

ALSWH COVID-19 Survey

Report 1: Survey 1, 29 April 2020

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Background

The Australian Longitudinal Study on Women's Health (ALSWH) has been collecting comprehensive quantitative and qualitative data from over 57,000 Australian women for 25 years (alswh.org.au). As with the rest of the population, the women in the study have never lived through anything like the current pandemic. To capture this moment in time, the first of a series of fortnightly short online surveys was deployed via email to women in the three ALSWH cohorts born 1989-95, 1973-78, and 1946-51 on 29 April 2020. The purpose of this mixed methods survey was to ascertain women's experiences with COVID-19 testing, their overall wellbeing, and the changes occurring for them during the pandemic (see COVID-19 Survey 1 questions in Appendix 1). The aim of this report is to provide a snapshot of the wellbeing of Australian women at the end of April 2020.

Method

COVID-19 Survey 1 was deployed on Wednesday 29 April 2020. Email invitations were sent to 29,656 women: 14,270 from the 1989-95 cohort, 8667 from the 1973-78 cohort, and 6719 from the 1946-51 cohort. In all, 8600 (29%) women participated: 3406 (23.9%) from the 1989-95 cohort, 2778 (32.1%) from the 1973-78 cohort, and 2416 (36.0%) from the 1946-51 cohort.

For this snapshot report, representativeness was assessed, frequency data extracted, and some univariate analyses conducted. Weighting frequencies for area and education made little difference to the results (see Appendix 2). It should be noted that results may not be representative of other demographic groups, due to the nature of data collection methods. This report includes data from the 8600 women who completed the COVID-19 Survey 1 within a 7-day period (29 April to 5 May inclusive). From the free-text comments provided by 5808 women, 100 were randomly sampled from each cohort and analysed for common content and major preliminary themes.

Findings

COVID-19 symptoms and testing

In all, 10.7% (917) of women reported experiencing flu-like symptoms (eg fever, cough, sore throat, runny nose, shortness of breath) in the previous 7 days, with 1.4% (117) reporting a change to their sense of taste or smell, and 3.4% (292) reporting that they thought they might have COVID-19 (see Table 1).

COVID-19 testing was reported by 4.9% (420) of women. Among these women, 94% (394) reported having one COVID-19 test, and 5.2% (22) reported more than one COVID-19 test.

Across cohorts, 67.5% (197) of the women who reported that they thought they might have had COVID-19 did not get tested; 82.4% (756) of women who reported flu like symptoms did not get tested; and 76.9% (90) of women who reported changes in taste/smell did not get tested.

Table 1. Recent flu symptoms and COVID-19 testing among 8600 ALSWH women

	1989-95 cohort N=3406	1973-78 cohort N=2778	1946-51 cohort N=2416
	% (n)	% (n)	% (n)
Flu-like symptoms	13.9 (474)	10.4 (289)	6.4 (154)
Changes to taste/smell	1.9 (65)	1.4 (39)	0.5 (13)
Thought they might have COVID-19	4.8 (165)	3.3 (91)	1.5 (36)

What women said about COVID-19

The perception of risk in having, carrying, or contracting COVID-19 was noted by women in all cohorts. Some were afraid to be tested, others had experienced distrust and discrimination due to their health or jobs, and older women wrote about losing their jobs due to the high risk of serious outcomes should they become infected.

... really worried I will get it but much too afraid to be tested in case I don't have it then get it at test centre... 1973-78 cohort

...experienced some people fearing health worker husband might expose us and them to COVID19 so avoided us and asked me to work from home. 1973-78 cohort

I hate how people look at me when I'm just getting petrol after work and still dressed in my (nursing) uniform. 1989-95 cohort

I had a cold, it was obviously a cold, no fever, no dry cough, just a head cold, and the way people treated me was horrible. Telling me to go home, that I should be tested etc. the paranoia is understandable but not welcome. 1989-95 cohort

Not being allowed to work as I am over 70 years is sad. 1946-51 cohort.

