



This project is co-funded by  
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# VALUES IN CRISIS

## WAVE 2

Values under the imprint of COVID-19 pandemic in the Maldives



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Values in Crisis Survey (Wave 2)  
**Summary Report**

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The Maldives National University (MNU) is a state-funded university catering to more than half of the tertiary population of the Maldives. The MNU strives to perform and be acknowledged as the outstanding academic institution of the nation and one of the finest in the region with a mission to create, discover, preserve, and disseminate knowledge necessary to enhance the lives and livelihoods of people and essential for the cultural, social, and economic development of the society so that this nation shall remain free and Islamic forever.



UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in nearly 170 countries and territories, UNDP offers global perspective and local insight to help empower lives and build resilient nations.

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# INTRODUCTION

The Coronavirus disease-19 (COVID-19), which emerged as early as November 2019 and was declared a pandemic in February 2020 (Adam et al., 2020) is one of the most dramatic social crisis that both the Maldives and the world has witnessed in recent decades.

The first case of COVID-19 in the Maldives was detected in early March 2020 from tourists, and a community spread was detected by mid-April 2020. Like many other countries, the response in the Maldives was unprecedented.

From mobility restrictions to business closures, containment measures escalated to a full-scale country border closure, lockdowns, and curfews (Moosa et al., 2021). These restrictions created an intensely disruptive situation that has affected livelihoods in the short term and long term.



**The Values in Crisis (VIC)** survey is a scientific study exploring and clarifying how the public perceived the Coronavirus pandemic and what they thought about its consequences for themselves, their loved ones, and the society. Additionally, the VIC survey studied how moral values behave during times of crisis. Accordingly, the survey includes questions about values, social cohesion, trust in institutions, along with many other aspects that impact on society. The study was designed by an **international team of academic researchers** supported by a network of renowned universities across the world. The **Maldives National University (MNU)** is the **local contributor to the VIC surveys**.

The **VIC survey wave 1** was completed in the Maldives in **June 2020** during the sixth week of the initial lockdown in the greater Malé area (GMA). The online survey used a sample-frame to recruit a **representative sample of at least 1000 residents across the Maldives**. Findings from the VIC survey wave 1 were reported in several phases including a statistical release (see MNU, 2020), project summary report (see UNDP & MNU, 2020), journal publications (see Riyaz et al., 2020; Musthafa et al., 2020; Moosa et al., 2021), as well as by webinar and seminars (Riyaz et al. 2021a; Riyaz et al. 2021b; Riyaz et al. 2021c). The dataset from the survey is publicly available at Aschauer et al. (2021).

The **VIC survey wave 2** was carried out using a standard international **online survey questionnaire** (which was a modification of the VIC survey questionnaire of wave 1) with minor changes to include questions on vaccinations and conspiracy theories related to the pandemic etc., notwithstanding other revisions. This survey was completed on December 14, 2021. It covered respondents from VIC survey wave 1, and at a time when the country was recovering from the third wave of the pandemic in the Maldives.

This document summarises the **key findings from the VIC survey wave 2**. The descriptive statistics of all survey questions can be found at the project web-page of the Maldives National University.

## **COVID-19 CRISIS IN THE MALDIVES** **TIMELINE**

The following provides a timeline to contextualise the development of the crisis, leading to escalated movement restrictions, curfews, and lockdowns that the current generations in the Maldives had not witnessed in their lifetime. The timeline also shows when things started to ease with the introduction of COVID-19 vaccination leading to a 'new normal'.

**2019**

**31 DECEMBER**

A new virus from China initially reported to the WHO

**2020**

**7 JANUARY**

The virus was identified by the Chinese authorities

**30 JANUARY**

WHO declared COVID-19 outbreak a global health emergency

**11 MARCH**

WHO declared COVID-19 crisis a global pandemic

**7 MARCH**

First COVID-19 positive cases in the Maldives (from tourists)

**30 JANUARY**

Direct flights from China to Maldives suspended

**12 MARCH**

Public health emergency was declared in the Maldives

**18 MARCH**

All non-essential government and public offices and schools closed

**20 MARCH**

Government Economic Recovery Plan (RRP) and income support initiated

**2 APRIL**

A three-hour (5 pm to 8 pm) curfew in the GMA enforced

**27 MARCH**

Maldives country border closed

**25 MARCH**

A blanket suspension of on-arrival tourist visa was announced

15 APRIL

First local case of COVID-19 detected in Malé

15 APRIL

First lockdown enforced in the GMA. Inter-island movement restrictions enforced. Only essential business allowed with permit. Social distancing and mask mandated

28 APRIL

The first community transmission outside of the capital, in an outer atoll confirmed

25 MAY TO 3 JUNE

**VIC survey wave 1** rolled out across the Maldives

APRIL TO JUNE

Any identified COVID-19 positive case was sent to isolate in a remote island, facilitated by HPA. Direct contacts of the cases were sent to another remote location. The homes marked with HPA notice for the public to stay clear of the place.

29 APRIL

First COVID-19 related death: a Maldivian woman of 83 years

14 JUNE

Partial opening of government institutions. Schools to remain closed. Higher education institution to continue online classes

JUNE

Revision on quarantine/isolation, allowing community-based isolation from the earlier remote isolation/quarantine model

15 JULY

Reopened country border. Tourist resorts, safari vessels resumed

5 JULY

Government offices and schools reopened

1 JULY

Lockdown in the GMA removed. Continued movement restrictions & curfew 10 pm to 5 am enforced. Gathering of three or less people in public spaces allowed

15 JULY

Inter-island travel allowed between islands without any COVID-19 cases. Movement from GMA and from islands with COVID-19 cases continues to be restricted

JULY TO AUGUST

A steady peak of COVID-19 positive cases detected daily, average 150 a day

15 OCTOBER

Guesthouses allowed to resume operations

30 DECEMBER

COVID-19 related government income support terminated

18 DECEMBER

Curfew in the GMA lifted and end to the restrictions on large social gatherings



**2021**

**31 JANUARY**

A spike of COVID-19 positive cases peaked reaching 215 cases in a day, also spreading to the other islands at a large scale

**1 FEBRUARY**

COVID-19 vaccination initiated in the Maldives. Free for all residents

**3 FEBRUARY**

Strict curfew from 11.30 pm to 4.30 am enforced in GMA

**20 MAY**

Third spike of COVID-19 cases peaked reaching 2,194 cases in a day

**3 APRIL**

Second dose of COVID-19 vaccination initiated in the Maldives

**1 APRIL**

Curfew lifted

**26 MAY**

Second lockdown/strict curfew enforced in the GMA. Limited movement only between 8.00 am to 4.00 pm

**JULY**

Curfew that enforced movement restrictions lifted

**1 SEPTEMBER**

A PCR test not required to travel to islands with 90% vaccination coverage. Traveller should have completed two doses of vaccination & the COVID-19 positivity rate at the time should be below 5%

**1 OCTOBER**

Booster dose of COVID-19 vaccination initiated

**AT 1 NOVEMBER**

First dose: 395,699 out of 546,399 (72%) resident population

**AT 1 NOVEMBER**

Second dose: 358,744 out of 546,399 (66%) resident population

**6 NOVEMBER TO 14 DECEMBER**

**VIC survey wave 2** rolled out across the Maldives

**AT THE TIME OF SURVEY**

Mask mandate continues to be in place. No strict enforcement.

A low-angle photograph of banana leaves and fruit against a clear, deep purple sky. The leaves are large, green, and slightly yellowed, with some showing signs of wear or damage. The banana bunches are visible at the bottom, hanging from the stems. The overall mood is serene and tropical.

# RESEARCH DESIGN

The VIC survey is designed as a panel study that surveys the same group of people across three timestamps of the crisis:

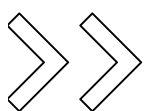
- **Wave 1 “Amidst the Crisis”**  
At the onset of the crisis, when curfew-like measures are still in effect
- **Wave 2 “End at Sight”**  
At a point in time when public life begins to return to relative normal
- **Wave 3 “After Recovery”**  
When the economy has recovered from its expected recession

The VIC survey wave 1 was conducted in 18 countries in 2020. These include Austria, Brazil, Chile, China, Columbia, Georgia, Germany, Greece, Hong Kong, Italy, Japan, Kazakhstan, Korea I, Korea II, Maldives, Poland, Sweden, and the United Kingdom.

**Wave 2 was initiated when things started to return to relative normal with large scale vaccination campaigns and coverage across the world in 2021.**

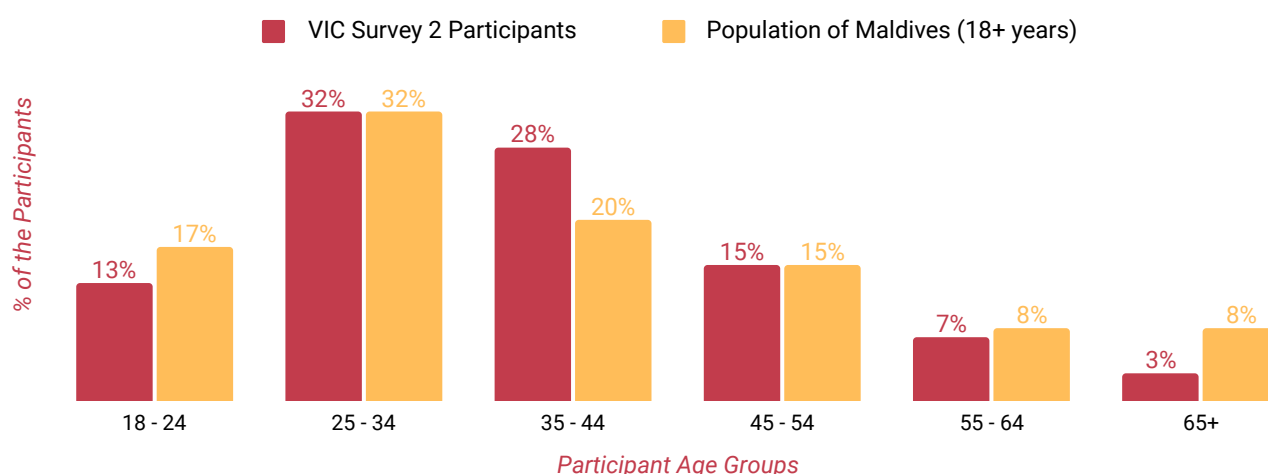






## SAMPLE AND PARTICIPANT RECRUITMENT

The wave 1 panel was selected from 27 clusters across the Maldives, with a target of recruiting 40% of the participants from urban (cities) and 60% from rural (other islands) cohorts. Further stratifications were applied to the gender (targeted to consist of 49% females and 51% males) based on the population demographics. Similar stratifications were applied to participant age groups.



**Figure 1.** Comparison of the sample versus population representation across age groups

It is acknowledged that there is no urban-rural distinction officially recognised in the Maldives. National surveys make a distinction of Malé (as the urban centre) and Atolls (as the rest of the country) (e.g. MoH & ICF, 2018; NBS, 2015; NBS, 2016). For this study,

- **Urban clusters** are taken as all the islands/atolls that have been assigned city-status by the government of Maldives.
- **Rural clusters** are derived from the remaining atolls of the Maldives, excluding the capital island of each atoll, to replicate 'rural' settings for cross-country comparison. The clusters and target sample size used for Wave 1 of VIC survey are shown in Table 1 and Table 2.

To further confirm the representativeness, other variables such as household income and educational qualification from the VIC survey data were compared with Household Income Expenditure (HIES) (NBS, 2016). The data shows that there is no statistical difference in the average household income between both surveys.

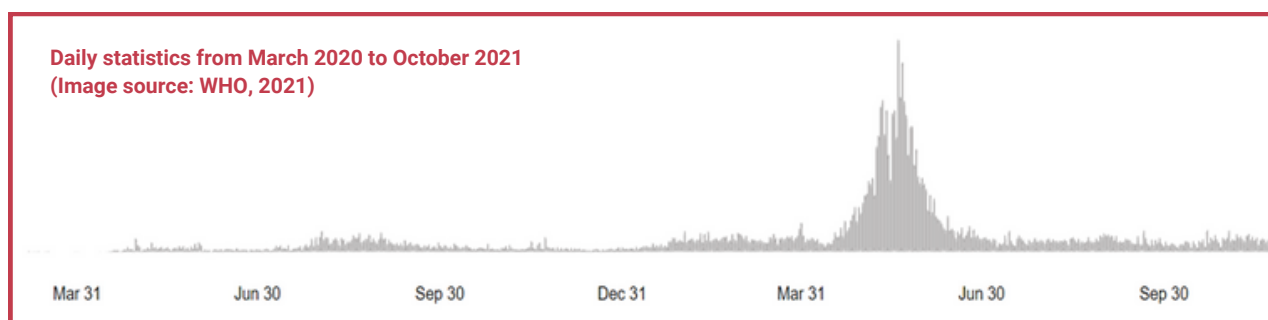
Furthermore, there are no statistically significant differences in most of the categories of the educational levels between HIES and VIC Survey. Details on the research methodology and the representativeness of the sample can be found in Riyaz et al. (2020).

## DATA COLLECTION IN THE MALDIVES

**Wave 1 of the VIC survey** in the Maldives was conducted from **25 May to 3 June 2020** during the initial lockdown following the community spread of COVID-19 in the GMA. Using an online panel was the most feasible option, given the continued movement restrictions following social distancing measures as well as various levels of lockdown/curfew within and across cities and islands.

Likewise, even with many of the earlier restrictions removed, and given the reduced case rate in the Maldives for COVID-19 cases (with continued precautionary measures in terms of travel and social distancing), the **VIC survey wave 2** was continued as an online survey and was conducted from **6 November to 14 December 2021**.

In the Maldives, from March 2020 to the start of data collection for wave 2 of this survey in November 2021, there were over **88,713 confirmed cases** of COVID-19 with a daily average positive cases recorded at **116**. Daily cases were on the decline at the time of the second survey, as seen from HPA (2021) data (see Figure 2).



