Study on the effects of Covid-19 pandemic on families with children in Serbia (second wave)

Serbia, June – July 2020
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To monitor the socio-economic effects of the Covid-19 pandemic, UNICEF in Serbia is conducting a longitudinal study (at three points of time) with representatives of households with children aged 0 to 17 years in Serbia. This longitudinal study includes interviewing the same households at three different points in time. The first wave of this study was conducted in April 2020, the second in June and July, while the third will be conducted by the end of 2020. Here are the key findings and the comparison of the first and second waves of the study, the results of the second wave and a brief overview of methodology.

**Socio-economic indicators**

- The share of households with unchanged income relative to the period before the pandemic is reduced from 51% in April to 41% in July (meaning that 41% of households report no changes in income in both waves). As for the households that reported reduced income in the first wave, 8% of them reported about increased income in the past month, while 48% had reduced household income again, suggesting that, observing the total target population, one fifth of all households with children (23%) were faced with reduced income in April and additional reduction in July. A total of 32% of the target population were faced with a reduction of household income at some point during the epidemic (in the first or the second wave).

**Figure 1: the influence of Covid-19 epidemic on household income – comparison of waves; data in percentages**

Wave 1: Does the Covid19 situation affect household income? / Wave 2: Has anything changed regarding income of the household in the past month?

Base: Total target population for both waves, N=1061 for both waves

<table>
<thead>
<tr>
<th></th>
<th>1. wave</th>
<th>2. wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>62</td>
<td>51</td>
</tr>
<tr>
<td>Yes, increased income</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Yes, reduced income</td>
<td>30</td>
<td>47</td>
</tr>
</tbody>
</table>

By what percentage is income reduced?

Base: Households with reduced income, N=494 for the first wave, N=317 for the second wave (38% of target population for both waves)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>1. wave</th>
<th>2. wave</th>
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</thead>
<tbody>
<tr>
<td>Up to 30%</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td>31-50%</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>More than 50%</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Refusal</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>
In general, mothers/guardians from the households that were faced with income that reduced by more than 10% applied various coping strategies: more than 50% spent their savings, 2% were forced to sell their assets, while 20% borrowed money. In 43% of cases, the borrowed sum was lower than the average monthly income, and in 13% it was higher.

In addition, households with income that reduced by more than 10% still employ savings measures. In the second wave, the share of mothers/guardians who save on food has increased (an increase from 11% to 17%). They have continued to save on toys and on education costs.

Planning of future coping strategies is also present. The strategy of looking for work for unemployed household members prevails in the second wave (35%), and mothers/guardians seem more willing to reduce the amount of time their children spend in front of a TV set/computer (increase from 21% to 27%).

The second wave registers a lower share of households unable to regularly settle loans/rent (decrease from 54% in the first wave to 35% in the second), followed by a higher share of households claiming that they now find it easier to pay their loans or rent than before the pandemic (increase from 2% to 7%). If we focus on the households that reported having such difficulties in the first wave (N=78), 44% (N=34) claim that they still face similar difficulties, for approximately one quarter (27%, N=21) the situation regarding this issue has restored itself to the same as before the epidemic, while 6% (N=5) describe the situation as better and these costs as settled more easily than before the epidemic. The rest went through a change of dwelling ownership status, so they had no loan or rent to pay anymore.

However, unplanned costs are still an issue – three out of ten households had some unplanned costs in the past month. As in the first wave, similar shares of households had costs of up to 10%, between 11% and 25%, and more than 25% of their total monthly budget. The source of these costs is somewhat different now. Food and hygiene products, which were dominant sources of unplanned costs in the first wave, are less relevant now, while home repairs, buying furniture and home appliances and other costs, have grown in importance. Households located in South and East Serbia are more likely than others to mention food as an unplanned cost, but less frequently than in the first study wave.

As for material deprivation, the second wave registers an unchanged share of households that can’t afford a meal with meat, chicken, fish or vegetarian equivalent once in two days (9%), while an increase is registered in the shares of households that can afford unexpected costs of 13 900 RSD (increase from 49% to 58%), and households able to pay their costs on time (increase from 71% to 76%).

After the state of emergency was lifted, the share of mothers/guardians whose employment status changed reduced (12%, relative to 33% who mentioned this during the state of emergency). About 3% were laid off and 2% were employed. In addition, 77% of mothers/guardians stated that their personal income didn’t change after the state of emergency, while the share of those whose income increased grew (increase from 1% to 5%). If we focus on mothers/guardians who reported having reduced income in the second wave (19% of the population), besides their share being smaller than in the first wave, we see that the extent of this reduction is also different, so the second wave detects a bigger share of those whose income was reduced by under 30% (increase from 36% to 53%). As for mothers/guardians who reported about income reduction being a consequence of Covid-19 epidemic in the first wave (N=279), in the second wave more than half of them stated that their income hadn’t changed for a month (54%), 7% stated that their income had increased, while 39% that it had reduced. Observed on the total population, one quarter of mothers/guardians were faced with income reduction at some point during the pandemic (in the first or the second study wave), while 10% reported having their income reduced in both waves.
Parenting, family life and mental health

- After the lifting of the state of emergency, the time that family members spend together decreased, but about one quarter still mention greater engagement with the family than before the epidemic.

