Research on the Effect of the Covid-19 Pandemic on Families with Children in Serbia

Serbia, April-May 2020

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I INTRODUCTION

I.1 General Information on the Research

As part of monitoring the social and economic effects of the Covid-19 virus pandemic, UNICEF in Serbia is conducting a longitudinal study (with three time points) with representatives of the households with the children aged 0 to 17 in Serbia. This longitudinal survey entails interviewing the same households at three different time points. The first wave is expected to be implemented in April 2020, the second wave in June, while the third wave will be executed in August 2020. The survey is conducted on behalf of UNICEF by the Ipsos Strategic Marketing agency. The following is an overview of the methodology and key findings of the first wave of research.

II METHODOLOGY

II.1 Summary of the Methodology

The data were collected in the period from April 21 to 28, 2020. Computer-assisted telephone surveys (CATI) and online self-completion surveys conducted via the Ipsos Internet panel were used as data collection methods.

A total of 1823 households were surveyed and data for 3149 children were collected, and a more detailed presentation of the sample is given in the next section. 375 respondents were interviewed through online self-completion surveys, while 1448 respondents were interviewed through computer-assisted telephone surveys.

The survey was answered by mothers or caregivers of children aged 0 to 17, who provided answers to questions related to the household, for them themselves and for the children whose mothers or caregivers they are. The questionnaire contained sections related to household demographics, general socio-economic situation in the household, general information on mothers / caregivers of children, socio-economic status during the Covid-19 epidemic, family, financial mechanisms of survival, economic situation of the household, as well as separate sections for children of different age categories: from 0 to 6 years, from 7 to 12 years and from 13 to 17 years.
II.2 Sample

The sample is a one-stage stratified sample. The stratification was made on the basis of four statistical regions (NUTS2 division of the Republic of Serbia excluding Kosovo¹ and Metohija), the settlement type, and the household structure based on the children’s age of the children.

The structure of households based on the age of children was taken from the Multiple Indicator Cluster Survey MICS5 (Serbia MICS 2014)². Households are divided based on whether they have at least one child under the age of 6, or at least one child aged 7 to 12, or a child aged 13 to 17. As one of the main goals of the research is to compare the negative effects that the SARS-CoV-2 virus pandemic has had on children of different ages, the sample was allocated proportionally within these households, with 600 households with members of 0-6 years of age, 7-12 years and 13-17 years. The allocation of these 600 households within the statistical regions and settlement types was based on the structure obtained from the MICS survey. The allocation was made in proportion to the representation in the population and the size of the standard deviation of the wealth index within these households (the larger the number of households in the population and the greater the difference in the “wealth” of these households, the more households were allocated to the sample). The allocation obtained in this way was corrected so that there were no less than 50 households in any cell. The resulting allocation is given in Table 1.

Table 1. Sample allocation by settlement type and statistical region, and household type

<table>
<thead>
<tr>
<th>Settlement urbanity</th>
<th>Region</th>
<th>Households with children of age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0-6</td>
</tr>
<tr>
<td>Urban</td>
<td>Belgrade</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>Vojvodina</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>Sumadija and West Serbia</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>South and East Serbia</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>Belgrade</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Vojvodina</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Sumadija and West Serbia</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>South and East Serbia</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>600</td>
</tr>
</tbody>
</table>

¹ All references to Kosovo in this report should be understood to be in the context of United Nations Security Council resolution 1244 (1999)
Post stratification and data weighting was based on the structure of households obtained from the data of the same MICS 2014 survey.

All households are divided into 7 categories, based on having children from one of the 3 target age groups, 4 statistical regions and 2 groups of the settlement urbanity where the household is located. Therefore, the weight based on 56 cells (4 statistical regions, 2 types of settlements and 7 household categories), so that the structure of the obtained households would reflect the structure of the population. The target structure is presented in the Table 2.

Table 2. Frequencies of the households based on the respective age-structure of the children, region and type of settlement where they are located, obtained on the grounds of the MICS survey from 2014.

<table>
<thead>
<tr>
<th>Region</th>
<th>Urbanity</th>
<th>Household composition³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>001</td>
</tr>
<tr>
<td>Belgrade</td>
<td>Urban</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>20</td>
</tr>
<tr>
<td>Vojvodina</td>
<td>Urban</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>50</td>
</tr>
<tr>
<td>Sumadija and West Serbia</td>
<td>Urban</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>68</td>
</tr>
<tr>
<td>South and East Serbia</td>
<td>Urban</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>55</td>
</tr>
</tbody>
</table>

After that, the weight was multiplied by the number of children in households and normalized to correspond to the number of children in households obtained in the sample. This way, a weight was obtained that corresponds to the children of Serbia of a given age.

II.3 Comparison of the Realized Sample with the Existing Data

The following table shows a comparison of indicators related to households, mothers/caregivers and children, estimated by other studies or derived from available administrative data, with the same indicators obtained on the realized sample in this research. As seen in Table 3, the realized sample adequately represented the population of households with children under 17 and the separate population of children in Serbia in terms of most of the compared indicators. A deviation was registered in terms of the monthly household income, i.e.

³ The codes are made up of three binary digits, the first digit indicates that the household holds at least one child under the age of 6 (1 - holds, 0 - does not hold), the second digit indicates that the household holds at least one child aged 7 to 12, and the third that there is at least one child aged 13-17; for example. code 110 means a household that holds children up to 6 and up to 12 years of age.
slight underestimation of households with monthly incomes below 300 euros, which should be kept in mind when interpreting the findings of this research.

**Table 3.** Comparison of the realized sample with the existing administrative data and estimates from other studies

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Administrative/national data (2018/2019)</th>
<th>Realized sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children attending pre-school</td>
<td>63.9% (for age 3-PPP), 2018</td>
<td>57.5% (age 3-4)</td>
</tr>
<tr>
<td>% of households receiving financial social assistance</td>
<td>3.3%, 2018</td>
<td>3.4%</td>
</tr>
<tr>
<td>% of children receiving child allowance</td>
<td>22.4%, 2018</td>
<td>16.3% (age 0-17)</td>
</tr>
<tr>
<td>% children receiving disability child allowance</td>
<td>0.66% =7982/1212779, 2018</td>
<td>1% (age 0-17)</td>
</tr>
<tr>
<td></td>
<td>Researcher’s calculation based on data from the Republic Institute for Social Protection and Population Assessment of the SORS, 2018</td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td>Less than EUR 300 40.4% of households</td>
<td>Less than EUR 300 18.3% of households with children from age 0 to 17 (20.3% after subtracting households that refused to answer)</td>
</tr>
<tr>
<td></td>
<td>Use of information and communication technologies in Serbia 2019</td>
<td></td>
</tr>
<tr>
<td>Material deprivation</td>
<td>Persons whose households cannot afford a meal with meat, chicken or fish every other day (Also applicable for vegetarian substitute): 18.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons whose households cannot afford an unexpected expense of RSD 10,000 which would be paid from the household budgeted: 39.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During the last calendar month, a person from the household was not able to pay the bills on time due to financial difficulties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income and Living Conditions Survey, 2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Households with children below 17:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The household cannot afford a meal with meat, chicken or fish every other day (Also applicable for vegetarian substitute): 8.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The household cannot afford an unexpected expense of RSD 13,900 which would be paid from the household budgeted: 48.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During the last calendar month, the household was not able to pay the bills on time due to financial difficulties 28%</td>
<td></td>
</tr>
</tbody>
</table>
III THE RESULTS

III.1 EFFECTS OF THE COVID-19 EPIDEMIC ON HOUSEHOLDS

Socio-Economic Indicators

- The crisis caused by the Covid-19 epidemic significantly affected the income of households with children, and almost half of these households saw a decline in income during the epidemic.

- In addition, a quarter of households with children had unplanned expenses caused by this situation: in almost a third of households (29%) these expenses were not more than 10% of monthly household income, a third (32%) had unplanned expenses that amounted to 11 to 25 percent of the monthly household income, while in 39% of households the amount allocated for unplanned expenses was higher than 25% of the monthly household income, and the most common categories of unplanned expenses were hygiene products and food.

- Households whose monthly income has been reduced by more than 10% due to the epidemic have taken certain savings measures, most often reducing the purchase of toys and the cost of children’s education, while looking for jobs for unemployed household members was most often planned as a measure of survival, savings and income compensation.

- Regarding material deprivation, a tenth (9%) of the surveyed households state that they cannot afford a meal with meat, chicken or fish every other day (or a vegetarian substitute). Half of the households report that they could not afford the unexpected expense of RSD 13,900. When it comes to the month prior to the time of the survey, i.e. March, 28% of households state that in that month they were not able to pay their bills on time due to financial difficulties.

- Among households living in rented housing, housing under mortgage or housing of another ownership status such that it is not owned by household members (which makes up 13% of the total target population), more than half (54%) found it more difficult to cover the mortgage or the rent during the Covid-19 epidemic than before.

- When it comes to the social and economic status of households with children, households from the Southern and Eastern regions are slightly more at risk than other regions. Households from rural areas compared to households from urban areas are also at a slightly higher risk, as are households with an unemployed mother/caregiver.

- The new situation caused by the epidemic affected the employment of a third of mothers/caregivers of children under 17 years of age. Approximately 3% reported job loss, and when it comes to the effect on the incomes of mothers/caregivers, in about a third of cases there has been a decrease in income due to the epidemic.

Parenting, Family Life and Mental Health

- Due to the Covid-19 epidemic, families with children under 17 spent more time together during the epidemic compared to the period before the epidemic, especially among families in Belgrade.

