

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Vietnam: Second Call

Introduction

Since the publication of our [first Headlines Report](#) in August 2020, Vietnam has continued to be very successful in containing the spread of COVID-19. A series of early proactive measures, including the closure of schools and non-essential businesses, a ban on large gatherings, a 15-day national lockdown in April, and extensive contact tracing have been highly effective. In spite of a subsequent second wave of community transmission, leading to the implementation of local lockdowns in Da Nang (Vietnam's third largest city), and in the provinces of Quang Nam and Hai Duong, the Ministry of Health has recorded no recent cases of community transmission (as of 9 November 2020). Although social distancing guidelines are still in place, the government is now pursuing the dual target of containing the COVID-19 pandemic and resuming economic activities. A modest increase in output and falling unemployment for the third quarter of 2020 suggests the economy is recovering towards pre-COVID levels (GSO 2020).

HEADLINES: SECOND CALL

- **Vietnam has been extremely successful at limiting the spread of COVID-19**, reflected in the fact that only 14 respondents believe they may have been infected since the first call.
- The vast majority of respondents are observing basic COVID-19 prevention measures, such as washing hands, avoiding physical greetings and wearing a face mask outside.
- All the preventative measures considered were less common for poorer households and those in rural areas. It is likely that poverty and the need to leave the house for work diminishes individuals' ability to take preventative measures.
- Misconceptions about effective preventative measures were much less common than in other Young Lives study countries, and less widespread than at the beginning of the pandemic.
- The pandemic has had a much greater social and economic impact on Young Lives households, relative to the impact on physical health. Incomes have decreased in 6 out of 10 households, with those living in urban and wealthier households being hardest hit.
- Despite the early COVID-19 response leading to high job losses among young people, particularly among young women and those in urban areas, employment rates have largely recovered, with 64 per cent of respondents now in work (compared to 70 per cent before the pandemic).
- There is some evidence of a shift in the types of employment in both rural and urban areas, with an overall increase in self-employment from 22 per cent to 26 per cent.
- The pandemic does not appear to have negatively affected self-reported well-being. Call 2 indicates a modest increase in our measure since 2016 (in line with previous Young Lives longitudinal trends in Vietnam). Vietnam is the only one of the four Young Lives countries where this is the case.¹
- Overall, Vietnam recorded the lowest incidence of anxiety (9 per cent) and depression (9 per cent) of the Young Lives countries.
- Despite significant interruptions to education during the lockdown, 92 per cent of the Younger Cohort were either attending or planning to attend classes by call 2.
- While the numbers attending education may be similar to pre-COVID levels, the method of learning changed following the COVID-19 response: only 32 per cent of students had attended classes in person since the national lockdown in April, with 68 per cent attending virtual classes (made possible by 98 per cent of respondents having home internet access).
- During the COVID-19 response, 51 per cent of those surveyed spent more time on household tasks, while 45 per cent had spent more time taking care of children. The additional burden of household responsibilities and childcare appears to have fallen disproportionately on young women.

¹ The other Young Lives study countries are Ethiopia, India (Andhra Pradesh and Telangana) and Peru.

The [Young Lives phone survey](#) aims to investigate the short- and medium-term impact of the COVID-19 pandemic on the health, well-being, employment and education of the young people in our study. Participants have been tracked since 2001 and are now aged 19 (the Younger Cohort) and 25 (the Older Cohort).² The first call of this three-part phone survey took place between June and July 2020, with initial results highlighting the pandemic's social and economic impacts, particularly in relation to income and job losses, increases in food insecurity and widespread interruption of education. The results presented in this report are based on a preliminary version of data collected during the second call of the survey, conducted between August and October 2020. This call aims to provide more comprehensive information on the impact on well-being, employment and education, while also covering topics such as mental health and economic shocks.

Methods

The second call of the Young Lives phone survey took place between 15 August and 15 October 2020, reaching a total of 2,519 young people (1,691 Younger Cohort respondents aged 19 and 828 from the Older Cohort aged 25). This corresponded to 98 per cent of the sample located in the first phone call and 90 per cent of the sample located during the most recent tracking undertaken, between May and July 2020.

