

# COVID-19 Phone Survey Headlines Report

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

### Introduction

Since the first case of COVID-19 in Ethiopia was confirmed on the 13th of March 2020, the number of cases has increased steadily to over 19,000 (at the time of writing),<sup>1</sup> a positivity rate of 4.2%.<sup>2</sup> The initial rise was not as sharp as predicted, however, in part due to a rapid and proactive response by the Ethiopian Government. Although no national lockdown measures were imposed, public meetings and religious gatherings were banned soon after the first case was reported. Schools were closed and a mandatory requirement to wear face masks in public also came into force early on. A state of emergency was declared on April 8<sup>th</sup> and the government has since been pursuing a vigorous media campaign aimed at ensuring the effective spread of information relating to the virus.

The [Young Lives phone survey](#) investigates the short/medium-term impact of COVID-19 on the health, well-being, employment and education trajectories of young people in our study. The Young Lives participants have been tracked since 2001 and are now aged 19 (Younger Cohort, YC) and 25 (Older Cohort, OC).<sup>3</sup> This brief report provides a first look into the data collected during the first of three phone survey calls and presents some of the key findings.

### HEADLINES: FIRST CALL

- 1. Most respondents are sufficiently informed to recognise two of the three most common symptoms of COVID-19 and almost all have heard of social distancing.** Access to the internet and living in urban areas increases the knowledge of common symptoms.
- 2. Only 56% of the sample followed five basic measures recommended to prevent infection.** Those with internet access (better informed) and a greater capacity for self-isolation in the home (wealthier households) showed a higher degree of compliance.
- 3. Very few voluntarily restricted their movements during the pandemic and most left the house to attend to basic needs.** Leaving the home for work may have also increased the risk of infection for males and households with a low capacity for self-isolation (the poorest).
- 4. Less than 1% of respondents believed anyone in their household has been infected with COVID-19.**
- 5. Those who were previously employed in the informal sector were especially vulnerable to the economic consequences of the pandemic.** Male respondents and those in urban areas were also more likely to lose income or employment.
- 6. In the Older Cohort, 27% of respondents reported that at least one household member had lost their job as a result of the crisis,** in spite of Government protection measures prohibiting laying off workers.
- 7. Those most at risk of food shortages during the pandemic were those already considered food insecure in the previous Young Lives survey round, especially in urban areas.** Few households received government support, although this support was more common among food insecure groups.
- 8. Education was entirely interrupted during this period and very few children continue to learn remotely.** The probability of remote learning is especially low for those whose parents have no formal education and those in rural areas.

1 WHO figures accessed on 5th August 2020 from <https://covid19.who.int/region/afro/country/et>

2 The positivity rate refers to the percentage of positive tests among all tests processed.

3 More information on the Young Lives phone survey and the first call questionnaire can be found [here](#) and [here](#). A full tabulation of all the data collected is provided [here](#). Data will be soon available [here](#).

## Methods

The Young Lives (YL) phone survey took place from June 9<sup>th</sup> to July 15<sup>th</sup> and reached a total of 2,471 young people (1,687 Younger Cohort respondents, aged 19, and 784 Older Cohort respondents, aged 25 years old). This corresponds to 93.6% of the Younger Cohort (located in the most recent tracking in Feb/March 2020), and 94.3% of the Older Cohort.

In the analysis below, respondents of both the Younger Cohort (YC) and the Older Cohort (OC) are merged into one sample, unless differently specified. Our analysis is informed by comprehensive information collected over 5 rounds (and 15 years) of “regular” Young Lives surveys, which we use to assess how the impact of COVID-19 affects individuals with different backgrounds and history. We also assess the ability of the Young Lives households to comply with the World Health Organization (WHO) recommendations on self-isolation, through an adapted version of the Home Environment for Protection Index (HEP) developed by [Brown et al., 2020](#). This indicator measures: the ability to receive reliable information on virus protection and the presence of dwelling attributes suitable for implementing social distancing within the household.<sup>4</sup> The likelihood of a home possessing the required characteristics for protection declines with household wealth status, as measured during the YL round 5 survey undertaken in 2016.

## Results

### 1. Knowledge of the COVID-19 symptoms and sources of information

The first step to preventing the spread of COVID-19 is ensuring awareness of the symptoms associated with the virus. According to the WHO, the most common symptoms associated with COVID-19 are a dry cough, fever and tiredness.<sup>5</sup> **Only 10.5% of respondents identified all three symptoms, although most respondents (81.3%)**

**identify at least two of these** (see Table 1). Those with access to the internet (approximately 40%) and those living in urban areas had a greater awareness of the symptoms (although relatively more rural respondents knew all three symptoms).

