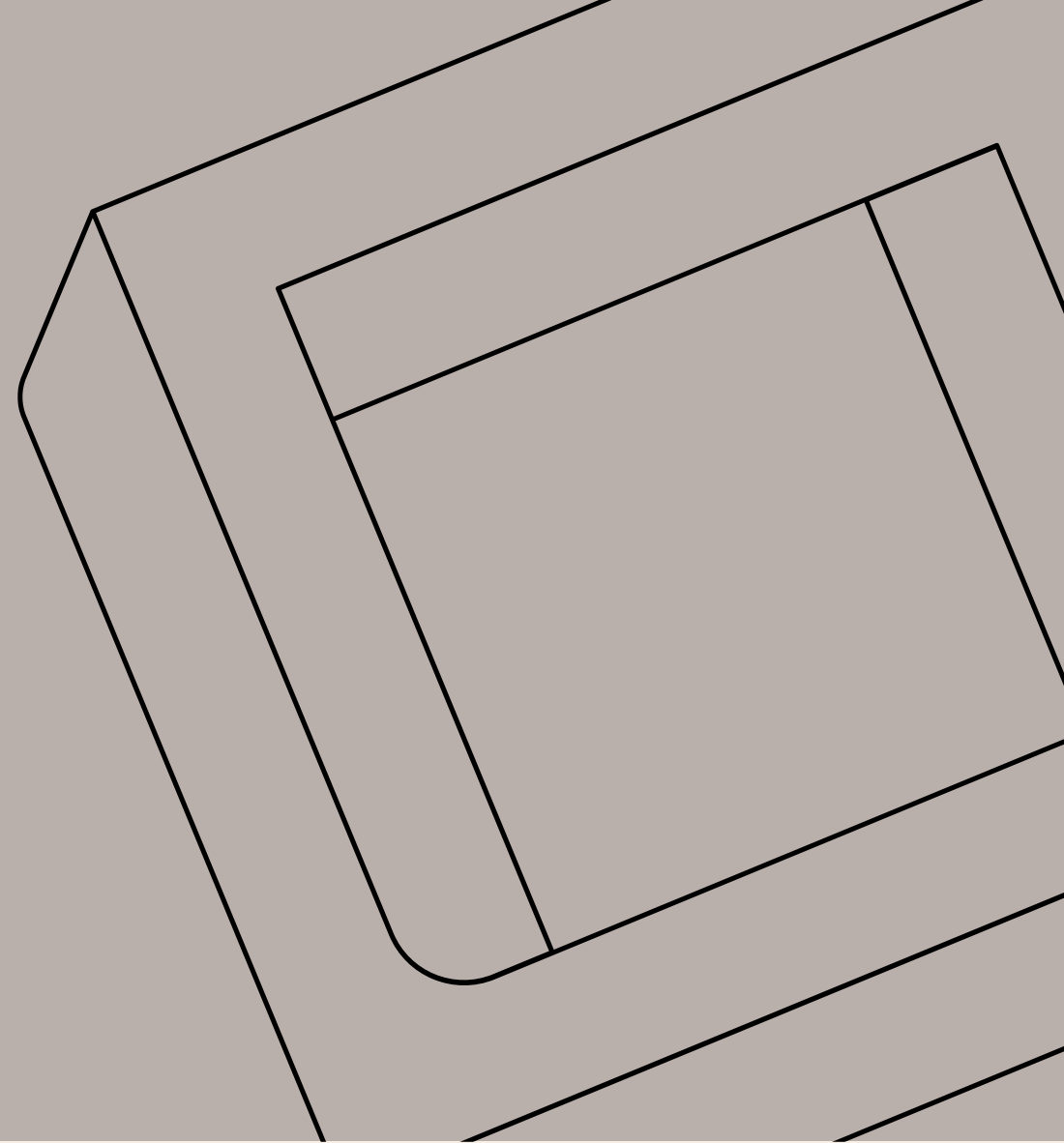


# Measuring public health behaviours and intentions



# Report content

---

1. Executive summary
2. Introduction
3. Recent health behaviours – incidence of behaviours in the last three months
4. Intended health behaviours – likelihood of complying with public health advice
5. Impact of COVID-19 on public health behaviours
6. Attitudes towards COVID-19
7. Appendix

# 1: Executive summary

---

## Recent health behaviours

- Half of the adults who've had cold or flu symptoms in the last three months and who interact with others at a place of work or study, say they've interacted with others while unwell. Most commonly, they explain this behaviour by saying 'their symptoms were only mild'.
  - A third of children interacted with other children at their school when they were unwell.
  - New Zealanders are split in their mask wearing behaviour in public health settings – just over a third say they wore a mask all the time when seeing their doctor or at a hospital, while a similar proportion say they wore a mask none of the time in these settings.
- 

---

## Intended health behaviours

- Intention to interact with others when unwell is similar to the behaviour of those who've actually been unwell – 55% of people say they are at least somewhat likely to interact with others at their place of work, while symptomatic.
  - Twelve percent of adults say they couldn't take any time off work or study if they were unwell. Sixty percent say they couldn't be away for more than three days.
  - Parents/caregivers are more likely to keep their children home from school if they're unwell, than adults are to keep themselves away from work – 83% of parents/caregivers are at least somewhat likely to keep their children home from school.
-

---

## [CONT] Intended health behaviours

- Most New Zealanders say they will follow public health advice if it is required by law – 78% say they're extremely or very likely to follow public health advice if it is required by law, and a further 11% are somewhat likely.
  - A slightly smaller proportion of New Zealanders say they will follow public health advice if it is recommended but not required by law – 64% say they're extremely or very likely to follow public health advice if it is required by law, and a further 21% are somewhat likely.
  - Age and COVID vaccination status are the best predictors of whether or not people are likely to follow public health advice. Older people and those who've had more vaccine doses are more likely to follow public health advice, while younger people and those with less than three COVID vaccine doses are less likely.
- 

---

## Impact of COVID-19 on public health behaviours

- The majority of New Zealanders believe that COVID has not caused a major shift in their likelihood of following public health advice – e.g.,
  - 83% have not had a major intention shift when it comes to following public health advice required by law, and 74% have not had a major shift when it comes to recommendations not required by law.

Of those who have had a major intention shift this is more likely to be negative (less likely to follow public health advice) than positive – e.g., with recommendations not required by law, 22% say are less likely to follow them now, compared to 4% who are more likely.

- Vaccination status and age are the best demographic predictors of whether people have had a major intention shift – i.e., younger people and those who've had fewer than three COVID vaccine doses are the most likely to have had a major negative attitudinal shift.
-

---

## **[CONT] Impact of COVID-19 on public health behaviours**

- Around 50% of New Zealanders say COVID hasn't impacted their intention to get vaccinated for the flu, other illnesses, and a new pandemic. The remaining 50% are relatively evenly split between being more likely to get vaccinated now than they were before COVID and being less likely.

---

## **Attitudes towards COVID-19**

- People are divided in their attitudes towards COVID – e.g.,
  - 39% say the restrictions caused too much damage to New Zealand and we need to avoid bringing them back at all costs, while 37% hold the opposite view.
  - 40% think COVID still poses a danger to them, while 30% don't.
- Despite the differences in attitudes, many more people say that if there was another wave of COVID, they would follow restrictions (64%), than say they wouldn't (16%).
- Vaccination status is the best demographic predictor of differences in attitudes – those who've had three or more doses of a COVID vaccine being more positive and more likely to follow restrictions should they be re-imposed.

# 2: Introduction

---

# Background

COVID-19 has had a considerable impact on the New Zealand health system and COVID continues to remain a threat, especially to the most vulnerable in society. COVID also revealed that public interventions are only useful if the population is willing and able to adhere to them.

With the ongoing threat of COVID (including new variants) as well as possible new pandemics in the future, the Ministry of Health needs to be in a position to provide the best possible advice, recommendations, and decisions at critical junctures. To support this, the aim of this research is to:

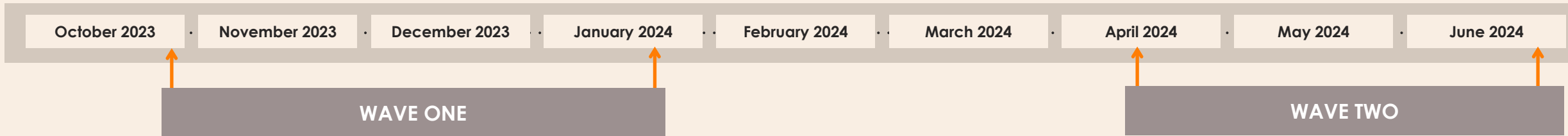
- 1.** Monitor actual and likely adherence to public health measures.
- 2.** Understand the drivers and behaviours to public health behaviour to determine how best to influence public health behaviour in the future.

These objectives require a staged research approach, which is outlined on the next page.

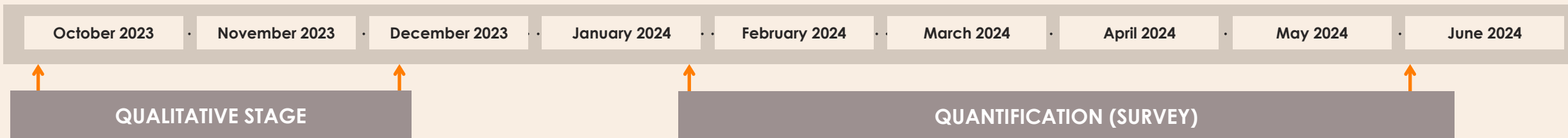


# The research programme

Part 1:  
Tracking survey to monitor public health behaviours and intentions.



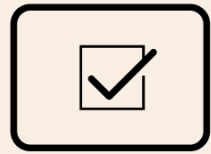
Part 2:  
Qualitative and quantitative approach to understand drivers and barriers of public health behaviour and intention – as well as how to influence them.



**This document reports the findings from Part 1, Wave 1.**

---

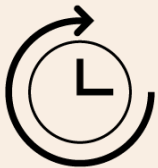
# Methodology



1,642 surveys conducted online using online research panels. Sample structured to be demographically representative of the population by age, gender, and region. Māori and Pacific peoples over-sampled relative to population to ensure sufficient sample sizes for analysis – 369 of the 1,642 interviews were with Māori and 200 were with Pacific peoples (30 people identified as both Māori and Pacific).



197 surveys conducted by telephone – 109 with Māori and 101 with Pacific peoples (13 people identified as both Māori and Pacific).



Surveying conducted 31 October to 29 November, 2023.

---

# Methodology – additional notes

## Weighting

The results have been weighted so that the characteristics of the survey sample match the New Zealand population by these characteristics: age and gender at the total population level; region; education level; age by gender for Māori; age by gender for Pacific peoples; and age by gender for Asian peoples.

The weights assigned individuals ranged from .07 to 3.72.

## Disability status

Disability status was determined using the Washington Group Short Set questions and self-identification. Have a disability was defined as having at least a lot of difficulty with: seeing (even if wearing glasses), or hearing (even if using a hearing aid), or walking or climbing steps, or remembering or concentrating, or washing all over or dressing, or communicating using your usual language, or self-identifying as a disabled person or tāngata whaikaha Māori.

## Rounding

Please that the percentages may not always add to 100% for one of two reasons: (1) some questions allowed people to choose more than one response, or (2) rounding. Rounding is also the reason that some nett percentages may be slightly or lower than the sum of the categories that make up the nett.

## Demographic analysis

A series of logistic regressions (forward stepwise) were used to understand demographic differences in the responses to key questions (i.e., to determine which demographic variables best explain differences across the total population). Each demographic group was entered into the regression as a binary variable (e.g., people living in Auckland / people not living in Auckland), not as a categorical variables to remove the need to choose a reference group. The full list of demographic variables used in the logistic regressions can be found in the sample profile tables in the Appendix. No interaction effects were included in the regressions because of sample size constraints.

# 3: Recent health behaviours

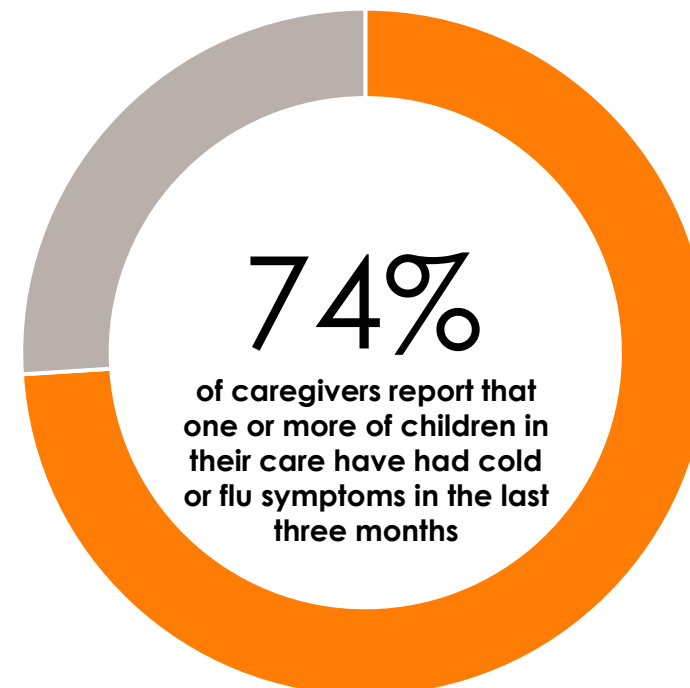
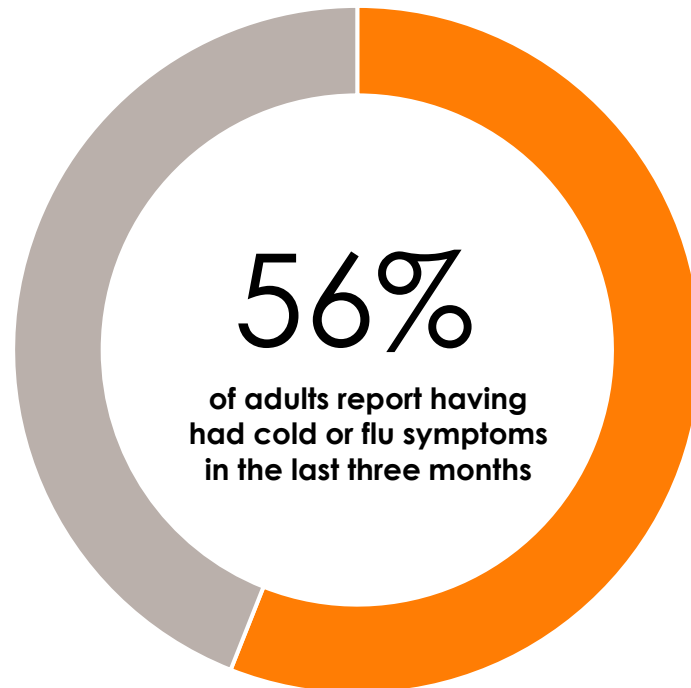
Incidence of behaviour in the last three months

---

Over half of all adults have had cold or flu symptoms in the last three months and nearly three-quarters of caregivers report one or more of their children had cold or flu symptoms.

