

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Ethiopia: Third Call

Introduction

Ethiopia has seen a rapid increase in confirmed COVID-19 cases since the publication of our second Headline Report in November 2020, recording 135,046 cases and 2,083 deaths as of 28 January 2021 (the sixth-highest number of deaths in Africa).¹ Severe cases constitute 2% of the current active cases. Testing capacity has increased over time, with nearly 2 million tests conducted so far and over 5,000 tests currently being carried out each day.

Following the easing of travel restrictions and the gradual reopening of schools since October 2020, the government has implemented several measures to counter the social and economic challenges caused by COVID-19. To address the financial problems of businesses and to mitigate job losses, bank loan repayments have been delayed and access to extra loans has been granted. A range of health and hygiene materials have also been supplied to support the safe opening of schools².

The conflict between the federal government and the leaders of the ruling party in the Tigray region, which has been going on since 4 November 2020, interrupted telecommunications during the third call of this survey, which significantly reduced the number of interviews completed in this region.

The [Young Lives phone survey](#) investigates the short- and medium-term impact of the COVID-19 pandemic on the health, well-being, employment and education of Young Lives respondents, tracked since 2001 and now aged 19 (the Younger Cohort) and 26 (the Older Cohort).³ This report presents key findings from the third phone call in this survey. It is based on a preliminary version of the data collected in Ethiopia between November and December 2020. These results build on findings from the first two calls: [call 1](#), conducted between June and July of 2020, and [call 2](#), conducted between August and October 2020.

HEADLINES: THIRD CALL

1. While **most people are observing basic COVID-19 prevention measures**, such as washing hands, avoidi
2. Of those previously engaged in education, 64% of the 19-year-olds had resumed classes by call 3, with a higher rate of return in rural areas (79%) compared to urban areas (44%).
3. Of those 19-year-olds who had not yet resumed classes, notably in urban areas, 32% had registered but were waiting until the schools had completed safety preparations for reopening. Only 2.5% of the 19-year-olds previously engaged in education had decided not to enrol in education at all.
4. Following an overall recovery of jobs after initial COVID-19 restrictions, there has been no major change in employment levels between the second and third calls, though the Older Cohort (26 years old) have experienced a slower and still incomplete recovery (with a 57% employment rate at the time of call 3, compared to 63% pre-pandemic).
5. The shift to agricultural jobs and self-employment remains largely unchanged since call 2.
6. The proportion of Younger Cohort households who reported running out of food in the last 12 months has increased threefold since 2016 (18%, compared to 5% in 2016), with particularly high rates for male respondents and rural households.
7. There were considerable regional variations in the increase in food shortages: these ranged from a staggering 24-percentage-point increase in Amhara, to a 3-percentage-point increase in Oromia.
8. Concern for the mental health of young people remains high: 22% of Young Lives respondents reported symptoms of anxiety and 19% reported symptoms of depression.

1 <https://www.worldometers.info/coronavirus/country/ethiopia/>

2 'Towards a Strategy for Reopening Schools in Ethiopia Safely: Results from a National Research Study', Ethiopia Ministry of Education (2020)

3 More information on the Young Lives phone survey, the fieldwork manual and the third call questionnaire can be found here. Data will soon be available here. Background on the Young Lives survey overall (sampling strategy and previous rounds) is also available at www.younglives.org.uk.

Methods

The third call of the Young Lives phone survey took place between 1 November and 8 December 2020. A total of 2,021 young people (1,384 Younger Cohort respondents aged 19, and 637 Older Cohort respondents aged 26) were interviewed.⁴ This corresponds to 83% of the sample located for the second phone call and 75% of the sample located in the January–February 2020 tracking. The high attrition rate for call 3 is due to severe difficulties interviewing respondents in Tigray during this period (for call 3, only 46 interviews were carried out in Tigray, compared to 448 for call 2), owing to the ongoing regional conflict. We have therefore excluded Tigray from comparisons between call 2 and 3 findings.

In the analysis below, Younger Cohort and Older Cohort respondents are merged into one sample, unless otherwise stated.

