LIFE WITH CORONA:
SHARED GLOBAL SENTIMENTS AND STARK GENERATIONAL DIVIDES

Six Findings from Six Months of Life with Corona

OCTOBER 1ST, 2020

RESEARCH REPORT
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LIFE
WITH
CORONA

Life with Corona: Shared Global Sentiments and Stark Generational Divides

Six findings from six months of Life with Corona, a global research project to collect real-time data on the social and economic impacts of COVID-19

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Summary: Six findings

Finding 1: Young adults actively perform many behaviours to counter the pandemic.

A unique feature of the Life with Corona Survey is that it measures individuals' behaviours to counter the pandemic. While young people slightly lag behind older peers in taking active measures (such as wearing disposable gloves), counter-coronavirus behaviours are generally very common and overall differences across ages are small. These results call the universal image of young people as careless superspreaders of the disease into question.

Finding 2: Stress on families during the pandemic falls disproportionately on women who live with more than one other person.

Larger households experience more perceived tensions than smaller ones, but adding additional people after a third person does not inflate tensions further. Women report substantially higher levels of intrahousehold tension than men for any household size, which suggests that the pandemic may create and perpetuate gender disparities.

Finding 3: Older people are less stressed than younger people and are less worried about current circumstances.

Despite being at greater health risk from the pandemic (and worrying about it more), older people are less stressed than younger people about the overall situation. This underscores that generational imbalances in the impacts of the pandemic can be strong and that the cultural, emotional and socio-economic aspects of the pandemic may be just as important as health aspects.
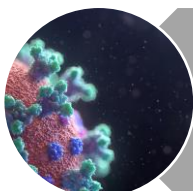
Finding 4: After the peak of COVID-related deaths, support for countermeasures drops.

Support for countermeasures is generally high with average support above 4 on a 5-point scale. However, there is a marked decline in the level of support after the daily COVID-death rate in a given country peaks. This suggests that people become less supportive of restrictive measures, once it is perceived that a wave has passed.

Finding 5: Around the world, people want global access to a vaccine - only in USA do a larger proportion support special access for their own country.

In all surveyed countries apart from the USA, more respondents prefer having a vaccine to be made available equally all around the world than to have preferential access for their own country. At the same time, only a small fraction of people around the world are comfortable with countries with the worst infection rates getting preferential access. This mightsuggest that higher income countries support lower income countries obtaining vaccines in the future.

Finding 6: Younger people are more willing to pay to stop the spread of the disease than older people.

Younger people, all over the world, are willing to forego more of their income than older peers, in order to stop the spread of the coronavirus. At first glance, this finding may seem counterintuitive, but basic economics can help explain it.

Finding 1: Young adults actively perform many behaviours to counter the pandemic

A unique feature of the Life with Corona survey is that it measures the behaviours individuals take to counter the pandemic. While young people slightly lag behind older peers in taking active measures (such as wearing disposable gloves), counter-coronavirus behaviours are generally very common and overall differences across ages are small. These results call the universal image of all young people as careless superspreaders of the disease into question.

Analysis: In the survey we consider two types of counter-coronavirus behaviours. First, "active" behaviours – counter-coronavirus behaviours that involve "doing" something extra that helps to counter the pandemic. These actions are: washing hands, putting on a face mask or gloves and using disinfectant. Second, "avoidance" behaviours – counter-coronavirus behaviours that are characterised by trying to avoid something one normally would do. This includes: avoiding touching one's face; avoiding shaking hands; avoiding being in groups; avoiding touching surfaces in public and avoiding public transport. We then test whether or not the age group to which one belongs predicts the number of behaviours that one undertakes.

We find that the total number of counter-coronavirus behaviours is strongly associated with age, although we also note that the absolute differences are moderate. Out of nine surveyed behaviours, 18-25 year-olds (who undertake the fewest actions) engage in just over 6.1 on average; those over 45 (who undertake the most actions) engaged in just over 6.3 behaviours on average. At the individual level, these differences are very small, suggesting that young people take their responsibilities very seriously. At the same time, aggregated across the entire populations we study, these small individual-level differences aggregate up a difference of millions of more actions taken by older people. When we look at "active" hygiene behaviours and "avoidance" behaviours separately, we see noticeably different patterns. Those under 35 engage in noticeably fewer hygiene behaviours than older people, but other than the split between those under and over 35, we see no difference between age-groups in the number of behaviours undertaken. Again, however, the difference is small in absolute terms. In terms of avoidance behaviours, there are no significant differences between different age groups, with most people across the age spectrum engaging in at least 4 of 5 avoidance behaviours.

These results challenge current narratives that blame young people for continuing to spread the disease. While we find that older people tend to engage in more counter-coronavirus behaviours than younger people, the differences are very marginal in scale and the popular image of feckless young people is not borne out.

Counter-corona behaviours by age group (mean)

Figure 1: Counter-corona behaviours by age group. Survey question: "Which of the following protective measures have you taken in the past 7 days? [select all that apply]" (min=0, max=9)

Counter-corona hygiene behaviours by age group (mean)
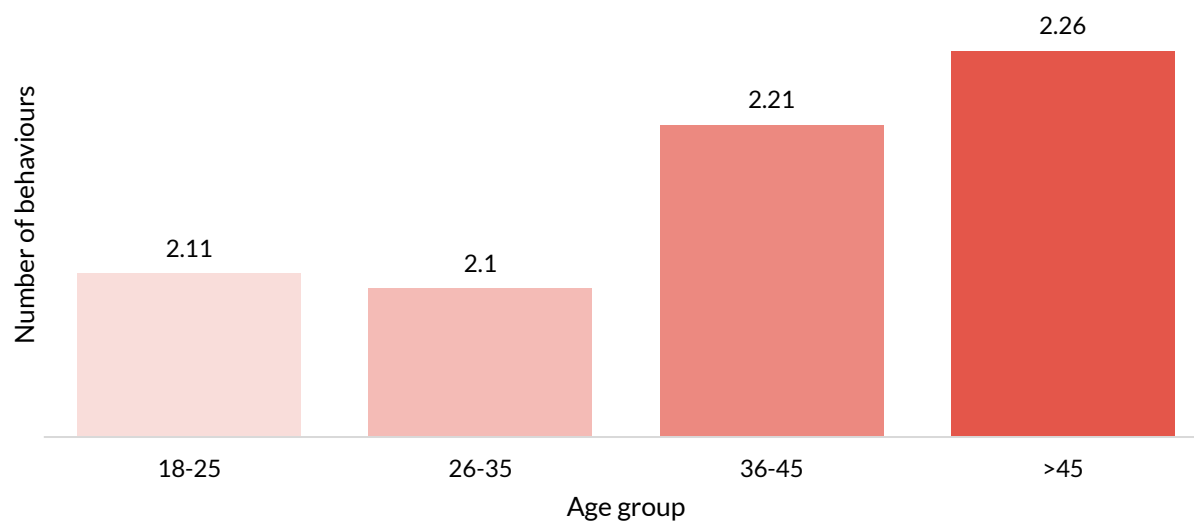
Figure 2: Counter-corona hygiene behaviours by age group. Survey question: "Which of the following protective measures have you taken in the past 7 days? [select all that apply]" (min=0, max=9) Hygiene: number of hygiene behaviours applied (wearing masks, wearing gloves, using disinfectant, handwashing)

