

Attitudes and behaviours to COVID-19 protection measures in the post-Omicron peak, prewinter context

June 2022 Report

Prepared for:
Evaluation and Behavioural Science
Science, Surveillance & Insights
COVID-19 Health System Response Directorate
Ministry of Health

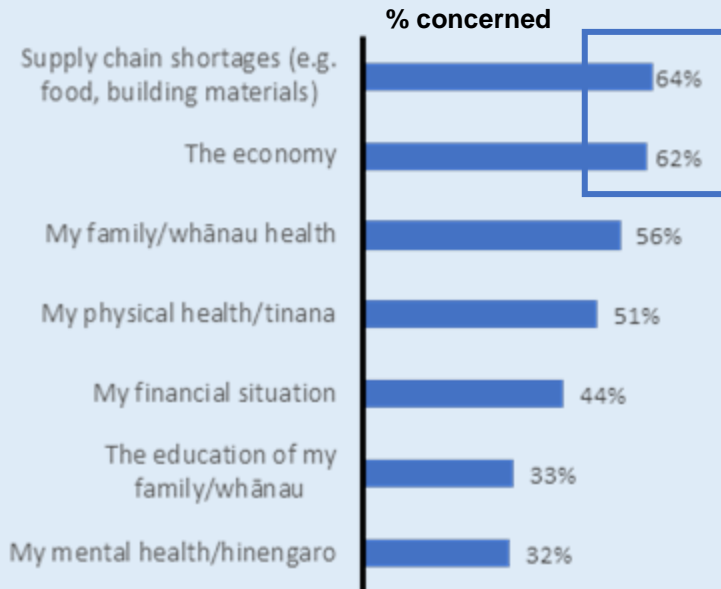
In association with:
the School of Population Health
University of Auckland

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KEY FINDINGS – MAIN CONCERNS AND MOTIVATIONS

MAIN CONCERNS ABOUT THE IMPACT OF COVID-19

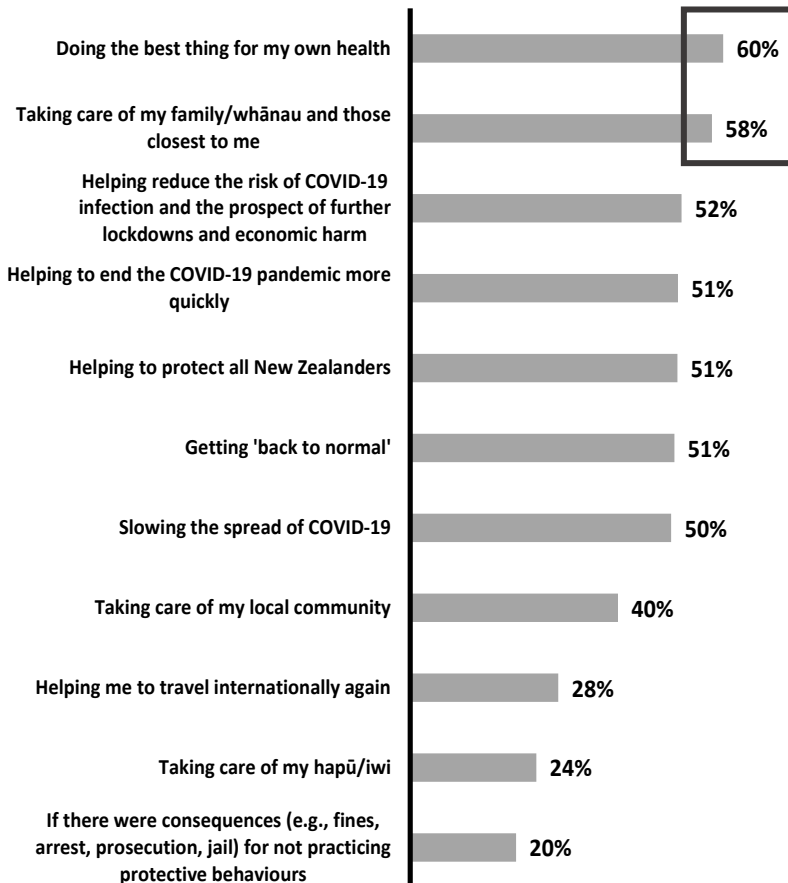


Base n=1,386

Peoples' main current COVID-related concerns are about the economy (62%, particularly 45+ and females) and supply chain shortages (64%, particularly 35 to 64s)



MAIN MOTIVATORS TO PROTECT YOURSELF AND OTHERS FROM COVID-19



Base n=1,381

Main motivators are doing the best thing for my own health (60% overall; 44% for under 35s) and taking care of my family/whānau and those closest to me (58% overall; 48% for under 35s).

