HOW ARE EUROPEAN MIGRANTS FROM THE MENA COUNTRIES AFFECTED BY COVID-19? INSIGHTS FROM AN ONLINE SURVEY*

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Abstract

COVID-19 pandemic has affected and still affects many countries in the world, reshaping many of the economic and social activities. Based on the results of an online survey, this paper highlights the perceptions of the way the pandemic has affected one of the most vulnerable categories in a society, migrants. We focus our research on the migrants and refugees from Middle East and North Africa (MENA) countries, living in Europe, as in the recent years and mostly after the migrant crisis in 2015, they are in large numbers in European countries. Using ANOVA models, our results show that unemployed migrants, students but also migrants who find it difficult on present income are most worried about the COVID-19 crisis and felt they will be greatly affected in terms of income and employment by this crisis. Also, women are more worried by COVID-19 than men with respect to the health aspect.

Keywords: COVID-19 crisis, migrants, MENA countries, ANOVA

JEL Classification: J15, J61, C12

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1. Introduction

The COVID-19 pandemic has affected and is still affecting many countries in the world, reshaping most of the economic and social activities. China was the first country to witness a huge number of affected people and, alongside with other countries, started to take serious precautions just to reduce the spread of the disease. Unfortunately, many countries such as Italy, Germany or Spain in Europe were soon affected. Italy witnessed the second biggest wave of affected people after China. Italy underestimated the impact and didn't take any serious restriction measures unless the increase of the COVID-19 cases was rapidly reaching more than 1000 cases/ day. Recently, the United States is ranked as the first country in the world with the highest daily cases to reach more than 3 million cases (as of the beginning of July 2020).

In a joint press release, International Organization for Migration (IOM), The United Nations High Commissioner for Refugees (UNHCR) and World Health Organization (WHO) made an appeal to all the countries that “all migrants and refugees are ensured equal access to health services and are effectively included in national responses to COVID-19, including prevention, testing and treatment.” (WHO, 2020). In most of the receiving countries in Europe (such as Greece or Germany) specific measures were taken for providing refugees with support during the pandemic.

The number of migrants from MENA countries in Europe has significantly increased after the *Refugee crisis* (2015-2019), also known as the *European migrants' crisis*. The peak of the crisis was in 2015, with the arrival of more than one million asylum seekers and migrants to Europe. The main origins of these new comers are Syrian (46.7%), Afghan (20.9%) and Iraqi (9.4%), countries critically affected by wars (UNHCR, 2016). The main destinations were Germany, Hungary, Austria and the Scandinavian region, that cumulated more than two thirds of the asylum applications. In the migration crisis, Romania was more a transition country. However, the country start receiving migrants from MENA countries since the 80s, and mostly after 2005 the number of Arab migrants living in Romania increased; they come to Romania for studying, for business, as asylum seekers, mainly from Lebanon, Syria, Tunisia, Egypt, Iraq. The number of asylum application in 2019 was 2500 and 2135 in 2018[†].

This paper has the purpose to analyze the perceptions of the way the pandemic has affected one of the most vulnerable categories in a society, migrants. We focus our research on the migrants and refugees from MENA countries, living in Europe, as in the recent years and mostly after the migrant crisis in 2015, they are in large numbers in European countries. Moreover, they are difficult to be accessed, as in many cases they do not yet speak the language of the destination countries.

[†] Information provided at author's request by the Romanian General Inspectorate for Immigration, on 11/05/2015.

The contribution of the paper is twofold: we firstly contribute to the newly emerging body of literature dealing with the economic impacts of COVID-19 pandemic at individual level; secondly, we analyze a sensitive category of population, the migrants from the Arabic countries in Europe. We are interested in understanding their worry about the pandemic, the impacts the pandemic has on their health and economic situation, and also on their perceptions about how the public authorities have dealt with the crisis. We expect to find differences depending on the employment status, demographic characteristics and destination countries of the respondents.

Methods applied for responding the research purposes are descriptive statistics for understanding the profile of the respondents and ANOVA models for data analysis of the factors affecting the economic and health status of the migrants from MENA countries.

The remainder of the paper describes the international context of COVID-19 pandemic in Section 2, the existing evidence in the most recent literature (Section 3), the data and methodological approach (in Section 4) and the main results (Section 5). The final section concludes the paper and also presents the limits of the research.