Counter-corona avoidance behaviours by age group (mean)
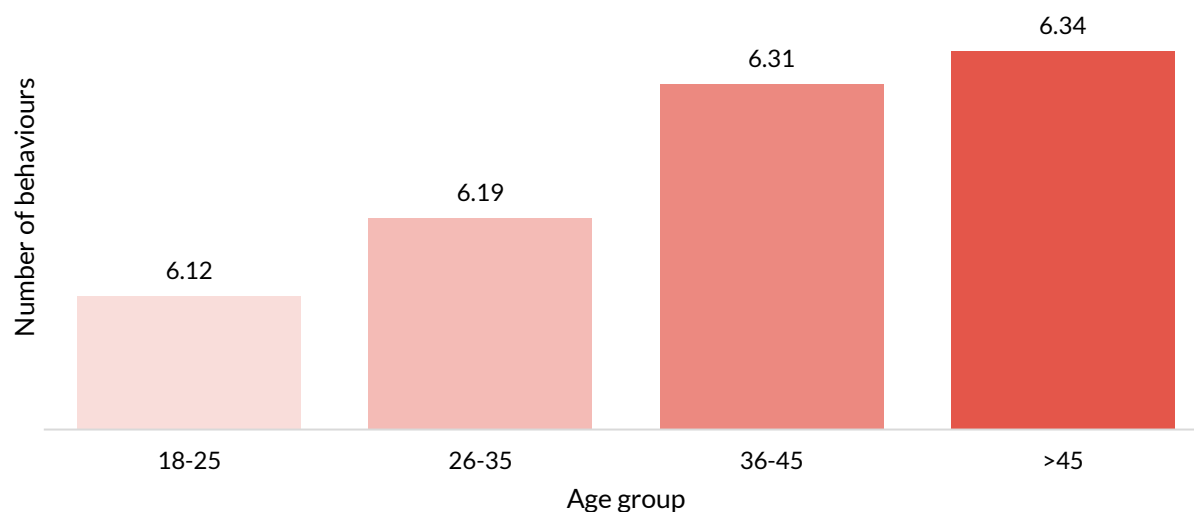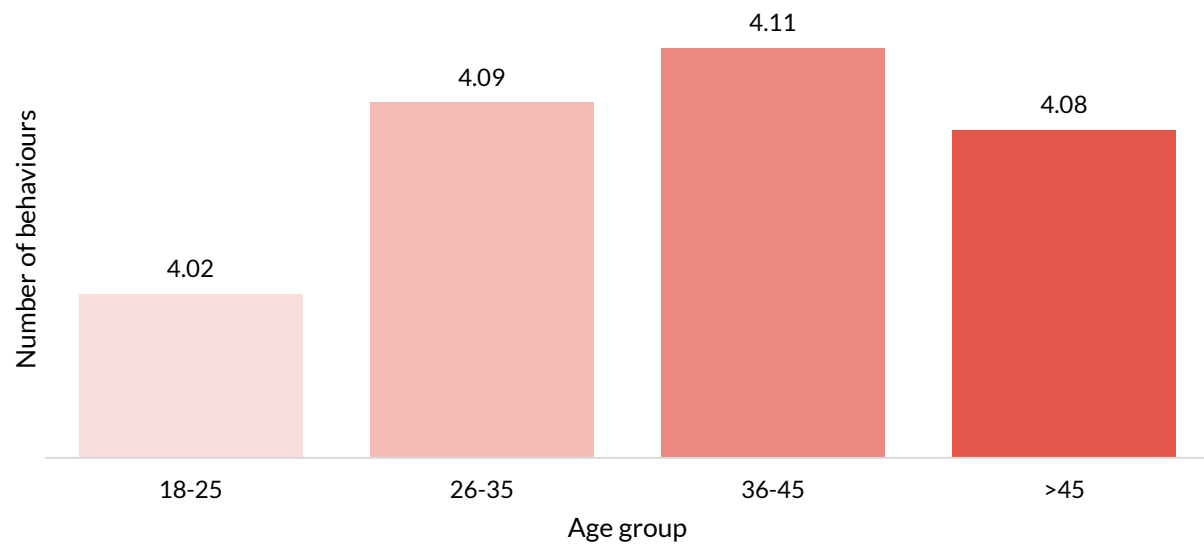
Figure 3: Counter-corona avoidance behaviours by age group. Survey question: "Which of the following protective measures have you taken in the past 7 days? [select all that apply]" (min=0, max=9) Avoidance: number of avoidance behaviours applied (touching face, hand shaking, avoid large groups, avoid touching surfaces, avoid public transport)

Finding 2: Stress on families during the pandemic falls disproportionately on women who live with more than one other person

Larger households report higher levels of tension between household members than smaller ones, but adding additional people after a third person does not inflate tensions further. Women report substantially higher levels of intrahousehold tension than men for any household size, which suggests that the pandemic may create and perpetuate gender disparities.

Analysis: We test how the experience of tensions at home are related to household size. As the number of people under lockdowns in a finite space grows, tensions between those people might rise. We can confirm that larger households (those with more than two people) experience a notably higher degree of tension than smaller ones (those with two people). However, additional people in the household beyond a third person do not continue to inflate those tensions.

A plausible explanation for this pattern is the presence or absence of children in the household, which is likely a structural difference between households with 2 and those with 3 or more members. This makes intuitive sense, as school closures and other limitations on childcare as a result of lockdown can create significant stress for families. In turn, the marginal additional stress of homeschooling more than one child, is likely significantly lower than that of having to provide childcare and homeschool in the first place.

Does additional stress on families during the pandemic fall disproportionately on women? Our results suggest that this is the case. We find that women experience and perceive significantly higher levels of intrahousehold tension than men for almost every household size. This suggests that women experience more stress at home as both partners and caregivers than their male counterparts. This result implies that the pandemic might create and perpetuate gender disparities.

Household tension levels by household size (mean)
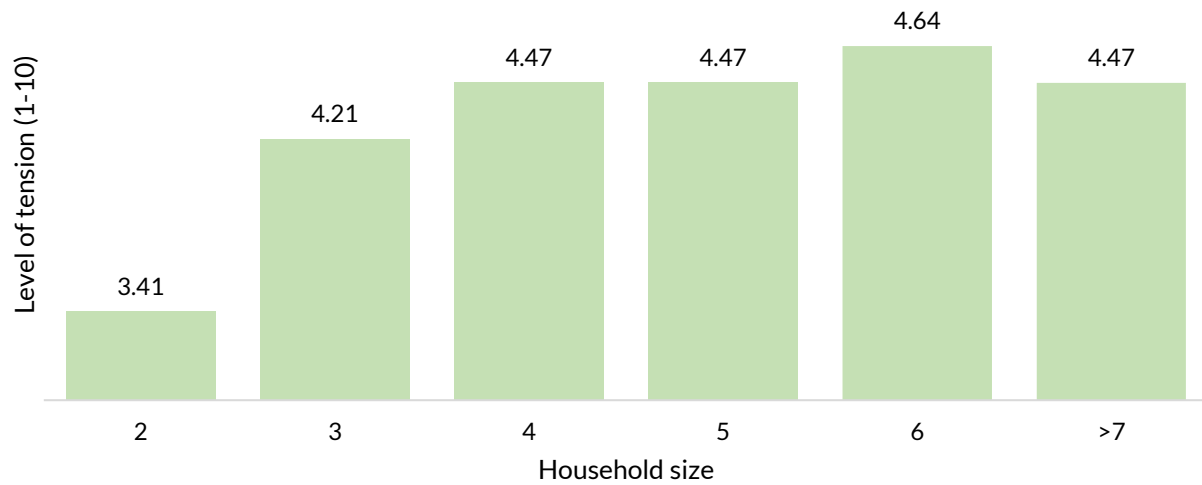
Figure 4: Household tension level by number of people in the household. Survey question: "How would you rate the current level of tension between members of your household?" Scale from 1 (no tension at all) to 10 (very high tension).

