

COVID-19 Phone Survey Headlines Report

Listening to Young Lives at Work in Peru: First Call

Introduction

In mid-March 2020, Peru started a national lockdown in response to the COVID-19 pandemic, which lasted for 107 days. Unfortunately, despite this significant and prolonged response, as of July, Peru has one of the highest recorded levels of infection and death rates in the world, with almost 62 deaths per 100 thousand.¹ The impact on the economy is expected to be significant, with GDP anticipated to decrease by 12.5% in 2020,² and poverty rates expected to increase substantially (from the 20.2% of the population reported for 2019).

During lockdown, the government approved direct cash transfers (*'bono "Yo me quedo en casa"'*, *'bono independiente'*, *'bono rural'*, and *'bono familiar universal'*) to offer economic relief to 6.2 million households (70% of total households), with a unique payment of 760 soles per household (equivalent to 82% of a minimum wage). However, payments have frequently been delayed³ and the amount received is unlikely to have been sufficient to meet growing needs. The national lockdown ended at the end of June, though a curfew from 10pm to 4am remains in place; lockdown restrictions are still in place for certain regions and for two age groups: over 65 and under 14 years.

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 19 and 26 —we refer to the latter group as young adults.⁴ 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. Most participants can identify some COVID-19 symptoms, but **only 4% correctly identified the three most common symptoms of COVID-19**: cough, fever, and tiredness.
2. During the lockdown, **47% of men and 25% of women had to leave his/her household for work-related reasons, many of them without work permits.**
3. **Urban households were more likely to report cases of COVID-19 infection.** About 6% of Young Lives households reported that at least one household member had been (or believed to be) infected, but testing rates among those believed to be infected were low (35%).
4. Lockdown has had a significant impact on jobs: **7 out of 10 young adults had reduced or lost their source of income**, and only 17% were able to work remotely.
5. **Economic relief through government cash transfers was higher among vulnerable households, but far from universal.** 42% of Young Lives households received a government cash transfer during this period. Vulnerable households (with long-term food insecurity or with low ability to quarantine) were more likely to receive a transfer, but even for them coverage was not universal. In fact, 16% of all households ran out of food at some point during the lockdown.
6. About **55% of the 19-year-old cohort that was in education had to interrupt their studies**, and 41% of those who were planning to enrol chose not to.
7. **Access to remote education during the lockdown has been generally high**, though reduces with age, especially for those from vulnerable backgrounds.

1 <https://coronavirus.jhu.edu/data/mortality>, August 4, 2020

2 [Peru Central Bank, 2020](#)

3 [Peru Central Bank, 2020](#)

4 More information on the Young Lives phone survey and the first call questionnaire can be found [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 the 13th of June and the 15th of July 2020, and interviewed a total of 1,773 young people (1,372 of Younger Cohort respondents aged 19, and 401 Older Cohort respondents aged 26 years old).⁵ This corresponded to 81% and 78% of each sample located in the most recent tracking completed in December 2019 and for whom a mobile phone number was available⁶. The sample has national coverage, covering 20 randomly selected districts (excluding the top 5% wealthiest districts) and includes urban and rural areas⁷ (Escobal and Flores, 2008).

In the analysis below, respondents of both the 19-year-old cohort and the ‘young adults’ cohort 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 background and history. We measured the household’s wealth status using the YL wealth index computed using information from the first visit in 2002, as it aims to capture long-term vulnerability, the primary measure of socio-economic status of households within the YL sample (a household with a wealth index below the median has reduced access to public services, housing quality, and/or durable goods).

Further, we 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.⁸ 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). From here onwards, all results are adjusted to take into account the YL sampling design. Differences by sub-groups are reported at the 5% significance level.

