

ALSWH COVID-19 Survey

Report 8: Survey 8, 5 August 2020

Authors: Deborah Loxton, Amy Anderson, Dominic Cavenagh, Natalie Townsend, Gita Mishra, Leigh Tooth, Julie Byles

Team: Anna Graves, Clare Thomson, Katherine Tuckerman, Ryan Tuckerman, Peta Forder

For more information, please contact:

Professor Deborah Loxton (Deborah.Loxton@newcastle.edu.au)

Background

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

Method

COVID-19 Survey 8 was deployed on Wednesday 5 August 2020. Email invitations were sent to 28,505 women: 13,888 from the 1989-95 cohort, 8,450 from the 1973-78 cohort, and 6,167 from the 1946-51 cohort. In total, 7,391 (26%) women completed Survey 8: 2,120 (29%) from the 1989-95 cohort, 2,652 (36%) from the 1973-78 cohort, and 2,619 (35%) from the 1946-51 cohort.

This report presents data from the 7,141 women who completed the COVID-19 Survey 8 within the first seven days of survey deployment (5 to 11 August 2020 inclusive).

Findings

COVID-19 symptoms and testing

Overall, 16% (n=1,111) of women reported experiencing flu-like symptoms in the previous 14 days, 5% (n=360) reported that they thought they might have COVID-19, and 8% (n=590) reported having been tested for COVID-19 within the previous 14 days (see Table 1).

Table 1. Recent flu-like symptoms (within last 14 days) among 7,141 ALSWH women

	1989-95 cohort N=2,054		1973-78 cohort N=2,546		1946-51 cohort N=2,541	
	n	%	n	%	n	%
Flu-like symptoms	538	26.2	399	15.7	174	6.8
Thought they might have COVID-19	192	9.3	124	4.9	44	1.7
Tested for COVID-19	287	14.0	216	8.5	87	3.4

Missing observations were included in the denominators.

Missing data for Flu-like symptoms: 1989-95 cohort n=4; 1973-78 cohort n=3; 1946-51 cohort n=10.

Missing data for Thought they might have COVID-19: 1989-95 cohort n=2; 1973-78 cohort n=10; 1946-51 cohort n=9.

Missing data for Tested for COVID-19: 1989-95 cohort n=3; 1973-78 cohort n=12; 1946-51 cohort n=25

Of the 1,179 women who reported that they had flu-like symptoms or thought they might have COVID-19 within the past 14 days, just over one third (34%) reported that they had been tested for COVID-19.

At Survey 8, 23% of women reported having ever been tested for COVID-19 (n=1,665). Among these women, 70% (n=1,172) of women reported one COVID-19 test, and 28% (n=474) of women reported more than one COVID-19 test (19 women did not report number of tests).

Interpersonal abuse during the COVID-19 crisis

Vulnerability to interpersonal abuse during the COVID-19 crisis was reflected by the 13% of women who reported feeling uncomfortable with someone they were close to, and the 1% of women who reported being afraid of someone they were close to. Women aged 25-31 were most likely to be vulnerable to abuse during the COVID-19 crisis, with 21% reporting they felt uncomfortable with someone they were close to and 3% reporting they were afraid of someone they were close to (see Table 2). Women aged 69-74 were the least likely to report such vulnerability (7% and less than 1%, respectively).

Many women reported experiences of interpersonal abuse during the COVID-19 crisis, with over 500 women (7%) reporting they had been called names or put down by someone they were close to. Just under 2% of women reported being forced to do things they didn't want to do in a close relationship, and less than 1% of women reporting they had been hurt or harmed by someone close to them during the COVID-19 crisis. Women aged 25-31 were more likely to report having experienced these forms of interpersonal abuse during the COVID-19 crisis, followed by women aged 42-47, with those aged 69-74 the least likely to report having had these experiences of interpersonal abuse.

Table 2. Interpersonal abuse in close relationships (within last 14 days) among 7,141 ALSWH women

	1989-95 cohort N=2,054		1973-78 cohort N=2,546		1946-51 cohort N=2,541	
	n	%	n	%	n	%
Vulnerability to interpersonal abuse						
Have you felt uncomfortable with anyone you are close to? ^a	434	21.1	305	12.0	169	6.7
Have you been afraid of anyone you are close to? ^b	64	3.1	37	1.5	9	0.4
Interpersonal abuse						
Has anyone close to you called you names or put you down or made you feel bad? ^c	211	10.3	219	8.6	73	2.9
Has anyone close to you forced you to do things you didn't want to do? ^d	85	4.1	31	1.2	16	0.6
Has anyone close to you tried to hurt or harm you? ^e	18	0.9	18	0.7	4	0.2

Missing observations were included in the denominators.