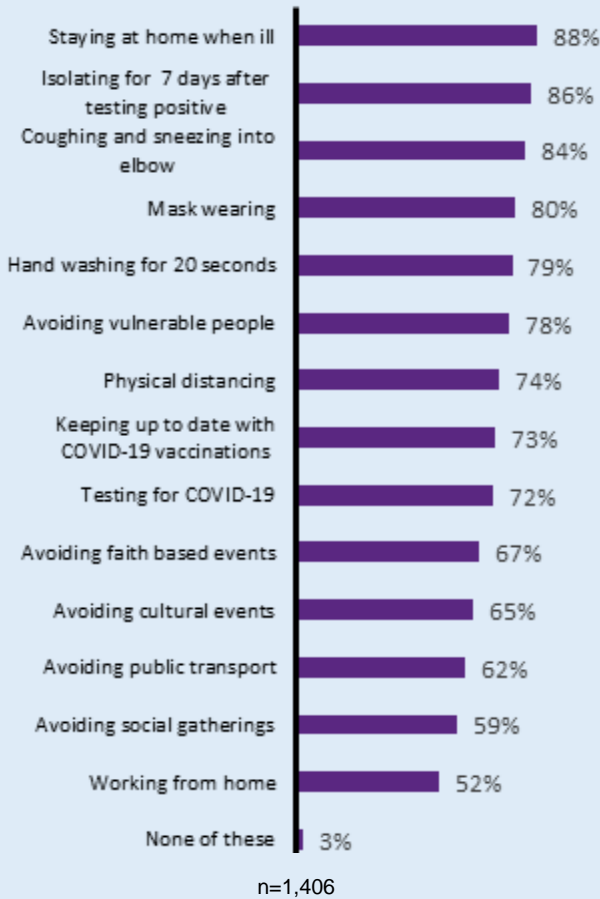


Under 35s and those who have had COVID-19 are generally less likely than others to react to any of the potential motivations – with the exception of “consequences for not practicing protective measures” and “helping me to travel internationally again”.

KEY FINDINGS – LIKELY ACTIONS “RIGHT NOW”

LIKELY CURRENT ACTIONS TO REDUCE THE RISK OF CATCHING OR SPREADING COVID-19

% very likely and likely ‘right now’



97% of adults are likely to do at least one of the actions listed to avoid catching or spreading COVID-19.

Most common actions include:

- Staying at home when ill (88%)
- Adhering to the full 7-day isolation period after testing positive (86%)
- Coughing/sneezing into the elbow (84%)
- Mask wearing (80%)

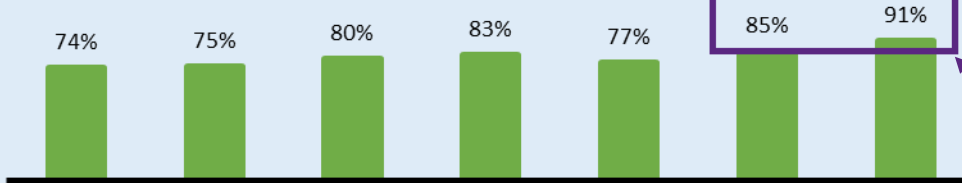


Actions that are not likely

Actions that had the lowest likelihood also had the highest ‘unlikely’ responses (“very unlikely” plus “unlikely”):

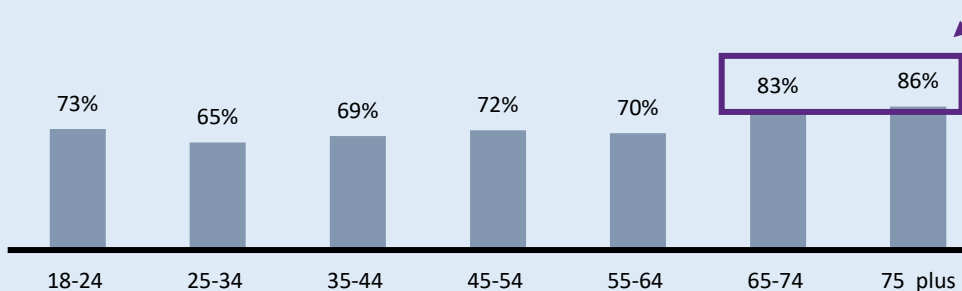
- **Working from home** (26%; more unlikely outside Auckland)
- **Avoiding social gatherings** (22%; more unlikely among males than females and among Māori)
- **Avoiding public transport** (20%; more unlikely outside Auckland)

