

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Andhra Pradesh and Telangana: First Call

Introduction

Towards the end of March 2020, India went into a nationwide lockdown in response to the Covid-19 pandemic, which lasted for 75 days. During this lockdown, only essential services were allowed. Various government measures were subsequently introduced aiming to boost health infrastructure, extend financial assistance to States, support the poorest segment of the population, trace and map reported COVID-19 cases, and a large mass media campaign on social distancing and personal hygiene was undertaken. On June 8th 2020, 'Unlock 1.0' was announced with relaxation of some lockdown measures, with the intention of easing the plight of migrants and stemming the growing economic loss, followed by Unlock 2.0 (July 1-31st) and Unlock 3.0 (effective Aug 1st).

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, tracked since 2001 and now aged 18 and 25.¹ This brief report provides a first look into the data collected during the first of three phone survey calls (June-July 2020) and highlights some of the key emerging findings.

HEADLINES: FIRST CALL

- 1. Young people are generally well-informed about which actions reduce the spread of COVID-19.** The internet is a key source of information.
- 2. However, misconceptions about effective behaviours to prevent infection are quite widespread** and only 15% of the sample identify correctly the most common symptoms of COVID-19.
- 3. Isolation during the lockdown has been possible only for a small minority,** and poverty diminishes the capacity to isolate: it forces people to leave the house to attend to basic needs and for work related reasons (only 7% did not leave the house at all during the lockdown).
- 4. Rural households and those less able to comply with prevailing recommendations are more likely to report cases of COVID-19 infections.**
- 5. The economic impact of COVID-19 on our cohorts is considerable.** The economic crisis has stronger repercussions on informal workers and self-employed workers. In 72% of sampled households, at least one household member lost their job. 75% of the 25-year olds who are working as informal workers and 66% of the self-employed lost their job or their earnings shrank as an effect of the pandemic.
- 6. Caring responsibilities have increased, and the burden still tends to fall on young women.**
- 7. Food insecurity has increased substantially** since the outbreak and hit harder those households that were food insecure in the past. About 35% of the food insecure households in 2016 reported to have run out of food as an effect of the lack of resources during the crisis compared to 16% of the overall sample. This despite the support of the government (mainly food either for free or at subsidised price) that was targeted to reach the most vulnerable.
- 8. Closure of educational institutions interrupted the education (and plans) for many, and e-learning was an option for only a few people.** 66% of the 18-year-old cohort that was in education when the outbreak occurred had to interrupt their studies, and 27% percent of those that were planning to enrol chose not to. There exists a **huge digital divide** that continues to exclude vulnerable populations of students particularly in rural areas and with poorly educated parents.

¹ More information on the Young Lives phone survey and the first call questionnaire can be find [here](#) and [here](#). Data will be soon available [here](#). Background on the Young Lives survey overall (sampling strategy, and previous rounds is also available on www.younglives.org.uk).

Methods

The Young Lives (YL) phone survey took place between 10th June and 15th July 2020 and reached a total of 2,750 young people (1,863 of Younger Cohort respondents aged 18, and 887 Older Cohort respondents aged 25 years old).² This corresponded to 98% of the sample located in the most recent tracking in December 2019 and for whom a mobile phone number was available.

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 15 years of previous “regular” Young Lives surveys to assess how the impact of COVID-19 is affecting individuals with different backgrounds and history. Further, we have also 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 the social distancing recommendations within the household and hand washing.³ The likelihood of a home possessing the required characteristics for protection declines with household wealth status, as measured by the Young Lives wealth index last time the survey was undertaken in Round 5 (2016).

Results

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

The first step to prevent the spread of the COVID-19 is that people are aware of the measures needed to protect themselves and others from it. **Only 15% of the sample**

identify correctly the three most common symptoms of COVID-19 according to the WHO (dry cough, tiredness and fever) and the most vulnerable (i.e. low HEP and rural households) **are the least informed** (Table 1).

The internet is a key source of information for most respondents. Those who have access to the internet (86% of the YC and OC together) are more likely to be better informed. Respondents learn about COVID-19 and regularly get information through television, by word of mouth (from neighbours, family and friends), phone calls and telecom messages before calls, internet and social media (including Facebook, Twitter and WhatsApp).