2. COVID-19 in Europe: brief contextual background

In the late 2019, the world started to witness a new disease, COVID-19, that appeared firstly in China, and has easily spread all over the countries. This wide spread of COVID-19 affected more than 200 countries by the summer of 2020 and, as a reaction to the speed of the contagion, most of those countries announced the emergency state. As consequence, during the months February, March, April and May most of the European countries have imposed lockdown measures for their population and most of the economic activities were shutdown.

In the recent months, the world witnessed a new lifestyle that affected all the social categories, but had a more severe impact on the most vulnerable, in already precarious situation. This pandemic affected people's life in different aspects such as physical and mental health. As economic activities were reduced, individuals were strongly impacted from an economic perspective. They faced changes in their employment status, as in many countries technical unemployment was introduced, as a preventive measure against spreading the disease (Kahanec, M. , Martišková, M and Lichá, M., 2020). Individuals' income was also affected and people had to respect very restrict measures applied by public authorities to prevent any further spread of the virus.

Moreover, in many activities from the public sector such as education or public administration, people started working from home, using the internet facilities. In all the economic activities that implies direct human contact, such as services, tourism, banking, transport, the economic activity was reduced. Also, constructions, services and public transportation were affected, as people were not allowed to go out of their homes unless with a legal document. As most of the studies confirmed, the high contagion of the disease imposes

a new lifestyle for the whole world, even if the restrictions are released. No one can deny the fact that this pandemic shows us the strength of the public authorities, economic, and politics in dealing with such disease (Kahanec, M. , Martišková, M and Lichá, M., 2020).

On 13th of March, (WHO, 2020) declared that Europe started to have COVID-19 cases more than China, and it becomes an active centre of the pandemic; the cases increased significantly and numbers of cases has been increasing in few days, while in some European countries the cases were doubling every 2 days. Central and Eastern European countries started to witness an active wave of COVID-19. This speedy increase was linked to travellers returning from Italy, as the large number of cases started in Italy in the first place.

As the spread of COVID-19 in different European countries increased, the first case of Coronavirus in Romania was confirmed on the 26th of February 2020. At the beginning most people who were tested positively for COVID-19 they either came from Italy, or had a contact with a person who travelled abroad. However, the Romanian authorities tested more than 2000 people per day, afterwards one of the first measures taken by the Romanian authorities were to close the schools and restrict all the public events with more than 1000 participants; taking into account the increasing number of positive cases, another measure was to fine the people who did not comply with quarantine and governmental measures. Furthermore, all flights to and from Italy, Spain, Germany, and France were postponed, and a state of emergency was established all over the country's territory until 15th of May. Moreover, there is a lack of confidence that the Romanian health system is well prepared to face the higher number of infected cases. As a result, since there was a lack of protective medical equipment, over 1000 medical professionals were tested positively for COVID-19 and more than 2000 employees were also reported to be infected. Despite this, the Romanian population demonstrated high support and respect for the medical staff, Ministry of Health, and the army.

According to the latest statistical update (Statista, 2020), we can see that until 26th of June the cases in Romania increased significantly to reach more than 25000 confirmed cases from different cities and locations in Romania. At the time, there were more than 1000 people in institutionalized quarantine, while people in home quarantine were more than 73000.

This can be an evidence that the local government has taken very strict measures which started from March when people were obliged to stay at home until now, with all the measures taken to make sure that a proper distance between people is applied in all closed places.

Unfortunately, the most recent data show an increasing number of deaths in Romania that was up to 1579 until June 26th, while we can see also a promising result of recoveries that are more than 18000 from the beginning of the pandemic. The pandemic was however unevenly spread across the country and worth mentioning is the case of Suceava County, that had the biggest confirmed results, 3983 cases by the end of June. At the same time, Bucharest took the second place with a number of 2918 cases, and Brasov with 1351 positive cases on June 26th.

In other European countries the public authorities decided to have different approaches: for instance, Sweden had a policy of herd immunity that was reflected in less restrictive measures.

Germany is one of the main destination countries for MENA countries refugees. When the Corona virus started hitting the European countries Germany was considered as the most affected by COVID-19 European country; the first confirmed coronavirus case in Germany was recorded in the southern state of Bavaria on January 28, 2020. From that date, Germany started witnessing the rise of the number of cases at the beginning of March 2020 and it continued to grow and spread in many other districts in Germany. As the studies showed and confirmed that the most three affected states are Bavaria with 48122 to confirmed cases, North Rhine-Westphalia with a confirmed case of 41,992 and lastly Baden-Württemberg 35446 (Statista, 2020).