**Almost all respondents (over 99%) had heard of social distancing as a preventive measure against contracting or spreading COVID-19.** When asked about the source of this information, 79% of the sample reported television, 69% indicated the radio and 62% received this information from neighbours, relatives or friends. In addition, 45% also reported hearing official phone messages on preventive measures (played before every phone call), a key Government strategy used to spread information about the virus.

### 2. Adherence to recommended behaviours to prevent infection

We asked the Young Lives respondents about five behaviours which are widely recommended as a means of preventing infection: social distancing, washing hands more frequently, avoiding handshakes or physical greetings, avoiding groups and wearing protective gear when outside.

**Only slightly more than half (56%) of the sample adhered to all five recommended behaviours** (Table 2). As with the knowledge of COVID-19 symptoms, those with internet access or residing in urban areas showed a higher degree of compliance with these measures. Households in the higher HEP group (who are wealthier, on average) are also more likely to follow all behaviours (64%), relative to those in the lower HEP group (54%). Therefore, poverty and a lack of information appear to reduce the capacity to take precautionary measures against infection.

**A cause for concern is the number of those employing ineffective preventative measures.** Specifically, one-in-three reported eating garlic or ginger to protect themselves

**Table 1: Number of common symptoms of COVID-19 correctly identified<sup>6</sup>**

	Mean	t-test	At least 1 symptom (%)	t-test	At least 2 symptoms (%)	t-test	3 symptoms (%)	t-test
Total	1.88		96.43		81.26		10.47	
Internet	2.00	***	98.78	***	88.88	***	12.35	***
No internet	1.81		95.07		76.45		9.11	
High HEP	1.91		96.33		83.04		11.89	
Low HEP	1.87		96.46		80.71		10.03	
Urban	1.92	***	97.75	***	85.66	***	8.89	**
Rural	1.84		95.18		77.37		11.70	

Note: Urban/rural variable and access to the internet are defined based on Call 1 data; The Home Environment for Protection (HEP) index is computed using Round 5 data.

4 Full details of the Young Lives Home Environment for Protection (HEP) index can be found [here](#).

5 See <https://www.who.int/health-topics/coronavirus>

6 p-values of the t-tests for a difference in means across sub-groups are reported in all tables as asterisks: \*\*\* p<0.01, \*\* p<0.05, \*p<0.1.

**Table 2: Adopting recommended behaviours to prevent infection**

	Mean number of recommended behaviours adopted out of 5	t-test	1–2 behaviours (%)	t-test	3–4 behaviours (%)	t-test	All 5 behaviours (%)	t-test
Total	4.15		10.58		32.77		56.04	
Female	4.15		10.33		32.90		55.90	
Male	4.15		10.81		32.65		56.16	
High HEP	4.30	***	9.09		26.75	***	63.64	***
Low HEP	4.12		10.90		34.28		54.17	
Internet	4.46	***	5.51	***	25.31	***	68.88	***
No internet	3.96		13.97		37.79		47.71	
Urban	4.32	***	7.60	***	30.57	**	61.49	***
Rural	4.01		13.23		34.71		51.22	

Note: Urban/rural variable and access to the internet are defined based on Call 1 data; The Home Environment for Protection (HEP) index is computed using Round 5 data.

against the virus, while one-in-six reported drinking lemon to prevent infection. Aside from measures believed to provide protection, **19% of high HEP households also reported stocking up on more food than they would normally.** This behaviour was less prevalent amongst the (poorer) low HEP sample, however, perhaps due to financial constraints or a lack of safe storage or refrigeration.

Although Ethiopia has not implemented a mandatory lockdown, we investigated the extent to which our sample voluntarily restricted their movements during the pandemic.

**Few individuals (less than 4%) reported not leaving the house at all during the pandemic, while the majority (85%) left the house to take care of basic needs,** such as buying food, medicine or taking care of a household member. However, only 6% left the house solely for these reasons. **Around half of the respondents (54%) continued to leave the house for work-related activities.** This proportion is higher among males and those with low HEP index scores (poorer households). **This could be an indication that being poor (and needing to continue working) may constitute an increased risk of infection.** Almost half of the sample (49%) reported attending religious ceremonies, funerals or weddings during the virus response, despite a ban on public gatherings. In addition, 40% also left the house to go to the bank (this percentage was higher for those with internet access or living in urban areas), indicating the potential for the promotion of online banking services to reduce the spread of the virus through limiting the need to leave the house.