Stress

Younger women were more likely to report high levels of stress than older women. Women aged 25-31 reported the highest levels of stress, with one in four (25%) reporting feeling very or extremely stressed. Women aged 42-47 also reported high levels of stress, with almost one in 5 (19%) reporting feeling very or extremely stressed. Women aged 69-74 reported the lowest rates of stress, with only 2% of women in this age group reporting feeling very or extremely stressed.

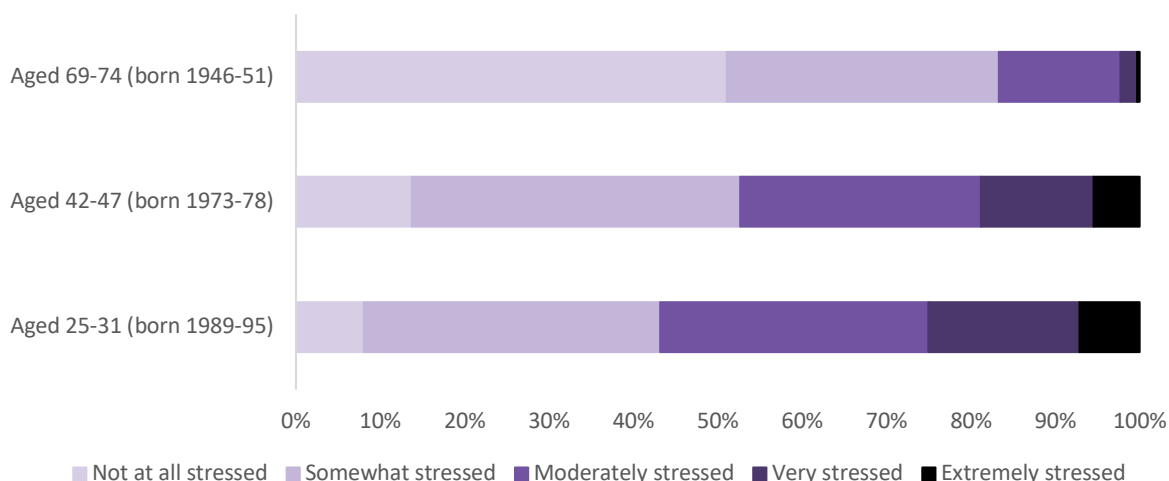


Figure 1: Stress levels of women aged 25-31 (n=3392), 42-47 (n=2765) and 69-74 (n=2382)

Income management and financial stress

Younger women reported more difficulty managing on their available income than older women. One in four women aged 25-31 (27%) and 42-47 (26%) reported that it was difficult or impossible to manage on their available income. In contrast, 14% of women aged 69-74 indicated that it was difficult or impossible to manage on their available income.

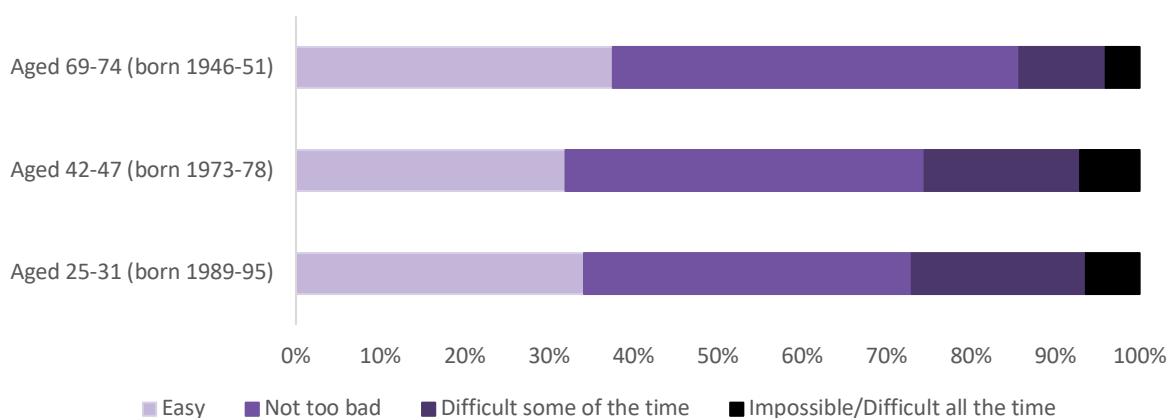


Figure 2: Income management for women aged 25-31 (n=3392), 42-47 (n=2765) and 69-74 (n=2382)

Younger women reported higher levels of financial stress, with almost two thirds (62%) of women aged 25-31 reporting some financial stress, and over half (56%) of women aged 42-47 reporting financial stress. In contrast, less than one third (30%) of women aged 69-74 reported financial stress.

