ALSWH COVID-19 Survey Report 13: Survey 13, 14 October 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 (<u>Deborah.Loxton@newcastle.edu.au</u>)

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 13 was deployed on Wednesday 14 October 2020. Email invitations were sent to 27,838 women: 13,609 from the 1989-95 cohort, 8,305 from the 1973-78 cohort, and 5,924 from the 1946-51 cohort. In total, 6,841 (25%) women completed Survey 13: 1,843 (27%) from the 1989-95 cohort, 2,296 (34%) from the 1973-78 cohort, and 2,702 (39%) from the 1946-51 cohort.

This report presents data from the 6,612 women who completed the COVID-19 Survey 13 within the first seven days of survey deployment (14 to 20 October 2020, inclusive).









Australian Longitudinal Study on Women's Health

Findings

COVID-19 symptoms and testing

Overall, 10% (n=667) of women reported experiencing flu-like symptoms in the previous 14 days, 2% (n=120) reported that they thought they might have COVID-19, and 5% (n=319) 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 6,612 ALSWH women

	1989-95 cohort N=1,796		1973-78 cohort N=2,210		1946-51 cohort N=2,606	
	n	%	n	%	n	%
Flu-like symptoms	326	18.2	216	9.8	125	4.8
Thought they might have COVID-19	63	3.5	41	1.9	16	0.6
Tested for COVID-19	142	7.9	105	4.8	72	2.8

Missing observations were included in the denominators.

Missing data for Flu-like symptoms: 1989-95 cohort n=1; 1973-78 cohort n=2; 1946-51 cohort n=11. Missing data for Thought they might have COVID-19: 1989-95 cohort n=5; 1973-78 cohort n=9; 1946-51 cohort n=19. Missing data for Tested for COVID-19: 1989-95 cohort n=6; 1973-78 cohort n=17; 1946-51 cohort n=22.

Of the 694 women who reported that they had flu-like symptoms or thought they might have COVID-19 within the past 14 days, 22% of women reported that they had been tested for COVID-19.

At Survey 13, 32% of women reported having ever been tested for COVID-19 (n=2,102). Among these women, 64% (n=1,351) of women reported one COVID-19 test, and 35% (n=729) of women reported more than one COVID-19 test (22 women did not report number of tests).









Income management during the COVID-19 crisis

Overall, most women reported that they found managing on their available income during the COVID-19 crisis was not too bad (46%) or easy (32%). Another 17% of women reported that it was difficult to manage on their available income some of the time during the COVID-19 crisis, with 5% of women reporting it was difficult all the time or impossible. Women aged 25-31 and those aged 42-47 were more likely to report having some difficulty managing on their income during the COVID-19 crisis (26% and 27%, respectively), compared to women aged 69-74 (16%; see Figure 1).

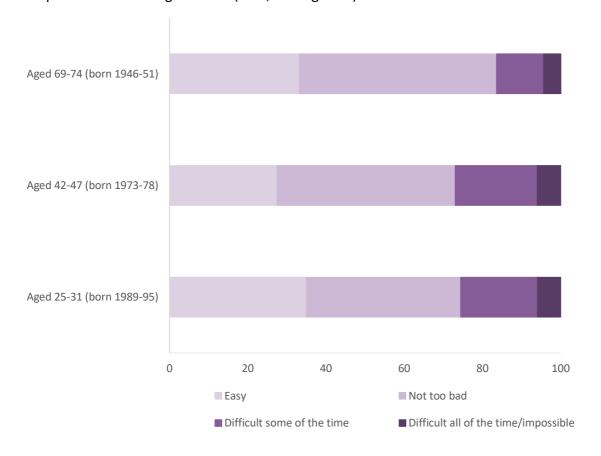


Figure 1. Ability to manage on available income during the COVID-19 crisis among women aged 25-31 (n=1,794), 42-47 (n=2,205) and 69-74 (n=2,592).









Monetary stress during the COVID-19 crisis

At the time of Survey 13 (i.e. mid-late October), over half (51%) of women overall reported that they did not feel stressed about money in the in the previous 14 days. However, 29% of women reported being somewhat stressed, 13% reported being moderately stressed, and 6% were very or extremely stressed about money during that time. Women aged 69-74 were less likely to report being stressed about money in the previous fortnight (29%), compared to women aged 42-47 (58%) and those aged 25-31 (64%; see Figure 2).

