

THE IMPACT OF COVID-19 ON FAMILIES IN SÃO TOMÉ E PRÍNCIPE



December 2020



Monitoring Impacts of COVID-19 on Families in São Tomé: Findings of a Telephone Survey

Box 1: Highlights of Survey

- ✓ STP households are well aware of COVID-19 and the vast majority know and practice the behaviors necessary to reduce the risk of contracting and spreading the virus.
- ✓ Approximately one in five children who attended school before the pandemic is not participating in distance learning activities. Among those that are, the most common means is through educational TV programs.
- ✓ There has been a considerable drop in the income of individuals since the beginning of the pandemic, with 51% of salaried workers reporting falling earnings. For agricultural and non-agricultural family businesses, this proportion reaches 71% and 86%, respectively.
- ✓ There has been a considerable reduction in employment in urban and rural areas. This reduction was worse for families headed by women and by those with little formal education.
- ✓ About 10% of the interviewed families reported difficulties in accessing basic food items because of the pandemic, and more than half reported difficulties in accessing medicines.
- ✓ There has been a worrying impact on household food security, with a high proportion of those interviewed reporting skipping meals or going a whole day without eating. These findings are more prominent in urban households, female-headed households, and households with little formal education.

Introduction

The first recorded cases of COVID 19 in São Tomé and Príncipe (STP) emerged on April 6, 2020. Since then, the Government has implemented strict measures to contain the spread of the virus. In addition, the closure of air space has drastically reduced air transport activities, making it difficult to carry out one of the most important activities in the country, which is Hotel and Catering (Tourism) as well as non-food trade activities.

The COVID-19 pandemic and its economic and social impacts on families have created an urgent need for up-to-date data to help monitor and mitigate the impacts of the crisis and protect the well-being of the least favored in STP society. To monitor how the COVID-19 pandemic affects STP's economy and population and to substantiate response policies with data, the National Statistical Institute (INE), with technical support from the World Bank, has designed and conducted a telephone Household Monitoring Survey (HMS). With support from the United Nations, the survey was expanded to include a questionnaire aimed at informal businesses.

This report summarizes the main findings of the first round of the HMS, carried out between July 26 and August 8, 2020. The results are based on a sample of 1,400 households, of which 1,025 completed the forms in full. Participating households were distributed across urban and rural areas across the country.

The 25-minute questionnaire covered topics such as knowledge about COVID-19 and mitigation measures, access to school activities during school closures, changes in family income, employment, access to health services, food security, and assistance received.

Knowledge and Behavior in Response to COVID-19

To prevent the spread of COVID-19 and to ensure that measures designed to slow it down, such as restrictions on mobility and closing markets, are effective, it is essential that populations are aware of the need to change their behavior. As Table 1 shows, 94% of households surveyed believe in the presence of COVID-19 in the country regardless of the place of residence.

Table 1 – Households that believe in the presence of COVID 19 in the country (%)

	National	Urban	Rural
Yes	94	95	93
No	6	5	7

Those interviewed reported being well informed about actions to reduce the spread of the disease, and almost all indicated that they were taking steps to reduce the risk of contracting COVID-19. About 99% of those

interviewed wash their hands, 95% avoid handshakes or physical greetings, and a similar proportion avoids crowds or gatherings (Table 2). Differences in behavior between urban and rural areas in the country were relatively small. It is important to keep in mind that a degree of caution must be applied when interpreting these results as there is usually a tendency to over-report positive changes in behavior in research such as surveys of the HMS type.

Table 2 – What measures has your household taken to reduce the risk of contracting the Coronavirus? (% of households)

	Urban	Rural	National
Washing hands	99.5	97.9	98.9
Avoiding handshake or physical greetings	99.9	87.8	95.2
Using masks or gloves	99.7	98.6	99.3
Avoiding travel	96.0	79.1	89.3
Staying at home	97.9	88.4	94.2
Avoiding crowds & gatherings	98.6	88.8	94.7
Keeping your distance	98.8	97.2	98.2
Avoiding touching one's face	95.6	77.1	88.4
Avoiding coughing freely	97.6	80.8	91.0

