

# COVID-19 Phone Survey Headlines Report

## Listening to Young Lives at Work in Ethiopia: Second Call

### Introduction

Since the publication of our first headlines report (Favara et al., 2020) on 9 August 2020, Ethiopia has seen a rapid increase in cases of COVID-19, recording 99,675 cases and 1,523 deaths as of 9 November 2020 (the fourth highest in Africa).<sup>1</sup> While testing capacity has increased, with 1.5 million tests carried out so far, coverage is still relatively limited, given a population of 115 million. Cases have been recorded in every district, suggesting the virus is very widespread. Fortunately, the proportion of deaths (so far) is comparatively low and there is a high proportion of asymptomatic and mild cases.

Although Ethiopia did not impose a national lockdown, schools were closed and public meetings banned following the first reported cases in March 2020. More recently, the government has gradually reopened educational institutions, with schools reopening since 20 October 2020, and eased restrictions on travel to encourage a resumption of business and tourism, aimed at reviving the economy. However, stringent regulations about wearing masks in public, not shaking hands, and washing hands before entering buildings remain in place.

The [Young Lives phone survey](#) aims to investigate the short- and medium-term impact of the COVID-19 pandemic on the health, well-being, transition to the labour market, and education trajectories of young people in our study. Participants have been tracked since 2001 and are now aged 19 (the

### HEADLINES: SECOND CALL

- While **most people are observing basic COVID-19 prevention measures**, such as washing hands, avoiding physical greetings and wearing a face mask outside, **there is less compliance with avoiding group meetings and maintaining social distancing**.
- **Many are adopting unproven measures believed to improve the immune system**, with 40 per cent of respondents (compared to 33 per cent in call 1) consuming ginger, hot pepper, lemon or garlic.
- **The social and economic consequences of the pandemic have overshadowed health concerns for Young Lives households**. Only 1 per cent of respondents have tested positive to date, with a high proportion of asymptomatic and mild cases.
- **A significant number of households have experienced economic shocks** such as a loss of income (50 per cent) and increases in expenses (70 per cent), including higher prices of food and farming supplies in rural areas, exacerbated by increasing inflation.
- Since the easing of COVID-19 restrictions, **there appears to have been some recovery of job losses**, particularly in rural areas and for the Younger Cohort. However, a shift towards agriculture from other sectors (from 35 per cent to 46 per cent) and an increase in self-employment (from 57 per cent to 63 per cent) suggests young people are going back to the family farm as a form of self-insurance.
- **Young women have continued to bear the brunt of increased household and caring responsibilities at home**, with 70 per cent spending more time on domestic work (only 26 per cent for young men), and almost 50 per cent spending more time on childcare (19 per cent for young men)
- **Despite education being interrupted for the vast majority of respondents, most are hoping to return to the classroom**. About 78 per cent of the Younger Cohort who were still enrolled in education, or were enrolled at some point in 2020, were attending or planning to attend classes in the near future, while 21 per cent were registered and were waiting for classes to resume. Only 1 per cent have decided not to enrol.
- **There is a digital divide impacting access to education** that disadvantages students with no or limited internet facilities, most likely living in rural areas, in the poorest households and whose parents are less educated.
- Despite evidence of resilience in employment and education, Young Lives longitudinal data demonstrates a **significant decrease in young people's sense of well-being**, particularly for the Younger Cohort aged 19 now, compared to similar measurements of well-being for the Older Cohort when they were aged 19. Around 1 in 5 of the respondents reported symptoms that would indicate at least mild anxiety, and similar proportions for depression.

<sup>1</sup> See [www.worldometers.info/coronavirus](http://www.worldometers.info/coronavirus)

Younger Cohort) and 25 (the Older Cohort).<sup>2</sup> The [first call](#) of this three-part survey took place between June and July 2020, with initial results highlighting the significant economic and social impact of the pandemic, particularly in relation to loss of income or employment, an increase in food insecurity, disruption of education and exacerbating inequalities. This report summarises key preliminary findings from our second call with participants, looking in further detail at the impact of COVID-19 on health behaviours, economic shocks, employment, education and mental health.