---

Incidence of cold or flu symptoms in the population



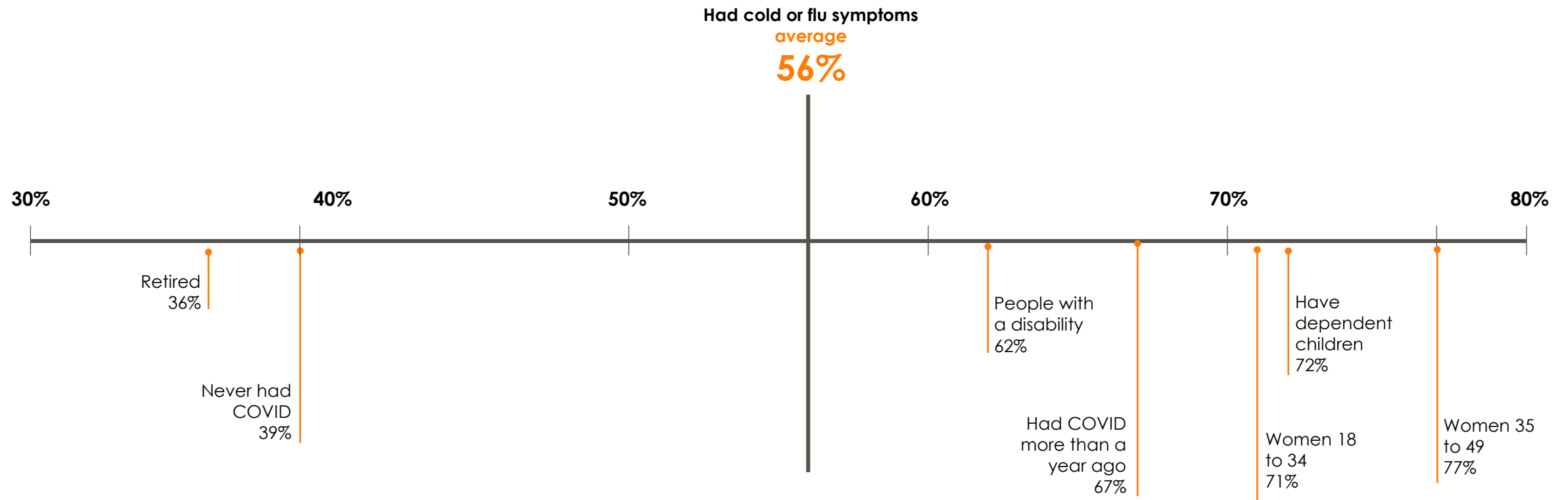
---

Source: Q1. Have you had cold or flu type symptoms (for example a sore throat, a cough and/or a blocked nose) in the last three months? Q4. Have any of the children in your care had cold or flu type symptoms in the last three months?

Base: All respondents n=1,839, parents/caregivers n=592.

# Women under the age of 50 and those with children in their home are the most likely to have had cold or flu symptoms in the last three months.

## Demographic explainers of the incidence of cold or flu symptoms\*



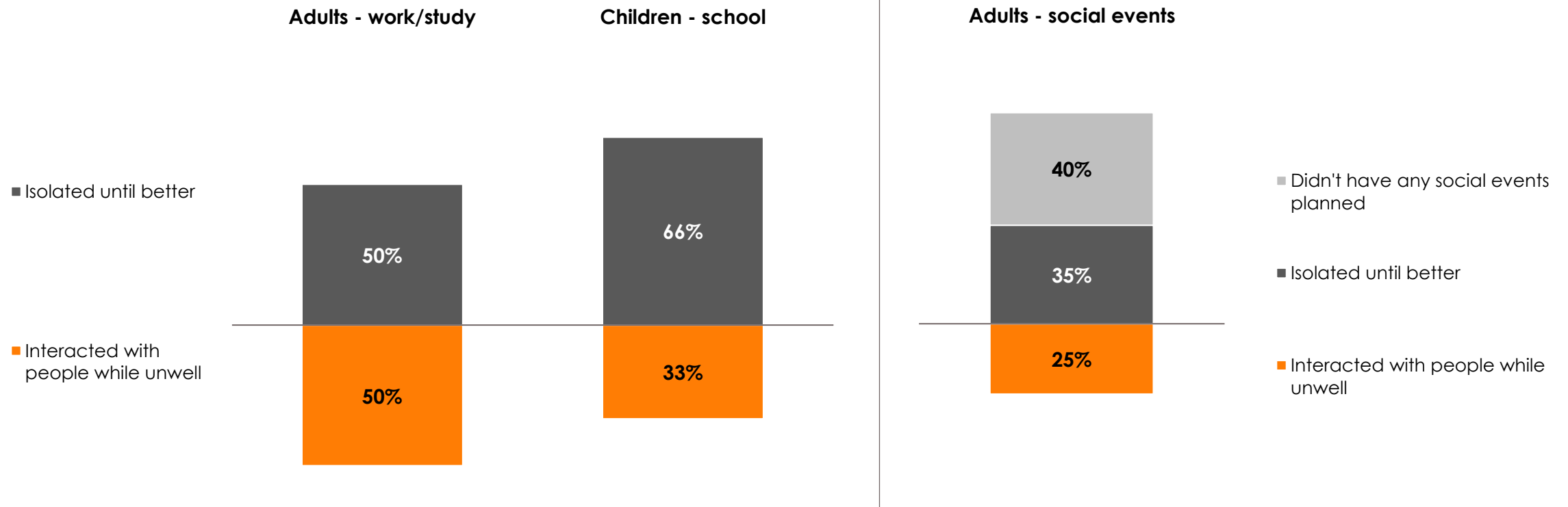
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain the incidence of having had or not having cold or flu symptoms in the last three months. The regression showed that demographic variables explain 16.1% of the incidence of cold or flu symptoms (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

Source: Q1. Have you had cold or flu type symptoms (for example a sore throat, a cough and/or a blocked nose) in the last three months?

See appendix for sample sizes of each demographic group.

# Half of the working/studying adults who've been unwell in the last three months say that they interacted with others at their place of work/study while they were unwell.

## Behaviour when unwell



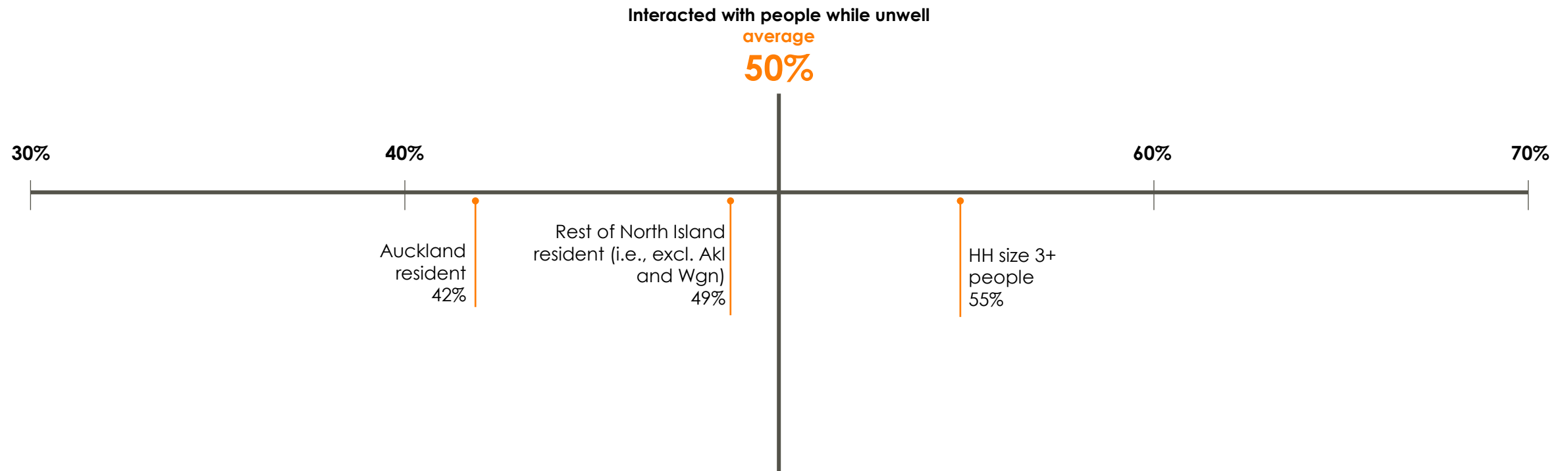
Source: Q2a/b. When you had the cold or flu symptoms did you do any of the following? Q3. Did you attend any social events when you had the cold or flu symptoms? Q5. When your child had the cold or flu symptoms, did they do any of the following?

For work/study, 'interacted while unwell' was defined as those who said 'they interacted while unwell because their symptoms were only mild or they couldn't take the day off', isolated until better were people who didn't select one of these two options.

Base: All respondents who've had cold/flu symptoms in the last three months and have a physical work/study place where they interact with people n=778, adults who've been unwell in the last three months n=1,064, parents/caregivers of children with cold/flu symptoms in the last three months n=417.

# People in larger households are most likely to interact with people at work or study when they are unwell.

## Demographic explainers of interacting with people when unwell (work/study)\*



\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain the incidence of interacting with people when unwell. The regression showed that demographic variables explain 11% of the incidence of interacting when unwell (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

Source: Q2a/b. When you had the cold or flu symptoms did you do any of the following?

Base: Auckland residents n=293, household size of 1 or 2 people n=270, rest of North Island residents n=232.

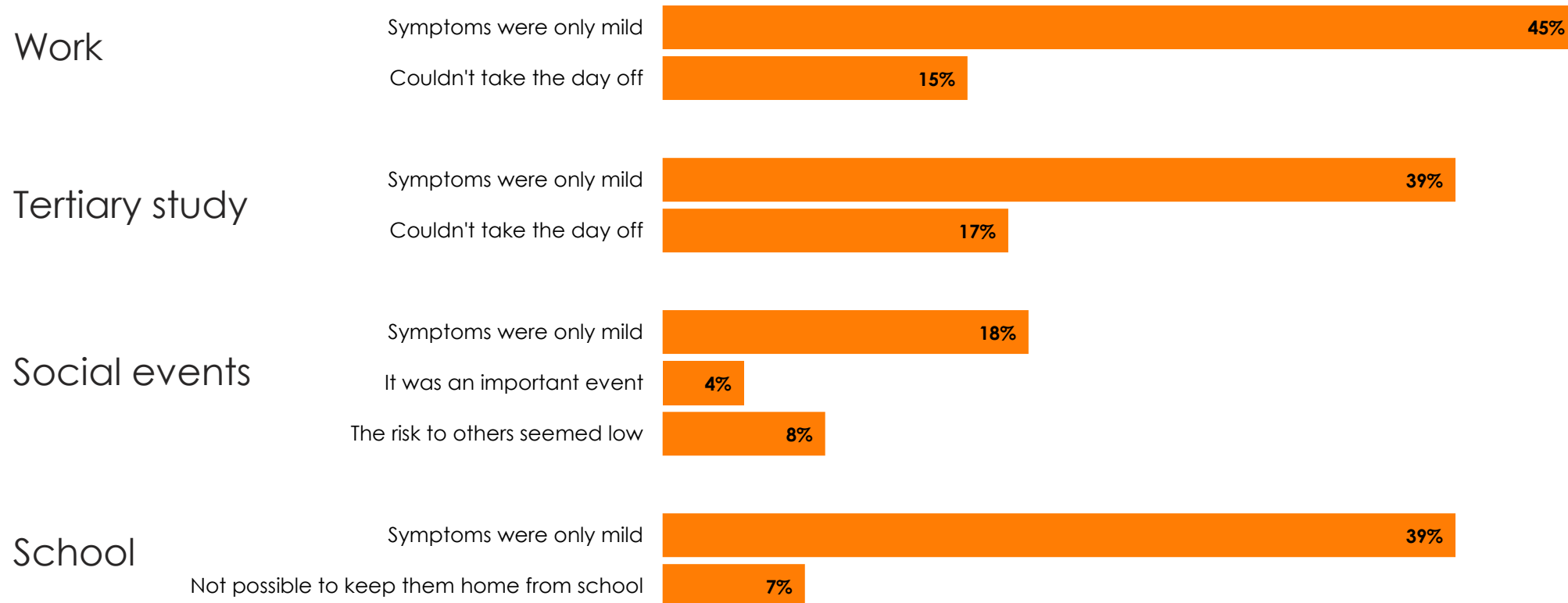


---

The questions about interacting with others when unwell included behavioural justifications in the response options, the most common justification given for interacting with others when unwell is that ‘the symptoms were only mild’.

