



ALSWH COVID-19 Survey Vaccine Report, September 2021

Authors: Peta Forder, Amy Anderson, Natalie Townsend, Deborah Loxton

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 were deployed over six months (April-September 2020) via email to women in the three ALSWH cohorts born 1989-95, 1973-78, and 1946-51. The purpose of the surveys was to ascertain women's experiences with COVID-19 testing, their overall wellbeing, and the changes occurring for them during the pandemic.

A follow-up survey (Survey 15) was deployed in late August 2021 to examine women's concerns about the pandemic and their risk of being infected with the virus. The survey also explored access to COVID-19 vaccines and women's intentions and concerns about getting a COVID-19 vaccine.

At the time of this survey, New South Wales (NSW), Victoria and the Australian Capital Territory (ACT) were in lockdown. NSW was seeing around 1,000-1,500 new COVID-19 cases a day while the survey was open. Victoria saw around 70 new COVID-19 cases a day at the beginning of the data collection period but were recording approximately 500 cases a day by mid-September. The ACT recorded around a dozen cases per day at the beginning and end of the survey period, peaking at around 32 cases in early September. None of the other states or territories were in lockdown and were reporting zero cases or a handful of cases each day. At the beginning of the survey period, Australia had reported that 34% of people aged 16 or older had received two doses of the COVID-19 vaccine, predominantly in older ages.

Method

COVID-19 Survey 15 was deployed on 30th August 2021 and closed on 13th September 2021. Email invitations were sent to 27,587 women: 13,527 from the 1989-95 cohort (aged 26-32 years), 8,246 from the 1973-78 cohort (aged 43-48 years), and 5,814 from the 1946-51 cohort (aged 70-75 years). In total, 6,563 (24%) women completed Survey 15: 2,126 (16%) from the 1989-95 cohort, 1,966 (24%) from the 1973-78 cohort, and 2,471 (43%) from the 1946-51 cohort.

This report includes data from the women who indicated that they were living in Australia at the time of the survey (n=6,438; 1989-95 cohort, n=2,072; 1973-78 cohort, n=1,915; 1946-51 cohort, n=2,451), excluding the 125 women who indicated that they were living overseas.

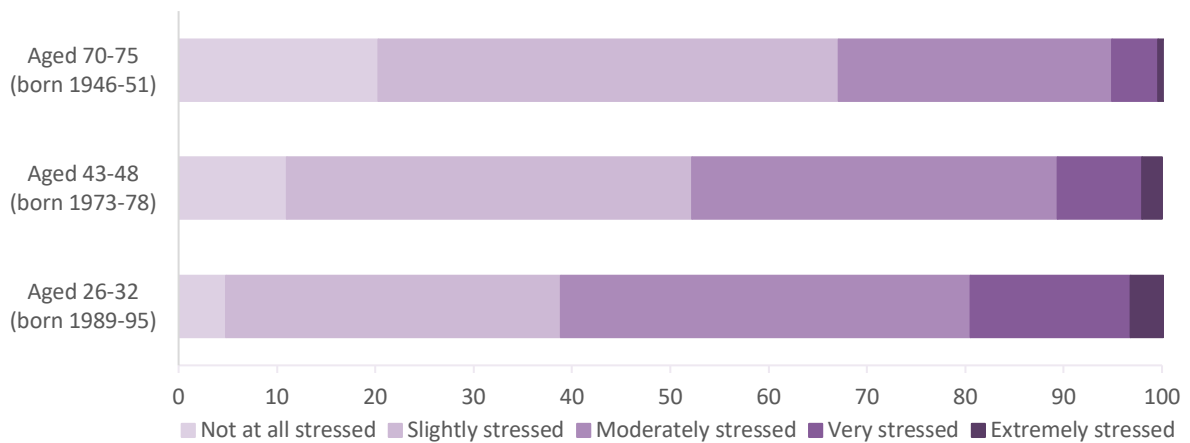
As the purpose of this survey was to specifically investigate factors influencing vaccine uptake and vaccine hesitancy, questions were sourced with permission from the World Health Organization to use their Behavioural and Social Drivers (BeSD) of COVID-19 vaccination adult survey tool.¹ This tool contains items examining the drivers of vaccine uptake, and were adapted for use within the ALSWH context.

Findings

Stress about the COVID-19 crisis

Younger women were more likely to report feeling very or extremely stressed about the COVID-19 crisis (20%) than mid-aged women (11%) or older women (5%).

Figure 1. Level of stress about the COVID-19 crisis among women aged 26-32 (n=2,072), 43-48 (n=1,915), and 70-75 (n=2,451)



COVID-19 testing

Overall, 59% of women indicated that they have been tested for COVID-19 since the pandemic began. However, women aged 26-32 were more likely to have been tested for COVID-19 (78%) than women aged 43-48 (63%) or 70-75 (39%).

