COVID-19 Rapid Assessment

Impact of the COVID-19 pandemic on families with children and adolescents

Third Round – Findings Report
Introduction

The coronavirus (COVID-19) pandemic is a public health emergency with both immediate and long-term multidimensional impacts involving risks for and effects on children, adolescents and families. Although children are not the hardest hit population group in terms of health, there are a number of collateral effects which affect them, especially as regards education, nutrition, physical and mental health, leisure and recreation, and protection, among other dimensions.

These effects are particularly intense in more vulnerable populations, such as families living in poverty. Likewise, the pandemic has increased the overburden of housework and caring tasks among women, who, in addition, have become more exposed to situations of violence, ill-treatment, abuse or exploitation (UNICEF, 2020) (Ministry of Women, Gender and Diversity, 2020).

The sudden loss of family income affects the financial capacity of parents and caregivers to access goods and services which are essential to satisfy children’s needs. In this context, unequal access to health services, social and income protection schemes and the possibility of obtaining nutritious food, as well as the absence of sanitation infrastructure and water facilities for hand-washing in homes, and the lack of connectivity and distance learning options, can widen inequality gaps as regards exercise of rights (UNSDG, 2020).

Social protection systems are a key tool to mitigate these challenges. In Argentina, the government has set up a series of measures, including the increase of the amounts transferred to households with children through the Universal Child Allowance and the Alimentar Card, the implementation of the Emergency Family Income (IFE), the increase of income transfers made to other groups such as the elderly, the continuation and expansion of food support schemes and the implementation of family-friendly policies. In addition, the government has also implemented employment and salary protection policies and strengthened the programs aimed at preventing violence at home and against women, among other measures (National Government, 2020).1

Meanwhile, both households and society have made a great effort in reducing their work activities in order to prevent the virus from spreading—which has an impact on their income-, changing their

1 https://www.argentina.gob.ar/coronavirus/medidas-gobierno
consumption and hygiene habits, limiting their freedom of movement, and staying at home most of the time.

In this context, it is essential to have available robust, representative and timely information on the magnitude of the multiple consequences faced by households with children. Therefore, as part of its Response Plan to the emergency generated by the COVID-19 pandemic, UNICEF launched a series Rapid Assessments in April and July with the aim of acquiring data on the population’s perceptions and attitudes about the pandemic and the measures taken to deal with it. In July, a second round focused on the same sample of households, in order to evaluate the effects of the changes and continuities brought about by the pandemic and the responses thereto. With the same purpose in mind, UNICEF collect data in a 3rd round of the Survey which was carried out during in October and November to assess the changes and continuities brought about by the pandemic and the responses to it.

This document first sets out the objectives, reasons and background for the implementation of the Rapid Assessment 3rd Round. Next, it details the methodological design of the Survey and describes the data gathering process is described. The document then proceeds to report the main findings of the second round of the Survey on the issues relevant for the understanding of the direct and collateral effects of the COVID-19 pandemic in Argentina, focusing on childhood and adolescence. Lastly, the document presents some conclusions and recommendations.

Objectives

UNICEF in Argentina carried out the 3rd Round of the Rapid Assessment as part of its Response Plan to COVID-19 in order to acquaint itself with the perceptions, habits, attitudes and changes caused by the pandemic among the population. The Survey also investigates its economic and social effects on households with children and the implementation of the Social Protection System, as well as the implications of the pandemic and the response measures on emotional wellbeing, focusing on early childhood and adolescence.

UNICEF thus provides timely and reliable data allowing to:

1. Identify the emerging challenges for families with children and adolescents in multiple dimensions related to the exercise of their rights to health, food, education, care, social protection, decent housing, special protection and participation;

2. Inform decisions on the adoption of measures aimed at preventing contagion in the short term and ensuring the full exercise of children and adolescents’ rights during and after the pandemic;

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2 The reports on the findings of the first and second rounds may be found, respectively, in: https://www.unicef.org/argentina/informes/encuesta-rapida-covid-19-informe-de-resultados https://www.unicef.org/argentina/media/8966/file/Encuesta%20R%C3%A1pida%20COVID-19%20-%20%202da%20ola.pdf

3 Hereinafter, the “Survey of the population’s perceptions and attitudes. Impact of the COVID-19 pandemic and government measures on everyday life” will be referred as Rapid Assessment.
3. Contribute to the design of public policies focused on childhood and adolescence in the medium term, and to the strengthening of the overall protection system; and

4. Follow up this issue through the generation of comparable evidence from one round to the other.

The objective of the report is to facilitate the dissemination and use of the findings of the Rapid Assessment. More information on the indicators is available on the following online platform⁴:

Methodological design

The 3rd Rapid Assessment was performed from 24 October to 11 November via a telephone questionnaire applied to a sample of 2351 households with children and adolescents in Argentina, with national and regional representation levels. The data were gathered by KNACK.

The sample for the 3rd Rapid Assessment used the same sampling frame as the first two, which were carried out in April and July. The three rounds of the Survey are based on the sampling frame of the National Survey on Children and Adolescents (MICS 2019/2020), which ensures statistical robustness and reliability and provides national and regional representativeness. The Multiple Indicator Cluster Survey (MICS) is an international standard household survey program carried out by UNICEF in order to collect statistics on a wide range of subjects on the situation of children and women⁵. The Rapid Assessment was performed within the framework of the Cooperation Agreement for the implementation of the MICS Survey in Argentina, subscribed with the Ministry of Social Development and the Social Policy Coordination Board⁶.