---

**Behavioural justifications**



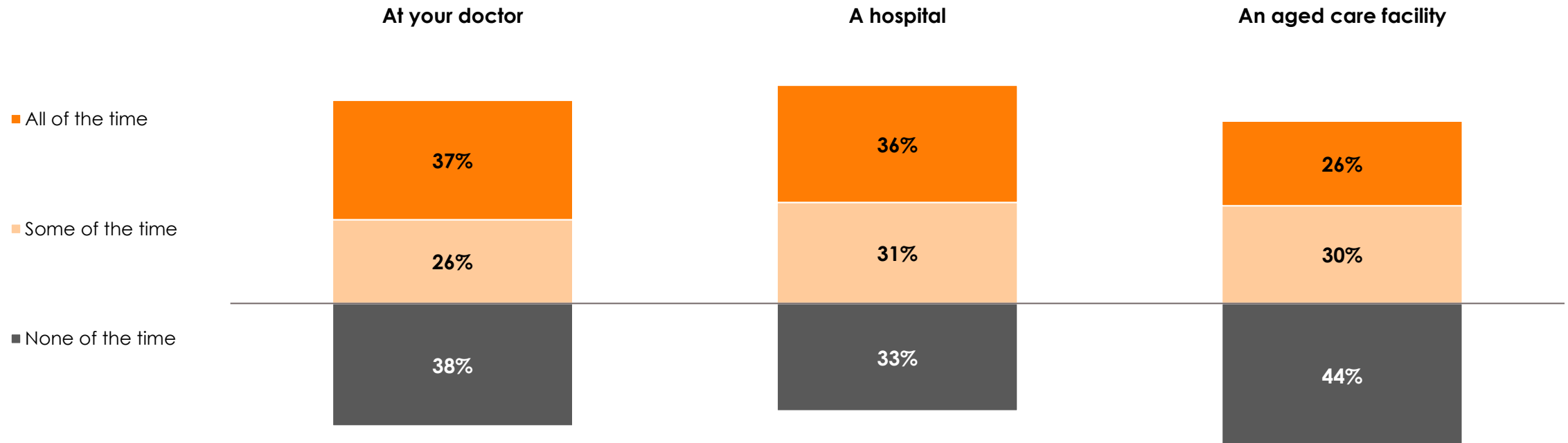
---

Source: Q2a/b. When you had the cold or flu symptoms did you do any of the following? Q3. Did you attend any social events when you had the cold or flu symptoms? Q5. When your child had the cold or flu symptoms, did they do any of the following?

Base: All respondents who've had cold/flu symptoms in the last three months and have a physical work/study place where they interact with people n=778, adults who've been unwell in the last three months n=1064, parents/caregivers of children with cold/flu symptoms in the last three months n=417.

There are relatively even numbers of people wearing a mask all the time in public health settings and never wearing a mask.

Mask wearing in public health settings

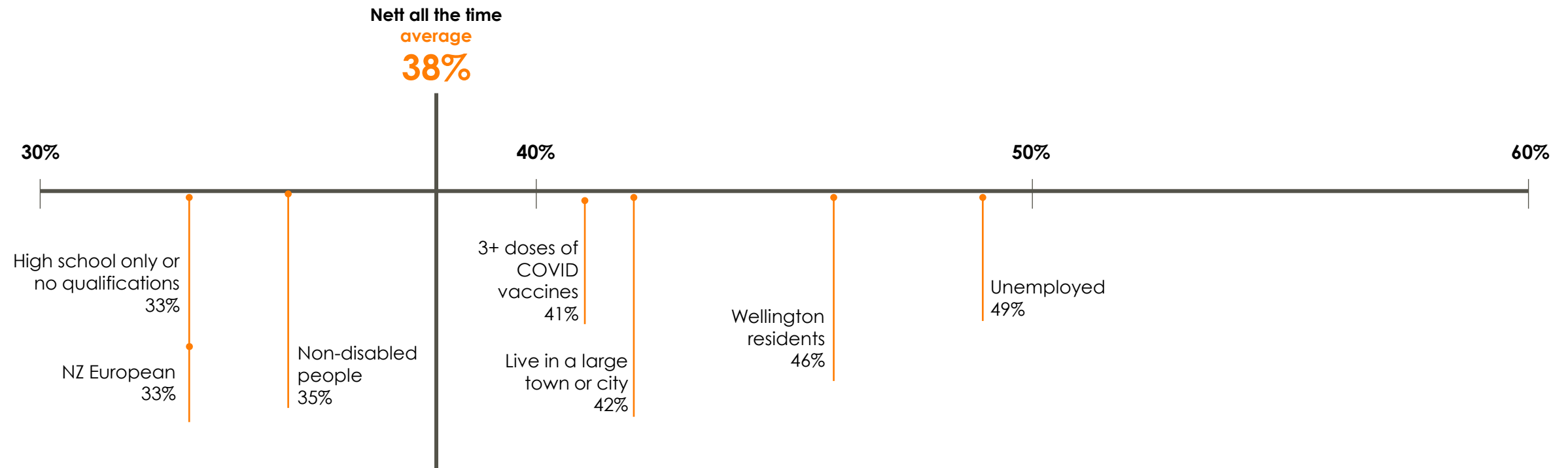


Source: Q7. Did you wear a mask, when you last went to ...

Base: All respondents who've been to see their doctor in the last three months n=1,036, all respondents who've been to a hospital in the last three months n=406, all respondents who've been to an aged care facility in the last three months n=174.

New Zealand Europeans and those with high school only or no qualifications are the least likely to wear a mask all the time in public health settings. Unemployed people and Wellington residents are the most likely.

Demographic explainers of mask wearing all the time in public health settings\*



\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain mask wearing in public health settings. The regression showed that demographic variables explain 12.7% of mask wearing (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

Source: Q7. Did you wear a mask, when you last went to ...

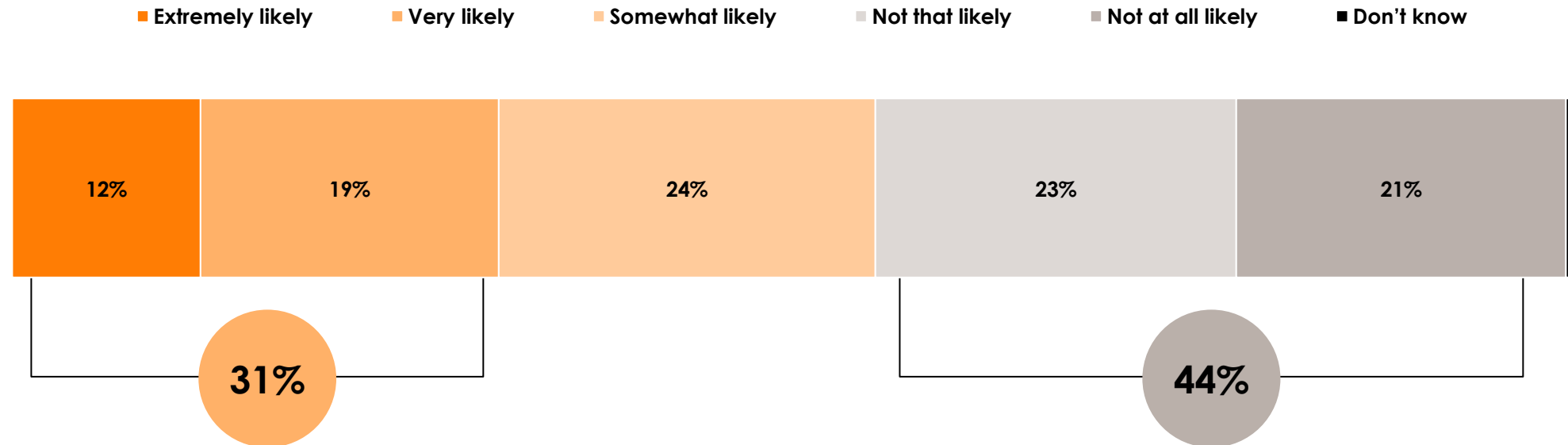
Base: High school only or no qualifications n=349, non-disabled people n=808, NZ European n=576, Wellington residents n=135, 3+ doses of COVID vaccines n=628, live in a large town or city n=643, unemployed n=123.

# 4: Intended health behaviours

Likelihood of complying with public health  
advice

# Nearly a third of working/studying adults say they are extremely or very likely to interact with others at work/study when they are unwell.

## Likelihood of interaction with others while symptomatic

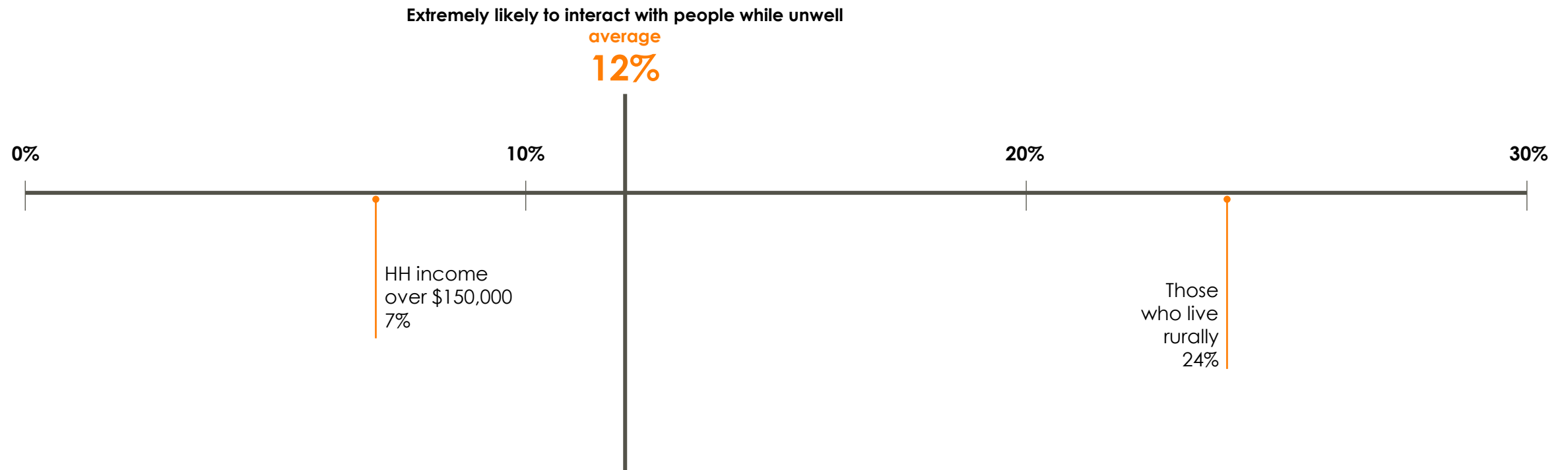


Source: Q8. Now we'd like you to imagine you have the following symptoms: a sore throat, a cough, and a blocked nose. Although you are feeling a bit run down, you could carry on with your day as normal, if you needed to. If you had these symptoms, how likely would you be to [ ... go to work and interact with customers/colleagues in-person... / ...go to your place of study and interact with other students or teaching staff in-person...], that day?

Base: Those whose work or study requires them to interact with others, n=1,049.

# People who live rurally are most likely to say they'll interact with others when unwell.

## Demographic explainers of being extremely likely to interact with others while symptomatic\*



\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain being extremely likely to interact with others when unwell. The regression showed that demographic variables explain 7.1% of being extremely likely to interact with others when unwell (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

Base: HH income over \$150,000 n=279. those who live rurally n=73.

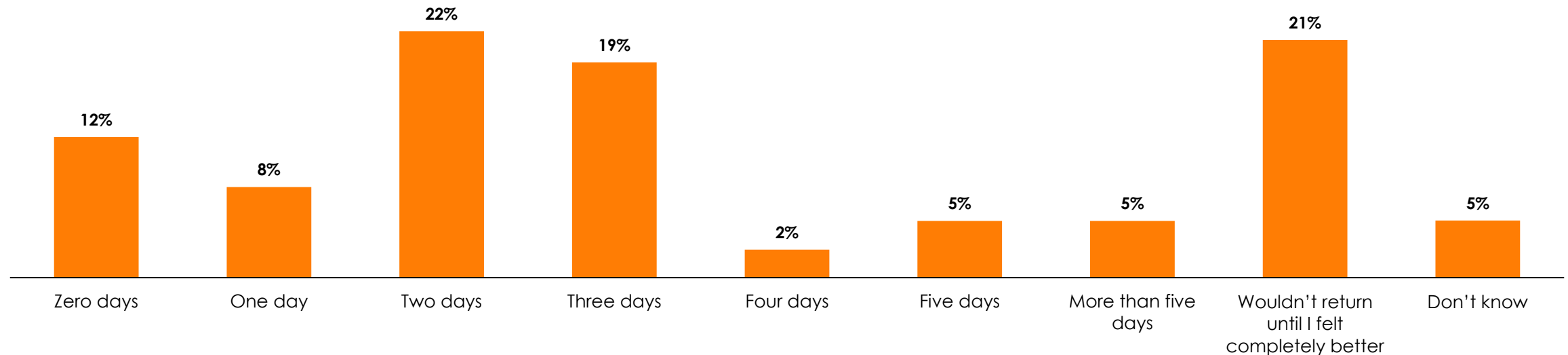
Source: Q8. Now we'd like you to imagine you have the following symptoms: a sore throat, a cough, and a blocked nose. Although you are feeling a bit run down, you could carry on with your day as normal, if you needed to. If you had these symptoms, how likely would you be to [ ... go to work and interact with customers/colleagues in-person... / ...go to your place of study and interact with other students or teaching staff in-person...], that day?