**Figure 2.** Confirmed COVID-19 cases in the Maldives, by 1 November 2021

As soon as vaccines were approved for emergency use (MoH, 2021), free inoculation for all residents of Maldives, including expatriate workers, was initiated in February 2021.

When the **VIC survey wave-2 began in November 2021**, the Maldives reported a **vaccine coverage of 65.7%** (358,744 out of 546,399 resident population as at 2 November) with **two doses** (MoH, 2021). By then, the first dose had been administered to **394,699 people**.

Against this background, this Values in Crisis Survey explores the socioeconomic experiences, social value orientations, and various attitudes of Maldivian society during the COVID-19 pandemic and a time when the crisis was seen to be easing ('end-in-sight') after 1.5 years of the pandemic. The panel study, surveying the same people throughout the different stages of the COVID-19 pandemic, shows how these respondents' perception of the crisis transforms and how these changes in perspective has had an affect their moral values and social orientations.

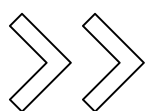




# KEY FINDINGS

A total of 616 adults (240 from urban clusters and 240 from rural clusters) participated in the survey. This amounts to a response rate of 60% of the panel of 1026 participants from wave 1 of the survey.





## SOCIOECONOMIC EXPERIENCES DURING COVID-19 PANDEMIC IN THE MALDIVES: END-AT-SIGHT

### HEALTH AND ECONOMIC EXPERIENCES

#### EXPERIENCES OF COVID-19

Since April 2020 to the time of the survey in December 2021, 82% of the population had tested for COVID-19 at least once. Less than a quarter (23%) of the respondents had tested positive.

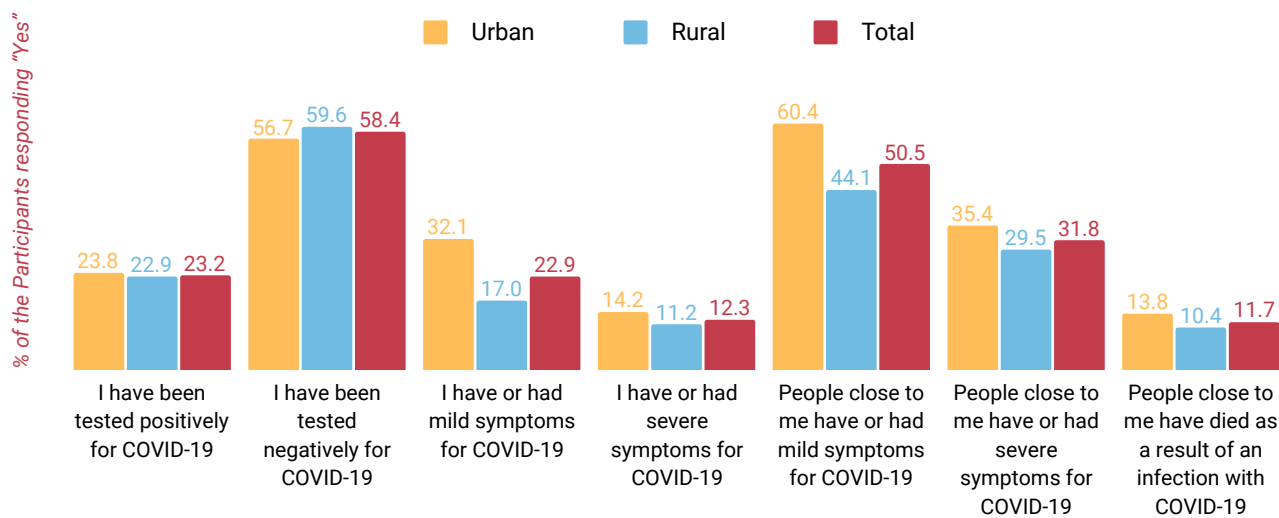


Figure 3. COVID-19 related health experiences of participants (urban/rural)

This set of questions determines the direct impact and or experiences of contracting COVID-19, including testing for COVID-19 and experiences of the disease symptoms and loss of loved ones.

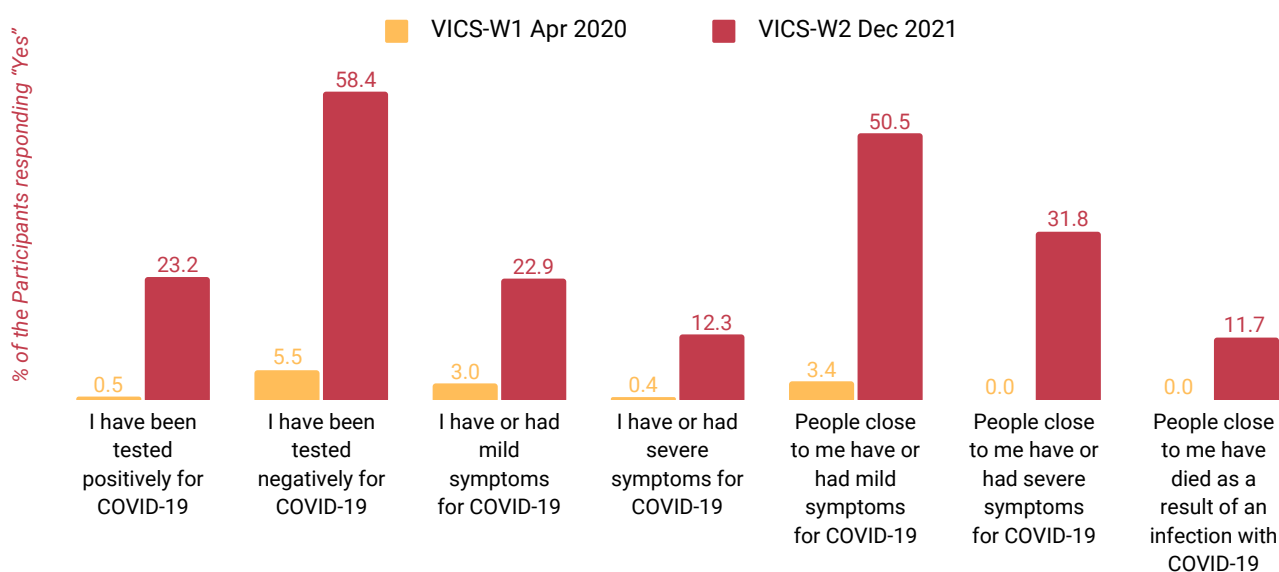


Figure 4. COVID-19 related health experiences of participants of VIC survey wave 1 (VICS-W1) and VIC survey wave 2 (VICS-W2)

Data comparison across the urban versus rural clusters show quite similar outcomes across most of the measured variables. Exceptions were the high reporting of those experiencing COVID-19 related symptoms among urban participants and slightly more urban reporting of COVID-19 related death of people close to them.

## FEAR FOR OWN HEALTH OR HEALTH OF LOVED ONES

A majority of the participants (79.1%) reported fear for their own health or health of loved ones. Half of participants reported being very afraid and 29.1% being quite afraid.

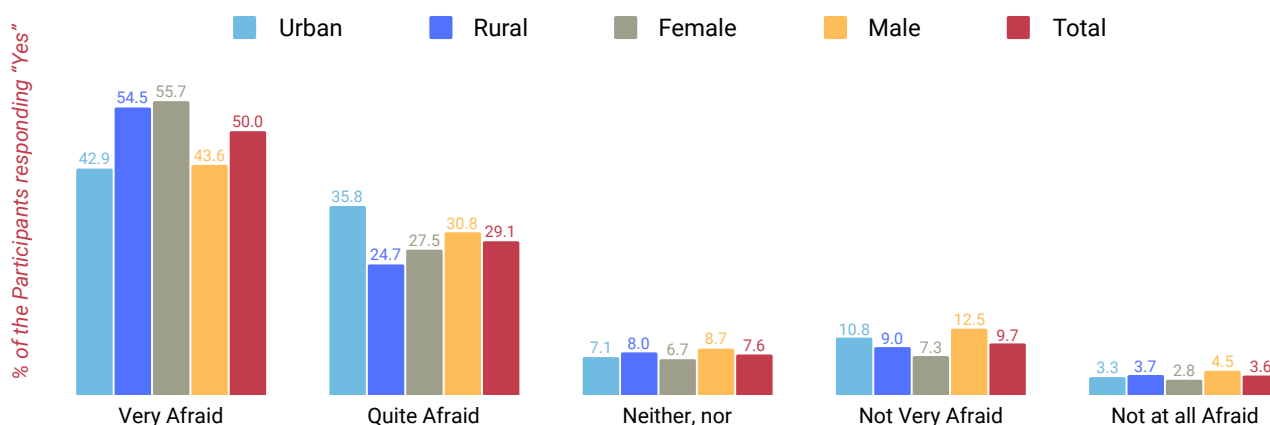


Figure 5. Fear for own health or health of loved ones

While there are no major differences in fear of, or indifference to, the virus across the rural versus urban participants, more female participants (55.7%) show higher level of fear by stating they were “very afraid” in comparison to the 43.6% of the urban participants who selected the same answer.

At the early stages of the pandemic in May 2020 the VIC survey wave 1 showed that the fear of the pandemic was felt more significantly than its actual impact at the time. The VIC wave 2 data from December 2021 showed that fear for the health of self and loved ones continued at a similar level to that of April 2020, and even with the vaccination roll out.

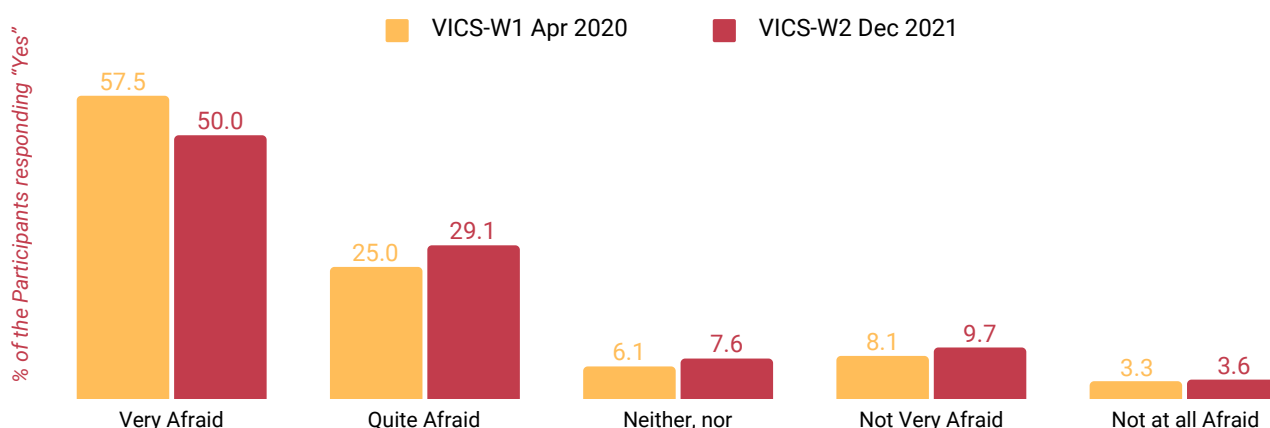
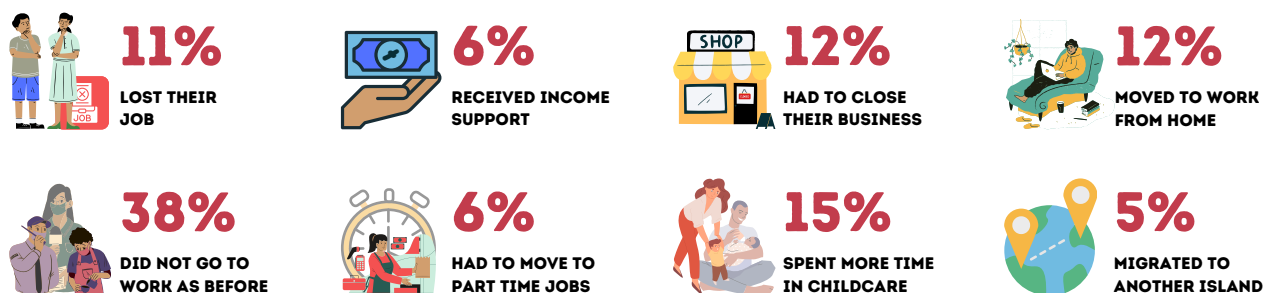


Figure 6. Fear for own health or health of loved ones (VICS wave 1 and wave 2 comparison)

## ECONOMIC EXPERIENCES

The participants were given a set of statements on economic experiences and asked whether it happened to them during the COVID-19 crisis to date.



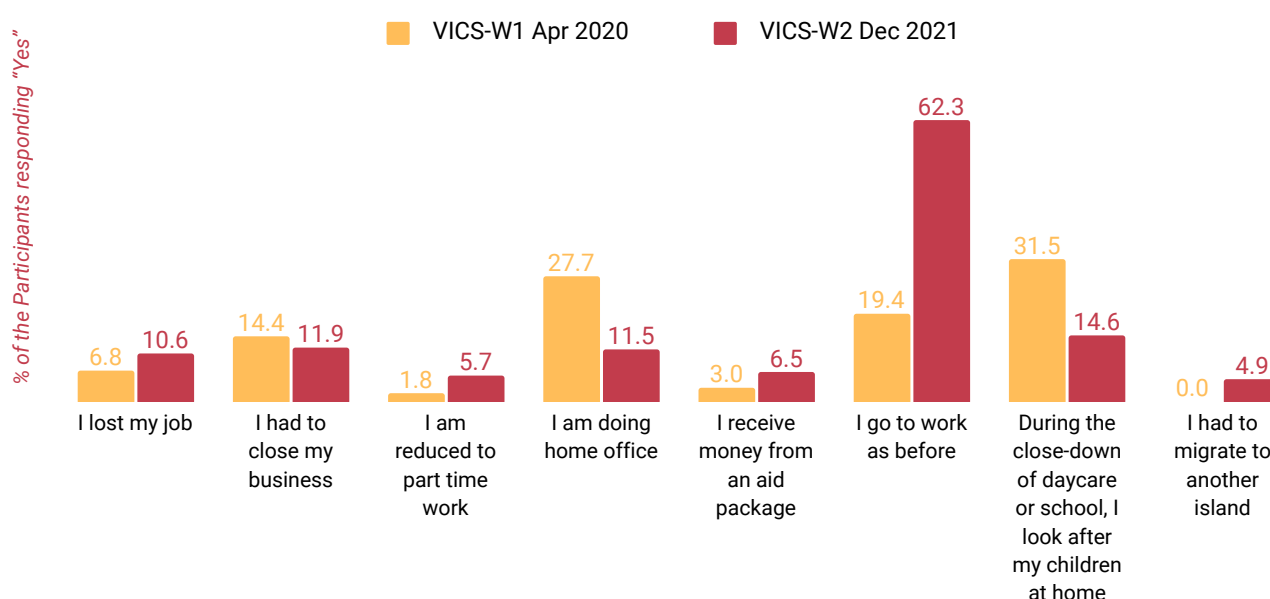
Data comparison across the **urban versus rural** clusters show similar outcomes across both, with some **notable difference** in **more urban** (15.0% vs 9.3%) **respondents doing home office** compared to rural counterparts.