In the analysis below, the Younger Cohort and the Older Cohort respondents are merged into one sample, unless specified otherwise. Our analysis is informed by comprehensive information collected over 15 years of previous 'regular' Young Lives surveys. This information is used to assess how the impact of COVID-19 is affecting individuals with different socio-economic backgrounds and histories.

We have assessed the ability of the Young Lives 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 social distancing recommendations, and hand washing.³ The likelihood of a home possessing the required characteristics for protection increases with households wealth status, as measured by the Young Lives wealth index in either Round 1 (2002) or Round 5 (2016).

Results

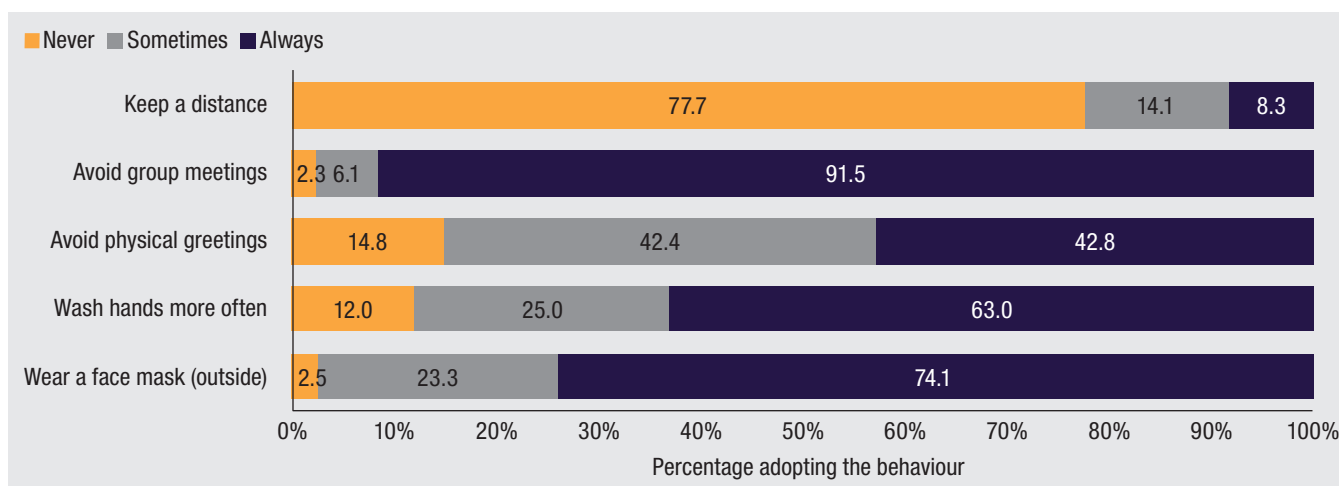
1. Preventative behaviour around COVID-19

Adherence to recommended behaviours to prevent infection

Vietnam has been extremely successful at limiting the spread of COVID-19 and this is reflected in the fact that **only 14 respondents believe they may have been infected since the first call**. Only 133 respondents (approximately 5 per cent of the sample) were tested for COVID-19 during this period, with none reporting a positive test.

Adherence to measures to prevent the spread of infection were particularly high for basic measures such as **wearing a face mask outdoors** (92 per cent always did), washing hands more often with soap (74 per cent always did), and avoiding physical greetings (63 per cent always did).

Figure 1: The five most adopted recommended behaviours to prevent infection



Note: Younger Cohort and Older Cohort samples shown together.

² More information on the Young Lives phone survey, the 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: www.younglives.org.uk. Background on the Young Lives survey overall (sampling strategy and previous rounds) is available at www.younglives.org.uk. Data for this call will soon be available on the UK Data Service website. Data from call 1 are available at <https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8678>.