---

# Only a fifth of working/studying adults say they wouldn't return to work/study until they were completely better.

---

## Maximum time off for illness



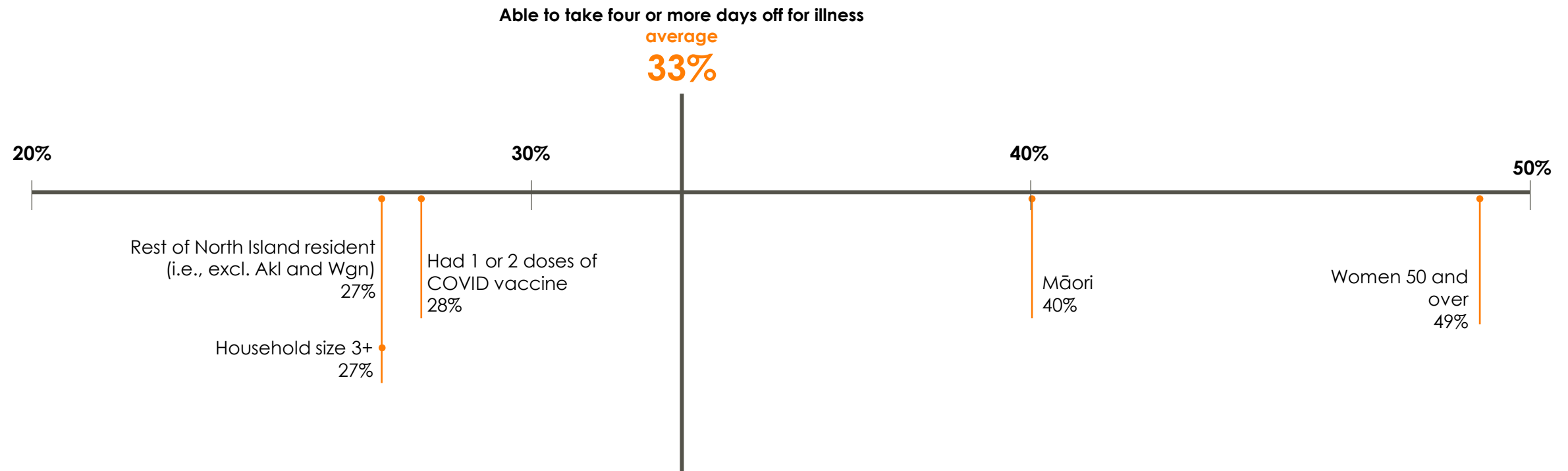
---

Source: Q9. If you had the symptoms described in the previous question, what is the longest you would be able to stay away from [... work situations where you need to interact with customers/colleagues in-person / study situations where you need to interact with other students or teaching staff in-person ...]? (i.e. is there an upper limit to how many days you would take off?)

Base: Those whose work or study requires them to interact with others, n=1049.

# Māori and women aged 50 and over are the most likely to be able to take four or more days off if they are unwell.

## Demographic explainers of being able or not to take four or more days off for illness\*



\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain being able or not to take four or more days off for illness. The regression showed that demographic variables explain 11.6% of being able or not to take four or more days off (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

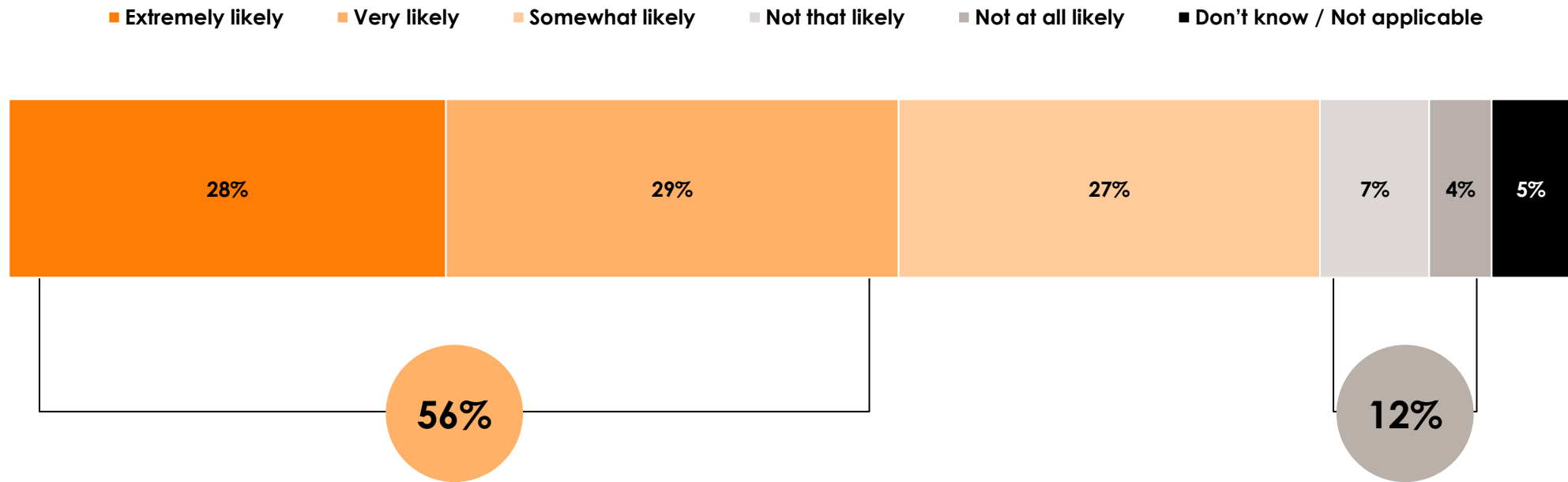
Base: Rest of North Island resident n=296, household size 3+ n=646, had 1 or 2 doses of COVID vaccine n=369, Māori n=303, women 50 and over n=142.

Source: Q9. If you had the symptoms described in the previous question, what is the longest you would be able to stay away from [ ... work situations where you need to interact with customers/colleagues in-person / study situations where you need to interact with other students or teaching staff in-person ...]? (i.e. is there an upper limit to how many days you would take off?)



Just half of all parents/caregivers are extremely or very likely to keep their children home if they are unwell. Relatively few parents/caregivers are not likely to keep their children home.

Likelihood of keeping symptomatic children home



Source: Q10. Now imagine that your child has the following symptoms: a sore throat, a cough, and a blocked nose. Although they are feeling a bit run down, they could carry on as normal, if they needed to. If they had these symptoms, how likely would you be to keep them home from school that day?

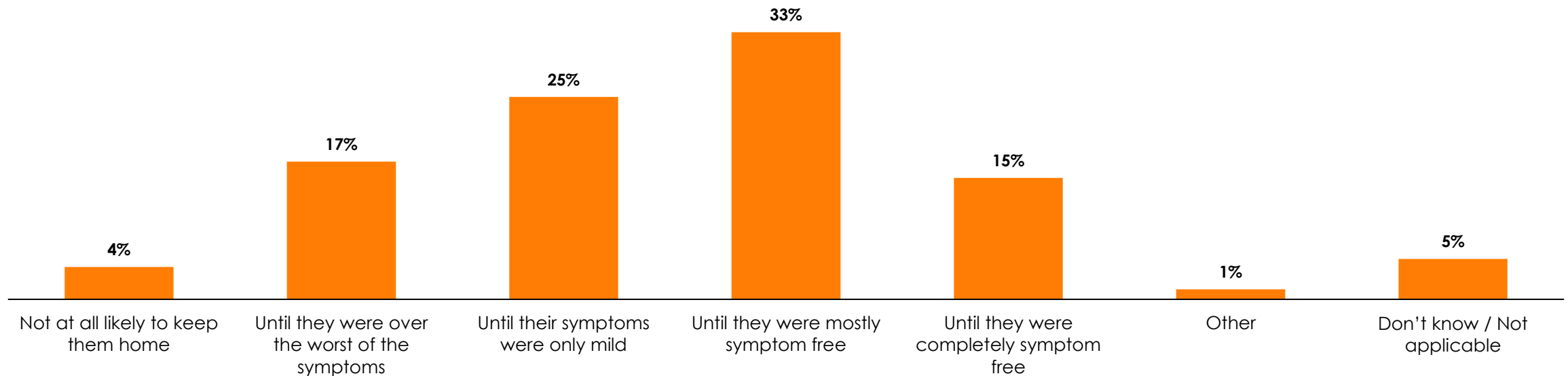
Base: Parents/caregivers of children, n=592.

---

Most commonly, parents/caregivers will keep their children home if they are unwell until either their symptoms are mild or they are mostly symptom free.

---

**Maximum time off for childhood illness**



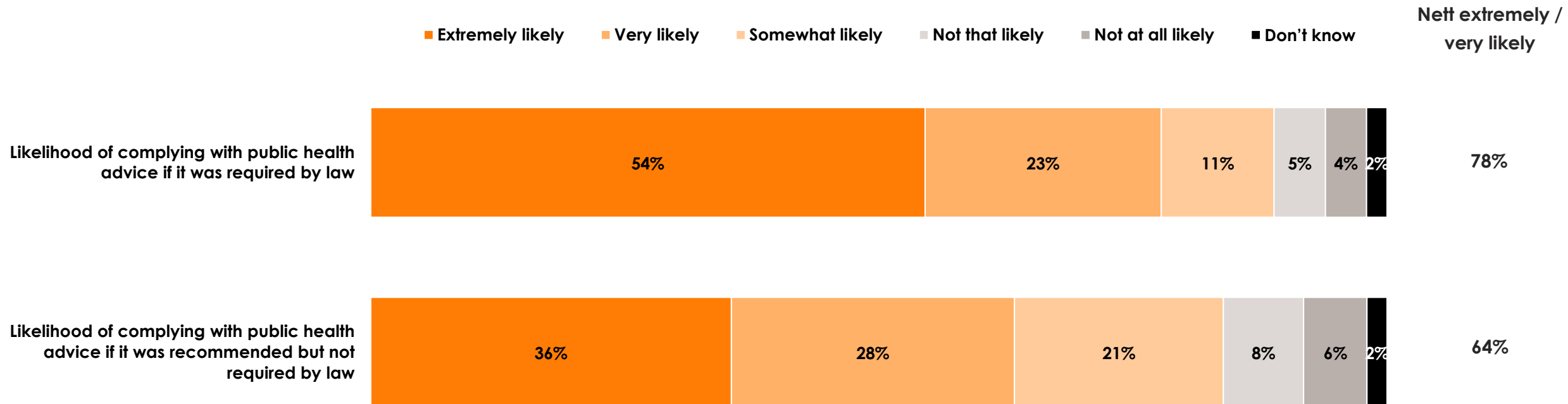
---

Source: Q11. If your child had the symptoms described in the previous question, what is the longest you would be able to keep them away from school?

Base: Parents/caregivers of children, n=592.

Just over three-quarters of people say they are extremely or very likely to comply with public health advice if it is required by law. This drops to around two-thirds if the advice is not required by law.

Current likelihood to fully follow public health advice

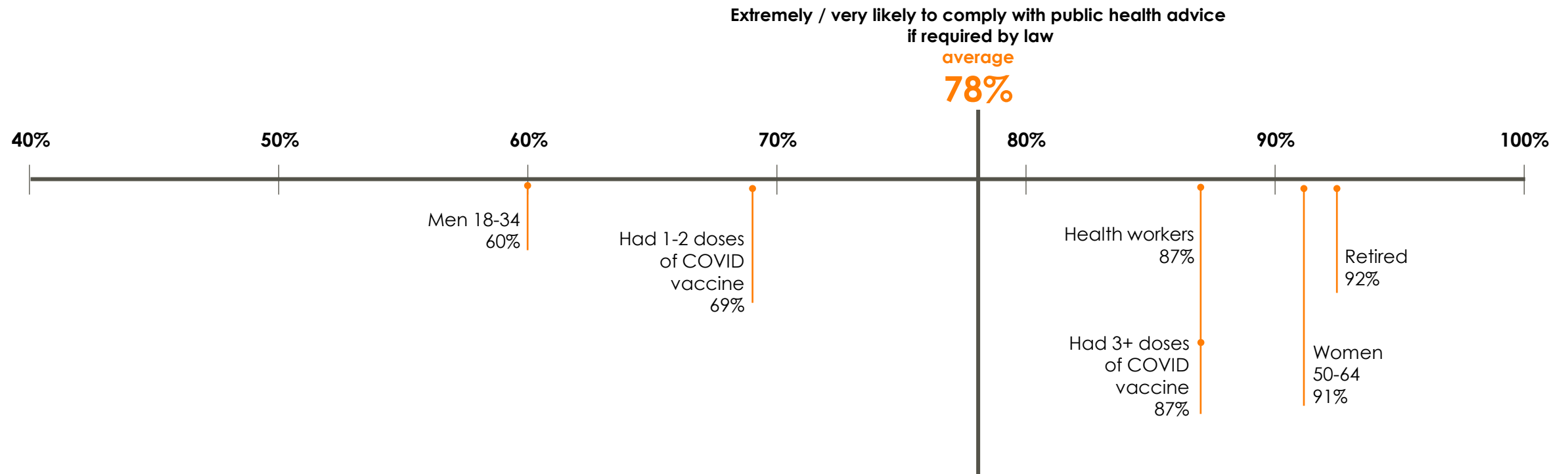


Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law? Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it is was recommended but was not required by law?

Base: All respondents n=1839.

# Younger men and those who've had one or two doses of a COVID vaccine are the least likely to comply with public health advice that is required by law.