Results

1. Knowledge and behaviour relating to COVID-19

Most participants can identify some COVID-19 symptoms, but only a small fraction can identify the three most common ones. Only 4% of the sample correctly identified the three most common symptoms of COVID-19 according to the World Health Organization (WHO): cough, fever, and tiredness (Table 1).⁹ The number of common symptoms identified is larger in urban areas, for those that have access to internet, and for households with a wealth index above the median. Other symptoms commonly identified are having headache, difficulty breathing, muscle or body aches, and sore throat.

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

		Mean (out of 3 symptoms)	Number of symptoms identified		
			At least 1 symptom (%)	At least 2 symptoms (%)	3 symptoms (%)
Total		1.54	91.23	58.56	4.02
Current access to internet	Yes	1.60***	94.94***	60.65***	4.89***
	No	1.41	84.46	55.63	0.42
HEP (ability to quarantine)	High	1.54	91.00*	58.98	4.26
	Low	1.48	94.70	52.31	1.26
Current area of residence	Urban	1.61***	94.27***	61.58***	5.06***
	Rural	1.42	88.16	52.91	0.78
Wealth status (in 2002)	Above the median	1.61***	92.78*	62.83***	5.47***
	Below the median	1.49	90.13	55.54	3.00

Results are adjusted for sampling design and significance level of the t-test is denoted as follows: *** p<0.01, ** p<0.05, *p<0.1.

5 In June 2020, the Older Cohort is aged between 25.5 to 26.5 years old and the Younger Cohort is aged between 18.5 to 19.5 years old.

6 The attrition is mainly due to unanswered phone calls. In the Younger Cohort, attrition is greater in rural areas and among poorer households (from the lower tercile of wealth).

7 More information on Young Lives sampling approach is provided here (Escobal, and Flores, 2008)

8 More information on how the HEP has been computed using the Young Lives data are provided here.

9 Recently the WHO/CDC indicate the loss of taste and smell as a fourth common symptom together to cough, fever and tiredness. We will collect information on this in the next phone survey.

The respondents were well-informed about actions to reduce the spread of COVID-19 and the majority confirmed adherence to all WHO recommended behaviours to prevent infection, especially in urban areas. 85% of respondents reported adherence to all five most important behaviours as defined by the WHO: wash hands with soap (more often than usual), avoid handshakes, avoid group meetings, wear protective gear when outside, and keep social distance (Table 2). Full adherence is higher amongst the 19-year-old cohort and in urban areas, in households with access to the internet, and with a wealth index above the median. In addition, a high proportion report adherence to ineffective preventive behaviours, including drinking lemon, adding garlic to food, and consuming herbal medicine (12%, 5%, and 23%, respectively).

For young adults, keeping social distance is harder than for the 19-year-old cohort. Looking specifically at the prevalence of each of the five behaviours, the lowest level of adherence is observed for keeping social distance, especially among young adults, and is in rural areas and in households without access to internet.

During the lockdown, 47% of men and 25% of women had to leave his/her household for work-related reasons. Thus for many households it was not possible to adhere to the strict quarantine measure of not leaving the house except for basic needs. This proportion was particularly high in rural areas, in households with a low-HEP, and with a wealth index below the median, and was likewise higher among young adults (47%) compared to the 19-year-old cohort (29%). Many of those that left the house for work related reasons did not have a work permit.

2. Impact of COVID-19 on health

Urban households were more likely to report cases of COVID-19 infection. About 6% 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). The prevalence is higher in urban areas (8%, versus 1% in rural areas), in households with a high-HEP and with a wealth index above the median. The fact that relatively better-off households had higher infection rates is consistent with evidence at the national level that urban inhabitants are currently among the most affected in Peru.

The testing rate was quite low. Among those household members infected or believed to be infected, only 35% had been tested, the vast majority of which were through a rapid test (blood drop).

Only 3% of those believed to be infected received treatment in a health facility. Although the vast majority of those infected, or believed to be infected, received some type of treatment (94%), most received modern treatment at home (68%), with only 3% treated in a health facility.¹⁰ In addition, 13% reported having received or self-prescribed 'traditional treatment', which cannot be considered a treatment on scientific grounds.