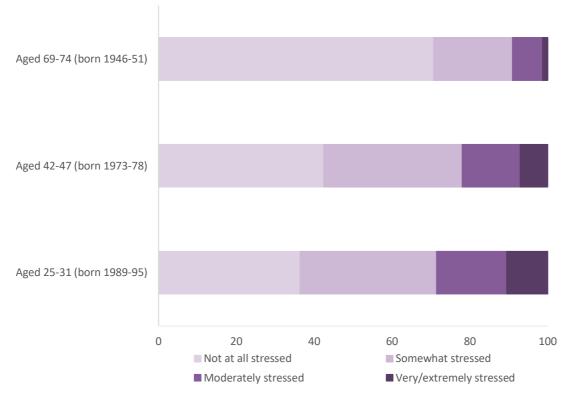


Figure 2. Monetary stress during the COVID-19 crisis among women aged 25-31 (n=1,795), 42-47 (n=2,205) and 69-74 (n=2,597).









Financial hardship during the COVID-19 crisis

Access to \$2,000 if needed

During the COVID-19 crisis, nine out of ten (90%) women overall reported that they could access \$2,000 within a week for something important if needed. One in ten (10%) women reported that they did not have access to \$2,000 if needed during the COVID-19 crisis. Women aged 69-74 were more likely to report having access to \$2,000 if needed during the COVID-19 crisis (93%), compared to women aged 42-47 (88%) and those aged 25-31 (87%).

Impacts of a shortage of money

A total of 11% of women reported that they were impacted by a shortage of money in some way during the COVID-19 crisis. The most commonly reported impact of a shortage of money was having to seek financial help from family and friends (6% of women), followed by not being able to pay bills on time (3%), having to pawn or sell something (3%), and having sought assistance from a welfare or community organisation (3%). Around 2% of women reported going without meals, and 2% reported not being able to pay for their car registration or insurance on time due to a shortage of money. Not being able to heat one's home since the COVID-19 crisis began was reported by 1% of women.

Younger women were more likely than older women to report being impacted by a shortage of money during the COVID-19 crisis, with 21% of women aged 25-31 reporting they were impacted, compared to 12% of women aged 42-47 and 4% of women aged 69-74 (see Table 2).

Table 2. Impacts of a shortage of money during the COVID-19 among 6,612 ALSWH participants

	1989-95 cohort N=1,796		1973-78 cohort N=2,210		1946-51 cohort N=2,606	
	n	%	n	%	n	%
Sought financial help from family and friends	240	13.4	105	4.8	41	1.6
Unable to pay bills on time	82	4.6	111	5.0	21	0.8
Had to pawn/sell something	109	6.1	62	2.8	26	1.0
Sought assistance from welfare/community organisation	114	6.4	42	2.2	6	0.2
Went without meals	89	5.0	30	1.4	16	0.6
Unable to pay for car registration/insurance	76	4.2	61	2.8	13	0.5
Unable to heat home	35	2.0	21	1.0	12	0.5
At least one of the above	380	21.2	266	12.0	99	3.8

Missing observations were included in the denominators.

Missing data for impacts of a shortage of money: 1989-95 cohort n=10; 1973-78 cohort n=13; 1946-51 cohort n=26.









Australian Longitudinal Study on Women's Health

Food security during the COVID-19 crisis

Ability to afford food

Most women (96%) reported that they were able to afford food during the COVID-19 crisis. However, over 3% of women reported that they sometimes or often ran out of food and did not have enough money to buy more (22 women reported that they did not know whether they ran out of food and could not afford more). Women aged 25-31 and those aged 42-47 were more likely to report being unable to afford food if they ran out during the COVID-19 crisis (6% and 3%, respectively), compared to women aged 69-74 (1%).

Ability to afford healthy food

Overall, 89% of women reported that they could afford healthy meals since the COVID-19 crisis began. However, 6% of women were sometimes unable, and 4% were often unable, to afford healthy meals during the COVID-19 crisis. Women aged 25-31 were most likely to report sometimes or often being unable to afford healthy meals during the COVID-19 crisis (17%), compared to women aged 42-47 (11%) and those aged 69-74 (5%; see Figure 3).

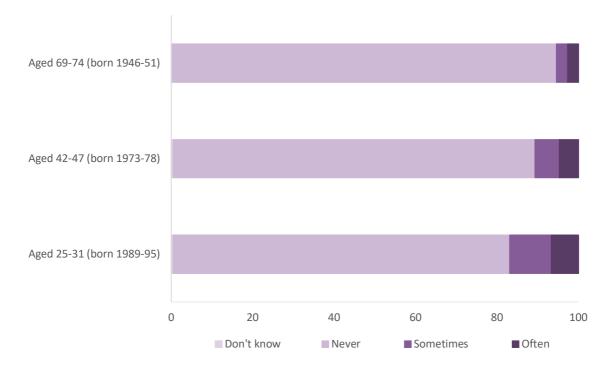


Figure 3. Inability to afford healthy food during the COVID-19 crisis among women aged 25-31 (n=1,796), 42-47 (n=2,203) and 69-74 (n=2,596).

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.