- As for the experience of parenting, a substantially smaller share of mothers/guardians reported about their role being more difficult (decrease from 37% to 17%) than before the state of emergency.

- For mothers/guardians, the family was the most common source of support in raising children after the state of emergency (69%), then friends (19%), and one in four mothers/guardians had no support (26%).

- Health and socialization are still the major concerns of mothers/guardians about their children, followed by education and mental health. Socialization seems to be quite a concern in urban areas in particular. Concern about the child’s education is more or less at the same level as during the state of emergency. However, although anxiety is generally weaker than in the first wave, mothers/guardians are more likely to be worried about economic aspects of life.

- Concern about the Covid-19 epidemic has grown in the second wave (increase from 27% to 37% of those who are very concerned). As for mental health of mothers/guardians, the second wave registers a mild decrease of the share of those who feel mentally worse over the past two weeks, while the share of those who feel physically better grew mildly. Five percent of them stated that they had needed psychological counselling in the past month, and half of them didn’t get this kind of support, mainly because they didn’t know who to address.

The effects of the Covid-19 epidemic on children 0 to 17 years of age

- Compared with the first wave, the second wave registers somewhat easier access to healthcare services. A larger portion of children needed healthcare (24% in the first wave, 36% in the second) and a bigger share of them could access these services (increase from 67% to 86%). Similar to the first wave, the service that was most often lacking was specialist care, while the main reason for the unavailability of healthcare services was that healthcare centres provided no such services.

Figure 2: Children’s access to healthcare services during Covid-19 epidemic – comparison of waves; data in percentages

Was the child able to access all necessary health services during Covid-19 epidemic during the past month?/ Was the child able to access all necessary health services during the past month?

Base: total target population of children in both waves, N=1862 for both waves

<table>
<thead>
<tr>
<th>Yes</th>
<th>16</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>8</td>
<td>5</td>
</tr>
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</table>

This question does not apply to us because the child has not required health services

<table>
<thead>
<tr>
<th>1. wave</th>
<th>2. wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76</td>
</tr>
<tr>
<td>No</td>
<td>64</td>
</tr>
</tbody>
</table>
• On the other hand, as for social protection services, lifting of the state of emergency seems not to have had extensive positive effects on access to these services. Namely, 23% of children needed social protection during the state of emergency, and one in five managed to get it. Almost four fifths of children who were unable to get the needed social protection during the state of emergency, also couldn’t get it after it was lifted. 1% of children needed new social protection services during the epidemic.

**Figure 3: Children’s access to social services; data in percentages**

Has your child been able to access all the necessary social welfare services during Covid 19 epidemic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>The child has not required health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18</td>
<td>4</td>
<td>77</td>
</tr>
</tbody>
</table>

Base: Total target population of children for both waves; N=1862

Was the child able to access all necessary social welfare services unavailable during the state of emergency when it ended?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22</td>
<td>78</td>
</tr>
</tbody>
</table>

Base: Children who did not have access to social services; N=82 (4% total target population of children for second waves)

• Approximately one in five children who receive some kind of financial assistance from local institutions had this assistance interrupted during the state of emergency. It is encouraging that payment was continued after the state of emergency had been lifted.

• Almost all children aged 7 to 17 years took part in distance learning. After the state of emergency was lifted, 37% of children under 6 years of age returned to kindergarten/nursery/preschool institutions, while the majority didn’t (63%), particularly in Vojvodina, and the most frequently specified reasons for not returning to kindergarten/nursery/preschool were that there was no need for it because a household member could watch over the child (32%), and because of fear of the virus (29%).

• One third of mothers/guardians assess children’s mental state as better after lifting the state of emergency, two thirds see it as unchanged, while 4% believe that their children’s mental status is worse than it used to be. Parents claim that they witnessed their children being nervous and irritable (30%) in the past month, having difficulties concentrating (23%), feeling lonely (18%) and restless and anxious (17%).

**The effects of Covid-19 epidemic on children under 6 years of age**

• During the state of emergency, 43% of children under 6 years of age needed healthcare services, and somewhat less than two thirds of these children were able to obtain them (63%). As for the children to whom healthcare services were unavailable, 42% of them didn’t get these services even after the state of emergency had been lifted.

• As for the possibility of accessing healthcare services over the past month in both waves, positive changes were detected after the lifting of the state of emergency – a considerably bigger share of children under 6 years of age managed to access the needed healthcare services. A bigger share of children who needed health-
care services was also registered. A portion of children who needed these services over the past month, didn't manage to get them (one in six children who needed some service). Services that lacked in this age group most in the past month were specialist care, paediatric medical treatment and immunization, and the most common reason for unavailability in this wave again was that healthcare centres didn't provide the needed services.