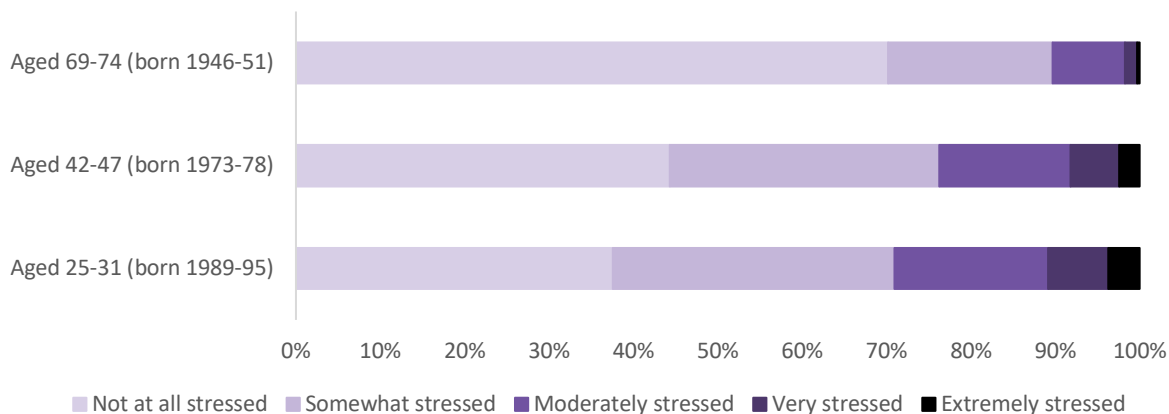


Figure 3: Financial stress of women aged 25-31 (n=3392), 42-47 (n=2765) and 69-74 (n=2382)

What women said about financial stress

Women in all cohorts wrote about financial concerns but this concern appeared more prominently among women in the younger two cohorts than among women in the older cohort. Women wrote about having less money, often in the context of reduced or lost paid work hours. However, some women had accessed support payments, which had helped.

No access to jobkeeper for my business because I'm also employed by another company. Financial stress. 1989-95 cohort

Work has been cut down for my husband and we have an infant daughter now, so this has made life hard for us. 1989-95 cohort

I have been stood down and then reinstated with the job keeper payment to cover my wages. 1989-95 cohort

I work for a travel wholesaler, as a result of this I am on reduced hours, a lot of my friends have been stood down or made redundant. It has created a lot of stress regarding the future of the company and what is to come down the track. 1973-79 cohort

I am a white middle class older woman with no debts who has paid off her home & has adequate income to cover bills, and many interests that can be carried on in the home. I am in a fortunate position... 1946-51 cohort

My (self-managed super fund) has gone down drastically, and with companies not paying dividends the prospects are not good for a very long time. The talk of recession not only here but world wide is another concern. 1946-51 cohort

Impact of COVID-19

Younger women reported higher levels of impact of COVID-19 than older women, with around half of women aged 25-31 (52%) and 42-47 (49%) reporting a strong or maximum impact of COVID-19 on their lives. In contrast, one in five (20%) women aged 69-74 reported a strong or maximum impact of COVID-19 on their lives.