In summary, the methodological design of the Rapid Assessment consists in surveying the households selected in MICS 2019/2020. The defined profile involves households with children and adolescents residing in urban areas of the Argentine Republic.

Dimensions of analysis

The selection of the subjects and variables is based, in the first place, on their relevance for the development of children and adolescents’ physical, cognitive, emotional and social abilities and the protection of their rights. In the second place, it is driven by the importance of finding out the level of adhesion to contagion prevention measures and the effectiveness of the economic aid and social protection programs in face of a pandemic. In the 3rd place, it is meant to investigate the initial social and economic effects generated by the COVID-19 pandemic in children and adolescents.

The 3rd Rapid Assessment covers the following dimensions:

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⁴ To access the online platform, the username is unicef and the password is aer8732!
⁵ The implementation in Argentina was designed to estimate internationally comparable and statistically representative indicators at national and regional level on the following subjects: health, education, wellbeing, water and sanitation, early childhood development, childhood protection, operational aspects and disability.
⁶ For more information, see: www.unicef.org.ar/mics
• Perceptions about the Mandatory Preventive Social Isolation and Mandatory Preventive Social Distancing measures (respectively ASPO and DISPO, by their Spanish acronyms)
• Prevention and health measures
• Household income
• Access to social transfers
• Food
• Early childhood
• Recreational outings
• Education
• Perceptions of adolescents aged 13 to 17
• Dynamics and violence at home
• Home activities

Sampling and field survey

The sample was stratified according to geographical dominions and, within each of these, into five strata according to the educational level of the head of household as surveyed by the 2010 INDEC Census. It is representative of 6,048,899 households with at least one child or adolescent, and of the 26,352,860 persons living in those households. It refers to the total urban population in places with more than 2,000 inhabitants. Population estimates were built with a final correction which took into account demographic growth as determined by INDEC projections. The weight of this sample was determined by applying post-stratification by region (separating Buenos Aires City from the districts of the Province of Buenos Aires that surround it), and by educational stratum.

As mentioned, the sample is representative at national and regional level. For this purpose, the following regions, households and persons were surveyed:

<table>
<thead>
<tr>
<th>Representation domain</th>
<th>No. of cases surveyed</th>
<th>Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Households</td>
<td>People</td>
</tr>
<tr>
<td>Buenos Aires city and surrounding districts (AMBA)</td>
<td>752</td>
<td>3,252</td>
</tr>
<tr>
<td>Papuan Region</td>
<td>367</td>
<td>1,581</td>
</tr>
<tr>
<td>Cuyo Region</td>
<td>269</td>
<td>1,257</td>
</tr>
<tr>
<td>Argentine Northwest Region (NOA)</td>
<td>379</td>
<td>1,837</td>
</tr>
<tr>
<td>Argentine Northeast Region (NEA)</td>
<td>257</td>
<td>1,212</td>
</tr>
<tr>
<td>Patagonia Region</td>
<td>327</td>
<td>1,356</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,351</strong></td>
<td><strong>10,495</strong></td>
</tr>
</tbody>
</table>
The following table shows the maximum probable errors (confidence interval = 95%, and design effect = 2) for four percentages. The errors mentioned refer to estimates calculated with respect to the total number of households under study.

<table>
<thead>
<tr>
<th>%</th>
<th>+/- (95% conf.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>5</td>
<td>1.2</td>
</tr>
<tr>
<td>10</td>
<td>1.7</td>
</tr>
<tr>
<td>50</td>
<td>2.8</td>
</tr>
</tbody>
</table>

A household questionnaire was used to collect information on all household members (usual residents), including a specific set of questions for women. The survey strategy consisted in applying the questionnaire to women in the households to the extent possible and, if an adolescent aged 13 or more lived in the household, the corresponding module was also applied. As a result, 2,351 households were surveyed, and 2,290 women and 639 adolescents were interviewed.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Responders</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household questionnaire</td>
<td>2,290</td>
<td>61</td>
<td></td>
<td>2,351</td>
</tr>
<tr>
<td>Women’s section</td>
<td>2,290</td>
<td></td>
<td></td>
<td>2,290</td>
</tr>
<tr>
<td>Adolescent’s section</td>
<td></td>
<td></td>
<td>639</td>
<td>639</td>
</tr>
</tbody>
</table>

The Rapid Assessment allows disaggregation and tabulation by: Geographical area (AMBA, Province of Buenos Aires, Cuyo Region, Argentine Northwest Region, Argentine Northeast Region, Pampean Region and Patagonia Region); Head of household’s employment status (employed, unemployed, inactive); Home location (Slums and informal settlements); Head of Household’s sex (Man, Woman); Number of household members (less than 5 and up to 5 members); Situation of the household during quarantine (no impairment of income, reduced income, loss of job); Social transfers (receives the AUH; does not receive the AUH); Has the Alimentar card and/or has access to tickets or meals (receives the AUH, has the Alimentar card, Does not have them, Does not know).
Main findings

The main findings of the data survey for each survey module are summarized below.