^a Missing data: 1989-95 cohort n=6; 1973-78 cohort n=9; 1946-51 cohort n=6.

^b Missing data: 1989-95 cohort n=11; 1973-78 cohort n=15; 1946-51 cohort n=28.

^c Missing data: 1989-95 cohort n=7; 1973-78 cohort n=7; 1946-51 cohort n=17.

^d Missing data: 1989-95 cohort n=3; 1973-78 cohort n=4; 1946-51 cohort n=5.

^e Missing data: 1989-95 cohort n=6; 1973-78 cohort n=8; 1946-51 cohort n=10.

Smoking during the COVID-19 crisis

The majority (94%) of women reported that they did not smoke cigarettes or any tobacco products. Women aged 69-74 were the most likely (97%) to report that they did not smoke, compared to women aged 42-47 (93%) and those aged 25-31 (91%). Overall, 4% of women reported daily smoking. Very few women reported smoking weekly but not daily (less than 1%) or smoking less often than weekly (1%).

Of the 422 women who reported smoking, over two thirds (69%) reported doing so daily, 11% reported smoking weekly, and 20% reported smoking less than weekly. Women aged 69-74 who reported smoking were more likely to report daily smoking (85%), compared to women aged 42-47 (81%) and those aged 25-31 (52%; see Figure 1). About one in three (32%) women aged 25-31 who reported smoking, did so less often than weekly, compared 12% of women aged 42-47 and 6% of those aged 69-74.

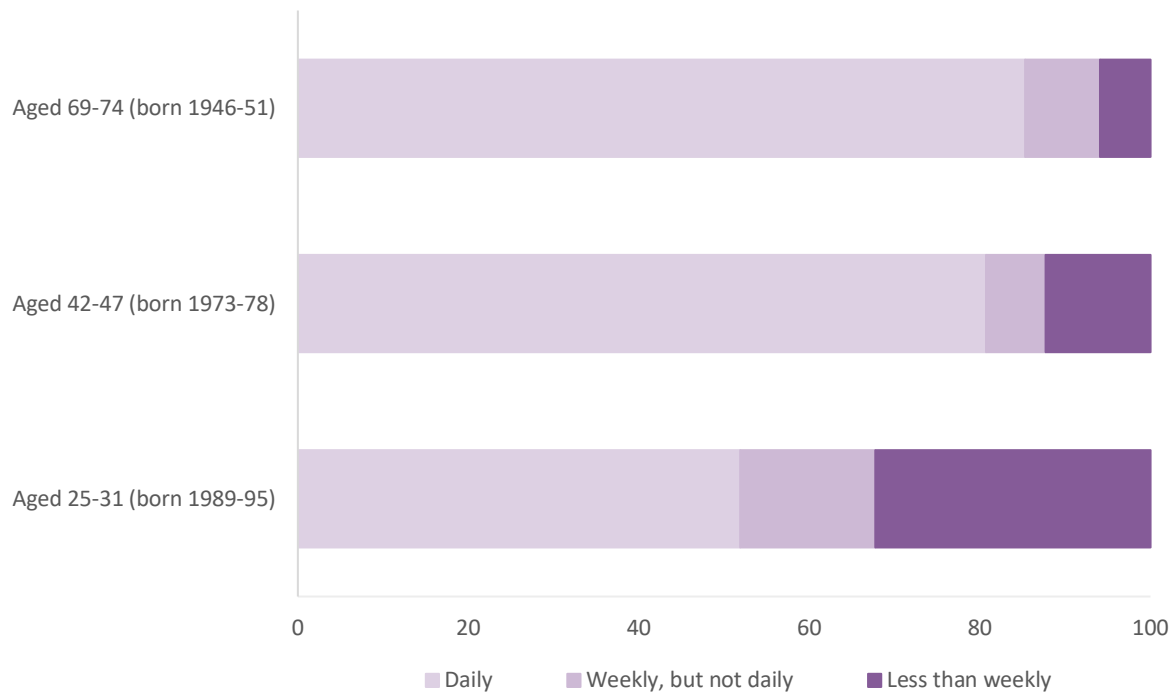


Figure 1. Frequency of smoking during the COVID-19 crisis among women aged 25-31 (n=183), 42-47 (n=171) and 69-74 (n=68) who reported smoking.