- During the epidemic, more than half of the mothers/caregivers reportedly began to participate more often in joint activities with family members, to observe the needs of family members and try to meet them and talk to the family and share information.

- The perceptions of mothers/caregivers about parenting during the epidemic were varied, with a smaller proportion having it slightly easier than usual (more often with employed
mothers/caregivers and mothers/caregivers from Belgrade), half felt there was no difference, while approximately a third had the impression that parenting/caregiving is more difficult than usual during the Covid-19 virus epidemic.

- Mothers/caregivers were mostly informed about the Covid-19 epidemic through television (88%), then social media (44%), other Internet websites (39%), print and online editions of daily newspapers (34%), friends and acquaintances (24%), family (23%), the Government website (19%), neighbors (13%), radio (10%), while other sources of information were used to a lesser extent.

- Approximately a fifth of mothers/caregivers report deterioration in mental health, with the same portion reporting deterioration in physical health in the 2 weeks preceding the survey. In addition, there is a higher degree of recognition of the importance of mental health in urban compared to rural areas, as well as among mothers/caregivers with higher education compared to lower levels of education.

- Approximately 4% of mothers/caregivers report the need for psychological counseling in the month preceding the survey, and approximately a third of them were unable to access the service, mostly because they did not know whom to call.


The crisis caused by the Covid-19 epidemic significantly affected the income of households with children, and in almost half (47%) of these households saw a decline in income during the epidemic. Among the households with reduced income, 39% of cases saw a decrease of up to 30%; a third reported a decrease between 31% and 50% in household income, while almost a fifth (18%) stated that their household income decreased more than 50%. Observed on the total target population, 18 percent of households with children under 17 suffered a decrease in household income of up to 30%, 15 percent of households’ income decreased by 31%-50% and 8 percent of households faced a decrease of more than 50%.

Graph 3.1.1 – The effect of the Covid-19 epidemic on household income; data in percentages

Does the Covid19 situation affect the household income?
Base: Total target population

For which percentage was the income reduced?
Base: Households with reduced income (47% of target population)

- NO
- YES, income has increased
- YES, income has reduced

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 30%</td>
<td>39</td>
</tr>
<tr>
<td>31%-50%</td>
<td>31</td>
</tr>
<tr>
<td>More than 50%</td>
<td>18</td>
</tr>
<tr>
<td>Refusal</td>
<td>12</td>
</tr>
</tbody>
</table>
During the Covid-19 epidemic, a quarter (24%) of households with children under 17 had unplanned expenses caused by this situation, with the frequency of unplanned expenses being slightly higher in urban households than in rural households (28% in contrast to 17%). Of the households that had unplanned expenses, in almost a third (29%) these expenses did not exceed 10% of the monthly household income, a third (32%) had unplanned expenses that amounted between 11 and 25 percent of the monthly household income, while in 39% of households the amount set aside for unplanned expenses was higher than 25% of the monthly household income. Hygiene products (69%) and food (69%) were singled out as the most common categories of unplanned expenses. In third place, in terms of frequency, are unplanned health expenses (28%), which were more common in households where the mother or caregiver has primary or lower education (50%), and unplanned transportation costs (17%), especially in Belgrade (29%).

Graph 3.1.2 – Unplanned household expenses due to the Covid-19 virus epidemic; data in percentages

Did the household incur any unplanned expenses due to this situation?

If YES, what is the percentage of monthly household income? Base: Households with unplanned expenses (24% of the target population)

What category of unplanned expenses did you have?

Multiple answers; Base: Households with unplanned expenses (24% of the target population)

- Up to 10%: 29
- 11%-25%: 32
- More than 25%: 39

Hygiene items: 69
Food: 69
Health expenses: 28
Transport: 17
Small house repairs: 12
Communication: 10
Furniture and appliances: 7
Education: 5
Utilities: 3
Other: 8

Households with monthly income reduced by more than 10% due to the epidemic have taken certain savings measures, most often reducing the purchase of toys and the cost of children’s education, while as measures of survival, savings and income compensation in the future, they most often plan to look for work for unemployed household members. Among households whose monthly income fell by 10 percent or more due to the coronavirus epidemic, and which is 40% of the total target household population, financial survival mechanisms were also examined. As a result of the crisis caused by the epidemic, 40 percent of these households reduced the monthly purchase of toys, 34 percent reduced the costs of children’s education (such as picture books or textbooks), and 29% reduced the costs of children’s tuition and children’s books. The categories of products from the consumer basket whose consumption these households have reduced the least are baby products, i.e. baby hygiene products (1%), diapers (1%) and baby food (1%). The decrease in monthly food consumption for all household members due to the epidemic was more frequent among households in the Southern and Eastern regions (19%), in households where the mother/caregiver is unemployed (19%), households where the child is a recipient of at least one type of material assistance (18%), as well as among households whose total monthly income is lower than EUR 300. In addition, households
with incomes of up to EUR 300 were more likely to reduce the use of heating appliances (29%). On the other hand, when it comes to the future and plans for survival, savings or compensation for the loss of income, among households whose incomes have been reduced by 10 percent or more due to the crisis caused by the coronavirus epidemic, 35 percent plan to find work for unemployed household members, 23 percent plan to reduce the time children spend in front of the TV or computer, 14 percent plan to reduce the number of rooms heated during the winter, while 12 percent plan to go to bed earlier to save energy, electricity and appliances.

Graph 3.1.3 – Financial mechanisms of households’ survival – reducing costs during the epidemic and planning savings in the future; data in percentages

<table>
<thead>
<tr>
<th>Product</th>
<th>Yes %</th>
<th>No %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toys</td>
<td>40</td>
<td>23</td>
</tr>
<tr>
<td>Spending on children’s education</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>Children’s tuition fees</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>Books for children</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Heating the apartment</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Electricity</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Food for all household members</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Baby hygiene products</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Diapers</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Baby food</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Try to find a job for unemployed household members</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Reduce the amount of time children spend in front of a TV/computer</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Reduce the number of rooms you heat during winter</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Go to sleep early to save electricity, energy and other energy products</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Try to ask for material assistance from the Centre for Social Welfare</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Unsubscribe children from language, dance, hobbies after emergency state</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Try to find a job for your children</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Among households covered by the survey, a tenth (9%) state they cannot afford a meal with meat, chicken or fish every other day (or a vegetarian substitute), and approximately half (49%) of households report that they could not afford an unexpected expense of RSD 13,900, while 28% of households state that in the previous month, compared to the time of the survey (March), they were not able to pay their bills on time due to financial difficulties.
Graph 3.1.4 – Indicators of material deprivation of households; data in percentages

Can your household afford a meal with meat, chicken or fish every other day? Base: Total target population

Can your household afford an unexpected expense of RSD 13,900 that would be paid from the household budget? Base: Total target population

During the last calendar month, was your household unable to pay the bills on time due to financial difficulties?

In more than half of the cases, households living in housing not owned by them during the Covid-19 epidemic found it more difficult to pay rent or mortgage than before the epidemic. The majority of households with children below 17 included in this research live in housing that is a family house or an apartment or is owned by one of the household members (85%), where this form of housing ownership status is more common in rural areas than in urban areas. 7% of households with children live in rented housing, while 5% live in housing that is under mortgage. Among households living in rented housing, housing under mortgage, or of another ownership status such that it is not owned by household members (accounting for 13% of the total target population), more than half (54%) found it harder than before this epidemic to cover the cost of mortgage or rent during the Covid-19 epidemic. Slightly more than a third of these households (38%) paid rent or mortgage in the same way as before the epidemic, while 4% reported that they paid these costs more easily during the epidemic.

Graph 3.1.5 – The structure of households according to the ownership status of the housing in which they live and the possibility of settling mortgage/rent costs during the Covid-19 epidemic; data in percentages

What is the ownership status of your housing? Base: Total target population

Can your household pay mortgage/rent regularly during the Covid-19 epidemic? Base: Households whose housing ownership status is rent, under mortgage or otherwise (13% of the target population)
In general, when it comes to the effects of the Covid-19 epidemic on the social and economic status of households, the findings of this study indicate that the particularly vulnerable households in this respect are those where the mother or caregiver holds primary or lower education, households where the mother or caregiver is unemployed, households where the child is a recipient of at least one type of material assistance, households where one of the members receives financial social assistance and households whose monthly income is less than EUR 300.

III.1.2 Effects of the Covid-19 Epidemic on the Children’s Mothers/Caregivers

The new situation caused by the epidemic affected employment in the case of 33% of mothers/caregivers of children, while in 67% there was no change due to this situation. Eight percent of mothers/caregivers went on paid leave due to the epidemic, and 3% on unpaid leave. Six percent of mothers/caregivers worked part-time, while 4% were sent on forced annual leave. Three percent of mothers/caregivers lost their jobs due to the epidemic. In rural areas (74%), as well as among the population of mothers/caregivers with primary or lower education (83%), it is more often stated that there has been no change in the employment status of mothers/caregivers.