**Perceptions about the ASPO and DISPO measures**, compliance and risks

Social and physical distancing measures are aimed at stopping the transmission of COVID-19 and preventing the occurrence of new cases. However, if these measures are to succeed, their implementation requires a commitment from the whole of society (WHO, 2020).

The module on perceptions and attitudes regarding the quarantine showed that **67% of the total households in Argentina consider that the quarantine will prevent the contagion of COVID-19**. Although in the three measurements carried out by UNICEF over 60% of the households consider the quarantine to be a measure to prevent contagion, the declining acceptance between periods reflects social fatigue. In April, there was a high percentage of acceptance of the quarantine, which peaked at 96%. Later, a reduction of 9 percentage points was registered in July, and the drop continued down to 67% in November, representing a reduction of 29 percentage points from April to November. The adolescent population also showed a decrease among those who considered that isolation measures were necessary, although the proportion remains high.

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7 ASPO: Mandatory Preventive Social Isolation. DISPO: Mandatory Preventive Social Distancing.
At the time of the 3rd round of the Survey, only 25% of the households stated that their community was under strict quarantine. Of these, 60% observed that in their neighborhood compliance with isolation measures was high or very high.

With regard to prevention measures, as reported by the persons surveyed, 90% of the people would be using masks, while 66% said that they comply with distancing measures. Compared with the measurements taken in July, these proportions reflect a reduction of only 2 percentage points for the face masks and 5 percentage points for social distancing.

Considering the various degrees of activity opening in most localities, the perception prevailing at the time of the Survey of the compliance with Mandatory Preventive Social Distancing measures in different environments, spaces and activities was investigated. In this sense, an inclination to abandon the preventive measures is clearly observed. Among all persons surveyed, 72% perceive that in tourism activities (taking into account those who did not answer that the activity was forbidden) distancing measures or mask use are not respected. In the second place, low levels of compliance with DISPO are perceived in parks among more than 60% of the responders. Subsequently, responders pointed to a lower level of non-compliance in transport, shops, restaurants and in the street in general. Lastly, the responders stated that their working places show the lowest level of non-compliance with the protocols.
The 3rd round of the Survey incorporated a question aimed at evaluating the households’ perceptions regarding the opening of some activities. In this respect, 71% of the households interviewed stated that domestic work should be restricted. 50% indicated that inter-jurisdictional circulation should be authorized; 46% expressed the same view about clubs and sports activities, and 38% about shopping malls and commercial centers. Less than 30% stated the same about theaters and cinemas (27%), schools and universities and early childhood day-care centers (26% in both cases) and tourism (25%).
Health

The implementation of the different isolation stages affected various activities related to the access to health care, such as the prevention and treatment of different diseases, symptoms or ailments unrelated to coronavirus.

In the survey carried out in October, 42% of the households stated that they had been unable to comply with health checks for the whole household or some of their members, and 20% had been unable to comply with their children’s vaccination schemes. These values decrease when the households are located in Slums or settlements, where 38% of the households were unable to comply with health checks and 14% were unable to comply with vaccination schemes. By contrast, the values increase in households receiving the AUH: 47% have been unable to comply with health checks and 22% have been unable to comply with their children’s vaccination schemes.

25% of the households that had not attended health checks during these months resumed them as quarantine measures began to be eased. Similarly, 24% of the households have resumed their children’s vaccination schedules.

![Households that have not been able to keep health checks and vaccination schedules for their children since the start of the quarantine](chart)

Work income

One major impact of the COVID-19 pandemic on household wellbeing is economic in nature and particularly affects persons with more precarious and informal jobs.

In April, during the first quick survey, it was observed that 60% of the total households surveyed, i.e., 3.6 million households where 15 million persons live, had seen a reduction in their income as
a result of the pandemic and the measures taken to deal with it. Later, in the July survey, 45% of the households declared that their work income had decreased as compared with their situation prior to the pandemic. This percentage represents 2.6 million households affected by lower incomes. In late October and early November, 41% of the households, representing 2.1 million homes, stated that their work income had decreased. This means that, despite the resumption of activities, the gradual easing from the social isolation stage to the social distancing stage, and the implementation of the employment and production assistance program (ATP, Spanish acronym), there remains a significant proportion of households with children and adolescents that are experiencing a reduction in their work income.

The households hard hit by the loss of income are those in the Cuyo region, where this proportion peaks to 52%. In addition, the loss of income in the households rises to 53% among AUH beneficiaries, 51% in Slumss and settlements, and 50% among households with five or more members.

The main causes of income reduction are related to decreases in working hours (36%), decreased levels of sales, orders or customers (28%), or households with members whose jobs have been suspended (19%). Compared with the July survey, this situation reflects a deterioration in the households’ work situation.
Additionally, 10% of the households reports that at least one job has been lost in their home: there are 600,000 households where at least one person has lost his/her job. The percentage rises to 12% in the Cuyo region and 11% in the AMBA.