³ More information on how the HEP index has been computed using the Young Lives data is available on the Young Lives at Work pages of the Young Lives website: www.younglives.org.uk.

With the exception of Da Nang, Quang Nam and Hai Duong, social distancing measures were not imposed in Vietnam during the second call survey period. Therefore, measures relating to social distancing were less common, with only 43 per cent always avoiding group meetings, such as family gatherings, parties, funerals or marriages, and only 20 per cent indicating they always keep a distance of 1-2 metres from other people.

All behaviours listed in Figure 1 were less common among those in rural areas, those in the poorest households (the lowest third of wealth distribution) and those living in poorer housing conditions (the low HEP index group). Much of this disparity may be explained by the necessity of leaving home to go to work. In the highest third of the wealth distribution, less than half of the respondents left their home for work in the previous week (47.4 per cent), whereas more than 7 out of 10 (71.3 per cent) of the lowest wealth group worked outside of the household. Although the nature of the work undertaken by different wealth groups will clearly differ, this suggests that **poverty diminishes the ability of individuals to stay at home as a preventative measure against COVID-19.**

Misconceptions about effective preventative measures were uncommon and less widespread than at the beginning of the pandemic, with a decrease in the use of unproven (albeit benign) measures. Only 10 per cent of respondents (compared to 14 per cent in call 1) adopted the most common unproven measure of drinking lemon to prevent infection. More notable was a fall in the number of respondents stocking up on additional food. This fell from 28 per cent in the first call to less than 2 per cent in call 2, indicating changes in respondent's beliefs about the likely impact of the pandemic (and future response measures) on food security.

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

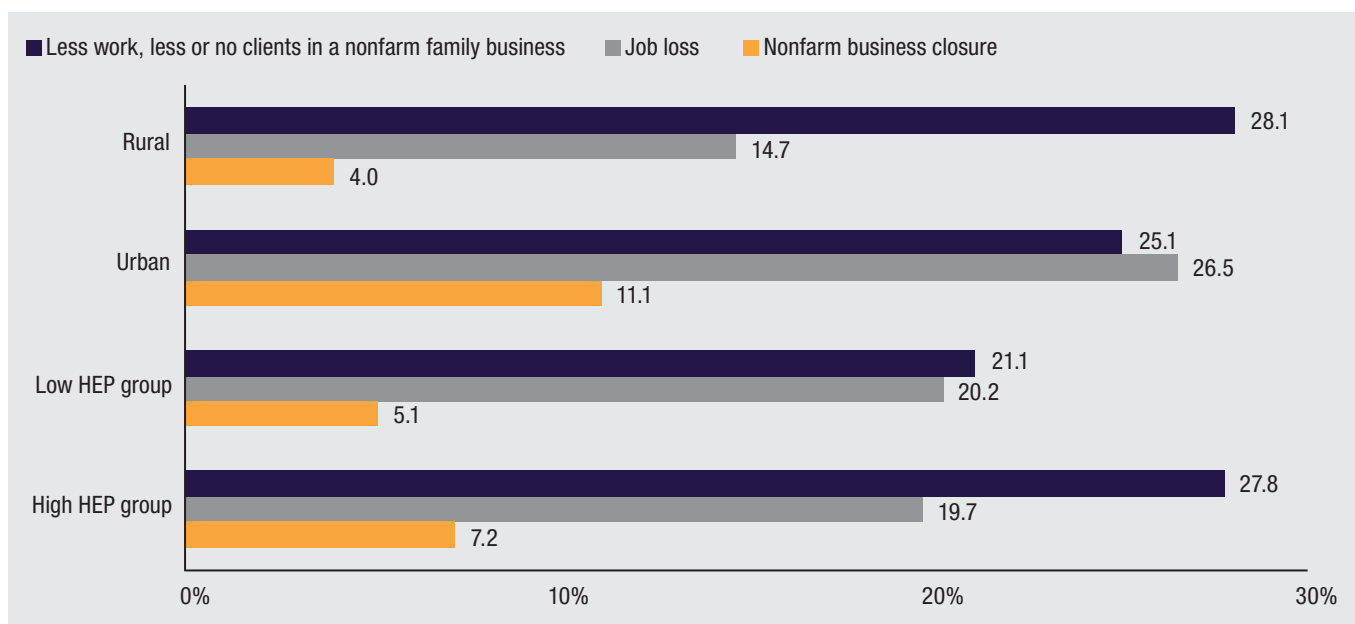
To date, the COVID-19 pandemic has had a much greater social and economic impact on the Young Lives households, relative to the virus' impact on physical health.