Graph 3.1.6 – The effect of the Covid-19 epidemic on the employment of mothers’/caregivers’ employment; data in percentages

Does the new situation caused by the Covid-19 epidemic affect the employment of the child’s mother/caregiver?
Base: Total target population

When it comes to the impact of the new situation caused by the Covid-19 epidemic on the income of mothers/caregivers, in 29% of cases there was a decrease in income, while in 70% there was no change. Among those reporting a reduction in income, 34% of cases saw a reduction of up to 30%, approximately a quarter (26%) reported a reduction of between 31% and 50% of income, and a quarter (26%) of mothers/caregivers stated that their income has been reduced by more than 50%. No significant demographic differences in the effects of the epidemic on the income of the mother/caregiver were registered.
Graph 3.1.7 – The effect of the Covid-19 epidemic on the income of mothers/caregivers; data in percentages

Is the new situation caused by Covid19 affecting the income of the mother/caregiver? Base: Total target population

By what percentage is the income reduced? Base: Households with reduced household income (29% of target population)

III.1.3 Effects of the Covid-19 Epidemic on Families, Internal Interactions and the Experience of Parenthood

Due to the Covid-19 epidemic, families with children under the age of 17 spent more time together during the epidemic compared to the time before the epidemic. Namely, 80% of mothers/caregivers state that their family spent more time together than they used to before the epidemic, only 2% state their family spent less time together during this period, while approximately a fifth (18%) said that there was no change in the amount of time the family spent together before and after the epidemic. In rural areas (23%), in the Southern and Eastern regions (22%), among households where the mother/caregiver is unemployed (27%), among households without internet access (34%), as well as among households with monthly income up to EUR 300 (26%) more often than the average is reported that there was no change in the amount of time the family spends together before and during the epidemic. On the other hand, while 39% of the total target population stated that during the epidemic the family spent much more time together than before, in Belgrade this answer was given by 46% of mothers/caregivers.

Graph 3.1.8 – The effect of the Covid-19 epidemic on the time family members spend together; data in percentages

Does the family spend more time together during the Covid-19 pandemic compared to the period before the pandemic? Base: Total target population

Since the outbreak of the Covid-19 virus, more than half of mothers/caregivers from families with children under 17 in Serbia have started to participate more often in joint activities with family members (59%), to observe the needs of family members and try to meet them (58%) and to talk to family members and share information (57%). Approximately half of mothers/caregivers also began to provide support to family members more frequently (49%) with the outbreak of the epidemic, while slightly more than a third (36%) stated that they received support from the family more frequently.
Graph 3.1.9 – The effect of the Covid-19 epidemic on types of interactions within families; data in percentages

How have you spent time with your family since the outbreak of the Covid-19 epidemic?
Base: Total target population

The perceptions of mothers/caregivers about parenting during the epidemic are diverse, and a smaller proportion found it slightly easier than usual (15%), half saw no difference (50%), while 36% state that parenting/caregiving feels harder during the epidemic Covid-19. Among employed mothers/caregivers (17%), as well as among mothers/caregivers from Belgrade (21%), more often than the general average feel that parenting/caregiving is easier for them during the epidemic than usual. On the other hand, mothers/caregivers of children under the age of 12 felt slightly more often than mothers/caregivers of children over the age of 12 that parenting/caregiving is more difficult for them during the epidemic than usual.

Graph 3.1.10 – The effect of the Covid-19 epidemic on the experience of parenting/caregiving; data in percentages

Is parenting/caregiving during Covid-19 easier for you, the same as before or harder than before?
Base: Total target population

The greatest worries about Covid-19 for a child are primarily related to health, so 78% of mothers/caregivers state that their biggest concern is the child’s health. In second place are the worries related to socialization, which are stated by 39% of mothers/caregivers, followed by the worries related to the education needs of children, which are stated by 36% of mothers/caregivers. A third of mothers/caregivers are also concerned about the mental health and stress-related consequences of the Covid-19 epidemic, while a fifth are concerned about the child’s nutrition (22%), material/financial needs (21%) and child development (20%).

On the other hand, when it comes to them personally, mothers/caregivers also most often take care of their health (73%). The second most common worry is mental health and the consequences related to stress (34%), followed by the material/financial needs of the mother/caregiver (34%), a fifth are concerned about job stability (20%), and approximately a tenth (13%) is worried about nutrition. Mental health care, both for children and personally (mothers and caregivers) is more common in urban areas than in rural areas, as well as among mothers/caregivers with higher education compared to mothers/caregivers with lower levels of
education. In addition, mothers/caregivers from urban areas are more likely to be worried about the socialization of children during the epidemic than rural mothers/caregivers. Also, mothers/caregivers with higher education are more likely to cite this as a concern than parents with secondary, primary or lower education.

Graph 3.1.11 - The greatest worries for children and themselves related to Covid-19; data in percentages

What are your greatest worries about your child during the Covid 19 epidemic? Base: Total target population

- Health: 78%
- Socialization: 39%
- Education needs: 36%
- Mental health and stress-related consequences: 33%
- Nutrition: 22%
- Material/financial needs: 21%
- Development: 20%
- Disagreements in the family: 4%
- Education needs for children with a disability: 1%
- I do not have any special worries related to Covid: 4%

What are your greatest worries about yourself regarding Covid 19? Base: Total target population

- Health: 73%
- Mental health and stress-related consequences: 34%
- Material/financial needs: 34%
- Stability of employment: 20%
- Nutrition: 13%
- Disagreements in the family: 4%
- Other: 2%
- I do not have any special worries related to Covid: 8%

Mothers and caregivers of children were generally somewhat concerned about the outbreak of the Covid-19 epidemic (57%), while approximately a quarter were very concerned (27%). Among mothers/caregivers of primary or lower education, 42% were very concerned, while mothers/caregivers from households with a monthly income of less than EUR 300 (33%) were also slightly more concerned than the average. When it comes to the mental and physical health of mothers and caregivers, during the epidemic in the two weeks before the survey, a quarter of mothers/caregivers experienced a change for the worse in terms of mental (23%) and physical health (24%), while more than two thirds stated that there was no change (67% in the case of mental health, 70% in the case of physical health). Upward changes in mental health are more often reported by mothers/caregivers from urban areas compared to rural ones, as well as mothers/caregivers from households who could not afford an unexpected expense of RSD 13,900 (28%, compared to 17% among households that could afford it). In terms of physical health, negative changes are also more often reported in urban areas than in rural areas (31% vs. 12%), and among households that could not afford an unexpected expense of RSD 13,900 (28% vs. 19% among households that would could afford it), but also among highly educated mothers/caregivers (30%) compared to other levels of education.
Four percent of mothers and caregivers of children had the need to seek psychological counseling during the epidemic (during the previous month compared to the time of the survey), and slightly more often than the average among mothers/caregivers from households whose incomes decreased by more than 10% (6% among these households) due to the epidemic. Approximately half of those who needed this type of help managed to get the help in the form of psychological counseling (46% of 4%), while a third did not succeed therein (35% of 4%). The most common reason why mothers/caregivers were unable to receive this type of help was they did not know who to turn to (73% of those who needed this type of help but could not receive it), and the fact that the service was constantly busy (6%) and the fact that the service was not available at all (5%).

Finally, when it comes to the mothers’/caregivers’ sources of information on the Covid-19 virus and the epidemic, by far the most common source of information on this topic was television, wherefrom 88% of mothers/caregivers got their information. The second most common source of information on this topic were social media (44%), followed by other Internet websites (39%), through which mothers/caregivers from Belgrade were informed.
more often than the average (45%), as well as mothers/caregivers with a degree of a higher education (44%). Print and online editions of newspapers were used as sources of information on Covid-19 by 34% of mothers/caregivers, slightly more often compared to the general average by mothers/caregivers from Belgrade (43%) and those who are highly educated (40%), mother/caregivers from households with monthly incomes exceeding EUR 600 (42%) and those from urban areas (39%). 24% were informed through friends and acquaintances, while 23% of mothers/caregivers received information from family.

![Graph 3.1.14 - Sources of information on Covid-19; data in percentages](image)

Which sources of information do you use to keep up to date about Covid19? Base: Total target population

III.2 EFFECTS OF COVID-19 EPIDEMIC ON CHILDREN

III.2.1 Effects of Covid-19 on services for children

- On average, every fourth child had the need for medical services during the Covid-19 pandemic (23%), and about one third of them were not able to get them (7%). Medical services that were most often not available to them were specialist examinations, followed by other types of examinations in primary healthcare centres, including vaccination. These services were more often unavailable because the healthcare centers did not provide the services or the doctors were not available (63% out of 7%), and less frequently because the parents hesitated to seek this service during the pandemic (22% out of 7%).

- Among the children that are recipients of social services (15% of the total children population) 7% had the problem in accessing these services during the Covid-19 pandemic. For this small share of children (N=34), the services most often lacking were visitation by parent due to divorce, services related to violence protection or services aimed at children with special needs. As the main reason for lack of support, the respondents stated unavailability of the services provided by the institutions or social workers and less often they mentioned the cases when the parents themselves hesitated to seek this service during the Covid-19.

- Different forms of material aid given by the municipal or local institutions were received by 5% of children – 3% receive regular aid and 2% receive a one-time aid. Every fifth child receiving material aid from municipal or local institutions had a problem in accessing these services during the pandemic- because such aid was disrupted, late or it was not possible to submit the required forms to obtain it. (The survey did not cover the regularity of payment of other material aid – social welfare, children’s allowance or allowance for support and care of others).
Almost all schoolchildren (99%) during the Covid-19 had access to distance learning (school programmes via TV or the internet, communication with the teachers via the phone or the internet, etc.) and participated in distance learning (98%). The children whose mothers/caregivers are unemployed, as well as children who are recipients of social welfare services, somewhat more often, in comparison to the average figure, did not have access to distance learning. When it comes to the small number of schoolchildren that had access to distance learning, but did not use it (0.6%) there are no clear consistent socio-demographics characteristics.

Access to healthcare services

During the Covid-19 epidemic in Serbia, and one month before the survey was conducted, 23% of children had the need for healthcare services. Two-thirds of them (69%) accessed these services, while approximately one-third (31%) were not able to access them. Inability to access the necessary healthcare services was somewhat more often registered in children of pre-school age (11%), as well as in children from Belgrade (9%).