Perceived change in smoking tobacco since the COVID-19 crisis began

The majority (76%) of women overall did not report any perceived changes in their smoking habits since the COVID-19 crisis began (20% of women did not respond to the question on changes to smoking habits). However, 274 (4%) women overall reported perceived changes in smoking, with 36% of these women reporting that they smoked less and 64% reporting that they smoked more since the COVID-19 pandemic began. Women aged 69-74 who reported perceived changes in smoking (n=29) were more likely to report smoking less (59%) rather than more (41%), whereas women aged 42-47 (n=97) and those aged 25-31 (n=148) who reported changes in smoking were more likely to report smoking more (70% and 65%, respectively) rather than less (30% and 35%, respectively; see Figure 2).

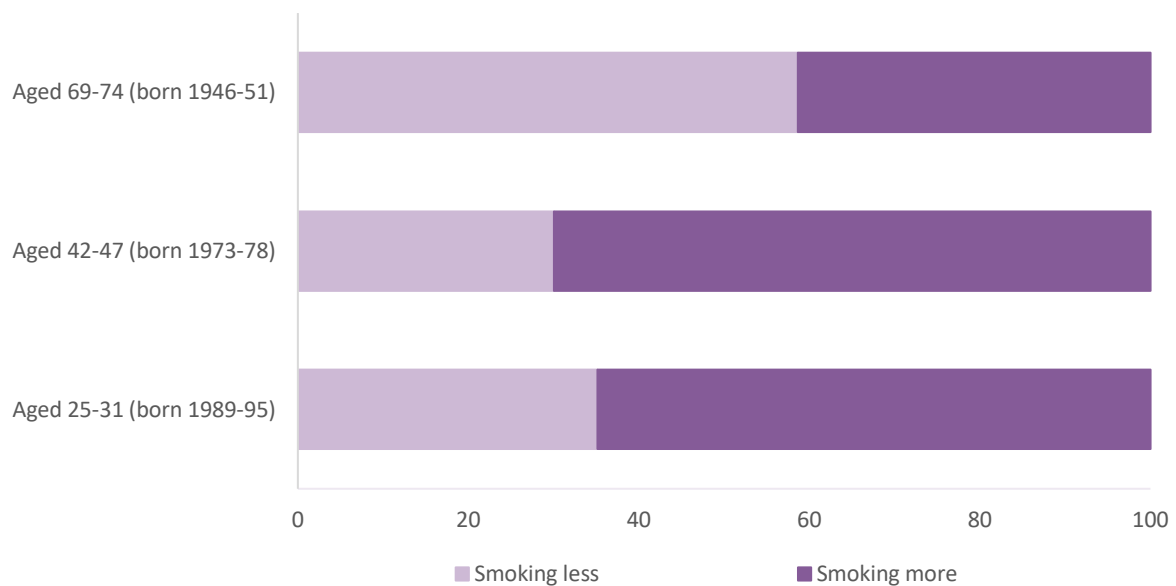


Figure 2. Direction of perceived change in smoking patterns during the COVID-19 crisis among women aged 25-31 (n=148), 42-47 (n=97) and 69-74 (n=29) who reported a change in smoking.

Concerningly, for the women who reported smoking more since the COVID-19 crisis began, over a third (36%) had started or re-started smoking. The remaining 64% of women who increased their smoking reported that they had already been smoking at the start of the COVID-19 crisis. Women aged 25-31 who smoked more during the COVID-19 crisis were the most likely to report starting or re-starting smoking, compared to women aged 42-47 and 69-74 who had reported smoking more since the COVID-19 crisis began (42% compared to 28%, and 36%, respectively).

Acknowledgements

The research on which this report is based was conducted as part of ALSWH at the University of Newcastle and the University of Queensland. We are grateful to the Australian Government Department of Health for funding ALSWH, and to the women who provided the survey data. We thank the University of Newcastle and the Hunter Medical Research Institute for providing funding for the COVID-19 surveys.