## Methods

The second call of the Young Lives phone survey took place between 11 August and 15 October 2020, during a period of rapid increase in cases of COVID-19. It reached a total of 2,439 young people (1,665 Younger Cohort respondents aged 19, and 774 Older Cohort respondents aged 25).<sup>3</sup> This corresponded to 99 per cent of the sample located in the first phone call and 90 per cent of sample located in the most recent tracking in January/February 2020.

In the analysis below, Younger Cohort and Older Cohort respondents are merged into one sample, unless differently specified. Our analysis is informed by comprehensive information 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 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 within the household, and hand washing.<sup>4</sup> The likelihood of a home possessing the required characteristics for protection increases with household wealth status, as measured by the Young Lives wealth index in Round 5 (2016).

## Results

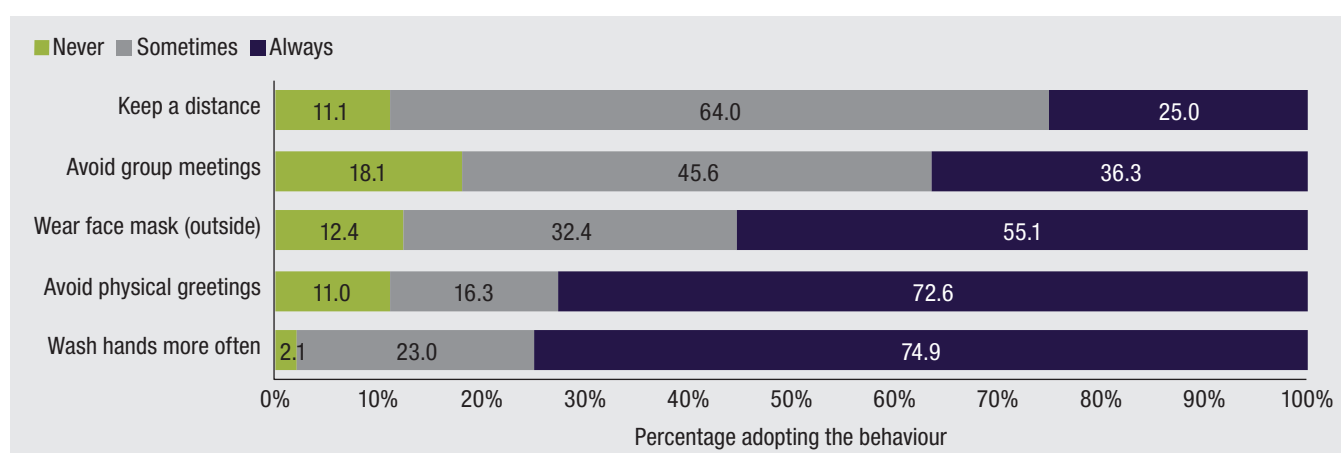
### 1. Preventative behaviours around COVID-19

#### Adherence to recommended behaviours to prevent infection

**As the global and country pandemic worsened in the past months and information spread, people have adopted more cautious behaviours.** Very few respondents report an infection or COVID-19 symptoms, and about 7 per cent of respondents have been tested, which is a considerable increase compared to the first call. Of those tested, only about 1 per cent were COVID-19 positive.

**While isolation as a protective measure is still rare, a high number of people adopt preventative behaviours such as washing hands and avoiding physical greetings.** Just 6 per cent (compared to less than 4 per cent in call 1) report never leaving the house in the past week. In most cases, people left their home to attend to basic needs such as buying food (63 per cent), but also for religious reasons (61 per cent) and work-related reasons (51 per cent). However, 3 in 4 respondents report washing their hands with soap more often and always avoiding physical greetings

**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 web pages of the Young Lives website: [www.younglives.org.uk](http://www.younglives.org.uk). Background on the Young Lives survey overall (sampling strategy, and previous rounds) is also available at [www.younglives.org.uk](http://www.younglives.org.uk).

3 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.

4 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/YL-HEP-Index%20Aug%2005.pdf](http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-HEP-Index%20Aug%2005.pdf).

(Figure 1). The vast majority of respondents sometimes or always take up most of the measures, although almost 20 per cent say they never avoid meeting in groups.

Respondents living in the poorest households, and those living in rural areas, were more likely to leave the house for work-related reasons, although working in agriculture may be more amenable to socially distancing than working in offices and factories. The need to leave the house for work was more pressing for the 25-year-old Older Cohort than the 19-year-old Younger Cohort.