The 3rd round of the Survey presented questions related to the work situation of the members of the households surveyed. The Survey inquired about the number of household members who were employed prior to the quarantine, the number of persons employed in late October and early November, and the persons who, having resumed their job, worked less hours and/or days, leading to income reduction. Lastly, the Survey inquired about the number of persons who never stopped working during the quarantine and its different stages. The following chart shows that 1.1 million persons lost their jobs, which, in relative terms, implies a 12% drop in employment. Out of the total people employed, 22% are working fewer hours or days, while 49% never stopped working.
In the regions, loss of work figures rose to 14% in Cuyo and NOA, as compared with the period prior to the pandemic and the quarantine, followed by Patagonia (-13%) and AMBA and NEA (-12%). The Pampean region is the one with the lowest work loss percentage: -10%.
The Survey also inquired about the strategies adopted by households when a member must go to work outside the home. In most cases, children remain in the care of another adult residing in the household (75%), a reduction of 8 percentage points compared with July. This would be explained by the return to work of the caretakers during July.

The diagram shows the percentage of households where children are cared for by another adult, a sibling under 18 years old, alone, another adult they do not live with, or a caregiver. The percentage of households with another adult they live with increased from 75% to 83%, while the percentage of households with another adult they do not live with increased from 10% to 13%.

The loss of family income and employment can imply a decrease in food spending, leading to distribution adjustments within households. This situation will be analyzed in detail in the section related to food.

On the other hand, income reductions have forced 21% of the households to stop paying some services, such as electricity, gas, telephone, mobile phone or Internet. This proportion represents a decrease of 3 percentage points with respect to the figures observed in July. The percentage of households that stopped paying taxes and credit cards has remained constant and stands at about 4%.
As regards household debt (indebtedness), it was reported that **24% of the households have at least one debt. 8% of the households owed debts to the National Administration of Social Security (ANSES)** (14% in the case of households with AUH benefit). The decrease in the number of households owing debts to ANSES would be explained by the different moratorium schemes launched by the agency in order to ease the burden of the situation for the households living on transfers or pensions. Although low, these proportions remain steady as compared to July, which may be explained by the persistence of more than 40% of the households affected by reduced work incomes. Also, 42% of the households perceive that their debts are “high”.
Also, 15% of the households have incurred into debts with stores as a result of buying groceries on credit. This figure rises to 30% in the case of households located in popular neighborhoods, and to 22% in the case of households benefiting from the AUH. The increased number of households owing debts due to “on credit” purchases in popular neighborhoods is noteworthy: from 25% in July to 30% in October.

In the regions of Cuyo, NEA, NOA and Patagonia, the number of households with this type of debts has increased. In AMBA, the figure has remained steady and in the Pampean region it has decreased. In Cuyo, the proportion rose by 6 percentage points.
Social transfers

There is a large number of children living in households vulnerable to negative shocks caused by the COVID-19 pandemic, the effects of which may expose them to a situation of poverty encompassing multiple dimensions. Social protection systems can contain collateral socioeconomic impacts generated by the coronavirus outbreak. Social transfers, especially those involving money transfers, have proven to be not only timely but also highly effective in emergency contexts (UNICEF, 2019).

The Rapid Assessment confirmed the high coverage of the social protection system in Argentina. 42% of the households surveyed stated to have received the Emergency Family Income (IFE), and 33% received the Alimentar card or benefited from other food support schemes.

The following chart shows the proportion of households that benefited from money transfers between April, July and October. The increasing trend observed for the IFE and the Alimentar card in the first two surveys is especially noteworthy. As regards the IFE, in April, when the first survey took place, the grant was just beginning to be assigned. In the second survey, the increase corresponds to the completion of food card distribution. Lastly, reductions in both transfers were observed in the October survey.
From the point of view of focus, **70% of the IFE is concentrated in households enjoying Public Health coverage.** In absolute terms, the IFE benefits **2.5 million households.** On the other hand, the responders that receive the *Alimentar* card or other food support represent 2 million households.

Lastly, in view of the effort made by the State to mitigate the critical situation of the population, the Survey inquired about people’s perceptions in this regard. The majority agreed with the **transfers to persons** (IFE, AUH bonus and pensioner bonus, etc.) and **to companies** (aid for salary payments, due payment extensions, tax moratorium schemes, etc.)

92% of the persons surveyed agree on the need for transfers to persons and companies. 32% consider that the support granted to persons is low. 66% consider that this assistance should be maintained along time. In this last case, it should be noted that this proportion represents a decrease of 7 percentage points with respect to the opinions surveyed in July.

Lastly, this round of the Survey included questions on the use of the income received through the AUH: 88% of responders use the money to buy food and beverages. Among AUH beneficiaries, 53% stated that the amount received covers less than half the expenditure required by children. 96% stated that they cannot access the same products as one year ago, which would mean that the sufficiency of the AUH has deteriorated in relation to price increases.
Healthy, varied and nutritious food is a necessary condition for the full development of children and adolescents (CRC, 1989). It is therefore relevant to analyze whether the COVID-19 pandemic has any negative effects on food availability and quality for households.

The Rapid Assessment performed in October reflected that 28% of the total households surveyed had stopped buying some food items due to income limitations, a 2.2% increase as compared to the figures obtained in July. Households headed by women, households with many members and those with at least one person suffering from disability also show greater difficulties in accessing food than the general average.