3. Impact of COVID-19 lockdown on income and welfare

The economic impact of Covid-19 is considerable; 7 out of 10 young adults had reduced or lost their source of income due to lockdown. Estimates from the Peruvian Bureau of Statistics and Censuses shows the

Table 2: Adopting WHO recommended behaviours to prevent infection

		Mean number of recommended behaviours adopted (out of 5)	Number of recommended behaviours adopted		
			1-2 behaviours (%)	3-4 behaviours (%)	All 5 behaviours (%)
Total		4.71	0.76	11.88	84.84
Gender	Female	4.71	0.68	10.75**	85.97*
	Male	4.71	0.84	13.02	83.70
Current access to internet	Yes	4.84***	0.71	10.68***	88.31***
	No	4.64	1.11	18.92	78.45
HEP (ability to quarantine)	High	4.72	0.45***	11.63	85.44
	Low	4.55	4.94	14.93	77.51
Current area of residence	Urban	4.83***	0.19***	10.56**	88.47***
	Rural	4.66	2.81	17.39	79.21
Wealth status (in 2002)	Above the median	4.80	0.18**	6.63**	90.92***
	Below the median	4.65	1.18	15.60	80.53

Results are adjusted for sampling design and significance level of the t-test is denoted as follows: *** p<0.01, ** p<0.05, *p<0.1.

¹⁰ Modern treatment at home includes: 'Prescribed modern medicine by a doctor', 'Self-prescribed modern medicine', 'Under observation at home', 'Instructions by phone or Whatsapp', and 'Others, specify'. Treated in a health facility includes: 'Hospitalized in a private clinic/public hospital or health post', 'Treated in an intensive care unit', and 'Other, specify'.

number of employed people in Lima City reduced by more than 50% in the April-June 2020 quarter compared to 2019.¹¹ Across the Young Lives young adults sample, 57% of households were affected by job loss (i.e. at least one household member), 37% by a salary cut or suspension without payment, and of those with a business, 82% lost all or part of their labour income. Furthermore, about 70% of young adults had a job or a business affected either by income reduction or job loss. It is currently unclear how much of these impacts will be temporary or permanent.

Among young adults, the impact of the crisis on income was significant across all groups, even formal workers.

Based on prior jobs (observed in the previous 2016 visit), more than half of formal workers (56%) were affected (versus 74% among informal workers). In addition, only 17% of young adults were able to work remotely during lockdown.

4. Food insecurity and access to government support during the COVID-19 lockdown

16% of Young Lives households reported running out of food at some point since the beginning of the crisis.

This percentage was even larger among households that were food insecure in our last visit in 2016 (24% for urban households that were food insecure in 2016) (Figure 1).

Half of Young Lives households reported having received some kind of support from the government during lockdown. The government designed four cash transfer programmes for vulnerable households. **42% of Young Lives households received one of these cash**