Response Measures by the Government

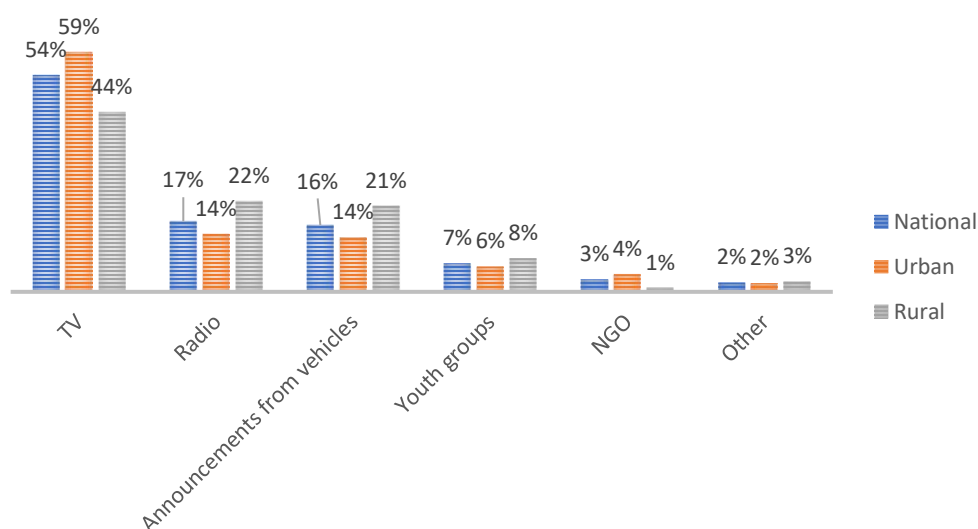
The survey also measured the extent to which the population is aware of the Government's actions to reduce the spread of COVID-19. The Government measures best remembered by households were advising others to stay at home and encouraging social isolation. These were mentioned by 83% of families in São Tomé. Other actions such as closing schools and non-essential businesses were reported by less than half of those interviewed, or 44% and 30% of families, respectively. Welfare policies, such as providing food supplies, were mentioned by 31% of the families interviewed. In general, the perception of the presence of government measures was higher among families living in urban areas (Table 3).

The main means of transmitting information about COVID-19 was television (54%), followed by radio (17%) and announcements from vehicles (16%) (Figure 1). However, when analyzed from the perspective of rural families, TV as the main source of information fell to 44%, and the importance of radio and announcements from vehicles increased to 22% and 21%, respectively.

Table 3 – What measures have the Government or local authorities taken to contain the spread of the Coronavirus in your area? (% of households)

	Urban	Rural	National
Advised citizens to stay at home	88.1	76.0	83.4
Limited national travel	37.2	17.2	29.3
Limited international travel	38.9	25.2	33.5
Closure of schools and universities	47.8	38.6	44.2
Isolation or confinement	88.1	75.2	83.1
Closure of non-essential businesses	35.7	20.2	29.6
Building more hospitals or renting hotels for patients	29.1	21.8	26.3
Providing the necessary food	34.4	24.7	30.6
Opening clinics and testing sites	19.9	7.9	15.2
Dissemination of knowledge about the virus	44.6	42.5	43.8
Don't know / Other	12.9	13.3	13.0

Figure 1 – What was the main means of transmitting information about COVID-19?



Access to Essential Items

There is still a great deal of uncertainty regarding how COVID-19 and associated restriction measures will affect the availability of medicines and staple foods. Those interviewed in the HMS survey were asked whether their family could buy enough food and medicines during the week before the survey.

Basic foods were separated into three groups: carbohydrates (bread, rice, etc.), proteins (fish, meat, eggs, etc.), and vegetables (tomatoes, onions, garlic, etc.). About 9% of households reported that they were unable to buy carbohydrates and vegetables, with this proportion rising to 13% in the case of proteins. In general, there was no substantial difference in access to basic food for families living in urban and rural areas. However, a comparison between male-headed and female-headed households revealed a difference of 8 percentage points in access to protein foods (Table 3), which indicates greater difficulty obtaining this type of food in households headed by women.

