for men and women, but higher in urban areas and for those in wealthier households. During the national lockdown those engaged in agriculture were more likely to retain their jobs. Even though the movement of people was restricted, we found that at least 3 per cent of participants migrated during this period to find work. The actual percentage of participants who migrated may have been higher, given that some of those we were unable to track may have also migrated..

Once the national lockdown ended, employment levels recovered to 63 per cent (72 per cent among the Older Cohort). By call 2 (August-October 2020), employment had not fully recovered in urban areas, where it remained 9 percentage points below pre-lockdown levels. This is

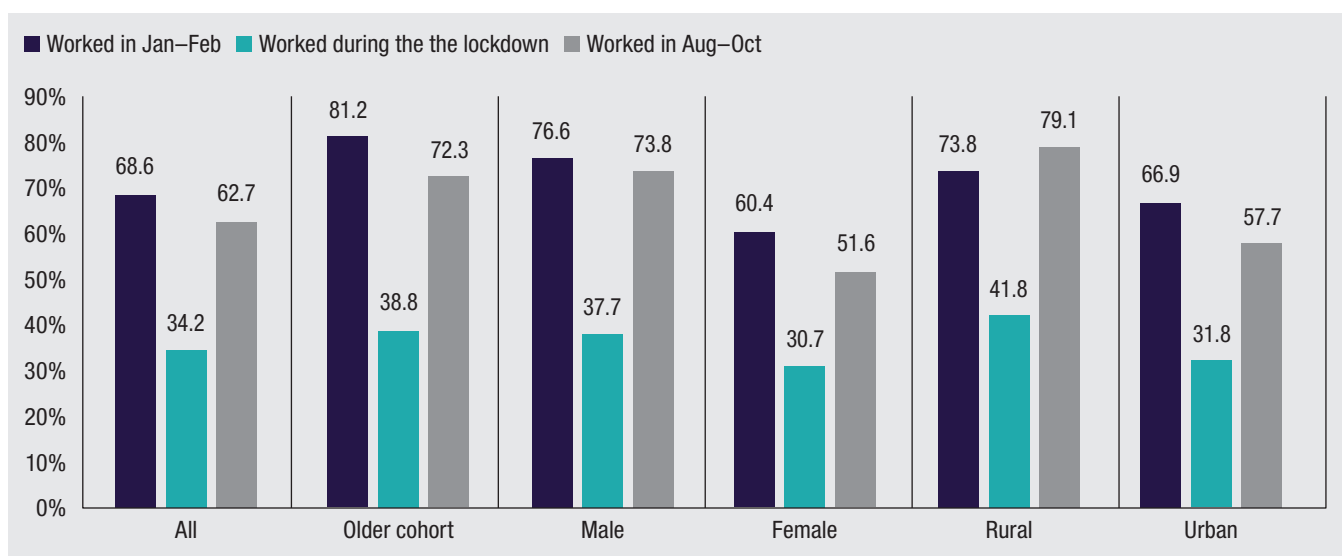
consistent with the fact that some regions were still in lockdown up to September 2020. Women were more affected by job losses than men (the employment gender gap widened slightly from 16 per cent to 22 per cent), and those with dependent jobs were less likely to retain their positions. Notably, by call 2 employment was higher in rural areas compared to pre-lockdown levels by 5 percentage points.

Of those who retained their employment during the national lockdown, the majority worked from their usual place of work, including in the fields for those engaged in agriculture, with only 10 per cent able to work remotely. Access to remote working was greatest for women, those in urban areas and from wealthier households. Of those that continued to work, 33 per cent were affected by a reduction in the number of hours worked.

Food insecurity

In our first call (June-July 2020), we found that **around one in six respondents had run out of food since the beginning of the pandemic**. In the second call, we measured food insecurity using the Food and Agricultural Organisation of the United Nations (FAO) Food Insecurity Experience Scale (FIES), which asks eight yes/no questions regarding people's ability to access food since the outbreak. Answering yes to a question signifies difficulties in accessing food due to resource constraints. We are working with FAO to validate our new data and create a robust measure of food insecurity severity that can then be compared to the Sustainable Development Goals food security indicator. Our initial findings show that individuals responded yes to several of the FIES questions, in percentages that are higher for the less severe conditions, such as 'unable to eat healthy and nutritious food', and lower for the more extreme ones such as 'had to skip a meal' or 'felt hungry but could not eat', consistent with the theory behind the FIES measurement scale. Further analysis on the impact of food insecurity is ongoing.

Figure 3: Employment levels before, during, and towards the end of the lockdown (%)



Note: The duration of lockdown in Peru varied by region (from four and a half to six and a half months). Younger Cohort and Older Cohort samples shown together. The urban/rural variable is defined based on call 2 data. Estimates use sampling weights.

