



Preliminary report Study on socio-economic aspects of Covid-19 in the Maldives

(Round One - May 2020)



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Preliminary report

Study on socio-economic aspects of Covid-19 in the Maldives

(Round One - May 2020)

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Executive Summary

Maldives reported its first case of Covid-19 on 7th March 2020 and as of 11 August 2020 reported 5,223 confirmed cases and 2849 recoveries with 20 deaths. The country reported its first community case on the 15th April 2020 which triggered the lockdown of the Greater Male' area with travel restrictions between islands and restrictions on mobility within the capital city. The objective of the survey was to understand the extent of knowledge, perceptions, concerns and behaviours related to Covid-19 and its prevention, population health, access to essential services and to explore the effects on employment and income.

A quantitative online survey methodology was adopted targeting the whole population. To reach the population, the survey team partnered with the two main telecommunication providers in the country and survey link was sent to all registered mobile phones with the two providers. The response rate of the survey was 93% with 2674 respondents completing the questionnaire out of a total of 2871 people who showed interest. The study was registered at the Maldives National University (RR/2020/S-02) and ethics approval was obtained from the National Health Research Council (NHRC/2020/006). The response distribution by gender was quite similar with 52.1% females and 47.9% males and the mean age of participants was 33.52 (sd: +/-10.8) reflecting the large proportion of youth in the country's population. The response rate from the atolls were lower than Male'.

The findings of the study show that the knowledge of Covid-19 and its prevention is very high among the population with 94.5% identifying Covid-19 symptoms correctly and 85% correctly identifying preventive measures. The information seeking behaviour showed that the majority relied on accurate sources, particularly the Health Protection Agency (HPA), public announcements and social media (37%, 21% and 23% respectively) and only 3% relied on family and friends for information. The findings thus suggest that the communication strategy adopted in the national Covid-19 response was effective in combatting misinformation among the public.

Utilization of health services was found to have declined. Most of the participants (62%) in all the age categories said that they did not have to use health services. Most people who accessed health care used online health services (21%). As a result of free health care provided by the government, the Maldives is normally a place where people access health care a lot. The drastic change in the utilisation of health care services may be due to the Covid-19 situation or it might be due to the low prevalence of communicable diseases due to lockdown. The lockdown in Male' have also changed the traditional norms of accessing essential goods and services. Availability of online purchasing and delivery of goods has enabled access to goods with 72% using delivery service to purchase essentials. Close to half of the population shopped 1-3 times a week.

The findings showed that a large proportion of the population were highly concerned (reported very and extremely concerned) with the health of the family (70%), elderly (83%), persons with disability (84%) and migrant population (81%), while the concern was less for people dependent on drugs (57%). A large majority (72%) was concerned with providing social support to family members

during the lockdown. A third (33%) of the people also expressed concern about their living condition that does not allow them to maintain social distancing and similar proportion (37%) was concerned about stigma associated with being covid-19 positive or being contact of a case.

The largest economic impact was observed among those who owned individual or family businesses (16% of the respondents). While 40% of this group of people lost all their income during the lockdown period, 50% of the businesses were affected to a large extent (very and extremely affected). Results showed that the main source of income for most participants was from being employed at a job. Most people (44%) did not work in the week before the survey was conducted since the nation was under lockdown with very strict measures. However, a large proportion of people worked (56%) out of whom 37% had access or the opportunity to work from home or online. Forty one percent of the participants expressed that covid-19 had a major impact on their ability to meet financial obligations.

Covid-19 has affected the behaviours and perception of the people such as the increased usage of online services, delivery services and a reduction in the use of health services. The national Covid-19 communication strategy demonstrated itself as a success by creating a highly informed community on the prevention, and precautionary methods of Covid-19. However, the containment of the Covid-19 has come with a high economic cost to the people which is likely to have medium to long-term impact on the livelihoods of the population. Targeted safety nets for the financial protection of businesses and social protection of individuals is vital.

Introduction

Novel coronavirus or Covid-19 pandemic continues to spread across the world. As of 11 August 2020, 213 countries and territories were affected with 20,394,035 confirmed cases, 741,807 deaths and 13, 283,685 have recovered [1]. Maldives reported its first case on 7th March 2020 and as of 11 August 2020 reported 5223 confirmed cases and 2849 recoveries with 20 deaths [2]. The country reported its first community case on 15th April 2020 which triggered lockdown of greater Male' area with travel restrictions between islands.

While the pandemic is primarily a health issue, the measures to contain Covid-19 have wide social and economic implications. There are reports of economic impact this pandemic has created globally [3] and a number of countries has taken measures to manage this economic impact [4-6]. Emerging literature on the social impacts of the Covid-19 have noted the huge social psycho-social impact of this pandemic [5]. While Maldives has announced a number of interventions to cushion the vulnerabilities that are emerging out of this Covid-19 pandemic, considering the society wide impacts expected from the pandemic, a study was registered at the Maldives National University (RR/2020/S-02) with ethics approval from the National Health Research Council (NHRC/2020/006). This included periodic online surveys and interviews with key informants to assess the socio-economic effects of the containment measures.

This report presents the preliminary results of the first round of online survey launched on the 14th of May 2020 to obtain information of the socio-economic challenges the people experienced since the lockdown on 15th April. The objective of the survey was to understand the extent of knowledge, perceptions and attitudes related to Covid-19 and its prevention, perceptions and concerns about population health, access to essential services and understand the effects on employment and income.

Methodology

2.1 Survey Design, Instrument and Sample

A quantitative survey methodology was adopted targeting the whole population. For the sample size calculation, Raosoft sample calculator [8] was used to estimate the minimum sample size ($n = 384$) which was obtained on the basis of the following parameters; population size of 557,426 inclusive of resident migrants [7], 95% confidence intervals, 5% error margin and assuming a 50% response rate. The survey method adopted was online survey given the lockdown situation of the country. To reach the population, the survey team partnered with the two main telecommunication providers in the country and survey link was sent to all registered mobile phones with the two providers. The participant inclusion was all persons willing to complete the study and persons who declined were classified as non-response. The online survey was conducted for a period of 30 days and a total of 2871 responses were detected by the tool.

The survey instrument from Statistics Canada [9] and the Washington groups items on disability, which was validated in a previous study in the Maldives [10] was adapted to the Maldivian setting with additional items constructed specific to the Maldives context. The questionnaire was pretested with 6 people of different age and gender and adjusted according to feedback. The survey used the online medium KoboToolBox [11] to implement the self-administered online questionnaires (Appendix 1). The instrument was translated to Dhivehi and Bangla, by a person fluent in the respective languages, with the assistance of the group translating awareness campaign material for Covid19. The translated instrument was validated by another reviewer who is a native of that language. Bangla was chosen as the majority of the migrant residents in the country constitutes those from Bangladesh. Other languages were not chosen due to the limited time and people available in the current situation with the epidemic evolving.

The variables studied in this round consist of

- Information sources and social media tools used to access information on Covid-19 and the pandemic
- Knowledge and practices to reduce exposure to Covid19
- Behaviour on accessing food, medicines and essential supplies during lockdown
- Perceptions on own health, health of family member and community and population groups
- Perception on the national COVID 19 response effort and the health system burden
- Perception on social support and social ties, stress, domestic violence
- Perception about job, housing and meeting basic needs
- Demographic characteristics (age, sex, nationality, residential island, Occupation, disability)

2.2 Representativeness, reliability and validity

The questionnaire was checked for face validity through expert opinion and pilot testing. Pilot testing was conducted through 6 participants before administering the main survey. The data was cleaned and checked for outliers. There were some outliers in the number of households. Very extreme outliers were removed and although the data is a little skewed with some extreme values (Table 1), they were kept. These households are large quarters where migrant workers live and the information is crucial for the analysis and very important for policymaking. The normality tests showed that it's a skewed distribution hence, any disaggregation of the variable or for any inferential statistics using this variable must be non-parametric (Table 2). The reliability and internal consistency of the scaled variables were checked using Cronbach's Alpha test. The Cronbach's Alpha value was 0.81 showing a good internal consistency of the scaled variables.

Table 1:
Tests for Outliers

Extreme Values			Case Number	Value
hhszise	Highest	1	1980	500
		2	1960	300
		3	54	220
		4	342	220
		5	941	197
	Lowest	1	2672	1
		2	2653	1
		3	2618	1
		4	2616	1
		5	2580	1 ^a

a. Only a partial list of cases with the value 1 are shown in the table of lower extremes.