Graph 3.2.1 – Access to healthcare services by children during Covid-19; percentage data
Has your child been able to access all the necessary healthcare services in the past month during the Covid-19 epidemic?
Base: Total target population, N=3149

Taking into account just the population of children who did not access healthcare services in the past month, and during Covid-19 epidemic (7% of total population, N=216), specialist care is stressed as one of the services that was most often unavailable in this period (27% out of 7%, N=59). Besides that, also mentioned are preventive examinations of the chosen paediatrician in a primary healthcare centre (18% out of 7%, N=38), dental services (15% out of 7%, N=32), examinations with the chosen paediatrician for curative treatment (13% out of 7% N=28), vaccination (13% out of 7%, N=28), while other types of healthcare services were mentioned less frequently. Furthermore, inaccessibility of vaccination was most often encountered by children aged up to 6 (23%, N=23), children from rural areas (23%, N=15), as well as children who are recipients of children’s allowance (28%, N=12).
Graph 3.2.2 – Type of healthcare services that were inaccessible during Covid-19 epidemic; percentage data
Which was the last health service that the child needed and was not able to access?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 7% of total population N=216.

- **Specialist**: 27
- **Paediatrician in healthcare center for preventive purposes**: 18
- **Dentist**: 15
- **Paediatrician in healthcare center for curative care**: 13
- **Vaccination**: 13
- **Developmental counselling**: 3
- **Psychological counselling**: 1
- **Other**: 12

Unavailability of healthcare services within primary healthcare centres and unavailability of doctors are the most frequently mentioned reasons why it was impossible to access certain healthcare services (47%, 15% out of 7%, respectively N=102, N=32). Furthermore, one-fifth of children that required healthcare services (21% out of 7%, N=46) were not able to access them, as their parents did not want to request such a service at this time, while other reasons are less frequently stated.

Graph 3.2.3 – Reasons for inaccessibility of healthcare services during Covid-19 epidemic; percentage data
What was the main reason for the unavailability of the service?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 7% of total population N=216.

- **Healthcare center did not provide that service**: 47
- **Parents did not want to seek the service during the epidemic**: 22
- **Medical worker was unavailable**: 15
- **Lack of transportation**: 1
- **Other**: 14

Children's access to social welfare services

Among the children who are recipients of social welfare services (15% of the total target population), 93% accessed these services without disruptions over the past month, during the Covid-19 epidemic, while 7% of these children did not have access to social welfare services during that period. Children from households with income lower than 300 EUR per month, somewhat more often, in comparison to the average, could not access the required social welfare services during the epidemic (2%, N=12), while other socio-demographic differences were not noticed.
As for the types of services that were unavailable for 1% of children (N=34), more than one-third were not able to exercise the right to parent visitation in families with divorced parents (39% out of 1%, N=13). In other cases, the services that were inaccessible were measures and actions taken in violence protection (15% out of 1%, N=5), services for communities with children with physical disabilities (13% out of 1%, N=4), whereas other types of services were much less frequently mentioned.

Of the children who needed a social welfare service but did not receive it during the Covid-19 epidemic, half did not receive the required service because it was interrupted by the institution that provides it (51% of 1%, N = 17). The second most frequent reason for the inability to access services is the lack of transportation (21% of 1%, N = 7), followed by financial reasons (18% of 1%, N = 6), as well as the decision of parents not to request a particular service at the time of the epidemic (9% of 1%, N = 3).

17% of children included in this survey are recipients of children’s allowance, and out of this number, only 1% of children receive increased children’s allowance. Furthermore, 1% of children included in this survey are receiving the allowance for care and help of others, and the significant socio-demographic differences were not noted. The question of how regular these payments were during the Covid-19 epidemic was not included in this survey.

As for material support received from municipal or local institutions, 3% of children get this type of aid regularly, while 2% receive a one-time aid. A large share of children receiving regular support did not experience any disruptions during the Covid-19 epidemic (82% out of 3%, N= 71), while the cases when such a support was late were much less frequent (7% out of 3%, N=6) as well as the cases when it was not possible to submit a form for access to such support (6% out of 3%, N=5). The smallest share of children experienced the disruption of this type of support (5% out of 87%, N=4), and significant socio-demographic differences in disruption of this type of support were not registered.

Access to education

Almost all school children (99%) had access to distance learning during Covid-19 epidemic and used it (98%). On the other hand, children whose mothers/caregivers are unemployed, as well as children who are recipients of welfare services (3%) somewhat more often than the average could not access distance learning or did not use it (0.6%). Consistent socio-demographic characteristics are not emphasised.
Graph 3.2.5 Children’s access to distance learning; data in percentages

Does the child have access to distance learning (distance learning stands for online and TV content, as well as communication with teacher or teachers via telephone or internet)?
Base: Children aged 7 to 17, N=2205

Does the child use distance learning?
Base: Children aged 7 to 17 with access to distance learning, 99% of total children population aged 7 to 17 godina, N=2172
III.3 EFFECTS OF COVID-19 EPIDEMIC ON CHILDREN AGED UP TO 6 YEARS

- **The healthcare service** most unavailable during Covid-19 in this age group was the service of vaccination and its lack was most visible in rural communities. Following vaccination, the unavailable services were preventive care examinations, curative care medical treatment, specialists medical care, dental services, as well as services of developmental counselling units.

- The need for **social welfare services** in the period of one month before the survey and during the Covid-19 epidemic had 15% of children in this age group, of which 93% received the required service, while 7% did not.

- In the month preceding the survey in 81% of the cases children of this aged were looked after by their mothers, grandmothers or grandfathers in 10% of the cases and fathers in 8% of the cases. In most cases (70%), they spent more than 3 hours a day with the child, playing or doing joint activities in the past week, and in 24% of the cases, the time they spent with children was from 1-3 hours and in 3% of the cases less than an hour.

- Among children **attending pre-school education** (58%), most of them had regular (70%) or occasional (26%) contact with their pre-school teachers. The teachers offered parents suggestions for games or joint activities (86%), advice (48%) and basic information (32%) related to the child. The remaining 5% did not have any contact with the pre-school teacher.

III.3.1 Effects of Covid-19 on providing healthcare and social welfare services to children up to 6 years of age

During Covid-19 epidemic, in the period of a month before the survey was conducted, one-third of the children (33%) aged up to 6 needed healthcare services. Two-thirds of them received the services they were looking for, while one-third of children up to 6 years of age did not manage to obtain them. Children from Belgrade somewhat more often than other children did not manage to obtain the required healthcare services during the epidemic (46% of those who needed them), and the same holds true for children from households that experienced a decrease in income of more than 10 percent due to the epidemic (18%).

Graph 3.3.1 – Access of children up to the age of 6 to healthcare services during Covid-19 epidemic; data in percentages
Has your child been able to access all the necessary health services in the past month during the Covid-19 epidemic? Base: Total target population of children aged up to 6, N=944

- Yes
- No
- The child did not need any healthcare services
Among children who needed healthcare services and could not get them (11% of total population of children up to 6 years, N=100), the service most frequently lacking was vaccination (23%), followed by preventive services of paediatrician doctor in primary healthcare centres (22%). Paediatricians’ curative treatment services was unavailable in 17% of the cases, examination by specialist doctor in 14% cases, while the dentist’s service was not available for children in 9% of the cases. Developmental counselling was unavailable in 6% of the cases. In rural communities, when considering children who needed healthcare services during the epidemic, vaccination service was unavailable in up to 52% of the cases. Along with this, among children population who are recipients of at least one type of material allowance, the service they could not access in 50% of the cases was also vaccination.

Graph 3.3.2. – Type of healthcare services that were inaccessible for children up to the age of 6 during Covid-19 epidemic; percentage data
Which was the last health service that the child needed and was not able to access?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 11% of total population N=100

As for the reasons why a certain healthcare service was inaccessible, in more than half of the cases (52%) it was because the healthcare centre did not offer such a service. In one-fifth of the cases (22%) the parents were reluctant to use any services during the epidemic. In this group, children whose mothers/caregivers had college or university education were more often hesitant to seek such a service (36%), in one-tenth of the cases (9%) medical worker was not available, while in 2% of the cases the reason stated for inaccessibility of the healthcare service was lack of transportation.

Graph 3.3.3 – Reasons for inaccessibility of healthcare services during Covid-19 epidemic; percentage data
What was the main reason for the unavailability of the service?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 11% of total population N=100.
The need for social welfare services in the period of one month before the survey and during the Covid-19 epidemic, was expressed by 15% of the children, out of whom 93% received the required service, while 7% did not.

Graph 3.3.4 – Access of children up to the age of 6 to welfare services during Covid-19 epidemic; data in percentages
Has your child been able to access all the necessary welfare services in the past month during the Covid-19 epidemic?
Base: Total target population of children aged up to 6, N=944

Among the children who were not able to access the necessary welfare services (1% of the total population, N=9) in more than half of the cases (54%, N=5) the unavailable service referred to visits by a divorced parent, while other services were stated less often, and the most frequently given reason for the service being unavailable was that the service was disrupted (73%, N=7).

III.3.2 Interaction of mothers/caregivers with children aged up to 6 during Covid-19 epidemic

During Covid-19 epidemic and in the period of one month before the time when the survey was conducted, children aged up to 6 were most often looked after by mothers (81%), grandparents (10%) and finally, fathers (8%). Fathers from southern and eastern regions of Serbia looked after the children more often (14%) than fathers from other regions, while in rural areas fathers looked after the children significantly less often (5%) in comparison to fathers from urban areas (10%).