Likely to wear masks by age



Both actions are most likely by those aged 65 or more

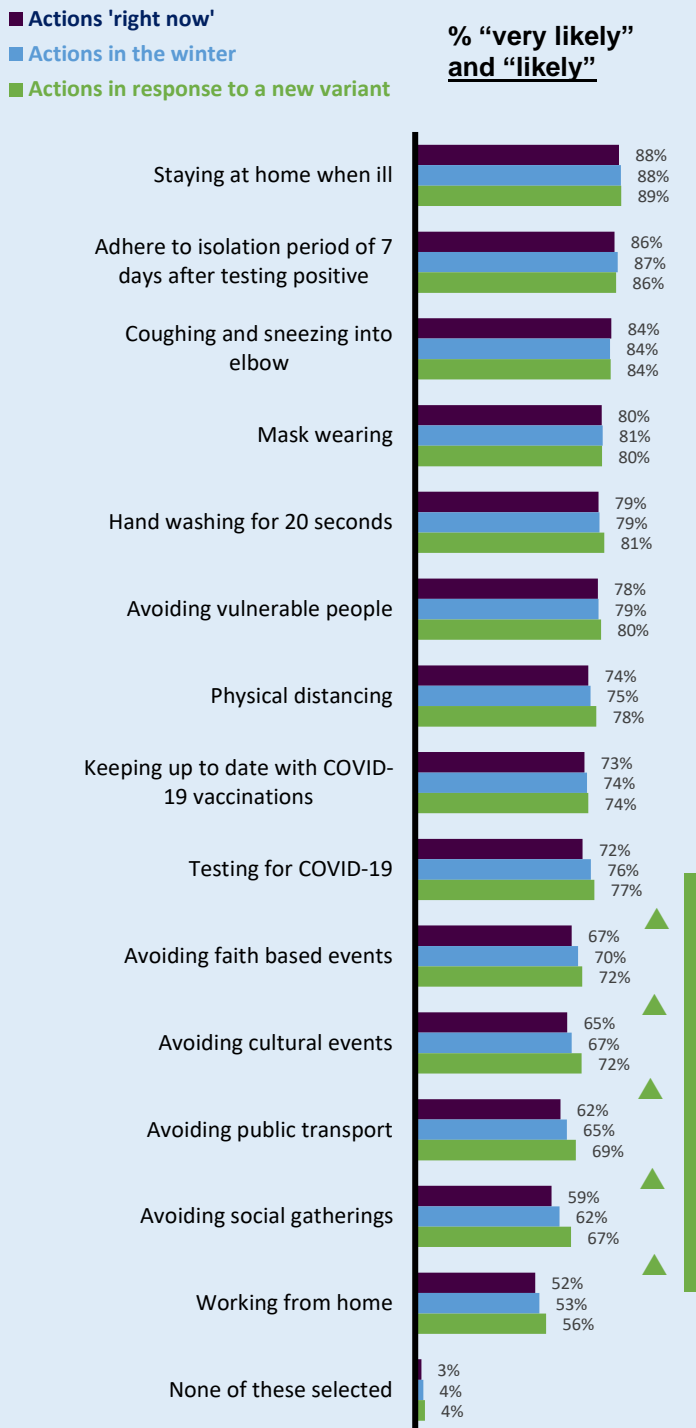
Likely to keep up to date with vaccinations by age



KEY FINDINGS – ACTIONS IN WINTER OR IF A NEW VARIANT EMERGES

Key Findings – Actions in Winter or if a New Variant Emerges

HOW LIKELY ARE ADULTS TO DO THE FOLLOWING IN THE WINTER OR IF A NEW VARIANT EMERGES?



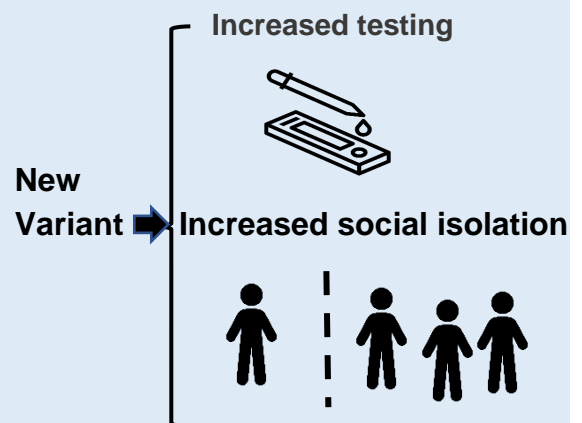
n=1,406 ("right now"),
n=1,402 (winter, new variant)

For the top eight actions, there was effectively no change in adult New Zealanders' likely responses in the winter, nor if a new COVID-19 variant emerges in the community.

Average number of activities	
'Right now'	10.2
During the winter	10.4
With a new variant	10.6

If a new COVID variant emerges, five actions (▲) exhibit a statistically significant increase:

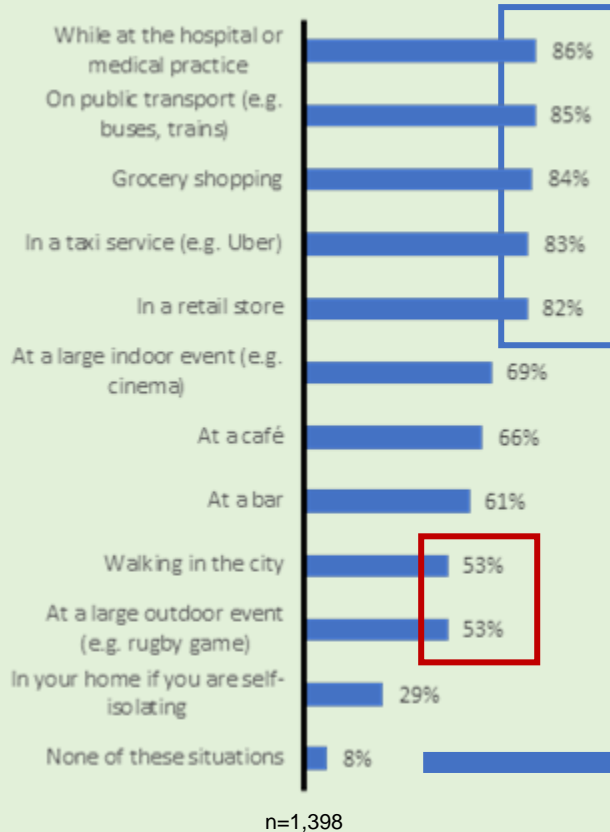
- Testing for COVID-19 (77% cf. 72% now)
- Avoiding faith-based events (72% cf. 67%)
- Avoiding cultural events (72% cf. 65%)
- Avoiding public transport (69% cf. 62%)
- Avoiding social gatherings (67% cf. 59%).