2. Adherence to recommended behaviours to prevent infection

The respondents are well-informed about actions to reduce the spread of COVID-19 and they tend to follow the recommendations. Female respondents, those living in urban areas and those who have access to the internet (possibly the best informed) tend to behave more responsibly. Virtually everyone (98.4%) has heard about social distancing as a way to prevent the spread of the virus. When asked what measures they have adopted (including keeping social distance, washing hands more frequently, avoiding handshakes/ physical greetings; groups meeting and wearing protective gear when outside), nearly 3 out of 4 adopted all five recommended behaviours (Table 2).⁵ Wearing protective gear (e.g. masks, gloves), washing hands and maintaining social distance are the most diffuse protective behaviours adopted.

Misconceptions about effective behaviours to prevent infection are quite widespread. Between 11-16% of respondents adopted unconventional and ineffective (even unharmed) measures that they believed might help them in preventing the infection including drinking lemon, adding hot pepper to food and eating garlic and ginger. Stocking up on more food than normal is also quite common.

Table 1: Number of common symptoms of COVID-19 correctly identified^d

	Mean	t-test	At least 1 symptom (%)	t-test	At least 2 symptoms (%)	t-test	3 symptoms (%)	t-test
Total	2.1		98.6		94.9		14.8	
With internet	2.1	**	98.6		94.8		15.6	***
No internet	2.0		97.9		95.0		10.0	
High HEP group	2.1	***	99.1	**	95.9	**	17.0	***
Low HEP group	2.1		98.2		94.1		13.2	
Urban	2.1	***	98.4		94.8		19.9	***
Rural	2.1		98.6		94.8		12.8	

Note: Urban/rural location and access to internet are defined based on Call 1 data; HEP is computed using 2016 data.

2 In June 2020, the OC is aged between 25.5 to 26.5 years old and the YC is aged between 18.5 to 19.5 years old.

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

4 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.

5 This result should be interpreted with caution as respondents might have the tendency to report positive behaviours.

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	4.51		4.76		22.80		72.22	
Female	4.70		2.58	***	15.54	***	81.73	***
Male	4.33		6.78		29.49		63.45	
High HEP group	4.54		3.51	***	24.06		72.17	
Low HEP group	4.49		5.64		21.86		72.31	
With internet	4.53		4.64		21.95	***	73.20	***
No internet	4.40		5.51		28.08		66.14	
Urban	4.62		2.41	***	19.75	**	77.47	***
Rural	4.46		5.71		24.03		70.10	

Note: Urban/rural location and access to internet are defined based on Call 1 data; HEP is computed using 2016 data.

Isolation during the lockdown has been possible only for a small minority: poverty diminishes the capacity to isolate and forces people to leave the house to attend to basic needs and for work related reasons. Only about 7% of the sample did not leave the house at all during the lockdown. Notably, those living in low-HEP households left their house relatively more, particularly to attend to basic needs and for work. Nearly double the proportion of households who live in rural areas left their house for work-related reasons compared to urban households possibly because of the nature of their work which does not allow for remote working (e.g. farming). In fact, in rural areas agricultural activities were exempted from lockdown.

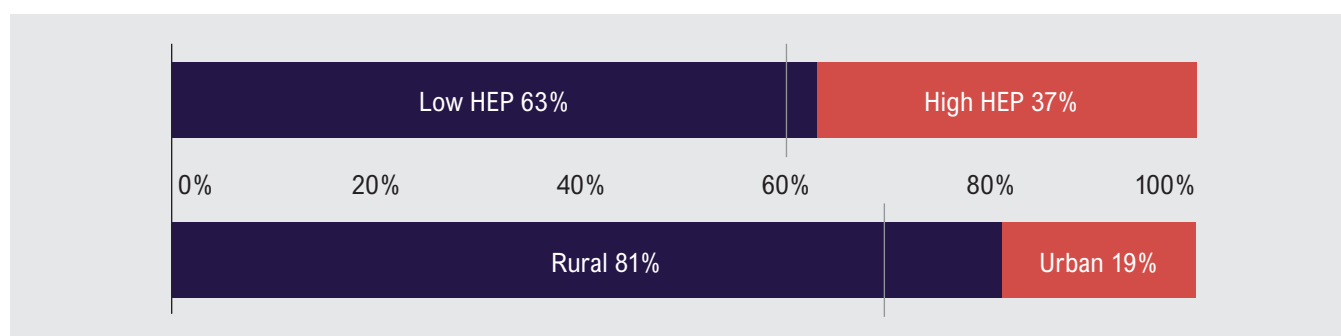
Most of the respondents left the house for more than one reason and mainly for attending basic needs (to buy food, buy medicine or take care of a household member) and for work-related reasons. Only 14% of respondents left the house *solely* for basic needs, and 11% left the house *solely* for work-related reasons. Males left the house more often than females.