The Rapid Assessment detected changes in community kitchen patterns and a higher reliance on meals and food bags among the households, depending on the location of their homes.
The October survey found that in 8% of the households there is at least one member eating at a community kitchen. In 6.2% of the households, there were children that attended school canteens. Among the persons eating at community kitchens, 27% stated that they receive less food than in the previous months. 70% of the responders whose child attends school canteens mentioned that the amount of food suffices only for a few days of the week. Between July and October, the number of households with children eating in school canteens, which report that food is not enough to meet the demand, increased by 8 percentage points.

The October survey incorporated some questions aimed at determining the coverage and sufficiency of the Alimentar card, given its consolidation and continuity in time. Close to 25% of the households stated that the card covers more than half their food expenses; 39% stated it covers up to half those expenses, and 37% said that with the use of Alimentar card they can only cover less than half their food expenses.
Likewise, close to 38% of the households reported that the variety of food they buy increased after receiving the *Alimentar* card, while 26% answered that the variety is less and 36% said that the variety is like the period before they received the card.
As regards the places where food is purchased, it was reported that 38% of the purchases are made in retailer shops and the same proportion in supermarkets, while Chinese supermarkets receive 14% of the buyers and wholesalers 9%. 87% of the persons interviewed who receive the Alimentar card stated they had no difficulties in using it. Of the remaining responders, only 5% said that some shops wanted to charge a fee for using the card, 4% mentioned the lack of card readers in the neighboring shops or other minor difficulties.

**Dynamics and violence in households**

Previous health crises have shown that children are more exposed to situations of exploitation, violence and abuse when schools are closed, when social services are disrupted and when movements are restricted (UN 2020). In addition, the absence of the relationship and daily contact with teachers and health personnel makes it more difficult to access help in these situations and hinders the detection and reporting of the cases by the persons who are in contact with the children on a day-to-day basis.
The Rapid Assessment indicates that in 27% of the households, people feel more anxiety about being infected by COVID-19 and 11.8% about the household’s economic problems. Tobacco consumption has risen in 5.4% of the households, alcohol consumption in 2%, and psychotropic drug consumption in less than 1% of the households.

The Survey has detected that in 12.4% of the households there is **more anger and quarreling**: 33% of the conflicts are between adults, 20% between adults and their children, and 22% between siblings. 2% (i.e., 122,000) of the households experienced domestic violence episodes during the quarantine. In 66% of the cases, those situations involved women and in 34% children. Violence against women is a troubling phenomenon, which is exacerbated in social isolation contexts such as the present one. It should be noted that both in cases of domestic violence and violence against women, **the results of a telephone survey on the subject should be taken with caution**, contrary to data gathered through more sensitive techniques which are available in contexts other than social isolation. Thus, the cases of violence reported through this survey may face challenges caused by under-reporting, particularly when the perpetrator lives in the same house and is present at the time of the Survey. Intra-family violence against children and adolescents is even more challenging, since violence as a form of child rearing is often naturalized and the telephone survey directly addresses the adults who may be applying such practices.

Bearing in mind the above, the data indicated that in 2.2% (+/- 0.7%) of the households (146,000 households) women reported to have felt verbally attacked or abused. A significantly lower proportion (0.2%, i.e. 12,000 women) declared to have suffered physical violence, in 89% of the cases from their partners. In 68% of the cases, the women said that the problem was resolved through dialogue, and in 12% of the cases they had reported the problem to direct family members.

Compared to the results obtained in the April and July rounds, domestic violence situations have remained constant, but again, it should be stressed that the data should be taken with caution due to the fact that the survey is via telephone. However, the stability of the trend is a call to attention, as the sample for these three surveys has been the same every time, and this points to the persistence of these situations in the households.

**Distribution of housework and caretaking tasks**

The COVID-19 outbreak has different impacts on women and men, and may exacerbate previously existing gender-related disparities. 57% of the women aged 18 or more who were interviewed stated that during the social isolation period they felt a greater overburden of household chores, mainly as regards child care (33%), house cleaning (29%), helping with homework (29%), cooking (14%) and higher workloads (10%).
Compared with the data obtained in April and July, this overburden, which was then observed to remain relatively stable, has grown and affects virtually all activities. It should be taken into account that the October survey took place in the DISPO (preventive and mandatory social distancing) stage in most localities. In other words, the resuming of work and other activities represents a situation where the overburden for women is higher.

The Survey inquired in more detail the household chore distribution in the case of households subjected to strict quarantine conditions. The Survey first asked who was usually in charge of housework. Then, the Survey asked who was carrying out the chores during the quarantine. The following chart shows women’s involvement in both moments.

Prior to the quarantine, 71% of household activities as a whole were performed by women. During the quarantine, their involvement increased to 76%. In comparison with the previous period, during the quarantine, the women’s involvement increases in every task: cooking, shopping, dishwashing, house cleaning, disinfecting groceries, helping with homework and playing with the children.
Social and economic protection measures should consider the dynamics of economics of care and should promote actions aimed at reducing inequalities in the distribution of housework and encourage task sharing between men and women.