## Demographic explainers of likelihood of complying with public health advice if it was required by law\*



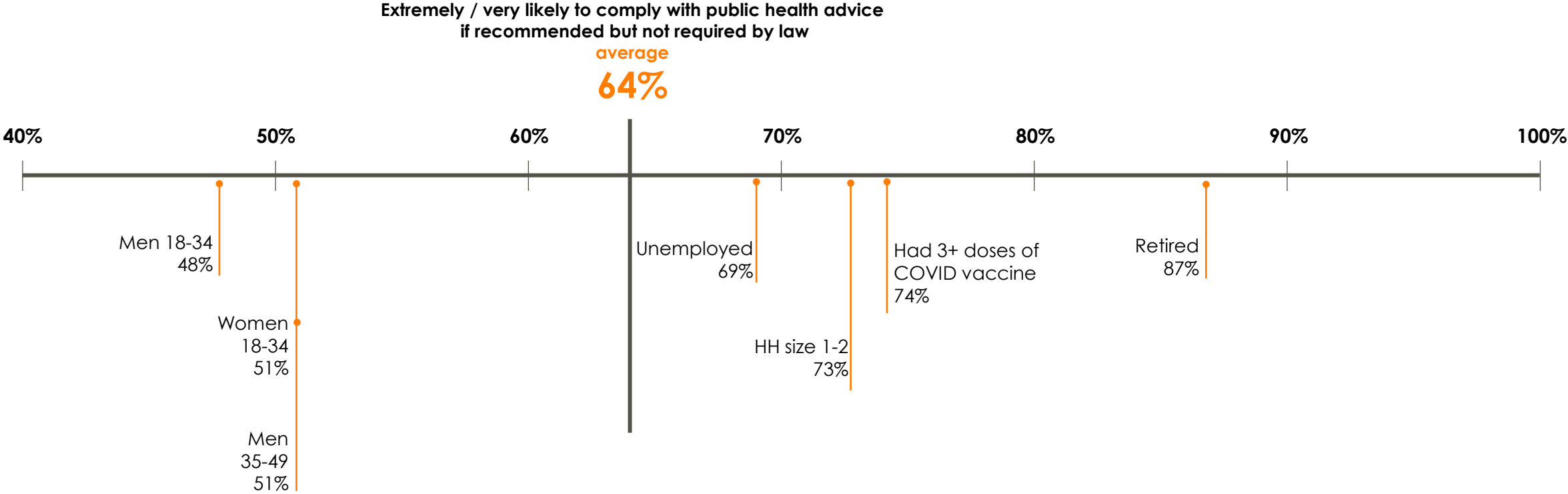
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain the likelihood of complying with public health advice if it was required by law. The regression showed that demographic variables explain 11.6% of the likelihood (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law?

# Women 18 to 34 and men under 50 are the least likely to comply with public health advice that is recommended but not required by law.

Demographic explainers of the likelihood of complying with public health advice if it was recommended but not required by law\*



\*\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain a major negative attitudinal shift in complying with public health advice required by law between 2020 and 2023. The regression showed that demographic variables explain 18% of the difference (Nagelkerke R-squared). The demographic variables shown in the chart above are those that (a) significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was recommended but was not required by law?

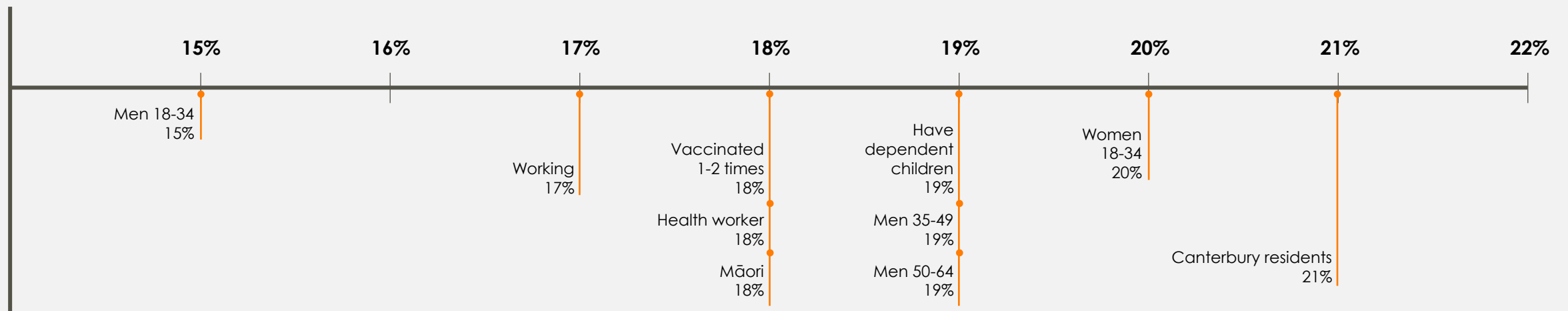
# Men 35+, women 18 to 34, parents/caregivers, and people living in Canterbury have the greatest difference in compliance between advice required by law and recommended.

## Demographic differences – Change in compliance attitude

Difference in compliance likelihood (extremely/very likely to comply) between 'required by law' and 'recommended but not required by law'

Average difference

14%



See appendix for sample sizes for each demographic group.

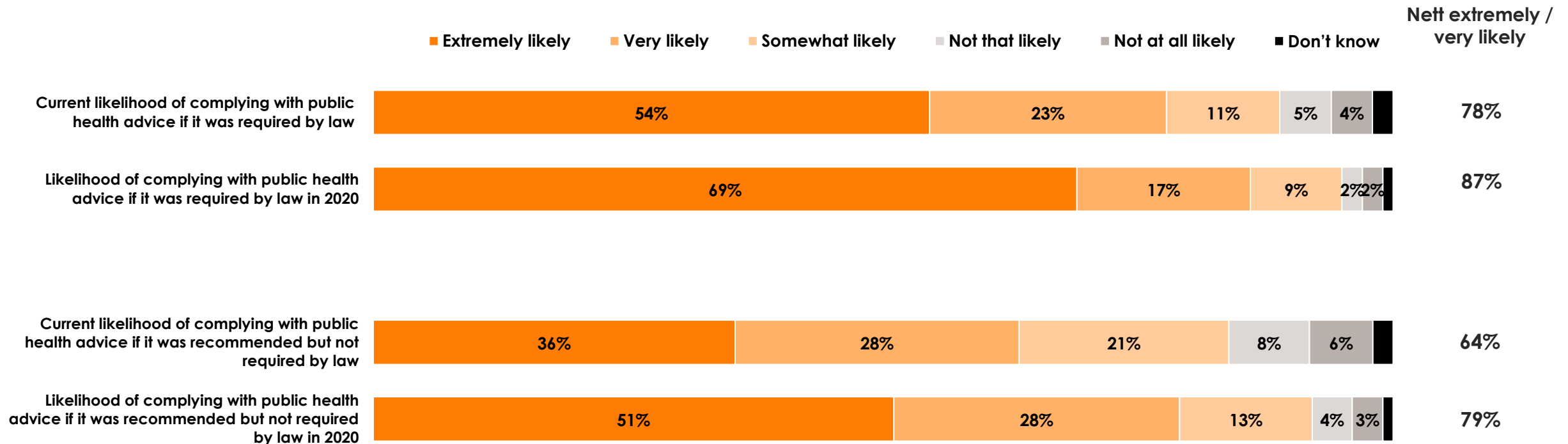
Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law? Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it is was recommended but was not required by law?

**5:**

# Impact of COVID-19 on public health behaviours

People are less likely to comply with public health advice now than they would have been in 2020 (please note that people were asked to think back to 2020 and asked to indicate their impression of their likelihood back then – i.e., the 2020 result is not based on data collected in 2020).

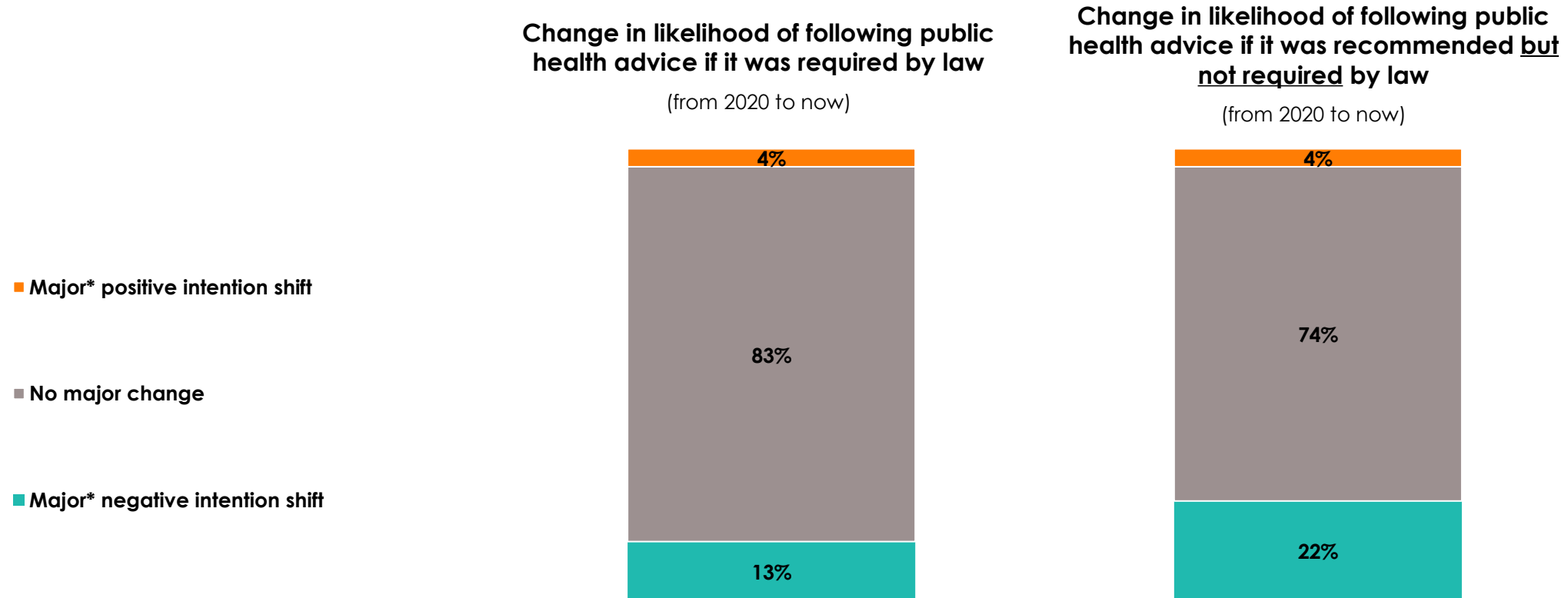
Impact of COVID-19 on compliance with public health advice



Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law? Q14. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was required by law, back then? Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was recommended but was not required by law? Q15. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was recommended but was not required by law, back then?  
 Base: All respondents n=1,839.



Comparing each individual's responses to the questions on the previous slide allow us to understand how many people's intentions have shifted. More people have had a major negative intention shift than a major positive shift since 2020, particularly when the advice is not required by law.

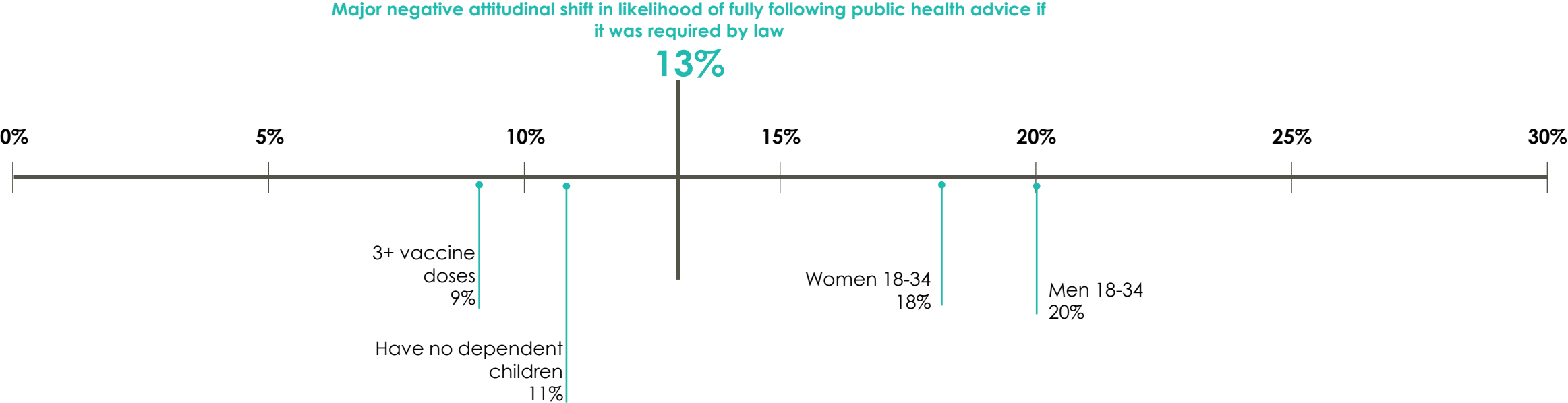


\*A 'major attitudinal shift' is defined as moving from 'extremely/very likely' to 'somewhat likely/not that/not at all likely' or moving from 'somewhat likely' to 'not that/not at all likely' and vice versa.

Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law? Q14. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was required by law, back then? Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was recommended but was not required by law? Q15. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was recommended but was not required by law, back then?  
Base: All respondents n=1,839.

# People aged 18 to 34 are the most likely to have had a major negative attitudinal shift between 2020 and 2023 in relation to public health advice required by law.