Results

The impact of COVID-19 on education

Our results on the impact of the pandemic on education focus on respondents from the Younger Cohort (aged 19) who had been in formal education in 2019 or 2020. This represents about 85% of the Younger Cohort. The majority (around 50%) are in secondary school and the next-largest proportion are those still in primary school (around 37%). 15% are in higher education.

Education was interrupted for the vast majority of students by the closure of schools in March 2020. Following the gradual reopening of schools from October 2020, there has been a partial resumption of classes, with rural students much more likely to have resumed their studies than urban students.

This contrasts with findings from call 2, which indicated that rural students were more adversely affected by the interruption to education, owing to limited internet access and a lack of alternative means of learning during school closures such as radio or TV access.

Of those previously engaged in education, 64% of 19-year-olds had resumed classes by call 3, though with considerable variation observed by location of residence and region: 79% of rural students had resumed classes by call 3, compared with only 44% of urban students. Relative to before the pandemic, proportionally fewer girls are attending classes. Regional comparisons show that 100% and 87% of students have resumed classes in the Southern Nations, Nationalities and Peoples' region and the Amhara region respectively, compared with only 31% in Addis Ababa.

Call 3 findings show that the reopening of schools has been much slower in urban areas, especially where there has been a higher incidence of COVID-19 and therefore more safety preparations to complete, compared to schools in rural areas.

Of those 19-year-olds who had not yet resumed classes, the majority (32% of all students) had registered but were still waiting for schools to reopen once safety preparations are finalised.⁵ Urban students were significantly more likely to have to wait for classes to resume than rural respondents (51% versus 17%). A decision not to reenrol at all was reported by only 2.5% of 19-year-olds previously engaged in education. Just over half of those who have dropped out of education attribute this to COVID-19-related reasons, including school closures.

2. The impact of COVID-19 on employment

To monitor the impact of the pandemic on employment, we compared the employment levels of both cohorts at four points in time (Figure 1): (1) before the pandemic (December 2019 – February 2020); (2) during the main COVID-19 restrictions (March–June 2020); (3) in the seven days before the second call (August–October 2020); and (4) in the seven days before the third call (November–December 2020). The first two periods were measured retrospectively.

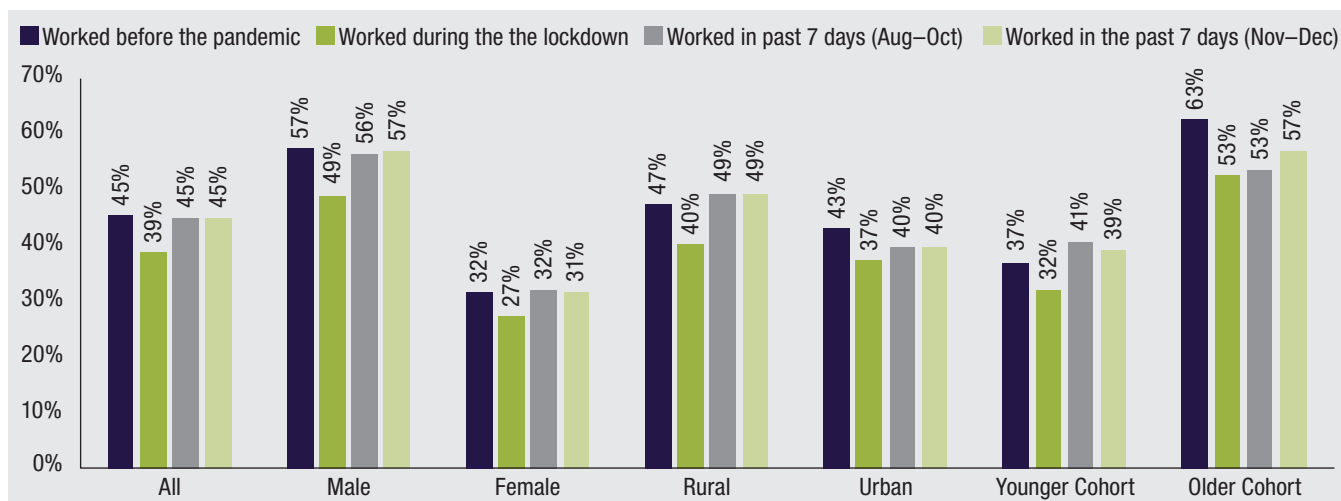
Following a reduction in employment levels during the main COVID-19 restrictions (from 45% pre-pandemic to 39% during restrictions), **there has subsequently been a full recovery in overall employment levels**. Employment recovery has been slower and still remains incomplete for the Older Cohort (a 57% employment rate at the time of call 3, compared to 63% pre-pandemic) compared to the Younger Cohort, who had already exceeded the pre-pandemic rate by the time of call 2 but appear to be returning to previous levels (39% in call 3, compared to 37% pre-pandemic). The overall share of employed Older Cohort respondents has, however, increased from 53% during restrictions to 57%. This (relatively slow) recovery is likely to continue as economic activities recommence following further easing of COVID-19 restrictions.