### **There is an increased use of unproven but non-dangerous measures believed to prevent COVID-19.**

About 40 per cent of respondents (compared to 33 per cent in call 1) adopted measures that they believed might help in preventing infection, including eating garlic, ginger, or turmeric, adding hot pepper to food, and drinking lemon. While some of these are believed to boost the immune system, there is no evidence that they are effective preventative measures against COVID-19.

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

### **Economic shocks associated with COVID-19**

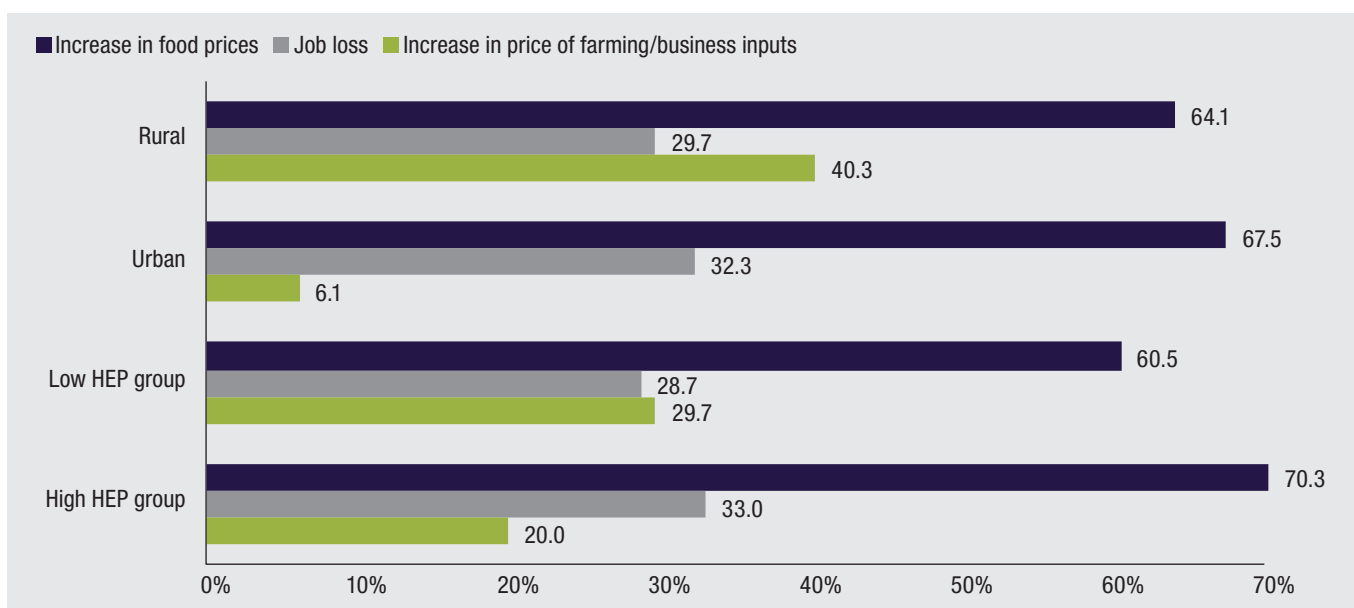
**The pandemic has reduced incomes in 5 out of 10 Young Lives households and increased expenses in 7 out of 10 households.** This impact has been felt across both the poorest and richest households (as measured by both HEP and wealth index indicators), though likely in different ways. While income decreased for both rural and urban households, urban households were hit harder by food price increases, and rural households suffered input price increases (Figure 2).

**Increased prices of major food items, job losses and an increase in the price of farming/business supplies are the three most common shocks reported.** Increased food prices were reported by most respondents, regardless of location or level of wealth. These have been exacerbated by increasing inflation over the year, including prior to the pandemic. Rural households have been more affected than urban households by increases in the price of farming/business inputs.