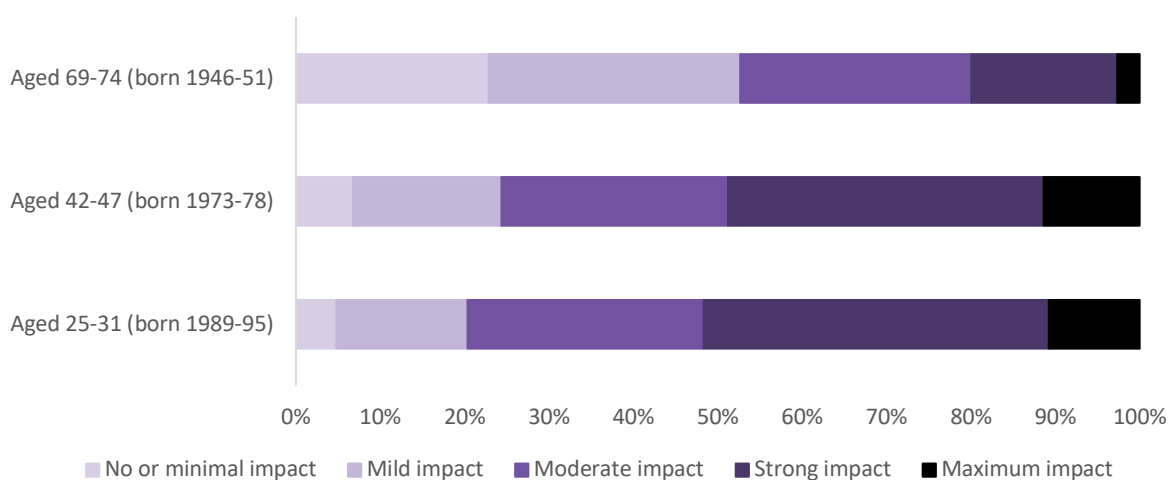


Figure 4: Impact of COVID-19 on women aged 25-31 (n=3392), 42-47 (n=2765) and 69-74 (n=2382)

What women said about the impact of COVID-19

All women wrote about human contact and the impact of social isolation and the utility of technology in mitigating the impact of restrictions and lockdowns. The impact was reported most commonly by the cohort born 1946-51, where all but one of the 100 comments reviewed mentioned some aspect of human contact. Women in the younger cohorts were concerned for older or unwell loved ones, and all cohorts wrote of missing celebrations and family gatherings. Across all cohorts, living alone was a risk for loneliness and isolation, and women also expressed some concern about accessing help should they need it.

Main impact for me is the 'loss' of my connection with 4 of my young grandchildren. I have been very involved in looking after them...Suddenly it stopped so my sense of usefulness has decreased as well as I AM MISSING THE HUGS. 1946-51 cohort

We miss visits from family but are in constant text and email contact and enjoy a weekly facechat. 1946-51 cohort

...scary time for my grandparents, my 2yo daughter misses her family and can't (understand why) she can't see them or hug them. 1989-95 cohort

I (live) alone so the lack of human contact and especially human touch has been very hard... 1989-95 cohort

A number of the older women wrote about concerns for parents or other relatives in residential care, and that they could not see them. Some had taken parents out of care, and others commented on concerns and difficulties with caring for older parents who are living in the community.

Negative: unable to visit my elderly mother who has just moved into an aged care home, so we are concerned for her. 1946-51 cohort

The only thing I feel bad about is that my Nanna is unable to catch the bus and do activities that keep her happy and busy and we haven't seen her in weeks because we don't want her to catch anything from us. 1989-95 cohort

Mental health, particularly stress and anxiety were common concerns of the women in the two youngest cohorts, and for some women in the 1946-51 cohort. Some wrote about the impact of the shutdown and COVID-19 on pre-existing or historical conditions, while others wrote about increasing anxiety and difficulty sleeping as being directly related to the pandemic.

I have a mild anxiety disorder and that has become exponentially worse during this period, and has introduced sleeping issues (mostly insomnia symptoms), which I have never previously experienced. 1989-95 cohort

I have not been depressed in years. This shutdown has brought it all back. I feel anxious, depressed, sad and angry all of the time. 1973-78 cohort

As a nurse everything is just uncertain...especially in the private sector. Feel like private hospital nurses don't count at all. Just mentally exhausted... 1973-78 cohort

While some women were worried about gaining weight and not having the opportunity to exercise, women in all cohorts wrote more frequently about increasing physical activity and switching their usual activities for walking in their local neighbourhoods. For some, this had the added bonus of getting to know their neighbours and reducing social isolation (at a safe distance).