Also, **more of the rural respondents** (65.2% vs 57.9%) reported that they **go to work as before**.

38% of the participants experienced changes in their jobs (or the way they work) after the COVID-19 crisis, with more female participants (45.6%) compared to (28.7%) males reporting that they do not go to work as before.

15% of the participants reported having **taken care of their children at home during the close-down of day-care or school**. These include 16.5% of the female and 12.5% of the male participants.

5% of the participants, including **6.3% urban and 4.0% rural** respondents reported having to **migrate to another island** because of the pandemic.

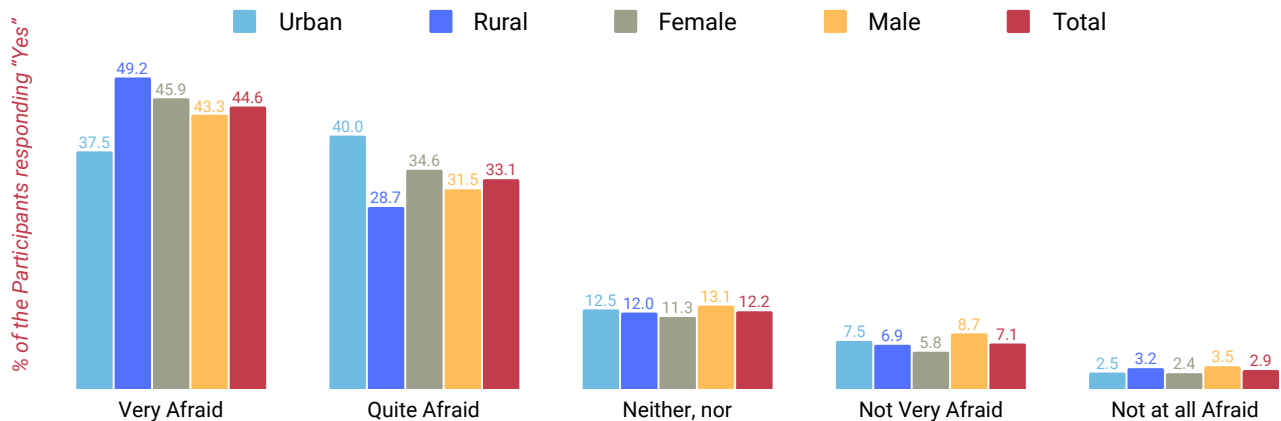


**Figure 7.** Selected socio-economic experiences associated with COVID-19 pandemic (VICs wave 1 and wave 2 comparison)



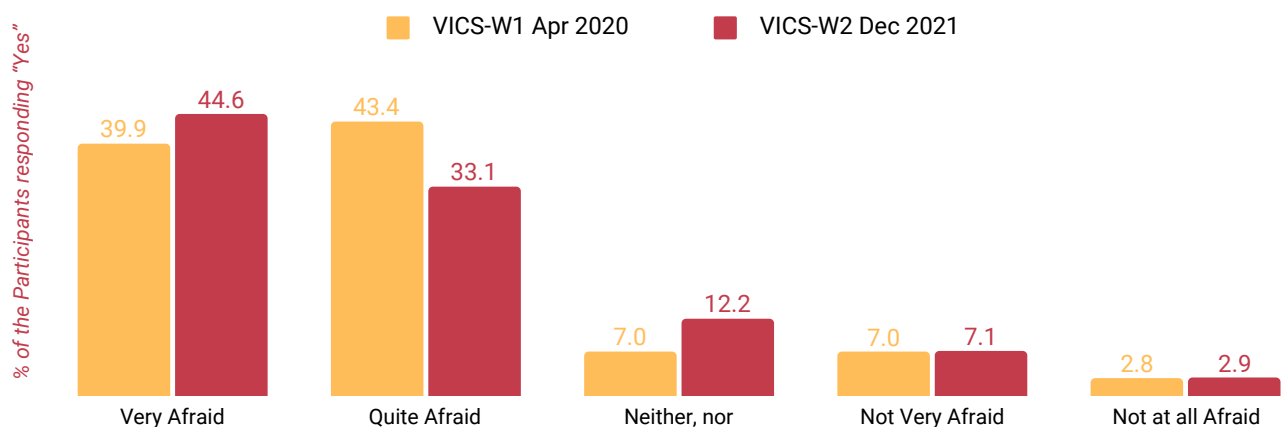
## FEAR OF SUFFERING FROM AN ECONOMIC RECESSION

Participants were asked how afraid they are for themselves or their loved ones suffering from an economic recession following the corona crisis. **78%** reported fear of suffering from an economic recession. The urban/rural comparison as well as comparison of both genders shows **similar patterns across the sample**.



**Figure 8.** Fear of suffering from an economic recession following the corona crisis

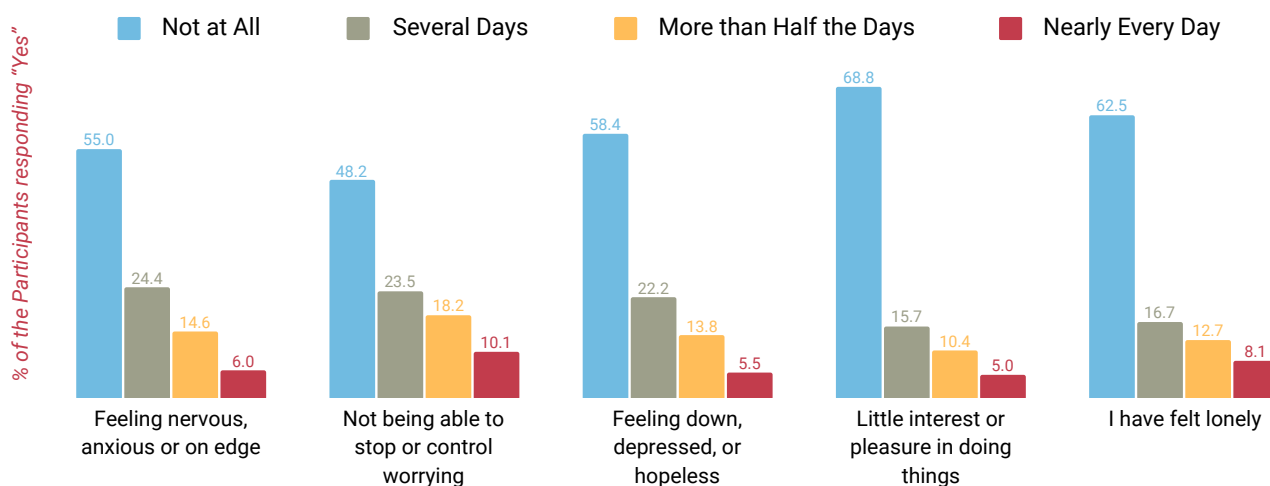
The findings from VIC survey wave 2 shows similar patterns to those from wave 1 of the survey.



**Figure 9.** Fear of suffering from an economic recession following the corona crisis (VICS wave 1 and wave 2 comparison)

## PSYCHOLOGICAL WELLBEING

The participants were given a set of statements pertaining to poor wellbeing and asked how often they were bothered by these problems over the last two weeks.

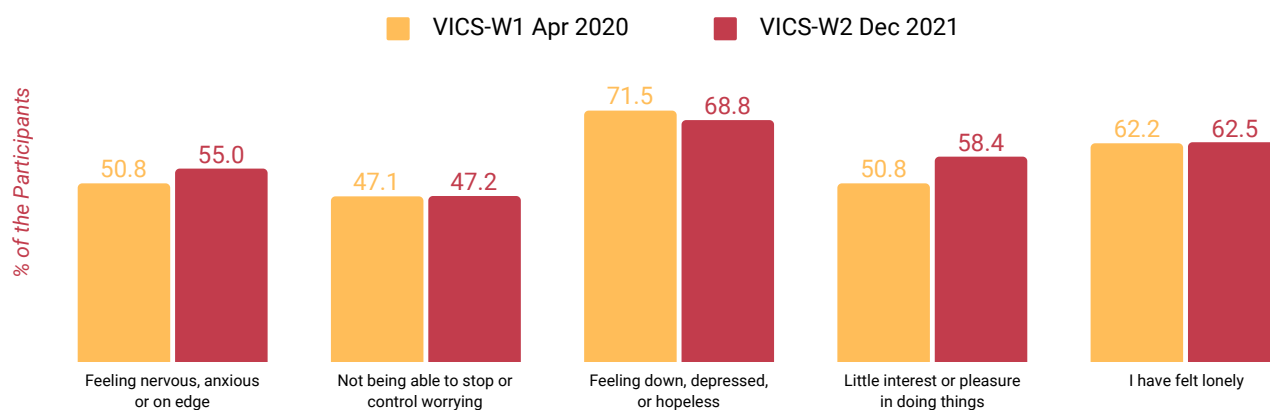


**Figure 10.** Experiences of problems pertaining to poor wellbeing

Overall, half of participants responded that they were not bothered ('not at all') by most of the stated problems: feeling nervous, anxious, or on edge (55%); not being able to control worrying (48.2%); feeling down, depressed, or hopeless (58.4%); lack of interest in doing things (68.8%); and/or combating loneliness (62.5%).

However, the other half of the participants experienced these issues either daily, more than half of the days, or several days since the onset of the pandemic. At least 5.0% to 10.1% of the participants identified that they experienced the issues nearly every day. The high association with continuous worry, being anxious or on edge, and lack of interest is assumed to have association to the unpredictability of the pandemic and the resulting unprecedented containment measures.

The comparative data between the two surveys indicate the self-reported level of psychological wellbeing was similar across both surveys. Only around 3-4% from the 2021 survey reporting positively compared to the 2020 survey.



**Figure 11.** Participants who responded by stating "not at all" to experiencing negative psychological wellbeing

## PERCEPTION ON BEHAVIOUR UNDER THE IMPRINT OF THE PANDEMIC

### PERCEPTION ABOUT THE GOVERNMENT

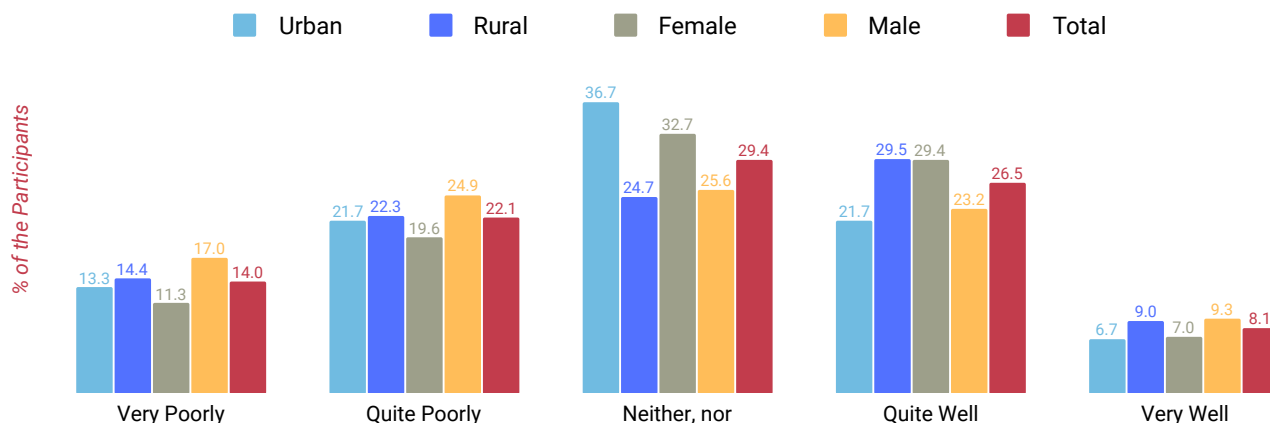


Figure 12. Perception on how the government is handling the corona crisis

Approximately one third of the participants (**34.6%**) perceived the government to be handling the corona crisis well with only **8.1%** perceiving the handling of the corona crisis to be **very well** and **26.5%** perceiving the handling of the corona crisis to be **quite well**. **36.1%** of the participants perceived the **government to be doing poorly** in their response to the crisis.

Compared to the same data collected 1.5 years ago during the first lockdown in 2020, the receptivity of the government actions was **higher then**, with **52.6% of the participants perceiving the government to be doing well**.

There are no major differences between the **urban versus rural** clusters in their perception of how well or poorly the government was handling the corona crisis, with the exception of 10% more people in the rural community having positive perceptions about the government.