3. Mental health and subjective well-being during the COVID-19 outbreak

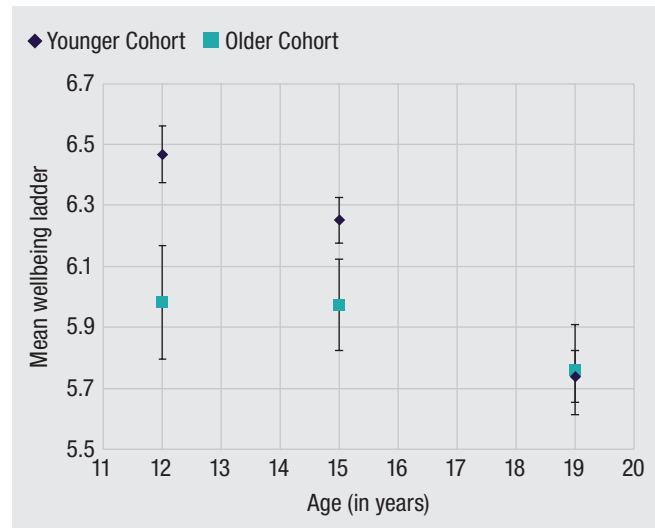
The COVID-19 outbreak and its implications at the national and local levels – from the national lockdown to job losses, food insecurity, illness among household members and higher levels of stress – is likely to have increased the burden on mental health and well-being. In the first call, we found that 49 per cent of participants were feeling nervous about current circumstances related to COVID-19, which was already a warning sign.

In the second call, we further investigated the impact of the pandemic on mental health and subjective well-being. We measured anxiety using the Generalised Anxiety Disorder Assessment (GAD-7) and depression through the Personal Health Questionnaire (PHQ-8), both of which inquire about related symptoms experienced in the previous two weeks, using a commonly applied definition of anxiety and depression.⁵ Subjective well-being has been measured using the Cantril Self-anchoring Striving Scale (also known as the Cantril Ladder).⁶ While we have information on life-satisfaction from previous Young Lives survey rounds, we do not unfortunately have information about the pre-pandemic prevalence of anxiety and depression.

About 30 per cent of respondents reported symptoms of depression, and 40 per cent reported anxiety symptoms.⁷ As a benchmark, using data from the 2019 Demographic and Health Survey, the population aged 18 to 27 in Peru reported a prevalence of depression of about 18 per cent. Therefore, our results suggest the burden of mental health is likely to have increased during the crisis.

Further analysis of call 2 data indicates that subjective well-being has worsened for respondents affected by economic shocks during the lockdown. The longitudinal nature of the Young Lives data allows us to investigate the variation in well-being across various rounds of data collection, comparing the Younger Cohort and the Older Cohort's life satisfaction at the same ages, but at different points in time. Figure 4 shows that on average, there is no difference between the Younger Cohort at age 19 (affected by COVID-19) and the Older Cohort at the same age (not affected by COVID-19). While both cohorts have reported a decrease in self-reported well-being compared to age 15, each cohort seems to follow a different trajectory over time, which makes the comparison difficult in this case.

Figure 4: Subjective well-being of cohorts at ages 12, 15 and 19



Note: Subjective well-being is measured using the Cantril Ladder. The figure shows the mean step on the ladder for the Older Cohort with data collected in 2006 (Round 2), 2009 (Round 3) and 2013 (Round 4), compared to the Younger Cohort collected in 2013 (Round 4) and 2016 (Round 5) and in call 2 (2020). Vertical bars represent 95 per cent confidence intervals around mean values. Estimates use sampling weights.

3. The impact of COVID-19 on education and time use

Education

To investigate the impact of COVID-19 on educational trajectories, we focused on participants who had been attending formal education in 2019 or 2020, from the Younger Cohort (aged 19). This represents about 48 per cent of the Younger Cohort and consists mainly of those engaged in higher education (83 per cent, compared to 17 per cent attending secondary school).

Of those previously engaged in formal education at age 19 before the pandemic, 16 per cent have subsequently dropped out or chosen not to enrol (mainly in higher education) for multiple reasons, including the cost of fees. Of the remaining, 82 per cent are able to attend classes, with only 2 per cent continuing to be affected by class suspensions (compared to 55 per cent under lockdown at call 1). More women have been able to continue their studies than men (87 per cent, compared to 77 per cent for men), and access to the internet has also been a decisive factor (83 per cent, compared to 69 per cent for those without access).

5 GAD-7 and PHQ-8 consist of seven and eight statements respectively reporting if the respondents had experienced any of the anxiety and depression symptoms listed and how often. To calculate the GAD-7 and PHQ-8 score, values of 0, 1, 2, and 3 are assigned to frequency of symptoms reported ('not at all', 'several days', 'more than half the days', and 'nearly every day' respectively) and added together. Mild, moderate and severe anxiety are defined using the 5, 10, 15 cut-off points (Spitzer et al. 2006), with ≥ 5 for mild depression and ≥ 10 for moderate to severe depression (Kroenke et al. 2009).

6 The Cantril Ladder (1965) asks the respondent to visualise a ladder of nine steps, with the bottom step representing the worst life and the top step representing the best possible life. Respondents are asked to identify which step they presently stand on.