Economic shocks associated with COVID-19

Since the start of the pandemic, incomes have declined in 6 out of 10 households, with urban and wealthier households being hardest hit. Overall, 62 per cent of urban households and 55 per cent of the rural sample reported a fall in income.⁴ Similarly, 64 per cent of those in the richest third of the wealth distribution (relative to only 56 per cent of the poorest group) reported income losses. It is likely that this result owes much to differences in the nature of employment between rich and poor households in Vietnam, with poorer households more likely to be employed in (rural) agriculture, a sector which has been less impacted by social distancing measures.

Experiencing less work/fewer or no clients in a non-farm family business, job losses and non-farm business closures were the three most common economic shocks reported. Figure 2 indicates that reductions in work or non-farm clients were common in both rural (28 per cent) and urban areas (25 per cent), but slightly higher among the high HEP group (28 per cent) relative to the (poorer) low HEP households (21 per cent). In contrast, job losses were more concentrated in urban areas (27 per cent) than rural areas (15 per cent).

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



Note: Younger Cohort and Older Cohort samples shown together. The urban/rural variable and HEP index are defined based on call 2 data.

4 The majority of the urban sample come from the city of Da Nang, which was the centre of the second wave of infections in Vietnam. Therefore, these respondents would have experienced some of the most severe restrictions.

Loss of employment and income

The early COVID-19 response caused considerable job losses among respondents, especially among young women and those living in urban areas. While 70 per cent of respondents worked at some point (for at least one hour) in the months prior to the outbreak (between December 2019 and February 2020), **only 36 per cent were able to continue working during the national lockdown in April 2020.** In particular, the number of both women and urban workers more than halved during this period, with a notable impact on the Younger Cohort (56 per cent out of work, relative to 38 per cent of the Older Cohort) (Figure 3).

Of those previously employed who did not work during the COVID-19 restrictions, the most common reason reported was that their workplace was closed and they could not work from home (46 per cent). Among those previously employed by others ('dependent workers'), 28 per cent reported less business due to COVID-19 as the reason for unemployment. This reason was cited by over half of self-employed ('own-account') workers (55 per cent), making this the second most common cause overall.

Among those who continued to work, 1 in 4 had their hours reduced, with this proportion higher for women than men (31 per cent and 22 per cent, respectively) and higher for dependent workers than the self-employed (30 per cent and 18 per cent). The majority of those continuing to work did this entirely in their usual place of work, with **only 1 in 10 working remotely (fully or partially).**

Since the main restrictions have been relaxed, employment rates among young people have largely recovered, **with 64 per cent of respondents in work by call 2 (compared to 70 per cent before the pandemic).** There is some

evidence of a shift in the types of employment undertaken, with a small **increase in self-employment ('own-account')** from 22 per cent to 26 per cent. This shift occurs in both rural and urban areas, and among males and females in both age cohorts.

