

# COVID-19 Phone Survey Headlines Report

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

### Introduction

Vietnam was expected to be severely impacted by COVID-19 given the country's close proximity to Wuhan, the initial centre of the pandemic. Thus far, however, the country has proved extremely adept at containing the health crisis, with lessons clearly learned from the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003. As early as January 2020, the Government began implementing a series of proactive measures, including the closure of schools and non-essential businesses, a ban on large gatherings, and the extensive contact tracing of infections. In addition, a 15-day, nationwide lockdown was implemented, beginning on the 1<sup>st</sup> of April. These measures effectively succeeded in reducing the initial number of COVID-19 cases to zero. Although a second wave of infections has recently emerged (mostly related to the city of Da Nang), early signs suggest this outbreak is also being successfully brought under control.

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>1</sup> This brief report provides a first look at the data collected during the first of three phone survey calls and presents some of the key findings.

### HEADLINES: FIRST CALL

- 1. While most respondents are sufficiently informed to recognise two of the three most common symptoms of COVID-19 and almost all have heard about social distancing, nearly half of those without internet access were unable to recognise any of the common symptoms of the virus.** Similarly, those with a low capacity for self-isolation (the poorest group) and those in rural areas were significantly less informed.
- 2. A lower capacity for self-isolation due to the home environment (poverty) and a lack of internet access (poor information) reduced compliance with preventative measures.** Overall, 67% of the sample adhered to the five recommended behaviours to prevent the spread of the virus (social distancing, washing hands more frequently, avoiding handshakes or physical greetings, avoiding groups and wearing protective gear when outside).
- 3. Only about 17% of individuals did not leave the house at any point during the quarantine period and a further 28% only left the house for basic needs.** One-in three continued to leave home for work, most commonly those with no access to the internet and those with a lower capacity for self-isolation (the poorest), potentially increasing the risk of infection for these groups.
- 4. Vietnam's response to COVID-19 appears to have been extremely effective at limiting infection.** Only 8 households reported that they believed at least one household member had caught the virus.
- 5. In spite of an effective response to the health crisis, the economic consequences of the pandemic have been severe.** Overall, 62% of the 25-years-old sample reported losing income or employment during the crisis, with little difference in the effects by gender or location (urban or rural).
- 6. Households who were considered food insecure in the previous survey round were most likely to run out of food during the virus outbreak.** However, over half of these households received some form of government support, most commonly through monthly cash transfers.
- 7. 84% of the 19-years old respondents had their education interrupted by the pandemic.** Among a wider sample of these respondents and their siblings, most were able to learn remotely. However, remote learning was less likely for those residing in rural areas or those whose parents were uneducated, especially in the youngest age group (6-11 years old).

1 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 between June 20<sup>th</sup> and July 27<sup>th</sup> and reached a total of 2,548 young people (1,708 YC respondents, aged 19, and 840 OC respondents, aged 25 years old). This corresponds to 88.9% of the YC (located in the previous survey round in 2016), and 92.3% of the OC.

In the analysis below, respondents of both the YC and the OC are merged into one sample, unless specified otherwise. Our analysis is informed by comprehensive data 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>2</sup> Notably, we find that poor households are less likely to possess the characteristics required for adequate protection.<sup>3</sup>

## 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 are a dry cough, fever and tiredness.<sup>4</sup> **Only 16% of respondents identified all three symptoms, although most respondents (81%) identify at least two of these** (see Table 1). **Those in the low HEP group (who are less wealthy, on average) and those living in rural locations**

**were less informed about the symptoms of COVID-19.** However, the clearest disparity is found between those with access to the internet and those without. In fact, **41% of those without internet access were unable to recognise any of the three common symptoms of the virus** (compared to less than 5% for those with internet access). While individuals who do not have access to the internet represent only a small proportion of the sample (less than 4%), **it is clear that this group faces a significant disadvantage in receiving information.**

**Virtually all respondents (over 99%) had heard of social distancing as a preventive measure against contracting or spreading the virus.** The three main sources of information the respondents mentioned were social media (82%), television (76%) and phone calls (49%). Some respondents also mentioned receiving official SMS text messages (43%) or hearing loudspeaker announcements (34%), both of which were part of the government’s strategy for communicating information.

### 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.

Overall, **67% of the sample complied with all five recommended behaviours.** However, this proportion is lower (49%) for the small number of individuals with no internet access, suggesting that **a lack of information among this group may reduce the capacity to take precautionary measures against infection.** Table 2 also indicates that males were less likely to follow all five behaviours (61%), as were households in the lower (poorer) HEP group (64%), implying that **poverty may also reduce the ability of individuals to adopt recommended behaviours.**

**Table 1: Number of common symptoms of COVID-19 correctly identified<sup>5</sup>**

	Mean	t-test	At least 1 symptom (%)	t-test	At least 2 symptoms (%)	t-test	3 symptoms (%)	t-test
Total	1.91		93.67		81.16		16.07	
Internet	1.94	***	95.06	***	82.62	***	16.69	***
No internet	1.05		58.76		44.33		2.06	
Urban	2.00	***	95.90	***	84.18	***	19.75	***
Rural	1.83		91.77		78.49		12.98	
High HEP	2.00	***	96.33	***	85.27	***	18.19	***
Low HEP	1.63		85.46		68.50		9.53	

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.