Household tension levels by household size and gender (mean)
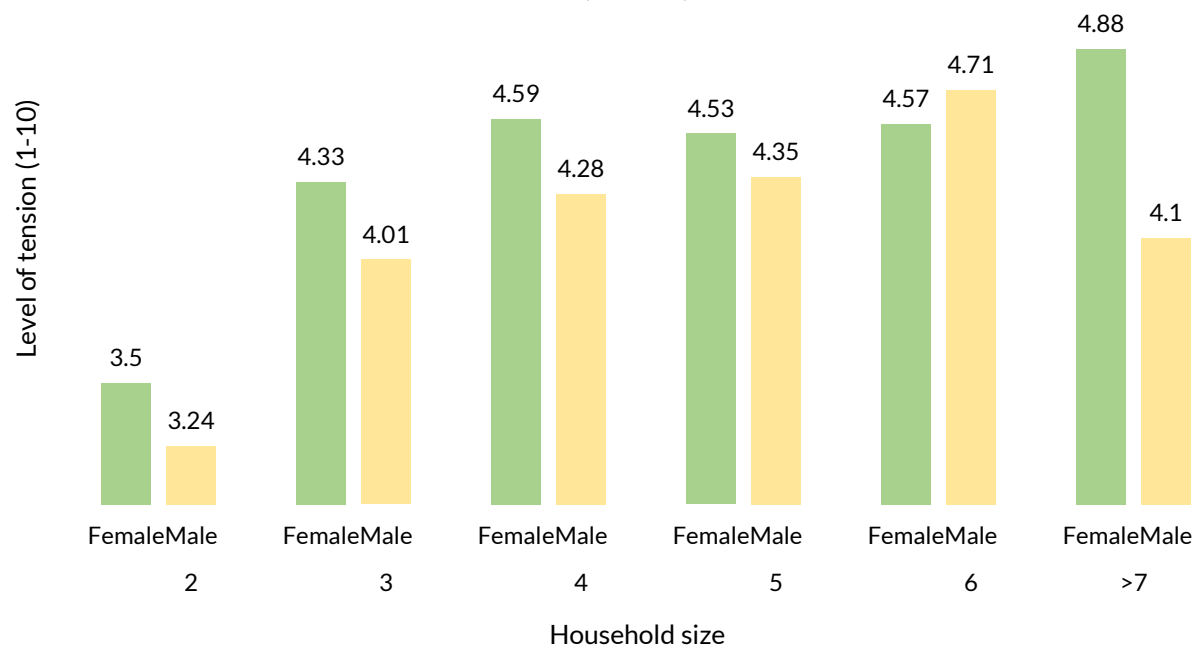
Figure 5: Household tensions by household size and gender. Survey question: "How would you rate the current level of tension between members of your household?" Scale from 1 (no tension at all) to 10 (very high tension).

Finding 3: Older people are less stressed than younger people and are less worried about current circumstances

Despite being at greater health risk from the pandemic (and worrying about it more), older people are less stressed than younger people about the overall situation. This underscores that generational imbalances in the impacts of the pandemic can be strong and that the cultural, emotional and socio-economic aspects of the pandemic might be just as important as health aspects.

Analysis: Despite being most concerned about their health, older people turn out to be less stressed than younger people - overall and by current circumstances. Moreover, we see a general disconnect amongst more middle-aged cohorts between health concerns and more general stresses.

This suggests that many personal stressors that people face during the pandemic might not stem from (concerns about) the health risks it brings. Rather, it seems to suggest that economic, social and emotional pressures are dominating levels of stress. This is evident for those between 36 to 45 years, who experienced the highest levels of stress and nervousness. Additionally, this result indicates that older adults might be more able to use attentional and behavioural strategies to minimise stress and disruption, when compared to younger generations.

This set of results emphasises the existence of generational imbalances in the impacts of the pandemic as well as the importance of a coordinated socio-economic as well as health care response to the pandemic.

Worried about health by age group
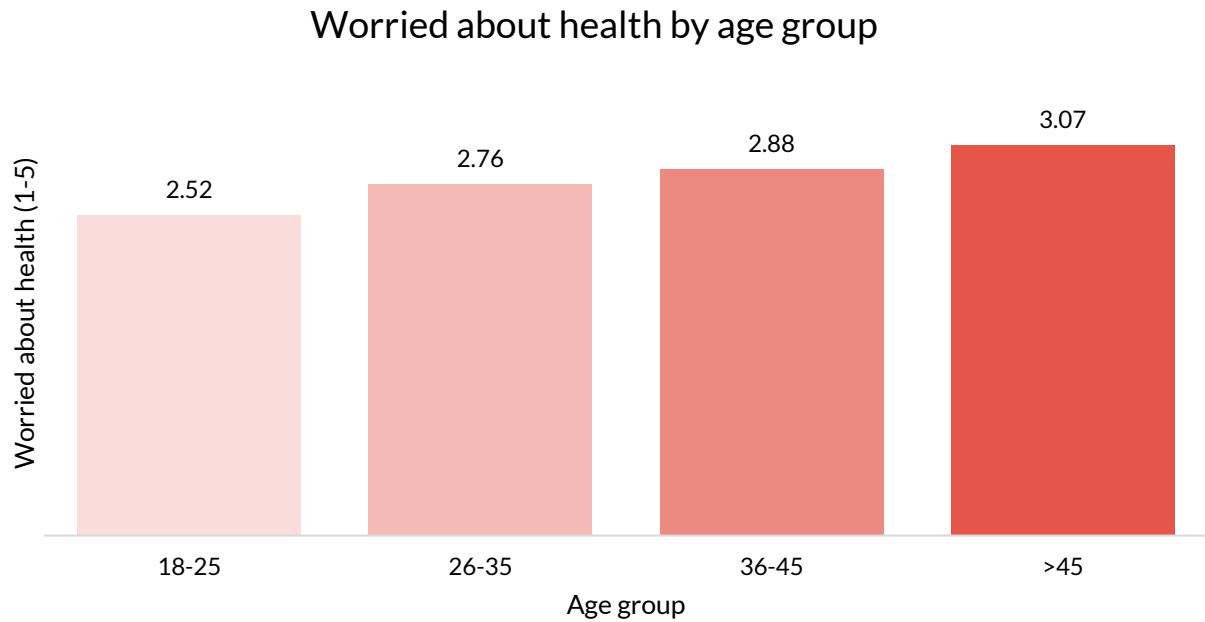
Figure 6: Worried about health by age group. Survey question: "To which extent do the following statements apply to you right now? I am worried about my health". Scale from 1 (does not apply at all) to 5 (strongly applies)