Table 2:
Tests for Normality

		Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	nationality	Statistic	df	Sig.	Statistic	df	Sig.
covidrate	Banglade	.297	19	.000	.807	19	.001
	India	.173	70	.000	.883	70	.000
	Maldivia	.156	2480	.000	.929	2480	.000
	Nepal	.178	6	.200*	.926	6	.548
	Other	.130	64	.009	.910	64	.000
	Sri lank	.200	35	.001	.917	35	.012

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Results

3.1 Demographic characteristics

The response rate of the survey was 93% with 2674 respondents who accepted the invitation to participate and completed the questionnaire out of a total of 2871 people who showed interest.

The response distribution by gender was quite similar with 52.1% females and 47.9% males (Figure 1). The age was normally distributed with a mean of 33.52 (sd: +/-10.8) (Figure 2). Most of the respondents were from the age groups 18-35 years. Majority of the participants were Maldivians but nationals of Bangladesh, India, Nepal, Sri Lanka and other countries participated in the survey. The response rate from the atolls were lower than Male'. A possible reason for this might be because the questionnaire was circulated in many viber groups in Male but not as much in the atolls. However, looking at the response distribution among the atolls show that there is a fair distribution among the atolls and will give a good representation of all the responses from the four regions of the Maldives.

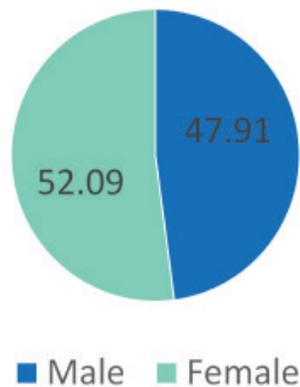


Figure 1: Response by gender

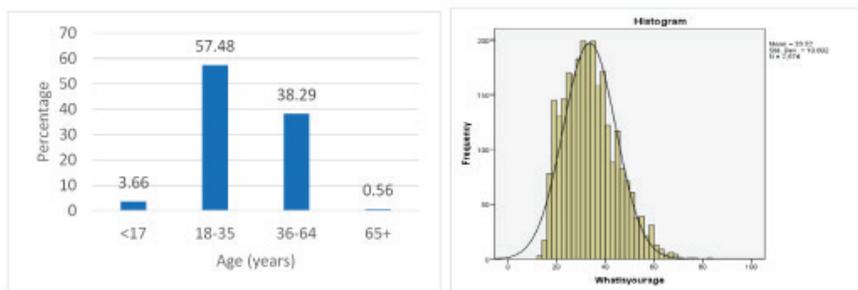


Figure 2: Distribution of Participants by age

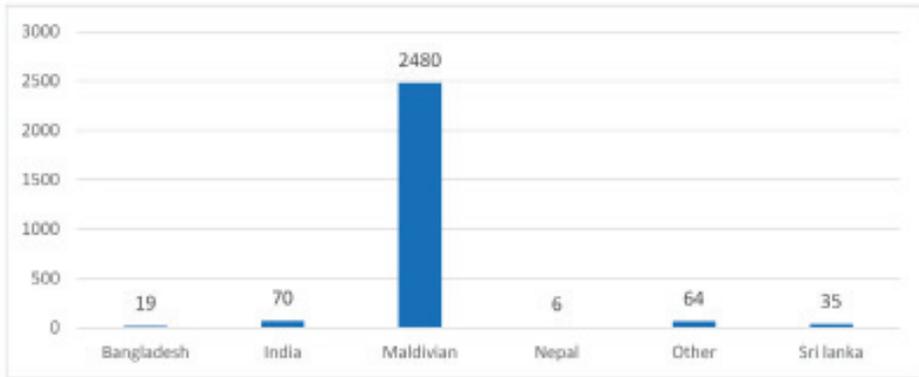


Figure 3: Nationality of Respondents

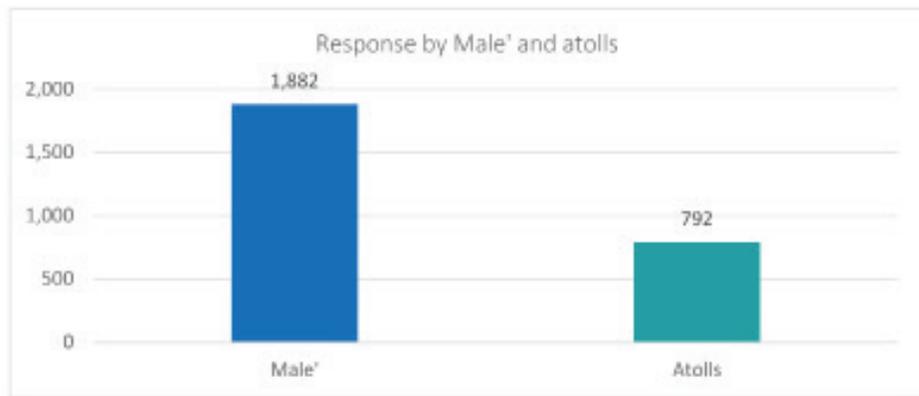


Figure 4: Distribution of participants by location

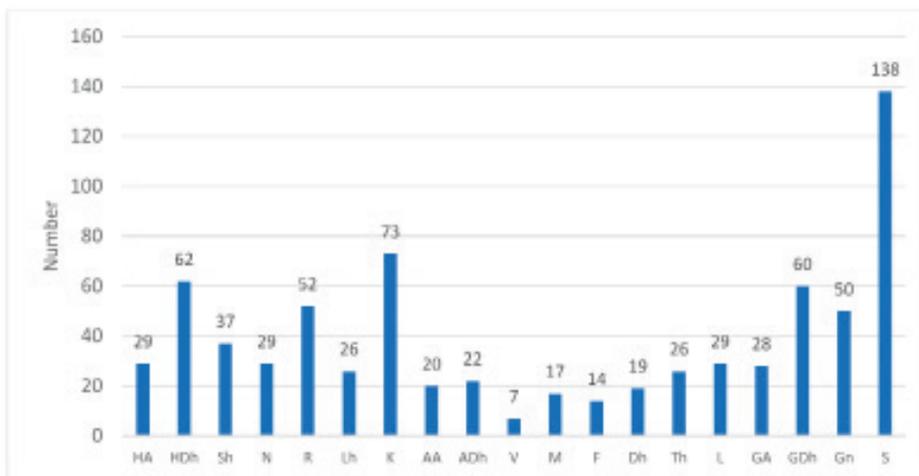


Figure 5: Distribution of participants by Atolls

3.2 Economic Aspects of Covid-19

3.2.1 Employment and income

As shown in figure 6, the main source of income is from being employed at a job for most males and females. The percentage of females who does not get an income is higher compared to males. Figure shows the situation related to the job among age categories. It is interesting to note that most (43%) of the children under 17 years of age chose ‘on pay leave’ as their job status. All the elderly people said that their income is secure and approximately 1/3 of the participants in the age groups 18-35 and 36-64 said that they are on reduced salary (Figure 7). A large proportion (40%) of the people who own a business said that they lost all income. About 30% said that they were extremely affected. The pattern is similar for both male and female participants.