Graph 3.3.5 – Looking after the kids up to 6 years of age during Covid-19; data in percentages
During the day, who looked after the child most in the past month?
Base: Total target population of children aged up to 6, N=944

A large majority of mothers/caregivers engaged for more than 3 hours a day on average (70%) in playing, reading and other activities with children up to the age of 6 during the epidemic. Approximately one-fourth (24%) engaged in playing, reading or other activities
with children between one hour and three hours a day, while 3% of mothers/caregivers did this for less than one hour a day.

Graph 3.3.6 – Engaging in playing, reading and other activities with children up to 6; data in percentages
On average, how long did you play, read or did something together with your child last week, during the day?
Base: Total target population of children aged up to 6, N=944

Almost half of the mothers/caregivers of children aged up to 6 (45%) did not use any educational digital content available on the internet (such as online theatre plays, books, virtual museum tours, etc.) This type of internet content was less often used in rural areas (56%), by mothers/caregivers with primary or lower education (69%). On the other hand, most often used online educational contents were theatre plays, used by 27% of mothers/caregivers, followed by online book reading practiced by 19% of mothers/caregivers, while virtual museum tours were slightly less often used (6%).

Graph 3.3.7 – The use of educational digital content available on the internet; data in percentages
Do you use any digital content available on the internet, such as…? – Multiple answers
Base: Total target population of children aged up to 6, N=944

III.3.3 Attending pre-school and interaction with pre-school teachers during Covid-19 epidemic

According to the assessment of this survey, 42% of the children aged up to 6 do not attend any pre-school. The share of children that do not go to pre-school is higher in rural areas (52%), in households where mothers/caregivers have primary or lower education (77%), in households where mothers/caregivers are unemployed (59%) and households with monthly income lower than 300 euros (63%).

40% of mothers/caregivers of children aged up to 6 maintained constant contact with pre-school teachers, 14% had occasional contact, while 3% of mothers/caregivers did not have any contact with pre-school teachers. As for the content of this communication, 86% of those who had such a contact state that it referred to suggestions for games or joint activities, 48% received advice from pre-school teachers, while 33% reported that this was basic communication related to the child.
III.4 EFFECTS OF COVID-19 EPIDEMIC ON CHILDREN AGED 7-12

- When accessing healthcare services children in this age group most often did not manage to get specialist healthcare protection, dentist’s services, pediatrician’s or elected doctor’s preventive care, curative care treatment and vaccination.

- Children aged 7-12, by mother’s/caregiver’s assessment, spent 4.1 hours per day in educational activities during the week prior to the time of the survey. As for specific educational activities, mothers/caregivers assess that the children spent an average of 2.5 hours following school program shown on TV, 1.9 hours in digital classrooms and 2.4 hours completing homework. Parents spent an average of 2 hours per day with their child helping them with educational activities.

- Three-quarters of mothers/caregivers assess that the child is coping well with distance learning or enjoying it, and one-fourth find this form of educational activities inappropriate or stressful for their child.

- Social welfare services that children in this age group most often could not access during the epidemic are those related to children with disabilities (personal assistant, day care facilities, etc.) and visits by divorced parents.
III.4.1 Covid-19 effects on providing healthcare and welfare services to children aged 7 to 12

In a period of one month prior to the survey and during the Covid-19 epidemic, in the age group 7 to 12, one-fifth (20%) needed healthcare services, and out of this number two-thirds of children managed to get the necessary service (67%), while one-third (33%) did not manage to do so. Significant socio-demographic differences were not recorded.

Graph 3.4.1 – Access to healthcare services during Covid-19 epidemic for children aged 7-12; data in percentages
Has your child been able to access all the necessary healthcare services in the past month during the Covid-19 epidemic?
Base: Total target population of children aged 7 to 12, N=1232

![pie chart showing access to healthcare services](chart)

The children that needed the healthcare services and could not access them (6% of total population, N=75), most often required the services by a specialist doctor (37%) and a dentist (22%), paediatrician in primary healthcare center for preventive purposes (10%) and paediatrician for curative treatment (9%). Furthermore, in 6% of the cases the service of vaccination was inaccessible. Among children who live in households with decreased monthly income of more than 10% due to Covid-10 epidemic, in up to 41% of the cases the services required and not available was the service by a dentist.

Graph 3.4.2. – Type of healthcare services that were inaccessible during Covid-19 epidemic; percentage data
Which was the last health service that the child needed and was not able to access?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 6% of total population N=75

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
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<tr>
<td>Specialist</td>
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<tr>
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</tr>
<tr>
<td>Vaccination</td>
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</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

The key reason for lack of necessary healthcare service during the epidemic Covid-19 in this age segment, in more than half of the cases (51%) was the fact that the healthcare center did not provide such a service. In one-fifth of the cases (18%) parents were reluctant to seek such a service during the epidemic, in 16% of the cases the medical worker was not available, while other reasons are less frequently stated.
Graph 3.4.3 – Reasons for inaccessibility of healthcare services during Covid-19 epidemic; percentage data
What was the main reason for the unavailability of the service?
Base: population of children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 6% of total population N=75

<table>
<thead>
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<th>Reason</th>
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</tr>
<tr>
<td>Parents’ hesitation to use the service in the time of Covid-19</td>
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<td>Medical worker not available</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
</tbody>
</table>

During the Covid-19 epidemic in the past month prior to this survey, 15% of the children aged 7 to 12 had the need for social welfare, out of whom 95% managed to access the required service, while 5% were not able to do so.

Graph 3.4.4 – Access to social welfare services for children aged 7-12 during Covid-19 epidemic; data in percentages
Was your child able to access all the necessary social welfare services in the past month during Covid-19 epidemic?
Base: Total target population of children aged 7 to 12, N=1232

Among children that could not access the necessary welfare services (1% of total population, N=11) in slightly more than one-third of the cases (39%, N=4) the said service referred to children with disabilities, in one-third of the cases (32%, N=3) it was the visitation right by other divorced parent, while in one-tenth of the cases (10%, N=1) measures and action in violence protection were unavailable. As for the reasons why these services were unavailable, in one-third of the cases (N=4) the services were disrupted, in somewhat more than one quarter of the cases (N=3) the reasons were financial, in one-fifth of the cases (N=2) the obstacle was lack of transportation, while also in one-fifth of the cases (N=2) the welfare service was not available.

III.4.2 Distance learning in children aged 7 to 12

99% of the children aged 7 to 12 had access to distance learning and out of those who had access, 99% used it. Access to distance learning to a slightly smaller degree than the average was expressed by children from households where mothers/caregivers were unemployed (3%). Along with that, all girls from this age group had access to distance learning, while among boys 2% did not have access.
Graph 3.4.5. Children aged 7 to 12 access to distance learning; data in percentages

Does the child have access to distance learning (distance learning stands for online and TV content, as well as communication with teacher or teachers via telephone or internet)?
Base: Total target population of children aged 7 to 12, N=1232

Did the child use distance learning?
Base: Children aged 7 to 12 with access to distance learning, 99% of total population, N=1215

Children aged 7 to 12 spent an average of 4.1 hours a day in educational activities during Covid-19 epidemic. Majority of children of this age spent an average of 3 hours a day (37%) in educational activities, approximately one-third (32%) spent more than 4 hours on average, while slightly more than one-fourth (27%) spent between 3 and 4 hours in educational activities. On average, children from urban areas spent slightly more time per day in educational activities than children from rural areas (4.2 as opposed to 3.9 hours), the same is true of children whose mothers/caregivers have higher education compared to children whose mothers/caregivers have lower education (4.3 hours as opposed to 3.5 hours), as well as children from households with monthly income higher than 600 euros in comparison to households with income of up to 300 euros (4.3 in comparison to 3.7 hours).

Graph 3.4.6 – Time spent in educational activities/learning during Covid-19 epidemic; data in percentages

How many hours, on average, did the child spent in educational/learning activities in the past week? Base: Children aged 7 to 12 who used distance learning, 98% of total population of children aged 7 to 12. N=1205

<table>
<thead>
<tr>
<th>Time Spent</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3 hours a day</td>
<td>37</td>
</tr>
<tr>
<td>3 and 4 hours a day</td>
<td>27</td>
</tr>
<tr>
<td>More than 4 hours a day</td>
<td>32</td>
</tr>
<tr>
<td>DK</td>
<td>4</td>
</tr>
</tbody>
</table>

Children aged from 7 to 12 who used distance learning via TV spent on average 2 hours a day in these activities. Majority of them spent on average between one and two hours (38%), approximately one-third (32%) spent more than 2 hours a day and one-fourth (23%) watched educational programs on TV on average less than one hour a day.
Graph 3.4.7 – Time spent in distance learning via TV programs; data in percentages
How many hours on average, per day did the child spend in distance learning via TV programs during the last week?
Base: Children aged 7 to 12 who used distance learning, 98% of total population of children aged 7 to 12, N=1205

<table>
<thead>
<tr>
<th>Time Spent</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour a day</td>
<td>23</td>
</tr>
<tr>
<td>1 and 2 hours a day</td>
<td>38</td>
</tr>
<tr>
<td>More 2 hours a day</td>
<td>32</td>
</tr>
<tr>
<td>DK</td>
<td>6</td>
</tr>
</tbody>
</table>

Children aged 7 to 12 who used distance learning spent on average 1.9 hours a day in digital classrooms, while one-fifth of children this age who used distance learning did not participate at all in activities in digital classrooms. Approximately one-fourth (23%) of children spent up to one hour a day in digital classrooms, and slightly more than one-fifth of children (21%) spent between one hour and two hours a day in these activities or more than 2 hours a day (22%). Children from rural areas on average spent fewer hours a day in digital classrooms in comparison to children from urban areas (1.7 as opposed to 2.1 hours).