3. The impact of COVID-19 on health

Rural households and those less capable of complying with prevailing recommendations are more likely to report cases of COVID-19 infections. About 6.2% of the Young Lives households reported that at least one household member had been infected (or believed to be infected, displaying the typical COVID-19 symptoms). Most of them are low-HEP households (63%) and mainly rural households (81%) (Figure 1). There were no significant differences between males and females.

The testing rate is quite low but most people displaying symptoms received treatments. Only 1 out of 3 (32%) of those displaying COVID-19 symptoms has been tested. The testing rate is higher among males and individuals living in High-HEP (possibly wealthier) households. The most common type of test taken was the rapid test (blood drop). About 90% of those displaying COVID-19 symptoms received modern treatments either at home (51%) and/or in health facilities (44%). Very few resorted to traditional treatments (3%).⁶

Figure 1: Who is more at risk to get infected? Percentage of individual living in High/Low-HEP and rural/urban households out of those reported (or believed) to be infected



Note: HEP is computed using Round 5 (2016) data. Data: Younger and Older cohorts together. The bar chart represents the percentage of individuals living in High/Low-HEP households, rural/urban households out of those reported/suspected to be infected; the vertical lines represent the sample composition, i.e. the sample composition by subgroups.

⁶ Modern treatment includes prescribed modern medicine by a doctor, self-prescribed, under observation at home, instructions by phone or WhatsApp. Treated in a health facility includes hospitalized in a private clinic/public hospital; treated in an intensive care unit. Traditional medicine includes self-prescribed traditional medicine or prescribed by local traditional doctors and healers.

4. Impact of COVID-19 on employment, income and care responsibilities

The economic impact of COVID-19 is considerable.

Despite the Ministry of Labour & Employment advising employers to not lay off or reduce the wages of the employees, the workforce shrank by 122 million in April 2020. Sadly, this picture is confirmed in the Young Lives data. Out of households who had working household members, 72% of households had at least one household member who lost her/his job as an effect of the crisis; 60% had at least one household member that was suspended without payment or had their salary cut and 54% of them had at least one household member who lost all or most of their income from their own business. Looking at the sample of 25 year olds, about 66% of them were working at the time of the phone interview. Of them, 66% either lost their job, were suspended without payment or had their salary cut or suffered a reduction in income from their own business.

The economic crisis has stronger repercussions on informal workers, i.e. those without a written contract, and self-employed workers. 75% of informal workers (the biggest group of workers in the sample) and 66% of the self-employed lost their job or their earnings shrank as an effect of the pandemic. Male respondents suffered from the crisis relatively more than female respondents in rural areas with the opposite in urban areas, where female respondents are indeed more likely to be active in the labour market.

A relatively small proportion (28%) of 25-year-old workers living in urban areas were able to work from home during the outbreak. The percentage is higher within High-HEP households. Possibly, this is due to the availability of better infrastructure (e.g. access to the internet) and the nature of the work activities performed.