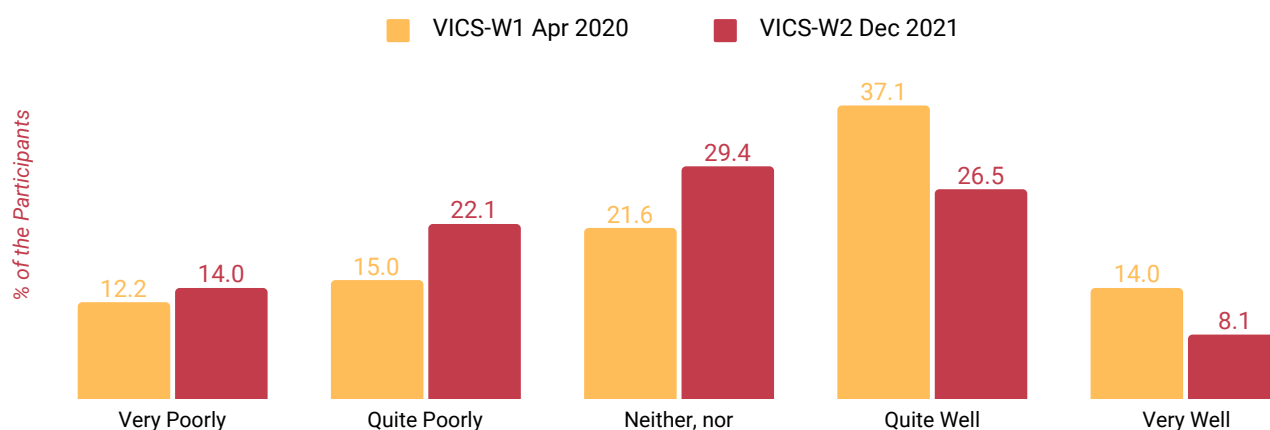
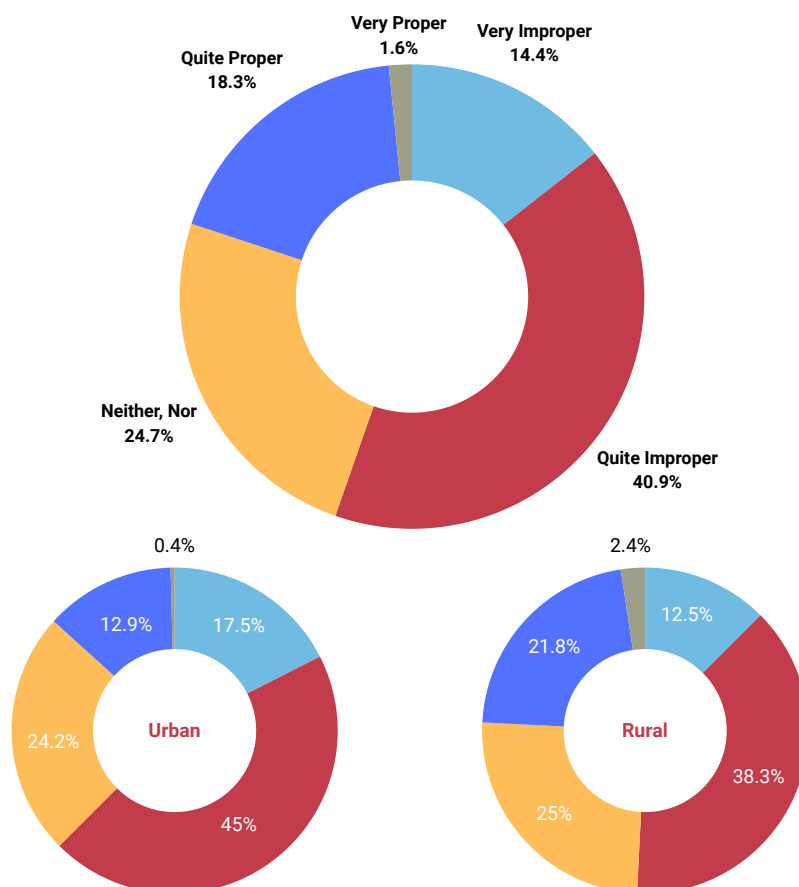


Figure 13. Perception on how the government is handling the corona crisis (VICs wave 1 and wave 2 comparison)



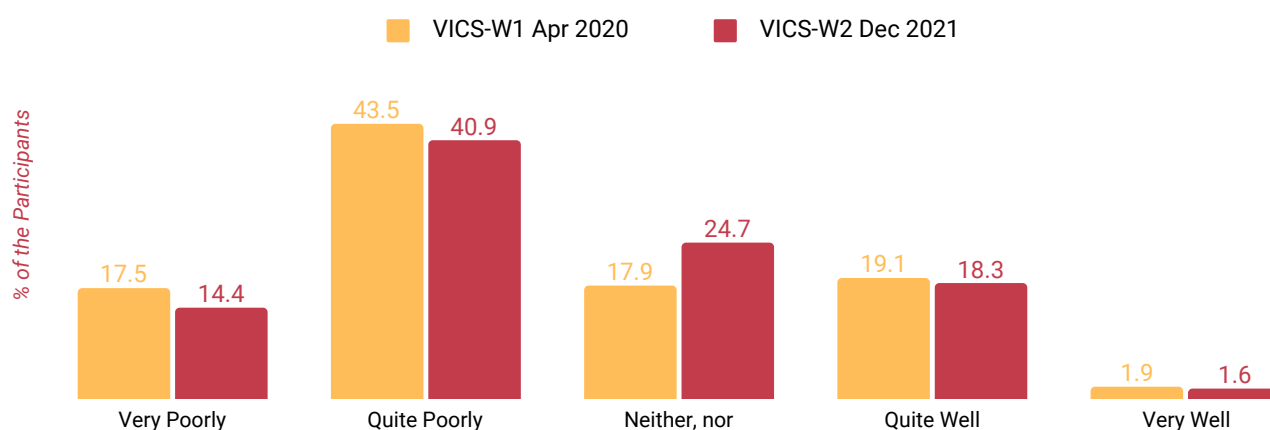
## PERCEPTION ABOUT OTHER PEOPLE'S BEHAVIOUR

Over half of the participants (**55.3%**) perceive most **people in the country as having improper behaviour** 'under the imprint' of the coronavirus pandemic. This perception was held **more so by urban (63.0%) participants** compared to rural (50.8%) participants.



**Figure 14.** Individual perception on the behaviour of other people

Compared to the data collection in April 2020, the December 2021 findings indicate a positive shift towards accepting other people's behaviour as proper in dealing with the pandemic issues.



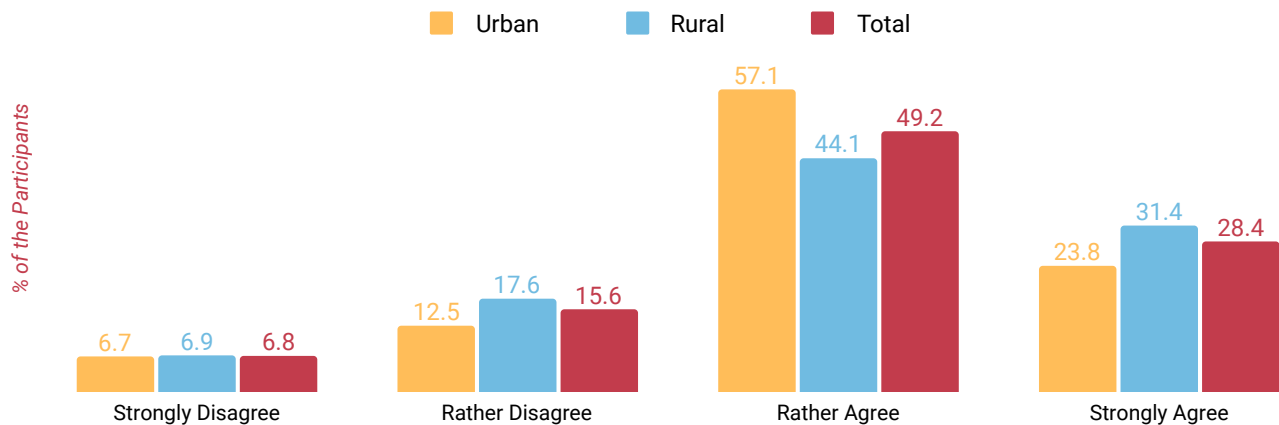
**Figure 15.** Individual perception on the behaviour of other people (VICS wave 1 and wave 2 comparison)

## PERCEPTIONS ON THE REALITY OF THE PANDEMIC

Survey data shows that most of the participants (**77.6%**) affirmed that **they have come to terms with life under the conditions of the pandemic**. 28.4% participants 'strongly agreed' and 49.2% of the participants stated they 'rather agree' with the statement. The **responses were quite similar across urban and rural** communities.

Furthermore, only **23.9%** of the participants agreed that they are **tired of seeking information** about and **complying with** the current corona crisis ('rather agree' and 'strongly agree'). The other **76.2%** were **coping well** navigating the crisis and associated compliances as well as the information overload.

*I have come to terms with life under the conditions of the pandemic very well:*



*I am tired of seeking information about and complying with the current Corona rules:*

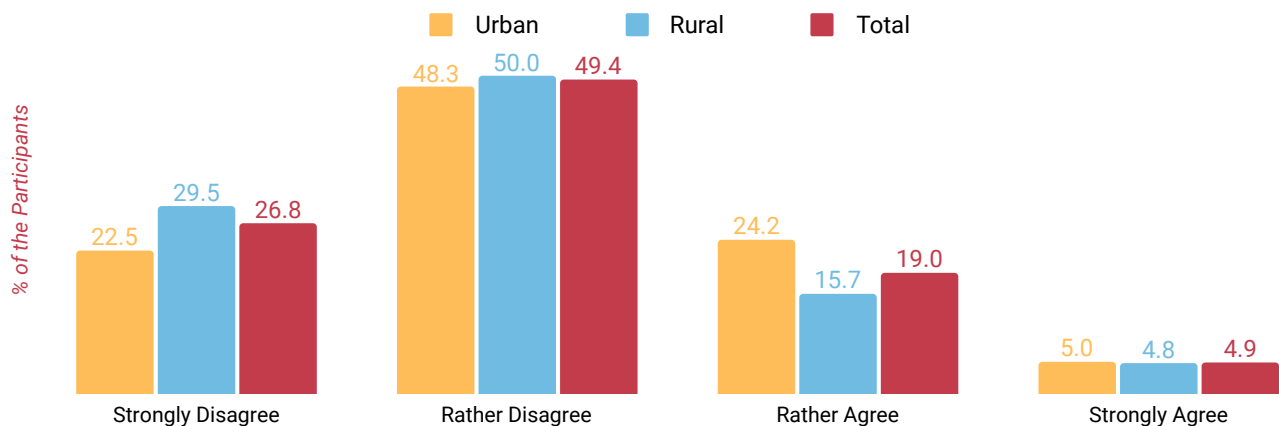
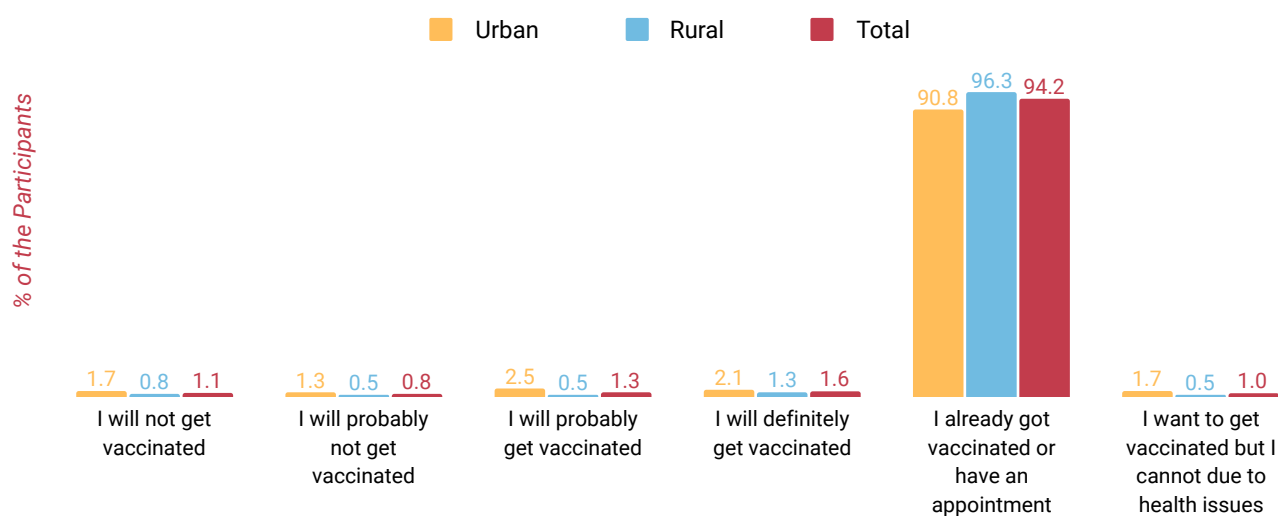


Figure 16. Level of coping with the pandemic

## WILLINGNESS TO GET VACCINATED AGAINST COVID-19

Most of the participants (**94.2%**) stated that they **have already been vaccinated** or have an appointment for it, with the percentage **slightly higher among the rural community (96.3%)** compared to the **urban participants (90.8%)**.

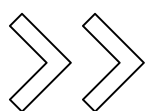
The difference between female and male recipients of vaccination was minimal with **92.7% of the male participants and 95.4% of the female participants having vaccinated** or already have an appointment for vaccination.



**Figure 17.** Willingness to get vaccinated against COVID-19 (urban/rural)

These two questions (perceptions on the reality of the pandemic and willingness to get vaccinated against COVID-19) were added to the wave 2 survey after wave 1 survey was completed, and therefore there is no comparable data.





## UNDERSTANDING VALUES AND ATTITUDES OF THE MALDIVIAN SOCIETY

### GENDER EQUALITY

#### WOMEN AS POLITICAL LEADERS

More than half of the participants (**59.6%**) either strongly agree (25.5%) or agree (34.1%) that **men make better political leaders**. Comparatively, this perception is higher among the rural community with **64.6% of the rural participants versus 51.7% of the urban** participants identifying with these sentiments.