Among women who had been tested, younger women reported a higher number of tests, with four or more tests reported by nearly one-third of the younger women (32%), compared with 18% of mid-aged women and 8% of older women (see Table 1).

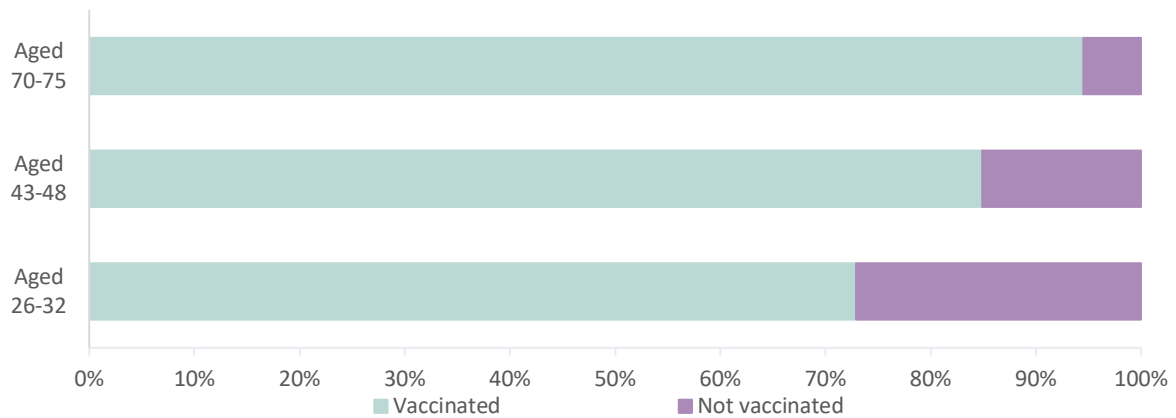
Table 1. Number of tests among women who have had testing for COVID-19 (N=3,771)

	1989-95 cohort		1973-78 cohort		1946-51 cohort	
	Aged 26-32 N=1,612		Aged 43-48 N=1,197		Aged 70-75 N=962	
Number of COVID-19 tests	n	%	n	%	n	%
1	410	25.4	456	38.1	541	56.2
2	358	22.2	322	26.9	223	23.2
3	293	18.2	179	15.0	98	10.2
4-5	289	17.9	136	11.4	59	6.1
6 or more	230	14.3	84	7.0	18	1.9
Missing	32	2.0	20	1.7	23	2.4

Uptake of COVID-19 vaccines

The majority of women indicated that they had received at least one dose of the COVID-19 vaccine (Figure 2), with higher vaccine uptake reported among women aged 70-75 (95%) than for women aged 43-48 (85%) or women aged 26-32 (73%).

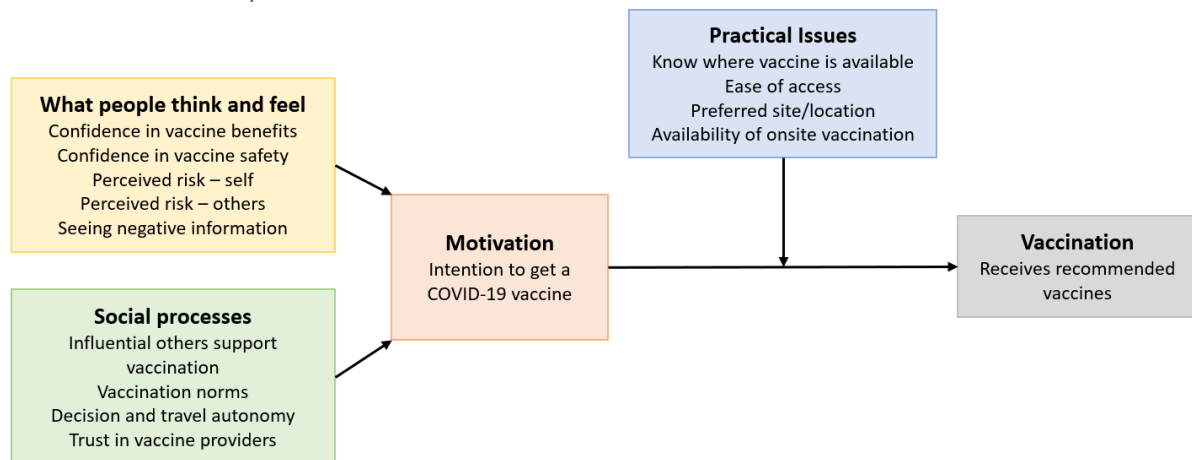
Figure 2. Percentage of women who have received a COVID-19 vaccine among women aged 26-32 (n=2,072), 43-48 (n=1,915), and 70-75 (n=2,451).