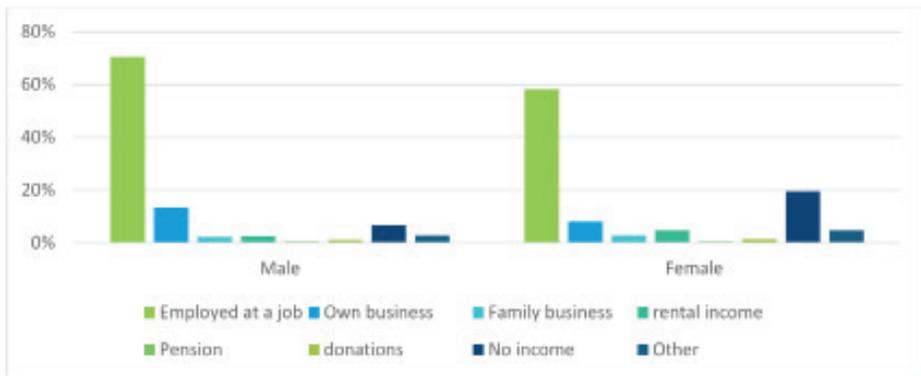


Figure 6: Main Source of Income before Covid-19

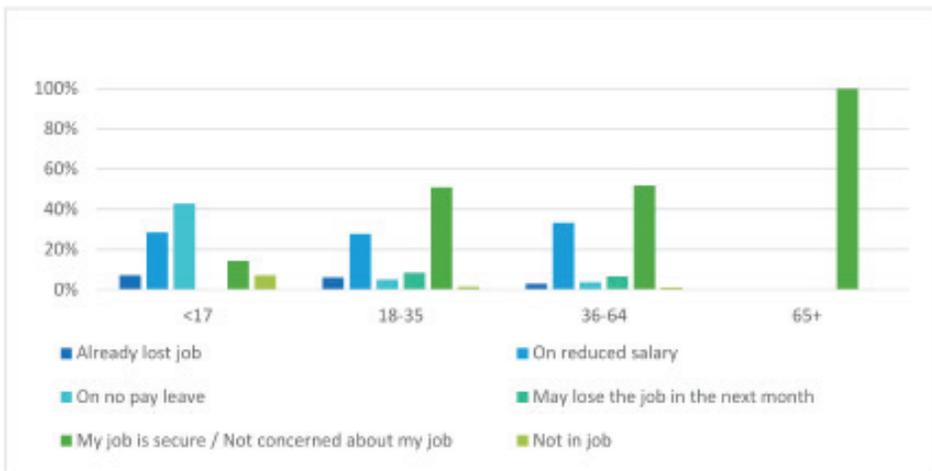


Figure 7: Job situation by age group

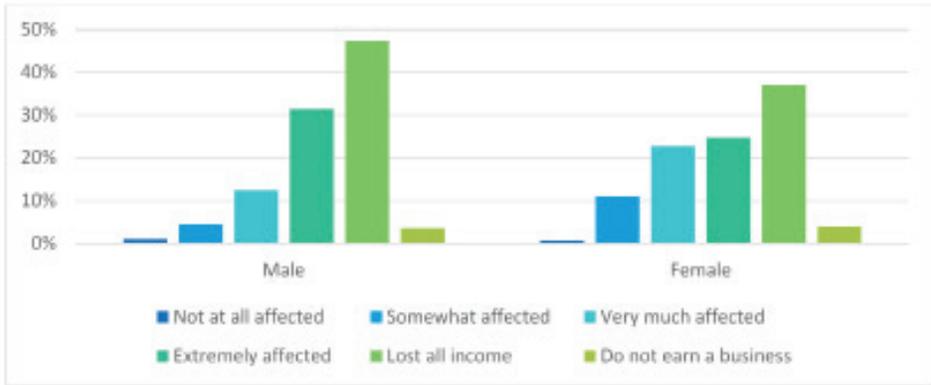


Figure 8: Effect on private businesses

Forty one percent of the participants expressed that covid-19 had a major impact on their ability to meet financial obligations. As shown in figure 9, more male participants reported major impacts due to Covid-19 on the ability to meet financial obligations and essential needs. Less than 10% of the males said that there is no impact. Majority of respondents, both males and females said that they have no need to send money to their family in the past month either because they are not living away from families or for other reasons (Figure 10). However, 12% of the participant declared that they were able to send less than 50% of what they normally transfer to their families.

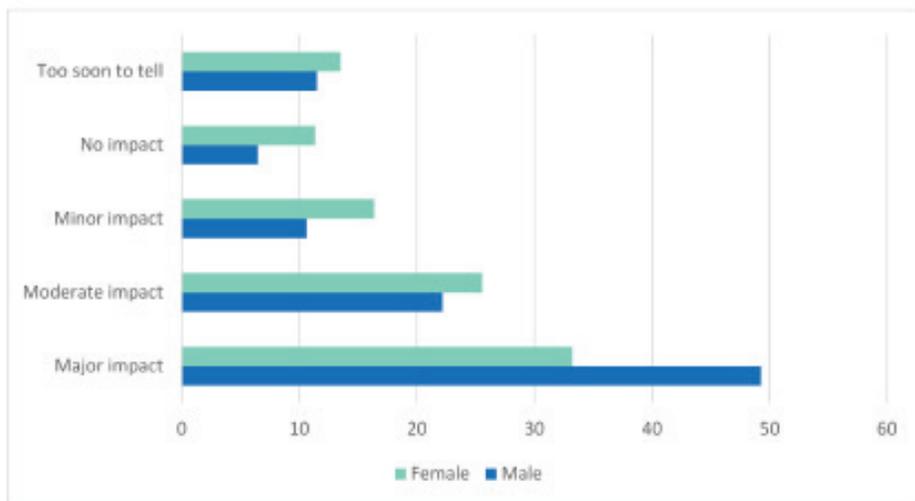


Figure 9: Impact on the ability to meet financial obligations and essential needs

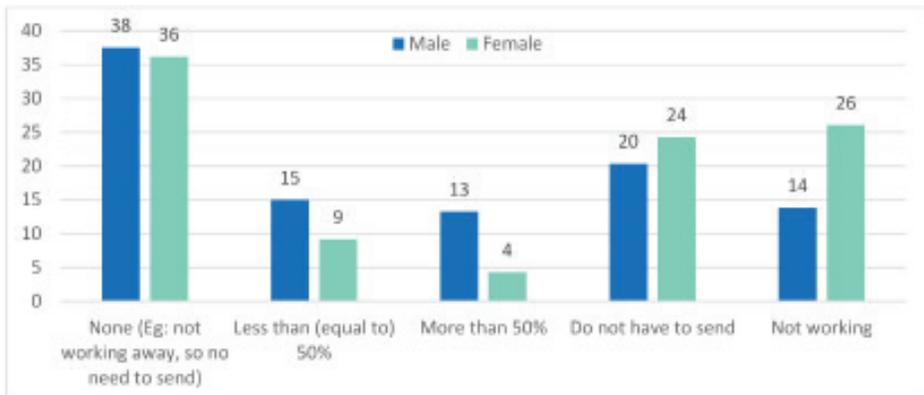


Figure 10: Percentage of income sent to families.

As shown in figure 11, most people (44%) did not work in the week before the survey was conducted since the nation was under lockdown with very strict measures. However, a large proportion of people worked (56%) out of whom 37% had access or the opportunity to work from home or online. A small percentage said that they had to attend to work two to three time a week or daily (8%).

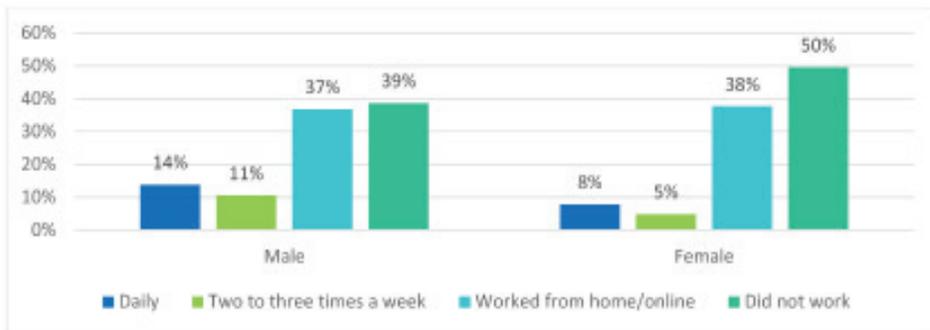


Figure 11: Attendance to work

3.2.2 Access to services and information

More than 25% said that they did not use delivery services. Most of the people used delivery service 1 to 3 times whether the size of household was big or small (Figure 12).

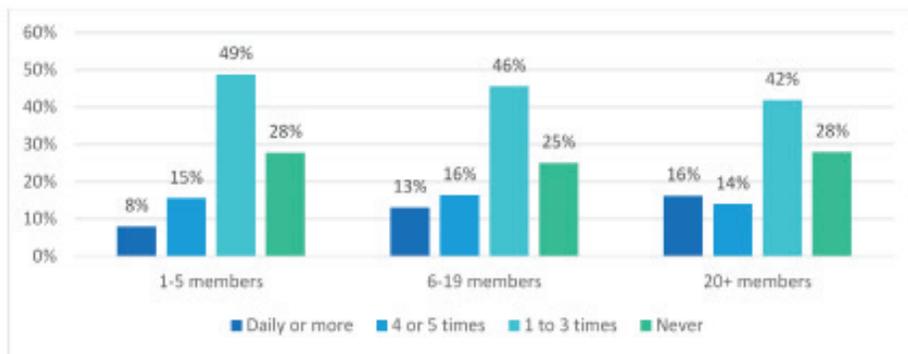


Figure 12: Frequency of delivery service by Household size

Most of the participants (62%) in all the age categories said that they did not have to use health services. As a result of free health care provided by the government, the Maldives is normally a place where people access health care a lot. It might be that some people did not access the health care services due to Covid-19 situation or it might be due to the low prevalence of communicable diseases due to lockdown. Most people who accessed health care used online health services (21%) (Figure 13).