Among those in employment, 85% worked in the week before the third call. The most common reasons for not working were closure of workplaces (29%), temporary absence (21%) and more time spent studying (18%). The closure of workplaces was cited by more women than men and by more urban than rural respondents.

The vast majority of those in employment were working at their usual workplace, with only 4% working remotely (or partially remotely). Those in urban areas were more likely to be working remotely (7%) than those in rural areas (fewer than 1%). This reflects lower transmission risks in many rural jobs, such as farm work, compared to many urban jobs, such as work in high-density factories.

⁴ In June 2020, when the phone survey started, the Older Cohort were aged between 25.5 to 26.5 years old and the Younger Cohort were between 18.5 to 19.5 years old.

⁵ The Ministry of Education ordered schools to register students on time but to delay classes until safety preparations have been finalised.

Figure 1: Employment levels before, during and after the main COVID-19 restrictions (%)

Note: Estimates use sampling weights.

The shift towards working in the agricultural sector, observed in call 2, appears largely unchanged (51% were working in agriculture during call 2, compared to 43% before the pandemic). Employment in agricultural activities is higher for males, in rural areas, and for the Younger Cohort.

Likewise, the shift towards self-employment ('own account work') has also remained largely unchanged (at 63% before the pandemic, increasing to 67% and 68% at the time of call 2 and call 3, respectively).

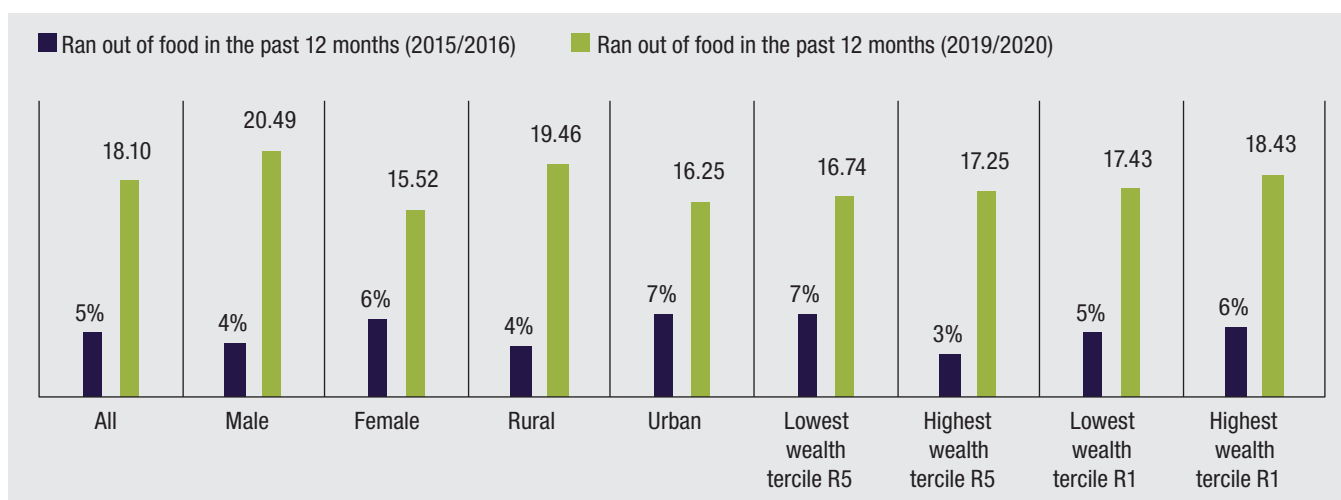
3. The impact of COVID-19 on food security