When asked about mask wearing, 3% said they had a mask exemption.

KEY FINDINGS – MASK WEARING

WHEN WOULD PEOPLE WEAR A MASK CURRENTLY?



Around 3.66 million adults (92%) would wear a mask in at least one of these situations.

25-34 and 55-64 year-olds are more resistant to wearing a mask in any situation (particularly to large outdoor events such as rugby games, or walking in the city) than other age groups. These people are more likely to be of European ethnicity and more likely to have tested positive for COVID-19.



8% of adults would not wear a mask in any of these situations. No significant demographic differences were found for this result at the 95% confidence level

Some verbatim comments about mask wearing



I am very unhappy to find middle-aged people not wearing masks in retail stores

The poor availability and cost of the N95/P2 masks has been an issue...and not explaining to people they shouldn't take the mask off and on all day (transmitting the virus to their hands and then likely their eyes, etc.)

I think we should go to green light, but we should continue to wear masks in public

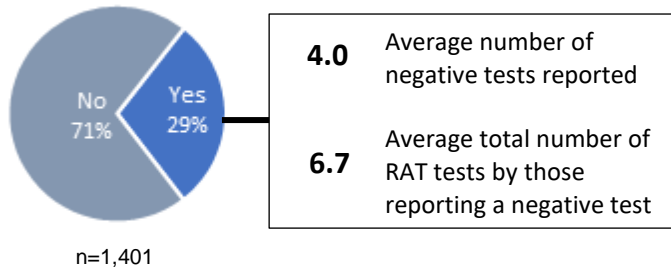
We need masks and air purifiers in schools

End masks. They really do not work

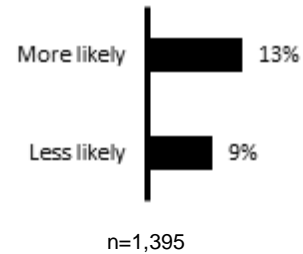


KEY FINDINGS – RAPID ANTIGEN TESTS (RATs)

EVER REPORTED A NEGATIVE RAT ON MY COVID RECORD OR THROUGH HEALTHLINE

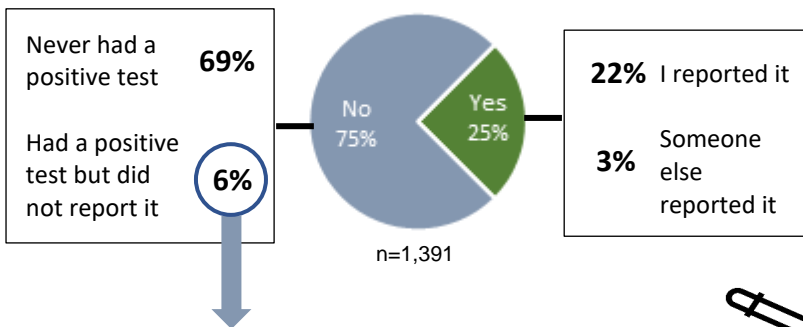


REPORTING A POSITIVE RAT MAY 2022 VS. NOVEMBER 2021

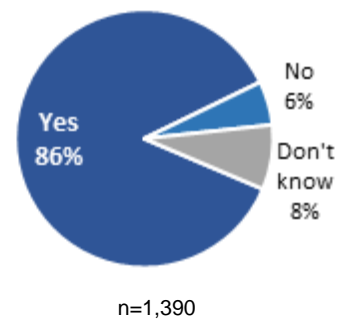


Likelihood to report a positive test increased slightly (+4 percentage points) compared with November 2021

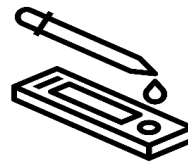
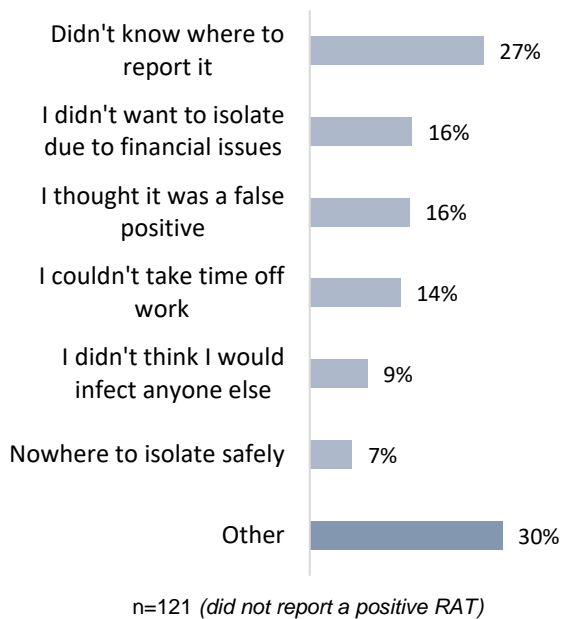
EVER REPORTED A POSITIVE RAT