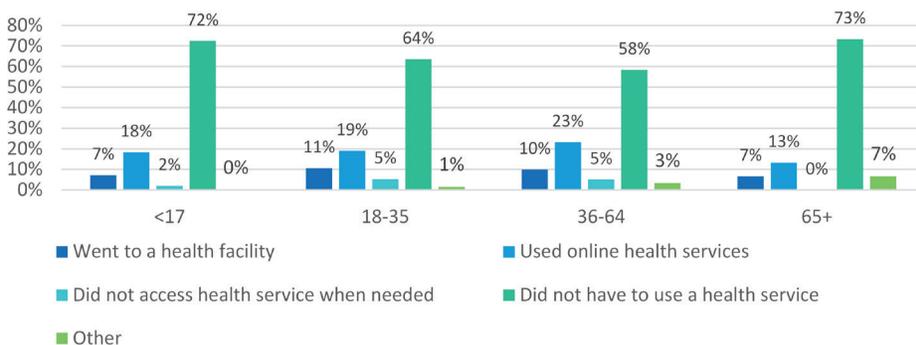


Figure 13: Access to health services

The type of social media most used by different nationalities are different (Figure 14). Maldivians and Sri Lankans stated that Viber is their most used social media while Bangladeshis use Facebook. Nepalis use Facebook and Viber equally. Indians and other nationalities use WhatsApp. People from all the nationalities marked Health Protection Agency as most useful source of information (Figure 15). This might be because HPA disseminates information in different languages as well. Social media was marked as the second useful source of information.

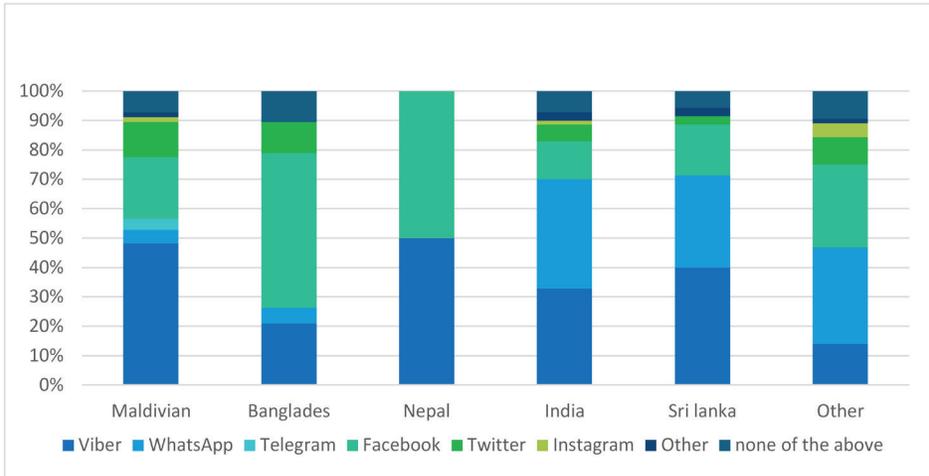


Figure 14: Type of media used to access information

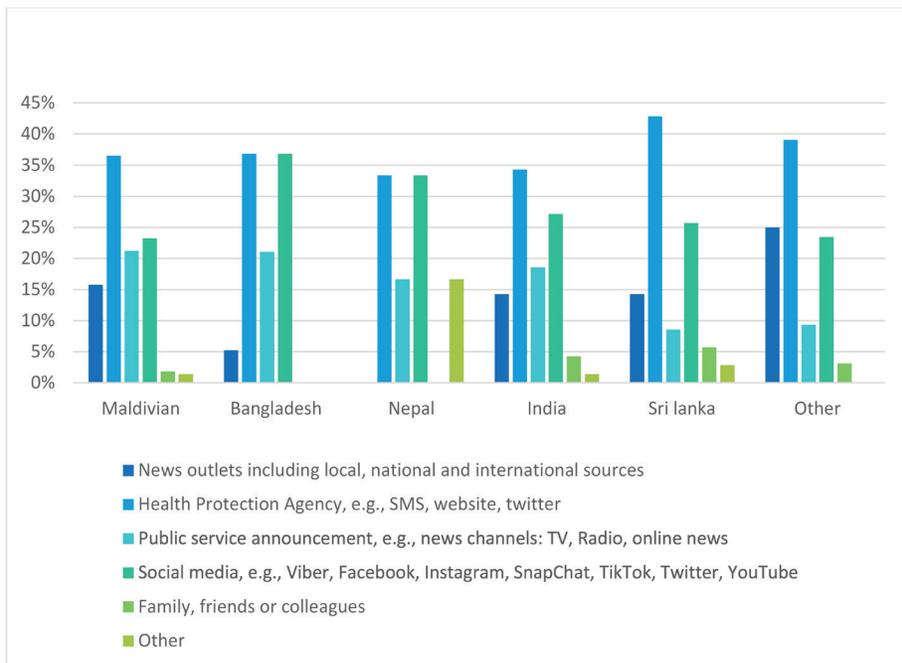


Figure 15: Source of information by nationality

3.3 Social Aspects of Covid-19

3.3.1 Knowledge of Covid-19

Figure shows the knowledge of the participants regarding prevention of Covid-19. The majority (85%) said it is through physical distancing, covering mouth when coughing, washing hands with soap, 11% said it by eating good food, staying home

and cleanliness, 4% said by having showers, washing hands and exercising and 1% said it is by checking for fever, building family ties and eating vitamins (Figure 16). When the data is disaggregated by nationality, a similar pattern among the responses are seen. 93% of the participants correctly identified the symptoms of covid-19. Among the nationalities, 100% of the Bangladeshis selected the most common symptoms of Covid-19 as fever, dry cough and tiredness (Figure 18). Others selected other symptoms such as sneezing, rashes, itichiness and a small percentage selected diziness, sneezing and stressful thoughts as symptoms of Covid-19. Although fever, dry cough and tiredness are the most common symptoms of Covid-19, people may have chosen other responses because the question asks



Figure 16: Knowledge of prevention methods of Covid-19

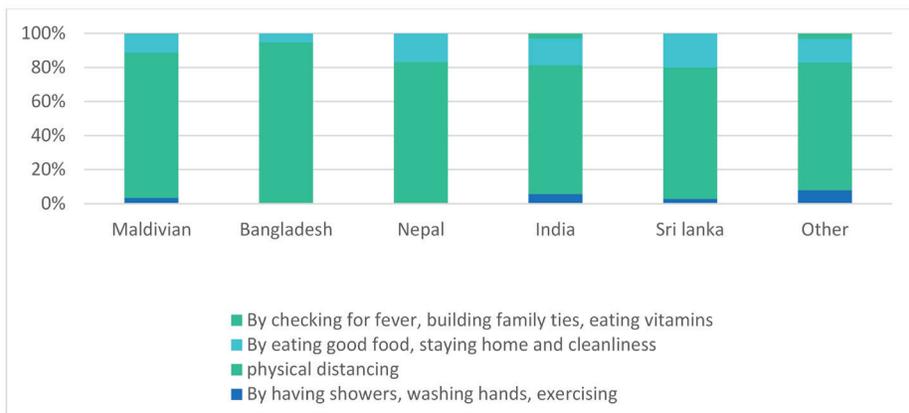


Figure 17: Prevention methods by Nationality

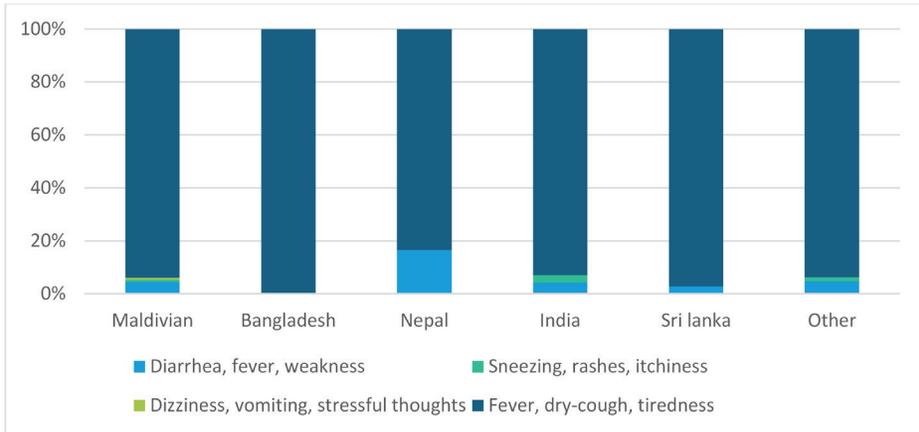


Figure 18: Knowledge of symptoms of Covid-19

3.3.2 Perceptions, Behaviours and concerns

Majority (90%) of the respondents said that they avoided leaving the house for non-essential reasons as a precaution taken to reduce risk of exposure to Covid-19. Washing hands more regularly was second precaution measure taken by most people to prevent from getting Covid-19 (Figure 19). Only 23% of the research participants planned for caring for household and family members who are ill and 35% planned for communicating with family, friends and neighbours (Figure 19). Most of the people reported that they used delivery services to buy essentials. Close to half of the participants (46%) said they went for shopping (Figure 20).

