

Behavioural Surveillance Survey 3

February 2023 Report

Prepared for:
Evaluation and Behavioural Science
Intelligence, Surveillance and Knowledge
Public Health Agency
Manatū Hauora - Ministry of Health

By Horizon Research Limited



CONTENTS

1.	SUMMARY	1
1.1.	Introduction	1
1.2.	Executive Summary	2
2.	KEY FINDINGS	4
2.1.	Perceived importance of the COVID-19 pandemic showing signs of decline	4
2.2.	Following the Ministry of Health’s recommendations	4
2.3.	A majority still intend to engage in 4 out of 5 protective behaviours in the future	6
2.4.	Younger respondents were less likely to take steps to prevent infection and follow the Ministry’s recommendations than older respondents	7
2.5.	COVID-19 Pandemic Fatigue is a predictor of intention to engage in COVID-19 protection behaviours	8
2.6.	Prevention and protection behaviour by other key sub-groups	9
3.	SYMPTOMS TO SELF-ISOLATION	11
3.1.	Summary: Actual behaviour in the two weeks prior to the survey	11
3.2.	Rapid Antigen Tests (RATs) taken in the two weeks prior to the survey	11
3.3.	Reported RAT results positive and negative in the two weeks prior to the survey	13
3.4.	Reported positive RAT results in the two weeks prior to the survey	14
3.5.	Self-isolated due to COVID-19 in the two weeks prior to the survey	15
4.	Recent prevention and protection behaviour	17
4.1.	Wearing a mask on public transport in the two weeks prior to the survey	17
5.	Respondent intentions to engage in prevention and protection behaviour	19
5.1.	Likelihood to take a Rapid Antigen Test (RAT) if you have COVID-19 symptoms in the future	19
5.2.	Barriers to taking a RAT in the future	22
5.3.	Likelihood to report a positive RAT result in the future	26
5.4.	Potential barriers to reporting RAT results	28
5.5.	Likelihood to self-isolate for the required period (7 days) if you have a positive RAT result in the future	32
5.6.	Potential barriers to self-isolating	34
5.7.	Support for continuing with mandatory self-isolation	39
5.8.	Reasons why it is a good idea to continue with mandatory 7-day self-isolation	41
5.9.	Reasons why it is not a good idea to continue with mandatory 7-day self-isolation	46



5.10. Likelihood to leave home and go to work if you have COVID-19 symptoms in the future.....	53
5.11. Likelihood of wearing a mask the next time you are on public transport	54
6. COVID-19 PANDEMIC FATIGUE	56
6.1. Adapted COVID-19 Pandemic Fatigue Score Results	56
6.2. Results for the six CPFS measures.....	60
7. MOST CONCERNING ISSUES FACING NEW ZEALAND	61
8. METHODOLOGY	62
Research method	62
Sample sources	62
Fieldwork dates.....	62
Sample size	62
Survey reliability.....	62
Key sub-samples and their maximum margins of error (at 95% CI).....	62
Quotas.....	62
Priority ethnic groups	62
Weighting	62
Age groups	63
Statistical tests of significance.....	63
People with disabilities.....	63
September averages for mask wearing on public transport	64
COVID-19 Pandemic Fatigue Measures	64
Construction of the COVID-19 Pandemic Fatigue Score.....	65
Simplifying the COVID-19 Pandemic Fatigue Score to a Scale	65



1. SUMMARY

1.1. Introduction

This report examines the past experiences and behaviour of adult New Zealanders regarding COVID-19 and what they intend to do in the future. It is the third survey conducted by Horizon Research for Manatū Hauora, the Ministry of Health, after the announcement removing the COVID-19 Protection Framework (the CPF).

The fieldwork period was from 3 to 9 February 2023.

The sample is weighted by age, gender, ethnicity, education, personal income, and region to match the adult population aged 18 or more. For more details on the weighting factors, see Section 8: Methodology page 62.

Comparisons are made in the report between results from this survey and the previous two Behavioural Surveillance surveys conducted in September and October/November 2022. The methodology is the same for all three surveys, although response bias and other potential biases can affect the surveys differently. Given the large sample sizes, statistical significance is relatively easily achieved, but judgement on the part of the reader is required to evaluate if the difference is meaningful to your situation.

The three behavioural surveillance surveys will be referred to as:

- Behavioural Surveillance Survey 1, September 2022 = September 2022 survey
- Behavioural Surveillance Survey 2, October/ November 2022 = October/ November 2022 survey
- Behavioural Surveillance Survey 3, February 2023 = February 2023 survey

1.2. Executive Summary

Two thirds of symptomatic respondents took a RAT test (66%), but a minority reported their results (31% overall), including those who tested positive (29%)¹.

- As with previous surveys, intention to test remained higher than actual behaviour. In February 2023, 82% of respondents intend ('likely' or 'very likely') to test if symptomatic in future, whereas only 66% of respondents who were symptomatic in the 2 weeks prior to the survey actually took a test.
- Most respondents said they had no difficulties accessing or taking RATs, however 28% selected at least one barrier to testing with a RAT in future. The most common barriers were concerns about how testing positive would impact the respondent financially or socially.

Reporting of RAT results remained low, including among those who tested positive.

- Overall, 31% of respondents in February 2023 who took a RAT reported one or more results (similar to October/ November 2022).
- A minority (29%) of those who tested positive reported their positive test result (however note the small sample size of n=28, margin of error $\pm 16.8\%$ for this result).
- Most respondents said they didn't have any difficulties reporting RAT results, however 27% selected at least one barrier. The most common barriers were concerns about how testing positive would impact the respondent financially, being unsure how to report the test result, and not trusting the test result.

Of those who tested positive in February 2023 (n = 28) a minority had reported their positive test result, but most had self-isolated.

- A minority (29%) of those who tested positive (in the two weeks prior to the survey) reported their positive test result. However, note the small sample size of n=28, margin of error $\pm 16.8\%$ for this result.
- Two thirds (67%) of those who tested positive (in the two weeks prior to the survey) had self-isolated in the same period (however note the sample size of n=28, margin of error $\pm 17.4\%$ for this result).

Adherence to self-isolation requirements has dropped since October/ November 2022 but remains higher than in the September 2022 survey.

- Of those who reported testing positive in the two weeks prior to the February 2023 survey, two thirds (67%) had self-isolated in the same period. This was lower than the 78% of the equivalent group in October/ November 2022, but still higher than in September 2022 (55%)².
- Similar to previous surveys, the majority of respondents intend to self-isolate if they test positive in the future (84% 'likely' + 'very likely').
- Just over half of respondents (59%) in February 2023 said they 'wouldn't have any difficulties self-isolating', a statistically significant increase compared with October/November 2022 (50%).
 - The main barriers to self-isolating selected in February 2023 were being unable to afford to miss work, not having space to self-isolate away from others at home, being unable to work from home, and difficulties getting food/ supplies delivered, and having to care for someone else (eg family member/ child).

¹ Note small sample sizes for tested positive in both Oct/ Nov 2022 and Feb 2023 (N<50).

² N<50 for those who tested positive in Oct/ Nov 2022 and Feb 2023, so results are indicative.

- In total, 20% of respondents selected at least one work-related barrier³, a statistically significant decrease from 26% in October/ November 2022.

Most respondents (70%) thought it was a good idea to continue with mandatory 7-day self-isolation for people with COVID-19 (as opposed to ‘recommended advice’ to self-isolate).

- The main reasons selected for supporting the continuation of mandatory 7-day self-isolation were related to minimising the spread of the virus and protecting others.
- The main reasons selected for not supporting the continuation of mandatory 7-day self-isolation were related to beliefs that COVID-19 is not a significant threat to health, considering 7 days to be too long or disagreeing with a one-size-fits-all isolation period, a perception that it should be personal choice/ responsibility, and needing to move on from COVID-19.

Respondent mask wearing on public transport remained low in February 2023. Intention to wear a mask on public transport remained higher than actual behaviour, but was still low.

- In February 2023, 14% of public transport users (n=747) said they ‘always’ wore a mask when using public transport in the two weeks prior to the survey. This was lower than in the October/November survey (16%), but the decrease is not statistically significant.
- A minority (31%) of public transport users in February 2023 intended to wear a mask next time they are on public transport. This was similar to 34% and 33% in September 2022 and October/ November 2022 respectively.

Pandemic Fatigue scores have moderated compared with October/ November 2022, and when asked about the most concerning issues New Zealand is currently facing, COVID-19 was not in the top 5 selected by respondents.

- COVID-19 Pandemic Fatigue scores in February 2023 have moderated compared with October/ November 2022. ‘High’ and ‘very high’ COVID-19 Pandemic Fatigue scores declined significantly, and ‘medium’ and ‘low’ COVID-19 Pandemic fatigue scores increased significantly.
- Among the issues of most concern to respondents in February 2023, COVID-19 was 10th equal. The top five issues selected were: ‘financial/ cost of living’, ‘housing/ house pricing’, ‘crime/ gangs’, ‘climate change’, and ‘poverty/ inequality’.

³ Work related barriers: *I didn't have enough sick leave, I can't work from home, I can't afford to miss work*

2. KEY FINDINGS

2.1. Perceived importance of the COVID-19 pandemic showing signs of decline

There are some signs that the perceived importance of the pandemic is reducing:

- The proportion with ‘high’ or ‘very high’ COVID-19 Pandemic Fatigue scores dropped from 46% in October/November 2022 to 37% in February 2023.
- An increase in public transport users ‘never’ wearing masks while on public transport in the two weeks before being surveyed (56% in October/ November of 63% in February).
- COVID-19 is ranked only tenth equal among the most concerning issues facing New Zealand.
- From open-ended comments, some respondents perceived:
 - that COVID-19 is like a mild common cold or flu that is less dangerous than it was
 - that New Zealanders need to move forward with their lives
 - that people, generally, are not complying with the rules any longer.

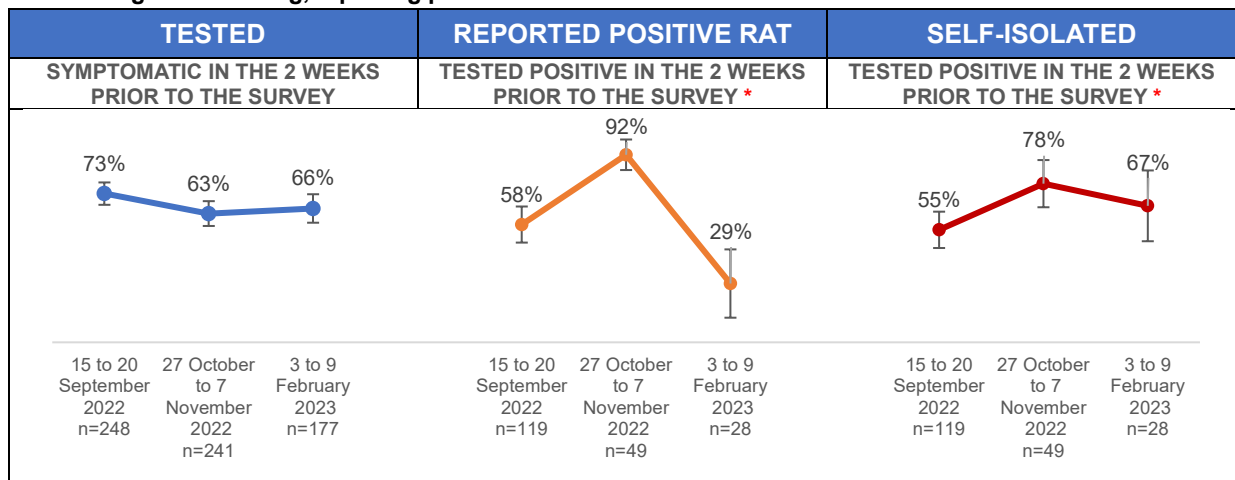
2.2. Following the Ministry of Health’s recommendations

Following the Ministry’s recommendations is mostly at a similar level to October/ November, except for a drop in mask wearing by public transport users. In two areas (as shown in Figure 1 below), two-thirds of respondents followed the Ministry’s recommendations in the two weeks prior to the February survey:

- 66% of those with COVID-19 symptoms took at least one RAT
- 67% of those who tested positive for COVID-19 also self-isolated (an indicative result owing to a small sub-sample n=28).

Only 31% of those who took a Rapid Antigen Test reported their results in this period, and 29% of those who tested positive in the 2 weeks prior to the survey reported their positive result (again, an indicative result owing to a small sub-sample n=28).

Figure 1: Testing, reporting positive test results and self-isolation behaviour trends



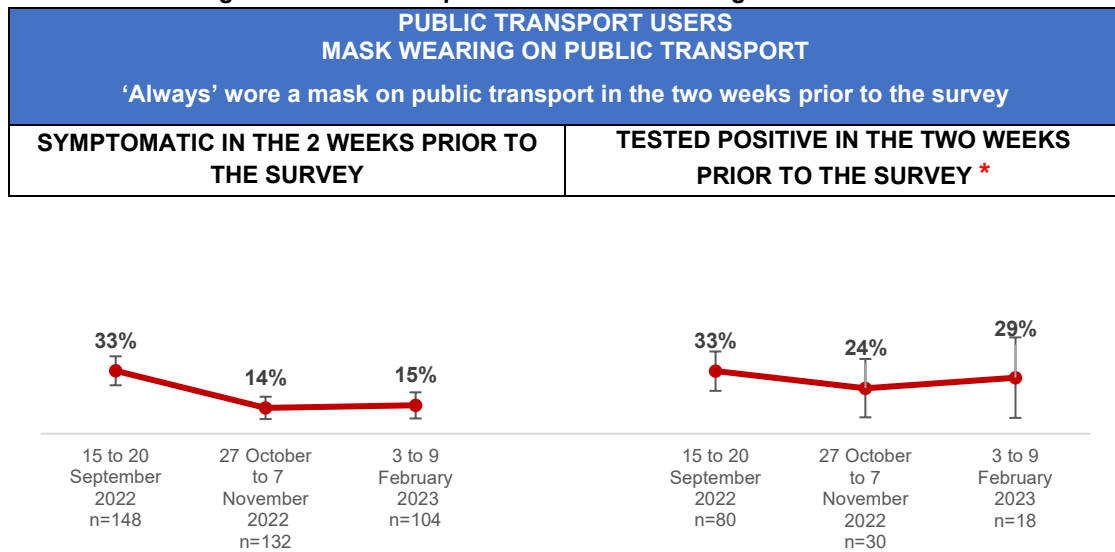
NB: Reporting results for the September and October/November surveys include all tests reported, not just positive tests.

* Note that results for those who tested positive in the two weeks prior to the survey are indicative as the base is small (October/November 2022 n=49; February 2023 n=28)

14% of public transport users ‘always’ wore a mask on public transport, including 15% of those who were symptomatic in the 2 weeks prior to the survey and an indicated 29% (small sub-sample, n=18) of public transport who had tested positive in the same time period.

The percentage of respondents who ‘never’ wore a mask on public transport in the two weeks prior to each survey increased from 56% in October/November to 63% in February.

Figure 2: Public transport users – mask wearing behaviour trend



* Note that results for public transport users who tested positive in the two weeks prior to the survey are indicative as the base is small (October/November 2022 n=30; February 2023 n=18)

2.3. A majority still intend to engage in 4 out of 5 protective behaviours in the future

All respondents were asked how likely they would be to engage in five behaviours to protect themselves and others from COVID-19 in the future.

As in the October/November survey, a majority of respondents were ‘very likely’ to engage in four of these protective behaviours. However, mask wearing intentions when using public transport remained low; only 25% of respondents who had used public transport in the two weeks prior to the survey were ‘very likely’ to wear a mask the next time they were on public transport.

As in September and October/November, the protective behaviour with the highest ‘very likely’ intention was self-isolation for the recommended period.

Table 1: Likelihood to engage in future protective behaviours					
Intended future behaviours	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
	%	%	%	%	%
Taking a RAT if you have COVID-19 symptoms in the future	59%▲	23%▲	7%	4%	7%▼
Reporting test results in the future if you test positive using a Rapid Antigen Test	55%	19%	12%▲	6%	9%▼
Self-isolating for the recommended period (currently 7 days) if you have test positive for COVID-19 using a Rapid Antigen Test	64%▲	21%▲	8%▲	2%▼	5%
Not leaving home and going to work if you have symptoms of COVID-19 in the future *	52%	19%	16%	7%	7%
Wearing a mask the next time you are on public transport (public transport users only, n=747)	25%▼	14%▼	17%	13%▼	31%▲

N=1,453; public transport users in the 2 weeks prior to the survey n=747.

▲ and ▼ indicate statistically significant changes in comparison with the October/November 2022 survey.

* For purposes of comparison, the statement wording and scale have been ‘flipped’ for: “Leaving home and going to work if you have COVID-19 symptoms in the future”.

2.4. Younger respondents were less likely to take steps to prevent infection and follow the Ministry's recommendations than older respondents

Younger respondents under 35 years of age were significantly less likely to engage in 5 recommended behaviours to protect themselves and others from COVID-19 in the future.

Table 2 below shows the variations across the 3 broad age groups. While the intentions of those aged 55 years or over were consistently above the overall total, the intentions of those aged under 35 years were consistently below the overall total.

Younger respondents were also less definite about being 'very unlikely' to leave home and go to work if they had COVID-19 symptoms in the future.

Table 2: Prevention and protection behaviour by broad age groups				
Measures	TOTAL	Aged under 35 years	Aged 35-54 years	Aged 55 years or over
Recent prevention and protection behaviour				
Public transport users who 'always' wore a mask on public transport in the two weeks prior to the survey	14%	11%	14%	18%
Public transport users in the 2 weeks prior to the survey n=	747	279	251	217
Intended future prevention and protection behaviour				
'Very likely' to take a RAT if you have COVID-19 symptoms in the future	59%	44%▼	61%	70%▲
'Very likely' to report your test result if you test positive for COVID-19 in the future	55%	42%▼	54%	66%▲
'Very likely' to self-isolate for the required period if you test positive for COVID-19 in the future	64%	52%▼	61%	75%▲
'Very likely' to leave home and go to work if you have symptoms of COVID-19 in the future.	7%	7%	9%	6%
<i>While the 'very likely to leave home and go to work if you have symptoms of COVID-19 in the future' results are similar across the broad age groups, younger people are less likely to rule out leaving home and going to work if symptomatic:</i>				
'Very unlikely' to leave home and go to work if you have symptoms of COVID-19 in the future	52%	31%▼	48%	71%▲
n=	1,435	427	517	509
Public transport users who are 'very likely' to wear a mask the next time they are on public transport	25%	18%▼	24%	33%▲
Public transport users in the 2 weeks prior to the survey n=	747	279	251	217

N=1,453; public transport users in the 2 weeks prior to the survey n=747.

▲ and ▼ indicate statistically significant changes in comparison with the February 2023 overall result.

2.5. COVID-19 Pandemic Fatigue⁴ is a predictor of intention to engage in COVID-19 protection behaviours

The intentions of respondents with 'very high' Pandemic Fatigue differ significantly from the overall sample across the 5 recommended behaviours - being less likely to take a RAT if they have COVID symptoms, less likely to report their RAT results, less likely to self-isolate if they test positive, more likely to leave home and go to work if they have COVID-19, and the public transport users among them are less likely to wear a mask the next time they are on public transport. Conversely, respondents with 'very low or no' or 'low' COVID-19 Pandemic Fatigue are more likely to engage in the 5 protective behaviours.

Table 3: Prevention and protection behaviour by COVID-19 Pandemic Fatigue Scale						
Measures	TOTAL	'Very low or no' Pandemic Fatigue	'Low' Pandemic Fatigue	'Medium' Pandemic Fatigue	'High' Pandemic Fatigue	'Very high' Pandemic fatigue
Recent prevention and protection behaviour						
Public transport users who 'always' wore a mask on public transport in the two weeks prior to the survey	14%	34%▲	25%▲	12%	4%▼	10%
Public transport users in the 2 weeks prior to the survey n=	747	78	150	226	183	110
Intended future prevention and protection behaviour						
'Very likely' to take a RAT if you have COVID-19 symptoms in the future	59%	87%▲	84%▲	64%	39%▼	24%▼
'Very likely' to report your test result if you test positive for COVID-19 in the future	55%	85%▲	79%▲	61%▲	31%▼	24%▼
'Very likely' to self-isolate for the required period if you test positive for COVID-19 in the future	64%	91%▲	87%▲	69%▲	45%▼	29%▼
'Very likely' to leave home and go to work if you have symptoms of COVID-19 in the future.	7%	3%▼	6%	4%▼	8%	16%▲
'Very unlikely' to leave home and go to work if you have symptoms of COVID-19 in the future	52%	83%▲	70%▲	52%	35%▼	25%▼
n=	1,435	173	316	442	330	192
Public transport users who are 'very likely' to wear a mask the next time they are on public transport	25%	46%▲	38%▲	25%	11%▼	17%▼
Public transport users in the 2 weeks prior to the survey n=	747	78	150	226	183	110

N=1,453; public transport users in the 2 weeks prior to the survey n=747.

▲ and ▼ indicate statistically significant changes in comparison with the February 2023 overall result.