### 3. The impact of COVID-19 on health

At the time of writing, Ethiopia has not yet experienced the high numbers of COVID-19 cases found in other countries, and this is reflected in the low number of respondents reporting that a household member was (or was believed

to be) infected. **Less than 1% of respondents believed anyone in their household was infected,** with only 17 household members identified in total. Of these individuals, 14 were female, 13 were urban residents and 13 belonged to the low HEP index group. This would suggest that poorer individuals, in more crowded urban areas (where maintaining social distancing is challenging) are more at risk. However, with so few cases recorded, little can be said definitively on which groups may be more prone to infection, including why females appear disproportionately represented in these cases (the second survey call may provide more insight in this respect).

### 4. The Impact of COVID-19 on employment and income

**Older cohort respondents who were employed as informal workers (with no written contract) in the previous Young Lives survey round were more likely to report losing income or employment (44%),** compared to formal workers or those employed in their own business (33% and 32% respectively). A concentration of income losses among those in the informal sector is an indication of this group's additional vulnerability to the economic consequences associated with the pandemic.<sup>7</sup> The proportion of those who lost income or employment was also relatively higher in urban areas (43%), compared to rural areas (31%) and a higher proportion of males experienced these losses in both locations. **In spite of Government protection measures prohibiting laying off workers, 27% of the older cohort reported that at least one household member had lost their job as a result of the crisis,** while 18% reported a household member had either been suspended without pay or had their income reduced. In addition, **40% also reported that a household member had lost all (or most) of their own-business income.**

<sup>7</sup> Detailed information on current employment and the economic consequences of the pandemic will be available following the second Young Lives phone survey call.

### The Impact of COVID-19 on food insecurity and access to government support

Overall, 17% of respondents reported running out of food at least once since the start of the outbreak.<sup>8</sup> **Those most at risk of food shortages during the pandemic were those already considered food insecure in the previous survey round.** We refer to these as the “long-term, food insecure”.<sup>9</sup> This was especially the case in urban areas, where 27% of those who were previously food insecure also ran out of food during the virus outbreak. Food shortages were not restricted to the already vulnerable, however, as 15% of those who were classed as food secure in the previous survey round also reported running out of food during the pandemic. This group represents the “newly food insecure”.

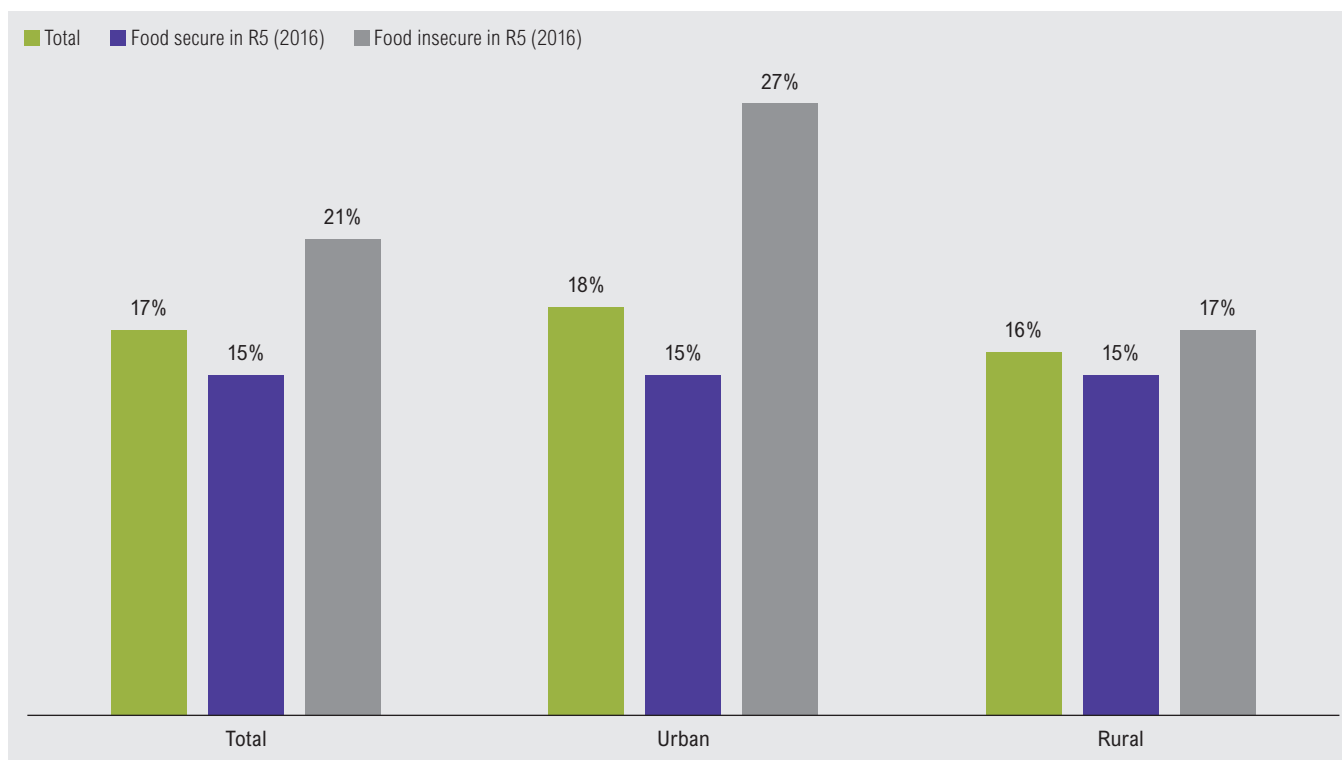
**Only around 6% of respondents received some form of government support during the crisis, although this reached a relatively higher proportion of food insecure households.** Among those considered as newly food insecure, 11% received government support, while this proportion increased to 17% for the long-term, food insecure. This latter group were also more likely to receive assistance from non-government sources, such as local