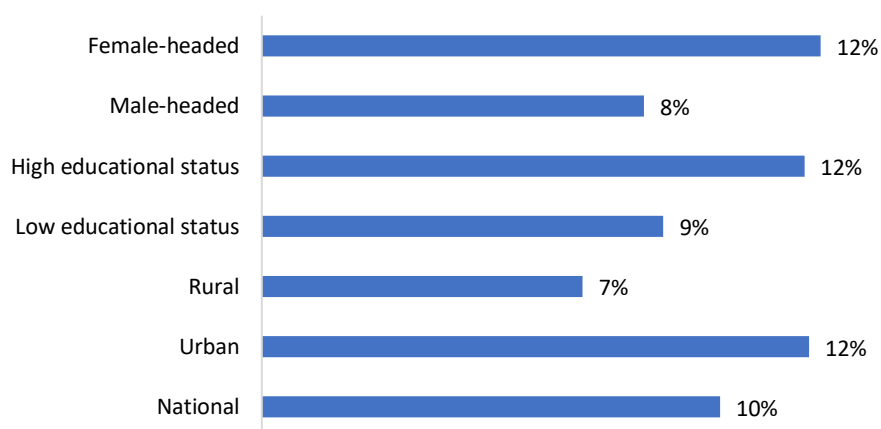
Access to medicines presents a worse scenario, in which more than half of the families (54%) reported that they had been unable to buy medicines in the week before the survey, with this proportion rising to 61% when we analyzed female-headed households only (Table 3).

Table 4 – Households unable to purchase staple foods (%)

	National	Urban	Rural	Male-headed	Female-headed
Basic foods 1 (bread, rice, etc.)	9	9	8	8	10
Basic foods 2 (fish, meat, eggs, etc.)	13	14	10	9	17
Basic foods 3 (vegetables)	9	11	6	8	10
Medicines	54	59	47	49	61

Information on access to health services shows that 10% of families had difficulties obtaining such services (Figure 2). Families who sought more health services were those with a higher level of education and those headed by women.

Figure 2 – Households that had difficulty obtaining healthcare due to COVID

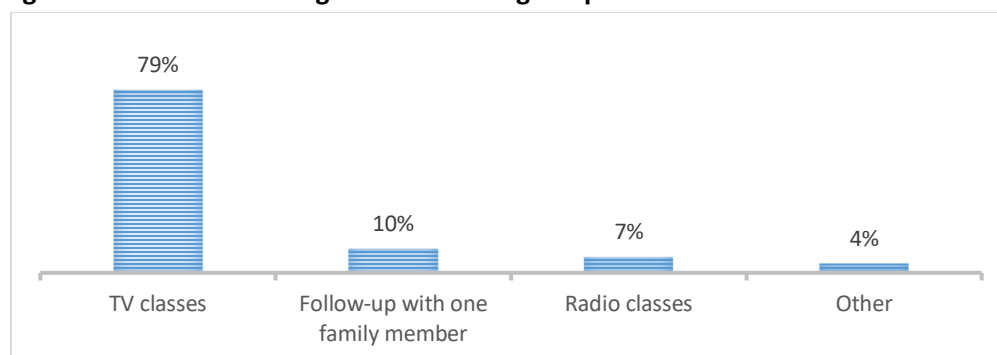


Access to Education

On March 17, 2020, the Government closed all schools operating in the country. In addition to students missing school days, school closures can deprive children from poor families of a source of food as they often depend on school feeding programs. Temporary school closures may also lead to permanent drop-out of children from vulnerable households. In the long term, the impact of those months lost for education and nutrition will be particularly severe for children from poor families as it will undermine the development of human capital and potential future income.

The survey asked families if any children were in school before the outbreak started and whether these children are now involved in any learning activity. About 69% of households have children of school age and, of these, 95% attended school before the outbreak. After schools closed, 16% of students had no learning activities. Of the 84% who continued to be involved in learning activities, the main outlet was TV classes, which were by 79% of students, followed by monitoring by other family members (10%) and radio classes (7%) (Figure 2). There were no significant differences between families living in rural and urban areas or between families headed by men or women.