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

3 Relative wealth is determined using wealth status measured during the YL round 5 survey undertaken in 2016.

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

5 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	t-test	1-2 behaviours (%)	t-test	3-4 behaviours (%)	t-test	All 5 behaviours (%)	t-test
Total	4.45		6.41		26.23		67.16	
Female	4.56	***	5.04	***	21.88	***	73.00	***
Male	4.34		7.86		30.66		61.16	
High HEP	4.48	***	5.77	**	26.05		68.19	**
Low HEP	4.35		8.40		26.82		63.97	
Internet	4.47	***	6.20	**	25.87	**	67.85	***
No internet	3.97		12.37		35.05		49.48	
Urban	4.47		5.52	**	28.03	**	66.44	
Rural	4.44		7.20		24.63		67.80	

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.

**Few respondents reported taking ineffective (even if unharmed) measures to prevent infection.** The most common of these was drinking lemon, which was used by around one-in-seven individuals. Furthermore, 28% of respondents reported stocking up on more food that they would normally.

Vietnam imposed a 15-day nationwide lockdown on the 1<sup>st</sup> of April. We asked individuals to tell us how they had restricted their movements during this time.

**Only 17% of respondents did not leave the house at any point during the quarantine period** and this proportion was higher for those with no internet access (30%) and those in the low HEP group (21%). **A further 28% only left the house for basic needs**, such as buying food, buying medicine, or taking care of a household member. **Around one-in-three respondents (31%) continued to leave the house to go to work**, with males and those without access to the internet more likely to carry on working. Those continuing to leave for work also came disproportionately from the (relatively poorer) low HEP group (39% of low HEP respondents, compared to only 28% of the high HEP group) and those residing in rural areas (38%, relative to 23% of urban respondents). This is an indication that **poverty (and needing to continue working) may expose these groups to an increased risk of infection**. The most common reason for leaving the house, other than for work or basic needs, was to meet friends and family. Approximately one-in-three (35%) of males reported leaving for this reason, compared to only 27% of females.

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

As previously noted, **Vietnam's response to COVID-19 has been extremely effective at limiting infection** and this is reflected in our data. **Only 8 respondents reported that they believed at least one household member had been infected** (13 household members overall). Of these

individuals, 11 were treated at home and only one was actually tested for the virus.

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

**While the response to the health crisis was clearly effective, the economic consequences of COVID-19 have been severe.** Over half of the OC households (54%) reported that at least one household member had experienced a cut in salary or been suspended without pay, 51% had lost most (or all) of their business income during the pandemic and 14% reported that at least one household member had lost their job.

Among the OC respondents themselves, **62% reported a loss of income or employment as a result of the pandemic and there was little significant difference in the probability of these losses by gender or location (rural or urban)**. Indeed, income losses were reported by at least 60% of individuals in the sub-groups representing males (64%), females (60%), urban residents (63%) and rural residents (61%). A slightly higher proportion of those who were self-employed in the previous Young Lives survey round reported income or employment losses (66%), although 61% of those who were employed (formally or informally) in the previous round also reported such losses. In addition, **working from home was not an option for the majority of respondents**. In fact, only around one-in-five workers in urban areas were able to switch to home-working during the pandemic.

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

**The prevalence of households experiencing a shortage of food since the COVID-19 outbreak is quite low (4%). Nevertheless, the risk of running out of food is higher (7.6%) among those households who were considered**