7 The fieldwork team provided information on support for respondents that mentioned experiencing symptoms of mental health disorders. The consultation guide that was made available to respondents is available at the Niños del Milenio website here: ninosdelmilenio.org/2020/11/11/guia-para-consultas/.

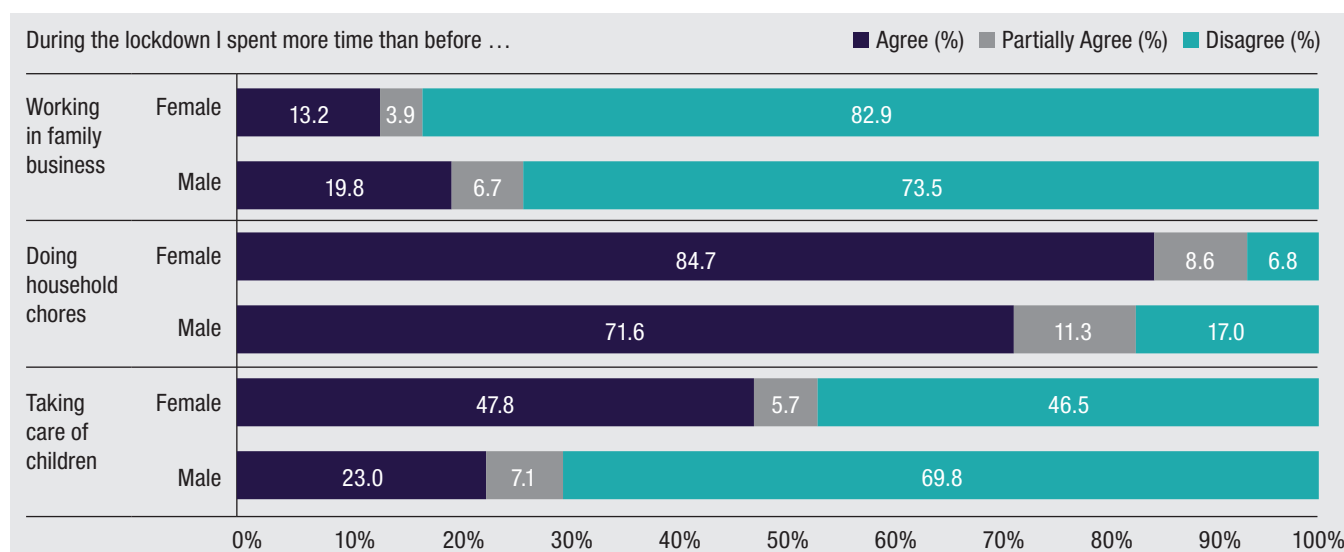
Learning outside the classroom

During the lockdown, the majority of students enrolled in education were able to access remote learning. About 90 per cent participated in virtual lessons through a laptop, computer, or smartphone, 85 per cent were able to complete assignments, and 61 per cent engaged with educational TV, radio, and/or learning apps. Access to virtual lessons was greater for students from wealthier households and for those whose parents had completed secondary school. The opposite was observed for those attending classes in person, though this group was small (2 per cent). The most common means of communication with teachers was via WhatsApp (74 per cent).

5. Increases in household and caring responsibilities

Respondents spent more time on household and caring responsibilities during the lockdown, and the burden is greater for women. Figure 5 shows that 85 per cent of women agreed they spent more time doing household chores, compared to 72 per cent of men. Similarly, 48 per cent of women dedicated more time to taking care of children, compared to 23 per cent of men. By contrast, fewer respondents (17 per cent overall) indicated they had spent more time working in a family business, with men taking on a slightly higher burden (20 per cent for men, compared to 13 per cent for women). We did not detect significant differences in these new responsibilities by cohort.

Figure 5: Redistribution of household and caring responsibilities



Note: Younger Cohort and Older Cohort samples shown together. Estimates use sampling weights.

Concluding remarks

This brief provides a further exploration of the current impact of the COVID-19 pandemic and related lockdown policies on the lives of respondents in Peru. Further analysis of the impact on mental health, food insecurity and labour market is ongoing.

This report does not include analysis of the **domestic violence** data collected during the second call using an innovation indirect methodology, known as 'double list randomisation'. This methodology allows us to assess the prevalence of domestic violence while limiting related discomfort to respondents when reporting their experiences during the phone call.

Preliminary results show a significant proportion of the sample (8 per cent) reported an increase in experiences of domestic violence. Further analysis of these findings alongside more details on the methodology is also ongoing.

The third call in the COVID-19 phone survey is now in progress in all four Young Lives study countries (Ethiopia, India, Peru and Vietnam) scheduled for completion by the beginning of December 2020. This final call will follow up on a number of topics including education, labour market and

mental health. Young Lives is planning to get back to the field for the next regular round of data collection (Round 6) in 2021, depending on the evolution of the COVID-19 pandemic in the four countries.

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