⁴ For details on the COVID-19 Pandemic Fatigue Scale, see Section 8 Methodology page 64 and Section 6

2.6. Prevention and protection behaviour by other key sub-groups

- The recent behaviour and future intentions of **those living in rural areas** differs significantly from the total in 5 areas - being less likely to 'always' wear a mask on public transport, less likely to report their RAT results, less likely to self-isolate if they test positive for COVID-19 in the future, more likely to leave home and go to work if they have COVID-19 symptoms and less likely to wear a mask the next time they are on public transport.
- **Ethnic priority Māori** show no significant differences from the total for these behavioural measures, while **disabled people⁵** have no significant differences **except for intention to wear a mask the next time they are on public transport.**

Measures	TOTAL	Ethnic priority Māori	Ethnic priority Pasifika	Disabled people	From a rural area	Large households (7+ people)
Recent prevention and protection behaviour						
Public transport users who 'always' wore a mask on public transport in the two weeks prior to the survey	14%	11%	19%	19%	7%▼	14%
Public transport users in the 2 weeks prior to the survey n=	747	216	106	203	116	51
Intended future prevention and protection behaviour						
'Very likely' to take a RAT if you have COVID-19 symptoms in the future	59%	57%	63%	62%	55%	43%▼
'Very likely' to report your test result if you test positive for COVID-19 in the future	55%	57%	62%▲	57%	48%▼	46%
'Very likely' to self-isolate for the required period if you test positive for COVID-19 in the future	64%	62%	67%	67%	57%▼	51%▼
'Very likely' to leave home and go to work if you have symptoms of COVID-19 in the future.	7%	8%	5%	6%	11%▲	8%
'Very unlikely' to leave home and go to work if you have symptoms of COVID-19 in the future	52%	48%	48%	54%	49%	31%▼
n=	1,435	435	219	365	269	80
Public transport users who are 'very likely' to wear a mask the next time they are on public transport	25%	21%	36%▲	37%▲	15%▼	20%
Public transport users in the 2 weeks prior to the survey n=	747	216	106	203	116	51

N=1,453; public transport users in the 2 weeks prior to the survey n=747.

▲ and ▼ indicate statistically significant changes in comparison with the February 2023 overall result.

Note: Results for large households are indications: n=80 overall and n=51 for public transport users in those households.

⁵ See Methodology Page 63 for "People with disabilities" definition

DETAILED REPORT

3. SYMPTOMS TO SELF-ISOLATION

3.1. Summary: Actual behaviour in the two weeks prior to the survey

Table 5: Summary - Behaviour in the 2 weeks prior to the survey

	Tested	Reported positive test	Self-isolated	Used public transport (PT)	Always wore mask on public transport (PT users)	n	Maximum margin of error
Total sample	22%	0.5%	6%	51%	14% (n=747, ±3.6%)	1,453	±2.6%
Symptomatic respondents	66%	5%	31%	61%	15% (n=104, ±9.6%)	177	±7.4%
Tested positive respondents *	81%	29%	67%	69%	29% (n=18, ±23.1%)	28	±18.5%

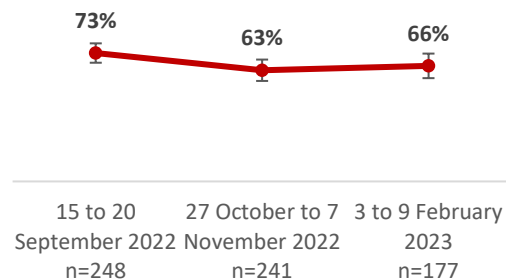
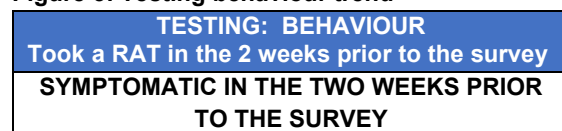
* Note that these results are indicative as the base is small (n=28) but are included as indicators of current behaviours. They should be treated with caution. Key results are shaded in blue.

3.2. Rapid Antigen Tests (RATs) taken in the two weeks prior to the survey

66% of those with COVID-19 symptoms in the two weeks prior to the survey took at least one RAT, but 34% with symptoms did not. By contrast, in the previous November survey 63% of those with COVID-19 symptoms in the two weeks prior to the survey took at least one RAT.

The apparent changes since September 2022 are not statistically significant.

Figure 3: Testing behaviour trend



Respondents who were symptomatic in the two weeks prior to the survey but did not take a Rapid Antigen Test

57 respondents⁶ who were symptomatic in the 2 weeks prior to the survey did not test for COVID-19. Apart from being less likely to be a healthcare worker or to have an impairment or long-term health condition, respondents who were symptomatic and did not test had no significant demographic differences from all those who were symptomatic in the 2 weeks prior to the survey. In general, indications were that respondents who were symptomatic and did not test were:

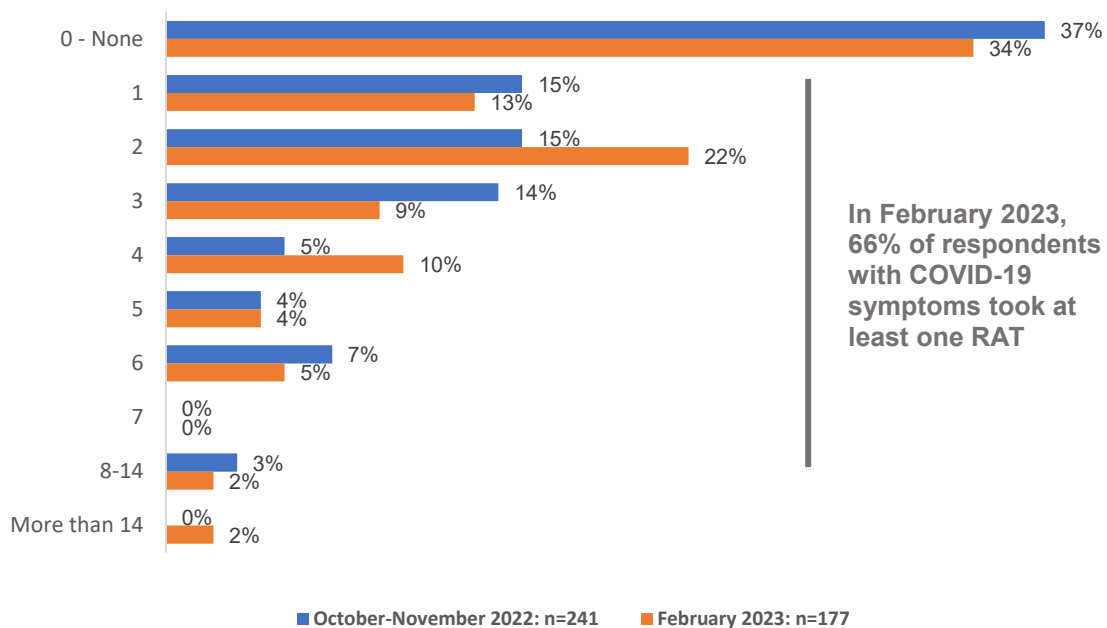
- 50% under 35 years of age, 33% aged 35 to 54 years and 16% 55 years or over. 51% were female, 47% male and 2% gender diverse.
- 61% were European, 17% Māori, 12% Pasifika, 8% Asian.
- 25% were living in rural areas, 75% in Urban areas; 24% were living in the Southern Te Whatu Ora region, 17% in the Central region, 21% in Te Manawa Taki (Midland) and 39% in Northern region

⁶ Note that these results are indicative as the base is small (n=57; n=31 for public transport users) but are included as indicators of current behaviours. These results should be treated with caution.

- Note that, behaviourally, respondents who were symptomatic but did not test were significantly more likely to:
 - Not be self-isolating in the two weeks prior to the survey
 - Never wear a mask when using public transport.

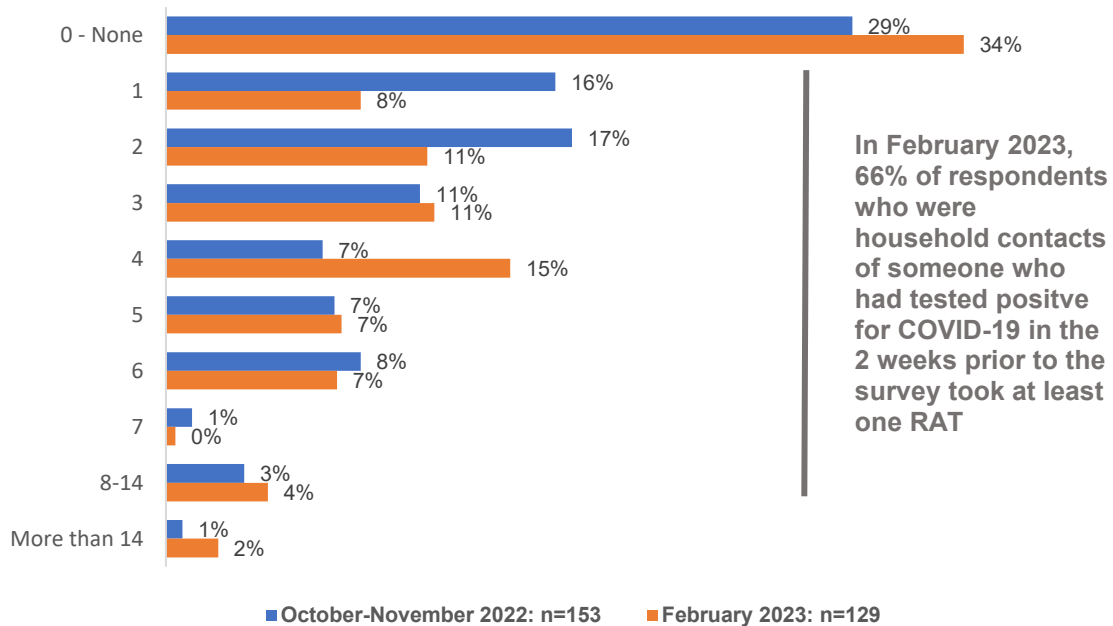
The number of tests taken by those who had experienced COVID-19 symptoms in the 2 weeks prior to the survey is shown in the following chart, compared with the October-November 2022 survey. Although there are some apparent differences in the number of tests taken, the average number of tests has not changed from October/November 2022: 3.2 tests per respondent who had tested.

Figure 4: RATs taken by respondents who had experienced COVID-19 symptoms in the 2 weeks prior to the survey



Similarly, with testing by respondents who had been a household contact of someone who had tested positive for COVID-19 in the past 2 weeks, 66% had taken at least one RAT. The number of tests taken is shown in the following chart, compared with the October-November 2022 survey. While the average number of tests (4.3 per respondent) increased in comparison with October/November 2022 (3.5), the increase was not statistically significant.

Figure 5: RATs taken by respondents who were household contacts of someone who had tested positive for COVID-19 in the 2 weeks prior to the survey



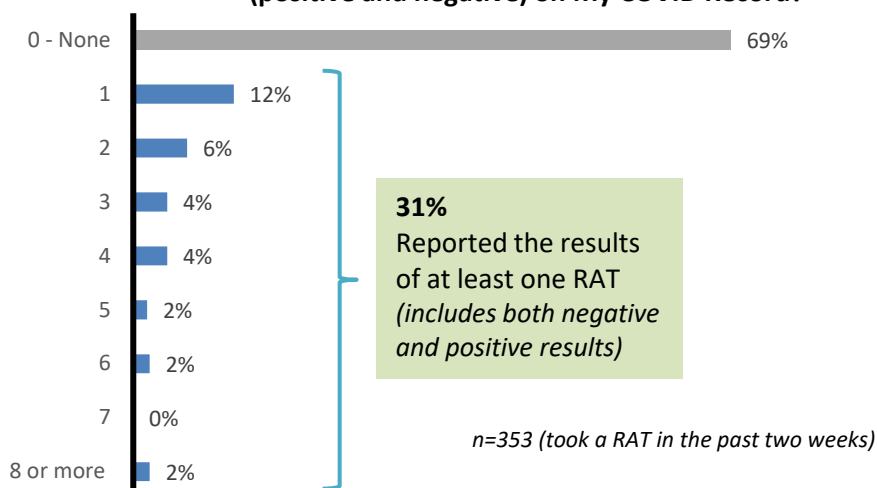
Note that 78% of those who were self-isolating in the two weeks prior to the survey due to COVID-19 took at least one RAT (significantly down from 90% in October/November).

3.3. Reported RAT results positive and negative in the two weeks prior to the survey

All respondents were asked ‘In the past two weeks, how many times did you report your RAT results (positive and negative) on My COVID Record?’ The results shown in the chart below are for the 353 adults who took at least one RAT in the two weeks prior to the survey.

31% of those who took a Rapid Antigen Test reported the results of at least one test in the two weeks prior to the survey, exactly the same result as in the November 2022 survey.

Figure 6: How many times did you report your RAT results (positive and negative) on My COVID Record?



Respondents who had taken at least one Rapid Antigen Test but did not report any of the results

249 respondents who had taken at least one RAT had not reported any of the results. The only significant demographic difference was that respondents who had tested but did not report any tests were less likely to be under 35 years of age than all of those who had tested in the 2 weeks prior to the survey. There were no other significant demographic differences. In general, respondents who had tested but had not reported any tests had the following characteristics:

- 33% were under 35 years of age, 33% aged 35 to 54 years and 32% 55 years or over.
- 57% were female, 42% male and 1% gender diverse.
- 57% were European, 26% Māori, 15% Pasifika, 2% Asian.
- 17% were living in rural areas, 83% in urban areas. 23% were living in the Southern Te Whatu Ora region, 19% in the Central region, 18% in Te Manawa Taki (Midland) and 40% in the Northern region.

Note that 70% of the respondents who had taken at least one RAT but not reported any results selected “I don’t have any difficulties reporting my RAT results” when asked about things that would make it difficult to report their RAT result.

Respondents who had taken at least one RAT but had not reported any test results were significantly less likely to have been self-isolating in the two weeks prior to the survey.

3.4. Reported positive RAT results in the two weeks prior to the survey

All respondents were asked ‘*In the past two weeks, if you tested positive, did you report your **positive test results** on My COVID Record?*’ This is a new question in the February 2023 survey. As only n=28 people in the survey tested positive in the two weeks prior to the survey, the result below is indicative and cross-analysis of this result is not possible.

Indicatively, 29% of those who tested positive reported their positive results on My COVID Record.

3.5. Self-isolated due to COVID-19 in the two weeks prior to the survey

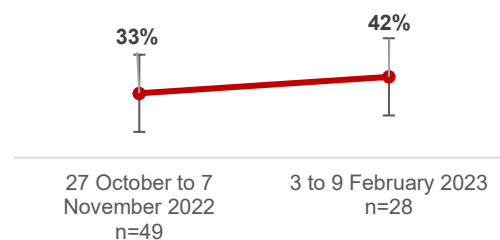
129 respondents were household contacts of someone who had tested positive in the two weeks prior to the survey. 42% of them had self-isolated; 58% had not.⁷

The apparent change since October-November 2022 is not statistically significant.

Figure 7: Household contact and self-isolated in the two weeks prior to the survey

SELF-ISOLATING: BEHAVIOUR Self-isolated in the two weeks prior to the survey
HOUSEHOLD CONTACT OF SOMEONE WHO HAD TESTED POSITIVE IN THE TWO WEEKS PRIOR TO THE SURVEY*

Note that 'household contacts of someone who had tested positive in the two weeks prior to the survey' was not measured in the September 2022 survey.



83 respondents were household contacts of someone who tested positive for COVID-19 but did not self-isolate. The sub-sample size is less than 100 respondents, so results should be regarded as indications.

83% of respondents who had been household contacts but had not self-isolated had not experienced COVID-19 symptoms. In comparison with all household contacts in the survey, respondents who were household contacts but had not self-isolated had the following statistically significant demographic differences:

- less likely to be under 35 years of age (31% cf 48% of all household contacts)
- less likely to be healthcare workers (14% cf 25% of all household contacts)
- less likely to have a disability⁸ (19% cf 32% of all household contacts)

In general, respondents who had been household contacts but had not self-isolated had the following characteristics:

- 31% were under 35 years of age (cf 48% of all household contacts), 28% aged 35 to 54 years (cf 24%) and 41% 55 years or over (cf 28%)
- 47.5% were female (cf 46%), 52.5% male (cf 54%)
- 48% were European (cf 58%), 20% Māori (cf 19%), 17% Pasifika (cf 12%), 15% Asian (cf 11% of all household contacts).
- 25% (cf 24%) were living in rural areas, 75% (cf 77%) in urban areas.
- 24% were living in the Southern Te Whatu Ora region (cf 20% of all household contacts), 17% in the Central region (cf 21%), 12% in Te Manawa Taki (Midland) (cf 16%) and 48% in the Northern region (cf 43%).

⁷ On 12 September 2022, 11:59pm, the mandate for household contacts to isolate was removed. If you are a Household Contact, you should test daily for 5 days with a rapid antigen test (RAT) from the day the person with COVID-19 tested positive.

⁸ See Methodology Page 63 for "People with disabilities" definition.

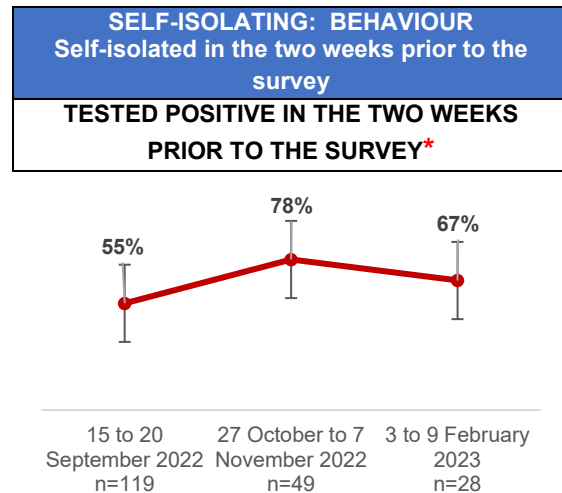
Note that respondents who were household contacts of someone who had tested positive for COVID-19 in the 2 weeks prior to the survey were more likely than average to select at least one of the work-related barriers to self-isolating (38% of 20% for all respondents) – see Section 5.6.

28 respondents had tested positive in the two weeks prior to the survey. Their results are included as indications of current behaviour, but the base is small and the results should be treated with caution.

67% of those who had tested positive in the two weeks prior to the survey had self-isolated, but 33% had not.

The apparent changes since September 2022 are not statistically significant.

Figure 8: Tested positive and self-isolated in the two weeks prior to the survey



* Note that results for those who tested positive in the two weeks prior to the survey are indicative for October-November 2022 and February 2023 as the bases are small (Oct-Nov 2022 n=19, Feb 2023 n=28)

Note that:

- 31% of those who had experienced COVID-19 symptoms in the two weeks prior to the survey had self-isolated, up from 22% in November. This increase is statistically significant.
- Of all respondents who were self-isolating in the 2 weeks prior to the survey:
 - 58% had experienced symptoms
 - 55% were household contacts of people who had tested positive for COVID-19
 - 78% had tested for COVID-19
 - 66% had reported test results
 - 19% had tested positive for COVID-19.

4. Recent prevention and protection behaviour

4.1. Wearing a mask on public transport in the two weeks prior to the survey

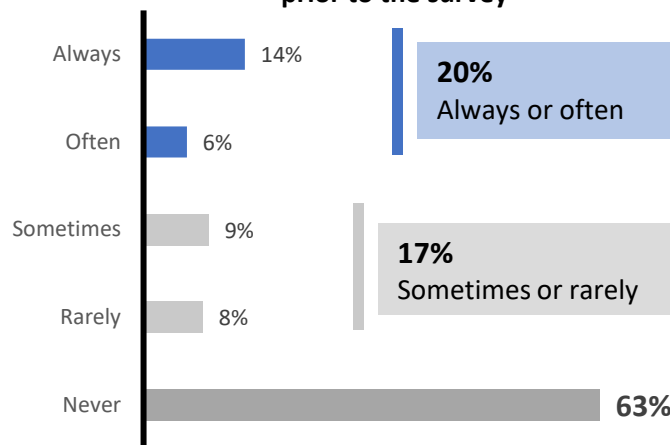
All respondents were asked how often they wore a mask on public transport in the past two weeks, with ‘public transport’ defined as including buses, trains, ferries, taxis/Uber and planes.

49% had not used public transport in the two weeks prior to the survey. Results below are for the 51% of respondents (n=747 adults) who had used public transport in this period.

63% of public transport users did not wear a mask at all on public transport in the past two weeks, up from 56% in November 2022, a significant increase.

20% wore a mask always or often, not a significant change compared with the October/November result (22%).

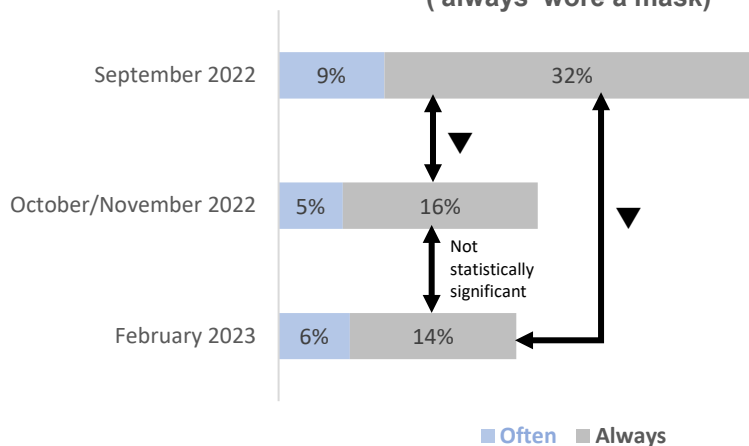
Figure 9: Wore a mask when using public transport in the two weeks prior to the survey



n=747 (used public transport in the past two weeks)

The next chart (Figure 10) shows the trend over time for mask wearing. Note that the September survey fieldwork started on 15 September 2022, two days after the end of New Zealand's COVID-19 Protection Framework on 12 September 2022. With case numbers low, most COVID-19 rules were removed, and this included removal of the requirement to wear masks on public transport. Some answers for September may still be influenced by the CPF which was in place for most of the two weeks prior to the survey (the period respondents were asked to reflect on their actual behaviour such as mask wearing on public transport).

Figure 10: Mask wearing trends on public transport ('always' wore a mask)



*Public transport users in the two weeks prior to the survey:
 Sept 2022 average for 5 types of public transport n=725, Oct/Nov 2022 n=696, Feb 2023 n=747*

For information on how the averages were calculated for September, see page 64 in Section 8: Methodology.

Sub-groups of public transport users in the current survey who were significantly more and less likely to 'never' wear a mask on public transport are shown in Table 6 below.