As the rest of the European countries, Germany started to announce the control measures and social distancing, to reach the lockdown to stop the spread of the virus (Pattisson and Sedhai, 2020). The lockdown led to limiting the people movements and activities of schools, companies and universities. Statistically speaking, the studies show that the number of cases in Germany reached 194689, recovered 177500 while the number of deaths reached 9026 people, one of the lowest death rate due to COVID 19 in Europe. In the late April and early May, Germany started to release the restrictions gradually with taking into consideration all the necessary precautions. Recently, the numbers of new case began decreasing towards late spring and declined further as June arrived.

In this context, the most vulnerable categories such as migrants and refugees were affected by the lockdown, alongside with the native population.

3. Literature review: COVID-19 crisis, migration and refugees

The existing evidence on how the pandemic affected migrants and refugees is quite limited at this stage, as the situation is very recent and still under development.

According to the International Organization for Migrants (IOM) and UNHCR there were announced resettlement procedures of the refugees and migrants and this is due to the precautions taken in social distancing (IOM, 2020).

According to the national and international response to the COVID-19 disease, we can see that it has reached an unexpected level, and this pandemic will have a long-lasting and consequential effect on all societies across the globe. While with respect to this outbreak we should also spot the light on a pre-existing threat which is the refugees and migrants' crisis. Moreover, this disease is spreading and crossing all the borders rapidly, this tough situation put the refugees, asylum seekers, and migrants specially the ones staying in camps under a real health risk. The most recent results show that self-isolation is impossible, since they cannot

stay at home because they have no home and the disease was rapidly spreading in the camps (Lancet Public Health, 2020).

Other authors show that this critical issue is becoming a real challenge for refugees, locals and local governments. In the case of refugees, some urgent measures such as a free access to health information, diagnostic tests and medical assistance should be an exceptional step in order to protect refugees and migrant's life (Vonen et al., 2020).

The Corona virus is spreading across the globe, reaching the developed and undeveloped countries and affecting their health system. This put the population under a real risk of not having enough medical assistance and health supplies. In some countries people are having bigger chances to get a medical aid which will prevent them from being infected by the current disease. The distance between countries is also a factor facilitating the speed of the disease spreading (Zimmermann et. al, 2020). Looking at the effectiveness of the lockdown policy implemented by public authorities in India, Himangshu and Manikantha (2020) show that a policy coordinated at national level is more effective than isolated, local intervention.

An interesting recent survey was conducted on Syrian population to test their knowledge and attitudes toward the COVID-19 pandemic (United Nations Office for the Coordination of Humanitarian Affairs, 2020). The results of the study show a strong correlation between the population knowledge about Corona virus and how this can be a key factor to successfully control the spreading of the disease.

In the context of COVID-19 pandemic, refugees, asylum seekers and migrants might be low-waged comparing to the locals, and due to the mobility restrictions, many workers are living in substandard and overcrowded conditions, with very restrained access to health services (Dahab, van Zandvoort and Flasche, 2020). Therefore, the risk of being infected by the disease is higher compared to the mid-waged population. Some adequate actions are needed to guarantee the refugees and migrants health protection (Universal Declaration of Human Rights, 1948).

At the same time, refugees and migrants can help the societies to rebuild after the COVID-19 crisis (Peters, Sanchez, and Zhou, 2020). Migrants and refugees are helping the US economy and they are contributing to the country's society, as many of them are working in different domains; this can give them an added value, a great chance to feel part of the society and better chances to re-establish what they have previously lost in their home countries.

4. Data and methodological approach

Secondary data at micro level are not available on the COVID-19 issue and most of the existing literature of this kind relies on primary data, collected through various means. For responding the research purposes, the most accessible tool to collect data during this period was an online survey. This allows for a quick response, and also for approaching the

respondents located in various geographical locations, across Europe. In a quantitative research setting, a questionnaire was developed, including a module on the economic characteristics of the respondents (economic status, income), a module on demographics and several questions related to COVID-19.

The questionnaire was distributed in two different languages, in English and Arabic, for being more accessible to our target group. Looking at the data collection period, this questionnaire was distributed between May 10th and June 22nd, and resulted a sample of 100 respondents.

Demographic variables included in the analysis were: nationality; country of destination; gender; age. The two variables characterizing the economic status of the migrants in the sample are: employment (Employed / Unemployed / Student / Self-employed / Working in the family business / Entrepreneur) and income (Living comfortably on present income / Coping on present income / Finding it difficult on present income).