Graph 3.4.8 – Time spent in digital classrooms; data in percentages
In the past week, how many hours on average, per day, did the child spend in digital classrooms with teachers and school mates?
Base: Children aged 7 to 12 who used distance learning, 98% of total population of children aged 7 to 12, N=1205

<table>
<thead>
<tr>
<th>Time Spent</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours per day</td>
<td>19</td>
</tr>
<tr>
<td>Up to 1 hour per day</td>
<td>23</td>
</tr>
<tr>
<td>1 and 2 hours a day</td>
<td>21</td>
</tr>
<tr>
<td>More than 2 hours a day</td>
<td>22</td>
</tr>
<tr>
<td>DK</td>
<td>15</td>
</tr>
</tbody>
</table>

Children aged 7 to 12, both those who used and did not use distance learning, spent on average 2.4 hours doing homework or other activities as suggested by teachers. Children whose mothers/caregivers have primary or lower education spent less time than the average doing homework or other activities (1.8 hours) and the same is true of children from households with monthly income lower than 300 euros (2.1 hours per day on average). The biggest share of the children in this age group spent up to one hour a day (35%) doing homework and other activities, slightly less than one-third (31%) spent between one hour and two hours, and almost one-third (29%) spent more than two hours a day doing these activities.
Graph 3.4.9 – Time spent doing homework or other activities as requested by teachers; data in percentages

On average, how many hours a day did the child spend preparing homework/other activities as requested by teachers in the past week?
Base: Total target population of children aged 7 to 12, N=1232

<table>
<thead>
<tr>
<th>Time spent per day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour</td>
<td>35</td>
</tr>
<tr>
<td>1 to 2 hours</td>
<td>31</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>29</td>
</tr>
<tr>
<td>DK</td>
<td>5</td>
</tr>
</tbody>
</table>

As for general assessment how well the children aged 7 to 12 are coping with distance learning, three-quarters (76%), according to their mothers/caregivers, are coping well or even enjoying this process, while one-fourth had some problems or a lot of problem in this process (24%). What is somewhat more specific is the fact that 6% of children from this age group and who used distance learning were unhappy about it or under stress. Children from urban areas more often than children from rural areas expressed that they were unhappy or under stress (9% as opposed to 2%), while children whose mothers/caregivers have primary or lower education, children from households whose income has decreased for more than 10% due to the epidemic, as well as children from households with monthly income lower than 300 euros more often than the average had difficulty in coping with distance learning. Furthermore, 14% of girls enjoyed distance learning, as stated by their mothers/caregivers, while the share of boys who enjoyed this process is 8%.

Graph 3.4.10 – Assessment how well the children are coping with distance learning; data in percentages

In your opinion, how is your child coping with distance learning?
Base: Children aged 7 to 12 who used distance learning, 98% of total children population aged 7 to 12, N=1205

<table>
<thead>
<tr>
<th>Coping</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoys it</td>
<td>11</td>
</tr>
<tr>
<td>Is coping fine with it</td>
<td>65</td>
</tr>
<tr>
<td>SUM +</td>
<td>76</td>
</tr>
<tr>
<td>SUM -</td>
<td>24</td>
</tr>
<tr>
<td>Has some problems with it</td>
<td>18</td>
</tr>
<tr>
<td>Is very stressed and unhappy about it</td>
<td>6</td>
</tr>
</tbody>
</table>

Mothers/caregivers of children aged 7 to 12 on average helped their children for 2 hours per day during the Covid-19 epidemic. However, 12% of them state that they were not included in educational activities at all, and this was more often the case in mothers/caregivers with primary school or lower education (26%). 35% of mothers/caregivers helped their children up to 1 hour a day, 20% of mothers/caregivers were involved from one to two hours a day, and 27% of them helped their children for over 2 hours a day. Besides this, mothers/caregivers of boys spent slightly more time helping them in comparison to mothers/caregivers of girls (2.1 as opposed to 1.9).
Graph 3.4.11 – Time parents spent helping their children in the learning process; data in percentages
How many hours a day, did it take you (parent/caregiver) to help your child in the learning process in the past week?
Base: Total target population of children aged 7 to 12, N=1232

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours</td>
<td>12</td>
</tr>
<tr>
<td>Up to 1 hour</td>
<td>35</td>
</tr>
<tr>
<td>1 to 2 hours</td>
<td>20</td>
</tr>
<tr>
<td>Over 2 hours</td>
<td>27</td>
</tr>
<tr>
<td>DK</td>
<td>7</td>
</tr>
</tbody>
</table>

III.5 EFFECTS OF COVID-19 EPIDEMIC ON CHILDREN AGED 13 to 17

- In children aged 13 to 17 who did not manage to access healthcare services, these services most often referred to specialist examinations, preventive examinations and services given by dentists. A smaller number of children of this age could not access the services of psychological counselling units.

- Children aged 13-17, by assessment of mothers/caregivers, spent 4.1 hours a day doing educational activities in the week prior to the survey. As for specific educational activities, mothers/caregivers assessed that the children spent an average of 2.5 hours following TV educational programs, 2.7 hours in digital classrooms studying with peers and 2.6 hours doing homework. Parents spent an average of 0.9 hours a day with their child helping them in the learning process.

- Four out of five mothers/caregivers (84%) assess that the child was coping well with distance learning or enjoying it, while 16% of them assess that this learning process is inadequate for their child or is stressful.

- In this age group, the social welfare services that the children most frequently could not access were visits by divorced parent, services related to violence protection and services for children with behavior problems.

III.5.1 Effects of Covid-19 on providing healthcare and welfare services to children aged 13 to 17

Among children aged 13 to 17 in the period of one month prior to the survey and during Covid-19 epidemic, 16% of children had the need for some healthcare service, and out of this number three-quarters (75%) managed to get that service, while one-fourth did not. Significant socio-demographic differences were not recorded.
Graph 3.5.1 – Access to healthcare services by children aged 13-17 during Covid-19; percentage data
Has your child been able to access all the necessary healthcare services in the past month during the Covid-19 epidemic?
Base: Total target population of children 13-17, N=973

The children that needed certain healthcare services and did not manage to access them (4% of total population, N=41), most often requested the services of a specialist doctor (43%, N=18), followed by services of elected doctor in primary healthcare center for preventive purposes (19%, N=8), services by dentists (17%, N=7), services by elected doctor in primary healthcare center for curative purposes (8%, N=3) and in 3% of the cases (N=1) these were the services of psychological counselling unit.

Graph 3.5.2 – Type of healthcare services that were inaccessible for children aged 7 to 12 during Covid-19 epidemic; percentage data
Which was the last health service that the child needed and was not able to access?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 19, 4% of total population N=41.

Specialist care | 43
Doctor of choice in primary health care centre (paediatrician/GP) | 19
Dentist | 17
Doctor of choice in primary health care centre (paediatrician/GP) | 8
Psychological counselling | 3
Other | 10

Unlike younger age categories where the prevailing reason for not being able to access certain services was the fact that the healthcare center did not provide that service, among children aged 13 to 17, in 29% cases it is stated that the medical worker was not available, in 27% of the cases that the healthcare center did not provide that service and in 26% of the cases that the parents were reluctant to seek medical services during the epidemic. Lack of transportation was stated less often as the barrier for accessing medical services.
Graph 3.5.3 – Reasons for inaccessibility of healthcare services during Covid-19 epidemic; percentage data
What was the main reason for the unavailability of the service?
Base: Children that could not access the necessary healthcare services in the past month, during Covid-19 epidemic, 4% of total population N=41.

- Medical worker not available: 29
- Health care centre not providing the service: 27
- Parents’ hesitation to use the service in the time of Covid-19: 26
- Lack of transportation: 5
- Other: 13

During Covid-19 epidemic in the period of one month prior to survey, the need for welfare services was expressed by 13% of children aged 13 to 17, out of whom 90% managed to receive that service, while 10% did not.

Graph 3.5.4 – Children aged 13 to 17 access to social welfare services; data in percentages
Was your child able to access all the necessary social welfare services in the past month during Covid-19 epidemic?
Base: Total target population of children aged 13 to 17, N=973

- Yes: 12
- No: 86
- The child did not need welfare services: 1

The children that could not access required welfare services (1% of total population, N=13), most often required the service of visitation by divorced parent (34%, N=4), then the services referring to measures and actions in violence protection (29%, N=3), and slightly less often the service related to children with behavior problems (12%, N=2).
III.5.2 Distance learning in children aged 13 to 17

99% of children aged 13 to 17 had access to distance learning, and 99% of those with accessed used this form of learning. Inability to access distance learning was experienced somewhat more often in comparison to average by children from rural areas (3%).

Graph 3.5.5 Children’s access to distance learning; data in percentages

Does the child have access to distance learning (distance learning stands for online and TV content, as well as communication with teacher or teachers via telephone or internet)?
Base: Total target population of children aged 13 to 17, N=973

99% Yes
1% No

Does the child use distance learning?
Base: Children aged 13 to 17 with access to distance learning, 99% of total population, N=958

99% Yes
1% No

Children aged 13 to 17 spent an average of 4.1 hours in educational activities per day during Covid-19 epidemic. The largest share of children in this age group spent an average of 3 hours a day (36%) doing educational activities, one-third (33%) spent over 4 hours on average in these activities, while one-fifth spent from 3 to 4 hours a day. Girls spent more time in learning activities in comparison to boys (on average 4.3 hours a day as opposed to 3.9 hours).