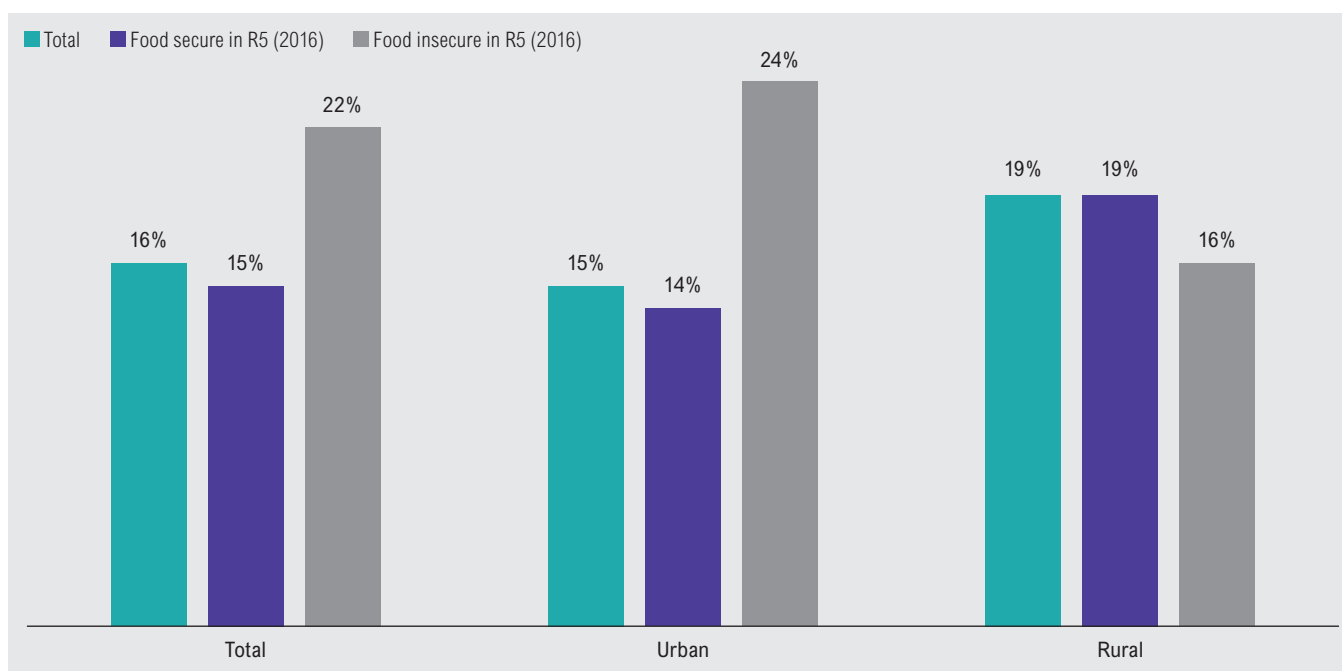
transfers, with access levels broadly similar across rural and urban households. Households with a low-HEP index, long-term food insecurity problems, and a wealth index below the median were more likely to have benefited, but even for these groups access to government relief was far from universal. Furthermore, **more than half of the newly food insecure households did not receive a cash transfer**, which suggests that many households in need did not receive a cash transfer on time, or at all.

5. Impact of COVID-19 lockdown on education

The COVID-19 lockdown interrupted the education of 55% of the 19-year old cohort. This resulted in face to face classes being suspended, replaced by TV and radio programs along with internet lessons in the basic education level ('*Aprendo en Casa*' programme for public schools), and by virtual classes in higher education institutions. Unfortunately, not all institutions have been able to adapt to remote learning, and many students did not have the means to continue studying. About 55% of the 19-year-old cohort that were in education when the outbreak occurred had to interrupt their studies, and 41% of those who were planning to enrol chose not to.

Access to remote education during lockdown has been generally high, though reduced with age, especially for those from vulnerable backgrounds. Among younger siblings aged 6 to 18, access to remote education has been virtually universal, with slightly lower access levels (around 90%) for those from vulnerable backgrounds aged 12 to 18. However, **of the 19-year-old cohort in**

Figure 1: The effect of COVID-19 on food security: % of households that ran out of food since the lockdown



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

11 INEI (2020).

education, remote education was only accessible for 68% for males and 73% for females. As before, those from vulnerable backgrounds had lower rates of access, possibly because their institutions were less able to adapt.

Concluding remarks and next steps for the Young Lives study

This brief provides a snapshot of the current situation in Peru. The COVID-19 lockdown has already had a large impact on labour market and educational outcomes for Young Lives participants. The crisis has hit households from vulnerable backgrounds hardest; however, virtually all sub-groups have been significantly affected. An important

proportion of vulnerable households did not receive government relief, with food insecurity rising. Since many were unable to work from home, they had to leave the house to work during the quarantine. Whether these impacts are temporary or permanent remains to be seen.

The second phone call in this 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. 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).

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 2020 in Ethiopia, India, Peru and Vietnam in 2020.

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