The questions related to COVID-19 are the core variables for the analysis. There are three main questions on this subject, one of which has three sub-categories:

- The first question was “*Taking into consideration the current situation of COVID-19, how worried are you according to the current crisis?*”. By this variable we will thus measure migrants’ anxiety or concern level towards the COVID-19 crisis. The answers are recorded on a 5 point Likert scale, where “*Not worried at all*” was coded with 1 and “*Totally worried*” was coded with 5.
- The second question is the three folded one: “*To what extent do you feel affected by COVID-19 considering the following issues?*”. The issues mentioned in the questionnaire are: Employment Status, Income and Health. There are three possible answers for each issue: “*Not affected at all*”, “*Moderately affected*”, “*Strongly affected*”.
- Third question assess the authorities’ efficiency level in dealing with the COVID-19 crisis: “*In your opinion are the measurements taken by the public authorities efficient to reduce the spread of the virus in your current country?*”. Answers were recorded on a Likert scale from 1 (“*Not at all efficient*”) to 5 (“*Very efficient*”).

Since the variables of interest in the present study are either nominal or ordinal, the methods used to analyse the possible associations between the variables of interest are the contingency Apen analysis and ANOVA. As mentioned above, variables that assess how worried the respondents with respect to the COVID-19 crisis are and authorities’ level of efficiency as a response to the COVID-19 crisis are recorded on a 5 point Likert scale. Because of this, we considered an interval scale for these two ordinal variables and employed the ANOVA statistical procedure to analyse the dependency of these variables on factors such as employment or income status. We used integer values from 1 to 5 for the 5-point Likert scale since Gautam et al. (1996) showed that the conclusions of the one-way ANOVA having as a

dependent variable an ordinal variable do not depend on the ordinal scale values chosen. However, the limit of using ANOVA with a 5-point Likert scale dependent variable is the impossibility of complying with the normal distribution prerequisite of the statistical procedure (Harwell, Gatti, 2001). This could lead to some spurious effects in factorial ANOVA (Embretson, 1996). However, other studies (Russel et al., 1991) suggest the loss of statistical power in statistical test where ordinal variables are used.

For the other ordinal and nominal variables included in the study we used measures of association that quantify the mutual dependence between categorical variables: Pearson's χ^2 contingency test and Fisher's exact test. Although usually these test statistics are used for categorical variables, they can be applied also to ordinal or interval type variables (Baak et al., 2018). The test of variable independence (or Pearson's χ^2 contingency test) requires expected values above five for each cell in the contingency table. Since this condition was not met for several associations between our variables, we opted for the Fisher's exact test, extended for tables larger than 2x2 – the Fisher – Freeman – Halton (Ruxton et al., 2010). According to Agresti (2001), this test appears to give a good control over the type I error. We have also reported Cramer's coefficient of correlation which can be used also for ordinal or binned interval variables, but usually reports lower values than the Pearson's correlation coefficient (Baak et al., 2018).

5. Results

Before presenting the results from the ANOVA models, we describe the sample, for better understanding the profile of the respondents. Most of the migrants included in the sample (about three quarters) are from Syria and Lebanon, while only 7% are from Iraq (figure no. 1).

Figure no. 1: Sample distribution of respondents' nationalities

Looking at destination countries, the main countries of residence are Romania and Germany. Other countries of destination are: Turkey, Sweden, France, between 5% and 10% of respondents residing in each (figure no. 2).

Figure no. 2: Sample distribution of respondents' destination countries

Gender distribution is unbalanced, confirming that the great majority of MENA migrants residing in Europe are males. In our sample, 57% of respondents are males. The sample is biased towards younger migrants – 72% are aged between 20 and 35 years (figure no. 3). For this reason, age was not considered a factor for the associations analysed further.

Also, most of the respondents in the sample (38%) are students and about a third are employed. Only 10% of them declared to be self-employed, while the unemployed migrants represent 14% of the total sample. Very small percentages (around 3%) declared to be working in the family business or being entrepreneurs.

Figure no. 3: Ages (in years) of migrants in the sample

Regarding income status, half of the migrants in the sample argue to live comfortably with their current income whereas only 13% find it difficult with their income. About a third of the respondents in the sample admit to be coping on their current income (table no. A2 in the Annex).

Concerning the anxiety level towards the COVID-19 crisis, the respondents feel generally moderately worried about the COVID-19 crisis (an average of 2.91 on the 1 to 5 scale). Most of them (29%) feel little worried and only a third claim they feel worried and very worried (answers 4 and 5 on the 1 to 5 scale) (table no. A3 in the Annex).