Have been confined to my home for most of the day and feel that I am gaining weight quickly despite spending one hour of yoga or pilates each morning. Unable to walk to and from work every day or attend the gym for cardio which was a major part of my routine. 1989-95 cohort

More walking and outdoor activities are being done because we need to get out which is nice with family members. 1973-78 cohort

...positive impact of seeing people out walking and smiling and talking. 1946-51 cohort

Overwhelmingly and across all cohorts, women wrote about the benefit of having more time, for family and hobbies, and among the oldest cohort, to attend to household tasks. The removal of a daily commute to work, and the reduction of traffic on the roads were reported positively by women, although the prospect of needing to return to public transport was a stress for others.

I have enjoyed the slowing down and time at home especially in the garden. 1989-95 cohort

Working from home has meant no commute time (usually 40 minutes) and more time to paint and make polymer clay jewellery. Yay! 1973-78 cohort

I have enjoyed spending time at home catching up with long overdue tasks and gardening, an opportunity to not feeling rushed and reflect on the most important things in life. 1946-51 cohort

While the increase in time was appreciated by many, women in the 1973-78 cohort who were in paid employment and concurrently home schooling their children struggled with stress.

...juggling working from home while supporting the kids means many late nights - can't do my work till kids are asleep. 1973-78 cohort

Despite these competing pressures, women also noted benefits of home schooling.

Homeschooling has had both positive and negative impacts on the family. Positive - felt more included in his education. Negative - son missing the social aspect of school & face to face interactions with learning. 1973-78 cohort

Many women in the youngest two cohorts reported changes to their working conditions, including both increased and decreased hours, with many now working from home. ALSWH has followed up with a time use item in the COVID-19 Survey 2, deployed 13 May 2020.

As an accountant, the government Covid-19 stimulus packages has impacted my workload immensely (stressful). 1973-78 cohort

Both my partner and I work in hospitality so our industry and jobs have been greatly impacted. We understand this is necessary but the financial and personal impact are beginning to be felt... 1973-78 cohort

Some women indicated that they had put off undertaking routine healthcare, and those with chronic conditions had concerns about obtaining their usual care and medications.

This has negatively impacted on my current pregnancy. I haven't been able to visit the hospital for check ups and have gone against going to my dr to lower my risk of catching covid-19. 1989-95 cohort

Across all cohorts, there were women who noted why they felt 'lucky'. While many women expressed uncertainty or anxiety about the future, there were also those who reflected on what the pandemic experience and associated restrictions would mean for a more positive future.

The lockdown / social distancing laws have encouraged a more relaxed, slower-paced life which has been really enjoyable. In a way, it has shone a light on to what is the most important in life. 1989-95 cohort

Covid 19 has given me time to slow down, reassess life priorities and reconnect with our children which will hopefully benefit our family long term. 1973-78 cohort



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On a positive note, I think this experience has made people take stock of our lives and get a clearer picture on what is really necessary and important to us. 1946-51 cohort

Acknowledgements

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Appendix 1: COVID-19 Survey 1 questions

In the last 7 days, have you had any flu-like symptoms (e.g. fever, cough, sore throat, runny nose, shortness of breath, etc)?

- Yes No

In the last 7 days, have you experienced any change in your sense of taste or smell?

- Yes No

In the last 7 days, have you thought you might have COVID-19?

- Yes No

Have you ever been tested for COVID-19?

- Yes No

How many times have you been tested for COVID-19?

(number of times)

When were you tested for COVID-19 (1st test)?

What were the results (1st test)?

- Positive (I have COVID-19)
 Negative (I do not have COVID-19)
 Pending (I am waiting for the results)

In the last 7 days, would you say your health has been?

- Excellent
 Very good
 Good
 Fair
 Poor

In the last 7 days, how stressed have you felt?

- Not at all stressed
 Somewhat stressed
 Moderately stressed
 Very stressed
 Extremely stressed

In the last 7 days, how much of an impact would you say COVID-19 has had on you?

- 1 No impact
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Major impact

How do you manage on the income you have available?

- It is impossible
- It is difficult all the time
- It is difficult some of the time
- It is not too bad
- It is easy

In the last 7 days, how stressed have you felt about money?

- Not at all stressed
- Somewhat stressed
- Moderately stressed
- Very stressed
- Extremely stressed

Is there anything you would like to add?