86% RECOGNISE YOU CAN INFECT OTHER PEOPLE IF YOU TEST POSITIVE FROM A RAT



REASONS FOR NOT REPORTING A POSITIVE RAT

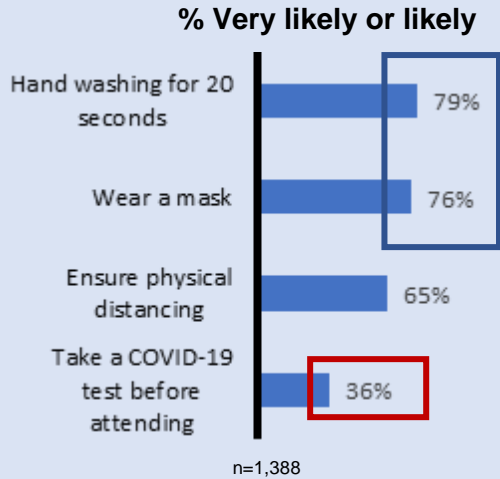


Examples of other reasons for not reporting a positive RAT

- I don't buy into this false narrative
- I did it at a test centre - let them report it
- I didn't want to spend an extra week in Australia
- I self-isolated and did all the right things to stop spread personally
- I was already in a household that had four positive people so we were all isolating anyway
- My medical information is personal
- Wasn't able to record it but tried to

KEY FINDINGS – GATHERINGS AND VISITING OR CARING FOR SOMEONE AT HIGHER RISK

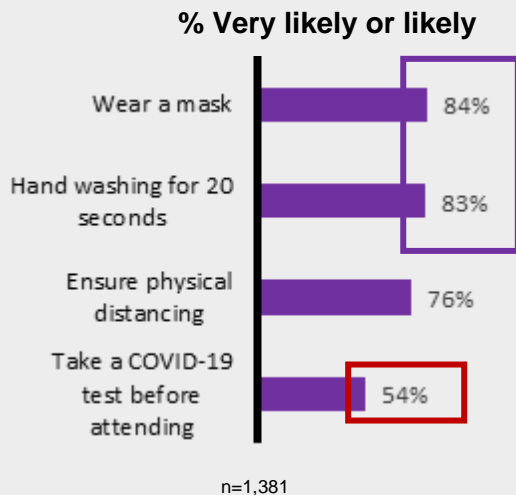
PRECAUTIONS WHEN ATTENDING A LARGE OR CROWDED GATHERING



43% said they were not likely to take a COVID-19 test before attending a large or crowded gathering (*more unlikely among those 45+, those of European ethnicity, and males*).

19% were unlikely to ensure physical distancing and 15% said they were unlikely to wear a mask (*there were no particular demographic differences*).

PRECAUTIONS WHEN VISITING OR CARING FOR SOMEONE WHO IS AT HIGHER RISK OF SEVERE DISEASE FROM COVID-19



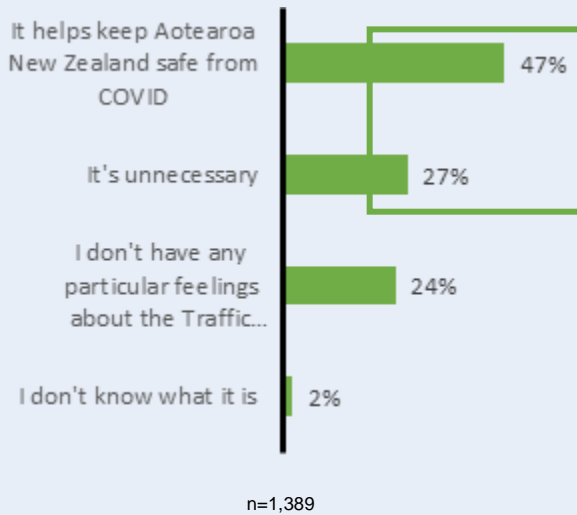
Under 35 year-olds (particularly 18-24 year-olds) and those who had tested positive for COVID were the least likely to say they would ensure physical distancing.

27% said they were unlikely to take a COVID test (*more unlikely among 55-64 year-olds, those of European ethnicity, and males*).

Under 35 year-olds and females were the most likely to say they would take a COVID test before visiting or caring for someone with higher risk.