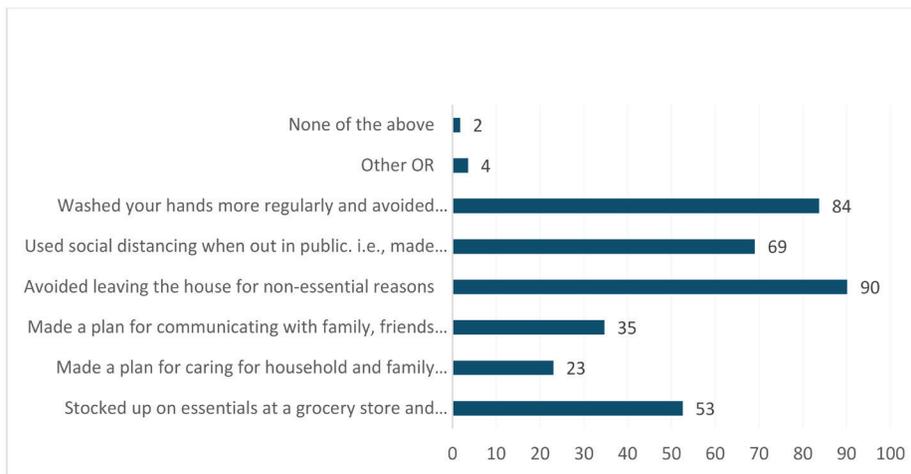


Figure 19: Precautions taken to reduce the risk of Covid-19

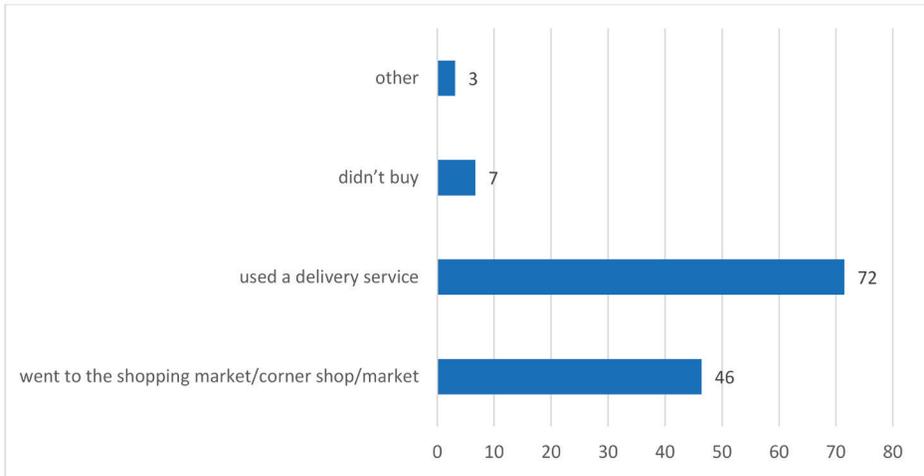


Figure 20: Precaution taken in making essential purchases (each option is out of 100%)

When people were asked whether they knew people who breached the government orders during lockdown, only 9% of the respondents said that they knew a lot of people. Majority (56%) said that they do not know at all and 34% said they knew a few people (Figure 21). Figures 22 and 23 shows the percentage of people who are very concerned and extremely concerned about maintaining social distance and being treated differently when quarantined or having to attend to work. 37% were very concerned and extremely concerned about being treated differently and 33% were very concerned and extremely concerned about maintaining social distance as instructed by the authorities. The age groups 18-35 and 36-64 shares a large proportion of the concerned groups since majority of the respondents are from these groups. When the percentage is recalculated using the total of each group as denominator to show the percentage of people who are very concerned and extremely concerned in each age category, similar proportion of people seems to be concerned.

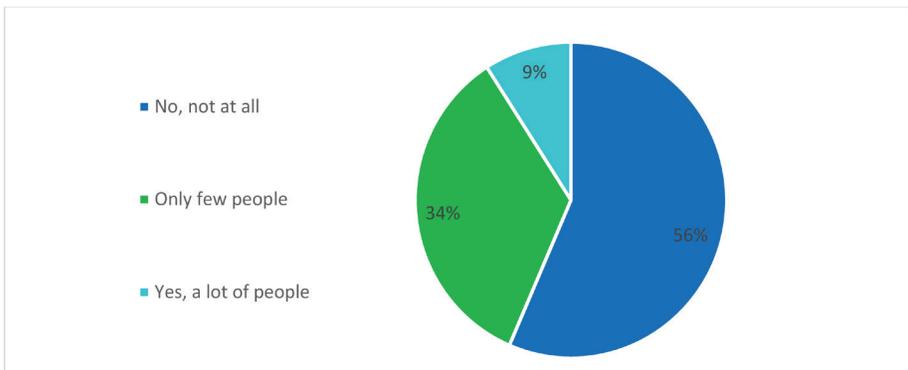


Figure 21: Knowledge of breach of government instructions during lockdown

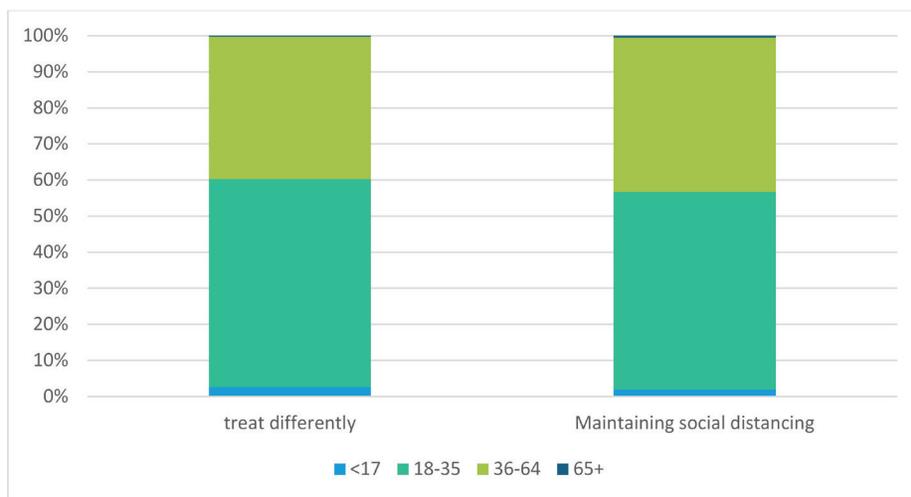


Figure 22: Concern about maintaining social distancing and being treated differently

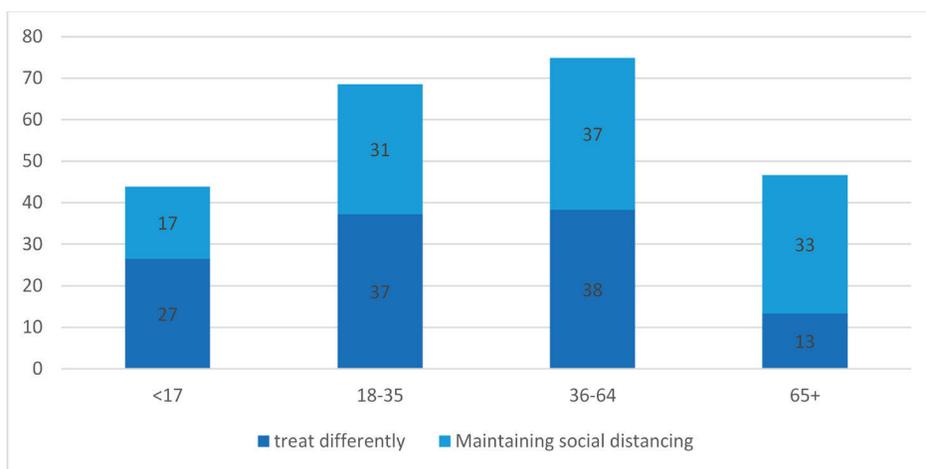


Figure 23: Extreme concern by age group towards maintaining social distancing and being treated differently because they had to attend to work

More than 50% of the people were very concerned and extremely concerned about care during and after crisis (Figure 24). A small percentage of people in each group said that they are not at all concerned or somewhat concerned. According to Figure 25, 46% were very concerned and extremely concerned about stress from confinement. However, there were no statistically significant differences about being concerned about stress from confinement between the age groups. When males and females are compared there are no significant differences in most cases. However, in the age group between 18-35, males are significantly more concerned about stress from confinement compared with females from the same age group.