You may wish to note down the main impacts that COVID-19 has had on you, please include positive as well as negative impacts.

Appendix 2: Representativeness

The most recent main study ALSWH surveys were deployed in 2016, 2017 and 2018 for the 1946-51, 1989-95 and 1973-78 cohorts, respectively. Among eligible ALSWH participants for the three cohorts (as at April 2020, n=29,656), 29.0% completed the COVID-19 Survey 1. Of the women who completed the COVID-19 Survey 1 (n=8600), 91% (7822) had completed the most recent main ALSWH survey: 84.4% (2874) of the 1989-95 cohort; 94.2% (2618) of the 1973-78 cohort; and 96.4% (2330) of the 1921-26 cohort.

The most recent Australian Census data was collected in 2016. COVID-19 Survey 1 participants were compared to the most recent Census data with respect to distribution of age, state, area of residence (using ARIA+) and highest qualification. See Technical Notes below for how data was harmonised between the COVID-19 participant data and the Australian Census data.

Technical notes

Area of residence (ARIA+)

- This was taken from the most recent main survey.
- COVID-19 data also includes women who were overseas at the time of Survey 1. These women are not included in the calculation for prevalence as census data is not collected for Australian citizens living overseas. This applies to 246 women total (1989-95 cohort, n=138; 1973-78 cohort, n=93; 1946-51 cohort, n=15).
- ABS prevalence – counts for 'Other Territories' were excluded; counts for Migratory/offshore/shipping were also excluded.
- Due to small numbers in the outer regional, remote and very remote areas, ARIA+ was collapsed into two categories – Major cities and Outside major cities.

Highest qualification

- This was taken from most recent main survey and collapsed into 4 categories in order to harmonise with ABS Census data.
- ABS prevalence – data was collapsed from the HEAP-3-digit classification codes into 4 categories (Less than Year 12, Year 12 or equivalent, Trade/certificate/diploma, University).

Table 2. 1989-95 Cohort demographics comparison with Census data

Characteristic	COVID-19 Study participants N=3406		Census data, 2016 N=1,188,170
	% (n)	95% CI	%
Age (years)	25	6.7 (228) 5.9-7.6	13.9
	26	14.0 (478) 12.9-15.2	14.2
	27	16.2 (552) 15.0-17.5	14.1
	28	16.2 (553) 15.0-17.5	14.3
	29	17.7 (602) 16.4-19.0	14.2
	30	20.0 (682) 18.7-21.4	14.7
	31	9.1 (311) 8.2-10.1	14.6
State	NSW	25.2 (818) 23.8-26.8	31.6
	Vic	28.0 (906) 26.4-29.5	26.6
	Qld	20.2 (654) 18.8-21.6	19.3
	SA	6.4 (209) 5.6-7.3	6.4
	WA	11.3 (367) 10.3-12.5	11.0
	Tas	2.7 (88) 2.2-3.3	1.7
	NT	1.4 (44) 1.0-1.8	1.3
	ACT	4.8 (155) 4.1-5.6	2.0
	Overseas	(138)	
Missing	(27)		
Area of residence	Major cities	76.0 (2053) 74.4-77.6	77.4
	Outside major cities	24.0 (648) 22.4-25.6	22.6
	Overseas	(138)	
	Missing	(567)	
Highest qualification	Less than Year 12	1.9 (59) 1.5-2.5	9.9
	Year 12 or equivalent	15.4 (469) 14.2-16.8	18.0
	Trade/certificate/diploma	22.6 (686) 21.1-24.1	27.4
	University	60.0 (1823) 58.3-61.8	44.7
	Missing	(369)	