### **Loss of employment/income**

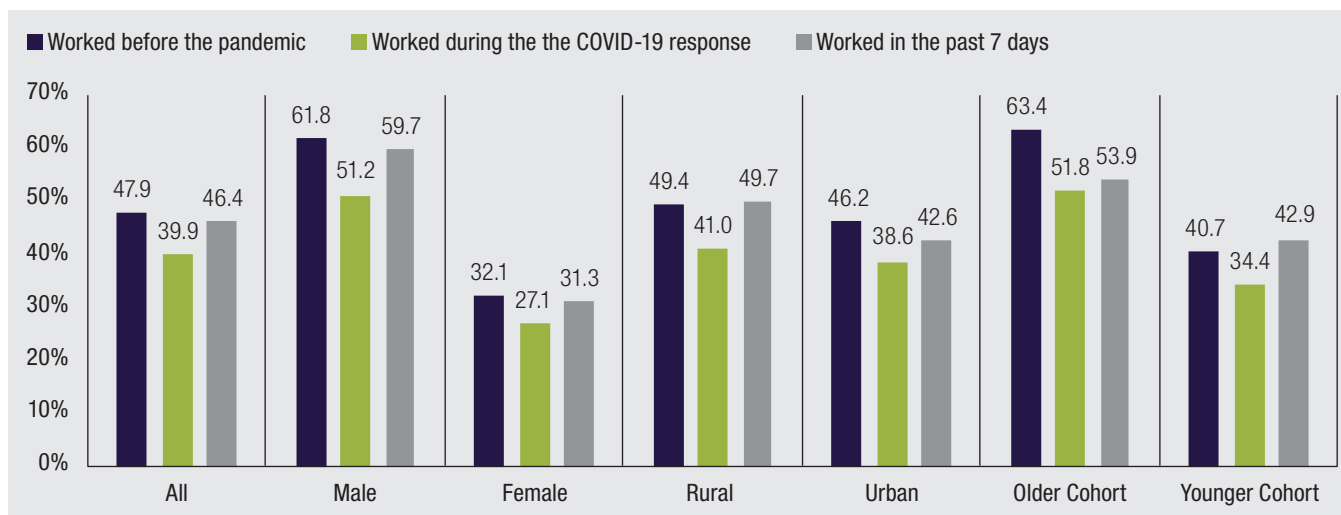
**The pandemic caused considerable initial job losses, but it seems that people have quickly returned to work or managed to find other employment.** In the months immediately preceding the pandemic (December 2019 to February 2020), just under half of the respondents were working.<sup>5</sup> Overall, the number of respondents working decreased by almost 10 percentage points during the early phase of the pandemic. Of those who continued working, very few were able to work remotely (around 1 per cent), while most (92 per cent) continued in their usual workplace. Since the main COVID-19 restrictions have been relaxed, employment rates have largely recovered, particularly for the Younger Cohort, of whom fewer were working in the first place. The Older Cohort were less likely to recover. Migration rates were fairly low (less than 3 per cent), but it seems that **there have been two shifts in the labour market** – the first towards agriculture from the other economic sectors (from 35 per cent to 46 per cent), and the second towards working for oneself (from 57 per cent to 63 per cent). This appears to be driven by males in both cohorts who have lost jobs and gone back to work on their family's agricultural plot.

**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.

<sup>5</sup> Note that this is based on the System of National Accounts definition of working which includes self-employment, and work done inside and outside the household, but excludes 'non-working activities' (e.g. housewife, student, taking care of other household members, such as children, disabled, ill, elderly).

**Figure 3: Employment before, during and after COVID-19 restrictions**

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

### Food insecurity

In the first call (June-July 2020), we found that around 1 in 6 participants 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 (Ballard et al., 2013). Answering yes to a question signifies difficulties in accessing food due to resource constraints.<sup>6</sup> We are working with FAO to validate our new data to create a robust measure of food insecurity severity that can be directly compared to the Sustainable Development Goals food security indicator. Our initial findings show a relatively high 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'.<sup>7</sup>

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

In the first call, we found that 65 per cent of respondents reported that they felt 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.<sup>8</sup>

**Our preliminary findings show that around 1 in 5 of the respondents reported symptoms that would indicate at least mild anxiety, and similar proportions for depression.** Unfortunately, we do not have information about the prevalence of depression and anxiety from previous survey rounds so we cannot say whether this is an increase or a decrease. Anxiety is measured using the Generalised Anxiety Disorder Assessment (GAD-7), while depression is measured through the Personal Health Questionnaire (PHQ-8).<sup>9</sup>

Subjective well-being has been measured using the Cantril Self-anchoring Scale (also known as the Cantril Ladder).<sup>10</sup> **Subjective well-being of both cohorts has dropped substantially relative to 2016.** Reported well-being among the Younger Cohort of 19 year olds dropped considerably (17 per cent) since 2016 (Figure 4). Well-being among the Older Cohort declined by around 14 per cent over the same time period.