The area where most people (62%) are extremely concerned about is overburdening the health system (Figure 26). Health of elderly is the second most big concern (83% were very concerned and extremely concerned) and the health of children/disabled people is the third concern of the respondents (84% were very concerned and extremely concerned). Figure 27 to 34 shows the percentage of these concerns by age categories and by gender. Although visually slight differences are observed, there are no significant difference in the concern among these groups.



Figure 24: Concern about caring for and supporting one another During and After the crisis

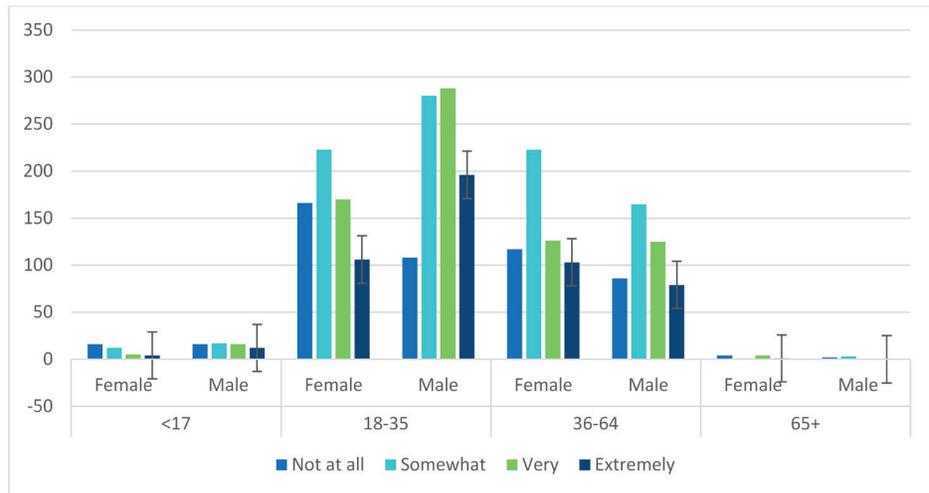


Figure 25: Concern about stress from Confinement

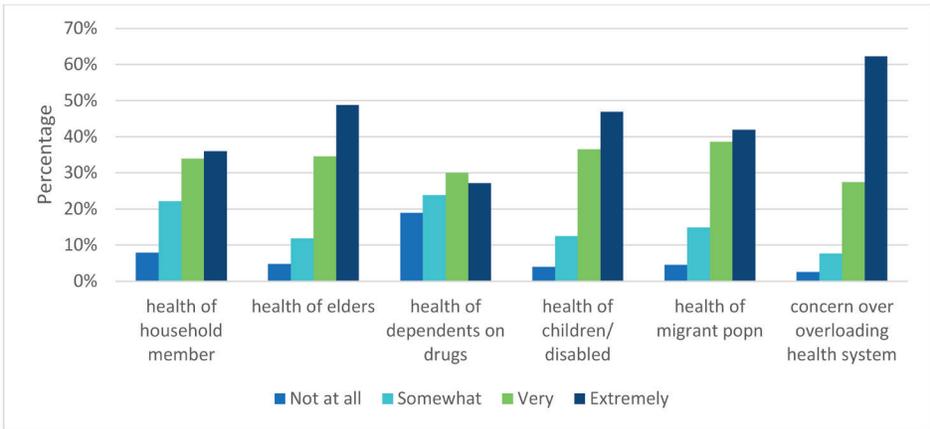


Figure 26: Concerns over the health of sub populations

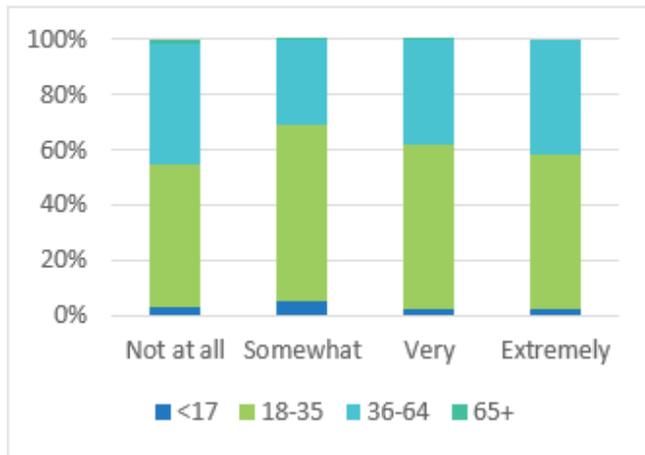


Figure 27: Concern about being treated differently for working outside home or get quarantined by age groups