Table 6: 'Never' wore a mask on public transport in the two weeks prior to the survey			
Total: 63%			
Sub-groups significantly less likely to 'never' wear a mask ▼		Sub-groups significantly more likely to 'never' wear a mask ▲	
From Te Whatu Ora Northern region	53%	'Very high' COVID-19 Pandemic Fatigue	78%
Have an impairment or long-term health condition	52%	'High' COVID-19 Pandemic Fatigue	78%
People with disabilities	51%	From a rural area	76%
Aged 65 to 74	47%	From Te Whatu Ora Te Manawa Taki (Midland) region	76%
Ethnic priority Pasifika	47%	Had one or two doses of COVID-19 vaccine	74%
Healthcare workers	46%	Tested positive for COVID-19 in 2022	69%
'Low' COVID-19 Pandemic Fatigue	46%	Respondents without impairments or long-term health conditions	69%
Had four or more doses of COVID-19 vaccine	44%	People without disabilities	68%
'Very low or no' COVID-19 Pandemic Fatigue	40%		

5. Respondent intentions to engage in prevention and protection behaviour

As shown in Table 7 below, there was a strong correlation⁹ between likelihood to take a Rapid Antigen Test (RAT) “if you have COVID-19 symptoms in the future” and:

- Likelihood to report a positive test result (*correlation coefficient 0.66*).
- Likelihood to self-isolate for the required period (*correlation coefficient 0.69*).

There is also a strong correlation between likelihood to report a positive test result “if you test positive for COVID-19 in the future” and likelihood to self-isolate for the required period (*correlation coefficient 0.65*).

Table 7: Correlation between intentions

	If you have COVID-19 symptoms in the future, will you take a RAT?	If you test positive for COVID-19 in the future using a RAT, will you report your test result?	If you test positive for COVID-19 in the future using a RAT, will you self-isolate for the required period (currently 7 days)?	If you have symptoms of COVID-19 in the future, will you leave home and go to work?	The next time you are on public transport will you wear a mask?
If you have COVID-19 symptoms in the future, will you take a RAT?	1				
If you test positive for COVID-19 in the future using a RAT, will you report your test result?	0.660118	1			
If you test positive for COVID-19 in the future using a RAT, will you self-isolate for the required period (currently 7 days)?	0.69094	0.649326	1		
If you have symptoms of COVID-19 in the future, will you leave home and go to work?	-0.29524	-0.24939	-0.32254	1	
The next time you are on public transport will you wear a mask?	0.433551	0.426007	0.404116	-0.19827	1

5.1. Likelihood to take a Rapid Antigen Test (RAT) if you have COVID-19 symptoms in the future

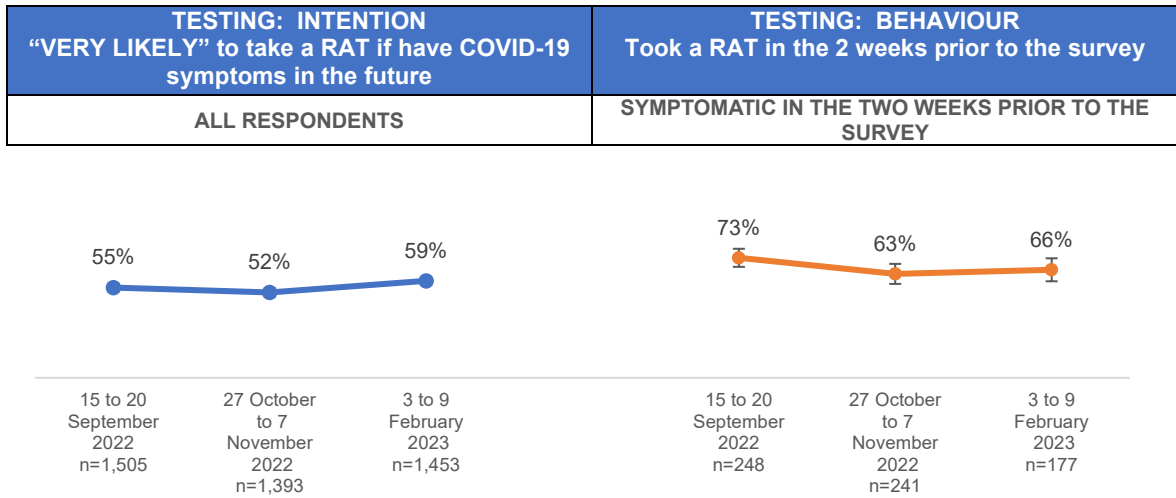
59% of respondents said they were ‘very likely’ to take a RAT if they experience COVID-19 symptoms in the future. This result is up from October/November (52%) and this increase is statistically significant.

Comparing intention with actual behaviour

While 59% said they were ‘very likely’ to take a RAT if they experienced COVID-19 symptoms in the future, 66% of those who experienced these symptoms in the two weeks prior to the survey took at least one RAT.

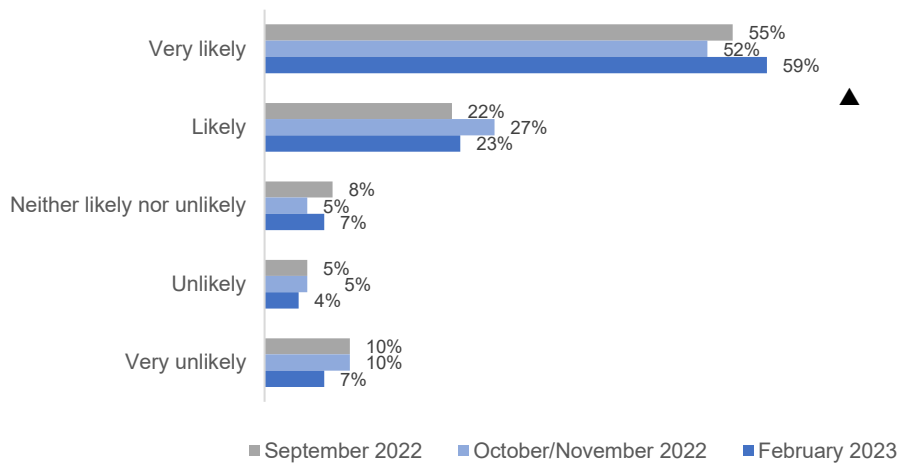
⁹ See Section 8: Methodology page 63 for a definition of correlation descriptors.

Figure 11: Testing: Comparison of intention with actual behaviour



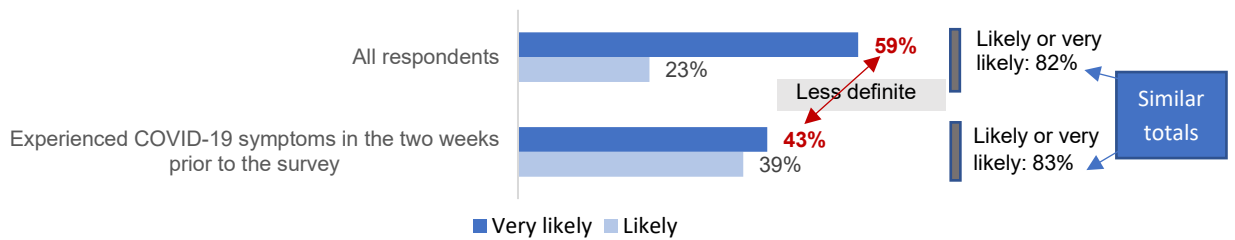
Details are shown in Figure 12:

Figure 12: If you have COVID-19 symptoms in the future, will you take a RAT?



Note that those who had experienced COVID-19 symptoms in the two weeks prior to the survey were less definite than respondents overall about whether they would be likely to take a RAT if they experienced symptoms in the future.

Figure 13: If you have COVID-19 symptoms in the future, will you take a RAT?



All respondents n=1,453
Experienced COVID-19 symptoms in the two weeks prior to the survey n=177
The difference is statistically significant.

Sub-groups with the highest and lowest proportions of respondents saying they were 'very unlikely' to take a RAT if they have these symptoms are shown in Table 8 below.

Table 8: 'Very unlikely' to take a RAT if you have COVID-19 symptoms in the future			
Total: 7%			
Sub-groups with a significantly <u>lower</u> level of being 'very unlikely' to take a RAT ▼		Sub-groups with a significantly <u>higher</u> level of being 'very unlikely' to take a RAT ▲	
Tested positive for COVID-19 in 2023	4%	'Very unlikely' to self-isolate if test positive for COVID-19 in the future	75%
Had 3 COVID-19 vaccine doses	4%	'Very unlikely' to report a RAT result if test positive in the future	58%
Healthcare workers	3%	Had no COVID-19 vaccine doses	33%
Experienced COVID-19 symptoms in the past 2 weeks	3%	'Very likely' to leave home and go to work if have COVID-19 symptoms in the future	24%
Public transport users who "always" wore a mask on public transport in the 2 weeks prior to the survey	3%	<i>Reason for not thinking that it is a good idea to continue with mandatory 7-day self-isolation: 'Consider that COVID-19 is only a flu/common cold' (n=71)</i>	24%
Highest qualification NCEA Level 3 or 7 th form	2%	Public transport users who are 'very unlikely' to wear a mask next time they are on public transport	20%
Think it is a good idea to continue with mandatory 7-day self-isolation for people with COVID-19	2%	'Very high' COVID-19 Pandemic Fatigue	20%
Had 4 or more vaccine doses	2%	Do <u>not</u> think it is a good idea to continue with mandatory 7-day self-isolation for people with COVID-19	17%
Aged 65-74 years	2%	Living in a rural area	13%
Aged 75 years or over	2%	Aged 55-64 years	12%
'Low' COVID-19 Pandemic Fatigue	2%	Public transport users who "never" wore a mask on public transport in the 2 weeks prior to the survey	10%

Sub-groups with the highest proportion of respondents saying they were 'very likely' to take a RAT if they have COVID-19 symptoms in the future include:

- Those with 'very low or no' COVID-19 Pandemic Fatigue (87%).
- Those with 'low' COVID-19 Pandemic Fatigue (84%).
- 'Very likely' to self-isolate for the required period if you test positive for COVID-19 in the future (83%).
- Public transport users who:
 - 'always' wore a mask when using public transport in the 2 weeks prior to the survey (82%).
 - are 'very likely' to wear a mask next time they use public transport (84%).
- Those who had four or more vaccine doses (79%).
- Aged 65-74 years (77%).

Sub-groups with the lowest proportion of respondents saying they were 'very likely' to take a RAT if they have these symptoms include:

- Those with 'high' COVID-19 Pandemic Fatigue (39%).
- Public transport users who were 'very unlikely' to wear a mask next time they are using public transport (33%).
- Respondents who did not think it was a good idea to continue with mandatory self-isolation for people who have COVID-19 (30%).
- Respondents with 'very high' COVID-19 Pandemic Fatigue (24%).

- Those who have never been vaccinated for COVID-19 (24%).
- Respondents who were 'unlikely' or 'very unlikely' to self-isolate for the required period if they test positive for COVID-19 in the future (11%).

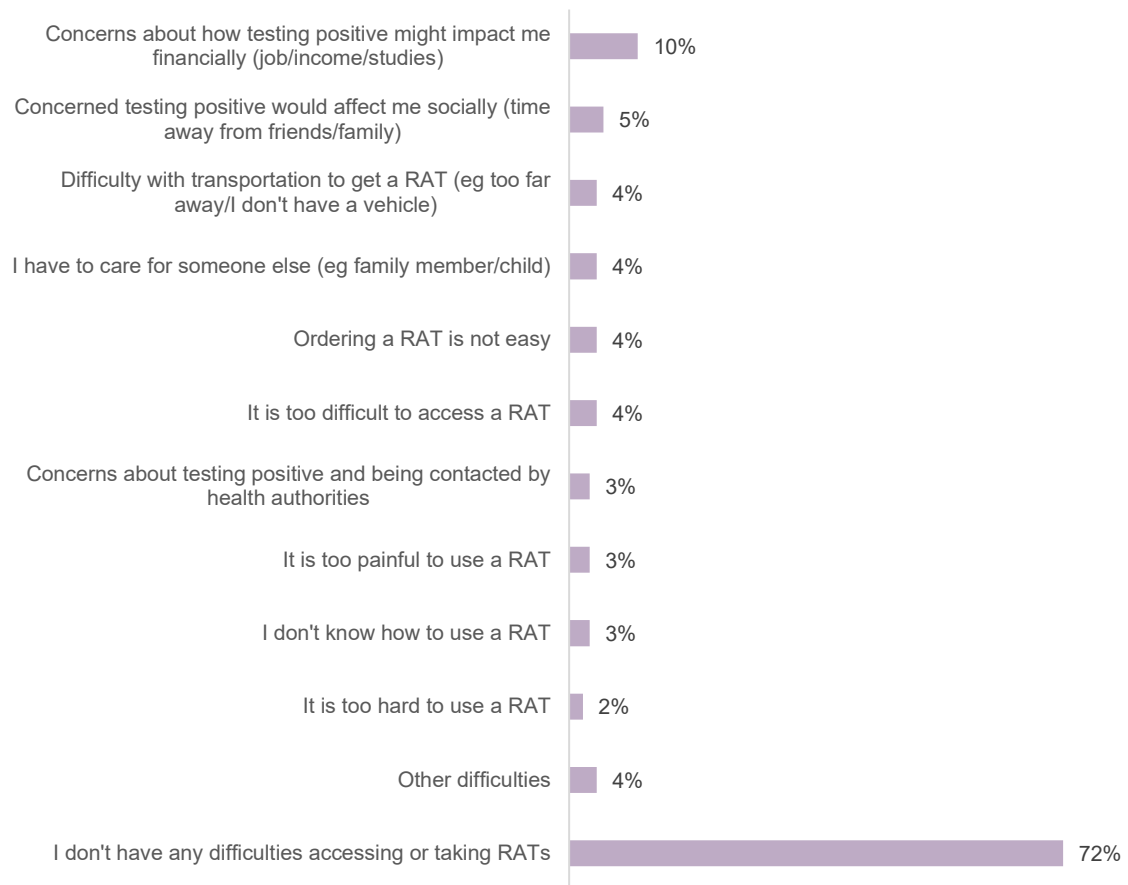
5.2. Barriers to taking a RAT in the future

All respondents were asked "If you needed to take a test for COVID-19 with a RAT in the future, which of the following, if any, might make it difficult for you?". Respondents were given a list of possible difficulties and were able to choose multiple options.

Over seven out of ten respondents (72%) said they don't have any difficulties accessing or taking RATs, the main barriers selected were:

- 'Concerns about how testing positive might impact me financially' (10%)
- 'Concerned that testing positive would affect me socially' (5%).

Figure 14: Potential barriers to taking a RAT in the future



n=1,453

Respondents who chose 'Other difficulties' were able to say what those difficulties were. The list below shows all these verbatim comments

Living alone

- 'As a single person in isolation, it's very hard to access support especially as I lack support.' (Male, 25-34 years, European, with disability)
- 'Living alone I would need someone to pick up test kits for me.' (Female, 45-54 years, European, with disability)

COVID is like 'flu

- 'COVID now is just like flu. No point in testing. Rest and recover.' (Male, 65-74 years, Asian, without disability)
- 'Not taking a RAT. No need, just a flu.' (Male, 35-44, European, without disability)
- 'It's difficult to believe any official who says anything regarding the biggest scam in history. As far as we're concerned it's just another flu.' (Male, 55-64 years, European, without disability)
- 'There is no such thing as a "virus". The test is therefore worthless.' (Male, 55-64 years, European, without disability)
- 'We have half a dozen RATs in the house & so I have no difficulty accessing them; but I don't see the point in using them. COVID is clearly felling those who have already had it, those who have had 1, 2, 3 and 4 or more jabs in equal numbers. Just as a cold will be caught repeatedly.' (Female, 65-74 years, European, without disability)

Waste of time/ don't care about getting COVID

- 'It's a waste of time.' (Male, 35-44 years, European, with disability)
- 'It's b*****t.' (Male, 55-64 years, Māori, without disability)
- 'I don't care about COVID.' (Female, 25-34 years, European, without disability)
- 'I don't believe in COVID-19 being harmful; it's all in the head.' (Female, 18-24 years, Māori, without disability)
- 'I don't care.' (Male, 55-64 years, European, without disability)
- 'Not worried about getting COVID.' (Male, 55-64 years, European, without disability)
- 'I do not need to use a RAT because I have already had COVID, and because I am not vaccinated, I now have a resistance to COVID.' (Female, 55-64 years, European, without disability)

Medical/physical reasons

- 'Deviated septum, can't test properly.' (Female, 25-34 years, Māori, without disability)
- 'Makes my nose bleed a lot.' (Female, 35-44 years, European, without disability)
- 'Often get blood on the swab, so cannot test.' (Female, 25-34 years, Māori, without disability)
- 'I get regular nosebleeds and tend to get them more after RATs.' (Female, 25-34 years, Māori, without disability)
- 'I have had face surgery recently. The RAT test instructions say not to have a RAT test within 6 months of face surgery.' (Female, 65-74 years, European, without disability)
- 'I don't like using RAT test, I have a bad gag reflex' (Male, 45-54 years, European, without disability)

RATs don't work/accuracy of RATs

- 'I do not believe in the RAT's accuracy or relevance to the spread of the Corona virus' (Female, 75+ years, European, without disability)
- 'We no longer trust their accuracy' (Female, 55-64 years, Māori, without disability)
- 'No point as RAT test is unreliable and people often get minor cold symptoms.' (Female, 55-64 years, without disability)
- 'RAT test maybe too old, unable to test for new strains.' (Male, 55-64 years, European, with disability)
- 'RAT tests are unreliable.' (Male, 25-34 years, European, without disability)
- 'They don't work.' (Male, 35-44 years, European, without disability)
- 'I wouldn't bother, they don't work.' (Female, 35-44 years, European, without disability)
- 'I don't trust the RATs give accurate results.' (Female, 45-54 years, European, with disability)

Cost of RATs

- 'Cost of buying RATs.' (Male, 45-54 years, Māori, with disability)

- ‘Don't know where to get free RAT tests when home supply runs out.’ (Female, 55-64 years, European, with disability)
- ‘Expensive.’ (Female, 45-54 years, Māori, without disability)
- ‘Limited income and bought RATs ex Warehouse.’ (Female, 65-74 years, European, without disability)

Don't want to test

- ‘Don't wish to do it.’ (Female, 25-34 years, European, with disability)
- ‘Won't test.’ (Male, 45-54 years, European, without disability)
- ‘I find it so stressful to do!’ (Female, 18-24 years, European, without disability)
- ‘Thingies up my nose don't appeal to me.’ (Male, 65-74 years, European, with disability)
- ‘I don't want to take a RAT.’ (Male, 45-54 years, European, without disability)
- ‘I just don't want to test anymore.’ (Female, 35-44 years, Pasifika, without disability)

Other

- ‘Just started new job and can't have time off.’ (Female, 25-34 years, Māori, with disability)
- ‘No other infectious diseases require people to have a test with a carcinogenic compound (ethylene oxide) on the rod that one puts up one's nose. Shame on the government. Any doctor should be able to diagnose an illness by symptoms alone.’ (Female, 55-64 years, European, without disability)
- ‘I'm too lazy to get one. But when my work place stocks up again, I'll be taking RATs again daily regardless of if I have symptoms.’ (Male, 45-54 years, European, with disability)

On average, 73% of selected difficulties with taking a RAT were selected by respondents under 45 years. By comparison, 63% of those who selected ‘I don't have any difficulties accessing or taking RATs’ were over 45 years of age.

Table 9: Sub-groups significantly more likely to mention main barriers to taking a RAT in the future

Main potential barriers	Total %	Sub-groups more likely to select this barrier ▲
Concerns about how testing positive might impact me financially	10%	<ul style="list-style-type: none"> • Healthcare workers (18%) • ‘Very high’ Pandemic Fatigue (17%) • Experienced COVID-19 symptoms in past two weeks (16%) • Aged under 35 (16%)
Concerned testing positive would affect me socially	5%	<ul style="list-style-type: none"> • Experienced COVID-19 symptoms in past two weeks (16%) • Self-isolated in past two weeks (16%); Aged under 35 (11%)
Difficulty with transportation to get a RAT	4%	<ul style="list-style-type: none"> • Self-isolated in past two weeks (15%) • Experienced COVID-19 symptoms in past two weeks (13%) • ‘Very high’ COVID-19 Pandemic Fatigue (17%) • Aged under 35 (8%) • People with disabilities (9%) • Have an impairment or long-term medical condition (7%)
I have to care for someone else (eg family member/child)	4%	<ul style="list-style-type: none"> • Self-isolated in past two weeks (14%) • Ethnic priority Pasifika (10%) <p>Note that just over two-thirds of those who selected this difficulty were female.</p>
Ordering a RAT is not easy	4%	<ul style="list-style-type: none"> • Aged under 35 (7%)
It is too difficult to access a RAT	4%	<ul style="list-style-type: none"> • Experienced COVID-19 symptoms in past two weeks (10%) • Aged under 35 (6%)

As indicated in Table 10, younger respondents were significantly more likely to select difficulties of all types. They were also significantly less likely to select, 'I don't have any difficulties accessing or taking RATs' (52% cf 72% overall).

If you needed to take a test for COVID-19 with a RAT in the future, which of the following, if any, might make it difficult for you?	ALL	AGE GROUP		
		UNDER 35	35-54	55 AND OVER
Concerns about how testing positive might impact me financially (job/income/studies)	10%	16%	12%	3%
Concerned testing positive would affect me socially (time away from friends/family)	5%	11%	5%	1%
Difficulty with transportation to get a RAT (eg too far away/I don't have a vehicle)	4%	8%	4%	2%
I have to care for someone else (eg family member/child)	4%	6%	5%	1%
Ordering a RAT is not easy	4%	7%	3%	2%
It is too difficult to access a RAT	4%	6%	3%	2%
Concerns about testing positive and being contacted by health authorities	3%	7%	2%	1%
It is too painful to use a RAT	3%	9%	1%	0%
I don't know how to use a RAT	3%	5%	1%	2%
It is too hard to use a RAT	2%	5%	0%	0%
Other difficulties	4%	3%	4%	5%
I don't have any difficulties accessing or taking RATs	72%	52%	74%	85%
N (unweighted) - all respondents	1,453	427	517	509

There was only one barrier where an ethnic priority group was significantly higher than the result overall: Pasifika were more likely than respondents overall to select 'I have to care for someone else (eg family member/child)' (10% cf 4% overall).