*On the whole, men make better political leaders than women do.*

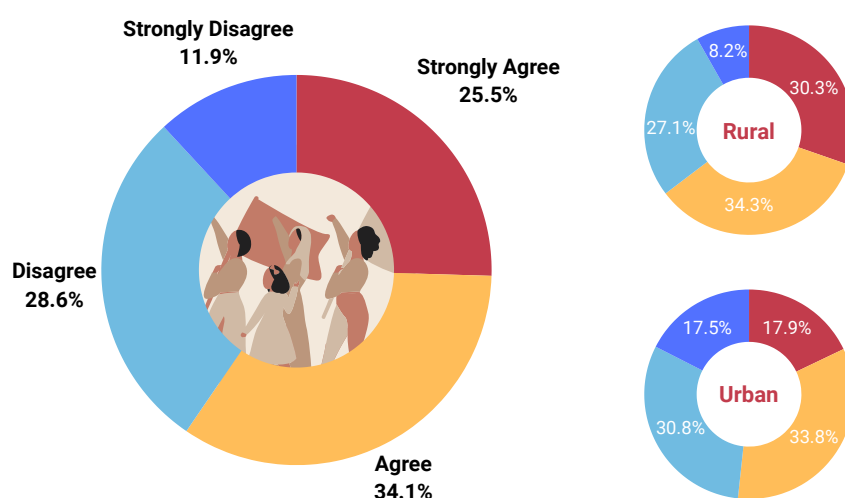


Figure 18. Perception on which gender are better political leaders

Among the participants who 'disagree' or 'strongly disagree' with this statement (i.e. perceive men are not any better than women as political leaders) include **46.2% of the female and 33.9% of the male participants**. Also, those who **disagree with the gender bias** include comparatively more from the **younger aged participants** (50% of the 18-24 aged as the most disagreement) followed by the 65 and above aged participants with 47.6% participants disagreeing with the statement).

There is no significant difference between the two surveys in the perception on women's capability as political leaders.

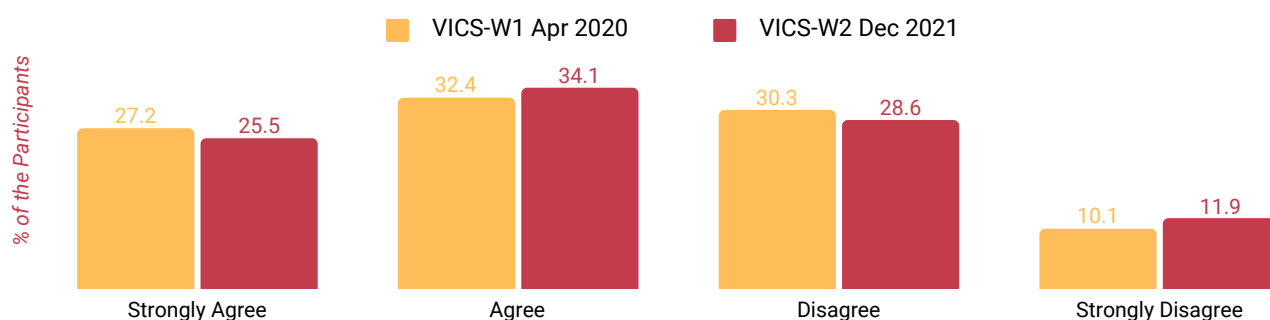
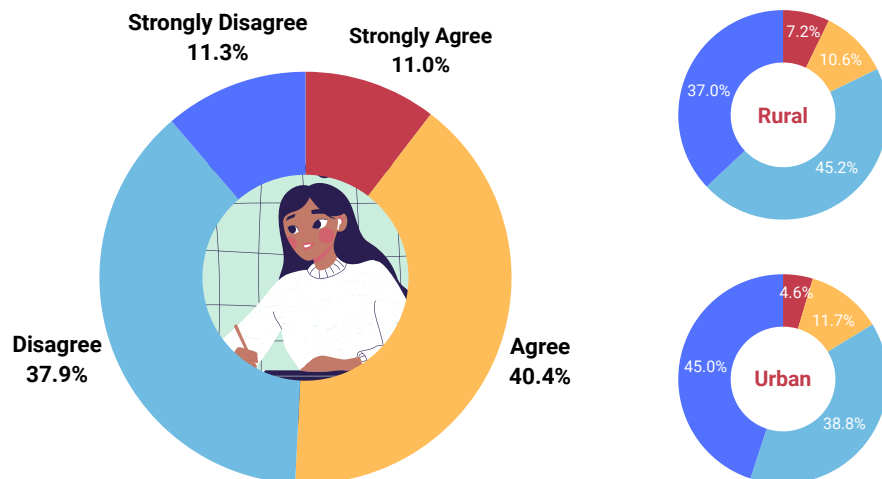


Figure 19. Perception on whether men make better political leaders than women (VICS wave 1 and wave 2 comparison)

## EQUAL RIGHT TO UNIVERSITY EDUCATION FOR GIRLS

Overall, **82.8%** of the participants either **strongly disagree** (40.1%) or **disagree** (42.7%) that a university education is **more important for a boy than for a girl**. The perception is quite similar across both urban and rural communities.

*A university education is more important for a boy than for a girl.*



**Figure 20.** Perception on whether university education is more important for different genders

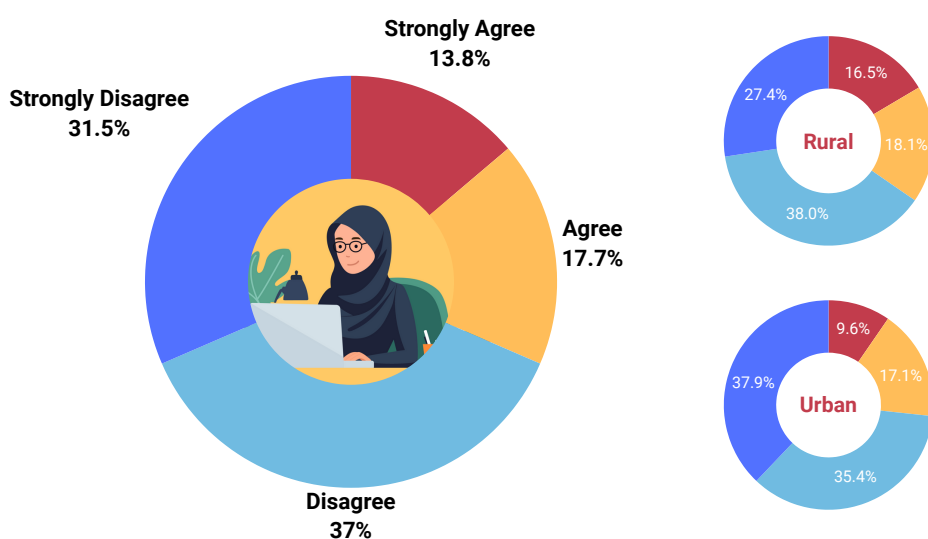
Those who 'disagree' or 'strongly disagree' with this statement include **86.2% of the female and 78.9% of the male** participants. While these sentiments are similar across all age groups with more than 78% of participants of all ages perceiving university education is equally important for boys and girls, those who **agree/strongly agree with the gender bias are mostly in the older age groups**.

## MEN SHOULD HAVE MORE RIGHT TO A JOB THAN WOMEN?

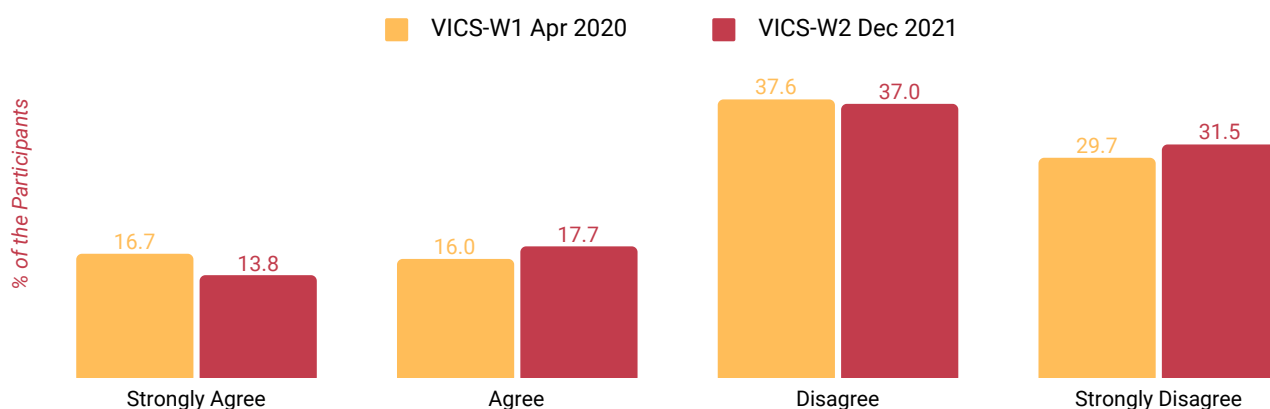
Overall, **68.5%** of the participants either **strongly disagree** (31.5%) or **disagree** (37%) that when jobs are scarce, **men should have more right to a job than women**. Comparatively, those who **oppose** this perception is **higher among the rural participants**, with **26.7% of the urban** participants and **34.6% of the rural** participants affirming that men have greater right over a job than a woman.

Those who 'disagree' or 'strongly disagree' with this statement comprise **75.8% of the female and 60.2% of the male** participants.

*When jobs are scarce, men should have more right to a job than women.*



There is no significant difference between the two surveys in the perception on whether men should be prioritised for jobs even when there is an economic recession or scarcity of jobs owing to the pandemic.

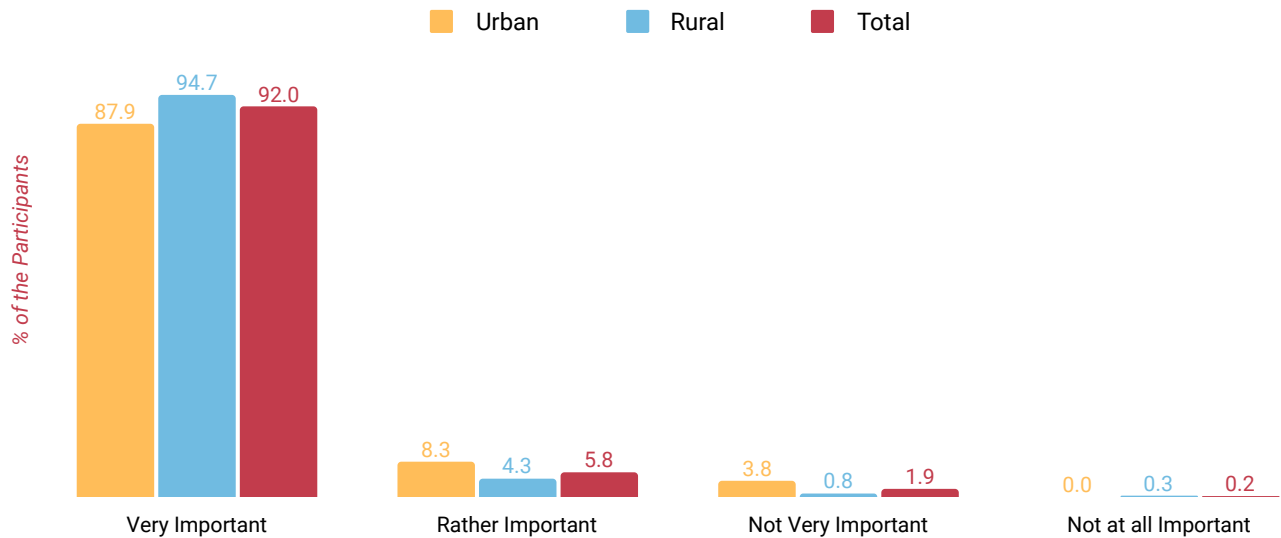


**Figure 21.** Perception on whether men should have more right to a job than women



## IMPORTANCE OF RELIGION IN LIFE

A significant proportion of the participants (**92.0%**) indicated that religion is very important in their lives. Comparatively, slightly more participants from the rural sample (94.7%) indicated religion as very important compared to participants from urban sample (87.9%). Less than 2% of the total sample and 3.8% urban participants indicated that religion is not important in their lives.



**Figure 22.** The level of importance given to religion in participants' lives

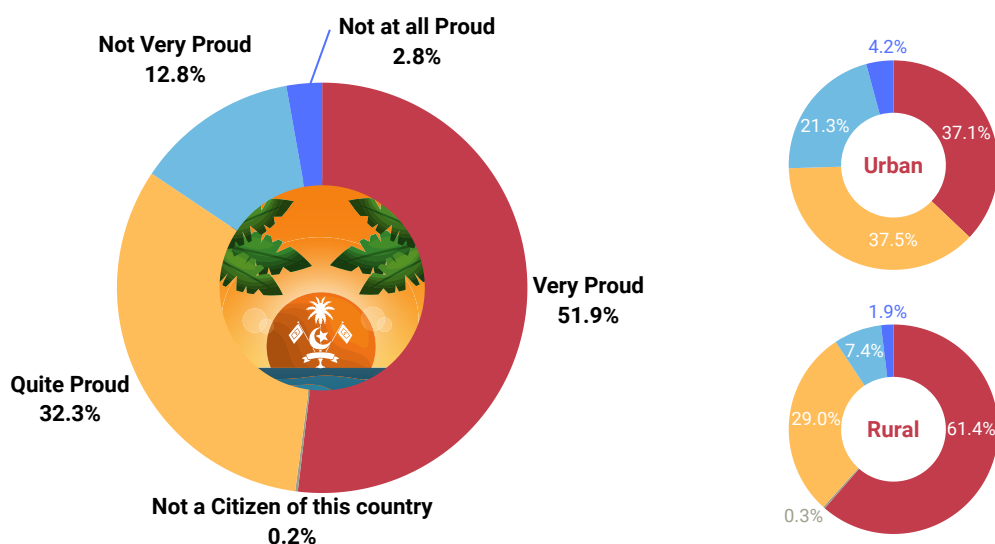
## NATIONAL UNITY AND RESILIENCE

### PATRIOTISM

Overall, **84.2%** of the participants reported they were either very proud (51.9%) or proud (32.3%) to be a citizen of the Maldives. There are significant discrepancies in the responses from the urban versus the rural participants with **more urban participants indicating negative sentiments of citizenship**. From the urban participants **25.5% indicated not very proud** (7.4%) or **not at all proud** (1.9%) while **9.3% of the rural** participants identified with these negative sentiments.

