

Survey: Consequences of COVID-19 on women's and men's economic empowerment

"Thank you for agreeing to fill out this survey. The rapid spread of Covid-19 has taken the world by surprise and we, at UN Women, want to understand how the changing situation is affecting women and men in order to support efforts to ensure that gender perspectives are properly addressed in COVID-19 preparedness and response efforts. Completing this survey should take no more than 15 minutes. All responses will be kept strictly confidential. Thank you for agreeing to provide your time and insights"

Demographic characteristics

Q1. Sex (MANDATORY)

[Please select one, then NEXT]

1. Male
2. Female
3. Other - (OPTIONAL)

Q2. How old are you? (MANDATORY)

[Please inset your age in years]

__ [YEARS]

Q3. What is your marital status? (MANDATORY)

[Please select one, then NEXT]

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed
6. Divorced

Q4. What is the highest level of education that you have completed? (MANDATORY)

[Please select one, then NEXT]

1. No education
2. Primary
3. Secondary
4. University or equivalent

Q5. Current nationality or ethnic group (OPTIONAL)

[Roll down menu] NEXT

Q6. Where are you living/residence area? (MANDATORY)

[Roll down menu] NEXT

Q7. How many people live with you? (MANDATORY)

[Please select one, then NEXT]

0. I live alone
1. Number of children 0-17 ____
2. Number of adults 18-64 ____
3. Number of elderly 65+ ____

Main source of information

Q8. What is your main source of information regarding COVID19 (risks, recommended preventive action, coping strategies)? (MANDATORY)

[Please select one, then NEXT]

1. Internet & social media (facebook, Instagram, etc.)
2. Official Government websites
3. Radio/Television/Newspaper
4. Public service announcement/speaker
5. Phone (telegram, viber, whatsapp, or call)
6. Community, including family and friends
7. Health center/Family doctor
8. NGO/Civil Society organization
9. Other
10. Do not know about COVID19 [GO TO Q 9](#)

Q8.1 How would you rate the information you received? (MANDATORY)

[Please select one, then NEXT]

1. I did not receive any information
2. Clear and helped me prepare
3. Clear, but it came too late for me to prepare
4. Confusing/contradictory

Employment and livelihood resources

Q9. How would you best describe your employment status during a typical week prior to the spread of Covid-19? (MANDATORY)

[Please select one]

1. I worked for a person/company/institutions [GO TO Q 9.1](#)
2. I had my own business/Freelancer and I employed other people [GO TO Q 9.1](#)
3. I had my own business/Freelancer, but I did not employ other people [GO TO Q 9.1](#)
4. I helped (without pay) in a family business [GO TO Q10](#)
5. I did not work and I was not looking for a job and I was not available to work [GO TO Q10](#)
6. I did not work, but I am looking for a job and I am available to start working [GO TO Q10](#)
7. I am retired, pensioner [GO TO Q10](#)
8. I did not work because I am studying full time [GO TO Q10](#)
9. I have a long-term health condition, injury, disability [GO TO Q10](#)
10. Other, specify _____ [GO TO Q10](#)

Q 9.1 Since the spread of COVID19, has the number of hours devoted to paid work changed?

[Please select one] (MANDATORY)

1. Increased
2. No change/It is the same
3. Decreased, but I didn't lose my job
4. I lost my job [GO TO Q10](#)
999. I do not know

[NEXT QUESTIONS 9.2-9.4 ONLY ASKED FOR Q9 == 1]

Q 9.2 Since the spread of COVID19, have you been imposed to take a leave?

[Please select one] (MANDATORY)

1. Yes, full paid leave
2. Yes, partially paid leave
3. Yes, un-paid leave
4. No, I did not take a leave
5. Not entitled for a leave/not applicable
999. I do not know

Q 9.3. Does your employer pay contributions toward pension/social insurance on your behalf?

(MANDATORY)

[Please select one, then NEXT]

1. Yes
2. No
999. I do not know.

Q 9.4 Since the spread of Covid-19, are there any changes in your typical place of work?

[Please select one] (OPTIONAL)

1. Yes, I used to work out of home and now I am working at my own home
2. No, I used to work out of home and now I am still going out for work
3. No, I still work from my own home as previously

Q9.5 If you could not work for at least two weeks because of the coronavirus what would most likely happen to your earnings? (OPTIONAL)

[Please select one, then NEXT]

1. I would likely continue to get paid full salary
2. I would likely continue to get paid partially salary
3. I would likely expect not to get paid
999. I do not know

[NEXT QUESTION ONLY ASKED FOR Q9 == 2 OR 3]

Q 9.6 Is your business formally registered? (OPTIONAL)

[Please select one, then NEXT]

1. Yes
2. No
999. I don't know

Q 9.7 How is your business affected after the spread of COVID-19? (MANDATORY)

[Please select one]

1. No change
2. Increased/oversized
3. Decreased/downsized
4. Stopped totally
999. I don't know

[NEXT QUESTIONS ASKED FOR ALL RESPONDENTS]

Q10 Are you currently covered by any form of health insurance or health plan? (MANDATORY)

[Please select one, then NEXT]

1. Covered by health insurance
2. Not covered by health insurance
999. I don't know

Q 11 Do you receive any unemployment benefits and/or any financial support from the Government, local municipalities since the spread of COVID19? (MANDATORY)

[Please select one, then NEXT]

1. Yes
2. No
999. I don't know

Q 12 Do you receive any in-kind support from the Government and /or local municipalities since the spread of COVID19? (multiple response) (MANDATORY)