KEY FINDINGS – THE COVID PROTECTION FRAMEWORK

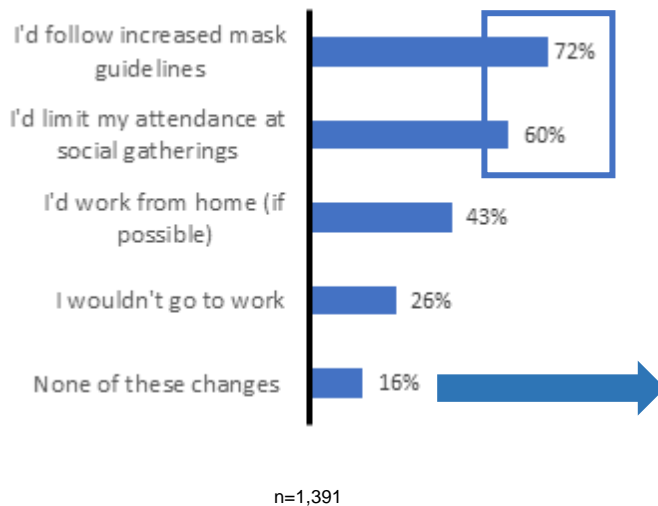
FEELINGS ABOUT THE “TRAFFIC LIGHT” SYSTEM (THE COVID PROTECTION FRAMEWORK)



47% of adults feel the Traffic Light System keeps Aotearoa New Zealand safe, while 27% think it is unnecessary (more likely to be under 35s and those who have tested positive for COVID-19).



CHANGED BEHAVIOURS IF THE “TRAFFIC LIGHT” SETTINGS SHIFTED TO RED



Around 3.35 million (84%) of the adult population would change at least one of the behaviours listed if the traffic light settings moved to red.

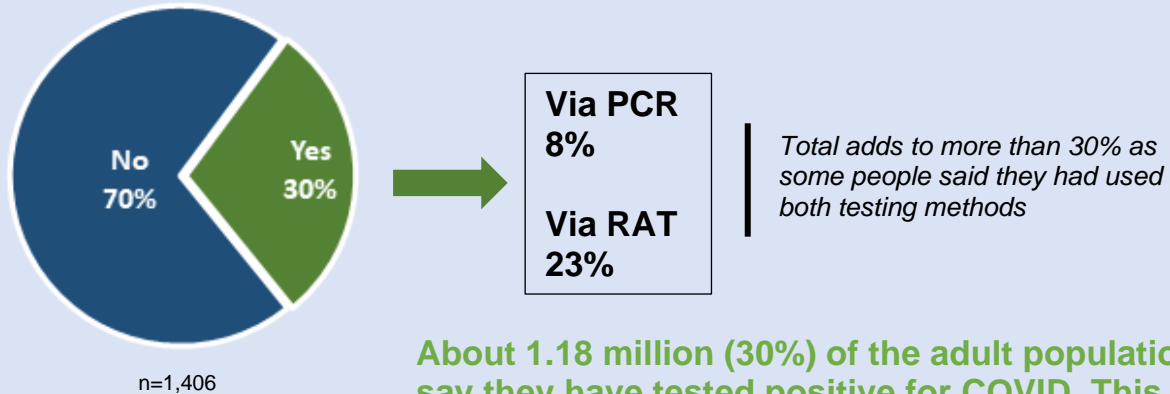
25-34 year-olds, 55-64 year-olds, males and those who had already tested positive for COVID-19 were the least likely to change their behaviours.

One in six people (639,000 adults) would not make any of these changes.



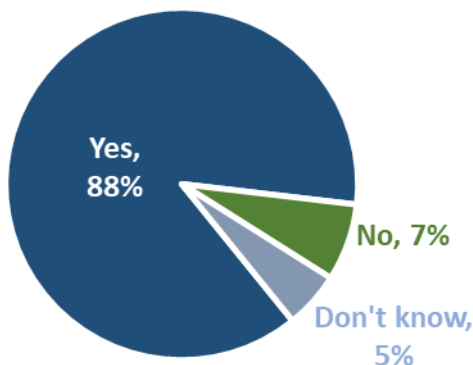
KEY FINDINGS – TESTING POSITIVE FOR COVID-19

EVER TESTED POSITIVE FOR COVID-19



About 1.18 million (30%) of the adult population say they have tested positive for COVID. This result is up from 21% in the previous survey conducted in late April / early May 2022
(see comment in Appendix 4)