Graph 3.5.6 – Time spent in education activities/learning during Covid-19 epidemic; data in percentages

How many hours, on average, did the child spend in educational/learning activities in the past week?
Base: Children aged 13 to 17 that used distance learning, 98% of total population of children aged 13 to 17, N=952.

Up to 3 hours a day 36
3 to 4 hours a day 20
Over 4 hours a day 33
DK 11

When learning via TV education programs, children aged 13 to 17 who used distance learning, spent two and a half hours a day in these activities on average. TV educational program was slightly more followed by children from southern and eastern region (3.1. hours), children whose mothers/caregivers have primary or lower education (3 hours), children whose mothers/caregivers are unemployed (2.9 hours), as well as children from households with
decreased income up to 10 percent due to the epidemic (3.3 hours). Along with this, girls spent more time engaged in this type of learning activities than boys (2.8 hours in comparison to 2.3 hours). Majority of children aged 13 to 17 spent more than 2 hours (35%) following TV educational programs, while one-fourth spent one hour a day (25%), and from 1 to 2 hours a day (24%).

Graph 3.5.7 – Time spent in distance learning via TV programs; data in percentages
How many hours on average, per day did the child spend in distance learning via TV programs during the last week? Base: Children aged 13 to 17 who used distance learning, 98% of total population of children aged 13 to 17, N=952

<table>
<thead>
<tr>
<th>Time spent per day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour a day</td>
<td>25</td>
</tr>
<tr>
<td>1 to 2 hours a day</td>
<td>24</td>
</tr>
<tr>
<td>Over 2 hours a day</td>
<td>35</td>
</tr>
<tr>
<td>DK</td>
<td>16</td>
</tr>
</tbody>
</table>

On average, children aged 13 to 17 who used distance learning spent 2.7 hours in digital classrooms with teachers and their peers, which is significantly more in comparison to children aged 7 to 12. Majority of children aged 13 to 17 spent more than 2 hours (34%) a day in activities in digital classrooms, approximately one-fourth spent from 1 to 2 hours (24%), while almost one-fifth (17%) spent up to one hour per day. In this age group, 5% of children that used distance learning did not participate in digital classroom learning. Children from southern and eastern regions on average spent more time during the day in this activity (3 hours), while children from rural areas spent less time in digital classrooms than children from urban areas (2.5 in comparison to 2.8 hours per day). Furthermore, girls again spent slightly more time participating in this activity in comparison to boys (2.8 hours in comparison to 2.5 hours).

Graph 3.5.8 – Time spent in digital classrooms; data in percentages
In the past week, how many hours on average, per day, did the child spend in digital classrooms with teachers and school mates? Base: Children aged 13 to 17 who used distance learning, 98% of total population of children aged 13 to 17, N=952

<table>
<thead>
<tr>
<th>Time spent per day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours per day</td>
<td>5</td>
</tr>
<tr>
<td>Up to 1 hour per day</td>
<td>17</td>
</tr>
<tr>
<td>1 to 2 hours per day</td>
<td>24</td>
</tr>
<tr>
<td>Over 2 hours a day</td>
<td>34</td>
</tr>
<tr>
<td>DK</td>
<td>21</td>
</tr>
</tbody>
</table>

Children aged from 13 to 17, including both children who used and did not use distance learning, spent on average 2.6 hours doing homework or other activities as requested by their teachers. Once again, the girls spent, on average, more time in this activity than the boys (2.8 hours in comparison to 2.2 hours).
Graph 3.5.9 – Time spent doing homework or other activities as requested by teachers; data in percentages
On average, how many hours a day did the child spend preparing homework/other activities as requested by teachers in the past week?
Base: Total target population of children aged 13 to 17, N=973.

Children aged 13 to 17 coped slightly better in comparison to children aged 7 to 12, i.e. 84% coped well or enjoyed it, while 16% had bigger or smaller problems with it. Children whose mothers/caregivers have primary or lower education, as well as children who are recipients of at least one type of material aid more often than average had difficulty in coping with distance learning.

Graph 3.5.10 – Assessment how well the children are coping with distance learning; data in percentages
In your opinion, how is your child coping with distance learning?
Base: Children aged 13 to 17 that used distance learning. 98% of total population of children aged 13 to 17, N=952.

Almost half (46%) of mothers/caregivers of children aged 13 to 17 did not help their children at all in the learning process, while the average time they spent helping their children was 0.9 hours per day during the epidemic. 23% of mothers/caregivers helped their children up to one hour per day, 8% helped them from one to two hours and a further 8% of mothers/caregivers helped their children more than 2 hours per day.

Graph 3.5.11 – Time parents spent helping their children in the learning process; data in percentages
How many hours a day, did it take you (parent/caregiver) to help your child in the learning process in the past week?
Base: Children population aged from 13 to 17, N=973
III.6 ACCESS TO TECHNOLOGY AND USE OF TECHNOLOGY DURING COVID-19 EPIDEMIC

- **Access to pre-school and school TV program** was undisrupted for majority (86%) of children aged 0 to 17. Limited access, in terms that the children had to compete with their siblings which program to watch, was somewhat more present in children aged up to 6.

- More than 98% of examined households have internet connection, more than half households (54%) have cable internet connection, and one-third have ADSL connection, while approximately one-fifth of households have internet via 3G or 4G mobile phones. During Covid-19 epidemic, 5% of households that have internet access subscribed to a different package, where 3% of households took the package which had a slower internet connection in comparison to the one they used to have before Covid-19 epidemic, while 2% took the package that included internet connection which was faster than the one they had before the epidemic.

- **In pre-school children** group, half of the parents use a mobile phone, one-fourth use the laptop, one-fifth a personal computer and one-fifth a tablet for studying with their child. In this age group 45% of parents/guardians use no educational digital content to learn with their child.

- **In children aged 7-12** the use of mobile phone for learning purposes is dominant (in 77.6% of pupils), and 36% of them shared the device with other family members. The next device most often used (49%) is laptop that the children shared with other family members in 70% of the cases, personal computer (37%) and tablet (14%). Approximately 9% of the children in this age group did not use any technological devices.

- **In children aged 13 to 17** the use of mobile phone in learning activities is even more pronounced (94%) and only 5% shared it with other family members, followed by personal computer (53%) and laptop (49%). Approximately half of the children share other devices (laptop, tablet, personal computer) with other family members. Slightly less than 2% of the children of this age do not use any device.

- No significant gender differences were noted in the use of technologies. In girls aged 13-17 the use of laptop is more frequent, while the boys same age use personal computers more frequently.

- Approximately one-fifth of children aged 13 to 17 and every tenth child aged 7-12 did not have anybody to turn to for technical support when using digital devices.

### III.6.1 Access to TV and internet content

Almost all households included in this survey have access to TV and internet content. While in terms of access to TV and internet content no demographic differences were recorded, the access to internet content is slightly less frequently, in comparison to general average, available for households from rural areas (97%), households with unemployed mother/caregiver (97%), households from southern and eastern regions (97%), as well as households with total monthly income lower than 300 euros (96%).
As for the type of internet connection that households have, more than half of the households (54%) have cable internet, one-third have ADSL connection, while approximately one-fifth of households have access to internet via 3G or 4G mobile phones. During Covid-19 epidemic, 5% of households that have internet access subscribed to a different package, while 3% of households took the package which had a slower internet connection in comparison to the one they used to have before Covid-19 epidemic, while 2% took the package that includes internet connection which is faster than the one they had before the epidemic.

Graph 3.6.1 – Access to TV and internet content and the type of internet connection; data in percentages

<table>
<thead>
<tr>
<th>Access to TV content</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99,5</td>
<td>0,5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to internet content</th>
<th>98,4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Internet Connection Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cable</td>
<td>54</td>
</tr>
<tr>
<td>DSL (ADSL)</td>
<td>33</td>
</tr>
<tr>
<td>4G Mobile phone internet connection</td>
<td>12</td>
</tr>
<tr>
<td>3G Mobile phone internet connection</td>
<td>7</td>
</tr>
<tr>
<td>GPRS Mobile phone internet connection</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>DK</td>
<td>4</td>
</tr>
</tbody>
</table>

III.6.2 Access to TV program for pre-school and school children during the Covid-19 epidemic

A significant majority of children aged up to 17 (86%) had completely undisrupted access to TV programs for pre-school or school age groups of children, with the largest share of children with undisrupted access by other members of the household was registered in the 7 to 12 year-old age group (93%). Only 4% of children had to compete with other children in the household about who can watch this program first and this was also more often the case in children aged up to 6 (6%). Moreover, only 2% had to compete with adults in the households. Clear socio-demographic differences cannot be noted in terms of which child group had more difficulty in accessing TV programs for children.
Graph 3.6.2 – Children’s access to TV program for pre-school and school children; data in percentages
Is your child able to watch TV program adapted to pre-school children without any interruption during the day? Can your child watch educational TV program without any interruption during the day?
Base: Total target population of children, N=3149

III.6.3 Using digital devices during the Covid-19 epidemic

Mobile phone

Half of the mothers/caregivers (49%) of children up to the age of 6 used the mobile phone to study with their child. One-third of these children (36%) shared the mobile phone with other members of the family, and most often it was shared with one family member (78% of those who used it and shared it) in one-fifth of the cases they shared the device with two or three members of their families (20%). Significant socio-demographic differences in this sense were not registered.