The major concern related to COVID-19 is related to the economic situation, as about a half of migrants in the sample consider they are affected in terms of employment and income by the COVID-19 crisis. Slightly less than 20% of the respondents consider that their economic status will be strongly affected. Surprisingly, three quarters of respondents think the COVID-19 crisis is not affecting them at all with respect to health (table no. A4 in the Annex).

The measures taken by authorities in dealing with the crisis are assessed as efficient (3.92 average on the 1 to 5 scale). Less than 10% of the respondents believe the measures were of low efficiency (answers 1 and 2 on the 1 to 5 scale) (table no. A5 in the Annex).

Migrants and refugees are one of the most economically vulnerable groups in a society, generally more affected by economic crisis than other population categories (Hatton, 2017). We explore the association between the economic status of migrants and their income and the way they were impacted by the COVID-19 crisis. Our results confirm the initial hypothesis: more vulnerable economic groups are more affected by COVID-19 crisis.

We have tested possible associations between economic status (employment, income) or demographic variables (destination country, gender) and migrants' perception regarding the COVID-19 crisis.

First of all, employment status appears to be the most significant variable for explaining the different opinions about the COVID-19 crisis (table no. 1; the self-employed category was merged from: self-employed; entrepreneur; working in the family business). More precisely, there is a significant difference between categories of migrants by their employment status in what concerns the level of anxiety toward COVID-19 (P-value of 0.04 for the ANOVA F test – table no. 1). Particularly, unemployed migrants and students are more worried about COVID (with an average of 3.64 and 3 respectively on the 1 to 5 scale), while employed migrants are less worried (average 2.53).

A significant association is found also between employment status and how affected migrants consider to be by the COVID-19 crisis in terms of employment (Cramer V 0.30, and a p-value of 0.008 for Fisher's exact test and 0.005 for the independence test). Half of the unemployed migrants feel strongly affected by the COVID-19 crisis in terms of employment, but only 14% of employed and 5% of students consider they will be strongly affected. Half of

unemployed migrants considering to be strongly affected by the COVID-19 crisis in terms of income. Employed people feel more affected by COVID-19 in terms of income than in terms of employment, with 55% moderately affected in terms of income versus 41% moderately affected in terms of employment.

Table no. 1: Synthesis results from ANOVA and association analysis between perceptions on COVID-19 and migrants' characteristics

COVID-19 Variable/ Factor	Destination country (RO, GE, other)	Employment status	Income Status	Gender
Worried about COVID-19	F-test = 1.32	F-test = 2.83**	F-test = 6.08***	F-test = 3.74*
Affected by COVID-19: Employment	Chi-Square = 9.77** P-value of Fisher's exact test 0.04 Cramer's V = 0.2210	P-value of Fisher's exact test 0.008 Cramer's V = 0.3050	P-value of Fisher's exact test 0.110 Cramer's V = 0.2145	Chi-Square = 1.78 P-value of Fisher's exact test 0.409 Cramer's V = 0.1335
Affected by COVID-19: Income	Chi-Square = 7.60 P-value of Fisher's exact test 0.121 Cramer's V = 0.1950	P-value of Fisher's exact test 0.036 Cramer's V = 0.2751	P-value of Fisher's exact test 0.000 Cramer's V = 0.3473	Chi-Square = 3.96 P-value of Fisher's exact test 0.138 Cramer's V = 0.1991
Affected by COVID-19: Health	P-value of Fisher's exact test 0.196 Cramer's V = 0.1726	P-value of Fisher's exact test 0.334 Cramer's V = 0.1833	P-value of Fisher's exact test 0.251 Cramer's V = 0.1586	P-value of Fisher's exact test 0.000 Cramer's V = 0.3737
Efficiency of Authorities	F-test = 1.74	F-test = 1.90	F-test = 0.04	F-test = 1.76

*** P -value < 0.01 ; ** P -value < 0.05 ; * P -value < 0.1 ; Chi-Square test reported only if expected frequencies were higher than 5.

Source: Authors' own processing based on sample data

Secondly, income status proves to be statistically associated with two variables related to the COVID-19 crisis. P -value of the F-test for the association between income status and anxiety level towards COVID-19 is as low as 0.0033 (table no. 1). Those who find it difficult on present income are more worried (average of 3.69 on the 1 to 5 scale) than those who live comfortably on the current income (average 2.54). The migrants who admit to cope on current income are moderately worried about the COVID-19 crisis (average 3.17). Furthermore, 61.5% of respondents who declared to find it difficult on present income feel also strongly affected by COVID-19 in relation to Income, while 46% of those who live comfortably on present income consider they are not affected at all in terms of income by the crisis. The association between the income status and how affected by COVID-19 migrants feel in terms of income is highly significant (P -value of Fisher's exact test is lower than 0.1%). However, the association between income status and concern level in terms of employment turns out to be insignificant

(P-value of the Fisher test is 0.11; independence test not reported since there are expected frequencies lower than 5).