Food insecurity

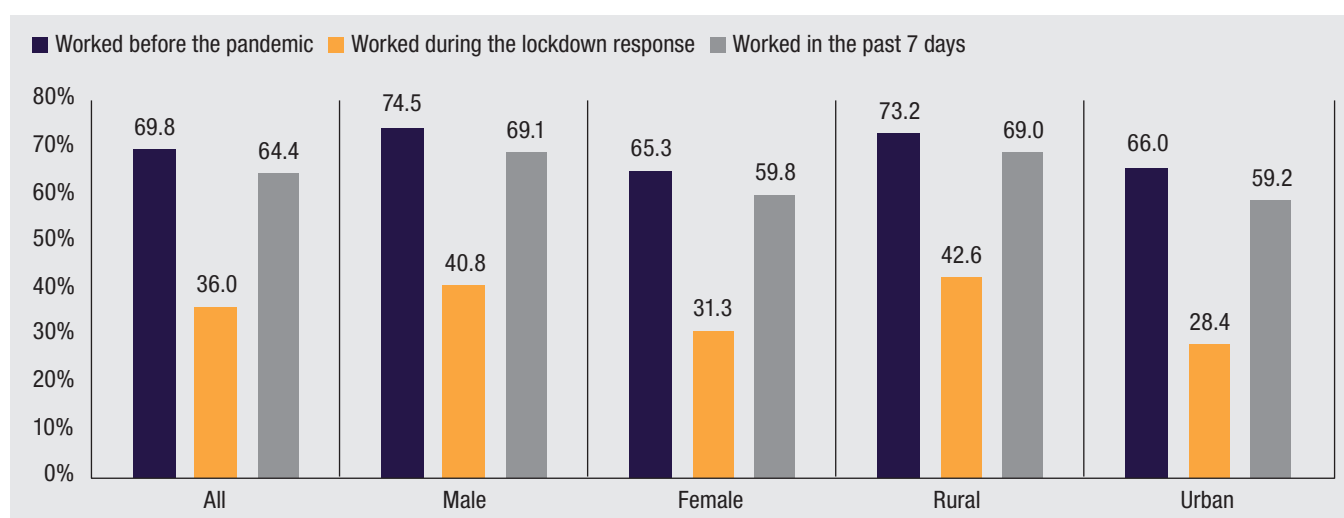
In our first call (June-July 2020) we found that around 4 per cent of participants had run out of food since the beginning of the pandemic. This was the lowest prevalence of food insecurity among the four Young Lives study countries. In the second call, we measured food insecurity following the Food and Agricultural Organisation of the United Nations (FAO) Food Insecurity Experience Scale (FIES), which is based on 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.⁵

Our initial findings show a higher incidence of less severe conditions, such as 'unable to eat healthy and nutritious food', but **lower incidence of more extreme food insecurity,** such as 'had to skip a meal' or 'felt hungry but could not eat', consistent with the theory behind the FIES measurement scale.⁶ Further analysis on the impact of the pandemic on food insecurity is ongoing.

3. The impact of COVID-19 on mental health and subjective well-being

In our first call, 65 per cent of respondents reported feeling nervous about the current circumstances surrounding the COVID-19 pandemic. In the second call, we have further investigated the impact of the pandemic on mental health and subjective well-being. We measured levels of anxiety using the Generalised Anxiety Disorder (GAD-7)

Figure 3: Employment before, during, and after the lockdown period



Younger Cohort and Older Cohort samples shown together. Urban/rural variable is defined based on call 2 data.

⁵ Full details on the FIES and the FIES raw score are here: www.fao.org/3/a-i7835e.pdf

⁶ We are working with FAO to validate our measure of the severity of food insecurity and will report on these findings in a forthcoming joint paper.

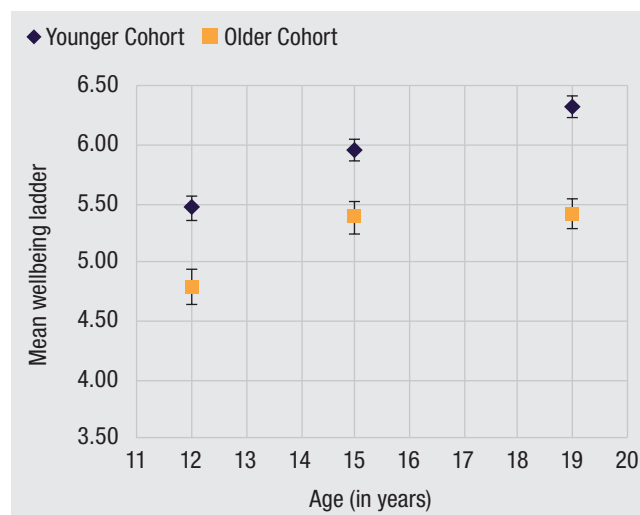
tool, and experiences of depression using the Patient Health Questionnaire (PHQ-8).⁷ Subjective well-being has been measured using the Cantril Self-anchoring Scale (also known as the Cantril Ladder).⁸ While we have information on well-being from previous survey rounds, we unfortunately do not have information about the pre-pandemic prevalence of depression and anxiety.⁹