Demographic explainers of major negative attitudinal shift in likelihood of fully following public health advice required by law\*

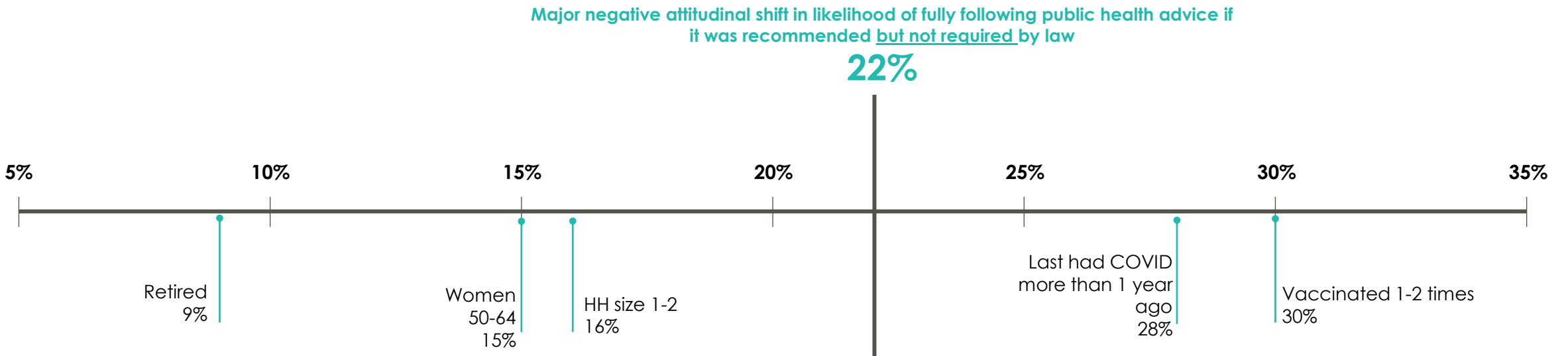


\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain a major negative attitudinal shift in complying with public health advice required by law between 2020 and 2023. The regression showed that demographic variables explain 10% of the difference (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level). Note that the regression excluded the following variables in order show groups both above average and below average in the chart: retired, women 50-64. See appendix for sample sizes for each demographic group.

Source: Q12. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was required by law? Q14. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was required by law, back then?

People who've been vaccinated once or twice and people who last had COVID more than a year ago are the most likely to have had a major negative attitudinal shift between 2020 and 2023 in relation to public health advice recommended but not required by law.

Demographic explainers of major negative attitudinal shift in likelihood of fully following public health advice recommended but not required by law\*



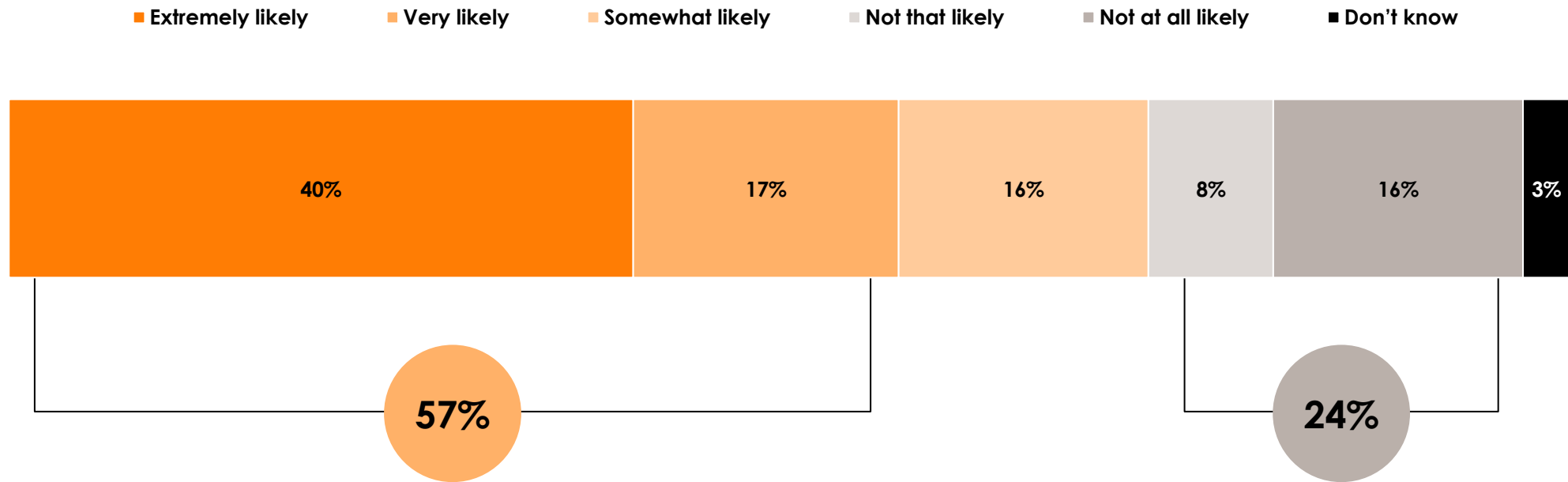
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain a major negative attitudinal shift in complying with public health advice that is recommended but not required by law between 2020 and 2023. The regression showed that demographic variables explain 11.1% of the difference (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q13. How likely would you be to fully follow public health advice (e.g. to self-isolate when you have COVID), if it was recommended but was not required by law? Q15. Thinking back to 2020, when we first experienced COVID-19, how likely were you to fully follow public health advice that was recommended but was not required by law, back then?

Fifty-seven percent of people are extremely or very likely to get a new COVID vaccine if a new variant was to emerge and pose a major risk. Nearly a quarter (24%) are not likely.

Likelihood of getting new COVID vaccine if it was recommended by a public health body or the government

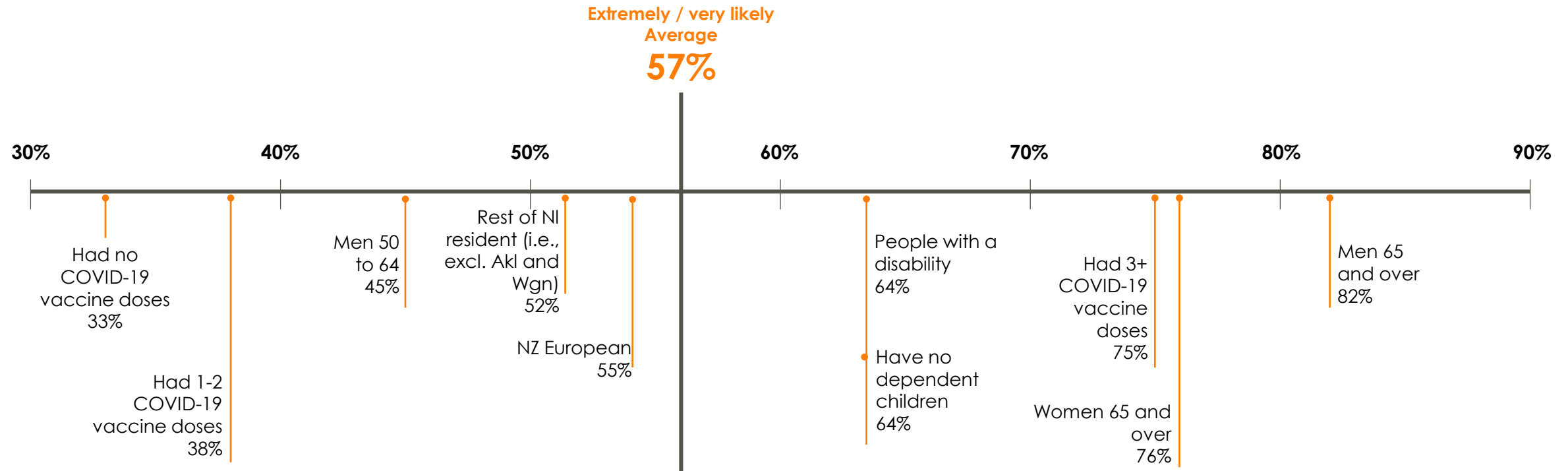


Source: Q16. If a new variant of COVID emerged that posed a major risk, how likely would you be to get a new COVID vaccine if it was recommended by a public health body or the government?

Base: All respondents n=1,839.

People 65 and over and people who've already had or three COVID vaccine doses are the most likely to get a COVID vaccine if it was recommended. In contrast, those with two or fewer COVID vaccine doses are the least likely.

Demographic explainers of the likelihood of getting new COVID vaccine if it was recommended by a public health body or the government\*



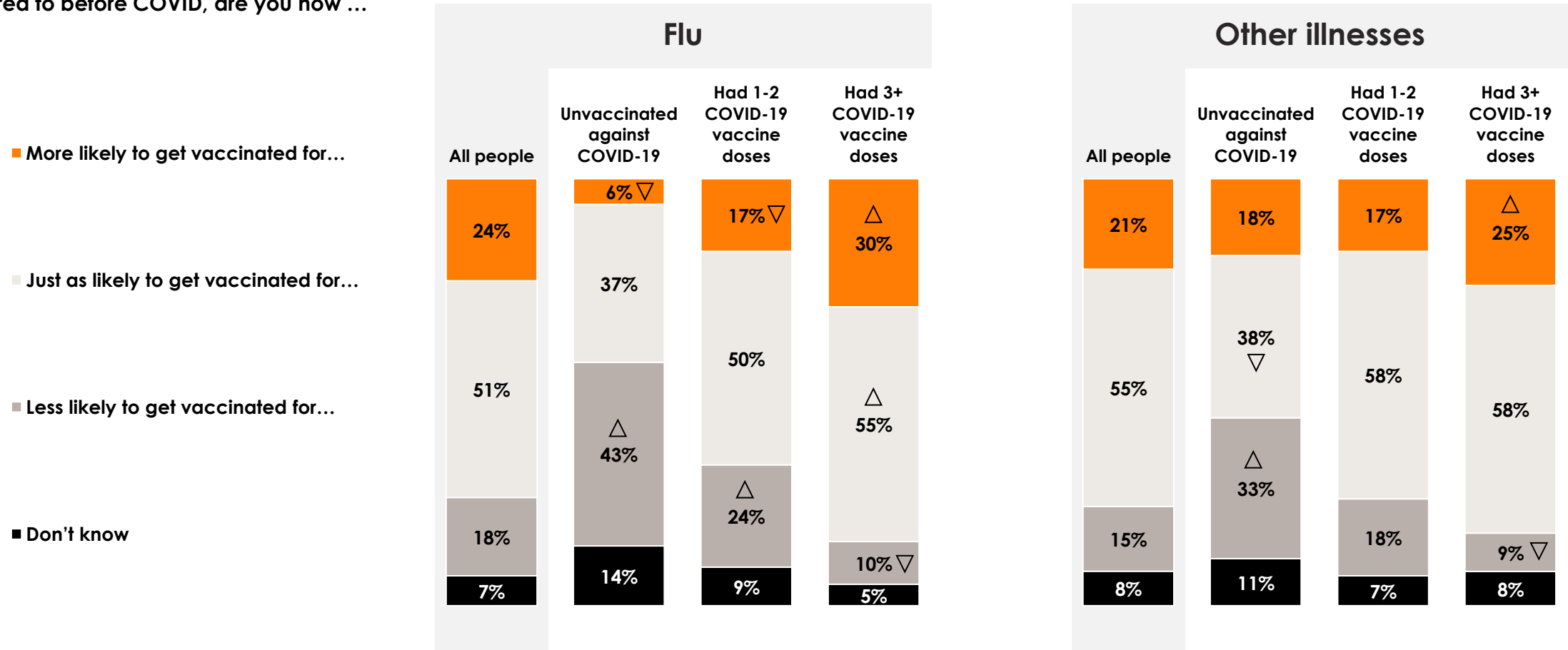
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain the likelihood of getting a new COVID vaccine if it was recommended. The regression showed that demographic variables explain 33.3% of the likelihood (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q16. If a new variant of COVID emerged that posed a major risk, how likely would you be to get a new COVID vaccine if it was recommended by a public health body or the government?

Around half of all adults say that COVID has not impacted their intention to get vaccinated for the flu or other illnesses. Amongst those who say COVID has had an impact, slightly more say COVID has increased their intention than say it has decreased it.

Compared to before COVID, are you now ...



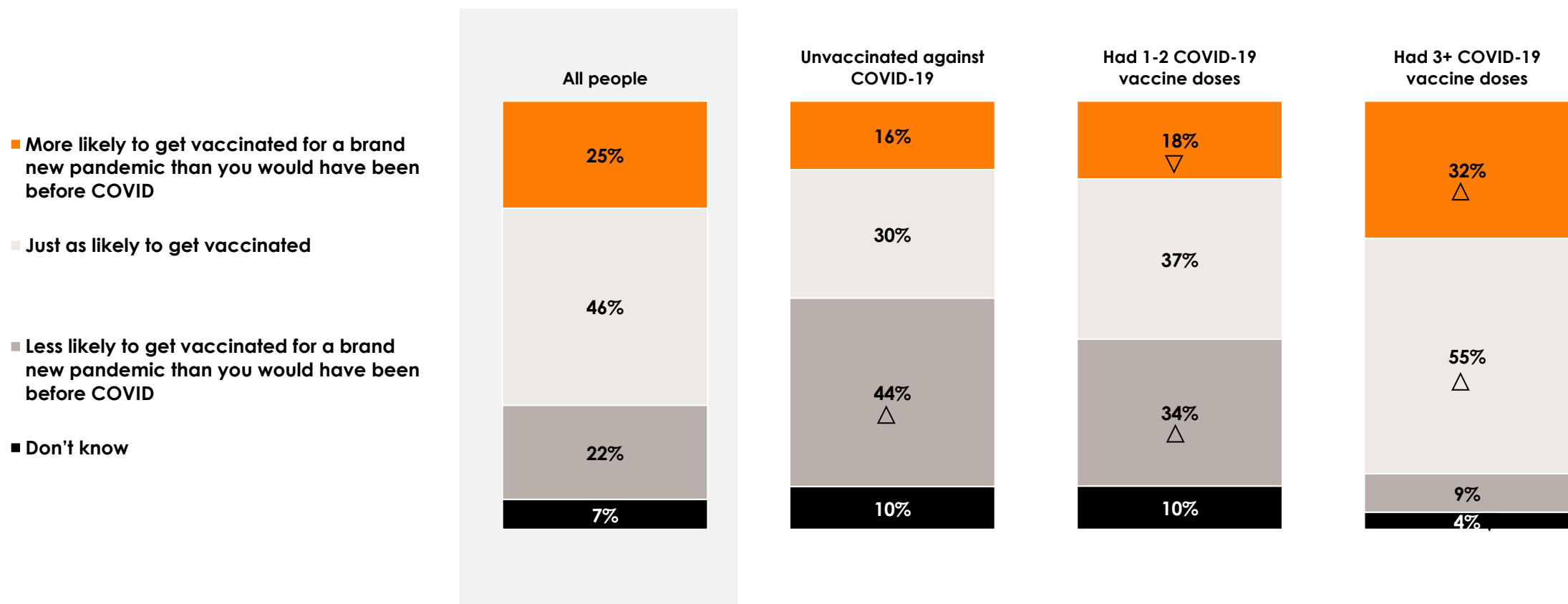
Source: Q17a. Compared to before COVID, are you now ... Q17b. Compared to before COVID, are you now ...