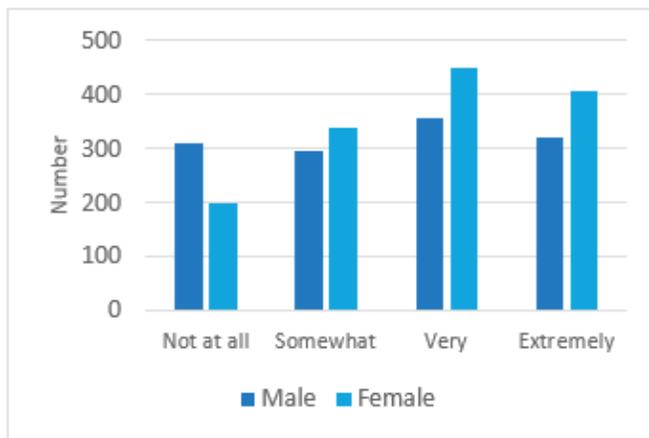


Figure 28: Concern about the health of people dependent drugs by gender

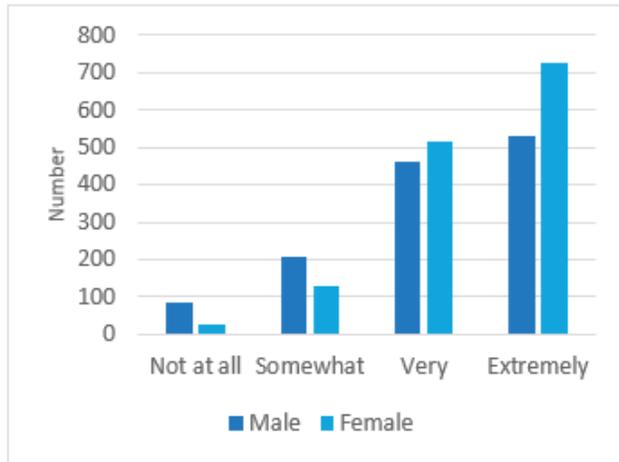


Figure 29: Concern over the health of persons with disabilities by gender

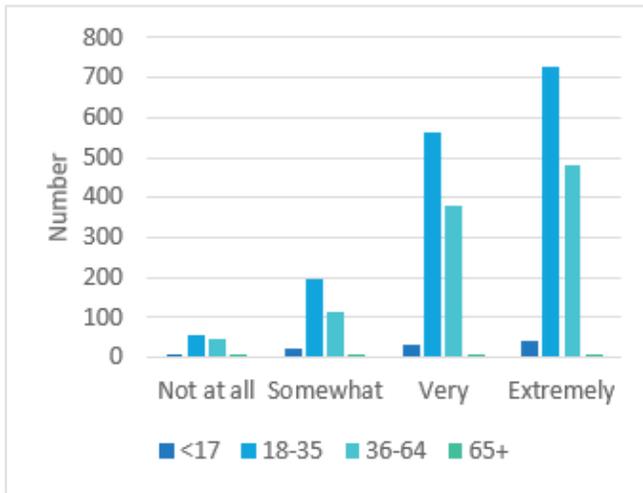


Figure 30: Concern over the health of persons with disabilities by age groups

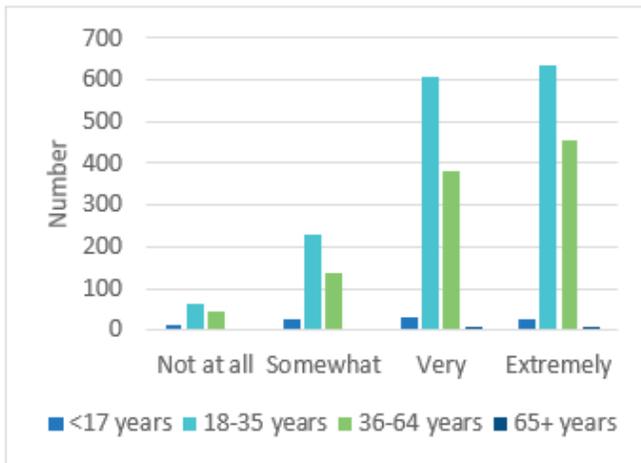


Figure 31: Concern over the health of migrants by age group

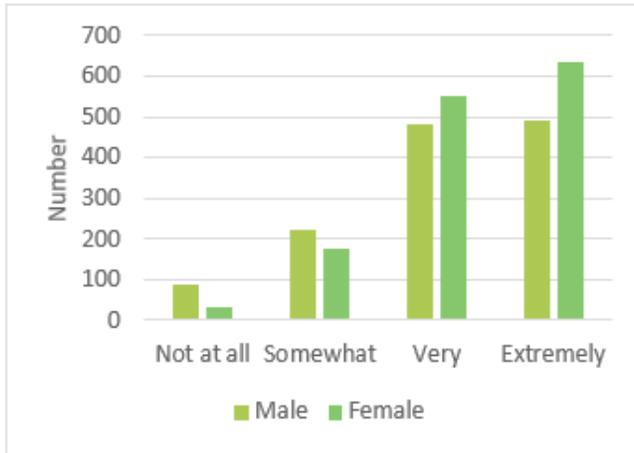


Figure 32: Concern over the health of migrants by gender

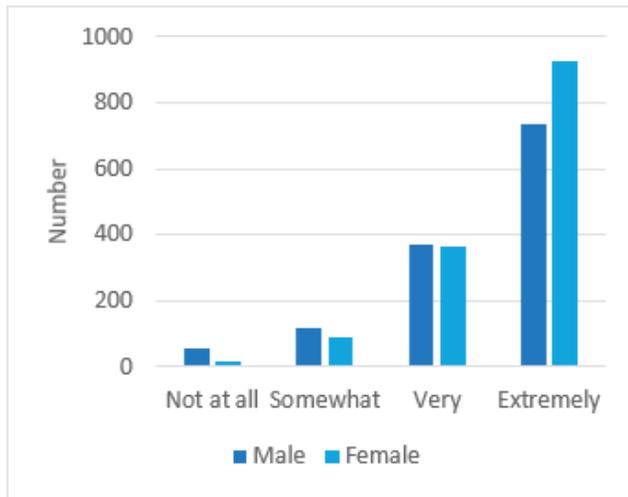


Figure 33: Concerns regarding overloading the health system by gender

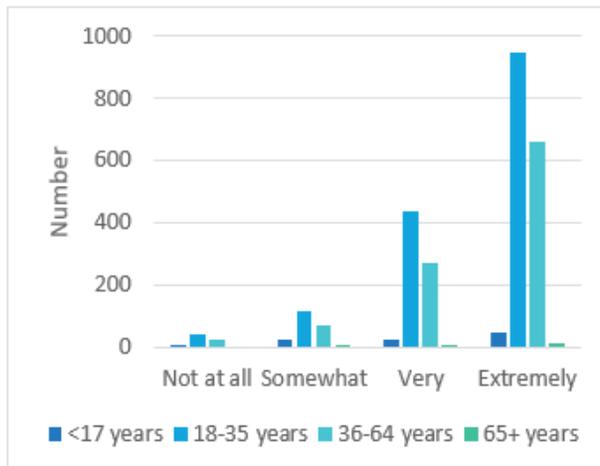


Figure 34: Concern regarding overloading health system by age group

Discussion

4.1 Social Aspects of Covid-19

The public health interventions, particularly risk communication during the pandemic can be said to have a huge impact on preventing disease transmission and control of the pandemic. The findings of the study show that knowledge on Covid-19 and its prevention is high among the population with 94.5% identifying Covid-19 symptom correctly and 85% correctly identifying preventive measures. This level of awareness is quite high and is consistent with that observed in China [12], while a study in India reported moderate level of knowledge among their population [13]. Furthermore, a very large proportion of the population (90%) had complied with the public health interventions instituted and stayed home during the lockdown period. This is again unlike that found in the Indian study that reported a large proportion of people felt that it is safe to travel within the country [13]. The information seeking behaviour also show that majority relied on accurate sources, particularly the Health Protection Agency (HPA), public announcements and social media (37%, 21% and 23% respectively) and only 3% relied on family and friends for information. It must be noted that HPA had used social media to the maximum during the pandemic response with communities created for providing disease specific information and preventive messages as well as Covid-19 situation updates, that is likely to have minimised reliance for information on other sources. This may be another element that contributed to the high level of correct knowledge which is unlike that found in UK and US that showed misinformation and misconceptions were high among their study population [14]. Other studies have indicated that unregulated social media may pose health risks due to misinformation and conspiracy theories [15]. The findings thus suggest that the communication strategy adopted in the national Covid-19 response was effective in combatting misinformation among the public.

Another aspect related to the compliance with the public health interventions and the lockdown, is the concern for the health of family and different population groups. The findings show a large proportion of the population were highly concerned (reported very and extremely concerned) with the health of the family (70%), elderly (83%), persons with disability (84%) and migrant population (81%), while the concern was less for people dependent on drugs (57%). A large majority (72%) was concerned with providing social support to family members during the lockdown. This is particularly relevant for residents of Male' area where family size has become smaller toward nuclear families that live in separate dwellings (NBS, 2015). While the concerns for health was high, concerns about other social issues remained. For instance, about a third (33%) of the people were concerned about their living condition that does not allow them to maintain social distancing and similar proportion (37%) was concerned about stigma that may be associated with being covid-19 positive or being contact of a case. This is consistent with findings elsewhere that a people infected with and exposed to Covid19 faced discriminations in their study populations [14]. Stress from being confined to their home was high with 46% reporting very or extremely stressed. At the same time, 17% of the people were concerned with domestic violence, and 16% of them

reported having knowledge of someone having to face domestic violence, which is comparable to the reported prevalence (17%) of domestic violence in the country [17].

The lockdown in Male' have reduced the traditional norms of accessing essential goods and services. However, majority availability of online purchasing and delivery of goods enabled access to goods with 72% using delivery service. Close to half of the population shopped 1-3 times a week. However, majority of the people (62%) did not use health services and about a quarter of the people used online health services and less than 9% went to a health facility. Although Maldives offers its residents free health care through 'Aasandha program', this study has shown that it has negatively affected the health seeking behaviours of the people too. This is contradictory to literature on the importance and achievements of universal health coverage where it has been found that UHC increases access, equity and utilisation of health services especially during times of crisis where the vulnerable becomes more vulnerable (20, 21, 22).

4.2 Economic aspects of covid-19

The pandemic response had a huge impact on people's income. While, prior to Covid-19 response a large proportion of the people earned income through employment (71%), with lockdown, 10% of the people lost all income due to layoffs or retained with no-pay leave and a third of the employed were retained on reduced salary. While another 10% reported likelihood of losing their job if the situation continues, almost 50% reported their jobs were secure. During the lockdown more than half of the people worked either from home (33%) or going to work (19%), but 44% reported not working. It was observed that the income of the Maldivian elderly participants (>65years) was secure while it was the working population who was most affected in their ability to meet financial obligations. This may be a result of the existing safety nets established for the elderly by the government.

This contrast with the tourism sector's rapid livelihood assessment conducted in the wake of Covid-19 in the Maldives [19], which showed 16% terminations and 84% retained with reduced pay, while this study showed only 5% termination. The finding from this study on those on reduced salary is closer to the government job portal assessment that showed 35% retained with reduced salary, however, the proportion that reported no pay was much less (5%) than that was observed in the job portal assessment (49%) [18]. This discrepancy is likely since this study was targeted to the whole population that includes civil service employees as well. The largest economic impact was observed among those who owned individual or family businesses (16% of the respondents). While 40% of this group of people lost all their income for the lockdown period, 50% of the businesses were affected to a large extent (very and extremely affected). At global, ILO (2020) level it has been identified self-employed and micro-employment accounts for about 70% of employment in retail and 60% in accommodation and good services and these are identified as the hardest hit enterprises[19].