- During the state of emergency, **social protection services** were needed by 26% of children aged under 6 years: 81% obtained the needed service, while 19% didn't. In addition, the majority of those who didn't get the service during the state of emergency, didn't get it after it had been lifted either (85%).

- Although mothers usually watched over children during the day after the state of emergency as well, their share is smaller in this wave (from 80% to 71%), while the share of those who stated that children were with their grandparents grew (from 9% to 16%). As for playing, reading and other activities with children under 6 years of age, findings suggest that mothers/guardians generally spent less time with children in these activities after the state of emergency had been lifted.

**The effects of Covid-19 epidemic on children aged 7 to 12 years**

- Children of this age accessed **the needed healthcare services** more easily after than during the state of emergency, so the portion of those who were able to get the services was doubled (increase from 33% to 97% of children who needed healthcare services), but also the need for healthcare services grew in general. In the second wave, the need for specialist care grew considerably, while other types of examinations lost relevance. About half of children (45%) of this age who couldn't access healthcare services during the state of emergency, couldn't do it after the state of emergency had been lifted either.

- **Social protection services** were needed and successfully rendered to 14% of children of this age. As for 3% of children who didn't manage to get these services during the state of emergency, two thirds of them didn't manage this after it had been lifted either. In the meantime, 1% of children needed new social protection services.

- Almost all children of this age participated in **distance learning**, and three fourths of children had no problems with doing their homework or managing tasks, one fifth of children were faced with problems occasionally, while approximately 3% of children of this age didn't manage to do their school tasks.

- **Most common problems during distance learning** were children's mood and the conditions for learning at home, while technical issues were mentioned less. In addition, one fifth of children of this age had problems with using different platforms for learning.

- More than 90% of children **were helped by their parents during distance learning often or occasionally**. The majority of parents are satisfied with the way teaching was organized, while about 16% are dissatisfied or very dissatisfied. Schools mainly enabled direct communication with teachers, and also provided advice and materials that facilitated distance learning.

- According to parents, children of this age were more likely to be faced with difficulties regarding their **mental wellbeing** than younger children. They mainly had difficulties concentrating (31%), then with nervousness and irritability (29%), while about one fifth were restless (19%) and lonely (22%).
The effects of Covid-19 epidemic on children aged 13 to 17 years

- Children in this age group could also access the needed **healthcare services** more easily after than during the state of emergency, but the study also registered a general increase in the need for healthcare services. Only specialist care was missing in this period, usually because it was not provided by healthcare centres.

- About one fifth of children of this age needed and managed to get **social protection services**. However, as for 6% of children who had no access to these services, a large majority couldn’t get them after the state of emergency had been lifted either. The need for new social protection services appeared among 2% of children of this age.

- Almost all (99%) children were covered by **distance learning**, and more than three fourths of children managed to perform their tasks without difficulties, one fifth of children of this age had difficulties occasionally, while about 4% could not do their school tasks.

- Technical issues, children’s bad mood, mismatch of teachers and no work atmosphere at home were the major **barriers in the process of distance learning**. In addition, one fifth of children had problems because of different learning platforms.

- About half of children of this age were **independent in distance learning**, without continuous parents’ assistance, while almost half needed help occasionally or frequently. The majority of parents are satisfied with the organization of distance learning, while about 13% are dissatisfied or very dissatisfied. Schools and parents mainly communicated directly and schools provided materials that facilitated distance learning.

- Mothers/guardians of children aged 13 to 17 years stated that children were mainly nervous and irritable (33%) over the past month, some having difficulties concentrating (25%), while about one fifth had difficulties with restlessness and anxiety (19%), and the feeling of loneliness (19%).

**BASIC INFORMATION ABOUT THE METHODOLOGY AND SAMPLE**

This longitudinal study on representatives of households with children in Serbia is conducted by UNICEF with the aim of monitoring the socio-economic effects of the Covid-19 pandemic. Each household provided data for at least one child aged 0-6, 7-12 and 13-17 years. The survey carried out by Ipsos Strategic Marketing was responded to by mothers or guardians of children aged 0 to 17 years, and they referred to the household, mothers/guardians and their children. A one-stage stratified random sample was used in the study. Stratification was based on four statistical regions (NUTS2 division of the Republic of Serbia without Kosovo and Metohija), type of settlement and household structure depending on the children’s age. The realized sample adequately represents the population of households with children under 17 years of age and populations of children in Serbia through the majority of indicators that were compared with administrative and other data. Discrepancies have been registered on household monthly incomes – mildly underestimating of the number of households with monthly income under 300 euros, which should be taken into consideration when interpreting the results. The first study wave in April covered 1,822 households with 3,149 children. Data for the second wave were collected between June 29 and July 9, 2020. The same households were contacted in the second wave and respondents were the same, answering for the same children. The response rate was 58% compared with the first wave – 1,061 households were interviewed and data were collected for 1,862 children.
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