In addition, the Survey indicates that 69% of children help with household chores: 39% cooperate with cleaning tasks, 16% help with cooking, 13% care for younger siblings and 8% help with the shopping. Although this situation links the children with household dynamics, it is important to stress that children should perform tasks which suit their age and which do not represent an opportunity cost for education, play and leisure activities.

**Early childhood**

Various reports linked to the research on natural disasters indicate that children are more vulnerable than adults to emotional impacts caused by traumatic situations or events that disrupt their daily life. In particular, younger children react to the stress they notice in their mother, father and other caretakers; they perceive what is happening around them and react in different ways: they can become more dependent, show worry, distress, anger or agitation, withdraw into themselves or return to behaviors they had left behind. Emotional difficulties may set in because of disruptions in children’s routines, which affect their perception of security, predictability and structure, and manifest themselves as alterations that may affect their sleeping, eating and communication habits, among other aspects.
The 3rd round of the Rapid Assessment continued to gather information on these effects. In this regard, it is observed that slightly over 40% of the households with children up to 6 stated that the children showed alterations in relation to food during the quarantine period. 42% of the children experienced alterations in their sleep, and lastly, 15% of them showed communication problems. In comparison with the proportions obtained between July and October slight reductions are observed in every one of these cases.

![Graph showing impact of the pandemic on children younger than 6](image)

Young children can ask direct questions about what is happening now or will happen in the future and may behave differently when reacting to strong feelings (fear, worry, sadness, anger) about the pandemic. Children’s emotional wellbeing should be addressed as a core priority during the pandemic, since they run the risk of developing significant manifestations and problems such as stress, anxiety or depression (Bartlett, Griffin y Thomson, 2020).

**Recreational outings**

Recreational outing situations are perceived as a positive factor in child care and rearing strategies, particularly with respect to their effects on mental and physical health. The 3rd round of the Rapid Assessment therefore sought to investigate the households’ perceptions about this activity. The data reflect that children showed different reactions. While 78% reacted with pleasure, 45% showed surprise and caution. It was also observed that 17% of the children moderately or firmly opposed the outing. This value represents an increase of 7 percentage points with respect to July (from 7 to 10% with regard to moderate opposition and from 3 to 7% with regard to firm resistance).
The spread of COVID-19 caused the suspension of in-person classes at initial, primary, and secondary levels in all their modalities (Ministry of Education resolution 108/2020). Thus, children and adolescents ceased to attend education facilities. At the same time, in order to contribute to the conditions required for the continuation of teaching activities in the national education system, a multi-platform solution was developed (website, public TV and radio programs, and printed booklets) with educational contents for every level. However, this process may leave behind and widen the inequality gap for children and adolescents who lack access to technological devices or permanent connections to the Internet or who need more learning support, and it also implies a challenge for the teachers as well as for the students and their families.

The findings of the Rapid Assessment reveal that in the period from school suspension in March to early November, over 90% of the households with children and adolescents aged from 3 to 17 have school activities and homework.
Among those who stated they have such tasks, *94% are in contact with the school*. Homework support is provided mainly by *mothers (85%)*.

When inquiring about the evaluation of the children’s caretakers about the outcome of the school year, the findings indicate that 63% of the households with children pointed to deficiencies and challenges both in their general evaluation of the school cycle and in more specific opinions (the role of schools and teachers), as well as in their assessment of the methodology applied, as shown in the chart below.
Perceptions on the school year

- Unable to make learning progress: 26%
- The school and teachers did not reach the expectations: 13%
- Difficulties to maintain attention: 58%
- Difficulties to keep a learning routine: 31%
- Students did not receive any evaluation on their performance: 26%
Lastly, as regards the return to in-person classes, it was observed that 71% of the households answered that they will send the children to school in the next school year, while almost half the households believe that schools will not be able to comply with the required preventive measures.

Adolescents’ opinions

In times of economic, humanitarian or social crisis, children and adolescents have fewer opportunities to express their views and have their opinions taken into account (UNICEF, 2012). Considering the opinions of children and adolescents about situations that affect them is one of their rights as well as an essential condition to examine their situation, understand the context they face and propose pertinent solutions to help them. With this aim in view, the Survey included a module targeting the adolescent population aged 13 to 17, which sought to capture their experiences, states of mind and perceptions with regard to the COVID-19 pandemic.

According to the data obtained, the situation of adolescents has changed in terms of their feelings between survey stages. Situations of distress, depression or fear had grown in July as compared with April. In the October survey, a relative stability is observed with respect to July (feelings of depression), a slight reduction in distress and fear, and an increase in feelings of indifference, as may be seen below. It is noteworthy that, in comparison with April, there was a significant increase in the proportion of adolescents experiencing feelings of depression and distress.

More than half of them speak about these subjects with their mothers. In addition, 63% of the adolescents surveyed believed that they or their family members could catch the disease.
The Survey also investigated which aspects of the isolation measures affect them the most. Over 65% stated that it was hard for them not to see their friends, and half of them mentioned not being able to go out, missing school, being confined, not being outdoors or not doing the things they used to do before (such as sports, cultural activities, political activities, workshops, etc.), among others.