Figure 3 – Student learning activities during the pandemic



Household Income Sources

One of the channels through which families are negatively affected by the pandemic is through reductions in their income. The HMS asked those interviewed about their income sources in the past 12 months and then asked whether the income from that specific source had increased, remained the same, or decreased since the start of the pandemic. Among all household income sources at the national level, the most common is paid employment (27%), followed by family farming or fishing (17%). If only rural households are considered, this relationship is reversed, with the most common source of income being agricultural activities (26%) followed by paid employment (24%) (Table 5).¹

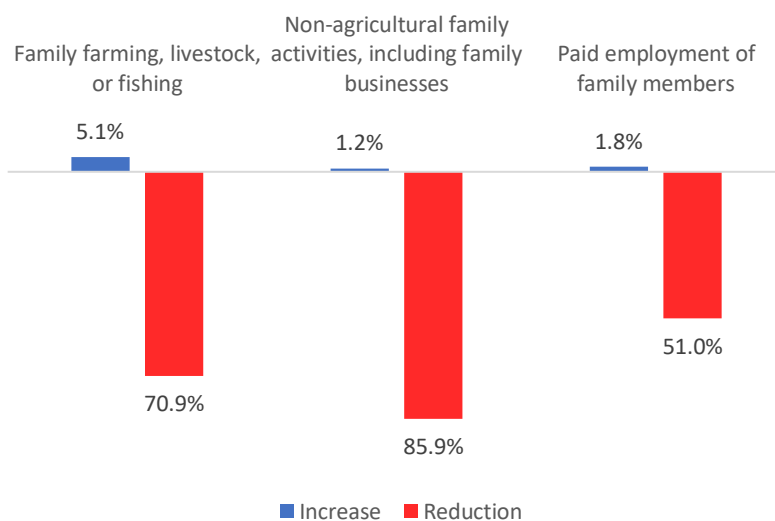
¹ Surprisingly, only 26% of rural households reported income from farming as a means of subsistence over the previous 12 months. Part of the explanation for this finding may be due to the fact that rural families who produce for subsistence purposes and do not sell any surplus record no direct income from this activity. In addition, the fact that the HMS is a telephone survey means that it is likely that the poorest rural households are not adequately represented in this survey because of difficulty in contacting them or because they do not have a working telephone.

Table 5 – Composition of household income sources (%)

Types of income	National	Urban	Rural
Family farming, livestock, or fishing	17.2	12.3	25.6
Non-agricultural family activities, including family businesses	9.5	10.1	8.3
Paid employment of household members	27.1	28.7	24.4
Remittances from abroad	3.3	3.5	2.8
Remittances from within the country	3.7	2.8	5.2
Government assistance	2.3	2	2
Financial assistance from friends or family	6.0	6.5	5.0
Other	33.2	36.1	28.7

Changes in income since the start of the pandemic

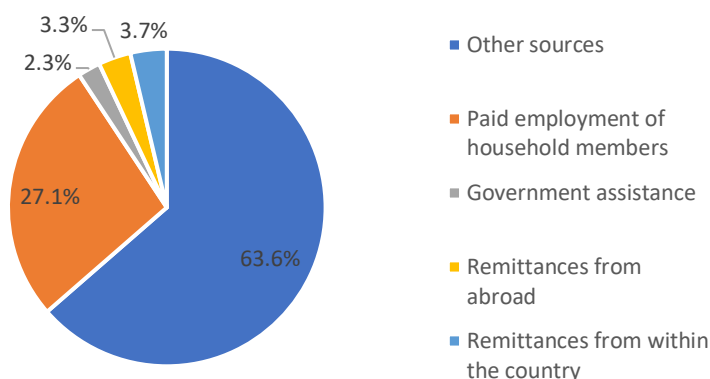
Among the three most common sources of income in São Tomé households, income from non-agricultural family businesses was the one that showed the sharpest reduction (Table 6). About 86% of households citing non-agricultural businesses as a source of income over the past 12 months reported a decrease in their earnings since the start of the pandemic. Income from agriculture and livestock showed the second biggest drop, or a decrease for 71% of the families. In the case of families reporting paid employment as a source of income, 51% saw negative changes in their income since the outbreak of the pandemic, thus highlighting the sharp contrast between the impact of the crisis on workers in the formal and informal or self-employed sectors.

Figure 4 – Change in income since the start of the pandemic (% of households)

Families that reported a reduction in income from non-agricultural family businesses were asked about the main reason for this reduction. The low number of customers was mentioned by 42% of households, followed by the need to close the business due to restrictions to fight the Coronavirus, which impacted 32% of businesses. All other reasons were cited by less than 10% of households.

Despite government assistance to families, it was found that this type of income reached only 2.3% of households. Despite the closure of state institutions and others, income from labor was 27.1%. Remittances from both abroad and within the country were 3.3% and 3.7%, respectively.