Respondents in the ethnic priority Asian group were significantly less likely to select 'I don't have any difficulties accessing or taking RATs' (57% cf 72% overall). They were also significantly less likely to select 'Difficulty with transportation to get a RAT' (1% cf 4% overall).

Respondents with disabilities were significantly more likely than the total to mention the following barriers to self-isolating:

- 'Difficulty with transportation to get a RAT (eg too far away/I don't have a vehicle)' (9% cf 4% overall).
- 'Concerns about testing positive and being contacted by health authorities' (6% cf 3% overall).
- 'It is too painful to use a RAT' (6% cf 3% overall).

Healthcare workers were significantly more likely than respondents overall to select:

- 'Concerns about how testing positive might impact me financially [job/income/studies]' (18% cf 10% overall)
- 'It is too painful to use a RAT' (7% cf 3% overall).

5.3. Likelihood to report a positive RAT result in the future

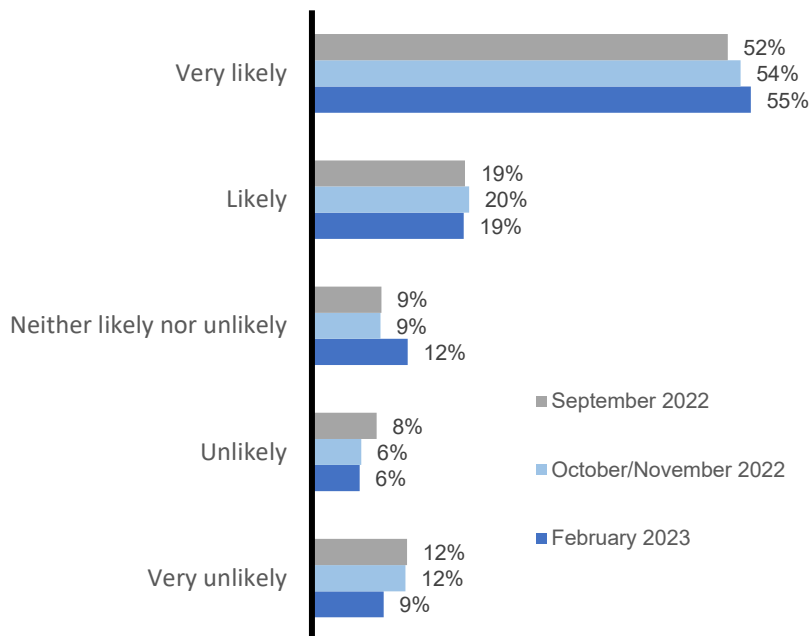
All respondents were asked ‘If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you report your test result?’

55% of respondents said they were ‘very likely’ to report a positive RAT result in the future, very similar to the October/November result (54%). The slight increase is not statistically significant.

Comparing intention with actual behaviour

While 55% of the total sample said they were ‘very likely’ to report a positive RAT result if they tested positive in the future, only **31% of those who took a RAT in the two weeks prior to the survey had actually reported their test results** (both positive and negative) and there is an indication¹⁰ that a similar level (29%) of those who had tested positive had actually reported their positive result. See Sections 3.3 and 3.4.

Figure 15: How likely are you to report Rapid Antigen Test results if you test positive in the future?



September 2022 n=1,505; October/November 2022 n=1,393; February 2023 n=1,453

¹⁰ n=28; indication only.

Table 11: 'Very unlikely' to report positive RAT results in the future			
Total: 9%			
Sub-groups with a significantly <u>lower</u> level of being <u>'very unlikely'</u> to report positive RAT results ▼		Sub-groups with a significantly <u>higher</u> level of being <u>'very unlikely'</u> to report positive RAT results ▲	
'Medium' COVID-19 Pandemic Fatigue	6%	'Very unlikely' to take a RAT if have COVID-19 symptoms in the future	74%
Had three COVID-19 vaccine doses	5%	'Very unlikely' to self-isolate for the required period if test positive for COVID-19 in the future	72%
Think that it is a good idea to continue with mandatory 7-day self-isolation	4%	Never been vaccinated for COVID-19	36%
'Very low or no' COVID-19 Pandemic Fatigue	4%	<i>Reason for not thinking that it is a good idea to continue with mandatory 7-day self-isolation: 'Consider that COVID-19 is only a flu/common cold' (n=71)</i>	35%
Had four or more COVID-19 vaccine doses	3%	'Very likely' to leave home and go to work if have COVID-19 symptoms in the future	28%
Public transport users who 'always' wore a mask on public transport	3%	'Very high' COVID-19 Pandemic Fatigue	26%
Aged 75 years or over	3%	Public transport users who are 'very unlikely' to wear a mask next time on public transport	26%
'Low' COVID-19 Pandemic Fatigue	2%	Do not think that it is a good idea to continue with mandatory 7-day self-isolation	21%
		Public transport users who 'never' wore a mask on public transport	15%
		Aged 55-64 years	14%

Sub-groups with the highest proportion of respondents saying they were 'very likely' to report a positive test result included:

- Respondents with 'very low or no' COVID-19 Pandemic Fatigue (85%) and 'low' COVID-19 Pandemic Fatigue (79%)
- Public transport users who are 'very likely' to wear a mask next time they use public transport (81%)
- Those who are 'very likely' to self-isolate for the required period if they test positive for COVID-19 in the future (78%).

Least likely sub-groups to be very likely to report their positive test result included:

- Respondents who had never been vaccinated for COVID-19 (23%)
- Those with 'very high' COVID-19 Pandemic Fatigue (24%).

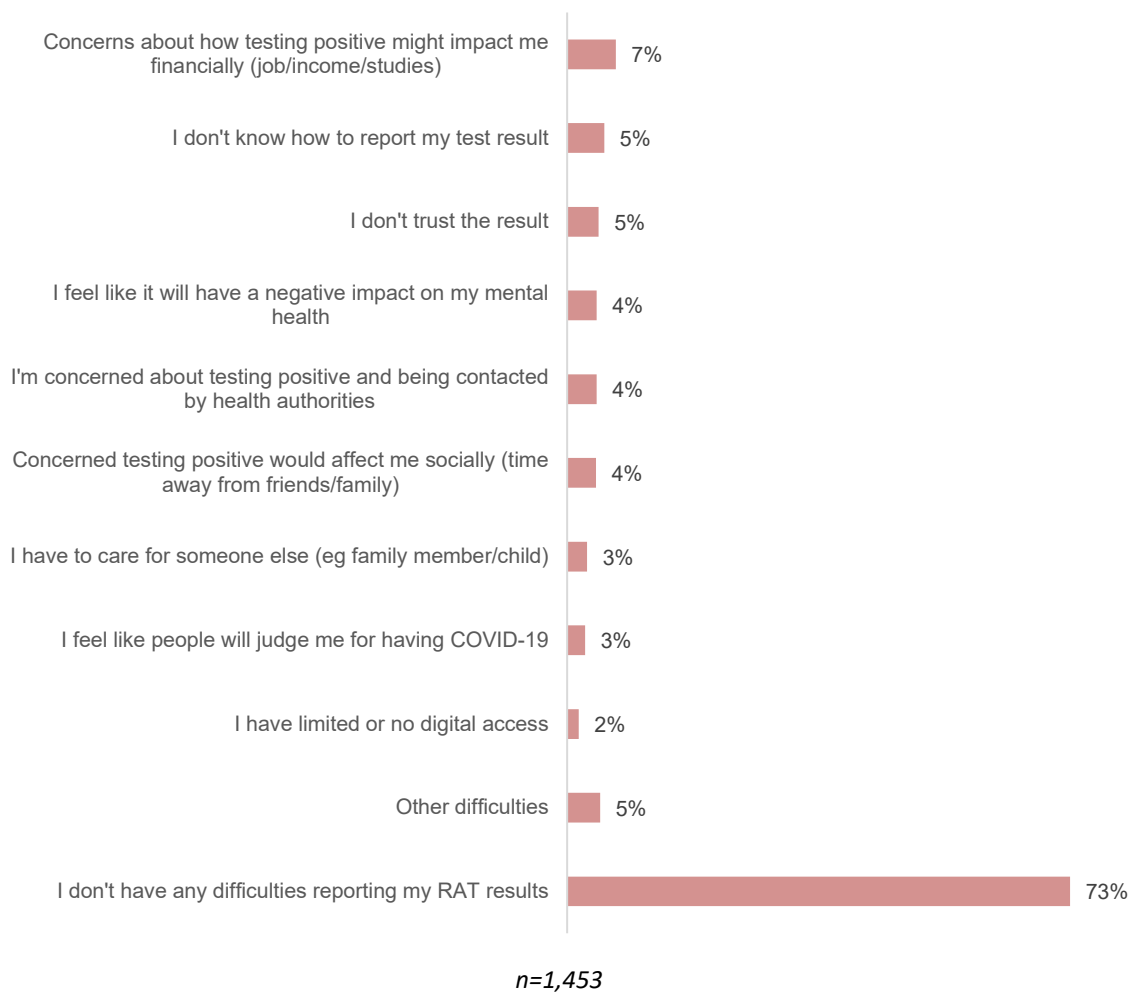
5.4. Potential barriers to reporting RAT results

All those surveyed were asked which barriers from a list of possible barriers would make it difficult for them to report their RAT results.

While 73% of respondents said they don't have any difficulties reporting their RAT results, main barriers reported were:

- 'Concerns about how testing positive might impact me financially' (7%)
- 'I don't know how to report my test result' (5%)
- 'I don't trust the result' (5%).

Figure 16: Potential barriers to reporting RAT results



Respondents who chose 'Other difficulties' were able to say what those difficulties were. The list below shows all these verbatim comments

No benefit/waste of time/no point in reporting

- 'I don't see any benefit to reporting' (Male, 55-64 years, European, without disability)
- 'Why?' (Male, 45-54 years, Other ethnicity, with disability)
- 'I don't believe in COVID.' (Female, 18-24 years, Māori, without disability)
- 'I don't care about reporting the test and don't believe anyone else in NZ cares. It's all b*****t.' (Female, 45-54 years, Pasifika, without disability)
- 'I don't waste my time.' (Male, 55-64 years, Māori, without disability)

- ‘Not interested in reporting, as I will isolate at home until better just like if I got the flu, and reporting it is not going to be of any benefit from doing so. Also, if I get it like last time won’t feel like reporting it.’ (Male, 65-74 years, Māori, without disability)
- ‘No point.’ (Female, 65-74 years, European, With a disability)
- ‘Not a difficulty but I don’t see the point at this stage.’ (Male, 35-44 years, European, without disability)
- ‘Personally see no reason to report.’ (Female, 65-74 years, European, without disability)
- ‘Reporting feels a bit pointless at this point in time’ (Male, 25-34 years, European, without disability)
- ‘Motivation, I don’t really care to.’ (Male, 45-54 years, European, without disability)
- ‘It’s pointless.’ (Female, 25-34 years, European, without disability)
- ‘I’ll stay home like last time. Reporting it gets me nothing and nowhere.’ (Female, 35-44 years, Pasifika, without disability)
- ‘I won’t report it because this means I can annoy “Karens”.’ (Female, 25-34 years, European, without disability)
- ‘There is no such thing as a “virus”. The test is therefore worthless’ (Male, 55-64 years, European, without disability)

Government intrusion

- ‘Health authorities call too frequently; I don’t want them calling.’ (Female, 55-64 years, Māori, without disability)
- ‘I don’t need the government blowing a simple illness out of proportion. I am capable of isolating myself and monitoring my own recovery without their intervention.’ (Male, 18-24 years, European, without disability)
- ‘Reporting a positive RAT result in the past has resulted in incessant, irritating and intrusive contact from the authorities. No one in this house would ever report a positive RAT again.’ (Female, 45-54 years, European, without disability)
- ‘Why should I tell the government anything?’ (Male, 25-34 years, European, without disability)
- ‘I’m getting tired of the continued emphasis on COVID when we have so many other urgent health issues that are not getting the attention and funding.’ (Female, 55-64 years, European, without disability)
- ‘I truly hate the authorities regarding COVID. I will do as little as possible to help because of how we have been treated.’ (Male, 65-74 years, European, without disability)
- ‘I believe we are being socially engineered and while I will abide by isolation rules, I will not report it.’ (Female, 65-74 years, European, without disability)
- ‘I’m lazy and jaded by government propaganda and lies and how they can’t be trusted to do what they say they will do.’ (Male, 45-54 years, European, With a disability)

Reporting/system issues

- ‘Can’t get into my record.’ (Female, 35-44 years, European, without disability)
- ‘Can’t remember my access details.’ (Male, 45-54 years, Māori without disability)
- ‘Difficulty logging in so gave up.’ (Female, 35-44 years, European, without disability)
- ‘When I had COVID I had difficulty registering.’ (Female, 55-64 years, European, without disability)
- ‘My login doesn’t work.’ (Male, 25-34 years, Pasifika, without disability)
- ‘Last time I found the system confusing.’ (Female, 45-54 years, European, with disability)
- ‘Not an easy process to report.’ (Female, 35-44 years, European, with disability)
- ‘Reporting is an annoying process that I’ve forgotten before.’ (Gender diverse, 18-24 years, European, without disability)
- ‘I tried to report but couldn’t remember login and it just became too hard, so I didn’t bother.’ (Female, 45-54 years, European, without disability)

- 'I don't think it makes any difference if it is reported these days.' (Female, 65-74 years, European, without disability)

COVID is a sham/BS

- 'I'm sick of all the BS surrounding COVID.' (Male, 55-64 years, European, without disability)
- 'It's all b*****t.' (Female, 55-64 years, Māori, without disability)
- 'It's over hyped.' (Male, 35-44 years, European, without disability)
- 'This whole COVID s*** is a sham.' (Male, 35-44 years, European, with disability)

COVID is a flu/cold/move on

- 'This whole thing is a joke. It's a cold.' (Female, 55-64 years, Māori, without disability)
- 'We need to move on.' (Male, 25-34 years, Māori, without disability)
- 'Enough is enough.' (Female, 55-64 years, European, without disability)
- 'This looks like another flu & people are just getting on with life - I'd do the same.' (Male, 35-44 years, Pasifika, without disability)
- 'Just a flu - stop fear mongering.' (Male, 35-44 years, Māori, without disability)

Main potential barriers	Total %	Sub-groups more likely to select this barrier ▲
Concerns about how testing positive might impact me financially (job/income/studies)	7%	Self-isolated in past two weeks (15%), 'Very high' COVID-19 Pandemic Fatigue (14%), Experienced COVID-19 symptoms in past two weeks (13%), Aged under 35 (13%)
I don't know how to report my test result	5%	People with disabilities (9%), Never tested positive for COVID-19 (9%)
I don't trust the result	5%	Tested positive for COVID-19 in the past two weeks (21%) (<i>note very small sample n=28</i>), Ethnic priority Asian (15%), Never vaccinated for COVID-19 (14%), 'Very high' COVID-19 Pandemic Fatigue (10%)
I feel like it will have a negative impact on my mental health	4%	Self-isolated in past two weeks (19%), Seven or more people in household (13%), Experienced COVID-19 symptoms in past two weeks (12%), Very high Pandemic Fatigue (12%), Never vaccinated for COVID-19 (10%), Aged under 35 (9%)
I'm concerned about testing positive and being contacted by health authorities	4%	'Very high' COVID-19 Pandemic Fatigue (13%), Self-isolated in past two weeks (12%), Ethnic priority Asian (11%), Healthcare workers (10%), Aged under 35 (9%)
Concerned testing positive would affect me socially (time away from friends/family)	4%	Experienced COVID-19 symptoms in past two weeks (14%), Self-isolated in past two weeks (13%), 'Very high' COVID-19 Pandemic Fatigue (10%), Healthcare workers (10%), Aged under 35 (9%)

As indicated in Table 13, younger respondents (under 35 years of age) were significantly more likely to select barriers. They were also significantly less likely to select, 'I don't have any difficulties reporting my RAT results' (58% cf 73% overall), just as they had been less likely to select 'I don't have any difficulties accessing or taking RATs'.

Table 13: Barriers to reporting a positive RAT by broad age group				
If you needed to take a test for COVID-19 with a RAT in the future, which of the following, if any, might make it difficult for you?	ALL	AGE GROUP		
		UNDER 35	35-54	55 AND OVER
Concerns about how testing positive might impact me financially (job/income/studies)	7%	13%	7%	3%
I don't know how to report my test result	5%	7%	5%	5%
I don't trust the result	5%	6%	4%	4%
I feel like it will have a negative impact on my mental health	4%	9%	3%	2%
Concerns about testing positive and being contacted by health authorities	4%	9%	3%	1%
Concerned testing positive would affect me socially (time away from friends/family)	4%	9%	3%	1%
I have to care for someone else (eg family member/child)	3%	5%	4%	1%
I feel like people will judge me for having COVID-19	3%	6%	1%	1%
I have limited or no digital access	2%	4%	1%	0%
Other difficulties	5%	3%	7%	4%
I don't have any difficulties reporting my RAT results	73%	58%	75%	84%
N (unweighted) - all respondents	1,453	427	513	509

Pasifika were significantly more likely than respondents overall to select 'I have to care for someone else (eg family member/child)' (7% cf 3% overall).

Respondents in the Ethnic priority Asian group were significantly more likely to select:

- 'I don't trust the result' (15% cf 5% overall).
- 'I feel like people will judge me for having COVID-19' (12% cf 3% overall).
- 'I'm concerned about testing positive and being contacted by health authorities' (11% cf 4% overall).

They were also significantly less likely to select 'I don't have any difficulties accessing or taking RATs' (57% cf 72% overall).

People with disabilities were significantly more likely than the total to mention the following barriers to reporting their positive test:

- 'I don't know how to report my test result' (9% cf 5% overall)
- 'I feel like people will judge me for having COVID-19' (5% cf 3% overall).
- 'I have limited or no digital access' (4% cf 2% overall).

Healthcare workers were significantly more likely than respondents overall to select:

- Concerned testing positive would affect me socially [time away from friends/family] (10% cf 4% overall).
- 'Concerns about testing positive and being contacted by health authorities' (10% cf 4% overall).
- 'I feel like people will judge me for having COVID-19' (9% cf 3% overall).
- 'I have limited or no digital access' (5% cf 2% overall).

5.5. Likelihood to self-isolate for the required period (7 days) if you have a positive RAT result in the future

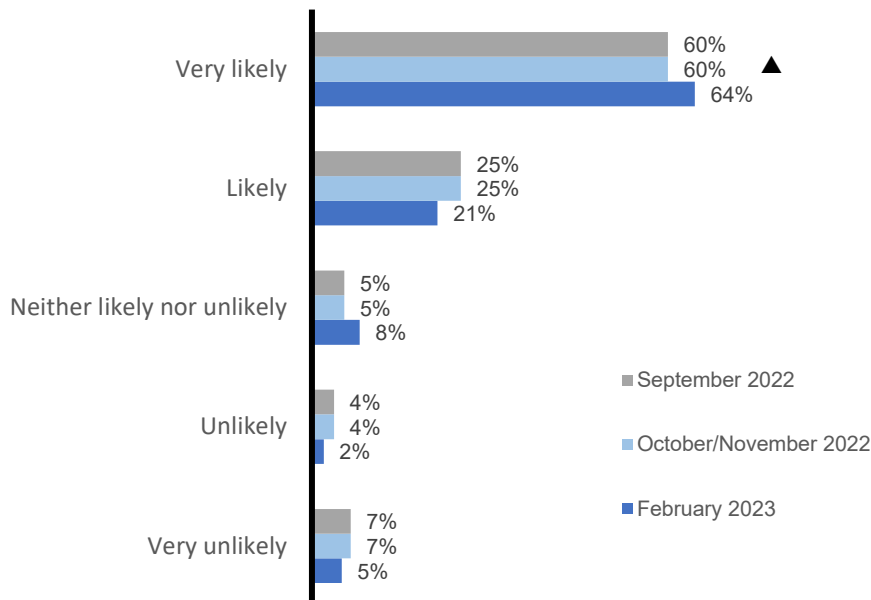
All respondents were asked ‘If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?’

64% of respondents said they were ‘very likely’ to self-isolate for the required period if they record a positive RAT result in the future, compared with 60% in the previous survey (a statistically significant increase).

Comparing respondent intention with actual behaviour

From a very small sample (n=28), 67% of those who tested positive for COVID-19 in the two weeks prior to the survey had self-isolated in that period. This is a very similar result to the 64% of the total sample who said they were ‘very likely’ to self-isolate for the required period if they recorded a positive RAT result in the future.

Figure 17: How likely are you to self-isolate for the required period if you have a positive RAT result in the future?