Overall, 18% of respondents reported that their household had run out of food in the previous 12 months. Food shortages were most likely to affect the households of male respondents, the poorest households, and households in rural areas. Of particular concern, 21% of those living

in dwellings with limited protection from COVID-19, as measured by the Young Lives Home Environment for Protection (HEP) index,⁶ had run out of food in the previous 12 months.

Information we collected for the Younger Cohort (only) in 2016, provides a comparative pre-pandemic measure of food security. Figure 2 shows that the proportion of Younger Cohort households that had run out of food in the previous 12 months (18%) was significantly greater than in 2016 (5%). This increase was significant across all groups, particularly for male and rural respondent households (20% and 19% respectively).

By contrast, there was considerable regional variation in the increases in Younger Cohort households that had out of food in the previous 12 months. This ranged from a staggering 24-percentage-point increase in Amhara, from

Figure 2: Proportion of Younger Cohort households that ran out of food in the past 12 months (compared to 2016) (%)

Note: Only Younger Cohort sample is shown. Estimates use sampling weights.

6 For more information on how the HEP index has been computed using the Young Lives data see: www.younglives.org.uk/sites/www.younglives.org.uk/files/YLHEP-Index%20Aug%205.pdf

5% to 29%, to a 3-percentage-point increase in Oromia, from 2% to 5%. The rise in Amhara is likely related to drought and to the region's proximity to Tigray region. Conversely, food shortages among households in the Sidama region had decreased by 3 percentage points since 2016 to just under 1%.

The significant increase in food shortages might not only be due to the COVID-19 pandemic: locust problems, bad harvests and regional conflict may have also affected harvests and the availability of food on the market.

4. The impact of COVID-19 on mental health

We investigated the impact of the pandemic on mental health⁷ using the Generalised Anxiety Disorder Assessment (GAD-7) to measure anxiety, and the Patient Health Questionnaire (PHQ-8) to measure depression.⁸

The impact of COVID-19 on mental health remains high, and there has been an increase in reported rates of both anxiety and depression since call 2 (August–October). As at call 3, 22% of respondents reported symptoms of anxiety and 19% reported symptoms of depression. Between the second and third calls, the share of respondents who reported at least mild symptoms of anxiety increased significantly, by 1.9 percentage points. An increase was also observed for depression but the change was not statistically significant.

Concluding remarks

This report investigates the changes in education attendance, employment, food shortages and mental health in response to the easing of some of the COVID-19 restrictions. The report presents a mixed picture. An encouraging result was found for the education of the Younger Cohort (aged 19): most students who had reported that their education had been disrupted by the pandemic had either resumed classes or were waiting for classes to start when schools had finalised their safety preparations for reopening, though 32% had not yet resumed their classes and there will be challenges after a long period out of education, especially for those without internet access.

There were no major changes in employment levels between the second and third calls, with a full overall recovery of jobs since the main COVID-19 restrictions, though the Older Cohort (26 years old) has experienced a slower and still incomplete recovery. The shift to agricultural jobs and self-employment remains largely unchanged since call 2.

However, the proportion of respondents who reported that their household had run out of food in the last 12 months has increased dramatically since 2016 (a threefold increase). The impact of the pandemic on the mental health of young people remains very high, with increasing levels of anxiety and depression being reported.

Further analysis on the impact of mental health, food insecurity and other issues is ongoing.

Young Lives is planning to get back to the field for the next regular round of data collection (Round 6) in late 2021, depending on the evolution of the COVID-19 pandemic in the four Young Lives study countries (Ethiopia, India, Peru and Vietnam).

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7 The fieldwork team provided information on support for respondents experiencing these symptoms; the related consultation guide is available here: <https://younglives-ethiopia.org/node/917>

8 GAD-7 and PHQ-8 consist of seven and eight statements respectively reporting if the respondents 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).

Acknowledgements

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