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
999. I don't know

Q 12.1 Do you receive any in-kind support from Non-Governmental/civil society organization or other non-profit organizations? (multiple response) (OPTIONAL)

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
999. I don't know

Q13. As a result of COVID19, how each of the following PERSONAL resources have been affected? (MANDATORY)

	Please mark <input type="checkbox"/> appropriate box			
	Increased	No change	Decreased	Not an income source
1. Income/earnings from farming				
2. Income/earnings from own business/family business, freelancer activity				
3. Income/earnings from a paid job				
4. Income from properties, investments or savings - (OPTIONAL)				
5. Pensions, other social payments				
6. Food from farming, raising animals or fishing				
7. Money or goods received from people living abroad				
8. Support from family/friends in the country (money, food, etc.)				
9. Government support				
10. Support/Charity from NGOs or other organizations				

Distribution of Household Chores

Q14. As a result of COVID19, has the number of hours devoted to the following activities changed? (MANDATORY)

	Please mark <input type="checkbox"/> appropriate box			
	I do not usually do it	Increased	Unchanged	Decreased
1. Cooking and serving meals				
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)				
3. Household management (e.g. paying bills)				
4. Shopping for my family/household member				
5. Collecting water/firewood/fuel				

6. Playing with, talking to and reading to children				
7. Instructing, teaching, training children				
8. Caring for children, including feeding, cleaning, physical care				
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care				
10. Affective/emotional support for adult family members				
11. Pet care				

Q15. Since the spread of COVID19, in which of the following activities do you spend the most time? (MANDATORY)

[Please select one, then NEXT]

1. Cooking and serving meals
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)
3. Household management (e.g. paying bills)
4. Shopping for my family/household member
5. Collecting water/firewood/fuel
6. Playing with, talking to and reading to children
7. Instructing, teaching, training children
8. Caring for children, including feeding, cleaning, physical care
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
10. Affective/emotional support for adult family members
11. Pet care

Q16. Since the spread of COVID19 have roles and responsibilities within the household been affected? (MANDATORY)

	Please mark ✓ appropriate box		
	Yes	No	Not applicable
1. My partner helps me more with household chores and/or caring for family			
2. My daughter(s) helps me more with household chores and/or caring for family			
3. My son(s) helps me more with household chores and/or caring for family			
4. Other family/household members help me more with household chores and/or caring for family			
5. Hired a domestic worker/babysitter / nurse			
6. Domestic worker/babysitter/nurse works longer hours with us			
7. Domestic worker/babysitter/nurse no longer works with us			
8. I am on my own, no one can longer help me with household chores and caring for family			

Access to basic services and safety

Q17. As a result of COVID19, did you (personally) experience any of the following: (MANDATORY)

	Please mark ✓ appropriate box		
	Yes	No	Not applicable
1. Physical illness			

2. Illness of a family/household member			
3. Death of a family/household member			
4. Psychological/Mental/Emotional health was affected (e.g. stress, anxiety, etc.)			
5. Migrated/moved to different geographical area within the same country			
6. Recently returned from abroad			
7. Children's school was cancelled or reduced (OPTIONAL)			

Q18 As a result of COVID19, did you (personally) experience difficulties in accessing basic services: (MANDATORY)

	Please mark ✓ appropriate box			
	Major difficulties	Some difficulties	No difficulties	No need
1. Food products/supply				X
2. Medical supplies for personal protection (masks, gloves, etc.)				X
3. Health services/assistance for myself and/or my family member				
4. Hygiene and sanitary products (soap, water treatment tabs, menstrual products)				X
5. Public transport				
6. Water supply				X
7. Social services/assistance for myself and/or family member				

D19. If restrictive measures related to spread of COVID-19 continue, what would most likely to happen to your household financial situation? (MANDATORY)

	Please mark ✓ appropriate box	
	Yes	No
1. Would be difficult to keep up with basic expenses (food, hygiene products, etc.)		
2. Would be difficult to pay for renting and utilities		
3. Will have to stop seeking health services/assistance		
4. Will have to ask help from relatives and friends		
5. Will have to ask help from the local authorities		
6. Will have to take a loan		

Q20. Have you felt increase of any form of discrimination, prejudice in the country/area you live after the spread of COVID-19? (OPTIONAL)

1. Yes
2. No
999. I do not know
998. Refuse to answer

Q21. Have you felt/heard about increase of domestic violence since the spread of COVID-19? (MANDATORY)

1. Yes
2. No
999. I do not know
998. Refuse to answer

Q21.1 Do you know where to seek help and support in case of someone experiencing domestic violence such as hotlines, psychological and police support?

[Please select one, then NEXT] (MANDATORY)

1. Yes
2. No
999. I do not know
998. Refuse to answer

[NEXT QUESTIONS ASKED ONLY FOR WOMEN]

Q22. Since the spread of COVID19, did you personally experience difficulties in accessing the following sexual and reproductive health services and contraceptives:

[Please select one, then NEXT] (MANDATORY)

- a) Gynecological and obstetric care services for myself
 1. No need for these services
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 998. Refuse to answer
- b) Contraceptives
 1. No need for these products
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 998. Refuse to answer

Q23. Are you...- ONLY FOR ON-LINE MOBILE PHONE - SURVEY

[Please select one, then END]

1. The registered owner of this mobile phone END
2. One of the users of the phone which is registered in someone else's name END

END: THANK YOU! If you would like to know the results of the survey in a few weeks, please check:

<https://data.unwomen.org/>

STAY SAFE!