4.3 Limitation

Although representativeness, reliability and validity were ensured, findings from this study must be generalised with caution. The use of online tools limits the participation of certain important population groups, including the elderly and disadvantaged population groups such as migrants in the country. However, attempts were made to access these population groups through informal networks. Maldives has a high utilisation of mobile phones and internet utilization rate with 246.9 mobile subscriptions per 100 people (23). Nevertheless, as expected the participation of these groups were low in the study. The fact that the questionnaire was available in 3 languages (Dhivehi, English and Bangla) may have limited the representation of non-local, non-Bangladeshi foreigners in the country which makes up 16% of the population. The responses are self-reported and there was no other mechanism to double check the responses which may affect the reliability of the responses and may have skewed the distribution of some of the variables studied in the survey. Findings are more applicable to urban settings than the rural context, hence generalisations to the atolls and islands must be made with restraint.

Conclusion

While the study did not collect information on the impact of the interventions at individual level, the lower number of reported cases of Covid-19 in the Male' area compared to the estimated number can be assumed to have been a result of the interventions and behaviours adopted by the people. Covid-19 has affected the behaviours and perception of the people such as an increased usage of online services, delivery services and a reduction in the use of health services. The national Covid-19 communication strategy demonstrated itself as a success by creating a highly informed community on the prevention, and precautionary methods. However, the containment of the Covid-19 has come with a high economic cost to the people which is likely to have medium to long-term impact on the livelihoods of the population. Targeted safety nets for the financial protection of businesses as well as individuals is vital.

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or pharmaceuticals

- a. Went to a health facility
- b. Used online health services
- c. Did not access health service when needed
- d. Did not have to use a health service
- e. Other
- e1. If others, please specify

3. ވަނަ ވަނަ ދަތުރު ފަދަ ސަރުކާރުގެ ފަރާތް ފިޔަވައި
 ޕްރައިވެޓް ސަރުކާރުގެ (ފަރާތްތަކުގެ ސަރުކާރުގެ ސަރުކާރުގެ)

ހ. ސަރުކާރުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ށ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ނ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ރ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި

5. Used a delivery service for household items (including groceries) and food deliveries (eg: from café' and restaurants)

- a. Daily or more
- b. 4 or 5 times
- c. 1 to 3 times
- d. Never

4. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި
 (އެއް ފަހަރު ފަދަ ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި)

ހ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ށ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ނ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ރ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި

6. Do you personally know of people breaching the HPA orders?

- a. No, not at all
- b. Only few people
- c. Yes, a lot of people

ހ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ށ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި

How concerned are you about each of the following impacts of Covid-19?

7. How concerned are you about people treating you or your household members differently, if you work out of home or get quarantined (home or facility)?

- a. Not at all
- b. Somewhat
- c. Very
- d. Extremely

ސ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި
 ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

5. ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި
 ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި
 ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ހ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ށ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ނ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

ރ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

8. How concerned are you about maintaining physical distancing at home?

- a. Not at all
- b. Somewhat

ހ. ސަރުކާރުގެ ފަރާތް ފިޔަވައި ފަރާތްތަކުގެ ސަރުކާރުގެ ފަރާތް ފިޔަވައި

Covid-19?

12. ވަރަށް ދަތުރު ވާ

- a. Not at all
- b. Somewhat
- c. Very
- d. Extremely

13. ވަރަށް ދަތުރު ވާ

12.1 ވަރަށް ދަތުރު ވާ 12.1 ވަރަށް ދަތުރު ވާ

19. Would you say, you are able to maintain social relationships as before Covid-19?

14. ވަރަށް ދަތުރު ވާ

- a. Not at all
- b. Somewhat
- c. Very
- d. Extremely

15. ވަރަށް ދަތުރު ވާ

13. ވަރަށް ދަތުރު ވާ 13. ވަރަށް ދަތުރު ވާ

20. What was your main source of income before Covid-19?

16. ވަރަށް ދަތުރު ވާ

- a. Employed at a job (Company, government or under an individual)
- b. Own business, work or freelancer
- c. Family business
- d. Rent or real estate
- e. Pension and other social schemes
- f. Donations from relatives and friends
- g Do not get an income
- h. Other
- h1. If others, please specify

17. ވަރަށް ދަތުރު ވާ

18. ވަރަށް ދަތުރު ވާ

19. ވަރަށް ދަތުރު ވާ

14. ވަރަށް ދަތުރު ވާ 14. ވަރަށް ދަތުރު ވާ

20.1. What situation is most applicable to you of the following in relation to your job?

20. ވަރަށް ދަތުރު ވާ

- a. Already lost job
- b. On reduced salary
- c. On no pay leave
- d. May lose the job in the next month
- e. My job is secure / Not concerned about my job
- f. Not in a job

21. ވަރަށް ދަތުރު ވާ

22. ވަރަށް ދަތުރު ވާ

23. ވަރަށް ދަތުރު ވާ

15. ވަރަށް ދަތުރު ވާ 15. ވަރަށް ދަތުރު ވާ

24. ވަރަށް ދަތުރު ވާ

21. If you work away from family, were you able to send money to your family in the past month? Please identify the

25. ވަރަށް ދަތުރު ވާ

- d. Not working in Covid19 response
- c1. If indirectly, please specify

މިގޮތުން

5. ބ. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

6. ބ. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

Section 3: Health problems

The next questions ask about difficulties you may have during certain activities because of a health problem

28. Do you have difficulty seeing, even when wearing your glasses or contact lenses?

21. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 22. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 23. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

- a. No difficulty
- b. Some difficulty
- c. A lot of difficulty
- d. Cannot do at all

29. Do you have difficulty hearing, even when using a hearing aid(s)?

24. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 25. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

- a. No difficulty
- b. Some difficulty
- c. A lot of difficulty
- d. Cannot do at all

30. Do you have difficulty walking or climbing steps?

22. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 23. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

- a. No difficulty
- b. Some difficulty
- c. A lot of difficulty
- d. Cannot do at all

31. Do you have difficulty remembering or concentrating?

24. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 25. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

- a. No difficulty
- b. Some difficulty
- c. A lot of difficulty
- d. Cannot do at all

32. Do you have difficulty with self-care, such as washing all over or dressing?

26. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް
 27. ބަނޑު ދަތި ވާނެ ގޮތެއް ހުރިނަމަ ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް ބަނޑު ދަތި ވާނެ ގޮތެއް

- a. No difficulty
- b. Some difficulty

- c. A lot of difficulty
- d. Cannot do at all

މަދުވާ ގަނޑު ތަކުގެ ތެރެއިން ގަނޑެއް ދެކޮޅު ހަދަން ވާނެ ގޮތެއް ހުރިނެތީ ބަލާށެވެ؟

ހ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ
ށ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ

33. Using your usual language, do you have difficulty, for example understanding or being understood?

- a. No difficulty
- b. Some difficulty
- c. A lot of difficulty
- d. Cannot do at all

ހ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ (އެއްވެސް ގޮތެއް ހުރިނެތީ ބަލާށެވެ)

ށ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ

ނ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ (ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ)

ރ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ

Section 4: Demographics

34. What is your age?

ހ. 19-24 އަހަރުގެ ތެރޭގައި ވާނެ ގޮތެއް ހުރިނެތީ ބަލާށެވެ

35. What is your gender?

- a. Male
- b. Female

ހ. ފަންނަނެވެ

ށ. ފެންނަނެވެ

ނ. ފެންނަނެވެ (ފެންނަނެވެ)

36. What is your marital status?

- a. Never married/single
- b. Married
- c. Divorced/Separated
- d. Widowed

ހ. 19-24 އަހަރުގެ ތެރޭގައި ވާނެ ގޮތެއް ހުރިނެތީ ބަލާށެވެ

ށ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ (އެއްވެސް ގޮތެއް ހުރިނެތީ ބަލާށެވެ)

ނ. ވަރަށް ގަނޑު ހުރިނެތީ ބަލާށެވެ

37. Where are you from?

- a. Maldives
- b. Bangladesh
- c. Nepal
- d. India
- e. Sri Lanka
- f. Other
- f1. If others, please specify

ހ. ފަންނަނެވެ

ށ. ފެންނަނެވެ

ނ. ފެންނަނެވެ

ރ. ފެންނަނެވެ

ބ. ފެންނަނެވެ

ކ. ފެންނަނެވެ

b1. Do you have your immigration card with you?

- Yes
- No

ހ. ފަންނަނެވެ

ށ. ފެންނަނެވެ (ފެންނަނެވެ)

ނ. ފެންނަނެވެ (ފެންނަނެވެ)

38. How many people live in your

