ALSWH COVID-19 Survey Report 10: Survey 10, 2 September 2020

Authors: Deborah Loxton, Amy Anderson, Dominic Cavenagh, Natalie Townsend, Melissa Harris, 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 10 was deployed on Wednesday 2 September 2020. Email invitations were sent to 28,188 women: 13,761 from the 1989-95 cohort, 8,381 from the 1973-78 cohort, and 6,046 from the 1946-51 cohort. In total, 6,386 (23%) women completed Survey 10: 1,972 (31%) from the 1989-95 cohort, 2,253 (35%) from the 1973-78 cohort, and 2,161 (34%) from the 1946-51 cohort.

This report presents data from the 6,141 women who completed the COVID-19 Survey 10 within the first seven days of survey deployment (2 to 8 September 2020 inclusive).

Women who were aged 69-74 were not presented with the questions about pregnancy and contraception use for Survey 10, leaving a total of 4,086 women (1,913 women aged 25-31 and 2,173 women aged 42-47) with data on pregnancy status and contraception use.









Australian Longitudinal Study on Women's Health

Findings

COVID-19 symptoms and testing

Overall, 13% (n=817) of women reported experiencing flu-like symptoms in the previous 14 days, 3% (n=208) reported that they thought they might have COVID-19, and 7% (n=448) 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 6,141 ALSWH women

	1989-95 cohort N=1,913		1973-78 cohort N=2,173		1946-51 cohort N=2,055	
	n	%	n	%	n	%
Flu-like symptoms	410	21.4	290	13.3	117	5.7
Thought they might have COVID-19	123	6.4	59	2.7	26	1.3
Tested for COVID-19	212	11.1	171	7.9	65	3.2

Missing observations were included in the denominators.

Missing data for Flu-like symptoms: 1989-95 cohort n=3; 1973-78 cohort n=3; 1946-51 cohort n=12. Missing data for Thought they might have COVID-19: 1989-95 cohort n=4; 1973-78 cohort n=2; 1946-51 cohort n=16. Missing data for Tested for COVID-19: 1989-95 cohort n=2; 1973-78 cohort n=7; 1946-51 cohort n=16.

Of the 863 women who reported that they had flu-like symptoms or thought they might have COVID-19 within the past 14 days, 32% of women reported that they had been tested for COVID-19.

At Survey 10, 30% of women reported having ever been tested for COVID-19 (n=1,809). Among these women, 67% (n=1,217) of women reported one COVID-19 test, and 32% (n=575) of women reported more than one COVID-19 test (17 women did not report number of tests).









Australian Longitudinal Study on Women's Health

Pregnancy during the COVID-19 crisis

Pregnancy status during the COVID-19 crisis

At Survey 10, a total of 3% of women from the two younger cohorts reported that they were currently pregnant, 3% reported they were trying to become pregnant, and 94% reported they were neither pregnant nor trying to become pregnant.

Change in pregnancy plans during the COVID-19 crisis

The majority (92%) of women overall reported that their plans for pregnancy had not changed since the COVID-19 crisis began, with 3% of women reporting that they planned on having a child later and another 2% of women reporting that they planned on having a child sooner compared to what they had planned prior to the COVID-19 crisis. Another 3% of women reported 'other' as their response to whether their pregnancy plans had changed since the COVID-19 crisis began.

Among women aged 25-31, one in ten (10%) reported that they had a change in their plans for pregnancy since the COVID-19 crisis began, with less than 1% of women aged 42-47 reporting a change in plans (see Table 2).

Table 2. Changes in pregnancy plans since the COVID-19 crisis began among 4,086 ALSWH women

	1989-95 cohort N=1,913		1973-78 cohort N=2,173	
	n	%	n	%
No changes to pregnancy plans	1,648	86.1	2,092	96.3
Plan to have child later	122	6.4	8	0.4
Plan to have child sooner	76	4	3	0.1
Other	63	3.3	62	2.9

Missing observations were included in the denominators.

Missing data for changes to pregnancy plans: 1989-95 cohort n=4; 1973-78 cohort n=8.