ADHERING TO THE FULL ISOLATION PERIOD IF TEST POSITIVE FOR COVID-19



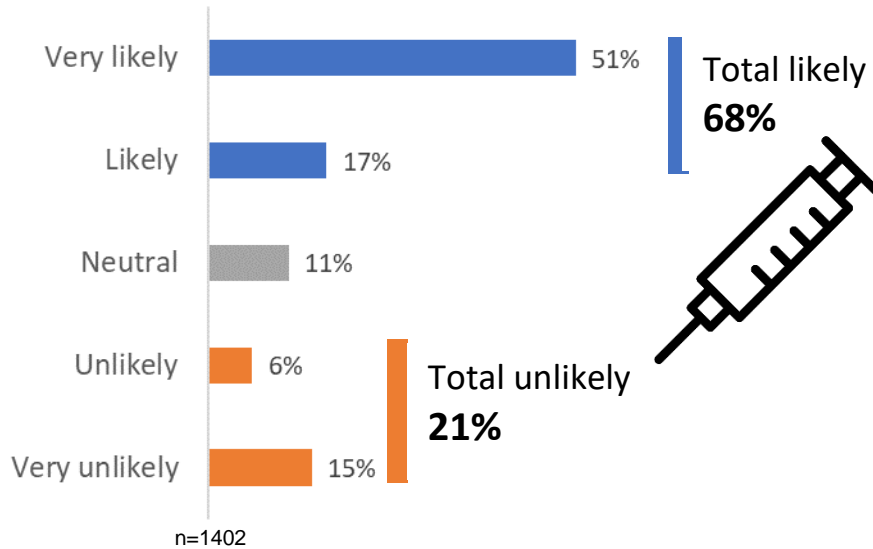
88% (around 3.5 million adults) say they would adhere to the full isolation period if they tested positive for COVID-19. This includes **85%** of those who said they had already tested positive. **Females (92%)** were more likely to give this answer than males (**84%**).

7% (around 283,500 adults) say they wouldn't. Those who had already tested positive for COVID-19 (via either PCR test or RAT) were more likely to say this (**11%**) than those who had never tested positive (**5%**). **Males (9%)** were more likely to give this answer than females (**5%**).

5% (around 207,700 adults) said they didn't know what they would do. **Males (7%)** were more likely to give this answer than females (**3%**).

KEY FINDINGS – ANNUAL BOOSTER

LIKELIHOOD OF GETTING ANNUAL “BOOSTER SHOTS” OF A COVID-19 VACCINE IF THESE ARE RECOMMENDED



Around 2.72 million adults (68%) say they are very likely or likely to have an annual ‘booster’ if recommended. They are more likely to be 55+ or male than under 55 years or female.

71% of those who had not tested positive for COVID-19 said they are very likely or likely to get an annual booster, compared with 62% of those who had tested positive.

Appendix 1 – Key findings for sub-groups more likely to be at risk of negative impact from COVID-19

Specific sub-groups of the total sample that were considered were

- Older people (55 years +)
- Younger adults (18 to 24 years)
- Ethnic priority Māori and Pasifika
- Disabled people and those living with serious health impairments.



Behaviours considered were:

- Lower likelihood 'right now' for actions to reduce the risk of catching or spreading COVID-19; specifically:
 - Likely to wear a mask
 - Likely to physically distance from others
 - Likely to avoid vulnerable people
 - Likely to avoid social gatherings
 - Likely to avoid faith-based events
 - Likely to avoid cultural events
 - Likely to avoid public transport.
- Mask wearing in situations where more than eight out of ten people would wear a mask: at a hospital or medical practice (86%), on public transport (85%), grocery shopping (84%), in a taxi (83%) and in a retail store (82%).
- Unlikely to get annual “booster shots” if they are recommended.
- Had a positive RAT and did not report the result.
- Would not change behaviours if the “traffic light” settings were to shift to red.

Summary

Overall, the sub-groups **showed few differences** in behaviour from the overall general population (ie the total sample, which includes each of the specific sub-groups). As shown on the following page, significant differences from the general population among the sub-groups (at a 95% confidence level) were confined to the 18 to 24 years sub-group.

- Four protective behaviours were less likely among those aged 18 to 24 years. This age group was also less likely to limit attendance at social gatherings if the “traffic light” settings shifted to red.
- There was an indication (significant at an 88% confidence level) that Māori respondents may be less likely to have an annual ‘booster shot’ if this is recommended.

Age-related findings:

Younger adults (age 18 to 24)

Differences relative to the general population:

- Actions ‘right now’:
 - Likely to physically distance from others (63% vs. 74% overall)
 - Likely to avoid vulnerable people (68% vs. 78% overall)
 - Likely to avoid faith-based events (53% vs. 67% overall)
 - Likely to avoid cultural events (54% vs. 65% overall)
- If “traffic light” settings changed to “red”
 - Less likely to limit their attendance at social gatherings (48% vs. 60% overall)
- An indication that this age group may be more likely to have a positive RAT but not report the result (12% vs. 6% overall). This is significant at the 92% confidence level.

Older people (age 55 plus) – no significant differences relative to the general population

Priority ethnic group differences

Māori – no significant differences relative to the general population

- There was an indication (26% unlikely vs 21% unlikely overall, significant at an 88% confidence level) that Māori respondents may be less likely to have an annual ‘booster shot’ if this is recommended.

Pasifika – no significant differences relative to the general population

(Note a relatively small sample size (n=53) means that results must have a fairly large difference from the total to be statistically significant.)

Disability and health impairment-related findings:

Disabled – no significant differences relative to the general population

Have health impairments – no significant differences relative to the general population

Appendix 2 – method



Research approach

An online survey of people aged 18 or older.

Sample sources

Members of the nationwide HorizonPoll and Horizon Research Māori panels as well as two third-party respondent panels: s 9(2)(ba)(i)

Fieldwork dates

26 to 30 May 2022

Sample size

n=1,406

Survey reliability

For the total sample the maximum margin of error is $\pm 2.6\%$ at the 95% confidence level.