Figure 5 – Families with income from work, government assistance, or remittances as a source of income in the last 12 months



Employment

The pandemic has had a considerable impact on employment at the national level in STP as a result of the imposition of public health measures, including the closure of most businesses and the suspension of domestic and international transport services. About 81% of those interviewed reported that they had a job

in the month before the pandemic. The proportion of employed persons was higher among male heads of households (87%) compared to female heads of households (75%). Since the start of the pandemic, employment has dropped significantly, with only 57% of those interviewed reporting having done some paid work in the week before the survey (Table 6). The drop in the number of persons employed was sharper for those with high educational status, defined as individuals who completed more than primary education, showing a drop of 32 percentage points when comparing the current and pre-COVID periods. Next are female-headed households and residents of urban areas, with a difference of 28 percentage points in both cases.

Table 6 – Percentage of those interviewed employed before and during the pandemic

	National	Urban	Rural	Low education	High education	Male-headed	Female-headed
Current	57	52	63	60	52	64	47
Pre-COVID	81	80	83	78	84	87	75

Food Security

To assess the food security of STP populations during the pandemic, the interviewers asked general questions about household food consumption. About half of those interviewed reported they or other adults in the family skipped a meal in the past 30 days because they did not have enough food to eat or because of a lack of resources (Table 7). If we consider only families living in an urban area, the situation is worse, with 52% of households in this situation, a value nine percentage points above that for families living in rural areas. The difference between families with a head with a high level of education, defined as individuals who completed more than primary education, and those with a head with a low level of education is considerable, or 39% and 55% of families, respectively. Households headed by women also showed worse results (54%) than those headed by men (44%).

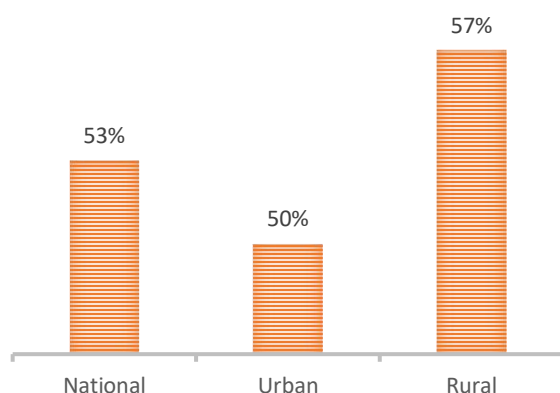
When asked whether they or any other adults in the family spent a whole day without eating in the past 30 days because they did not have enough food or because of a lack of resources, 11% answered in the affirmative. The proportion between the different groups considered by gender and educational level of

the head of the family presented conclusions similar to those mentioned in the previous paragraph. In this regard, there did not seem to be a significant difference between urban and rural families (Table 7).

Table 7 – Percentage of households where in the last 30 days a member ...

	National	Urban	Rural	Lower education	High education	Male-headed	Female-headed
... skipped a meal for lack of resources	49	52	43	55	39	44	54
... spent the day without eating due to lack of resources	11	11	11	14	7	10	13

Figure 6 – Proportion of those interviewed who reported an increase in basic food prices



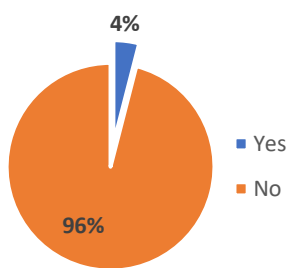
The scarcity and difficulty of obtaining food are also reflected in the price of products in this category, with 53% of those interviewed reporting that the prices of basic food products increased in the 14 days prior to the interview. This proportion rises to 57% when considering only families located in rural areas (Figure 6).

Given that the HMS excluded those without access to a telephone, it is reasonable to assume that such indicators of food insecurity would be even more serious in a more widely representative national sample.