The Young Lives longitudinal data allows us to compare measurements of well-being for both the Older Cohort and Young Cohort at the same age. Figure 4 shows that self-reported well-being increased for respondents at both age 12 and 15, comparing the Older Cohort to the Younger Cohort. However, there has been a **marked decrease in reported well-being when comparing both cohorts at age 19**, using Round 4 data (2013) for the Older Cohort and 2020 data from call 2 for the Younger Cohort. This is in contrast to previous rounds, where the Younger Cohort always reported higher well-being at a similar age. Although variation in well-being

6 Full details on the FIES and the FIES raw score are [www.fao.org/3/a-i7835e.pdf](http://www.fao.org/3/a-i7835e.pdf).

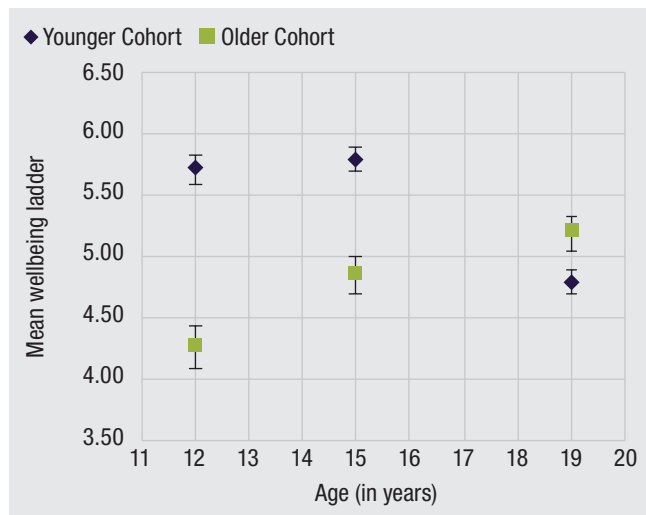
7 We will report on these findings in a forthcoming paper to be jointly authored with FAO.

8 We provided information on support for respondents experiencing these symptoms. The consultation guide that was made available to the respondents is available here: <https://younglives-ethiopia.org/node/917>.

9 We use a commonly applied definition of generalised anxiety with a cut-point of  $\geq 10$  for either moderate/severe anxiety and  $\geq 5$  for mild anxiety (Spitzer et al. 2006). We use a commonly applied definition of depression that uses a cut-point  $\geq 10$  for either moderate to severe depression, and  $\geq 5$  for mild depression (Kroenke et al. 2009). More detailed analysis on mental health is coming soon.

10 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.

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



Notes: 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 99 per cent confidence intervals around mean values.

cannot be directly or exclusively attributed to COVID-19,<sup>11</sup> and many factors may contribute to this variation, this finding is consistent with the overall narrative emerging from this report.

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

##### Education

**Education was interrupted for the vast majority of respondents, but most still hope to return to the classroom as soon as possible.**<sup>12</sup> About 78 per cent of the

Younger Cohort who were enrolled in school in 2020 were still attending or planning to attend classes at the time of call 2, while 21 per cent were still to be enrolled but classes were suspended. Only 1 per cent decided not to enrol.