Quotas

Demographic quotas were used to ensure a representative sample. In addition, quotas for Māori and Pasifika respondents were boosted to achieve sufficient interviews to ensure reliable results for these ethnic groups.

Priority ethnic groups

Horizon used priority ethnic groups to determine ethnicity. ¹

Weighting

The total sample is weighted on age, gender, ethnicity, personal income, highest education and region to match the adult population at the most recent census.

Interview duration

The median time to complete the survey was just over 9 minutes.

Sample profile

See Appendix 3.

National population size for estimates

All estimates are based on Statistics NZ's Q1 2022 population projection of 3,993,540 New Zealanders aged 18 or more.

Guide to interpretation

Cross analysis of the results only features statistically significant differences from the total at the 95% confidence level. These results are indicated by the following symbols:

▼ significantly **less** than the total ▲ significantly **more** than the total.

¹ If someone identifies as Māori, they are Māori. If someone does not, but identifies as Pasifika, they are Pasifika. If someone identifies as neither, but Asian (including Indian), they are Asian. If someone does not identify as any of these groups but instead European (either of New Zealand descent or not) they are European. Otherwise, they are Other.



Appendix 3 – sample profile

A) Demographics

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	676	48%	49%
Female	721	51%	50%
Another gender	9	1%	1%
Total	1406	100%	100%

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	94	7%	9%
25-34	237	17%	21%
35-44	248	18%	16%
45-54	258	18%	17%
55-64	191	14%	12%
65-74	248	18%	16%
75 or more	130	9%	9%
Total	1406	100%	100%

Priority Ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	219	16%	16%
Pasifika	53	4%	4%
Asian	138	10%	10%
European	962	68%	68%
Other	34	2%	2%
Total	1406	100%	100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters or PhD)	157	11%	11%
Undergraduate (Bachelor) degree	262	19%	18%
Vocational qualification (includes trade certificates, diplomas etc)	399	28%	28%
University Bursary or 7th form	125	9%	10%
Sixth form/UE/NCEA Level 2	159	11%	12%
NCEA Level 1 or School Certificate	138	10%	10%
No formal school qualification	128	9%	9%
Prefer not to say	38	3%	3%
Total	1406	100%	100%

Healthcare worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	156	11%	11%
No	1233	88%	87%
Prefer not to say	17	1%	1%
Total	1406	100%	100%

Look after or help others because of their long-term health issues	n= (unweighted)	% (unweighted)	% (weighted)
Yes	250	18%	18%
No	1135	81%	80%
Prefer not to say	21	1%	2%
Total	1406	100%	100%

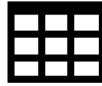
DHBs	n= (unweighted)	% (unweighted)	% (weighted)
Northland	44	3%	3%
Waitemata	173	12%	12%
Auckland	192	14%	14%
Counties Manukau	104	7%	8%
Waikato	134	10%	10%
Lakes	23	2%	2%
Bay of Plenty	72	5%	5%
Tairāwhiti	9	1%	1%
Taranaki	24	2%	2%
Hawke's Bay	39	3%	3%
Whanganui	24	2%	2%
MidCentral	62	4%	4%
Hutt	52	4%	3%
Capital and Coast	108	8%	7%
Wairarapa	14	1%	1%
Nelson/ Marlborough	40	3%	3%
West Coast	9	1%	1%
Canterbury	176	13%	13%
South Canterbury	19	1%	1%
Southern	88	6%	6%
Total	1406	100%	100%

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	44	3%	3%
Auckland	469	33%	34%
Waikato	130	9%	10%
Bay of Plenty	96	7%	7%
Taranaki	24	2%	2%
Gisborne/Hawkes' Bay	50	4%	3%
Wairarapa	14	1%	1%
Whanganui/ Manawatu/ Palmerston North	87	6%	6%
Wellington	160	11%	10%
Nelson/ Tasman/ Marlborough	40	3%	3%
Canterbury	195	14%	14%
West Coast	9	1%	1%
Otago	54	4%	4%
Southland	34	2%	3%
Total	1406	100%	100%

B) By health and disability status

Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
No	1260	90%	90%
Yes	146	10%	10%
Total	1406	100%	100%

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
No	899	64%	65%
Yes	507	36%	35%
Total	1406	100%	100%



Appendix 4 – tables

Excel tables (cross-tabs) and the raw survey data including verbatim comments (including the number of negative RATs taken and reported) and the questionnaire/code frame are provided separately from this report.

Note on testing positive for COVID-19:

Around 6% of respondents who answered either “Yes”, “Yes, but someone else reported it for me” or “No, I have reported my positive RAT” to question 11 (“*Have you ever had a positive RAT and not reported the result?*”), **had not indicated testing positive for COVID-19 in question 1** “*Have you ever tested positive for COVID-19?*”.

This suggest that the percentage of adults testing positive for COVID-19 may be 36%, equivalent to 1.43 million.

See the tab “Q1 and Q11 inconsistency” in the table set. There were no significant differences between those with inconsistent answers and those whose Q1 and Q11 answers were consistent.

Note that the cross-tab tables use a variable for testing positive for COVID-19 which combines the answers to both Q1 and Q11.