67% of the adolescent’s state that their screen time has increased since the start of the quarantine. The Survey also examined situations of exposure to discrimination, abuse, cyberbullying, violence or pornography. Although the frequency of these situations was surveyed, it is important to mention the proportions and numbers of adolescents who stated to have been exposed to these situations: 18.5% of the adolescent’s state that they experienced one of these situations (17% in July).

<table>
<thead>
<tr>
<th>Network exposure to:</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obscene/pornographic contents</td>
<td>147,339</td>
<td>10.1</td>
</tr>
<tr>
<td>Violence or postings inciting violence</td>
<td>184,487</td>
<td>12.2</td>
</tr>
<tr>
<td>Cyberbullying or abuse</td>
<td>76,817</td>
<td>5.9</td>
</tr>
<tr>
<td>Discrimination for different reasons</td>
<td>75,075</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Regarding education, over 95% of adolescents have school activities and homework. Among those who do not have any school activity (5%), 25% states that they lack the necessary equipment to do homework; nearly 46% do not attend school. Lastly, 4% of the adolescents said that they do not have homework because they have to work. From the start of the quarantine and along the survey rounds, over 95% of the adolescents had homework.
Close to the end of the 2020 school cycle, the adolescents were asked about their perception on the knowledge acquired during the year. Only 19% of the adolescents answered that they had learned a lot in the year. The rest were mostly concentrated in some knowledge (48%), very little knowledge (26%) and I learned nothing (6%), which reflects the deficiencies seen from the point of view of the adolescents themselves.

As regards adolescents’ cooperation with household chores, almost 80% of them help with cleaning and cooking tasks. 63% answered that they did the shopping, while 36% helped with the care of children and others living in the house. Also, 16% of the adolescents answered that they carried out market-oriented work activities. Among those that carry out work activities in the market, 46% indicated that prior to the quarantine they did not engage in such work.
Conclusions

Nearly nine months after the declaration of the COVID-19 pandemic by the World Health Organization, UNICEF in Argentina presents data and analyses about the effects of the health crisis on multiple aspects of the lives of families with children and adolescents.

In brief, the 3rd round of the Rapid Assessment shows that 67% of the population considers that the mandatory quarantine will prevent contagion with the COVID-19 virus. Although in the three rounds of the Survey over 60% of the households answered in this line, a decrease is observed in comparison with the initial values (96% in April), reflecting social fatigue. Specifically among adolescents, the acceptance decreased by 7 percentage points from April to October, although it still remains high: 92%.

As regards compliance with preventive measures, the responders stated that 90% of persons would be wearing the mask and y 66% would be observing the distancing measures. Nevertheless, the perception of some relaxation in compliance with prevention measures increases when considering certain activities. In the case of tourism, 70% of the persons interviewed (taking into account those persons who did not answer that the activity was forbidden) said they did not consider that distancing or mask use were being respected. In the case of parks, proportions over 60% are also observed.

On the other hand, the isolation measures have generated effects on families’ access to health services. 42% of the households surveyed were unable to comply with health checks for the household as a whole or some of their members, and 20% were unable to maintain their children’s vaccination schemes. These values are higher in households receiving the AUH: 47 and 22%, respectively. 25% of the households that had not attended health checks in these months resumed them when quarantine measures were eased, and 24% of them have resumed the vaccination of their children.

In respect of household incomes, in late October and early November 41% of the households stated to have experienced a reduction in their work incomes. In absolute terms, 2.1 million homes are undergoing this situation. Despite the resumption of activities, the gradual easing of the quarantine, and the implementation of the employment and production assistance program (ATP), there remains a significant proportion of households with children and adolescents which are experiencing a reduction in their work incomes. The households worst hit by this situation are located in the Cuyo region (52%). The households’ loss of income increases to 53% among AUH beneficiaries, 51% in popular neighborhoods and 50% among households with five or more members.
The main causes of income reduction are related to the loss of working hours, decreased levels of sales, orders or customers, and suspensions. 10% of the households state that at least one job has been lost, which is equivalent to 600,000 households where at least one person has lost his/her job. Compared with the July survey, the indicator shows, in every case, a deterioration of the households’ employment situation.

The consequence of income reduction is that many households turn to indebtedness in order to buy food (36%) or pay services such as electricity, water, gas, internet (26%) or are forced to stop paying those services (21%). It is noteworthy that 15% of the households have incurred debts with the shops through buying food on credit. This figure rises to 30% in the case of households located in popular neighborhoods and to 22% among households receiving the AUH. The Rapid Assessment performed in October reflected that 28% of the total households surveyed had stopped buying some food items due to income limitations, a 2.2% increase compared to the figures obtained in July. Households headed by women, households with many members and those with at least one person suffering from disability also experience greater difficulties in accessing food than the general average.

In this context, the social protection measures adopted, especially social transfers, have helped to ease the impact of income reduction on the population, focusing on its most vulnerable members. The 3rd round of the Rapid Assessment confirmed the high coverage of the social protection system in Argentina. 42% of the households surveyed stated to have received the Emergency Family Income (IFE), and 33% received the Alimentar card or benefited from other food support schemes. Close to 25% of the households benefiting from the Alimentar card stated that the card covers more than half their food expenses, while 39% stated it covers up to half those expenses, and 37% said that the card covers less than half their food expenses. The food issue in households with children and adolescents, particularly in lower income households, needs special and urgent attention and requires the creation of mechanisms helping to mitigate this situation.