Overall stress level by age group
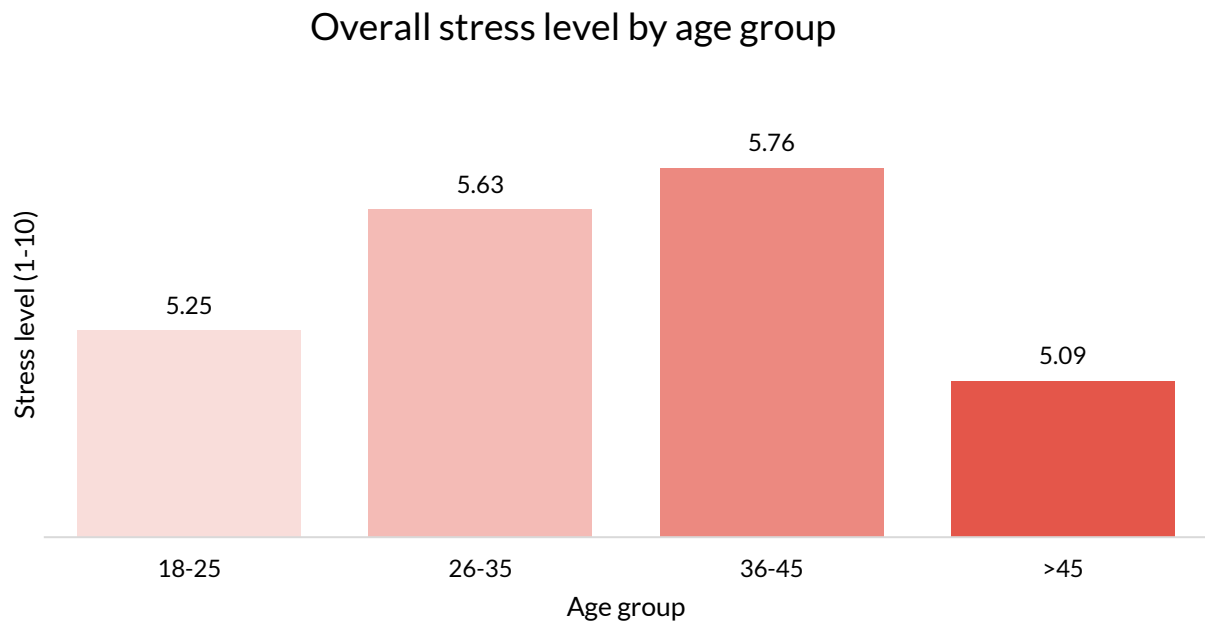
Figure 7: Overall stress level by age group. Survey question: "How would you rate your overall stress level at the moment?" Scale from 1 (I am not stressed at all) to 10 (I am extremely stressed)

Feeling nervous by age group
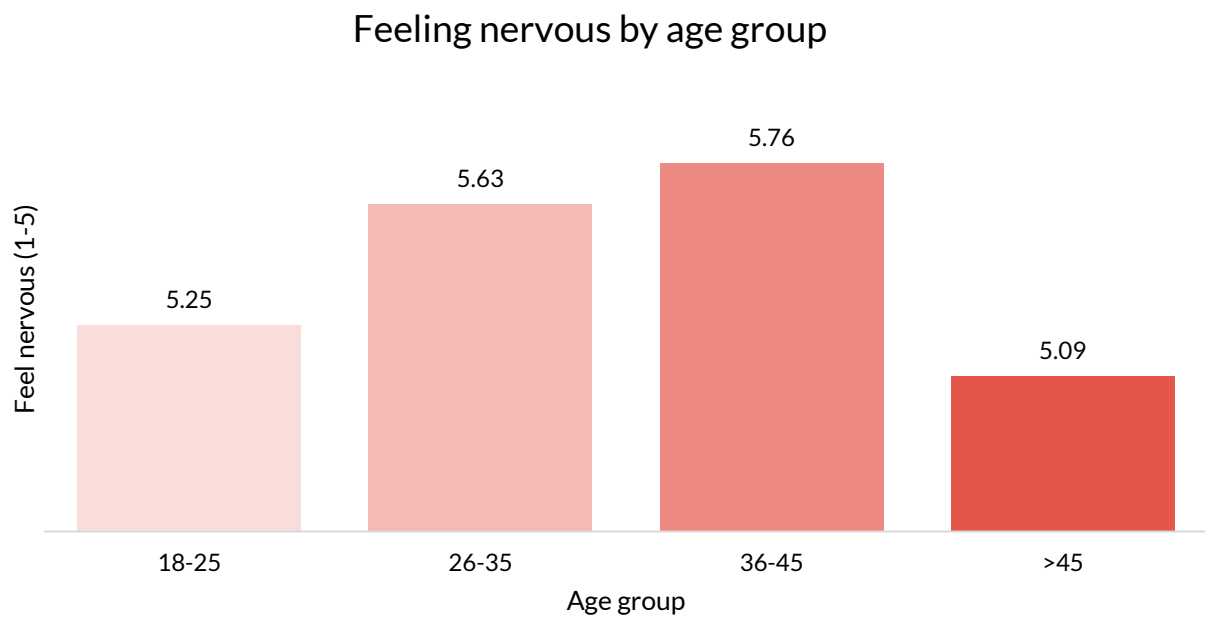
Figure 8: *Feeling nervous by age group. Survey question: "To which extent do the following statements apply to you right now? I am nervous when I think about current circumstances." Scale from 1 (does not apply at all) to 5 (strongly applies)*

Finding 4: After the peak of COVID-related deaths, support for countermeasures drops

Support for countermeasures is generally high with average support above 4 on a 5-point scale. However, there is a marked decline in the level of support after the daily COVID-death rate in a given country peaks. This suggests that people become less supportive of restrictive measures once it is perceived that a wave has passed.

Analysis: We conduct a very simple analysis, where we split the sample collected from each country into two groups. The first group includes all survey responses collected before the day on which the number of deaths from COVID-19 was at its highest in a given country. The second group contains observations recorded in the period after this day. We then test if the average support of government countermeasures against the pandemic varies across the pre- and post-peak groups.

Support is generally high – both before and after the peak, average support is over 4 on a 5-point scale. However, the level of support after the peak is much lower compared to before the peak. In some countries, like Germany, the peak happened very early in our data collection effort. In other words, this appears to be an effect that is different from simple fatigue with measures kicking in over the long durations of lockdown.

This finding suggests that individuals become less supportive of restrictive measures, even at a time when the risks of the pandemic remain high and when the probability of a "second spike" looks increasingly likely in some countries. This poses an interesting and difficult conundrum for governments.

Support for measures before and after death peak
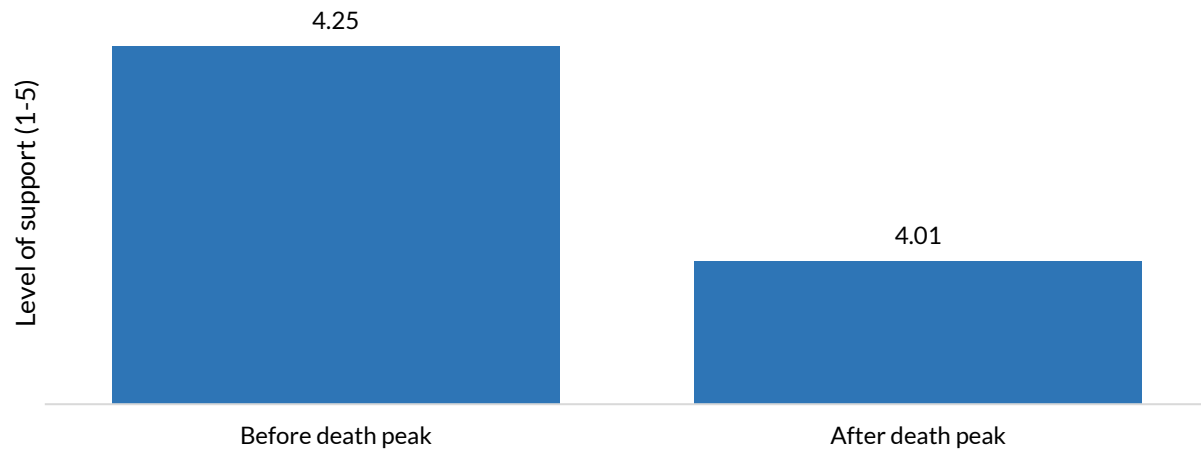
Figure 9: Support for measures before and after death peak. Survey question: "How supportive are you of the measures that the authorities have put in place in response to the corona crisis?" Scale from 1 (Not supportive at all) to 5 (Extremely supportive)