##### **Around 1 in 10 respondents managed to continue their studies while educational establishments were closed.**

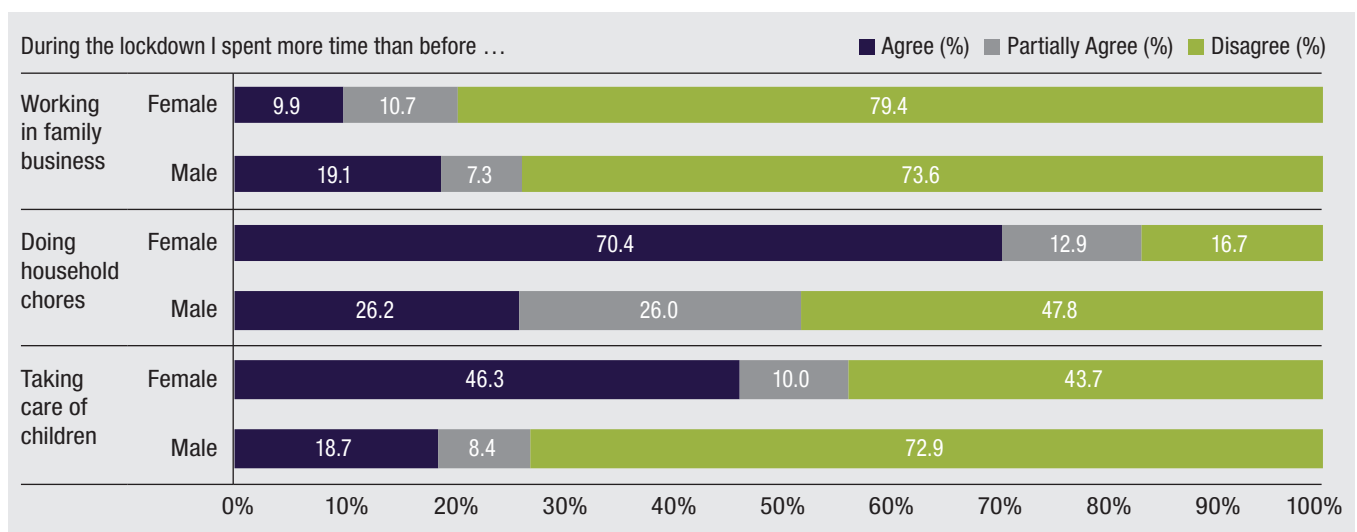
In terms of learning outside the classroom, over half of those enrolled before school and university closures have not engaged in any type of learning. This rises to 65 per cent for those without access to the internet. Very few (<5 per cent) have accessed virtual learning in their school or university (and none in the rural sample or those without internet). While 11 per cent have completed assignments from their teacher, only 9 per cent of those in the lowest wealth tercile in 2016 and 8 per cent of those living in rural areas completed assignments.

Results from call 2 reinforce our findings that there is a significant **digital divide impacting access to education that excludes students with no or limited internet facilities, most likely living in rural areas, in the poorest households, and whose parents are less educated.**

##### Increases in household and caring responsibilities

Respondents have been contributing to their households in Ethiopia from an early age, and while boys and girls tended to do similar amounts of work, gender played a significant role in which types of activities they contributed to – with girls doing more housework and caring, and boys spending more time supporting the family business (Boyden, Porter, and Zharkevich 2020). **Since the start of the pandemic, young women in particular have taken on more household responsibilities**, with 70 per cent saying they had spent more time working on household domestic work

**Figure 5: Redistribution of household responsibilities**



Note: Younger Cohort and Older Cohort sample shown together.

<sup>11</sup> For example, well-being at age 19 is measured over the phone for the Younger Cohort as opposed to face-to-face for the Older Cohort.

<sup>12</sup> Because of the timing of the second call (August 2020 to mid-October 2020) corresponding to the start of the school calendar, some of the 19-year-old respondents were asked about their plans, and others about whether they were already enrolled in education and attending classes at the time of interview.



than before, compared to only 26 per cent of young men. Almost half of young women said they spent more time on childcare, compared to only 19 per cent of young men, with 10 per cent spending more time on the family business, compared to 19 per cent of young men.

## Concluding remarks

This report provides a further exploration of the current impact of the COVID-19 pandemic and related restrictions on the lives of respondents in Ethiopia. The recovery of employment is consistent with the easing of restrictions, and 85 per cent of respondents are working in the same place they were before. Of those who found new work, for many this was a move back to the family farm in rural areas, which may simply be a coping mechanism which masks underemployment rather than employment. Despite their optimism about returning to education, and the bounce back in their employment, the reported well-being of the Younger Cohort appears to still be affected.

Further analysis on the impact on mental health, food insecurity and labour market is 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) and scheduled for completion at the beginning of December 2020. This final call will follow up on a number of topics including education, labour market and mental health. In particular, we will learn more on whether plans to return to education can be realised, as the call is taking place after schools and universities have been fully reopened. 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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