As regards the main measure protecting childhood income, the Universal Child Allowance (AUH), 88% of the beneficiaries stated they use the money to buy food and beverages. More than half (53%) stated that the amount received covers less than half the expenditure required for children. 96% stated that they cannot access the same products as one year ago, which would mean that the sufficiency of the AUH has deteriorated in relation to price increases. In view of the fact that households have been severely hit by the crisis, it is necessary to continue strengthening the social protection programs supporting the families in order to offset the drop in their incomes, with special focus on the aspects directly affecting childhood, such as health, food and education, among others. The magnitude of the challenge adds another argument in favor of universal, non-conditioned responses, to cover all children and adolescents. In particular, the dimension of such responses should be enough to allow all families to overcome (or avoid falling into) extreme poverty situations.

In the area of education, over 90% of children aged 3 to 17 in the households surveyed have school activities and 94% of them are in contact with the schools. This represents a growing presence of schools in the communication with the households, in comparison with April.
However, 63% of households with children and adolescents pointed to deficiencies and challenges with regard to the current school cycle, 58% indicated that children had trouble keeping focused, 31% were unable to maintain a learning routine and 26% said that no progress in learning had been possible and that they had not received any evaluation report on the knowledge acquired during the year. Only 19% of the adolescents interviewed said that they had learned a lot during the year. The remaining adolescents stated that they had acquired some knowledge (48%), very little knowledge (26%) or no knowledge at all (6%).

It is crucial to provide psycho-social support to children and adolescents and to supervise their mental health. Any solutions aimed at preventing the collateral effects of the COVID-19 pandemic should consider the psychological consequences and effects caused by confinement and isolation, in order to generate responses that address these challenges. Adolescents report feeling distressed, worried or depressed in this context. In particular, depression feelings doubled with regard to the survey performed in April and feelings of distress increased by 8 percentage points in those months. As regards early childhood, even though slight reductions were observed, just over 40% of households with children up to 6 years of age stated that the children have suffered food and sleep alterations, which are indicative of emotional troubles.

Social isolation measures, combined with decreased job opportunities, have exacerbated gender inequalities. 57% of the women interviewed stated that they feel that the overburden of housework and caring tasks has increased, in a context where these tasks were already unequally distributed in gender terms before the pandemic. Moreover, this feeling of being overburdened has increased in comparison to the survey performed in April (at that time, the percentage was 51%). Survey data show that, faced with increased demands for housework and care, women continue to absorb the additional burden. In this sense, it is important that social communication campaigns should continue to give value to housework and care, acknowledge the social significance of these tasks and eliminate gender stereotypes in order to ensure a more equitable distribution.

In addition, isolation situations exacerbate the risks of and the exposure of children and adolescents to violence and abuse at home. It is also crucial that the mechanisms aimed at reporting and dealing with the violation of rights be reinforced and considered essential. Also, the cases of violence reported prior to the pandemic and occurring during this period should be followed up more closely to prevent the situation from deteriorating. On the other hand, adolescents are also more exposed to violence and abuse through the social networks, for example, discrimination or ill treatment, cyberbullying, situations of violence or pornography. 18.5% of the adolescents report having experienced some of these situations (17% in July).

Lastly, this 3rd round of the Survey inquired about household chores performed by adolescents. Household chores. Almost 80% said they help with cleaning and cooking tasks. 63% answered that they did the shopping, while 36% helped with the care of children and persons living in the house. Also, 16% of the adolescents answered that they carried out market-oriented work activities. Among those that carry out work activities in the market, 46% indicated that prior to the quarantine they did not engage in such work.

All these data lead to infer that children may be experiencing difficulties in terms of learning, reductions in the quantity and quality of food they consume, problems with their mental and socio-emotional health or restrictions in their access to health services, or may be the victims of violence.
now and in the medium term. It is urgent to strengthen public policies in order to guarantee the exercise of rights by children and adolescents. The global crisis and the difficulties faced by Argentina may turn into an opportunity to innovate and promote strategies capable of dealing not only with the circumstances caused by the COVID-19 pandemic but also with the structural factors which hinder the exercise of those fundamental human rights.

The comparisons presented throughout this document also reflect significant inequalities among different population groups, especially among the households from higher economic strata and those which live in poverty. The pandemic and the measures required to combat it entail the risk of deepening those inequalities. The evidence shown herein seeks to contribute to the short, medium and long term adequacy of the strategies aimed at reducing disparities among children and adolescents.

The public health measures adopted to stop the spread of COVID-19 can be balanced with adaptive strategies to encourage the community, contribute to its resilience, protect incomes and ensure adequate access to food. It is important that the government should continue developing an evidence-based evaluation of the benefits and the negative consequences of each intervention, both in terms of limiting contagions and mitigating the social and economic damage caused. Different strategies can provide support to the community, promote mental health in the present context, ensure access to essential goods and services and relieve the economic impact caused by confinement measures, especially for households with children in more vulnerable situations. This approach is essential to ensure the full exercise of the rights of children and adolescents, including in emergency situations.

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