Base: All respondents n=1,839. See appendix for sample sizes for each demographic group.

△ Statistically significantly higher / lower than all other people at the 95% confidence interval using a column proportions test.

If there was a new pandemic around half the population say COVID hasn't influenced their likelihood of being vaccinated for it. A quarter say COVID has made them more likely and 22% say COVID has made them less likely to get vaccinated for a new pandemic.

If there was a brand new pandemic and a vaccine became available, are you ...



Source: Q17c. If there was a brand new pandemic and a vaccine became available, are you ...

Base: All respondents n=1,839. See appendix for sample sizes for each demographic group.

▽ Statistically significantly higher / lower than all other people at the 95% confidence interval using a column proportions test.

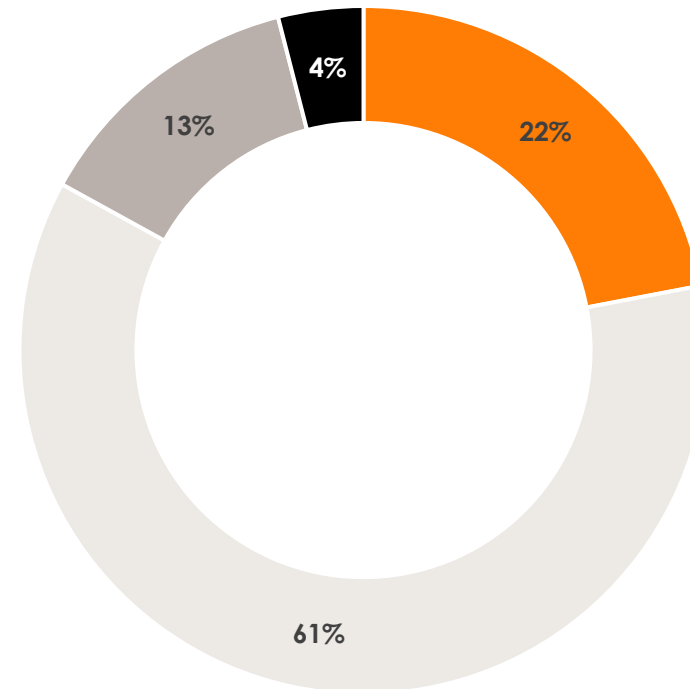
---

# Most parents/caregivers are just as likely to get vaccinations for their children, as they were before COVID.

---

Compared to before COVID, are you now ...

- More likely to get childhood vaccines for your child / children
- Just as likely to get childhood vaccines for your child / children
- Less likely to get vaccinated than you would have been before COVID
- Don't know



---

Source: Q17d. Compared to before COVID, are you now ...

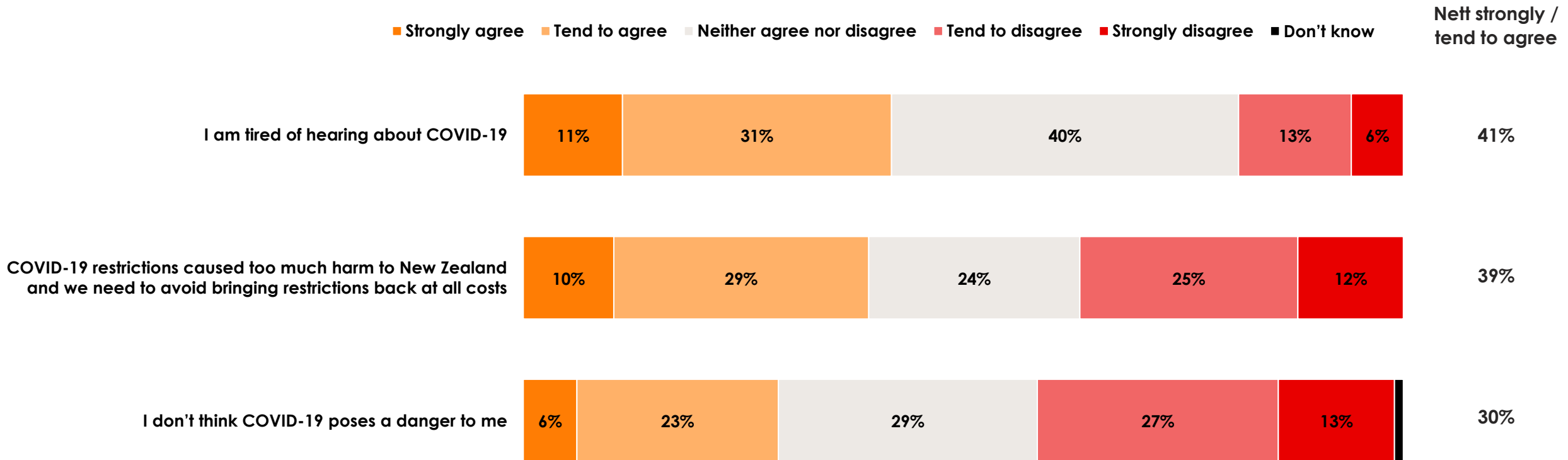
Base: parents/caregivers, n=592.



# 6: Attitudes towards COVID-19

People are divided in their attitudes towards COVID – particularly in relation to restrictions. Thirty-nine percent of people say the restrictions caused too much damage to New Zealand and we need to avoid bringing them back at all costs, while thirty-seven percent hold the opposite view.

Attitudes towards COVID-19 and the Ministry’s handling of the pandemic

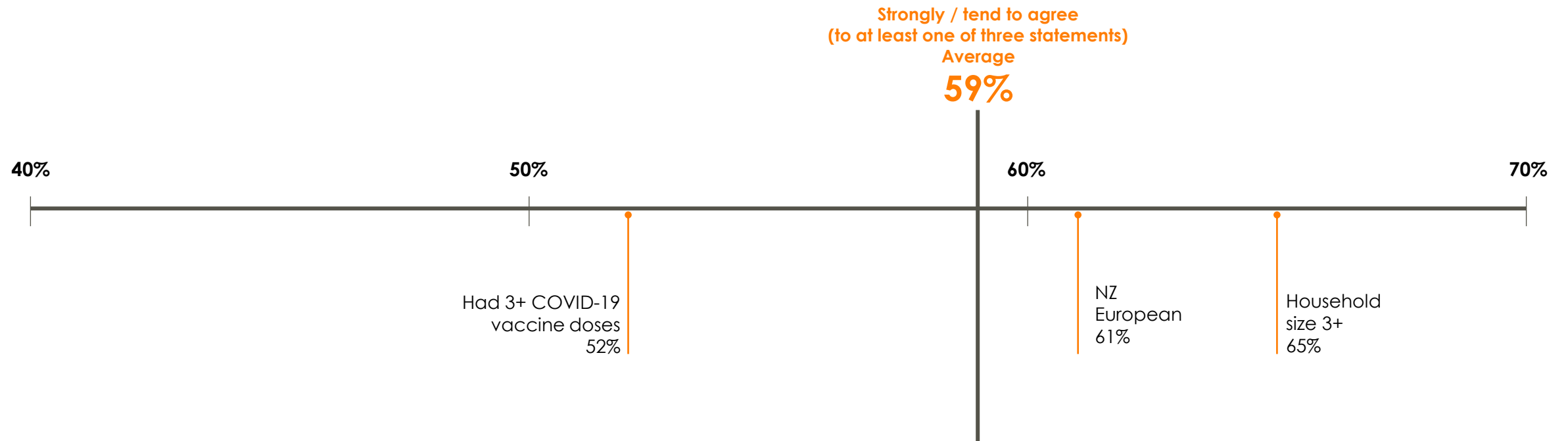


Source: Q19. Please indicate how strongly you agree or disagree with each of the following statements.

Base: All respondents n=1,839.

# Those most likely to have COVID-19 fatigue (agree to the statements on the previous slide) are those in larger households and New Zealand Europeans.

## Demographic explainers of attitudes towards COVID-19 and the Ministry's handling of the pandemic\*



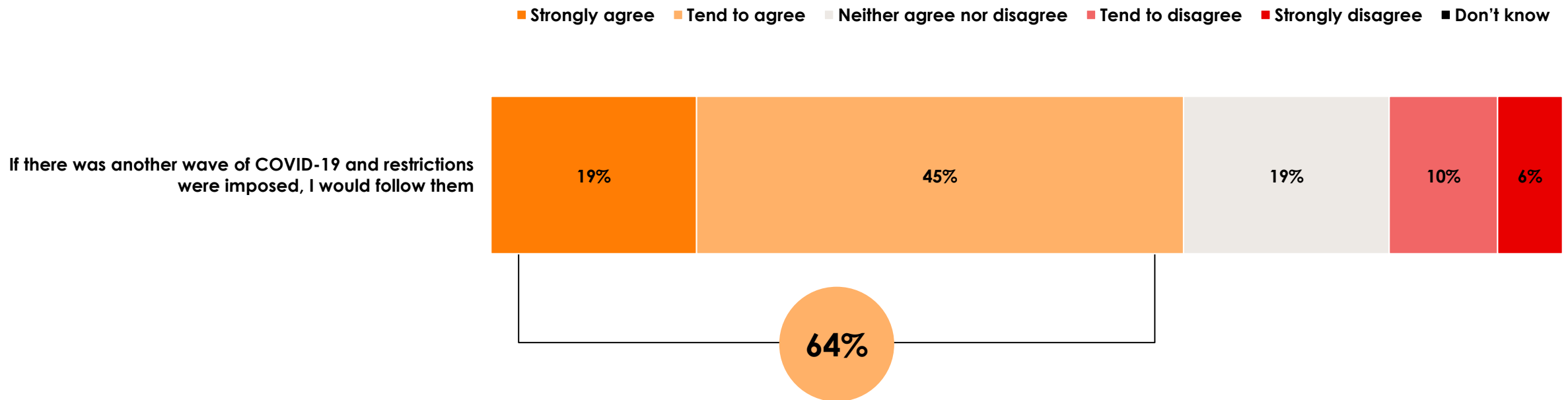
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain agreement with negative statements about COVID-19. The regression showed that demographic variables explain 7.2% of the agreement (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q19. Please indicate how strongly you agree or disagree with each of the following statements. I am tired of hearing about COVID-19, I don't think COVID-19 poses a danger to me, COVID-19 restrictions caused too much harm to New Zealand and we need to avoid bringing restrictions back at all costs.

Nearly two-thirds of people say if there was another wave of COVID and restrictions were imposed, they would follow them. Sixteen percent of people say they would not follow the restrictions.

Attitudes towards COVID-19 and the Ministry's handling of the pandemic



Source: Q19. Please indicate how strongly you agree or disagree with each of the following statements.

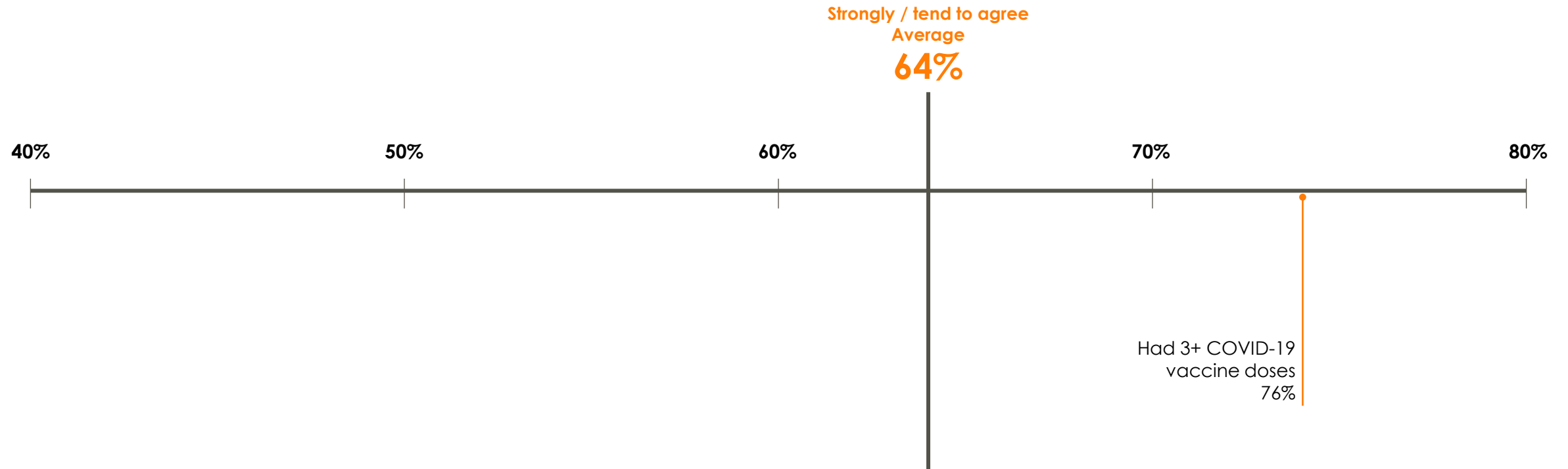
Base: All respondents n=1,839.

---

# Those people who had three or more doses of a COVID vaccine are the demographic group most likely to follow new restrictions if there was another wave of COVID-19.