Graph 3.6.3. The use of mobile phone in the learning process in children aged 7 to 12; data in percentages

Does your child use the mobile phone for learning during the Covid19 epidemic?
Base: Total target population of children aged 7 to 12, N=1232

Does your child share the mobile phone with other family members?
Base: Children aged 7 to 12 who used the mobile phone during Covid-19, 78% of total population of children aged 7 to 12, N=956

With how many members is mobile phone shared?
Base: Children aged 7 to 12 who shared mobile phone during Covid-19, 28% of total population, N=341

One 78
Two to three 20
More than three 2
A large majority of children aged 13 to 17 (94%) used their mobile phone for learning purposes during Covid-19 epidemic. In this group, mobile phone was significantly less often shared with other family members (in 5% of the cases), most often with one family member (69% of these who shared the mobile phone). Besides this, girls used mobile phone in the learning process slightly more often than boys (97% in comparison to 92%).

**Graph 3.6.4 – The use of mobile phones in the learning process for children aged 13 to 17, data in percentages**

- **Does your child use the mobile phone for learning during the Covid19 epidemic?** Base: Total target population of children aged 13 to 17, N=973
- **Does your child share the mobile phone with other family members?** Base: Children aged 13 to 17 who used the mobile phone during Covid-19, 94% of total population of children aged 13 to 17, N=917
- **With how many members is mobile phone shared?** Base: Children aged 13 to 17 who shared the mobile phone during Covid-19, 5% of total target population of children aged 13 to 17, N=45

**Laptop**

As for children aged up to 6, 23% of their mothers/caregivers used laptop to assist their children in learning. Laptop was used significantly more often in urban areas (27%), among mothers/caregivers with higher education (28%) and in households with monthly income over 600 euros per month (32%).

In comparison with the use of the mobile phone, the laptop was significantly less often used in the learning process in the group of children aged 7 to 12 during the Covid-19 epidemic. 19-40% of children in this group used laptop for these purposes. The laptop was less often used by children from southern and eastern regions (33%), children from rural areas (34%), children whose mothers/caregivers are unemployed (32%), children whose mothers/caregivers have primary or lower education (17%) and secondary education (31%), as well as children from households with monthly income lower than 300 euros (23%). Furthermore, the laptop was much more shared with other family members (70% of 40% of the population of children who used the laptop in the learning process). Half of these children shared the laptop with one family member (50% out of 28%), 43% of those who shared this device shared it with two or three family members, while in 8% of the cases, the laptop was shared among more than 3 household members.
Does your child use laptop for learning during the Covid-19 epidemic? Base: Total target population of children aged 7 to 12, N=1232

Does your child share the laptop with other family members? Base: Children aged 7 to 12 who used laptop during Covid-19, 40% of total population of children aged 7 to 12, N=494

With how many members is laptop shared? Base: Children aged 7 to 12 who shared laptop during Covid-19, 28% of total population of children aged 7 to 12, N=344

As was the case in the previous group, in the group of children aged 13 to 17, laptop was less frequently used in the learning process during Covid-19 epidemic, in comparison to the mobile phone, i.e. the laptop was used by 49% of children. Once again, laptop was used for learning purposes less often by children whose mothers/caregivers are unemployed (40%), with primary or lower education (26%) and by children from households with monthly income lower than 300 euros (36%). Besides that, the girls slightly more often than the boys used the laptop (59% in comparison to 40%). The laptop was shared among different family members (54% out of 49% of the population of children who used the laptop in the learning process). More than half of these children shared the laptop with one member of the household (53% out of 27%), 42% of those who shared the laptop did so with two or three family members of the household., while in 5% of the cases the laptop was shared by more than 3 household members.

Graph 3.6.6 - The use of laptop in the learning process in children aged 13 to 17; data in percentages

Does your child use laptop for learning during the Covid-19 epidemic? Base: Total target population of children aged 13 to 17, N=973

Does your child share the laptop with other family members? Base: Children aged 13 to 17 who used laptop during Covid-19, 49% of total children population aged 13 to 17, N=478

With how many members is laptop shared? Base: Children aged 13 to 17 who shared laptop during Covid-19, 27% of total population of children aged 13 to 17, N=258

Desktop computer
Approximately (19%) of mothers/caregivers of children aged up to 6 used desktop computer to assist their child in the learning process.

Desktop computers were used by 37% of the children aged from 7 to 12 for educational purposes during Covid-19 epidemic. They were slightly less often used in Belgrade (29%) and by children whose mothers/caregivers have primary or lower education (22%). Among children who used the desktop computer for learning purposes, almost three-quarters (73%) shared this device with other household members, and out of this number almost half (49%) shared the desktop computer with two to three other household members, 39% shared it with one member and 13% with more than three members of the household.

**Graph 3.6.7 - The use of desktop computer in the learning process by children aged 7 to 12; data in percentages**

Does your child use PC for learning during the Covid19 epidemic? Base: Total target population of children aged 7 to 12, N=1232

Does your child share PC with other family members? Base: Children aged 7 to 12 who used PC during Covid-19, 37% of total target population of children aged 7 to 12, N=449

With how many members is PC shared? Base: Children aged 7 to 12 who shared PC during Covid-19, 27% of total target population, N=328

Children aged 13 to 17 used desktop computer in the learning process in 53% of the cases, boys used them more often (65%) than girls (40%). Children who used the desktop computer for educational purposes 61% shared this device with other household members, and girls did this more often than boys (77% as opposed to 51%). Out of those who shared this device with others, they most often shared it with one household member (53%), somewhat more than one-third shared it with two to three family members (36%), and 11% shared it with more than 3 household members.
Graph 3.6.8 - The use of desktop computer in the learning process by children aged 13 to 17; data in percentages

Does your child use PC for learning during the Covid19 epidemic? Base: Total target population of children aged 13 to 17, N=973

- Yes: 53%
- No: 47%

Does your child share PC with other family members? Base: Children aged 13 to 17 who used PC during Covid-19, 53% of total target population of children aged 13 to 17, N=516

- Yes: 61%
- No: 39%

With how many members is PC shared? Base: Children aged 13 to 17 who shared PC during Covid-19, 32% of total population, N=315

- One: 53%
- Two to three: 36%
- More than three: 11%

Tablet

Tablet was used for educational purposes by 19% of mothers/caregivers of children aged up to 6. This device was used more often by mothers/caregivers with higher education (23%).

Out of all examined devices, tablet was used the least frequently in the process of learning during Covid-19 epidemic among children aged 7 to 12, i.e. 14% of children of this age group used it. Tablet was used slightly more often in Belgrade in comparison to other regions (19%). Among approximately half of the children (45% out of 14%) who used the tablet for learning, this device was shared with other household members, most often with one member (73% out of 6%).

Graph 3.6.9 - The use of tablet in the learning process by children aged 7 to 12; data in percentages

Does your child use tablet for learning during the Covid19 epidemic? Base: Total target population of children aged 7 to 12, N=1232

- Yes: 14%
- No: 86%

Does your child share tablet with other family members? Base: Children aged 7 to 12 who used tablet during Covid19, 14% of total target population of children aged 7 to 12, N=171

- Yes: 45%
- No: 55%

With how many members is tablet shared? Base: Children aged 7 to 12 who shared tablet during Covid19, 6% of total target population of children aged 7 to 12, N=77

- One: 73%
- Two to three: 27%
Among children aged 13 to 17, tablet was also the less frequently used device for learning during Covid-19 epidemic and was used by 11% of the children of this age group. Among those who used it, approximately one half (48%) shard the tablet with other members of the household, in most cases (67%) with one member, and slightly less frequently with two or three household members (33% out of 5%).

Graph 3.6.10 - The use of tablet in the learning process by children aged 7 to 12; data in percentages

Does your child use tablet for learning during Covid19? Base: Total target population of children aged 13 to 17, N=973

Does your child share tablet with other family members? Base: Children aged 13 to 17 who used the tablet during Covid19, 11% of total target population of children aged 13 to 17, N=105

With how many members is tablet shared? Base: Children aged 13 to 17 that shared tablet during Covid19, 6% of total target population of children aged 13 to 17, N=50

11% Yes
89% No

52% Yes
48% No

One
29

Two to three
33

In the group of children aged 7 to 12, 9% of them did not use any devices for learning during Covid-19 epidemic. There are no clear sociodemographic differences in this field: 52% of these children come from urban areas, and 48% from rural; 60% of the children have mothers/caregivers with acquired secondary education, 24% with college or university education, and 16% with primary or lower. Furthermore, 22% of the children in this age group are recipients of at least one type of material support. As for the household income, the biggest share of children come from the households with monthly income between 300 and 600 euros (41%), then from households with monthly income of 300 euros (27%) and 19% from households with monthly income higher than 600 euros, which indicates that the financial reasons are not the only obstacle in use of digital devices for education purposes within this age group.

In the age group from 13 to 17, 2% (N=16) of the children did not use a single device for learning, out of this number 69% are from rural areas (N=11), 31% from urban (N=5). 69% of the children (N=11) have mothers/caregivers with primary or lower education, 24% (N=4) with secondary education and 6% with college or university education (N=1). Half of these children (50%, N=8) come from households with monthly income lower than 300 euros. Moreover, 44% of the children from this group (N=7) receive at least one type of material support.
III.6.4 Technical support when using devices

On the whole, 84% of the children aged 7 to 17 had someone they could turn to for technical support when using the mobile phone, the laptop and tablet, while 16% of children lacked this form of support. Lack of technical support was more frequent among children from rural areas (20%), children whose mothers/caregivers have primary or lower education (37%), children with unemployed mothers/caregivers (21%), children who are recipients of social welfare (24%), as well as among children that live in households with monthly income lower than 300 EUR (27%).

Graph 3.6.11 – Technical support when using devices; data in percentages

*Does your child have anyone that he/she can turn to for technical support when using mobile phone/laptop/tablet?
Base: Children aged 7 to 17, 70% of total target population of children, \(N=2205\)*