woreda (district) associations, NGOs or faith-based groups (19% of the long-term, food insecure group received this, compared to less than 7% of the newly food insecure).

### 6. The impact of COVID-19 on education

**With schools and universities closed very early on in the outbreak, the interruption to education was almost complete across all respondents.** Only around 1 in 30 of the YC (who were previously attending education) did not report experiencing a break in their studies. **Of those whose studies were interrupted, only 24% of males and 31% of females continue to learn remotely.** The survey also recorded information on learning practices for the siblings of the YC respondents. **Among this wider sample, the education level of a child’s parents was an important predictor of remote learning, as was whether the child comes from a rural or urban location.** For children with at least one parent educated above primary level, 35% were still receiving education remotely. In contrast, only 14% of those whose parents had no education were able to learn in this way. Similarly, in urban areas, 38% of children were still learning remotely, while this was only the case for 12% of rural children.

**Figure 1: The effect of COVID-19 on food security, % households that ran out of food since the outbreak began**



Note: Results are adjusted for sampling design. Only members of the Younger Cohort are considered.

<sup>8</sup> Alongside food shortages owed to the pandemic, some respondents will also have experienced crop damage caused by locust swarms in the North and East of the country, while widespread rioting and protests may also have impacted upon both food security and infection rates in Addis Ababa and Oromia (we will consider these and other shocks in the second survey call).

<sup>9</sup> Our measures of food security and classifications are derived from the Household Food Insecurity Access Scale (NFIAS), as described in [Coates, Swindale and Bilinsky \(2007\)](#). Notably, food security was measured in Round 5 for the Younger cohort only. To have a comparable measure of food insecurity between data from the phone survey and round 5, we defined food insecure households in round 5 as those reporting “sometimes do not eat enough” or “frequently do not eat enough” and food secure households as those reporting “eating enough but not always what they would like” or “eat enough of what we want”.

## Concluding Remarks

This brief provides a snapshot of the recent situation in Ethiopia. We found that the majority of the respondents were aware of the symptoms of COVID-19, but compliance with all recommended behaviours for protection was low. Income and employment losses due to the virus outbreak were relatively higher among the informal sector, in urban areas and among males. Moreover, education was entirely interrupted during the virus response and few children continue to learn remotely.

Our second phone survey will ask in more depth about young people's labour market experiences and how the crisis is affecting their work life, their home life and their education. We will also assess the level of anxiety and depression that young people are feeling during the crisis (in the first phone call, 65% of the sample report that they "felt nervous about the current circumstances"). The second call has been piloted and the fieldwork will take place between August-October 2020. The Coronavirus situation in Ethiopia has worsened considerably since the completion of the first survey, so we fear that both health and economic pressures may have increased by the time we finish the second survey call.

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