Initial results suggest relatively low incidence of anxiety and depression, compared to the other Young Lives study countries, with around **9 per cent of respondents reporting (at least) mild anxiety**, and similarly around **9 per cent reporting symptoms of (at least) mild depression**.

Overall, we recorded a modest increase in self-reported well-being between Round 5 (2016) and call 2, across both the Younger and Older Cohorts, men and women, and the lowest and highest wealth index groups. Only those from urban backgrounds showed no change. Given the comparative circumstances faced by the respondents in the two time periods, these results initially appear surprising. Indeed, a **significant decline in well-being was found in the other three Young Lives countries**.¹⁰ Vietnam's success in containing the virus and the relaxing of COVID-19 restrictions by the time of call 2 may be important factors in explaining this apparent anomaly.

The Young Lives longitudinal data allow us to investigate variations in well-being across various survey rounds of data collection, comparing the Younger and Older Cohort's life satisfaction at the same ages, but at different points in time. Here, the important difference is that well-being at age 19 was recorded in call 2 for the Younger Cohort, during the global COVID-19 pandemic. Figure 4 shows that at ages 12 and 15 the Younger Cohort consistently reports higher levels of well-being, relative to their older counterparts (this pattern is consistent across all four Young Lives countries). However, **in contrast to the other Young Lives countries, the relative levels of well-being between the two cohorts do not reverse at age 19**. Instead, there is little evidence of any change in the trend reported by the Younger Cohort, suggesting the pandemic has had little effect on this group's well-being.

Figure 4: Subjective well-being at ages 12, 15 and 19 by cohort



Note: Subjective well-being is measured through Cantril's Ladder. The figure shows the mean step on the ladder for the Older Cohort sample 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 99 per cent confidence intervals around mean values

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

Education

Due to the timing of the second call (August-October 2020) corresponding to the start of the school calendar (late-August 2020), some respondents were asked about their plans to attend education when the academic year started, while others were asked whether they were enrolled in education or attending classes at the time of the interview. The following results relate to the Younger Cohort only.

Despite significant interruptions to education during the lockdown, 92 per cent of the Younger Cohort were either attending or planning to attend classes by call 2. As none of this group reported classes being suspended, only those not planning to attend education were not enrolled (8 per cent); these respondents were more likely to be rural, in the lowest third of the wealth distribution and have parents who had not completed primary education.

7 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 summed together. Mild, moderate and severe anxiety are defined using 5, 10, 15-point cut-offs (Spitzer et al. 2006) and 5, 10, 15 and 20 cut-off points are used to define mild, moderate, moderately severe and severe depressive symptoms (Kroenke et al. 2009).

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

9 The fieldwork team provided information on support for respondents who mentioned experiencing symptoms of mental health disorders. The consultation guide that was made available to the respondents is available at www.caf.vass.gov.vn.

10 In Ethiopia, subjective well-being between cohorts declined from 5.7 to 4.7, in India from 5 to 4.6, and in Peru from 5.9 to 5.8. By comparison, subjective well-being increased from 5.9 to 6.3 in Vietnam.