September 2022 n=1,505; October/November 2022 n=1,393; February 2023 n=1,453

Sub-groups of adults with the highest proportion of respondents who said they were ‘very likely’ to self-isolate for 7 days if they test positive included:

- Those with ‘very low or no’ COVID-19 Pandemic Fatigue (91%)
- Those who are ‘very likely’ to report their test result if they test positive for COVID-19 in the future (91%)
- People who are ‘very likely’ to take a RAT if they have COVID-19 symptoms in the future (89%)

Sub-groups with the lowest proportion of respondents who said they were ‘very likely’ to self-isolate if they test positive included:

- Never been vaccinated for COVID-19 (34%)
- Those with ‘very high’ COVID-19 Pandemic Fatigue (29%)

Table 14: 'Very unlikely' to self-isolate if they have a positive RAT result in the future
Total: 5%

Sub-groups with a significantly <u>lower</u> level of being 'very unlikely' to self-isolate if they test positive ▼		Sub-groups with a significantly <u>higher</u> level of being 'very unlikely' to self-isolate if they test positive ▲	
Had 3 COVID-19 vaccine doses	3%	'Very unlikely' to take a RAT if have COVID-19 symptoms in the future	57%
'Medium' COVID-19 Pandemic Fatigue	2%	'Very unlikely' to report a test result if test positive for COVID-19 in the future	43%
Aged 65-74 years	2%	'Very likely' to leave home and go to work if have COVID-19 symptoms in the future	24%
Ethnic priority Pasifika	2%	Never been vaccinated for COVID-19	23%
'Very low or no' COVID-19 Pandemic Fatigue	2%	'Very high' COVID-19 Pandemic Fatigue	17%
Think it is a good idea to continue with mandatory self-isolation	2%	Public transport users who are 'very unlikely' to wear a mask when using public transport in future	17%
Public transport users who are 'very likely' to wear a mask when using public transport in future	2%	Self-isolation difficulty: 'I feel like it will have a negative impact on my mental health'	15%
Public transport users who 'always' wore a mask when using public transport	1%	Do not think it is a good idea to continue with mandatory self-isolation	14%
Had four or more COVID-19 vaccine doses	1%	Self-isolation difficulty: 'Can't afford to miss work'	11%
'Low' COVID-19 Pandemic Fatigue	1%	Public transport users who 'never' wore a mask when using public transport	8%
Aged 75 years or over	1%		
'Very likely' to take a RAT if have COVID-19 symptoms in the future	1%		
'Very likely' to report a test result if test positive for COVID-19 in the future	1%		

5.6. Potential barriers to self-isolating

Almost six out of ten respondents (59%) said they would have no difficulties self-isolating. This result is significantly higher than in October/November 2022 (50%).

A nett 20% of respondents selected at least one work-related barrier, significantly down from 26% in October/November.

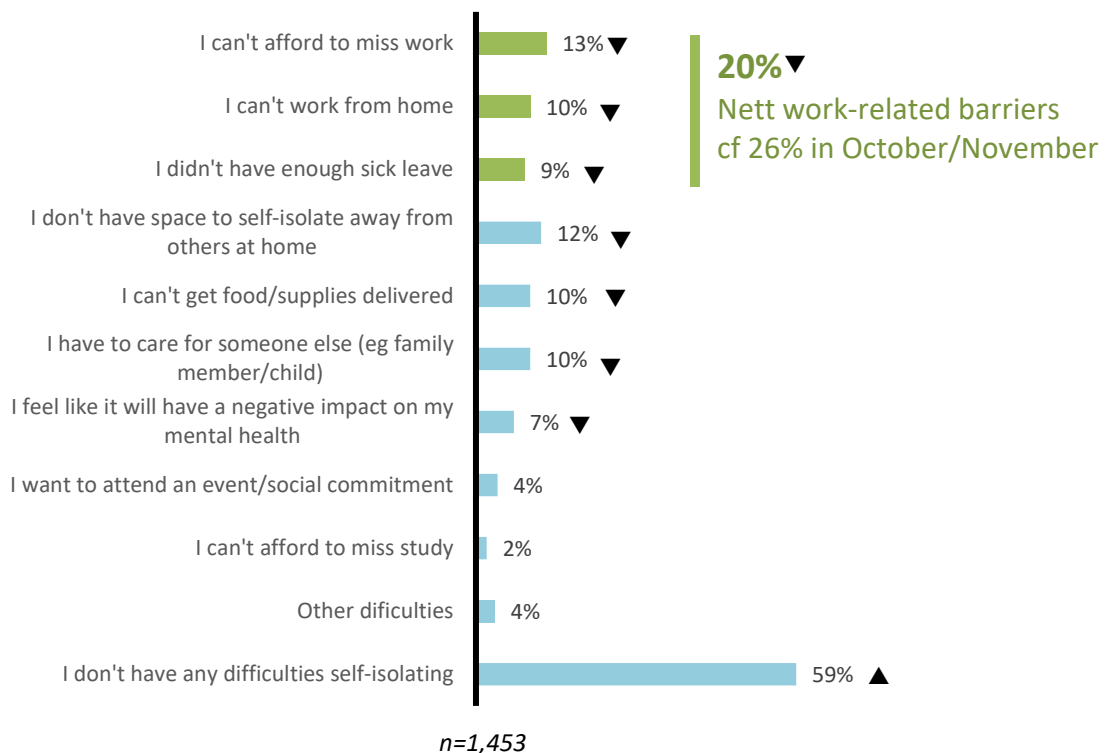
The level of responses for all but one of the potential barriers listed dropped significantly compared with the October/November survey (*there was a less than 1% change in 'I want to attend an event/social commitment'*).

In comparison with the October/November 2022 survey, **Māori and Pasifika respondents were less likely to select a work-related barrier** (although Māori still selected 'I can't afford to miss work' and 'I don't have enough sick leave' at higher-than-average levels).

Main individual barriers were:

- I can't afford to miss work (13% cf 18% in October/November)
- I don't have space to self-isolate away from others at home (12% cf 18%)
- I can't work from home (10% cf 13%)
- I can't get food/supplies delivered (10% cf 17%).

Figure 18: Potential barriers to self-isolating



Respondents who chose 'Other difficulties' were able to say what those difficulties were. The list below shows all these verbatim comments:

Viewing self-isolation negatively

- 'I don't agree with self-isolation. COVID is over!!!!.' (Female, 35-44 years, European, without disability)
- 'It's all BS.' (Male, 55-64 years, European, without disability)
- 'I'd treat it like any other sickness. If I'm sick I stay home. Every person I know of who has tested positive recently, has had it extremely mild' (Male, 35-44 years, European, without disability)
- 'There are more pressing issues' (Male, 35-44 years, European, without disability)
- 'I'm concerned about the continued emphasis on COVID at the expense of many other urgent healthcare issues that are not getting attention or funding' (Female, 55-64 years, European, without disability)
- 'Why is this govt still trying to milk this thing that is less than a cold?!' (Female, 55-64 years, Māori, without disability)
- 'It is pointless, COVID should be treated like a common cold.' (Female, 45-54 years, European, without disability)
- 'It's a pointless exercise. The disease is endemic.' (Male, 35-44 years, European, with disability)
- 'I won't be isolating.' (Male, 55-64 years, European, without disability)
- 'I refuse to change my life for this scam.' (Female, 25-34 years, European, without disability)
- 'There's no point - there's COVID everywhere. I would do it because it's the law but it's performative b*****t at this point.' (Male, 35-44 years, European, without disability)
- 'COVID is a scam and as such, is over.' (Male, 55-64 years, European, without disability)

Work-related issues

- 'Work gets annoyed when someone gets COVID. It creates tension in the workplace.' (Male, 25-34 years, Māori, without disability)
- 'Accessing support.' (Male, 25-34 years, European, with disability)
- 'I can't miss work – I'm self-employed.' (Male, 45-54 years, European, without disability)
- 'I am self-employed.' (Female, 55-64 years, European, without disability)
- 'I have had COVID 4 times - the last time has used all my sick leave.' (Female, 45-54 years, Māori, with disability)
- 'Self-employed, no sick leave.' (Female, 25-34 years, European, without disability)
- 'We are small business owners so it can be difficult to isolate at home for that long.' (Female, 45-54 years, European, without disability)
- 'I can't afford to miss work - they are short staffed.' (Male, 25-34 years, Pasifika, with disability)

Depends on how sick I am

- 'Don't want to unless I have active symptoms.' (Male, 25-34 years, Māori, without disability)
- 'I would only self-isolate when I am feeling really unwell.' (Female, 55-64 years, European, without disability)
- 'If I were sick, I would stay home. If I were well, there would be no need for me to stay at home. Well people do not transmit diseases.' (Female, 55-64 years, European, without disability)
- 'Depends on how sick I become.' (Male, 45-54 years, European, with disability)
- 'I will manage my isolation based on how I feel.' (Male, 45-54 years, European, without disability)

We'll get sick together

- 'I live with only one other person who will almost certainly come down with it if I do and so there is no point in isolating myself from him.' (Female, 65-74 years, European, without disability)
- 'My wife and I don't want to sleep in separate rooms.' (Male, 45-54 years, European, with disability)

Commitments

- 'I visit my 87-year-old mother regularly.' (Female, 55-64 years, Māori, with disability)
- 'I go to church.' (Female, 25-34, European, without disability)

Need to walk my dog

- 'I have a dog that needs walking.' (Female, 45-54 years, European, with disability)
- 'I need to walk my dog.' (Female, 35-44 years, European, without disability)

Dangerous to stay home alone

- 'If I was very sick it would be dangerous to stay home alone.' (Female, 55-64 years, European, without disability)
- 'It may impact my existing health condition and no one else here to keep an eye on me.' (Female, 55-64 years, European, with disability)

Don't see the need

- 'I do not need to isolate.' (Male, 45-54 years, European, without disability)
- 'I don't see the need now.' (Male, 65-74 years, European, without disability)

Other

- 'I don't care.' (Male, 55-64 years, European, without disability)
- 'I hate isolation.' (Female, 55-64 years, Māori, with disability)
- 'I may need to do grocery shopping.' (Female, 65-74 years, European, without disability)
- 'Nowhere else to stay.' (Male, 25-34 years, European, with disability)
- 'I need the support of my support workers.' (Male, 45-54 years, Māori, with disability)
- 'Follow the science. Stop being political.' (Male, 55-64 years, Māori, without disability)
- 'I'm paraplegic and I need my own toilet and bathroom.' (Female, 45-54 years, Pasifika, with disability)

Sub-groups who were most likely to mention barriers to self-isolation include:

- Those with 'very high' COVID-19 Pandemic Fatigue
- Those from large households with seven or more people
- Adults aged under 35
- Healthcare workers.

Table 15: Sub-groups significantly more likely to indicate they might have difficulties self-isolating

Main potential barriers	Total %	Sub-groups most likely to select this barrier ▲
I can't afford to miss work	13%	'Very high' COVID-19 Pandemic Fatigue (25%), Seven or more in the household (24%), Aged under 35 (21%), Ethnic priority Māori (17%), Aged 35 to 54 (17%)
I can't work from home	10%	Healthcare workers (17%), 'Very high' COVID-19 Pandemic Fatigue (17%), Aged under 35 (16%), Aged 35 to 54 (14%)
I didn't have enough sick leave	9%	Seven or more in the household (20%), 'Very high' COVID-19 Pandemic Fatigue (17%), Healthcare workers (16%), Aged under 35 (14%), Ethnic priority Māori (13%)
Nett work-related	20%	'Very high' COVID-19 Pandemic Fatigue (36%), Seven or more in the household (35%), Ethnic priority Asian (31%), Aged under 35 (35%), Healthcare workers (31%)
I don't have space to self-isolate away from others at home	12%	'Very high' COVID-19 Pandemic Fatigue (19%), Aged under 35 (16%)
I can't get food/supplies delivered	10%	People with disabilities (16%), Aged under 35 (19%), Pasifika (15%)
I have to care for someone else (eg family member/child)	10%	Seven or more in the household (27%), Aged under 35 (18%)
I feel like it will have a negative impact on my mental health	7%	'Very high' COVID-19 Pandemic Fatigue (17%), Aged under 35 (12%, but 15% for 18-24 years)
I want to attend an event/social commitment	4%	'Very high' COVID-19 Pandemic Fatigue (12%), 18-24 years (15%)
I can't afford to miss study	2%	18-24 years (11%), Ethnic priority Asian (13%)

As indicated in Table 16, younger respondents were significantly more likely to select barriers of all types, particularly work-related barriers. They were also significantly less likely to select, 'I don't have any difficulties self-isolating' (37% cf 50% overall).

I might find it difficult to self-isolate if...	ALL	AGE GROUP		
		UNDER 35	35-54	55 AND OVER
I didn't have enough sick leave	9%	14%	12%	2%
I can't work from home	10%	16%	14%	3%
I can't afford to miss work	13%	21%	17%	3%
Nett Work-related barriers	20%	35%	24%	5%
I have to care for someone else (eg family member/child)	10%	18%	11%	3%
I want to attend an event/social commitment	4%	10%	3%	1%
I feel like it will have a negative impact on my mental health	7%	12%	8%	3%
I can't get food/supplies delivered	10%	19%	8%	4%
I don't have space to self-isolate away from others at home	12%	16%	14%	6%
I can't afford to miss study	2%	6%	1%	0%
Other difficulties	4%	3%	5%	4%
I don't have any difficulties self-isolating	50%	37%	54%	81%
N (unweighted) - all respondents	1,453	427	517	509

As shown in Table 17, among ethnic priority groups, ethnic priority Māori mentioned the most barriers to self-isolating that are significantly higher than the total:

- Not having enough sick leave (13% cf 9% overall)
- Can't afford to miss work (17% cf 13% overall)
- Having to care for someone else (14% cf 10% overall).

I might find it difficult to self-isolate if...	ALL	ETHNICITY (PRIORITY)			
		Māori	Pasifika	Asian	European
I didn't have enough sick leave	9%	13%	9%	11%	8%
I can't work from home	10%	10%	10%	12%	10%
I can't afford to miss work	13%	17%	14%	16%	11%
Nett Work-related barriers	20%	24%	19%	31%	19%
I have to care for someone else (eg family member/child)	10%	14%	15%	15%	8%
I want to attend an event/social commitment	4%	3%	3%	7%	5%
I feel like it will have a negative impact on my mental health	7%	7%	7%	12%	7%
I can't get food/supplies delivered	10%	10%	15%	13%	9%
I don't have space to self-isolate away from others at home	12%	12%	12%	12%	11%
I can't afford to miss study	2%	2%	3%	13%	2%
Other difficulties	4%	3%	3%	0%	4%
I don't have any difficulties self-isolating	59%	57%	57%	43%	61%
N (unweighted) - all respondents	1,453	435	219	89	701

As Table 18 shows, people with disabilities were significantly more likely than the total to mention 'I can't get food/supplies delivered' (16% cf 10% overall).

Healthcare workers were more likely to mention work-related barriers:

- I didn't have enough sick leave (16% cf 9% overall).
- I can't work from home (17% cf 10% overall).

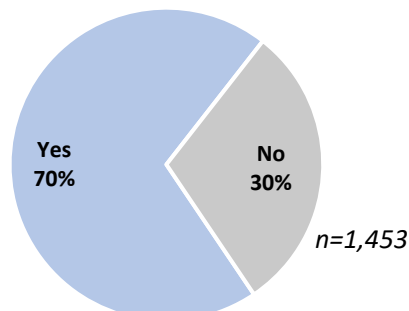
I might find it difficult to self-isolate if...	ALL	Health-care worker	Have impairments or long-term health conditions	Disabled people
I didn't have enough sick leave	9%	16%	8%	9%
I can't work from home	10%	17%	9%	9%
I can't afford to miss work	13%	17%	11%	11%
Nett Work-related barriers	20%	31%	17%	20%
I have to care for someone else (eg family member/child)	10%	15%	9%	11%
I want to attend an event/social commitment	4%	7%	4%	5%
I feel like it will have a negative impact on my mental health	7%	8%	9%	10%
I can't get food/supplies delivered	10%	11%	12%	16%
I don't have space to self-isolate away from others at home	12%	10%	13%	14%
I can't afford to miss study	2%	4%	1%	2%
Other difficulties	4%	4%	4%	4%
I don't have any difficulties self-isolating	50%	49%	59%	53%
N (unweighted) - all respondents	1,453	162	516	365

5.7. Support for continuing with mandatory self-isolation

As a new question in the current survey, all respondents were asked 'Do you think it is a good idea to continue with mandatory 7-day self-isolation for people who have COVID-19 (as opposed to recommended advice to self-isolate)?'

Seven out of ten respondents (70%) thought it was a good idea to continue with mandatory 7-day self-isolation for people who have COVID-19.

Figure 19. Is it a good idea to continue with mandatory 7-day self-isolation for people with COVID-19?



As Table 19 below shows, the COVID-19 Pandemic Fatigue Scale (discussed in Section 6, page 56; also see Section 8: Methodology page 64) is a good predictor of being positive or negative about continuing mandatory 7-day self-isolation for people who have COVID-19 (as opposed to recommended advice to self-isolate). Those with lower or medium fatigue levels were more positive and those with higher fatigue levels were more negative.

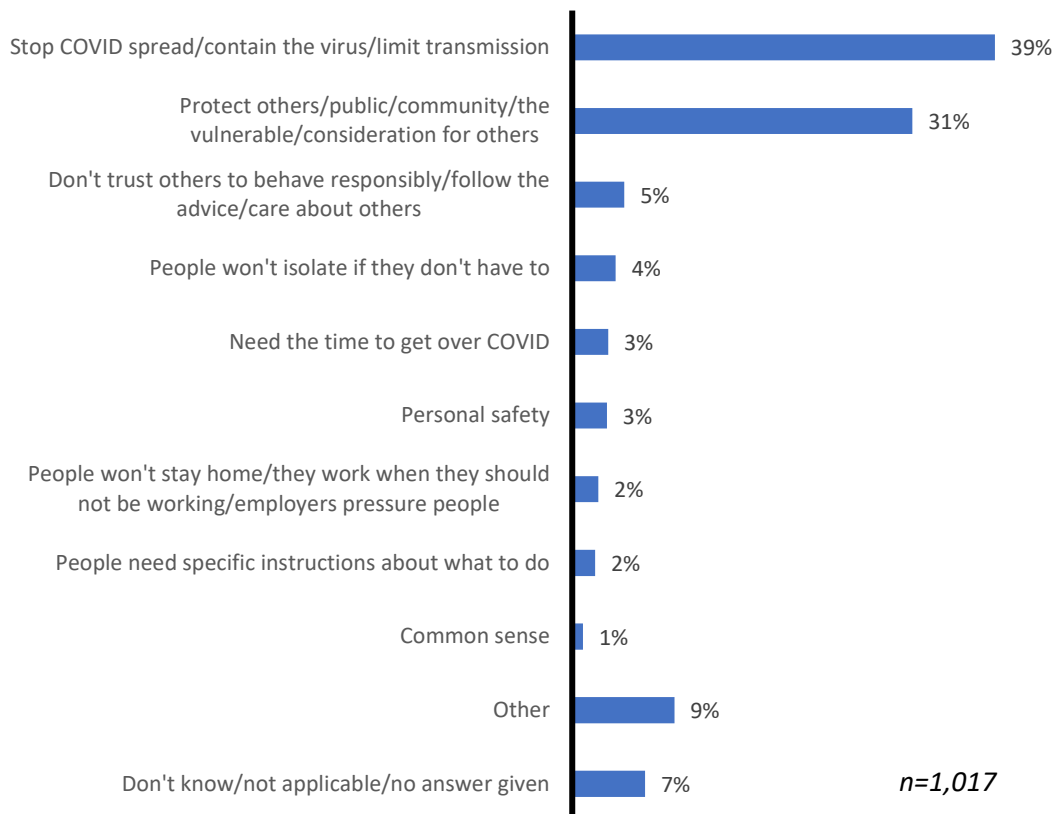
Table 19: Sub-groups who were more and less positive about mandatory 7-day self-isolation			
Total who said 'yes' 70%		Total who said 'no' 30%	
Sub-groups with a significantly <u>higher</u> level of saying 'yes' to continuing mandatory 7-day self-isolation ▲		Sub-groups with a significantly <u>higher</u> level of saying 'no' to continuing mandatory 7-day self-isolation ▲	
'Very low or no' COVID-19 Pandemic Fatigue	94%	'Very unlikely' to self-isolate for the required period if test positive for COVID-19 in the future	79%
'Low' COVID-19 Pandemic Fatigue	90%	'Very unlikely' to take a RAT if have COVID-19 symptoms in the future	76%
Public transport users 'very likely' to wear a mask next time they are on public transport	88%	'Very unlikely' to report test result if test positive for COVID-19 symptoms in the future	71%
'Very likely' to self-isolate for the required period if test positive for COVID-19 in the future	86%	'Very high' COVID-19 Pandemic Fatigue	71%
'Very likely' to report test result if test positive for COVID-19 in the future	86%	Never been vaccinated for COVID-19	61%
'Very likely' to take a RAT if have COVID-19 symptoms in the future	85%	Public transport users who are 'very unlikely' to wear a mask next time they are on public transport	57%
Public transport users who 'always' wore a mask when using public transport	83%	<i>Difficulty reporting RAT results:</i> 'Concerns about how testing positive might impact me financially (job/income/studies)'	51%
People with disabilities	81%	'Very likely' to leave home and go to work if have COVID-19 symptoms in future	46%
Had four or more COVID-19 vaccine doses	81%	'High' COVID-19 Pandemic Fatigue	45%
Aged 75 years or over	79%	Aged 18 to 24 years	43%
Tested positive for COVID-19 in 2023	79%	Public transport users who 'never' wore a mask when using public transport	41%
Self-isolating in the 2 weeks prior to the survey	79%	From a large household (7+ people)	41%
Healthcare workers	78%	From a 4-person household	38%
Have an impairment or long-term medical condition	78%	Had one or two COVID-19 vaccine doses	37%
'Medium' COVID-19 Pandemic Fatigue	78%		
From a 2-person household	78%		
Had 3 COVID-19 vaccine doses	76%		

5.8. Reasons why it is a good idea to continue with mandatory 7-day self-isolation

The 1,017 respondents said it was a good idea to continue with mandatory 7-day self-isolation (as opposed to recommended advice to self-isolate) were asked “*Why do you think it is a good idea to continue with mandatory 7-day self-isolation?*” Their free text responses were thematically analysed and main reasons for saying this was a good idea were:

- To stop COVID spread/contain the virus/limit transmission (39%)
- To protect others/the public/the community/the vulnerable (31%)
- Not trusting others to behave responsibly/ follow the advice/ care about others (5%)

Figure 20: Respondent reasons why mandatory 7-day self-isolation (as opposed to recommended advice) is a good idea for people with COVID-19



Examples of representative verbatim comments illustrating the main reasons for saying continuing mandatory 7-day self-isolation is a good idea:

Stop COVID spread/contain the virus/limit transmission: 39%

- 'Reduces the risk of spreading.' (Female, 35-44 years, Pasifika, without disability)
- 'Reduces the risk of it passing onto other people and affecting them.' (Female, 25-34 years, Māori, without disability)
- 'Slows the spread down if people actually isolate'. (Female, 35-44 years)
- 'Though it takes about 3-4 days to heal, they may still have some after-effects that can spread.' (Male, 25-34 years, European, without disability)
- 'To stop the spread as we go into winter.' (Male, 25-34 years, Asian, without disability)
- 'Stop the b*****s stop spreading COVID.' (Male, 35-44 years, Māori, without disability)
- 'Stop it spreading.' (Female, 45-54 years, Pasifika, without disability)
- 'Just helps knock the speed of COVID; it may be hard but it's worth it.' (Female, 25-34 years, European, with disability)
- 'It will stop the spread of Covid in the community because not everyone is honest and disciplined to self-isolate upon recommendation advice to self-isolate.' (Female, 25-34 years, Other ethnicity, without disability)
- 'Because it works to stop the spread of COVID and isn't an unreasonable time to isolate.' (Male, 18-24 years, European, without disability)
- 'Anything to help reduce the rate of infections must be a positive!!' (Female, 75 years or over, European, without disability)
- 'Prevent the spread of infection.' (Female, 45-54 years, Pasifika, with disability)
- 'Mandatory means you isolate - you don't have a choice and you don't spread the germ in the community. We need to protect each other.' (Female, 75 years or over, European, with disability)
- 'Given the seriousness of the impact on others and the laissez-faire attitude of people living in New Zealand, I don't think there's any other option than mandatory in order to contain the spread.' (Male, 65-74 years, European, without disability)
- 'I have little to no immune system myself so I have to have faith others aren't out spreading COVID knowing the impact it can have.' (Female, 25-34 years, Māori, with disability)

Protect others/the public/the community/the vulnerable: 31%

- 'Just as COVID arrived in NZ, I was hospitalised twice with pneumonia. As a result, I lost function of most of one lung. I have therefore been very careful since in avoiding COVID as far as possible. I would not be keen for someone with a positive test deciding to continue circulating in the community.' (Male, 65-74 years, European, without disability)
- 'So others don't get sick.' (Male, 35-44 years, Asian, without disability)
- 'Public safety.' (Male, 25-34 years, European, with disability)
- 'It's safe for every one especially for people with medical condition for more protection.' (Female, 55-64 years, Other ethnicity, with disability)
- 'Keep everyone else safe.' (Male, 25-34 years, Pasifika, without disability)
- 'Consideration for others.' (Female, 55-64 years, Pasifika, without disability)
- 'Because there are many vulnerable people in my community who need to be protected from the virus.' (Male, 35-44 years, European, without disability)
- 'I think having mandatory isolation (paired with full paid sick leave) for easily transmissible diseases would be beneficial in general to help protect children, the elderly, and immune-compromised individuals.' (Female, 25-34 years, European, without disability)
- 'To help protect vulnerable people as it is a very severe illness for some people.' (Another gender, 35-44 years, European, without disability)

- 'There are so many different strains of Covid and it forever evolving. We need to be cautious and still keep everyone safe.' (Male, 35-44 years, Pasifika, without disability)
- 'You wanna be responsible for passing on COVID and killing someone??' (Male, 45-54 years, European, with disability)
- 'If you give people a choice, some will choose not to isolate and are ok with spreading the virus; that's not fair for those that want to keep themselves or their vulnerable family members healthy. At the moment this is a deterrent for people, so I think we should keep it.' (Female, 35-44 years, Māori, without disability)

Don't trust others to behave responsibly/follow the advice/care about others: 5%

- 'Will hopefully cause more people to actually isolate, as opposed to behaving as if "COVID is just like having a cold".' (Male, 65-74 years, European, without disability)
- 'Because people can't be trusted to self-isolate.' (Male, 45-54 years, Māori, without disability)
- 'Because people do not take advice, people don't care about others and unless mandatory won't stay home if unwell.' (Female, 25-34 years, Māori, without disability)
- 'Cause people don't care anymore and employers don't care anymore if you pass it on or not, they feel just treat it like the flu and carry on unless you are really sick.' (Female, 45-54 years, Māori, with disability)
- 'If something is only recommended but not mandatory, then people are less likely to isolate. We have a bad Kiwi attitude of powering through with things when sick. I've worked in a number of offices where people who are sick keep turning up to work and think they are good being a hard worker, when actually they're just exposing everyone else to their sickness.' (Female, 25-34 years, European, without disability)
- 'So that other people won't get infected – can't trust people.' (Female, 55-64 years, Pasifika, without disability)
- 'People are even less likely to self-isolate if it's only recommended.' (Female, 35-44 years, European, without disability)
- 'People don't listen to advice; they are more likely to listen to rules.' (Female, 25-34 years, Māori, without disability)
- 'Don't trust people to do the responsible thing.' (Female, 25-34 years, European, without disability)
- 'It means less people will selfishly disobey the rules.' (Male, 55-64 years European, without disability)
- 'Because polite suggestions don't work for absolute morons. We can mandatorily isolate people for a number of infectious diseases such as TB. C19 is another highly transmissible disease we need to slow down. This is the new normal, unless we want to be like the US and actually have a decrease in life expectancy for the first time in a century.' (Male, 45-54 years, European, without disability)
- 'Too many people think 'recommended' means 'optional'.' (Male, 55-64 years, European, with disability)
- 'Because people are idiots.' (Female, 55-64 years, Māori, with disability)

People won't isolate if they don't have to: 4%

- 'People will only isolate if they are told they HAVE to. At NO point have government 'recommendations' about COVID been taken seriously by a lot of people.' (Female, 45-54 years, European, without disability)
- 'People won't isolate if they don't have to.' (Male, 25-34 years, Māori, with disability)
- 'Otherwise, people won't.' (Male, 45-54 years, Pasifika, without disability)
- 'People won't voluntarily isolate if they don't have to. They're too b****y selfish.' (Female, 65-74 years, Māori, without disability)

- 'If it is recommended, then people won't do it. If it is mandatory, then more people (although not all) will do it.' (Female, 55-64 years, European, without disability)
- 'Higher chance of people actually doing it.' (Female, 25-34 years, Asian, without disability)
- 'Because COVID is a highly transmissible disease that can have devastating long-term consequences. As with masking, people will ignore advice if it is only recommended.' (Female, 45-54 years, European, without disability)
- 'People wouldn't self-isolate if they aren't directed to.' (Female, 25-34 years, European, with disability)
- 'Recommending self-isolation means that some people will not feel compelled to do it and they should be compelled to do it.' (Female, 45-54 years, Pasifika, with disability)

Need the time to get over COVID: 3%

- 'Because people get affected by it a lot and need time to rest.' (Female, 45-54 years, Māori, without disability)
- 'To heal.' (Female, 25-34 years, European, with disability)
- 'It gives it that bit of extra time for it to clear.' (Male, 65-74 years, European, without disability)
- 'It gives them a break from the outside world, but also give the body a break.' (Female, 18-24 years, Māori, with disability)
- 'Because the sickness takes longer to recover from.' (Female, 35-44 years)
- 'The best way to recover.' (Male, 35-44 years, Pasifika, without disability)
- 'Though it takes about 3-4 days to heal, they may still have some after effects that can spread.' (Male, 25-34 years, European, without disability)
- 'When I tested positive last year, I was quite unwell and needed the self-isolation time to recover. I continued testing beyond the 7 days as I felt like I wasn't well enough to return to work. I was still recording positive tests until day 15.' (Female, 35-44 years, Māori, without disability)
- 'People need to stay away until they aren't infectious. It's also good to take time to rest & recover instead of rushing back to work/activity too soon & risking getting sick again.' (Female, 45-54 years, Asian, without disability)
- 'To ensure you fully recover and don't expose anyone else.' (Female, 45-54 years, Pasifika, without disability)
- 'Mandatory 7 days makes it easier to get the time necessary to heal off from work. If it were not mandated, people would feel pressured to return to work as soon as they feel better or get a negative, while still exhausted and not fully recovered.' (Female, 18-24 years, European, with disability)

Personal safety: 3%

- 'Because for me, I would rather be safe than sorry.' (Female, 45-54 years, Pasifika, without disability)
- 'To be on the safe side.' (Female, 55-64 years, Pasifika, with disability)
- 'Keeping me and my loved ones safe.' (Female, 55-64 years, Pasifika, without disability)
- 'Because there's people who can get sick easily, like me who is immunosuppressed.' (Female, 25-34 years, European, without disability)
- 'Just to be on the safe side and I personally can still work from home when isolating, so it's a win-win for me in a way.' (Female, 45-54 years, Pasifika, without disability)
- 'Keep safe.' (Male, 25-34 years, Māori, without disability)
- 'Because it's safer.' (Male, 18-24 years, European, without disability)
- 'Better safe than sorry.' (Male, 75 years or over, Māori, with disability)

- 'I am high risk and already lead a very isolated life so do not want to take any risk as I have no support system.' (Female, 75 years or over, European, with disability)
- 'I don't want to come into contact with people who have COVID.' (Another gender, 25-34 years, European, without disability)
- 'Just in case.' (Male, 25-34 years, European, without disability)
- 'Better to be safe.' (Male, 35-44 years, Pasifika, without disability)

**People won't stay home/they work when they should not be working/
 employers pressure people: 2%**

- 'Because it keeps case numbers lower - if people don't have to stay home - they won't, especially those in casual employment. That means they'll spread the disease more and risk me becoming sick. I don't want to be sick.' (Male, 18-24 years, European, without disability)
- 'Because there's a power imbalance between employers and employees. Without government regulations people will be pressured into working when they should not be.' (Male, 25-34 years, Māori, without disability)
- 'Because it stops employers pressuring people to come in while sick.' (Female, 25-34 years, Māori, with disability)
- 'Employers more likely to keep you employed if you don't have a choice. Some people are not capable of considering the effects on others if they don't isolate. Some people don't understand the science behind the need to isolate.' (Female, 75 years or over, European, without disability)
- 'Other people get put at risk if you don't, and there are people who simply won't test or stay home. However, most workplaces don't give you enough leave for it.' (Female, 35-44 years, European, without disability)
- 'To encourage people who would otherwise be out and about, to isolate if they have COVID-19.' (Male, 35-44 years, European, without disability)
- 'Because some people test positive and yet they still go out in public, but the 7 days just makes it more safer.' (Female, 25-34 years, Pasifika, without disability)
- 'So that person not contact with anyone which will ended up spreading covid 19. It's better to stay home and isolate rather than going around in public making other people sick.' (Female, 25-34 years, Pasifika, without disability)
- 'If it's mandatory, employers have to let you, if not people feel pressured to go to work.' (Female, 35-44 years, Māori, without disability)
- 'Because making it "recommended" has allowed unscrupulous employers to force people to go back to work early, and for pack mentality to tell me it's normal/encouraged whether symptomatic or not.' (Female, 45-54 years, European, with disability)

People need specific instructions about what to do: 2%

- 'People need guidelines. They do not care about infecting others generally.' (Female, 65-74 years, European, with disability)
- 'It provides a clear instruction with no grey area.' (Male, 18-24 years, European, without disability)
- 'Because the people who don't follow the rules are not going to follow the rules regardless of what they are, so if the guidelines are in place then at least the majority of people will do the right thing to keep other people safe' (Female, 18-24 years, European, without disability)
- 'No guessing required, simple.' (Male, 55-64 years, Māori, without disability)
- 'I think it's better to have clear rule about this rather than leave it to individual choice.' (Male, 75 years or over, European, with disability)
- 'Because people need to have specific guidance on what to do.' (Female, 65-74 years, European, without disability)

- 'People need strong direction as it is in the public interest.' (Male, 75 years or over, European, with disability)

Common sense: 1%

- 'It's common sense as the most common and right thing to do.' (Male, 45-54 years, Pasifika, without disability)
- 'COVID is contagious so it makes sense to isolate.' (Female, 25-34 years, Māori, with disability)
- 'Just makes sense.' (Male, 45-54 years, Māori, with disability)
- 'Makes good sense.' (Male, 65-74 years, European, without disability)
- 'It is straightforward and consistent.' (Female, 25-34 years, Pasifika, without disability)
- 'Because it's something that makes sense to people and will protect others.' (Another gender, 18-24 years, European, without disability)

5.9. Reasons why it is not a good idea to continue with mandatory 7-day self-isolation

436 respondents said it was not a good idea to continue with mandatory 7-day self-isolation (as opposed to recommended advice to self-isolate). They were asked why they gave this response, and their free text answers were thematically analysed. Main reasons for saying this was not a good idea were:

- COVID is only a flu/common cold/less dangerous than it was (18%)
- Seven days is too long/should be fewer days/only while sick/only until negative (14%)
- It should be personal choice/personal responsibility (9%)
- Need to move forward/move on with lives (8%).

Figure 21: Respondent reasons why mandatory 7-day self-isolation (as opposed to recommended advice) is not a good idea for people with COVID-19



Examples of representative verbatim comments illustrating the main reasons for saying mandatory 7-day self-isolation is not a good idea:

COVID is only a flu/common cold/less dangerous than it was: 18%

- 'Stop letting a minor bug dictate what can and can't be done.' (Female, 25-34 years, European, with disability)
- 'Getting similar to the flu so why treat it differently. Why pay people to be at home with no symptoms' (Female, 45-54 years, Māori, without disability)
- 'Because everyone already been exposed to it and it's just like a flu now.' (Female, 25-34 years, Pasifika, without disability)
- 'Flu is not mandated, Covid is flu.' (Male, 55-64 years, European, without disability)
- 'It's just the b****y flu!!!! People have died from the flu; people have died from COVID. It's the same b****y thing.' (Male, 35-44 years, Māori, without disability)
- 'It's just a cold/flu. We don't isolate for 7 days with any other kind of cold/flu.' (Female, 35-44 years, Māori, with disability)
- 'There are people not protecting themselves outside, not wearing masks etc. What is the point of self-isolation for COVID-sick people then for full 7days. It is now just a flu-like sickness to all.' (Female, 35-44 years, Asian, without disability)

- 'Because the virus is doing exactly what was predicted, getting more infectious, but weaker in its effects, it'll soon be a common cold, nothing more.' (Male, 45-54 years, European, without disability)

Seven days is too long/should be fewer days/only while sick/only until test negative: 14%

- 'Differing people face differing symptoms. One size does not fit all.' (Male, 65-74 years, European, without disability)
- 'Some people are COVID free 2-3 days later' (Male, 45-54 years, Pasifika, without disability)
- 'It should be for the period you are sick.' (Male, 65-74 years, Pasifika, with disability)
- 'It is too long, no different to having a cold or flu - isolate if you feel unwell, go about your business if you feel well' (Female, 45-54 years, European, without disability)
- 'It's too long and people aren't doing it' (Female, 45-54 years, Māori, with disability)
- 'I think dropping the amount of days to 4 would be OK.' (Male, 25-34 years, Māori, without disability)
- '5 days is enough.' (Female, 75 years or over, Māori, without disability)
- 'Self-isolate until you test negative.' (Female, 25-34 years, Pasifika, without disability)
- 'Not all peoples health situations require 7-day self-isolation. It is too prescriptive.' (Male, 55-64 years, Asian, without disability)
- '7 days is too long to be isolated and doing nothing.' (Male, 18-24 years, Pasifika, without disability)
- 'Should only have to isolation until negative' (Male, 55-64 years, European, without disability)
- 'I think that a lot of people are testing negative come day 5. It should be isolate until you return a negative test. To be honest, I would like the isolation rules scrapped completely and just self-monitor symptoms.' (Female, 18-24 years, European, without disability)

Should be personal choice/personal responsibility: 9%

- 'I think COVID should be treated as influenza and individuals should decide if they are well enough to work or not.' (Female, 45-54 years, Pasifika, with disability)
- 'I think as long as we know how to contain our symptoms, and social distance/monitor our travel, the spread of COVID and COVID like symptoms should be minimal. Usually, COVID symptoms are so bad, you wouldn't want to leave the house anyway' (Male, 18-24 years, Māori, without disability)
- 'People are informed enough on whether they want to self-isolate or not.' (Male, 25-34 years, Pasifika, without disability)
- 'People should be trusted to self-isolate mandatory seems harsh but did it work?' (Female, 55-64 years, Māori, with disability)
- 'I think it's time people took personal responsibility for their actions re COVID.' (Female, 55-64 years, European, without disability)
- '7 days is a long time to isolate and with there being so many cases now I think individuals should be able to make their own decision given their own unique circumstances, just like they can with the flu.' (Male, 35-44 years, European, without disability)
- "'Mandatory". Not happening. I will choose to if I want to. You can stick mandatory where it fits.' (Male, 65-74 years, European, without disability)
- 'If people are sick, they should stay home. If not, carry on as usual. This is up to individuals to decide. It should not be mandatory.' (Female, 35-44 years, European, without disability)

- 'At this stage, there is next to no difference between COVID and some other disease like a cold or flu. People should be able to make their own decision and it is unreasonable to continue to force people to do something over an issue that is no longer hugely prevalent and harmful to the community.' (Male, 18-24 years, European, without disability)

Need to move forward/move on with lives: 8%

- 'Need to carry on with life.' (Male, 45-54 years, Māori, without disability)
- 'So many people have gotten COVID already, we need to learn to live with it. People can't shut down their lives for 7 days every time they get COVID. Especially given how prevalent COVID already is.' (Male, 25-34 years, European, without disability)
- 'Everyone is over covid and want to move forward' (Female, 25-34 years, Pasifika, without disability)
- 'People are getting on with life / The vaxx stopped nothing.' (Male, 35-44 years, Pasifika, without disability)
- 'We are over COVID. It is now endemic. Cut the hype, and let's move on.' (Male, 35-44 years, European, without disability)
- 'Having COVID doesn't mean you have symptoms or unable to work. I don't know anyone who had serious symptoms but I do know few people who enjoyed "extra" holiday just because they tested positive. We need to get on with life and treat Covid as normal flu.' (Female, 65-74 years, European, with disability)
- 'We need to get on with our lives' (Male, 35-44 years, Asian, without disability)
- 'We need to move on and treat it like the common cold it now is.' (Male, 25-34 years, Māori, without disability)
- 'Time to move on from COVID. if you are worried of catching it you can wear a mask or stay home.' (Female, 18-24 years, European, without disability)
- 'Because life has to move on' (Female, 25-34 years, Māori, without disability)
- 'We've stopped enough for this thing.' (Female, 35-44 years, Māori, with disability)

Self-isolation is pointless/ a waste of time: 7%

- 'What is the point? It's around for the next few years....at my age? Gotta die of something.' (Female, 65-74 years, European, without disability)
- 'Because most people I know who have had COVID don't isolate, so it seems pointless. Just stay at home for the 7 days.' (Male, 65-74 years, European, with disability)
- 'Too hard to police it, pointless to mandate. Most people will self-isolate, some just won't or can't.' (Female, 45-54 years, European, without disability)
- 'I mean who knows how many people out there have COVID right now? Nobody is really testing.' (Male, 35-44 years, Asian, without disability)
- 'Too many people won't, pointless having rules that most people won't follow.' (Male, 45-54 years, European, without disability)
- 'It is pointless now. Everyone has had COVID at least once. It is in the community and can't be stopped.' (Female, 35-44 years, European, without disability)
- 'Waste of time when symptoms are minor, and people have natural immunity.' (Male, 25-34 years, Asian, with disability)

People are not complying/isolating any longer¹¹: 7%

- 'People won't do it.' (Female, 18-24 years, Asian, without disability)
- 'Because a significant portion of the population are not testing, reporting or isolating any longer, the current system essentially punishes those doing the right thing when the government has all but given up on COVID preventive measures.' (Male, 35-44 years, Pasifika, without disability)

¹¹ Note that no respondents with disabilities provided a comment in this theme.