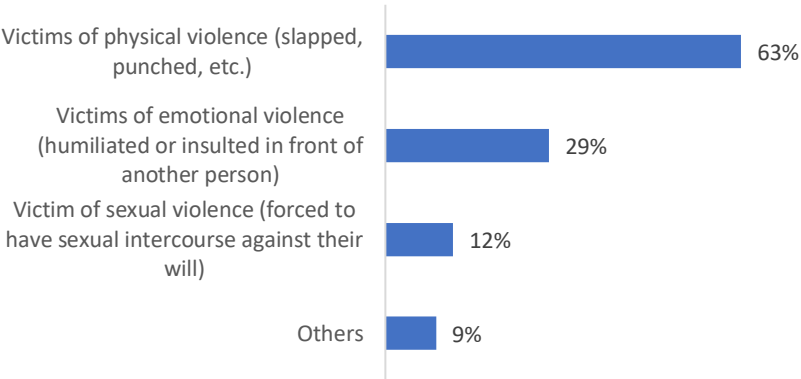
When the interviewers asked whether the families were victims or witnessed any type of violence during the pandemic period, it was found that 4% were victims of physical, emotional, or sexual violence, as illustrated in Figure 7.

Figure 7 – Households that were victims of violence during the pandemic and type of violence

Families that were victims of violence (%)



Type of violence in families (%)



Appendix – Survey Methodology

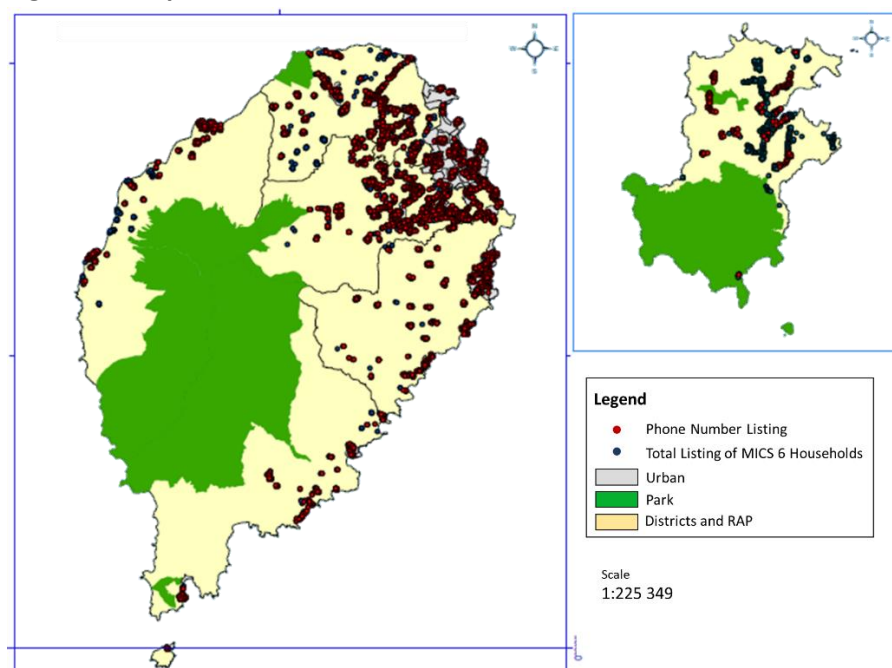
The telephone survey monitored the economic and social impacts of the COVID-19 pandemic on families and responses to it in terms of access to basic food, access to educational activities during school closures, employment dynamics, family income and livelihoods, loss of income, and food security. The final dataset was drawn from a panel of about 1,000 households representative of both urban and rural areas for households with access to a working telephone.

As far as possible, the families thus interviewed will be monitored for six months, with telephone interviews every three months. This frequency of interviews will allow for a better understanding of the effects of the COVID-19 pandemic on families for the purpose of informing response policies and monitoring their results. The interviewee is usually the head of the family. If that person cannot be interviewed despite numerous calls, another well-informed family member will be selected as the respondent.

The HMS sample consists of a subsample of the Multiple Indicator Cluster Survey (MICS) carried out by INE in collaboration with UNICEF in 2019. Households with access to a telephone are represented in the HMS, covering urban and rural areas in all STP regions. The HMS called all households with a valid telephone number listed in MISC, completing 1,025 interviews (413 in rural areas and 612 in urban areas).

To mitigate bias in a sample that contains only households with a working telephone, a procedure for adjusting the sample weights was carried out using the Propensity Score Weighting (PSW) methodology. Following this procedure, the HMS results were brought closer to the national representativeness of surveys carried out in person, such as MICS 2019.

Figure Q1 – Spatial Distribution of MICS 2019 Households



General information regarding the first round of the survey:

- Period: July 26 to August 8, 2020
- Interviews completed: 1,025 families (413 rural, 612 urban)
- Average duration of interviews: 25 minutes