Finding 5: Around the world, people want global access to a vaccine – only in USA do a larger proportion support special access for their own country

In all surveyed countries apart from the USA, more respondents prefer having a vaccine to be made available equally all around the world over preferential access for their country. At the same time, only a small fraction of people around the world are comfortable with countries with the worst infection rates getting preferential access. This might suggest that higher income countries support lower income countries also obtaining vaccines in the future.

Analysis: We investigate a survey question that asks people what they think should happen once a vaccine for the coronavirus becomes available. Respondents were asked to choose from three options: their own country should have priority access; it should be made available worldwide equally; or that access should be prioritised to the places that need it the most. This question was designed to capture egalitarian (available worldwide), parochial (preferential access in own country) and utilitarian (available where most needed) preferences.

We find strong support for egalitarian preferences: a plurality of people want a vaccine to be made available worldwide. In most countries, more than 50% prefer the global option. This includes countries from different parts of the world, such as Germany, Argentina and Brazil, for example. Overall, only around a third of the total sample would prefer their own country to have special access to a vaccine, although there is sizeable geographic variation. For example, in Finland, Brazil and Portugal over 40% of respondents would prefer special access for their own country. Among all countries, in which more than 150 people answered the survey, only one has more people who would prefer preferential access for their own country over the other options — the USA.

This result has two sides. On the one hand, egalitarian motives dominating parochial ones is an uplifting result for people in favour of global cooperation. On the other hand, though, the extremely low number of people who want the vaccine made available where it is most needed first could be viewed as an unwillingness to forgo one's own country having access to a vaccine in the earliest stages of its availability.

Where should COVID-19 vaccine be made available first?
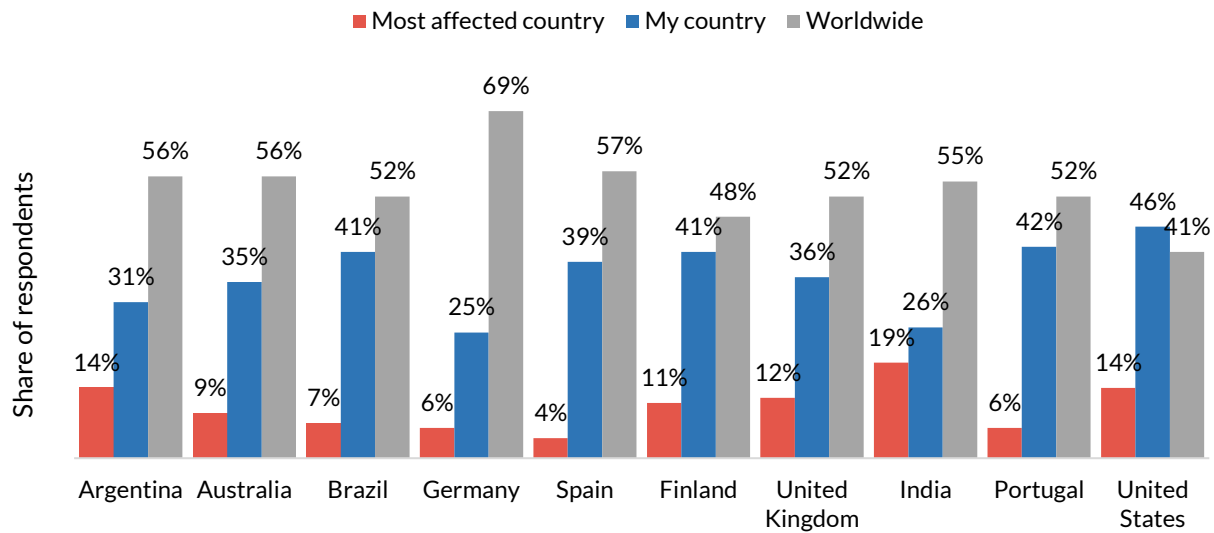
Figure 10: Vaccination priority by country. Survey question: "Imagine a company in your country successfully developed a vaccine against the coronavirus. Please select the statement you agree with most: The vaccine should first be made available in my country, then elsewhere / The vaccine should first be made available in the countries of the world with the highest infection rates, then elsewhere / The vaccine should be made available in all countries at the same time."

Finding 6: Younger people are more willing to pay to stop the spread of the disease than older people

Younger people, all over the world, are willing to forego more of their income than older peers, in order to stop the spread of the coronavirus. At first glance, this finding may seem counterintuitive, but basic economics can help explain it.

Analysis: Early Life with Corona survey data from Germany showed that that young Germans were willing to forgo a much higher proportion of their annual salary to halt the spread of the coronavirus than older people. In fact, the willingness to pay, essentially, decreased linearly with a person's age. Now, we can confirm that this finding is not only limited to Germany but appears to be a global phenomenon.

At first glance, this finding might be puzzling, as the public health aspects of the pandemic are much more critical for older than younger people. Younger people are less likely to experience the worst health impacts of the disease and to die from it. However, it is likely young people who experience the greatest upheaval to their social lives; they are often in a weaker financial position, are more likely to work in the industries most harmed by lockdowns and have lower job security. Their social and emotional lives likely face greater upheaval. Young people are less likely to have deep support networks and social safety nets, for example. In other words, the social, emotional and economic aspects of the pandemic likely hit younger people harder than older people. That younger people are also more willing to pay to end the pandemic suggests that these features dominate how people respond to the pandemic.

Willingness to pay to stop the pandemic by age group
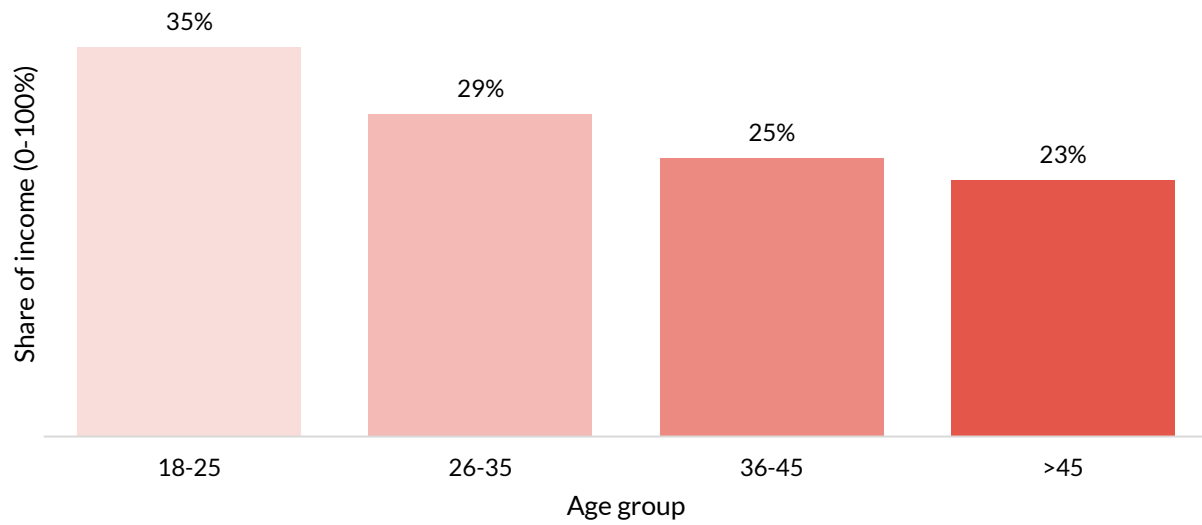
Figure 11: Willingness to pay to stop the pandemic by age group. Survey question: "What share of your annual income would you be willing to give up if it completely stopped the further spread of the Corona virus in your country?" Scale from 0% to 100%.