Out of the demographic variables, gender turns out to be a significant factor for the concerns about the disease: women are significantly more worried about COVID-19 compared to men (an average of 3.19 for women compared to 2.7 for men with respect to the anxiety level determined by the COVID-19 crisis). Moreover, there is a significant association between gender and concern level regarding COVID-19 in terms of health (Cramer's V 0.37 and a P-value for the Fisher exact test lower than 0.1%). Thus, women feel more affected than men by COVID-19 in terms of health, gender being the only variable having a significant association with the concern level in terms of health (table no. 1). Almost 90% of men consider they are not affected by COVID-19 in what concerns health, while only 58% of women have the same opinion. Age was not considered as a factor in the ANOVA models due to its low variability, as most of the respondents in the sample belong to similar age group, between 20 and 35 years old.

Destination country is not a significant factor for most of the variables of interest. However, it affects the perception of how COVID-19 affected the employment status of refugees: migrants residing in Germany feel they are less affected by COVID-19 in terms of employment than those residing in Romania and other countries (P-value 0.04 for the Fisher exact test). More precisely, 29% of migrants residing in Romania consider they will be strongly affected by the COVID-19 crisis, while only 4% of migrants living in Germany believe this. There are no significant differences (P-value 0.18) in the efficiency level of the measures taken by authorities between the three main groups of destination countries for the migrants in the sample (Romania, Germany, other countries).

6. Conclusions

The pandemic generated by the COVID-19 virus has reshaped the daily life all over the world, but has also brought the perspective of a new economic crisis. In this paper, we studied how the pandemic has affected one of the most vulnerable categories in the society – the migrants. We focus our research on migrants from MENA countries, residing mainly in Romania and Germany. In order to better understand their perceptions, concerns and economic issues related to the COVID-19 crisis, we have collected data from a sample of 100 migrants from MENA countries. Since most variables collected were ordinal or nominal, ANOVA and association tests were mainly used to verify possible relationships.

Variables related to the economic situation – employment status and income status turn out to have the strongest associations with the general perceptions and anxiety level toward the COVID-19 crisis. Unemployed migrants, students but also migrants who find it difficult on present income are most worried and felt they will be greatly affected in terms of income and

employment by this crisis. Women are more worried than men by the diseases, and also more affected already with respect to the health aspect. There are no major differences in the perceptions about COVID-19 between groups of migrants residing in Romania, Germany or other countries.

The analysis we provided is basically an exploratory one and any inference should be done with caution considering the limits of the sample. The sample is biased towards migrants residing in Romania, which was expected from the questionnaire's dissemination process, more visible by the MENA residents from Romania. Nonetheless, the study should prove helpful for social workers and policymakers involved in migrants' integration, as the COVID-19 crisis has created a new dimension of vulnerability for this social category.

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Annex – Frequency tables for the variables considered in the study

Table no. A1: Employment status

Employment status	% of total
Student	38%
Employed	34%
Self-employed	10%
Working in a family business	2%
Entrepreneur	1%
Unemployed	14%
I don't know/no answer	1%

Table no. A2: Income status

Current income	% of total
Living comfortably on present income	52%
Coping on present income	34%
Finding it difficult on present income	13%
I don't know/no answer	1%

Table no. A3: COVID anxiety level (Question: Taking into consideration the current situation of Covid-19, how worried are you according to the current crisis?)

Not at all worried	13%
Little worried	29%
Moderately worried	27%
Worried	16%
Very worried	15%

Table no. A4: Affected by COVID (Question: To what extent do you feel affected by Covid-19 considering the following issues: Employment Status, Income and Health)

Affected by COVID	In terms of Employment	In terms of Income	In terms of Health
Not affected at all	41%	35%	75%
Moderately affected	42%	46%	19%
Strongly affected	17%	19%	6%

Table no. A5: Efficiency of measures taken by authorities (Question: In your opinion are the measurements taken by the public authorities efficient to reduce the spread of the virus in your current country)

Not at all efficient	3%
Low efficiency	4%
Moderately efficient	24%
Efficient	36%
Very efficient	33%

On groups of countries:

Destination Country	Average
Germany	4.21
Romania	3.83
Other	3.77