---

Demographic explainers of agreement with following new restrictions if there was another wave of COVID-19



---

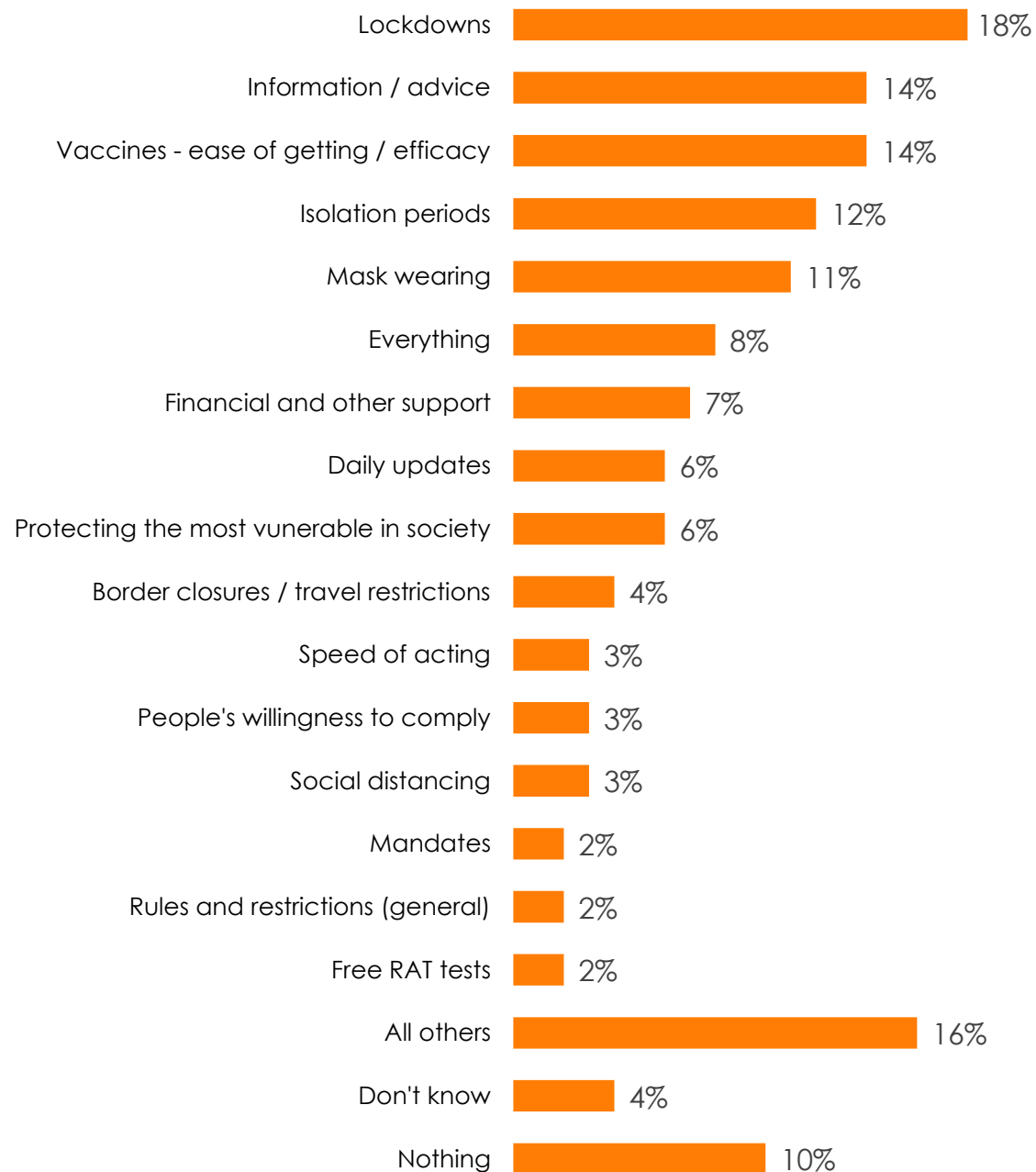
\*A logistic (forward stepwise) regression was done to determine which demographic variables help explain agreement with following new restrictions if there was another wave of COVID-19. The regression showed that demographic variables explain 12.7% of the agreement (Nagelkerke R-squared). The demographic variables shown in the chart above are those that significantly contribute to the explanation (at the <0.01 level).

See appendix for sample sizes for each demographic group.

Source: Q19. Please indicate how strongly you agree or disagree with each of the following statements.

**To identify learnings from how Manatū Hauora handled the COVID pandemic, people were asked what aspects of Manatū Hauora’s response they were more supportive of and what aspects they were less supportive of.**

**There were two broad themes in the ‘more supportive of’ category: (1) actions that kept people safe (e.g., lockdowns, vaccines, isolation, mask wearing), and (2) frequent and informative communications.**



Source: Q18b. Thinking about how the Ministry of Health handled the COVID pandemic, what did they do that you were more supportive of and what did they do that you were you less supportive of? More supportive of:

Base: All respondents who answered (n=1,681).

\*Only aspects mentioned by at least 1.5% of people are shown on the chart. Aspects mentioned by fewer than 1.5% are included in the 'all others' category.

---

# Examples of the comments made about the aspects of Manatū Hauora's handling of the pandemic that people were supportive of.

## Lockdowns

*"It was such a long time ago I one hundred per cent supported the lockdown cos I was so scared, I didn't see my mum and dad but I supported it. I wished more people would get vaccines."*

## Information and advice

*"I was quite supportive all round. I felt their advice was science based and therefore would most likely result in the best outcomes for society as a whole. Therefore, I got vaccinated, tested, wore a mask as required, self-isolated when the need arose. I appreciated the regular TV updates.."*

## Vaccines – ease of getting / efficacy

*"How they provided the vaccine. They system was well planned and they did their best."*

## Isolation periods

*"Isolation periods: not returning to work until you're feeling better, more so for the sick person rather than protecting others (focus on recovery)."*

## Mask wearing

*"I appreciated the advice to mask and glove/and sanitise, with wiping of trolleys at supermarket and I did it conscientiously. By doing this we saved a lot of lives here in NZ. We must never forget this. It was a small sacrifice to have to budget, stay home, talk to neighbours, help them and be kind to others."*

## Financial and other support

*"Financially helped us when in lock-down."*

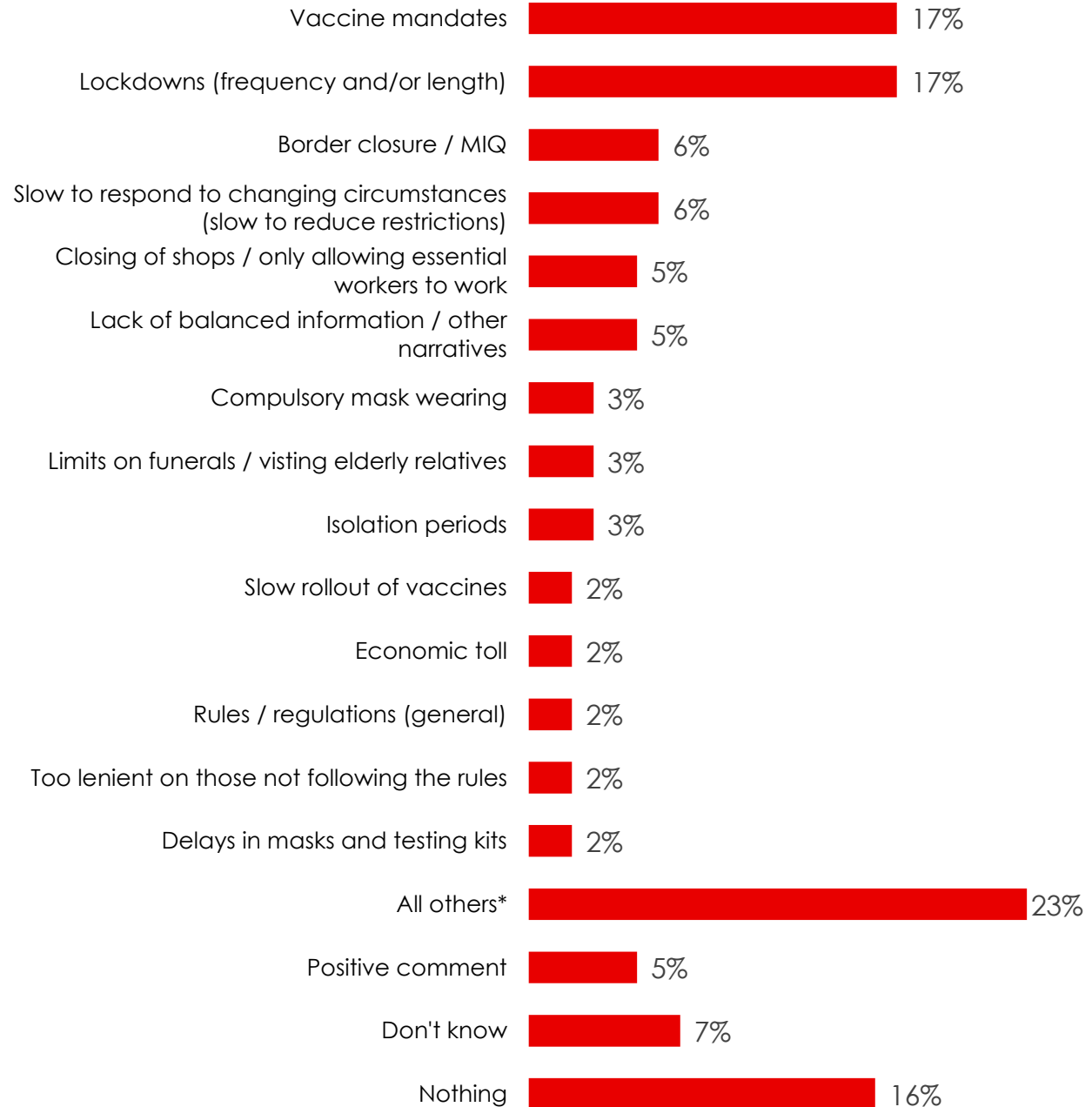
## Daily updates

*"Providing daily updates, particularly for those isolating alone."*

---

Source: Q18b. Thinking about how the Ministry of Health handled the COVID pandemic, what did they do that you were more supportive of and what did they do that you were you less supportive of? More supportive of:

**In the 'less supportive of' category, most commonly mentioned were: (1) vaccine mandates, and (2) lockdowns.**



Source: Q18b. Thinking about how the Ministry of Health handled the COVID pandemic, what did they do that you were more supportive of and what did they do that you were less supportive of? Less supportive of:

Base: All respondents who answered (n=1,681).

\*Only aspects mentioned by at least 1.5% of people are shown on the chart. Aspects mentioned by fewer than 1.5% are included in the 'all others' category.



---

# Examples of the comments made about the aspects of Manatū Hauora's handling of the pandemic that people were less supportive of.

## **Vaccine mandates**

*"That people were pretty much made to get the vaccinations, especially those who didn't want to lose their jobs."*

## **Lockdowns (frequency and/or length)**

*"Second lock down (too long), trying to keep to zero cases for too long, allowing businesses to force people out of work if they didn't get the vaccination, especially if they were able to work remotely."*

## **Border closure / MIQ**

*"Entry into NZ for NZ citizens and being more sympathetic to the families."*

## **Slow to respond to changing circumstances (slow to reduce restrictions)**

*"The continuation of isolation once the surge of cases had passed. This is because COVID is just another version of a cold so people can look after themselves and no how much time they need to get over their sickness like any other cold."*

## **Closing of shops / only allowing essential workers to work**

*"They kept businesses shut down a little too long. Didn't enforce the wearing of masks in Supermarkets. Food was being handled by everybody. Screens were put up to protect the staff, who handled every item I purchased."*

## **Lack of balanced information / other narratives**

*"Think that the MOH absolutely mishandled the COVID epidemic and continues to lie and promote false information. I would not trust the MOH or GOVT to be able to make an ethical or well thought out decision as to my or anyone else's health."*

---

Source: Q18b. Thinking about how the Ministry of Health handled the COVID pandemic, what did they do that you were more supportive of and what did they do that you were less supportive of? Less supportive of:

# 7: Appendix

# Demographic profile of the sample.

	Unweighted sample size	Weighted sample size
Total	1839	1839
Women 18-34	401	295
Women 35-49	224	201
Women 50-64	215	228
Women 65+	187	212
Men 18-34	249	289
Men 35-49	200	209
Men 50-64	193	218
Men 65+	166	185
NZ European	1042	1200
Māori	478	267
Pacific peoples	301	131
Asian peoples	342	322

	Unweighted sample size	Weighted sample size
Total	1839	1839
Auckland	418	602
Wellington	223	199
Other North Island	560	602
Canterbury	208	237
Other South Island	214	199
Rural	158	166
Small / med town	479	505
Large town / city	1155	1123
HH size 1-2	865	964
HH size 3+	974	875
No dependent children	1247	1293
Dependent children	592	546

	Unweighted sample size	Weighted sample size
Total	1839	1839
Working	1203	1150
Studying	99	99
Unemployed	211	210
Retired	298	343
HH income \$30,000 or under	222	232
\$30,001 to \$70,000	486	536
\$70,001 to \$100,000	334	327
\$100,001 to \$150,000	388	381
\$150,001 or over	379	346
No qualif. / high school	635	642
Trade or Polytech	333	468
Bachelor's degree	450	271
Postgraduate degree	336	212

---

## Demographic profile of the sample, cont.

---

	Unweighted sample size	Weighted sample size
Total	1839	1839
Disabled people	290	276
Non-disabled people	1516	1525
Health worker	195	145
Not a health worker	1626	1672
Unvaccinated	60	56
Vaccinated	1667	1662
Vaccinated (1-2 doses)	590	586
Vaccinated (3+ doses)	1077	1077
Never had COVID-19	417	416
Had it more than a year ago	717	690
Had it in the last year	450	463

---