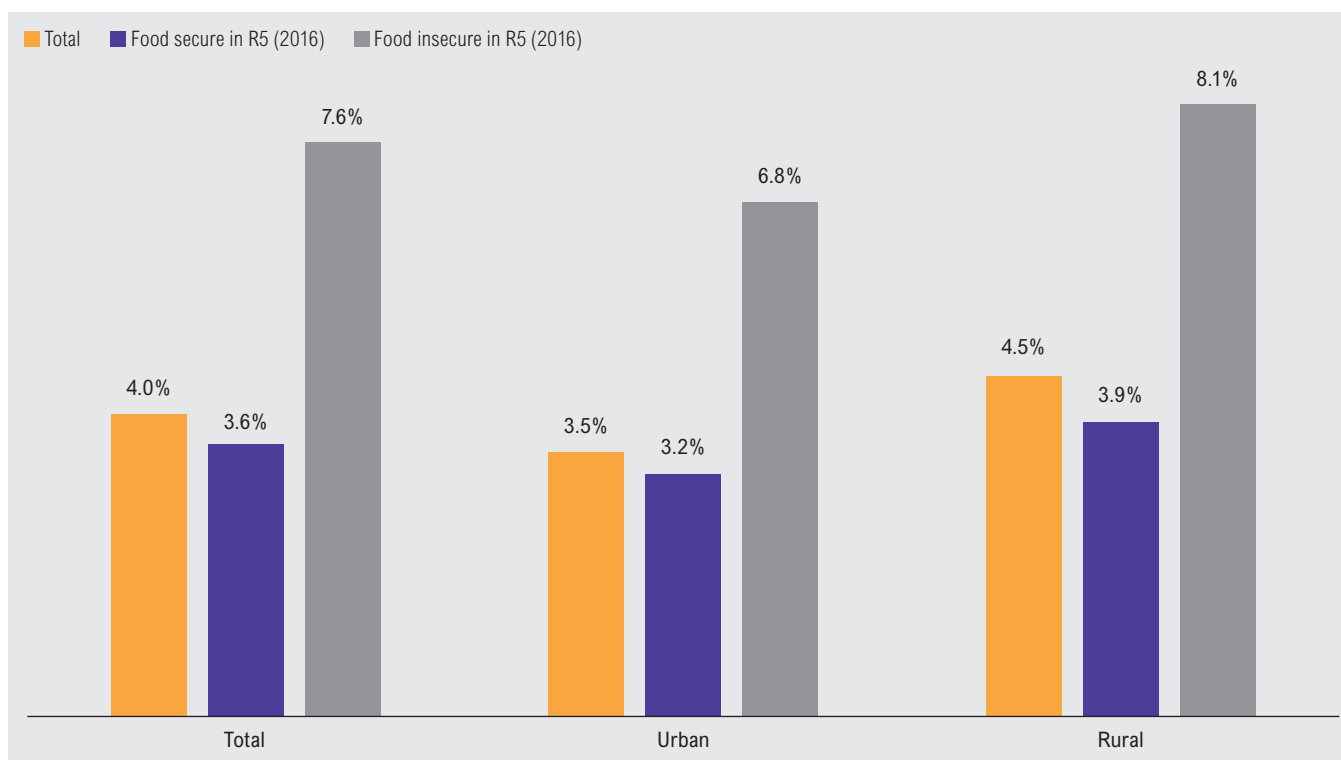
**food insecure in 2016.**<sup>6</sup> We refer to these households as the “long-term, food insecure”. Among those who were food secure in the previous survey, this proportion is smaller, at only 3.6%. These households represent the “newly food insecure”.

**Government support seems well targeted in reaching the households who are most in need.** Overall, 18% of all households received some form of government support. However, this proportion is far higher for the food insecure groups. Among the small number of long-term, food insecure households, over half (53%) received government support, while 33% of the newly food insecure group also received support packages. Furthermore, government assistance was distributed to 23% of those in the (poorer) low HEP group, as opposed to 16% of high HEP households. **Most commonly, this support came in the form of monthly cash transfers of VND250,000 (US\$ 11)** (20% of those benefiting from any government support received this). However, this amount is small compared to a monthly minimum wage of between VND2.4 million and VND3.5 million (US\$104–151). **Some respondents** (16% of those benefiting from government support), **received more substantial monthly transfers of VND1.8 million (US\$78), aimed at impacted employees.**

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

**Education was severely affected by COVID-19 and 84% of 19-years old respondents reported having their studies interrupted.** In addition, a further 5.6% elected to defer enrolment to study during the crisis. **However, access to remote learning has been quite widespread (available to 86% of males and 89% of females), although not equally available to everyone.** In fact, the probability of remote learning is noticeably lower among those whose parents have no primary education (80%), particularly among males (77%). Furthermore, **only 60% of 6–11 year olds compared to 80% of 12–18 year olds continued to learn remotely.**<sup>7</sup> Again, access to remote learning varies by the education level of a child’s parents and the child’s location. This is particularly noticeable in the 6–11 year old group, where all children with at least one parent educated to post-secondary level were learning remotely, as were the majority of urban children (85% of males and 90% of females). In contrast, less than half of 6–11 year olds, whose parents were uneducated or who lived in rural areas, were able to learn in this way.

**Figure 1: The effect of COVID-19 on food security; % households that ran out of food since the outbreak began, according to their food security in a previous visit in 2016**



<sup>6</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 (2016) for the Younger cohort only which is the reason why we restrict the analysis to YC households only. To have a comparable measure of food insecurity between data from the phone survey and Round 5, we defined food insecure households in 2016 as those reporting “sometimes do not eat enough” or “frequently do not eat enough” and food secure households, 11% of the YC sample in total, as those reporting “eating enough but not always what they would like” or “eat enough of what we want”,

<sup>7</sup> The survey also recorded information on the education of siblings of the YC respondents. Statistics reported for children aged between 6–11 and 12–18 are based on this wider sample.

## Concluding Remarks

This brief report provides a snapshot of the recent situation in Vietnam. We find that most respondents have some knowledge of the symptoms of COVID-19 and the majority followed the recommended behaviours to prevent infection. While the response to the health crisis has been highly effective, income and employment losses have been severe. Government support is widespread and appears well targeted. However, the amount of support may be very small in some cases. Access to remote education has been generally high,

although younger children, those in rural areas and those with less educated parents are less likely to learn in this way.

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 homelife 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.

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