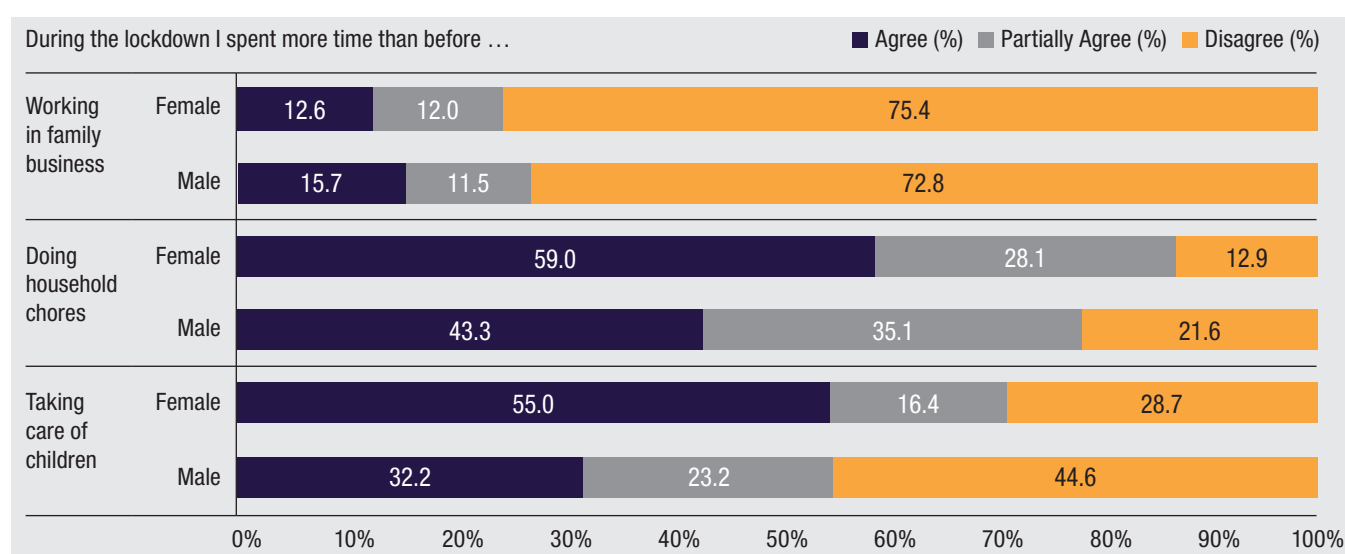
While the numbers attending education may be similar to pre-COVID levels, the method of learning during the pandemic has changed. Only 32 per cent of students have attended classes in person since the national lockdown in April, with the remaining 68 per cent attending virtual classes, led by a teacher (via a laptop, computer or smart phone). This switch to remote learning has been made possible by high levels of home internet access (less than 2 per cent reported having no access to the internet at home).

There is also evidence of broader learning practices, with more than half (54 per cent) of the Younger Cohort engaging with educational television or radio programmes (or using learning apps). This type of learning was more common among young women and among those from the poorest backgrounds (the low HEP group).

Increases in household and caring responsibilities

Results from call 2 indicate that during the COVID-19 response, 51 per cent of respondents spent more time doing household work than before, while 45 per cent spent more time taking care of children. Figure 5 indicates that this additional burden appears to have fallen disproportionately on women within the household. Around 55 per cent of women (compared to 32 per cent of men) agreed that they spent more time taking care of children during the COVID-19 response, while 59 per cent of women agreed that they had spent more time on household chores (relative to 43 per cent of men).

Figure 5: Changes in time use and redistribution of household and caring responsibilities



Note: Younger Cohort and Older Cohort samples shown together.

Concluding remarks

This report provides a further exploration of the current impact of the COVID-19 pandemic on the lives of young people in Vietnam, during a crucial period as the country seeks to rebuild its economy. We find signs of a move back into work for many of our young people and evidence of education resuming, while further analysis of the impact on mental health, food security and the labour market is ongoing. The third call of our phone survey is now in progress in all four Young Lives study countries and is scheduled for completion at the beginning of December 2020. This final call will follow up on specific topics including education, work 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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