- ‘Some people may try hide that they are sick, because they can’t afford to take time off work which will put others at risk.’ (Female, 25-34 years, Māori, without disability)
- ‘No way to enforce or monitor.’ (Female, 65-74 years, European, without disability)
- ‘I don't believe that people are self-isolating when positive so the process seems like a waste of time - some are doing the right thing, but many are not, so the idea of mandatory self-isolation is redundant.’ (Male, 35-44 years, European, without disability)
- ‘People just won’t tell you they have it. People cannot always afford not to work, and we never have had a mandatory before for a flu. In the old days, if you were sick, you stayed home; well normal people did anyway.’ (Female, 55-64 years, European, without disability)
- ‘Barely anyone is resting and reporting anymore. The true figure of positive cases seems much higher. Just let it pass.’ (Male, 25-34 years, Asian, without disability)

Self-isolation is detrimental to peoples' personal situations/ circumstances/ income: 5%

- ‘Because mandatory isolation will be detrimental to some people's situations’ (Male, 18-24 years, Māori, with disability)
- ‘Not everyone can afford to take 7 days off or have the space to do so.’ (Female, 35-44 years, Pasifika, without disability)
- ‘We need to learn to live with COVID. The 7-day isolation rules have a significant impact on attendance at school and the ability of people to earn money.’ (Female, 35-44 years, European, without disability)
- ‘No one to help with kids drop off and pick up. No one to help buy food. No sick leave or annual leave. How about bring the isolation days shorter?’ (Female, 35-44 years, Pasifika, with disability)
- ‘People can't afford to take the time off work and school.’ (Female, 25-34 years, European, without disability)
- ‘Because people can’t afford to take time off work.’ (Male, 18-24 years, European, without disability)

Personal rights/no government involvement/not good to mandate: 5%

- ‘Because it's immoral. The Government should have no role whatsoever in telling people to stay home if they have the cold.’ (Male, 18-24 years, European, without disability)
- ‘Dictatorship control. Use common sense if you're sick stay home. The government has clearly overreached the Bill of Rights.’ (Male, 35-44 years, European, without disability)
- ‘If the vaccine works, why isolate? If the vax is safe and effective no need to isolate. There should not be any MANDATORY rules as in breach of human rights.’ (Male, 45-54 years, European, without disability)
- ‘Mandates are for totalitarian governments.’ (Male, 55-64 years, European, with disability)
- ‘We need to still be careful, but mandatory ‘anything’ is over the top’ (Male, 35-44 years, Māori, without disability)
- ‘Personal liberty and the right to freedom of movement, gathering and worship.’ (Female, 25-34 years, European, without disability)

Over it: 5%

- ‘I am over it. Life is for living and restrictions have now been in place for nearly 3 years. Mandates didn't prevent the spread nor did vaccinations. New variants still seem likely. So, we have to move on.’ (Male, 65-74 years, European, without disability)
- ‘Because I'm just so over the whole thing.’ (Male, 35-44 years, European, without disability)

- 'COVID is everywhere and people are over it. But I would wear a mask when out in public.' (Female, 55-64 years, Pasifika, without disability)
- 'Over it.' (Male, 18-24 years, Māori, without disability)
- 'We are all well over COVID 19 now.' (Male, 25-34 years, Asian, without disability)
- 'We have to get over it. It's nothing worse than the flu at most and all the scare mongering over it will stop the world from moving on and getting over the economic damage it's done. We as humans need to build a natural immunity against it, like we always have as a species.' (Female, 18-24 years, European, without disability)
- 'Everyone in the community, the country and in the world are sick of Mandatory Isolation rules. Self-monitor and self-responsibility.' (Female, 55-64 years, Māori, with disability)

COVID is now in the community/endemic: 4%

- 'It is in the community at large same as any other virus. Elderly or health compromised folk should isolate if they have concerns, and wear masks if they want to.' (Female, 65-74 years, European, without disability)
- 'It's an endemic disease with a very low fatality rate.' (Male, 35-44 years, European, with disability)
- 'It's everywhere. Everyone is getting it now. It's just a matter of taking your meds and keeping hygiene well.' (Female, 25-34 years, Māori, without disability)
- 'Because it is already rife in the community and most people are vaccinated' (Female, 25-34 years, Māori, without disability)
- 'No need. Its endemic now. They going to make people with a cold or the flu self-isolate for 7 days?' (Female, 45-54 years, European, without disability)
- 'COVID is already in the community now, so don't see any point of self-isolation' (Male, 35-44 years, Asian, with disability)
- 'Unless there are new strains which show a higher rate of hospitalisation, I think it should be an individual's responsibility to isolate while they are unwell and contagious just like any other endemic viral infection' (Female, 35-44 years, Pasifika, without disability)
- 'It's in the community already. There are already people that don't test or follow this mandatory self-isolation' (Female, 25-34 years, Māori, without disability)
- 'COVID-19 is endemic now, so people are exposed to SARS-COV-2 all the time. I think people should self-isolate while they have symptoms and then return to normal life. Now that the majority of people are vaccinated the economic and social impacts of a mandatory 7-day self-isolation are too great.' (Female, 55-64 years, European, without disability)

Most people have had COVID-19 now: 3%

- 'What's the point trying to slow the spread of COVID-19 now? There's nowhere for it to spread to that hasn't had COVID.' (Male, 18-24 years, European, without disability)
- 'A very large proportion of people have already had COVID and for most people symptoms are mild and they easily recover in a matter of days.' (Male, 45-54 years, European, without disability)
- 'Let it run. Most people have had it.' (Male, 65-74 years, Māori, without disability)
- 'Because most people have already had it and treat it similar to a flu or cold.' (Female, 45-54 years, European, without disability)
- 'Most people have had COVID-19. I think it's time to let it spread, let the least bit of people catch it and build their immune systems' (Female, 18-24 years, Māori, with disability)

Should be a recommendation rather than a requirement: 3%

- 'It will make people resistant unnecessarily. The recommendation should be enough.' (Female, 35-44 years, Māori, without disability)

- 'I think it should be recommended, the mandatory isolating isn't and can't be enforced.' (Male, 55-64 years, European, without disability)
- 'Should not be mandatory.' (Male, 25-34 years, Asian, without disability)
- 'It discourages reporting of covid positive tests. It should be 'recommended' so a person feels they have some say in their own health decisions.' (Female, 55-64 years, Pasifika, without disability)
- 'More people are likely to oppose mandatory isolation than recommended isolation.' (Another gender, 18-24 years, European, without disability)
- 'I think a strong recommendation to self-isolate - "mandatory" means some people are going to push back just because it's required.' (Female, 45-54 years, European, without disability)

You don't isolate for other sickness/illness: 2%

- 'We need to learn to live with it and we don't isolate for 7 days for other illnesses.' (Female, 25-34 years, European, without disability)
- 'We don't do it for other illnesses like influenza. Doesn't seem like there's higher risk from COVID than other illnesses at this point.' (Female, 25-34 years, European, without disability)
- 'We are not required to self-isolate for flu, why should we for COVID?' (Female, 25-34 years, European, without disability)
- 'Because there's no mandatory period for any other sickness. The common cold is just as easy to pass on.' (Female, 25-34 years, Māori, without disability)

COVID is a scam/fake: 1%

- 'I think it's all a Globalist scam.' (Male, 55-64 years, European, without disability)
- 'COVID is all b*****t.' (Female, 55-64 years, Māori, without disability)
- 'COVID-19 is just a big scare created by the higher heads to create panic and turn us all into sheep. COVID-19 is FAKE.' (Female, 18-24 years, Māori, without disability)

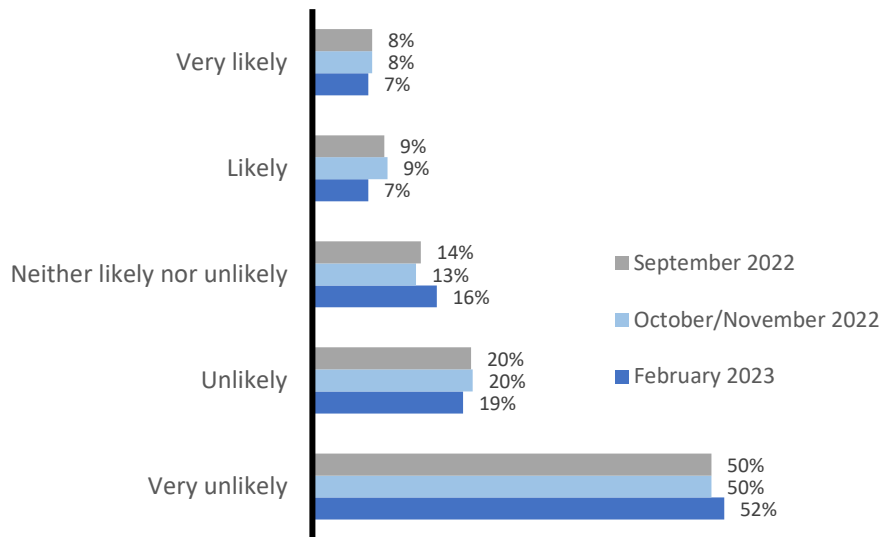
Self-isolation is costing the economy/country: 1%

- 'It's costing the country way too much.' (Male, 45-54 years, European, without disability)

5.10. Likelihood to leave home and go to work if you have COVID-19 symptoms in the future

52% said they were **'very unlikely'** to leave home and go to work in the future if they have COVID-19 symptoms, a similar result to the October/November and September surveys (both 50%).

Figure 22: How likely are you to leave home and go to work if you have COVID-19 symptoms in the future?



September 2022 n=1,505; October/November 2022 n=1,393; February 2023 n=1,453

Table 20: 'Very likely' to leave home and go to work if they have COVID-19 symptoms in the future. Total: 7%			
Sub-groups with a significantly <u>lower</u> level of being 'very likely' to leave home and go to work ▼		Sub-groups with a significantly <u>higher</u> level of being 'very likely' to leave home and go to work ▲	
'Very low or no' COVID-19 Pandemic Fatigue	3%	'Very unlikely' to self-isolate for the required period if test positive for COVID-19 in the future	32%
'Medium' COVID-19 Pandemic Fatigue	4%	'Very unlikely' to take a RAT if have COVID-19 symptoms in the future	25%
'Likely' to take a RAT if have COVID-19 symptoms in the future	2%	'Very unlikely' to report test result if test positive for COVID-19 symptoms in the future	22%
		'Very high' COVID-19 Pandemic Fatigue	16%
		Never been vaccinated for COVID-19	14%
		Living in a rural area	11%
		Do not think it is a good idea to continue with mandatory self-isolation for people with COVID-19	11%

Sub-groups with the highest proportion of respondents who were **'very unlikely'** to leave home and go to work if they have COVID-19 symptoms in the future include:

- Those with 'very low or no', or 'low' COVID-19 Pandemic Fatigue (83% and 70% respectively).
- Those who had 4 or more vaccine doses (72%).
- Adults aged 55 or more (71%), particularly those aged 75 or more (80%).

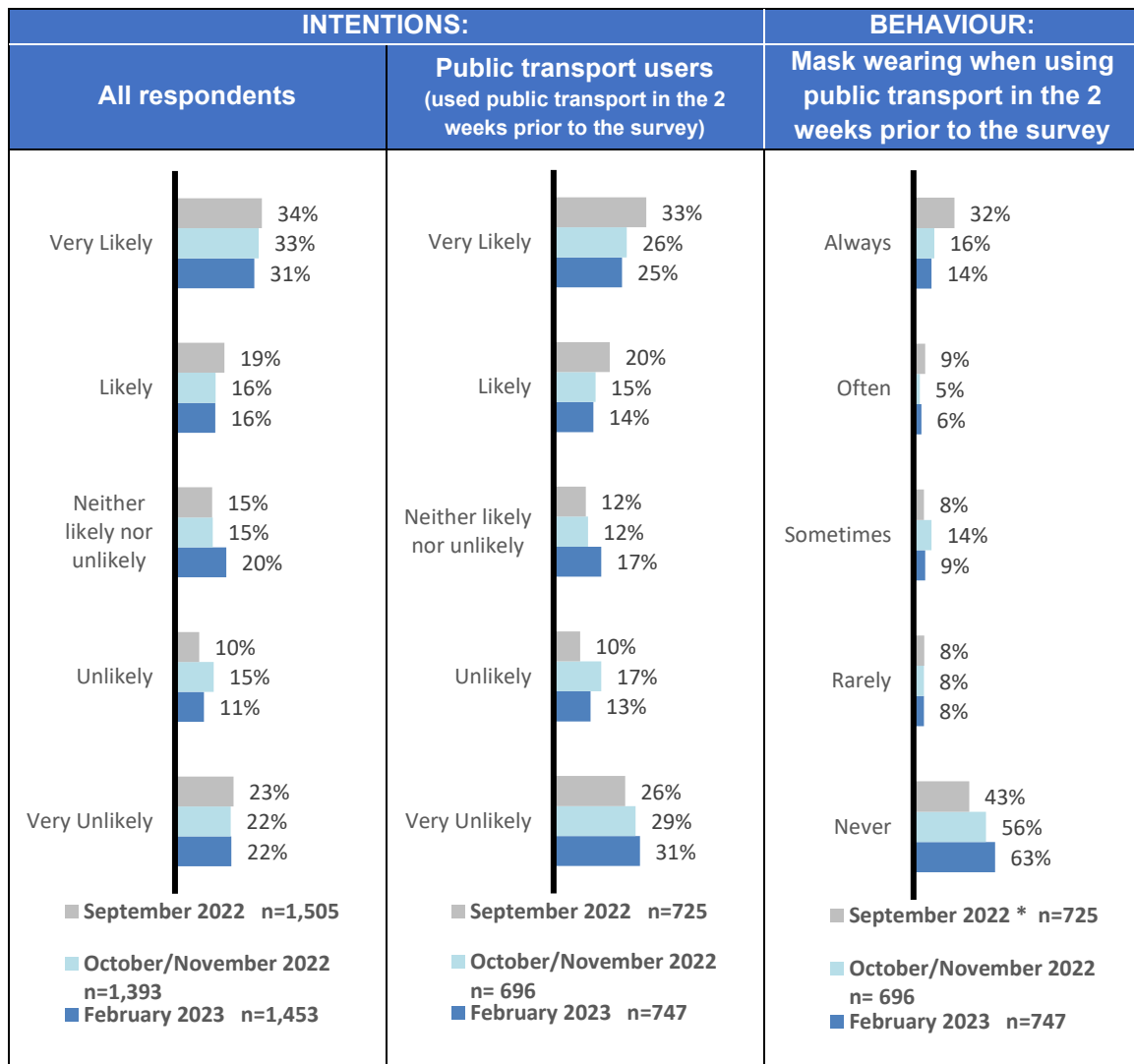
5.11. Likelihood of wearing a mask the next time you are on public transport

31% of all respondents said they were 'very likely' to wear a mask the next time they were on public transport, a similar result to October/November (33%).

Comparing mask wearing intention of public transport users with actual behaviour

25% of public transport users in the current survey said they were 'very likely' to wear a mask the next time they are on public transport. This compares with 14% of public transport users who 'always' wore a mask on public transport in the two weeks prior to the survey (with a further 6% 'often' wearing a mask on public transport during this period). See Figure 23 below for comparisons.

Figure 23: How likely are you to wear a mask the next time you are on public transport?



* September 2022 figures for mask wearing when using public transport are averages across the 5 individual modes of transport measured in that survey. See Section 8 Methodology page 64 for details.

See Table 21 following for details on the sub-groups who were 'very unlikely' to wear a mask on public transport.

Table 21: Public transport users who are 'very unlikely' to wear a mask the next time they are on public transport. Total: 31%

Sub-groups of public transport users with a significantly <u>lower</u> level of being 'very unlikely' to wear a mask ▼		Sub-groups of public transport users with a significantly <u>higher</u> level of being 'very unlikely' to wear a mask ▲	
Have an impairment or long-term health condition	23%	'Very unlikely' to take a RAT if have COVID-19 symptoms in the future	79%
'Very likely' to self-isolate for the required period if test positive for COVID-19 in the future	21%	'Very unlikely' to self-isolate for the required period if test positive for COVID-19 in the future	79%
'Very likely' to self-isolate for the required period if test positive for COVID-19 in the future	21%	'Very unlikely' to report the test result if test positive for COVID-19 in the future	76%
'Very likely' to report the test result if test positive for COVID-19 in the future	20%	Never been vaccinated for COVID-19	61%
'Very likely' to take a RAT if have COVID-19 symptoms in the future	20%	'Very high' COVID-19 Pandemic Fatigue	60%
Think it is a good idea to continue with mandatory 7-day self-isolation for people who have COVID-19	20%	Do not think it is a good idea to continue with mandatory 7-day self-isolation for people who have COVID-19	54%
Experienced COVID-19 symptoms in the past 2 weeks	19%	Public transport users who 'never' wore a mask when using public transport in the past 2 weeks	48%
People with disabilities	19%	'Very likely' to leave home and go to work if have COVID-19 symptoms in the future	46%
In a household of 7 or more people	18%	<i>Self-isolation difficulties</i> : 'I feel like it will have a negative impact on my mental health'	45%
'Low' COVID-19 Pandemic Fatigue	17%	Aged 55-64 years	43%
Healthcare workers	15%		
Ethnic priority Pasifika	14%		
Had 4 or more COVID-19 vaccine doses	14%		
Self-isolated in the past two weeks	8%		

Sub-groups with the highest proportion of public transport users who were 'very likely' to wear a mask the next time they were on public transport include:

- those with 'very low or no' COVID-19 Pandemic Fatigue (46%)
- adults who self-isolated in the past two weeks (45%)
- those who had four or more vaccine doses (42%).

6. COVID-19 PANDEMIC FATIGUE

6.1. Adapted COVID-19 Pandemic Fatigue Score Results

As introduced in the October/November 2022 survey, the adapted COVID-19 Pandemic Fatigue Score (CPFS) was used to assess respondents' levels of fatigue regarding the pandemic. Section 8: Methodology pages 64 and 65 describe how this Score is constructed.

Table 22 shows the weighted distribution of the total COVID-19 Pandemic Fatigue scores. These scores form the basis of the COVID-19 Pandemic Fatigue Scale (see Figure 24 and Section 8: Methodology page 65).

Table 22: Weighted distribution of COVID-19 Pandemic Fatigue Scores		
COVID-19 Pandemic Fatigue Score (CPFS)	Total Scores	
	October/ November 2022	February 2023
6	10%	11%
7	3%	2%
8	2%	3%
9	2%	2%
10	3%	5%
11	2%	3%
12	4%	5%
13	3%	4%
14	4%	4%
15	4%	3%
16	4%	6%
17	5%	4%
18	8%	10%
19	5%	5%
20	3%	6%
21	6%	3%
22	5%	4%
23	4%	3%
24	5%	4%
25	2%	3%
26	4%	3%
27	4%	2%
28	3%	2%
29	1%	1%
30	4%	3%
Mean CPFS Score	17.53	16.51
N (unweighted) - all respondents	1,393	1,453

Note that:

- The mean CPFS using the unweighted data was 16.17 (SD 6.76, range 6-30). Using the weighted data, the mean score was 16.51. This compares with the October/November unweighted data mean score of 17.34 (SD 6.88, range 6-30) and weighted data mean score of 17.53.
- Cronbach’s alpha (a measure of consistency) for the February CPFS was 0.91 (October/November 2022 was 0.90).
- A two-sample t-test assuming equal variances indicates that there is a significant difference between the October/November 2022 and February 2023 COVID-19 Pandemic Fatigue Score results [*Oct/Nov 2022 (mean = 17.3388, sd = 6.882954), Feb 2023 (mean = 16.1679, sd = 6.762858), t(2844) = 4.5773, p = 0.000005*].

As shown in Figure 24 below, **COVID-19 Pandemic Fatigue has moderated since October/ November** with high and very high scores declining significantly, and medium and low scores increasing significantly.

Figure 24: Distribution of COVID-19 PANDEMIC FATIGUE Scale

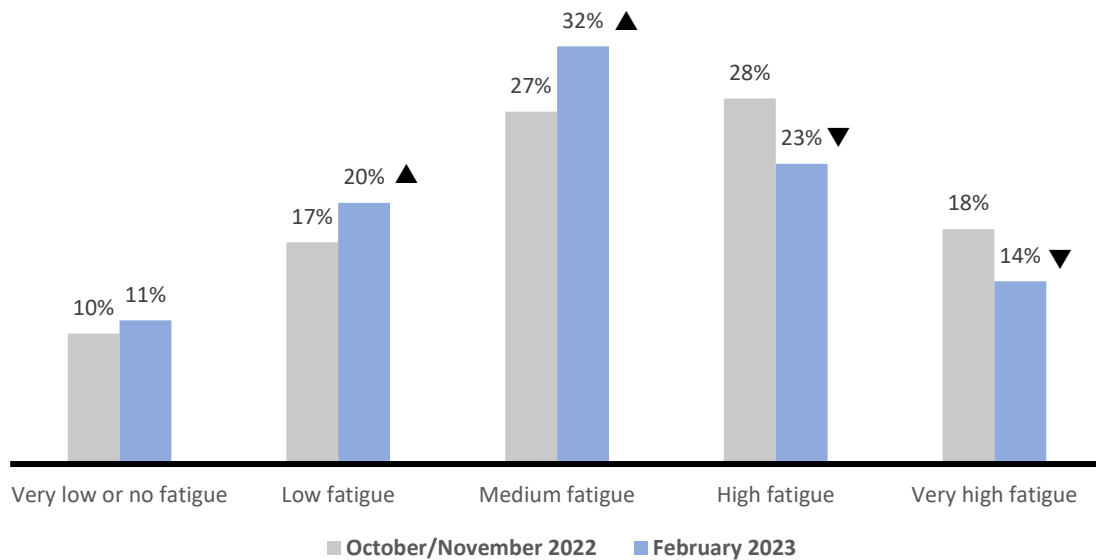


Table 23 below shows a significant drop of 9 percentage points in high and very high levels of fatigue compared with the October/November survey, and a corresponding increase in medium and very low, low and no fatigue scores:

	October/ November 2022 %	February 2023 %	Change % points
Total 'very low or no' and 'low' fatigue	27%	31%	+4 ▲
'Medium' fatigue	27%	32%	+5 ▲
Total 'high' and 'very high' fatigue	46%	37%	-9 ▼

Sub-groups who reported higher proportion of 'very high' COVID-19 Pandemic Fatigue (total response: 14%):

- Never been vaccinated 35%
- Self-isolated in the past two weeks 27%
- Experienced COVID-19 symptoms in the past two weeks 22%
- Aged under 35 20%
- Had one or two vaccine doses 19%

Sub-groups who reported higher proportion of 'very low or no' COVID-19 Pandemic Fatigue (total response: 11%):

- Had four or more vaccine doses 22%
- From a two-person household 17%
- Aged 55 and over 16%

CPFS results by age

In comparison with all respondents:

Younger adults aged 35 and under were:

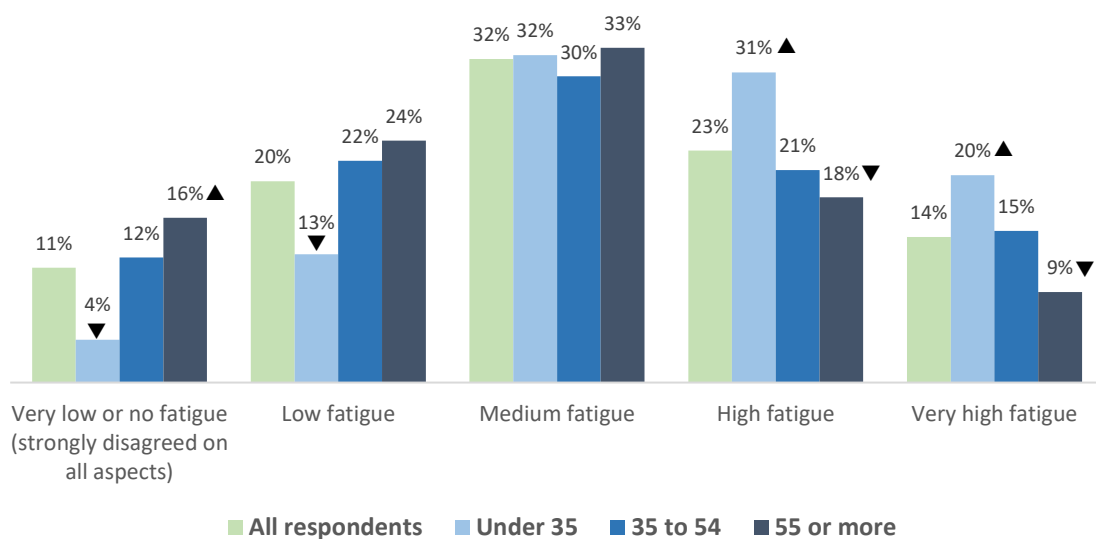
- significantly more likely to have **high or very high fatigue**
- significantly less likely to have **very low/no fatigue or low fatigue**.