There is a slight reduction from the findings from VIC wave 1 in May 2020 (87% proud Maldivians to 84% in the current survey of Dec 2021).

*How proud are you to be a citizen of this country?*



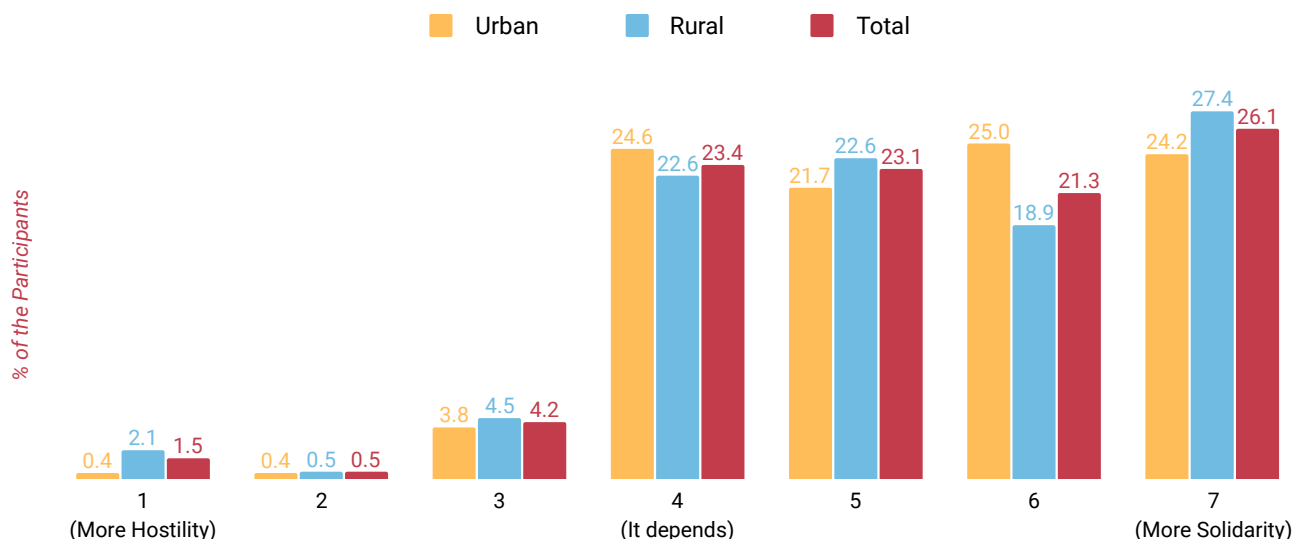
**Figure 23.** Perception of proudness being a Maldivian citizen

A cross-tabulation on gender and their level of pride in being a Maldivian show there is less discrepancy in the responses between male and female, however with **slightly more female participants associating themselves with a sense of pride**.

Cross-tabulation with age groups show that **the older the participant is, they identify greater sense of pride** (e.g., very proud: 76.6%, 65+ age group; 74.4%, 55-64 age group, 44.0%, 25-34 age group, 43.9% 18-24 age group).

## SOLIDARITY

Most of the participants (**70.5%**) reported experiencing **more solidarity** (ranked 5 to 6) than more hostility (ranked 1 to 3, by 6.2% participants) amidst the crisis, and the sentiment was quite similar across both urban and rural clusters. Close to a quarter of the participants (**23.4%**) stated that their experience of **solidarity or hostility depends on their encounter**. The reasons were not clear as this line of questioning was not pursued.

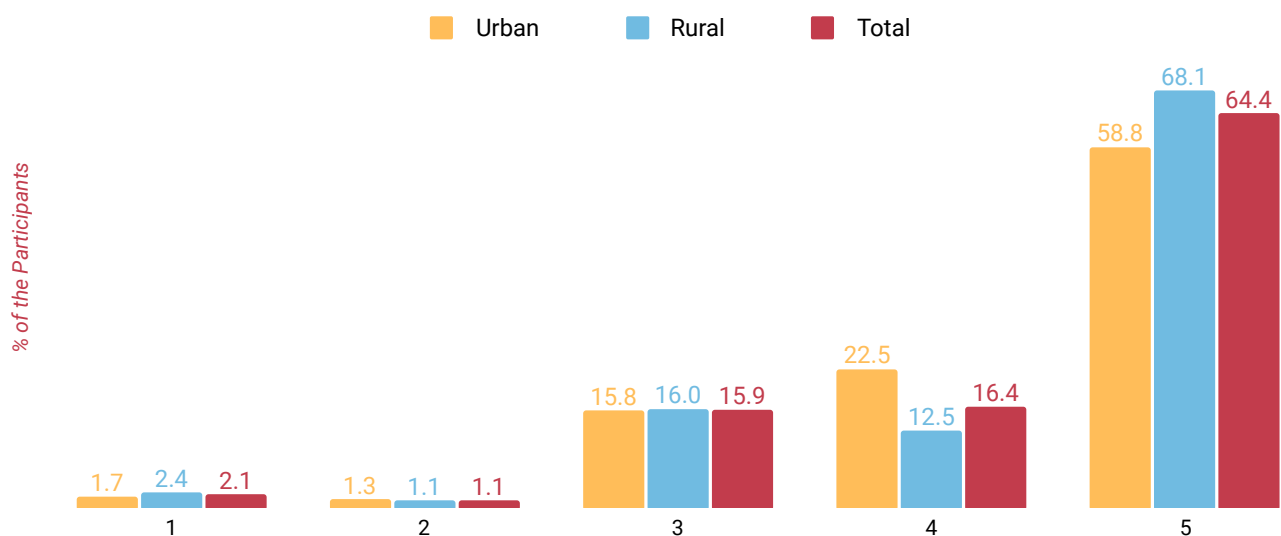


**Figure 24.** Perceptions of solidarity versus hostility in encounters with people these days

## NATIONAL PRIORITY IN THE TIME OF PANDEMIC

Most of the participants (**80.4%**) felt that in times of the pandemic, **health should be prioritized** (ranked 4 & 5) **over freedom of citizen** (ranked 1 to 3, by 3.2% of the participants). The statistics do not show any significant difference across rural and urban communities except for slightly more **rural participants** selecting the highest rank for health, while comparatively more urban participants placed less emphasis by ranking 4 for health.

Notably, **comparatively more participants from the mature age groups** stated that **freedom should be prioritized**, and comparatively fewer participants from mature age groups ranked health as the priority.



**Figure 25.** Perceptions on national priority, freedom versus health

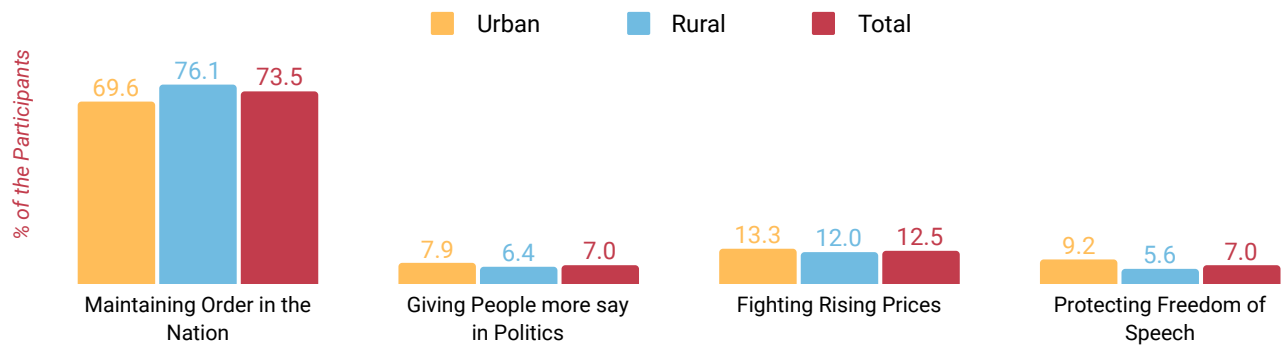
The level of confidence ('a great deal' or 'quite a lot') in the government, health sector, and the institutions in general received similar overall responses from both urban and rural communities. For each of the measured institutions, the level of confidence is **slightly lower by the urban** community.



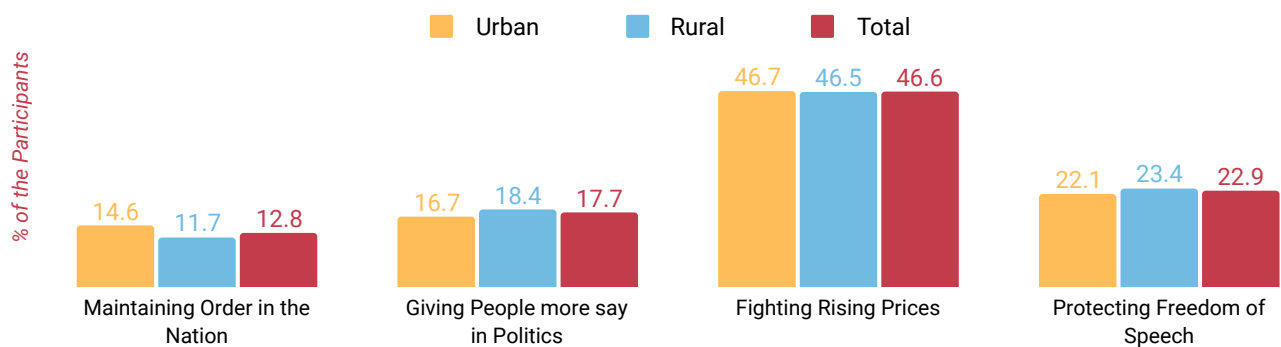
## NATIONAL PRIORITIES FOR THE NEXT TEN YEARS

Among a list of four idealistic national priorities, the majority of participants (70% urban and 76% rural respondents) rated **maintaining order in the nation** as the most important goal, and 'combating inflation' as the second most important goal.

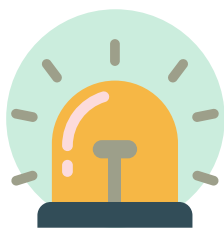
*Which one of these you, yourself, consider as the **Most** important national priority?*



*Which one of these you, yourself, consider as the **Second** most important national priority?*



**Figure 26.** Perception on the two most important national priorities



Most of the participants (69.6% urban & 73.5% rural) selected **maintaining order in the nation** as their perceived most important national priority for the next ten years.



**Fighting rising prices** was selected as the **second most important** national priority, **46.6%** selecting this as the second most important and **12.5%** selecting it as the most important national priority.

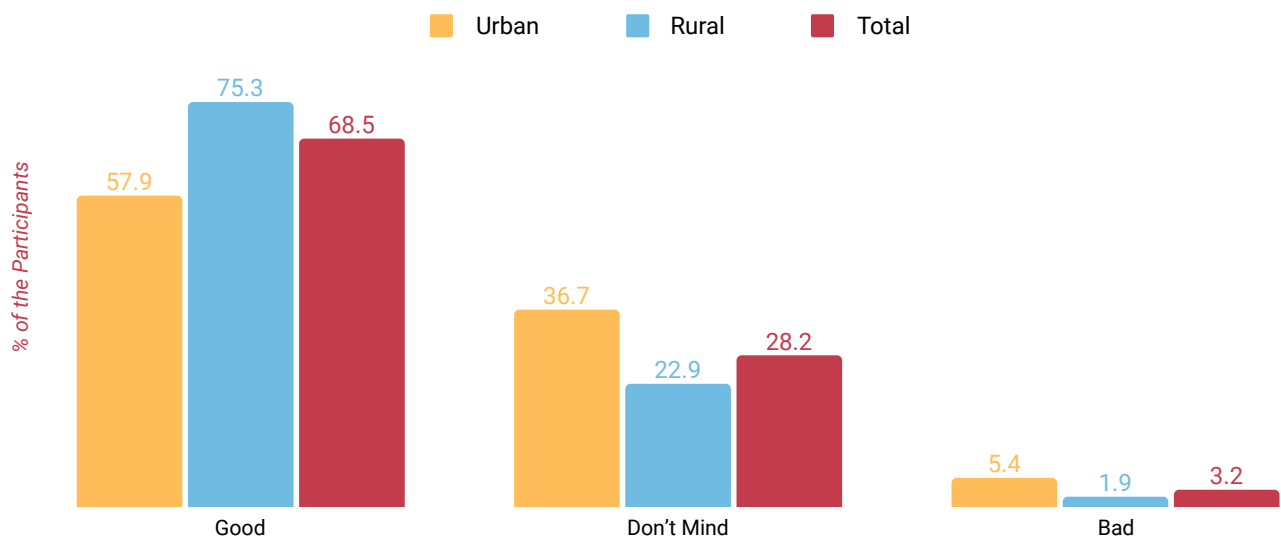


**Protecting freedom of speech** was identified as the third most important priority by **29.2%** of the participants, by identifying it either as the first or the second priority.

## RESPECT FOR AUTHORITY

A significant number of participants' (68.5%) perceived **greater respect for authority to be a good thing**, whereas only 3.2% perceived it to be a bad thing.

Comparatively, **more participants from the rural sample perceived greater respect for authority to be a good thing** for the country (75.3%) compared to urban participants (57.9%). **More participants from the urban sample** (36.7%) responded that they **did not mind (or were indifferent)** compared to rural participants (22.9%).



**Figure 27.** Perception on the effect of greater respect for authority

## PERCEPTIONS ON MIGRANT WORKERS

Participants were asked how they **feel about people from other countries** coming to the Maldives. The majority of the participants (**56.2%**) felt there should be **strict limits on the number of people** who can come to the Maldives, with another **6.2%** of the participants expressing the need for **prohibiting immigrants**. Almost one-third (**31.2%**) of the participants felt people from other countries should be **allowed to come as long as there are jobs available**. Only **6.5%** of the participants felt there should be **no restrictions at all**.

Comparatively, the sentiments are more negative from rural participants.