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Finding 1

Counter-corona behaviours by age (full sample)
Survey question: "Which of the following protective measures have you taken in the past 7 days? [select all that apply]"
(min=0, max=9)

- Hygiene Behaviours: number of hygiene behaviours applied (wearing masks, wearing gloves, using disinfectant, handwashing)
- Avoidance Behaviours: number of avoidance behaviours applied (touching face, hand shaking, avoid large groups, avoid touching surfaces, avoid public transport)
- All Behaviours: number of all preventive behaviours applied

Age Group	Mean of All Behaviours	Std. Dev.	Mean of Hygiene Behaviours	Std. Dev.	Mean of Avoidance Behaviours	Std. Dev.	N
18-25	6.12	1.65	2.11	1.01	4.02	1.17	1766
26-35	6.19	1.59	2.1	0.96	4.09	1.15	3508
36-45	6.31	1.62	2.21	1.00	4.11	1.12	2696
>45	6.34	1.66	2.26	1.01	4.08	1.12	3603

Counter-corona behaviours by age and country (age group-gender weighted data for 10 countries)

Country	Age Group	Mean of All Behaviours	Std. Dev.	Mean of Hygiene Behaviours	Std. Dev.	Mean of Avoidance Behaviours	Std. Dev.	N
AR	18-25	6.48	1.73	2.72	0.77	3.76	1.3	189
AR	36-45	6.71	1.74	2.81	0.72	3.9	1.29	212
AR	>45	7.01	1.46	2.83	0.72	4.18	1.1	271
AR	26-35	6.51	1.72	2.69	0.78	3.83	1.36	337
AU	26-35	5.88	1.3	1.96	0.73	3.92	1.26	25
AU	>45	6.56	1.5	2.38	0.82	4.18	1.07	84
AU	36-45	6.33	1.85	2.2	0.96	4.13	1.28	46
AU	18-25	6.44	0.53	2	0	4.44	0.53	9
BR	18-25	6.68	1.65	2.62	0.77	4.06	1.2	53
BR	26-35	6.65	1.7	2.66	0.67	3.99	1.42	93
BR	>45	7.16	1.67	2.89	0.7	4.28	1.31	123
BR	36-45	6.95	1.49	2.82	0.58	4.13	1.15	56
DE	18-25	5.88	1.42	1.75	0.87	4.13	1.03	838
DE	36-45	6.04	1.5	1.82	0.94	4.22	1	1080
DE	>45	5.98	1.59	1.9	0.98	4.09	1.07	1510

DE	26-35	5.93	1.44	1.72	0.85	4.21	1.02	1548
ES	36-45	6.52	1.78	2.65	1.18	3.87	1.38	60
ES	18-25	6.24	2.36	2.61	1.31	3.63	1.44	38
ES	26-35	6.53	1.76	2.68	1.09	3.85	1.46	47
ES	>45	6.53	2.2	2.86	1.02	3.67	1.63	49
FI	18-25	5	0.82	0.75	0.5	4.25	0.96	4
FI	26-35	6.15	1.38	1.84	0.85	4.31	0.95	62
FI	>45	6.26	1.42	1.97	0.8	4.29	0.97	70
FI	36-45	5.97	1.72	1.86	0.78	4.1	1.24	58
GB	>45	6.12	1.63	2.11	0.99	4.01	1.09	216
GB	36-45	6.05	1.45	1.92	0.89	4.13	1	148
GB	26-35	6.05	1.56	1.94	0.79	4.12	1.15	130
GB	18-25	6.3	1.54	2.05	0.9	4.25	1.06	40
IN	26-35	6.81	1.3	2.58	0.81	4.23	0.86	99
IN	36-45	6.83	1.42	2.67	0.81	4.17	1.17	48
IN	>45	6.76	1.36	2.56	0.91	4.2	0.86	70
IN	18-25	6.76	1.47	2.41	0.98	4.35	1.09	63
PT	26-35	6.62	1.52	2.38	1.08	4.24	0.92	55
PT	36-45	6.8	1.61	2.66	0.96	4.13	1.12	104
PT	>45	6.92	1.76	2.79	1	4.14	1.22	253
PT	18-25	6.46	1.66	2.19	1.29	4.27	0.96	37
US	36-45	6.64	1.44	2.43	0.87	4.22	1.01	166
US	>45	6.59	1.46	2.42	0.88	4.17	0.99	315
US	26-35	6.39	1.47	2.2	0.82	4.19	1.09	240
US	18-25	7.05	1.51	2.56	1.04	4.49	0.75	59

Finding 2

Household tension by household size and Gender (whole sample)
Survey question: How would you rate the current level of tension between members of your household?" Scale from 1 (no tension at all) to 10 (very high tension).

No. Household Members	Gender	Mean of Tensions	Std. Dev.	N
2	Female	3.5	2.44	1362
2	Male	3.24	2.29	744
3	Female	4.33	2.57	867
3	Male	4.01	2.35	531
4	Female	4.59	2.47	773
4	Male	4.28	2.33	503
5	Female	4.53	2.56	331
5	Male	4.35	2.37	191
6	Female	4.57	2.64	120
6	Male	4.71	2.5	91
>7	Female	4.88	2.58	96
>7	Male	4.1	2.5	105

Household tensions by household size and Gender and country (age group-gender weighted data for 10 countries)

country	No. Household Members	Gender	Mean of Tensions	Std. Dev.	N
AR	2	Female	4.52	2.61	178
AR	2	Male	4.1	2.17	68
AR	3	Female	5.51	2.4	139
AR	3	Male	4.42	2.3	53
AR	4	Female	5.48	2.73	144
AR	4	Male	4.8	2.32	56
AR	5	Female	5.46	2.46	59
AR	5	Male	5.4	2.5	23
AR	6	Female	5.01	2.75	24
AR	6	Male	5	2.53	3
AR	>7	Female	7.84	1.63	11