Older adults aged 55 or more were:

- significantly more likely to have **very low/no fatigue**
- significantly less likely to have **high or very high fatigue**.

Those aged 35 to 54 showed no significant differences from the total.

Figure 25: Distribution of COVID-19 Pandemic Fatigue Scale by Broad Age Group



The average age of respondents in each CPFS category was as follows:

All respondents	Very low or no fatigue	Low fatigue	Medium fatigue	High fatigue	Very high fatigue
48.5	55.7	52.7	49.2	44.8	41.3

CPFS results by gender

As in the October/November survey, no significant differences from the total were observed by gender.

CPFS results by priority ethnicity

Only one difference was observed by priority ethnicity: adults of Asian priority ethnicity (n=89) were less likely than respondents overall to record very high fatigue levels (8% of 14% overall).

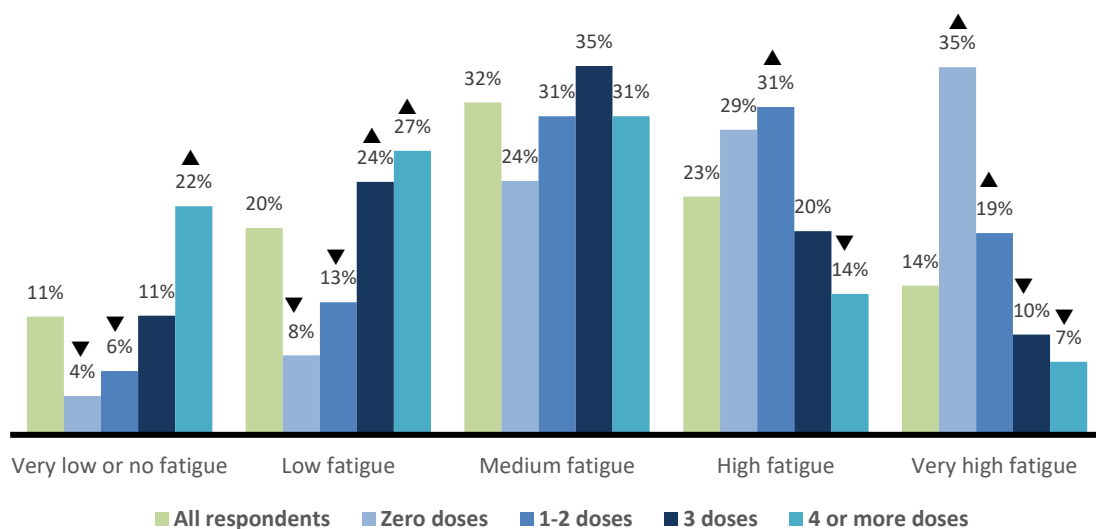
CPFS results by geographic location

No significant differences from the total were observed by region or by type of area (rural vs. urban).

CPFS results by number of COVID-19 vaccine doses received

In general, the more vaccine doses adults have received, the less likely they were to have high or very high COVID-19 Pandemic Fatigue and the more likely they were to have low or very low/no fatigue (*this result is not causal*).

Figure 26: Distribution of COVID-19 Pandemic Fatigue scale by number of vaccine doses



6.2. Results for the six CPFS measures

As Table 25 shows, five out of the six questions that make up the CPFS recorded significantly higher 'neutral' ratings in February 2023 compared with October/November 2022. Similarly, five out of the six questions had significantly lower 'strongly agree' ratings.

The biggest decline for 'total agree' ratings ('strongly agree' and 'agree') was recorded for "*I feel strained from following all of the rules around COVID-19*" which fell by 11 percentage points (from 37% to 26% agree).

As in October/November the highest level of total agreement ('strongly agree' and 'agree') was for "*I am sick of hearing about COVID-19*" (43% in February cf 51% in October/November).

Again, as in October/November, the lowest level of total agreement ('strongly agree' and 'agree') was for "*I am tired of restraining myself to save those who are most vulnerable to COVID-19*" (20% in February cf 24% in October/November).

Table 25: Agreement levels to the questions which make up the CPFS – October/November 2022 vs. February 2023

	I am tired of all the COVID-19 discussions in TV shows, newspapers, and radio programs, etc.		I am sick of hearing about COVID-19		When friends or family members talk about COVID-19, I try to change the subject because I do not want to talk about it anymore	
	Oct/Nov 2022	Feb 2023	Oct/Nov 2022	Feb 2023	Oct/Nov 2022	Feb 2023
Strongly disagree	17%	19%	16%	19%	24%	27%
Slightly disagree	14%	16%	12%	13%	17%	17%
Neutral	20%	24%▲	21%	25%▲	28%	32%▲
Slightly agree	22%	19%▼	23%	20%	15%	12%▼
Strongly agree	28%	23%▼	28%	23%▼	16%	13%▼
	I feel strained from following all of the rules around COVID-19		I am tired of restraining myself to save those who are most vulnerable to COVID-19		I am losing my spirit to fight against COVID-19	
	Oct/Nov 2022	Feb 2023	Oct/Nov 2022	Feb 2023	Oct/Nov 2022	Feb 2023
Strongly disagree	26%	28%	37%	37%	27%	32%▲
Slightly disagree	16%	17%	16%	17%	18%	17%
Neutral	20%	28%▲	23%	27%▲	24%	27%
Slightly agree	19%	15%▼	11%	9%	16%	14%
Strongly agree	18%	11%▼	13%	11%	15%	9%▼
N (unweighted) - all respondents	1,393	1,453	1,393	1,453	1,393	1,453

7. MOST CONCERNING ISSUES FACING NEW ZEALAND

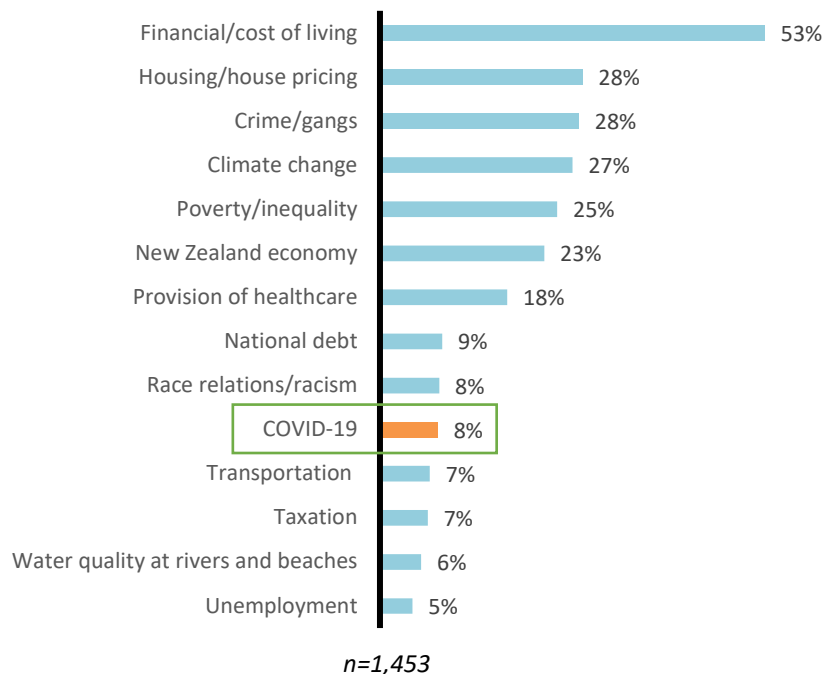
A new question was included in the February 2023 survey asking respondents to choose the most concerning issues New Zealand is currently facing from a list presented to them. They could choose more than one issue.

The most concerning issues selected by more than 20% of respondents were:

- Financial/cost of living 53%
- Housing/house pricing 28%
- Crime/gangs 28%
- Climate change 27%
- Poverty/inequality 25%
- New Zealand economy 23%.

COVID-19 (8%) was tenth equal on the list.

Figure 27: Top 14 most concerning issues facing New Zealand



Sub-groups who were most likely to consider COVID-19 is a concerning issue for New Zealand were those with 'very low' COVID-19 Pandemic Fatigue and those with no formal academic qualifications.

Table 26: COVID-19 is a worrying issue for New Zealand. Total: 8%

Sub-groups with a significantly lower level of perceiving COVID-19 is a worrying issue ▼		Sub-groups with a significantly higher level of perceiving COVID-19 is a worrying issue ▲	
Aged 18-24 years	4%	'Very low' COVID-19 Pandemic Fatigue	19%
		No formal qualification	16%
		Had four or more vaccine doses	14%
		'Low' COVID-19 Pandemic Fatigue	12%
		Identify as disabled	12%

8. METHODOLOGY

Research method

An online survey of adults living in New Zealand aged 18 and older.

Sample sources

The nationwide HorizonPoll and Horizon Research Māori research panels and two third-party research panels were used to ensure coverage and sample diversity.

Fieldwork dates

3 to 9 February 2023.

Sample size

n=1,453 respondents.

Survey reliability

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

Key sub-samples and their maximum margins of error (at 95% CI)

- Ethnic priority Pasifika: n=219, maximum margin of error $\pm 6.6\%$
- Ethnic priority Māori: n=435, $\pm 4.7\%$
- Never vaccinated for COVID-19: n=105, $\pm 9.6\%$
- 55 years or over: n=509, $\pm 4.3\%$.
- Tested positive for COVID-19 in two weeks prior to the survey: n=28, $\pm 18.5\%$.
- Ever tested positive for COVID-19: n = 856, $\pm 3.3\%$.
- Used public transport in two weeks prior to the survey: n=747, $\pm 3.8\%$.

Quotas

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

Priority ethnic groups

Horizon used priority ethnic groups to determine ethnicity¹².

Weighting

The total sample is weighted on age, gender, ethnicity, education, personal income and region to match the New Zealand adult (18+) population.

Weighting factors are based on the latest available Statistics NZ's data or projections. As the last census was in 2018, Horizon continually reviews the data on which the weightings are based and updates them where necessary, so that they are always current. The weightings used in this survey are based on:

- Age group and Gender: Statistics NZ Infoshare Estimated Resident Population by Age and Sex December quarter 2022
- Ethnicity: Statistics NZ Infoshare Māori Ethnic Group Estimated Resident Population by Age and Sex December quarter 2022 projections, plus NZStat National ethnic population projections by age and sex as at 30 June 2022.
- Education: Statistics NZ Highest Qualification Census 2018 with a projection to 2022 based on the inter-census trend from Census 2006, Census 2013 and Census 2018.
- Region: Statistics NZ Infoshare Estimated Resident Population for Territorial Authority Areas as at 30 December 2022.

¹² 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.

Age groups

The five-year age groupings asked in the survey have been grouped into 10-year age groups.

Correlation coefficient descriptors

Horizon uses the following descriptors for correlation coefficients: 0.8 to 1.0 'very strong'; 0.6 to 0.79 'strong'; 0.4 to 0.59 'moderate', 0.2 to 0.39 'weak'; less than 0.2 'no correlation'.

Statistical tests of significance

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.

Two-tailed t-testing is used to indicate significant differences between figures in the tabulated survey results. This indicates whether the difference between the two results being compared is significant at the 95% significance level regardless of the "direction" of the difference (ie either above or below the figure to which the result is being compared).

Tests of significance of tabulated results look at whether the result for each option in a table row is significantly different to the others in that row, not at the question as a whole.

People with disabilities

Respondents were asked 'Do you identify yourself as a person with one or more disabilities?' (self-identification) and then asked 6 questions (Washington Group Short Set) to establish the degree to which they had difficulty:

- 'Do you have difficulty seeing, even if wearing glasses?'
- 'Do you have difficulty hearing, even if using a hearing aid?'
- 'Do you have difficulty walking or climbing steps?'
- 'Do you have difficulty remembering or concentrating?'
- 'Do you have difficulty washing all over or dressing?'
- 'Using your usual language, do you have difficulty communicating, for example, understanding or being understood?'

Each of these questions used the following scale:

- No – No difficulty
- Yes – Some difficulty
- Yes – A lot of difficulty
- Cannot do this at all
- I don't know

Respondents with disabilities were assessed by combining the results of the self-identification and Washington Group Short Set questions together. If the self-identification was "Identify as disabled" or the answer to at least one of the Washington Group Short Set questions was "Yes – a lot of difficulty" or "Cannot do this at all" then the respondent was assessed as "**with disability**". If the self-identification was "do not identify as disabled" and none of the answers to Washington Group Short Set questions were "Yes – a lot of difficulty" or "Cannot do this at all" then the respondent was assessed as "**without disability**".

Note that this is a change from the previous two surveys, in which respondents who were reported with disabilities had self-identified as a person with one or more disabilities; the Washington Group Short Set disability questions were not asked.

September averages for mask wearing on public transport

NB. This question was asked separately for each type of public transport in the previous September survey, but combined for all forms of public transport in the October/ November 2022 and February 2023 surveys. To obtain an overall result for all public transport users for September, a weighted average, based on total number of users per public transport mode in the sample, was calculated.

September 2022 results	Bus	Train	Ferry	Plane	Taxi/ Uber	AVERAGE
Always wore a mask in the 2 weeks prior to the survey	37%	28%	20%	34%	34%	32%
Often wore a mask in the 2 weeks prior to the survey	10%	10%	9%	7%	9%	9%
Sometimes wore a mask in the 2 weeks prior to the survey	8%	8%	7%	9%	9%	8%
Rarely wore a mask in the 2 weeks prior to the survey	8%	10%	8%	8%	8%	8%
Never wore a mask in the 2 weeks prior to the survey	38%	45%	56%	42%	40%	43%
N (unweighted)	572	385	310	399	466	725 nett

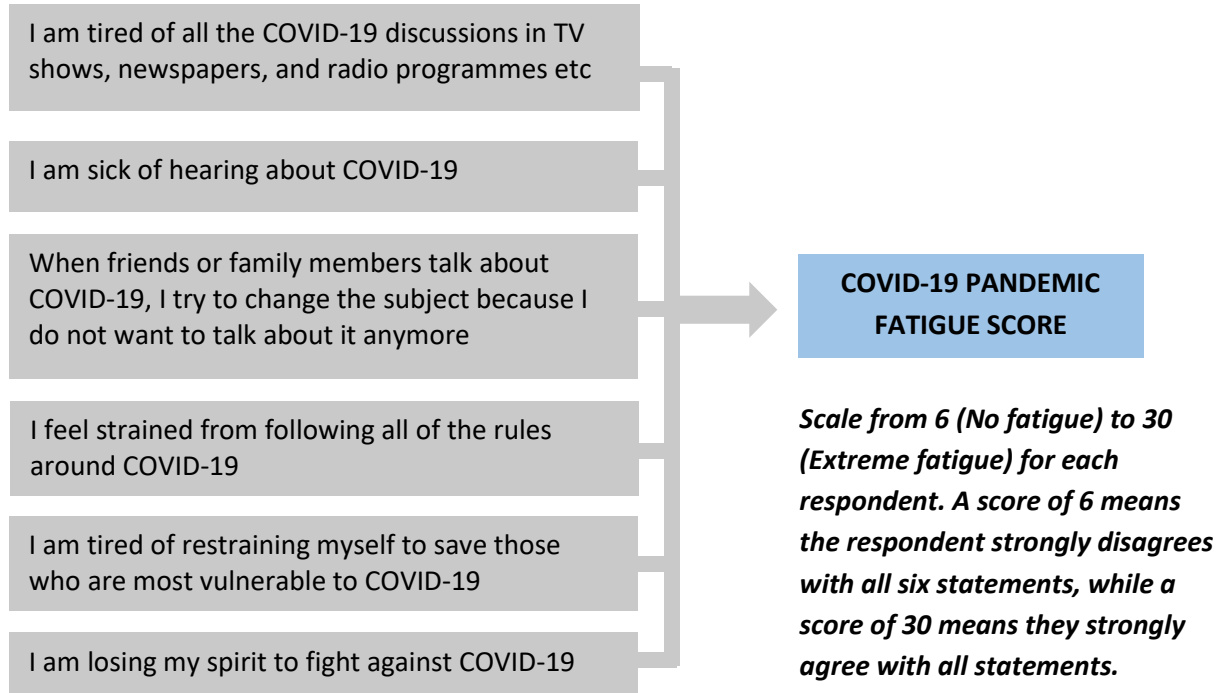
COVID-19 Pandemic Fatigue Measures

Manatū Hauora uses the adapted 5-point **COVID-19 Pandemic Fatigue Score** developed and tested by Rodriguez-Blazquez C. et al in Spain as an indication of fatigue in survey respondents.

The following diagram shows how this is constructed.

Construction of the COVID-19 Pandemic Fatigue Score

Ratings are from strongly disagree (assigned a score of 1) to strongly agree (assigned a score of 5). The sum of the individual scores for each of the six questions for each respondent is the Pandemic Fatigue Score for that respondent.



Simplifying the COVID-19 Pandemic Fatigue Score to a Scale

For ease of analysis, the score is aggregated into five categories which are analysed in the report as the COVID-19 Pandemic Fatigue Scale:

Scores	Categories
6	Very low or no fatigue
7 to 12	Low fatigue
13 to 18	Medium fatigue
19 to 24	High fatigue
25 to 30	Very high fatigue

APPENDIX – SAMPLE PROFILE

A) By demographics *(Note that some percentages may not sum to 100% owing to rounding)*

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	669	46%	49%
Female	776	53%	50%
Another gender	8	1%	1%
Total	1,453	100%	100%

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	137	9%	12%
25-34	290	20%	18%
35-44	261	18%	17%
45-54	256	18%	16%
55-64	225	15%	14%
65-74	155	11%	10%
75 or more	129	9%	13%
Total	1,453	100%	100%

Priority ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	435	30%	20%
Pasifika	219	15%	10%
Asian	89	6%	4%
European	701	48%	66%
Other	9	1%	0%
Total	1,453	100%	100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters or PhD)	219	15%	10%
Undergraduate (Bachelor) degree	422	29%	19%
Vocational qualification (includes trade certificates, diplomas etc)	338	23%	27%
University Bursary or 7th form	110	8%	10%
Sixth form/UE/NCEA Level 2	125	9%	12%
NCEA Level 1 or School Certificate	117	8%	10%
No formal school qualification	81	6%	7%
Prefer not to say	41	3%	5%
Total	1,453	100%	100%

Healthcare worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	162	11%	9%
No	1,291	89%	91%
Total	1,453	100%	100%

Te Whatu Ora - Health New Zealand Regions	n= (unweighted)	% (unweighted)	% (weighted)
Northern	533	37%	38%
Te Manawa Taki (Midland)	233	16%	19%
Central	355	24%	20%
Southern	332	23%	23%
Total	1,453	100%	100%

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	47	3%	4%
Auckland	486	33%	34%
Waikato	110	8%	9%
Bay of Plenty	83	6%	7%
Taranaki	31	2%	2%
Gisborne/Hawkes' Bay	50	3%	4%
Wairarapa	22	2%	1%
Whanganui/ Manawatu/ Palmerston North	78	5%	5%
Wellington	214	15%	11%
Nelson/ Tasman/ Marlborough	37	3%	2%
Canterbury	202	14%	14%
West Coast	12	1%	1%
Otago	65	4%	4%
Southland	16	1%	1%
Total	1,453	100%	100%

Area Type	n= (unweighted)	% (unweighted)	% (weighted)
Urban	1,184	81%	80%
Rural	269	19%	20%
Total	1,453	100%	100%

B) By health and disability status

Disabled people	n= (unweighted)	% (unweighted)	% (weighted)
With disability	365	25%	27%
Without disability	1,088	75%	73%
Total	1,453	100%	100%

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
Yes	516	36%	39%
No	937	64%	61%
Total	1,453	100%	100%

C) By number of people in the household

Adults in household	n= (unweighted)	% (unweighted)	% (weighted)
One	256	18%	19%
Two	694	48%	47%
Three or four	387	27%	26%
Five or more	116	8%	8%
Total	1,453	100%	100%

Children in household	n= (unweighted)	% (unweighted)	% (weighted)
One	893	61%	65%
Two	241	17%	16%
Three or four	195	13%	12%
Five or more	103	7%	6%
None	21	1%	2%
Total	1,453	100%	100%

Total in household	n= (unweighted)	% (unweighted)	% (weighted)
One	203	14%	15%
Two	452	31%	33%
Three	258	18%	17%
Four	267	18%	18%
Five or six	193	13%	12%
Seven or more	80	6%	5%
Total	1,453	100%	100%