*How do you feel about people from other countries coming here? Which one of the following do you think the government should do?*

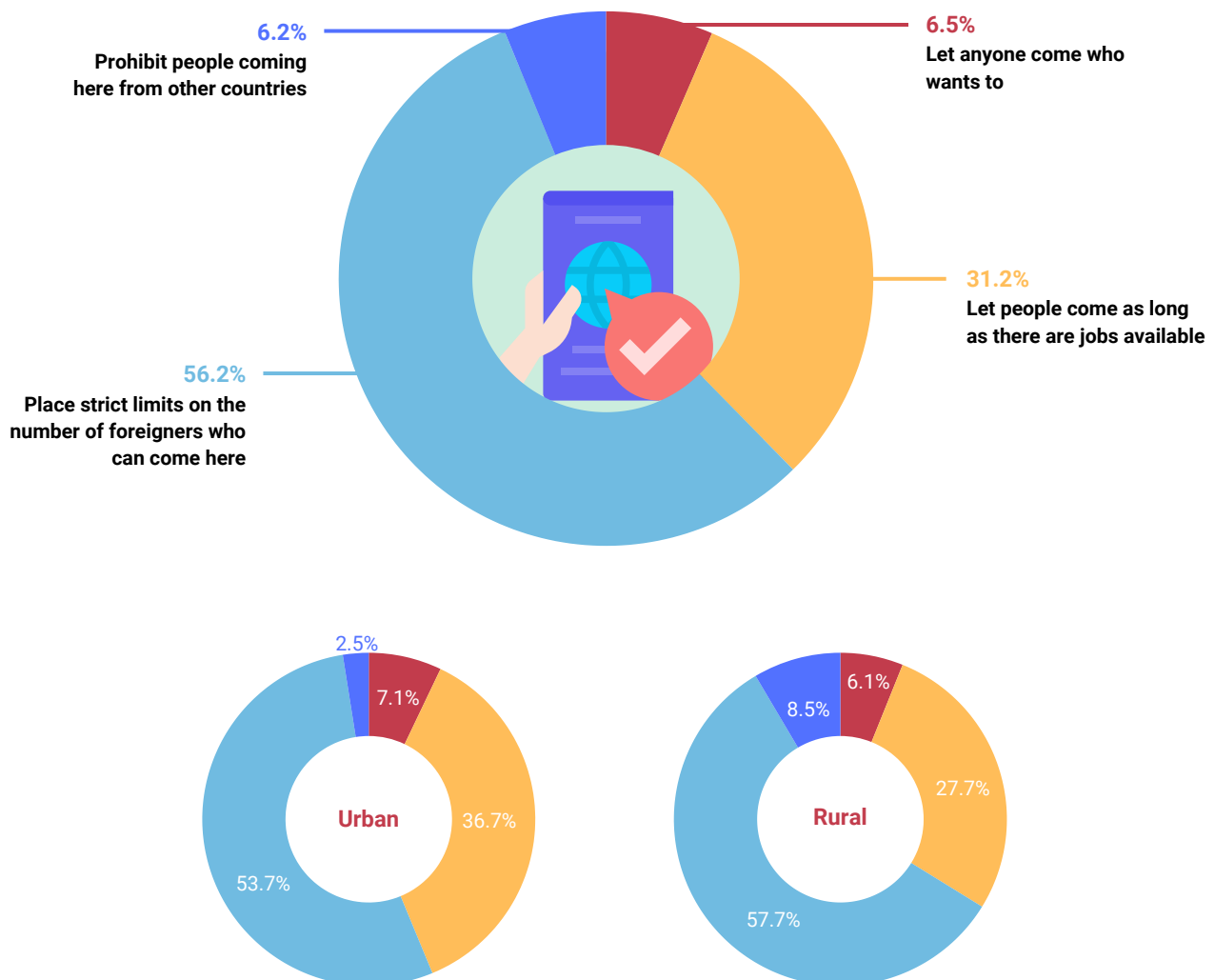


Figure 28. Perceptions about migrants

## ETHNIC DIVERSITY

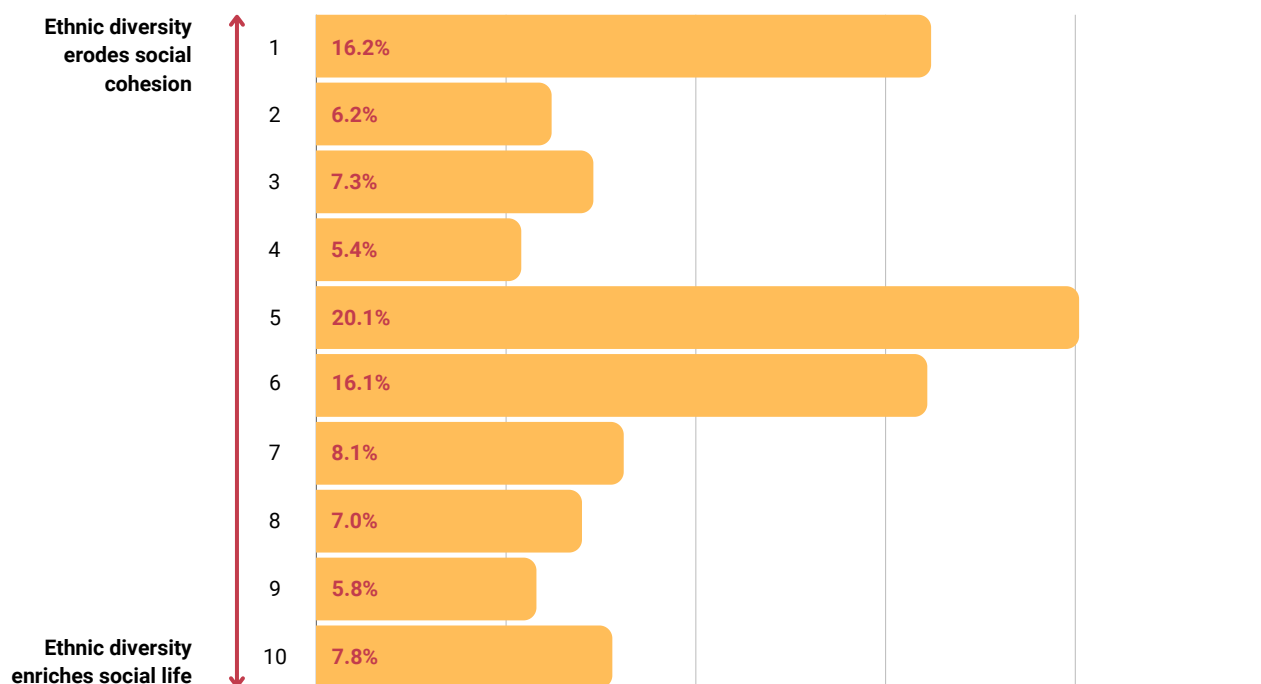


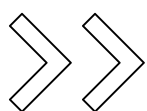
Figure 29. Perception on ethnic diversity & social life

Overall perception shows a **negative attitude towards ethnic diversity** with **16.2%** of the survey participants stating **ethnic diversity erodes social cohesion**. A combined total of **55.2%** ranked **the answer from 1 to 5** against ethnic diversity.

On the other end of the scale, **7.8%** of the participants perceive **ethnic diversity enriches social life**. A combined total of **44.8%** of the participants ranked **the answer from 6 to 10** in favour of ethnic diversity.

More rural participants compared to the urban participants perceive ethnic diversity erodes social cohesion while more urban participants are in favour of diversity.

Perceptions on ethnic diversity is one aspect that has seen a drastic shift when comparing findings between the two VIC survey waves. VIC1 data showed **64.7%** of the participants **ranked the answer from 1 to 5** against ethnic diversity while **35.3%** of the participants **ranked the answer from 6 to 10** in favour of ethnic diversity.



## CONFIDENCE IN THE GOVERNMENT AND INSTITUTIONS

### CONFIDENCE IN THE GOVERNMENT OF MALDIVES

43.1% of the participants either have a great deal (11.9%) or quite a lot (31.2%) of confidence in the government of the Maldives while the remaining 56.9% indicated they do not have confidence in the government.

### CONFIDENCE IN THE HEALTH SECTOR OF MALDIVES

53.6% of the participants either have a great deal (7.5%) or quite a lot (46.1%) of confidence in the country's health sector while the remaining 53.9% indicated they do not have much confidence or have no confidence in the health sector.

### CONFIDENCE IN THE COUNTRY'S INSTITUTIONS AS A WHOLE

44.9% of the participants either have a great deal or quite a lot of confidence in the country's institutions as a whole, while the remaining 55.1% indicated they do not have confidence in the institutions.

### CONFIDENCE IN THE COUNTRY'S SCIENTIFIC EXPERTS

65.9% of the participants either have a great deal or quite a lot of confidence in the country's scientific experts, while the remaining 34.1% indicated they do not have confidence in scientific experts.

### CONFIDENCE IN THE COUNTRY'S PUBLIC SERVICE BROADCASTER

39.6% of the participants either have a great deal or quite a lot of confidence in the public service broadcaster of the Maldives while the remaining 60.4% indicated they do not have confidence in the broadcasters.

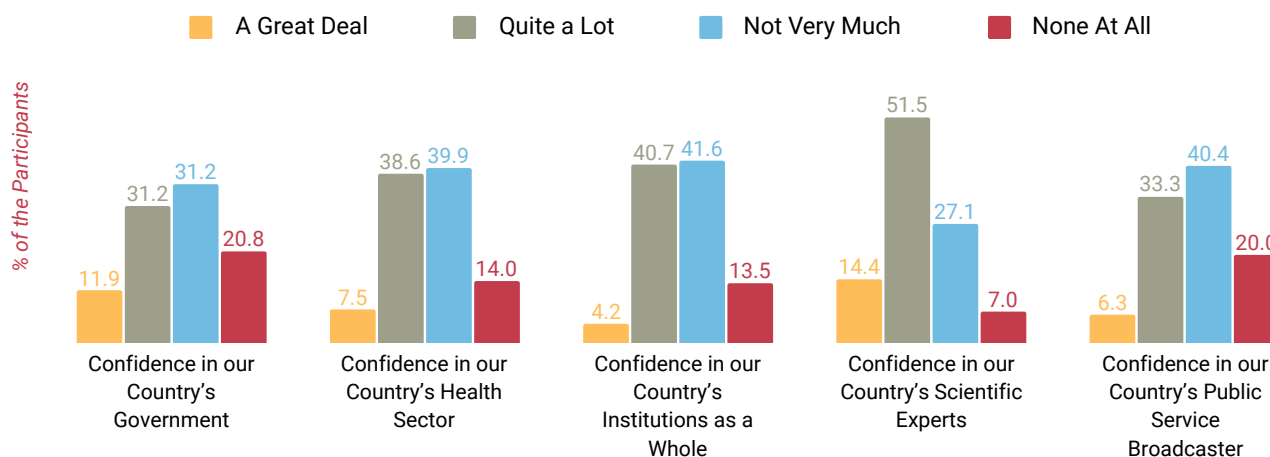


Figure 30. Confidence in the country's government & other institutions



The level of confidence ('a great deal' or 'quite a lot') in the government, health sector, and the institutions in general received similar overall responses from both urban and rural communities. For each of the measured institutions, the level of confidence is **slightly lower among the urban** community.



**31.7%** of urban versus **50.3%** of the rural respondents have confidence in the **government**.



**42.1%** of urban versus **48.7%** of the rural respondents have confidence in the country's **health sector**.



**37.1%** of urban versus **50%** of the rural respondents have confidence in the country's **institutions as a whole**.



**60.8%** of urban versus **69.1%** of the rural respondents have confidence in the country's **scientific experts**.



**32.1%** of urban versus **44.4%** of the rural respondents have confidence in the country's **public broadcaster**.

## PERCEPTIONS ON SOCIAL MEDIA VERSUS NEWS MEDIA

Survey findings highlight the importance of both traditional media as well as social media to reach a wider cross-section of the society. Nearly half of the survey participants (**41.4%**) perceived **both social media and traditional news media** as similar in their **level of credibility**. Of the remaining, **50.9%** of the participants believed **traditional news media to be more credible** with **7.7%** of the participants perceiving **social media to be more credible**.

These perceptions were **quite similar across both urban and rural participants**, with only minor differences; **slightly more urban participants gravitating towards trusting social media** and **slightly more rural participants gravitating towards traditional news media**.