AR	>7	Male	3.66	2.07	3
AU	2	Female	2.2	2.01	22
AU	2	Male	2.36	1.06	11
AU	3	Female	3.6	1.94	9
AU	3	Male	3.3	2.17	12
AU	4	Female	5.03	2.16	17
AU	4	Male	3.97	2.25	9
AU	5	Female	4.31	1.39	10
AU	5	Male	3.99	3.1	3
AU	6	Male	4	2.45	2
BR	2	Female	5.37	2.5	60
BR	2	Male	6.13	2.17	24
BR	3	Female	6.73	1.91	57
BR	3	Male	6.87	1.99	15
BR	4	Female	6.6	2.1	50
BR	4	Male	6.15	3.14	19
BR	5	Female	5.56	2.48	13
BR	5	Male	4.74	2.92	7
BR	6	Female	7.57	2.5	6
BR	>7	Female	5.13	1.46	3
DE	2	Female	2.71	2.2	502
DE	2	Male	2.56	2.05	245
DE	3	Female	3.66	2.34	255
DE	3	Male	3.42	2.22	146
DE	4	Female	4.15	2.31	233
DE	4	Male	3.9	2.19	130
DE	5	Female	3.89	2.36	79
DE	5	Male	3.36	1.94	29
DE	6	Female	3.78	2.37	16
DE	6	Male	2.91	1.04	12
DE	>7	Female	3.39	2.06	12
DE	>7	Male	2.65	2.11	4
ES	2	Female	4.54	2.67	32

ES	2	Male	3.75	2.95	26
ES	3	Female	3.39	2.24	22
ES	3	Male	2.83	2.05	17
ES	4	Female	4.86	2.2	19
ES	4	Male	3.59	2.03	13
ES	5	Female	2.63	1.3	6
ES	5	Male	2.38	1.13	3
ES	6	Female	6		1
ES	>7	Female	6		1
FI	2	Female	3.3	2.16	23
FI	2	Male	4.21	2.54	6
FI	3	Female	3.3	2.32	13
FI	3	Male	2.39	0.79	4
FI	4	Female	3.92	2.04	7
FI	4	Male	5.24	2.18	4
FI	5	Female	6.47	1.2	2
FI	5	Male	3.86	2.31	3
FI	>7	Female	1		1
GB	2	Female	3.28	1.93	84
GB	2	Male	2.98	1.91	49
GB	3	Female	3.97	2.41	46
GB	3	Male	4.45	2.42	28
GB	4	Female	4.62	2.62	56
GB	4	Male	4.08	2.09	37
GB	5	Female	3.66	2.32	20
GB	5	Male	4.48	1.91	7
GB	6	Female	5.05	2.01	4
GB	6	Male	4.38	1.64	4
GB	>7	Female	4	2.65	3
GB	>7	Male	4.5	0.71	2
IN	2	Female	5.89	2.16	8
IN	2	Male	2.35	0.93	6
IN	3	Female	7.68	2.54	11

IN	3	Male	3.64	2.58	19
IN	4	Female	4.87	2.65	28
IN	4	Male	3.77	2.32	26
IN	5	Female	7.03	1.93	11
IN	5	Male	3.61	2.22	11
IN	6	Female	5.77	2.11	7
IN	6	Male	4.82	2.78	7
IN	>7	Female	5.6	3.41	7
IN	>7	Male	5.4	1.39	6
PT	2	Female	4.27	2.81	79
PT	2	Male	3.28	2.32	48
PT	3	Female	4.42	2.61	60
PT	3	Male	3.9	2.14	42
PT	4	Female	4.07	2.48	39
PT	4	Male	4.43	2.13	25
PT	5	Female	4.9	2.64	13
PT	5	Male	4.09	1.83	15
PT	6	Female	6.05	2.4	2
PT	6	Male	5.35	3.11	4
PT	>7	Female	3.6	1.24	4
PT	>7	Male	3.39	1.67	5
US	2	Female	2.96	1.97	127
US	2	Male	2.77	2.09	79
US	3	Female	3.37	2.15	61
US	3	Male	3.43	2.03	48
US	4	Female	4.82	2.36	41
US	4	Male	5.05	2.41	36
US	5	Female	3.45	2.68	18
US	5	Male	4.77	2.6	17
US	6	Female	3.97	1.85	5
US	6	Male	3.05	1.95	7
US	>7	Female	5.68	1.69	4
US	>7	Male	2.83	1.17	3

Finding 3

Stress and worries by age (whole sample)

Survey questions

- Concerned About Health = "To which extent do the following statements apply to you right now? I am worried about my health". Scale from 1 (does not apply at all) to 5 (strongly applies)
- Stress Level = "How would you rate your overall stress level at the moment?" Scale from 1 (I am not stressed at all) to 10 (I am extremely stressed)
- Nervousness about Circumstances = "To which extent do the following statements apply to you right now? I am nervous when I think about current circumstances." Scale from 1 (does not apply at all) to 5 (strongly applies)

Age Group	Mean Concerned About Health	Std. Dev.	Mean of Stress Level	Std. Dev.	Mean of Nervousness about Circumstances	Std. Dev.	N
18-25	2.52	1.21	5.25	2.36	3.34	1.13	1339
26-35	2.76	1.2	5.63	2.27	3.47	1.13	2651
36-45	2.88	1.19	5.76	2.3	3.49	1.12	1991
>45	3.07	1.18	5.09	2.39	3.38	1.16	2980

Stress and worries by age and country (age group-Gender weighted data for 10 countries)

country	Age Group	Mean Concerned About Health	Std. Dev.	Mean of Stress Level	Std. Dev.	Mean of Nervousness about Circumstances	Std. Dev.	N
AR	36-45	2.56	1.19	5.94	2.49	3.35	1.16	205
AR	26-35	2.54	1.17	6.06	2.15	3.48	1.05	330
AR	18-25	2.33	1.18	6.42	2.39	3.63	1.01	186
AR	>45	2.82	1.2	5.34	2.42	3.19	1.2	265
AU	18-25	2.11	1.17	5.56	2.6	3.44	0.88	9
AU	36-45	3.34	1.11	5.24	2.63	3.73	0.83	45
AU	>45	2.97	1.23	4.98	2.41	3.57	1.17	84
AU	26-35	2.92	1.56	6.19	1.98	4.19	0.92	25
BR	18-25	3.35	1.31	6.63	2.02	3.82	1.21	51
BR	>45	3.8	1.08	6.19	2.26	3.71	1.14	119
BR	36-45	3.74	1.04	6.1	2.13	3.64	0.97	54
BR	26-35	3.45	1.15	6.92	1.84	3.85	1.06	92
DE	26-35	2.51	1.09	5.05	2.26	3.1	1.09	1529
DE	36-45	2.76	1.09	5.25	2.28	3.19	1.08	1060
DE	>45	3	1.12	4.66	2.35	3.1	1.09	1491
DE	18-25	2.22	1.03	4.72	2.17	3.02	1.09	825