Table 3. 1973-78 Cohort demographics comparison with Census data

Characteristic		COVID-19 Study participants N=2778		Census data, 2016 N=996,018
		%(n)	95% CI	%
Age (years)	42	5.2 (145)	4.4-6.1	16.1
	43	19.9 (554)	18.5-21.5	16.5
	44	20.2 (562)	18.8-21.8	17.1
	45	19.3 (535)	17.8-20.8	17.6
	46	20.5 (569)	19.0-22.0	16.4
	47	14.9 (413)	13.6-16.2	16.2
State	NSW	26.2 (702)	24.5-27.9	31.5
	Vic	26.9 (721)	25.2-28.6	25.6
	Qld	22.5 (604)	21.0-24.2	20.5
	SA	7.8 (209)	6.8-8.9	6.9
	WA	9.0 (241)	7.9-10.1	10.6
	Tas	3.1 (84)	2.5-3.9	2.1
	NT	1.0 (28)	0.7-1.5	1.0
	ACT	3.4 (90)	2.7-4.1	1.7
	Overseas	(93)		
	Missing	(6)		
Area of residence	Major cities	62.2 (1527)	60.2-64.1	72.3
	Outside major cities	37.8 (929)	35.9-39.8	27.7
	Overseas	(93)		
	Missing	(229)		
Highest qualification	Less than Year 12	3.4 (88)	2.8-4.2	19.9
	Year 12 or equivalent	7.6 (193)	6.6-8.6	16.1
	Trade/certificate/diploma	25.0 (638)	23.3-26.7	29.2
	University	64.0 (1636)	62.1-65.9	34.8
	Missing	(223)		

Table 4. 1946-51 Cohort demographics comparison with Census data

Characteristic		COVID-19 Study participants N=2416		Census data, 2016 N=579,761
		% (n)	95% CI	%
Age (years)	69	5.7 (137)	4.8-6.7	21.3
	70	23.9 (578)	22.2-25.7	17.6
	71	21.5 (520)	19.9-23.2	16.7
	72	18.7 (451)	17.1-20.3	16.0
	73	17.7 (428)	6.2-19.3	14.3
	74	12.5 (302)	11.2-13.9	14.1
State	NSW	28.1 (672)	26.3-30.0	32.8
	Vic	24.1 (575)	22.4-25.8	24.9
	Qld	22.5 (538)	20.9-24.2	20.1
	SA	8.7 (209)	7.6-10.0	8.3
	WA	9.7 (232)	8.0-11.0	9.3
	Tas	3.9 (94)	3.2-4.8	2.8
	NT	0.8 (18)	0.4-1.2	0.4
	ACT	2.1 (51)	1.6-2.8	1.4
	Overseas	(15)		
	Missing	(12)		
Area of residence	Major cities	45.2 (1028)	43.2-47.3	65.5
	Outside major cities	54.8 (1245)	52.7-56.8	34.5
	Overseas	(15)		
	Missing	(128)		
Highest qualification	Less than Year 12	23.6 (520)	21.8-25.4	57.2
	Year 12 or equivalent	16.1 (355)	14.6-17.7	12.1
	Trade/certificate/diploma	24.8 (540)	23.0-26.6	15.7
	University	35.5 (783)	33.5-37.6	15.0
	Missing	(212)		

Weighted prevalences

Due to the over-representation of tertiary-educated women and women from outside major cities, the prevalences of the COVID-19 symptoms for each cohort were also calculated after being weighted for area of residence (ARIA+) and highest qualification.

Table 5. Unweighted and weighted prevalences for COVID-19 symptoms

	Occurrence of outcome, unweighted		Weighted for area of residence and highest qualification	
	% (n)	95% CI	%	95% CI
1989-95 Cohort (N=3406)				
Flu-like symptoms	13.9 (474)	12.8-15.1	13.3	11.9-14.6
Changes to taste/smell	1.9 (65)	1.5-2.4	1.8	1.2-2.3
Thought they might have COVID-19	4.8 (165)	4.1-5.6	4.5	3.6-5.3
1973-78 Cohort (N=2778)				
Flu-like symptoms	10.4 (289)	9.3-11.6	10.4	9.1-11.7
Changes to taste/smell	1.4 (39)	1.0-1.8	1.2	0.7-1.6
Thought they might have COVID-19	3.3 (91)	2.6-3.9	3.2	2.5-4.0
1946-51 Cohort (N=2416)				
Flu-like symptoms	6.4 (154)	5.4-7.4	6.5	5.4-7.7
Changes to taste/smell	0.5 (13)	0.2-0.6	0.5	0.2-0.8
Thought they might have COVID-19	1.5 (36)	1.0-2.0	1.4	0.9-2.0

* Weights calculated using ABS 2016 census data