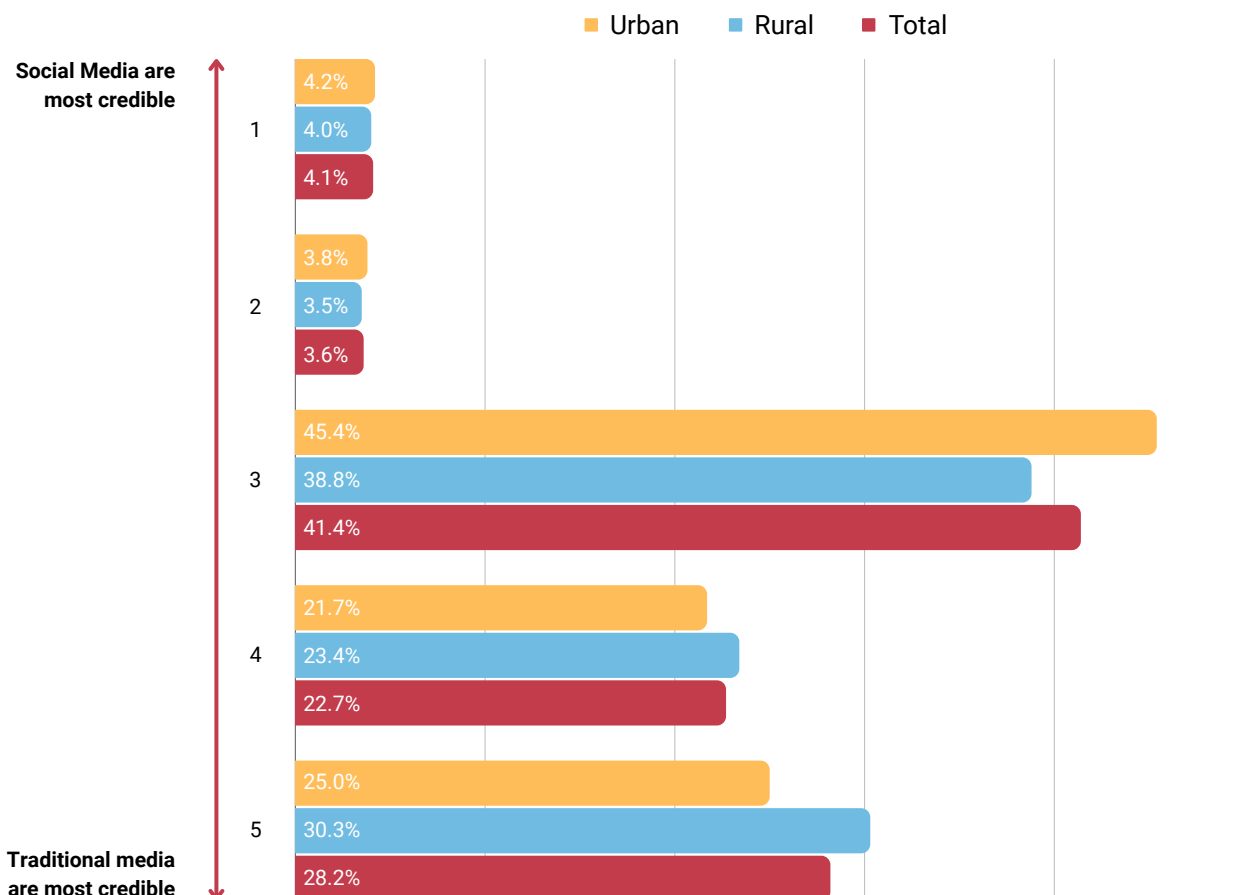
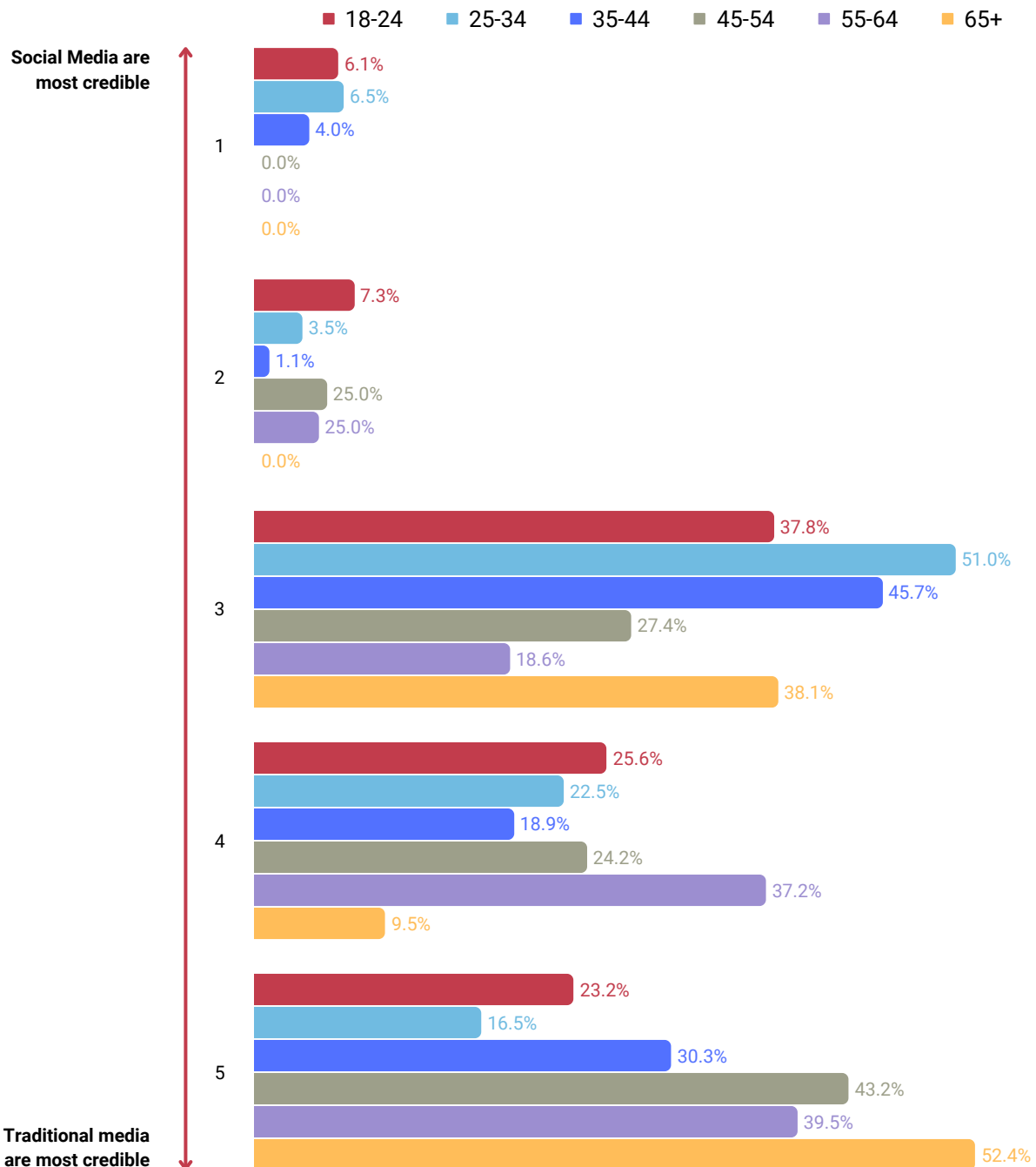


Figure 31. Perceptions on the credibility of social media and traditional media

The data also shows that comparatively **more of the elderly participants** (instance 52.4% of the 65+ aged group versus 23.2% of the 18-24 aged participants) **perceive traditional news media as most credible** (rated 1 or 2).



**Figure 32.** Perception of credibility of social media and traditional media (age groups)



# CONCLUSION

The Values in Crisis (VIC) survey wave 2 in the Maldives was completed in **December 2021**. The survey was a population-based survey of adults aged 18 years and above. A stratified sample design was used to produce representative data for that age range in the Maldives, also stratified into gender representation. An urban vs rural community representation was targeted at the ratio of 40% urban and 60% rural participants. A total of **616 adults** (240 from urban clusters and 240 from rural clusters) participated in the survey. This amounts to a response rate of **60%** of the panel participants from wave 1 of the survey. A repeat survey (VIC survey wave 3, inviting all 1026 participants from wave 1) could be rolled out after complete recovery from the COVID-19 pandemic related impact, if resources permit).

This report summarizes the statistics gathered through the VIC survey wave 2. The data presents a contextualization of any changes in values and perceptions over the course of the crisis situation from the onset of the pandemic in early 2020 (VIC survey wave 1, 25 May to 3 June 2020) to the time of the VIC survey wave 2 (see MNU, 2020 for survey wave 1 report). The span of 1.5 years with the country and the world experiencing the evolving pandemic and transiting through various models of easing of restrictive measures –such as travel limitations and mandatory PCR negative tests, and other restrictive measures such as mask wearing policing and limiting of social gatherings, and unpredictable phases of curfews and lockdowns –were expected to create disruptive situations.

Looking at the data from VIC survey wave 1 and wave 2, one of the most noticeable shifts in perception is that of trust in institutions as a whole, which shows some deterioration. The data from VIC survey wave 1 (MNU, 2020) show lower level of trust in institutions than was reported by Transparency Maldives (2013; 2015). Transparency Maldives' (2013; 2015) surveys measured confidence in a number of institutions individually, the aggregate of which shows 40% and 42% of the participants indicating lack of confidence in the institutions in 2015 and 2013 respectively. The VIC survey wave 1 (MNU, 2020) shows 49% of the participant lack confidence in the country's institutions as a whole at the onset of the pandemic in 2020 and VIC survey wave 2 conducted after 1.5 years show 54% of the participants indicating lack of confidence.

While the reasons for the deterioration are not conclusive based on the data from these surveys, the economic hardship (MED & UNDP, 2020) and the limitations on various freedoms in the COVID-19 pandemic can be one major reason for the shifts in the time of crisis. This may be a short-lived perception which can be ascertained by a third and final wave of the VIC survey. A survey third wave is scheduled to be conducted at a time when all economic disruptions caused by the crisis have ended and things are back to normal or the 'new-normal'.

Conversely, the findings from this survey also highlights the high receptivity of COVID-19 vaccination by Maldivian residents, and also highlights conformity to restrictive measures even though it is limiting on freedoms, thereby raising questions as to whether the aforementioned shifts in perceptions have broader implications. Furthermore, perceptions on ethnic diversity saw a significant shift from wave 1 May 2020 to the survey wave 2 in December 2021, with a 10% increase (from the earlier 35%) in the perception that ethnic diversity enriches social life, opposed to the view that ethnic diversity erodes social cohesion.



Further analytical reporting from the dataset presented in this report will be published and disseminated over the next few months. Selective comparative findings of economic experiences were presented at the International Conference on Social Research and Innovation (Musthafa et al. 2022). The following two manuscripts have already been prepared and are in the process of peer-review for publication. Similarly, the data for survey wave 2 shows a slightly more favourable view towards allowing migrant workers to enter the country.

**Musthafa, H. S., Moosa, S., Riyaz, A., Abdul-Raheem, R. (n.d.).**

Stability or volatility of values and opinions during the Covid-19 crisis: Panel study data from the Maldives.

*[in the review process, to be published in the Maldives National Journal of Research, 2022]*

**Moosa, S., Abdul-Raheem, R., Riyaz, A., Musthafa, H. S., & Naeem, A. Z. (n.d.).**

Social value orientations as drivers of vaccine uptake in the COVID-19 pandemic.

*[accepted for publication in Humanities and Social Sciences Communications journal within the next few months. Manuscript: HSSCOMMS-06917]*

The SPSS dataset from the VIC survey wave 2 will be made publicly available on the following website <https://data.aussda.at/> in due course for anyone interested in using the dataset for further analysis or future research. The dataset for survey wave 1 can be accessed from following link (<https://data.aussda.at/dataset.xhtml?persistentId=doi:10.11587/LIHK1L>) contains the dataset from the VIC survey -wave 1.



# ACKNOWLEDGEMENT

Wave 1 and wave 2 of the VIC survey were successfully conducted with the support of UNDP Maldives. A team of MNU researchers volunteered their time and expertise in executing the survey wave 1 research project amidst the first pandemic lockdown in 2020. The questionnaire translation, hiring of a research assistant as well as recruitment of survey cluster facilitators was made possible through the financial support from UNDP Maldives. The research design and questionnaire were formulated by the international research team consisting of Christian Welzel, Klaus Boehnke, Jan Delhey, Franziska Deutsch, Jan Eichhorn & Ulrich Kühnen. The formulation of data collection protocol in the Maldives and execution of field work, and data analysis were coordinated by the MNU research team and supported by 17 survey facilitators who were instrumental in the data collection.

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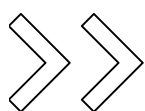




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## SURVEY DEMOGRAPHICS



### MARITAL STATUS

Marital Status	Total %	Urban %	Rural %	Male %	Female %
<b>VIC survey wave 2, Participants</b>	<b>n=616</b>	<b>39% (n=240)</b>	<b>61% (n=376)</b>	<b>47.2% (n=289)</b>	<b>52.8% (n=327)</b>
Married	74.7	68.8	78.5	78.2	71.6
Living together as married	0.5	0.8	0.3	0.0	0.9
Divorced	7.6	10.0	6.1	3.8	11.0
Separated	0.5	0.0	0.8	0.3	0.6
Widowed	1.8	1.3	2.1	0.0	3.4
Single	14.9	19.2	12.2	17.6	12.5



## EDUCATIONAL QUALIFICATION

Educational Qualification	Total %	Urban %	Rural %	Male %	Female %
<b>VIC survey wave 2, Participants</b>	<b>n=616</b>	<b>39% (n=240)</b>	<b>61% (n=376)</b>	<b>47.2% (n=289)</b>	<b>52.8% (n=327)</b>
No formal education	4.4	2.9	5.3	2.4	6.1
Incomplete primary school	6.8	5.4	7.7	6.6	7.0
Complete primary school	4.1	0.8	6.1	3.8	4.3
Incomplete secondary school: technical/vocational type	6.2	5.8	6.4	8.0	4.6
Complete secondary school: technical/vocational type	18.0	17.9	18.1	23.2	13.5
Incomplete secondary: university- preparatory type	2.3	2.5	2.1	2.4	2.1
Complete secondary: university- preparatory type	3.1	4.6	2.1	3.1	3.1
Some university-level education, without degree	25.8	27.1	25.0	22.5	28.7
University-level education, with degree	29.4	32.9	27.1	28.0	30.6

## ECONOMIC STATUS

Economic Status	Total %	Urban %	Rural %	Male %	Female %
<b>VIC survey wave 2, Participants</b>	<b>n=616</b>	<b>39% (n=240)</b>	<b>61% (n=376)</b>	<b>47.2% (n=289)</b>	<b>52.8% (n=327)</b>
At work (employee or employer or self-employed)	64.0	60.4	66.2	74.0	55.0
Employed, on childcare leave	1.9	0.8	2.7	0.7	3.1
Employed, on other special leave	1.6	2.9	0.8	2.4	0.9
In receipt of a retirement pension and at work	1.8	1.3	2.1	2.1	1.5
At work as a relative assisting a family business	1.1	1.3	1.1	1.0	1.2
Unemployed for less than 12 months	1.9	2.1	1.9	1.4	2.4
Unemployed for 12 months or more	2.8	4.2	1.9	3.1	2.4
Unable to work due to illness or disability	0.5	0.0	0.8	0.7	0.3
Fully retired	1.3	0.4	1.9	1.4	1.2
Full time homemaker / fulfilling domestic tasks	10.4	13.8	8.2	1.0	18.7
Studying	2.1	3.3	1.3	1.7	2.4
Other	10.6	9.6	11.2	10.4	10.7