Australian Longitudinal Study on Women's Health

Contraception use during the COVID-19 crisis

Difficulty in accessing contraception during the COVID-19 crisis

Of the 3,830 women who were not pregnant or trying to become pregnant, 144 (4%) reported that they had difficulty in accessing at least one form of contraception since the COVID-19 crisis began. Women aged 25-31 were more likely to report having had difficulty in accessing contraception during the COVID-19 crisis, compared to women aged 42-47 (6% versus 2%, respectively).

Change in contraception use since the COVID-19 crisis began

When asked whether their contraception use had changed since the COVID-19 crisis began, the majority (59%) of women reported no change to their contraception use, 32% reported continuing to not use contraception, 5% reported a change in contraception used, and 3% reported that they stopped using contraception (19 women did not report whether their contraception had changed or not).

Women aged 42-47 were more likely than women aged 25-31 to report that they continued to not use contraception during the COVID-19 crisis (44% compared to 19%; see Figure 1). Women aged 25-31 were more likely to report that they had changed the contraception they used (8%) or stopped using contraception (6%) since the COVID-19 crisis began, compared to women aged 42-47 (2% and 1%, respectively).

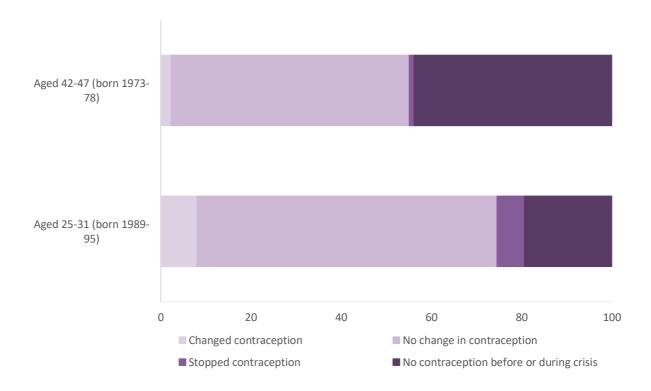


Figure 1. Change in contraception use since the COVID-19 crisis began among women aged 25-31 (n=1,906) and women aged 42-47 (n=2,161).











Types of contraception methods used during the COVID-19 crisis

Of the 3,830 women who were not currently pregnant or trying to become pregnant during the COVID-19 crisis, 2,477 (65%) reported that they used some method of contraception, with the remaining 35% of women reporting they did not use any method of contraception. Half of women aged 42-47 reported that they did not use any method of contraception since the COVID-19 crisis began, compared to just 16% of women aged 25-31.

Overall, women were most likely to report using oral contraceptive pills (18%), condoms (17%), or progestogen IUDs (15%) since the beginning of the COVID-19 crisis. Women aged 42-47 were most likely to report using progestogen IUDs (14%), whereas women aged 25-31 were most likely to use the combined oral contraceptive pill (31%) during the COVID-19 crisis. Younger women were more likely to report using any form of contraception since COVID-19 began (84% versus 50%, respectively; see Table 3).

Table 3. Methods of contraception used since the COVID-19 crisis began among 3,830 ALSWH women

	1989-95 cohort N=1,700		1973-78 cohort N=2,130	
	n	%	n	%
Combined oral contraceptive pill (The Pill)	519	30.5	186	8.7
Condoms	474	27.9	193	9.1
Progestogen IUD (hormonal IUD)	271	15.9	296	13.9
Withdrawal method	210	12.4	102	4.8
Implant	168	9.9	63	3.0
Safe period method	70	4.1	54	2.5
Progestogen-only pill (mini-pill)	56	3.3	36	1.7
Copper IUD	46	2.7	29	1.4
Emergency contraception (morning after pill)	37	2.2	9	0.4
Oral contraceptive pill (unknown type)	29	1.7	21	1.1
Injection	19	1.1	20	0.9
Vaginal ring	6	0.4	2	0.1
Other method of contraception	31	1.8	148	7.0
None of the above	275	16.18	1062	49.9

Missing observations were included in the denominators.

Missing data for changes for methods of contraception used: 1989-95 cohort n=4; 1973-78 cohort n=12.

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.