ES	26-35		2.81	1.04		6.09	2		3.55	1.02	47
ES	36-45		2.58	1.08		5.68	1.93		3.56	1.09	58
ES	>45		2.65	1.28		4.19	2.38		2.97	1.39	46
ES	18-25		2.45	1.25		5.74	2.08		3.31	1.15	39
FI	26-35		2.66	1.16		5.25	2.05		3.43	1.27	60
FI	>45		3.1	1.12		5.19	2.12		3.38	1.03	69
FI	36-45		2.64	1.29		5.29	1.93		3.58	1.1	58
FI	18-25		2	1.41		4.5	2.38		3.25	1.5	4
GB	18-25		2.87	1.12		6.16	2.16		4.26	0.76	38
GB	26-35		2.85	1.19		6.25	2.01		3.75	1.14	125
GB	36-45		2.87	1.24		6.04	2.14		3.8	1.07	145
GB	>45		3.07	1.18		5.38	2.43		3.68	1.15	212
IN	18-25		3.11	1.09		6.25	2.03		3.87	1.01	63
IN	26-35		3.15	1.21		5.47	2.23		3.68	1.1	100
IN	36-45		3.33	1.32		6.1	2.42		3.69	1.2	46
IN	>45		3.37	1.1		4.74	2.29		3.67	1.07	64
PT	36-45		3.36	1.11		5.99	2.05		3.63	1.06	103
PT	>45		3.28	1.1		5.11	2.22		3.43	1.15	253
PT	26-35		2.52	1.22		5.09	2.43		3.16	1.34	55
PT	18-25		2.79	1.49		6.16	2.35		3.79	1.21	38
US	36-45		2.97	1.21		6.3	2.12		4.12	0.82	160
US	26-35		3.09	1.16		6.44	2.01		4.01	1.06	228
US	18-25		2.93	1.15		6.6	1.97		4.12	0.91	57
US	>45		3.16	1.18		5.43	2.22		3.84	1.06	308

Finding 4

Support for measures before and after death peak (age group-Gender weighted data for 10 countries)
Survey question:
- Support Measures ="How supportive are you of the measures that the authorities have put in place in response to the Corona crisis?" Scale from 1 (Not supportive at all) to 5 (Extremely supportive)

Peak of Corona-Related Deaths	Mean who Support Measures	Std. Dev.	N
Before death peak	4.25	0.94	7126
After death peak	4.01	1.14	1620

Support for measures before and after death peak by country (age group-gender weighted data for 10 countries)

country	Peak of Corona-Related Deaths	Date of Peak	Mean who Support Measures	Std. Dev.	N
AR	Before death peak	26.08.2020	4.15	0.98	984
AR	After death peak	26.08.2020	4.29	1.8	2
AU	Before death peak	05.09.2020	4.42	0.8	162
AU	After death peak	05.09.2020	2		1
BR	Before death peak	31.07.2020	3.84	1.22	296
BR	After death peak	31.07.2020	3.89	1.25	20
DE	Before death peak	16.04.2020	4.25	0.92	4003
DE	After death peak	16.04.2020	3.97	1.18	902
ES	Before death peak	30.03.2020	4.13	1.17	19
ES	After death peak	30.03.2020	4.04	1.08	171
FI	Before death peak	22.04.2020	4.41	0.7	146
FI	After death peak	22.04.2020	4.48	0.88	45
GB	Before death peak	22.04.2020	4.25	0.97	241
GB	After death peak	22.04.2020	3.94	1.04	279
IN	Before death peak	17.06.2020	4.37	0.84	265
IN	After death peak	17.06.2020	3.9	0.79	8

PT	Before death peak	04.05.2020		4.37	0.83	436
PT	After death peak	04.05.2020		3.48	1.63	13
US	Before death peak	17.04.2020		4.38	0.92	574
US	After death peak	17.04.2020		4.23	1.1	179

Finding 5

Vaccination priority by country (age group-Gender weighted data for 10 countries)
Survey question: "Imagine a company in your country successfully developed a vaccine against the Corona virus. Please select the statement you agree with most."

- My Country Should Have Special Access to Vaccine = 1 if respondent chose "The vaccine should first be made available in my country, then elsewhere"
- Vaccine Should Go to Worst Affected = 1 if respondent chose "The vaccine should first be made available in the countries of the world with the highest infection rates, then elsewhere."
- Vaccine Should be Made Available Worldwide = 1 if respondent chose "The vaccine should be made available in all countries at the same time."

country	Mean - Vaccine Should Go to Worst Affected	Std. Dev.	Mean - My County Should Have Special Access to Vaccine	Std. Dev.	Mean - Vaccine Should be Made Available Worldwide	Std. Dev.	N
AR	0.14	0.34	0.31	0.46	0.56	0.5	986
AU	0.09	0.29	0.35	0.48	0.56	0.5	163
BR	0.07	0.25	0.41	0.49	0.52	0.5	316
DE	0.06	0.24	0.25	0.43	0.69	0.46	4905
ES	0.04	0.19	0.39	0.49	0.57	0.5	190
FI	0.11	0.32	0.41	0.49	0.48	0.5	191
GB	0.12	0.33	0.36	0.48	0.52	0.5	520
IN	0.19	0.39	0.26	0.44	0.55	0.5	273
PT	0.06	0.24	0.42	0.49	0.52	0.5	449
US	0.14	0.34	0.46	0.5	0.41	0.49	753

Finding 6

Willingness to pay to stop Coronavirus pandemic by age (whole sample)

Survey question:

- Income Would Give Up: What share of your annual income would you be willing to give up if it completely stopped the further spread of the Corona virus in your country? Scale from 0% to 100%.

Age Group	Mean of Income Would Give Up	Std. Dev.	N
18-25	35%	28%	1780
26-35	29%	26%	3525
36-45	25%	24%	2714
>45	23%	22%	3635

Willingness to pay to stop Coronavirus pandemic by age and country (age group-gender weighted data for 10 countries)

country	Age Group	Mean of Income Would Give Up	Std. Dev.	N
AR	>45	26%	21%	265
AR	26-35	31%	26%	330
AR	18-25	42%	30%	186
AR	36-45	29%	24%	205
AU	>45	27%	26%	84
AU	18-25	54%	33%	9
AU	36-45	29%	25%	45
AU	26-35	40%	24%	25
BR	26-35	28%	27%	92
BR	36-45	25%	24%	54
BR	>45	24%	24%	119
BR	18-25	33%	25%	51
DE	>45	17%	17%	1491
DE	36-45	19%	20%	1060
DE	26-35	23%	22%	1529
DE	18-25	29%	26%	825
ES	26-35	34%	28%	47
ES	36-45	27%	21%	58
ES	>45	25%	23%	46

ES	18-25	47%	31%	39
FI	18-25	14%	6%	4
FI	>45	24%	23%	69
FI	36-45	29%	23%	58
FI	26-35	30%	25%	60
GB	18-25	34%	26%	38
GB	>45	24%	23%	212
GB	36-45	32%	27%	145
GB	26-35	32%	29%	125
IN	26-35	31%	21%	100
IN	18-25	42%	28%	63
IN	36-45	28%	24%	46
IN	>45	24%	20%	64
PT	18-25	40%	25%	38
PT	>45	24%	20%	253
PT	36-45	30%	27%	103
PT	26-35	38%	31%	55
US	26-35	40%	30%	228
US	36-45	34%	28%	160
US	18-25	49%	33%	57
US	>45	32%	23%	308

Life with Corona: Shared Global Sentiments and Stark Generational Divides

Six findings from six months of Life with Corona, a global research project to collect real-time data on the social and economic impacts of COVID-19.

The Life with Corona survey has been tracking the social and economic impacts of COVID-19 around the world since March 2020. The aim is to track the impact of the coronavirus pandemic, to build a global knowledge base on how people are dealing with this exceptional situation.

The project is run by an international research consortium, including ISDC – International Security and Development Center, United Nations University World Institute for Development Economics Research (UNU-WIDER), Leibniz-Institut für Gemüse- und Zierpflanzenbau (IGZ), the University of Konstanz, and the Institute for Development Studies (IDS). It is also supported by various volunteers and a network of collaborating organizations and institutions from around the world.

Visit www.lifewithcorona.org to find out more and to take Life with Corona the survey.

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