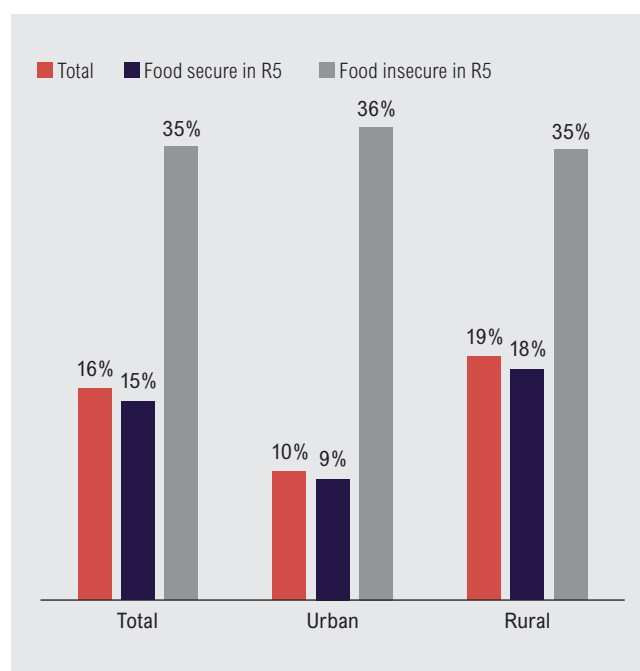
Caring responsibilities increased for 25 year olds and the burden still tends to fall on young women. About 8% of the 25 year old YL respondents (and nearly 2% of the 18-year-olds) have taken on new or increased caring responsibilities since the COVID-19 outbreak. This percentage increases to 13% when considering female respondents only.

5. Impact of COVID-19 on food insecurity and access to government support

Food insecurity has increased substantially since the outbreak.⁷ With factories and workplaces shut during lockdown, millions faced losing their livelihood as well as acute food shortages. In Round 5, food insecurity concerned

5% of the YC households.⁸ Since the outbreak, about 16% of respondents reported that there was at least a time since the outbreak when the household ran out of food because of a lack of money or other resources (food insecure households). **The crisis hits harder those households already classified as food insecure in the previous round.** About 35% of the food insecure households in 2016 reported to have run out of food as an effect of the lack of resources during the crisis (Figure 2).

Figure 2: The effect of COVID-19 on food security, % households that ran out of food since the outbreak



New households became food insecure as an effect of the crisis. The shortage of food also affected around 15% of households that were not food insecure in Round 5, rising to 18% in rural areas.

Most of the sampled households received support from the government and particularly the ones most in need. About 90% of the households residing in Telangana State and 93% of the households in Andhra Pradesh received at least one form of support from the government during the lockdown. Government support has been received in greater proportion by the most vulnerable households, i.e. low-HEP households and long-term food insecure households. The three most common sources of supports in both States are direct cash transfers, cash transfers to *Jandhan* account holders, and food rations in both States.

7 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).

8 Notably, food security was measured in Round 5 for the YC only. To have a comparable measure of food insecurity using data from the phone survey and round 5, we defined food insecure households those reporting “sometimes do not eat enough” or “frequently do not eat enough” and food secure households those reporting “eating enough but not always what they would like” or “eat enough of what we want”.

6. The impact of COVID-19 on Education

The lockdown interrupted the education and education plans of many, and e-learning was an option for only a few of them. Due to the lockdown, face to face classes were suspended, and in some cases replaced by e-classes and e-learning. About 66% of the 18-year-old cohort that was in education when the outbreak occurred had to interrupt their studies, and 27% percent of those that were planning to enrol chose not to, due to the current crisis. Out of the young people who had their education interrupted, 28% were able to switch to virtual classes or to access other online learning tools.

The largest inequalities in access to remote learning were observed between rural and urban areas and according to the level of parental education. Nearly double the proportion of young people in urban areas compared to those in rural areas were able to access remote learning. A similar ratio exists for young people whose parents had (at least) completed primary education compared to young people whose parents have no education.

Concluding Remarks

This brief provides a snapshot of the current situation in Telangana and Andhra Pradesh. The second phone survey will ask in more depth about young people's labour market experiences and how this 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, 89 % of the sample report they "feel nervous about the current circumstances". The second phone survey call has been piloted and the fieldwork will take place during August-October 2020 in all four Young Lives study countries (Ethiopia, India, Peru and Vietnam). Since the fieldwork of the first phone survey call was completed, the coronavirus situation in India has worsened considerably, so we expect that both health and economic pressures may have increased by the time we finish the second call.

Acknowledgements

This is part of a series of reports giving headline findings from the 'Listening to Young Lives at Work Phone Survey', being conducted in Ethiopia, India, Peru and Vietnam in 2020.

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