Factors influencing vaccine uptake

Using the Behavioural and Social Drivers (BeSD) framework to investigate factors which influence vaccine uptake (Figure 3), we surveyed the women about: (a) practical considerations; (b) personal motivations; (c) their own thoughts and perceptions about the COVID-19 vaccines; and (d) social processes.^{1,2}

Figure 3. Behavioural and Social Drivers (BeSD) framework when considering factors which influence vaccine uptake



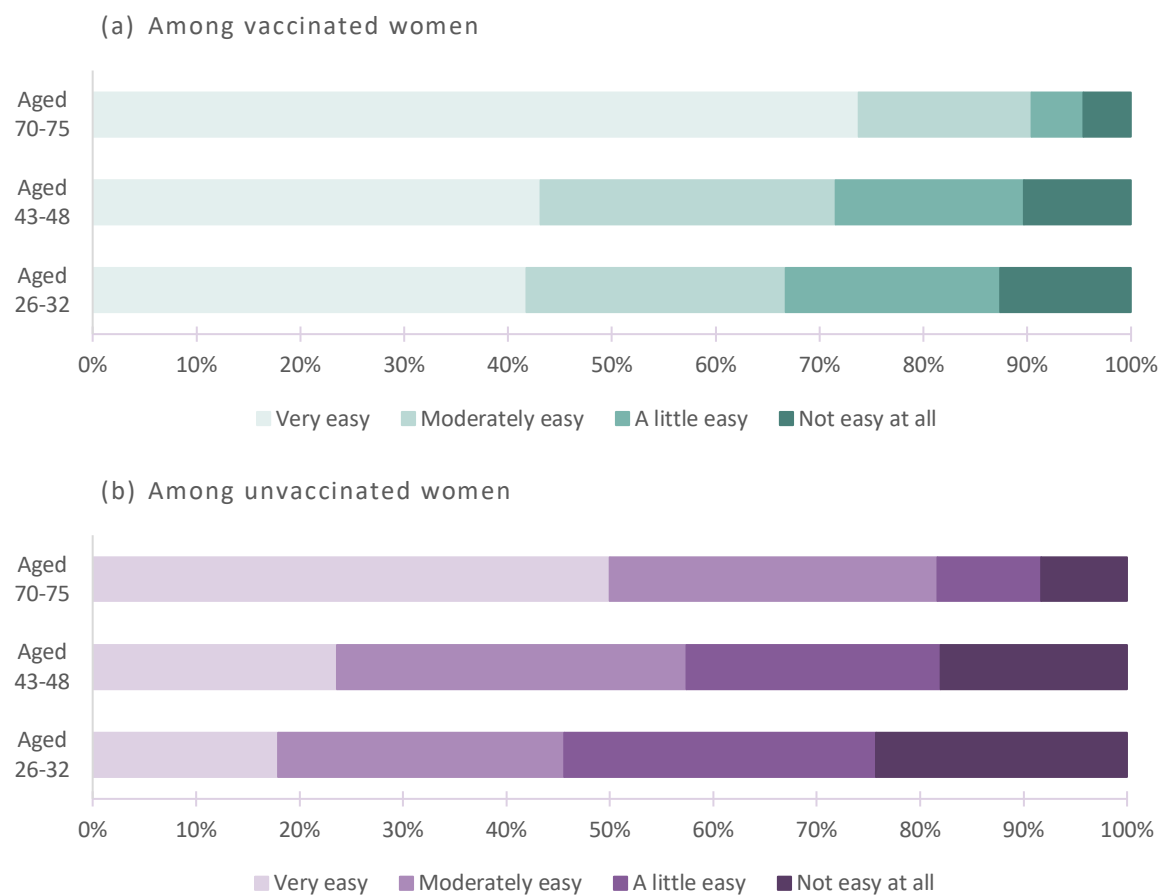
Source: Based on the “increasing vaccination” model (Brewer, N. T., G. B. Chapman, A. J. Rothman, J. Leask, and A. Kempe. 2017. Increasing vaccination: Putting psychological science into action. *Psychological Science in the Public Interest* 18(3):149–207. doi: 10.1177/1529100618760521.)²

Practical considerations

Ease of access

There were differences between vaccinated and unvaccinated women regarding how easy it was to receive the vaccine. Among vaccinated women, 13% of women aged 26-32 reported that it was not easy to get vaccinated, along with 10% of women aged 43-48 (Figure 4). However, among women who were not vaccinated, 24% of women aged 26-32 and 18% of women aged 43-48 said that it was not easy to get vaccinated.

Figure 4. Ease of getting a COVID-19 vaccine, by age and vaccination status



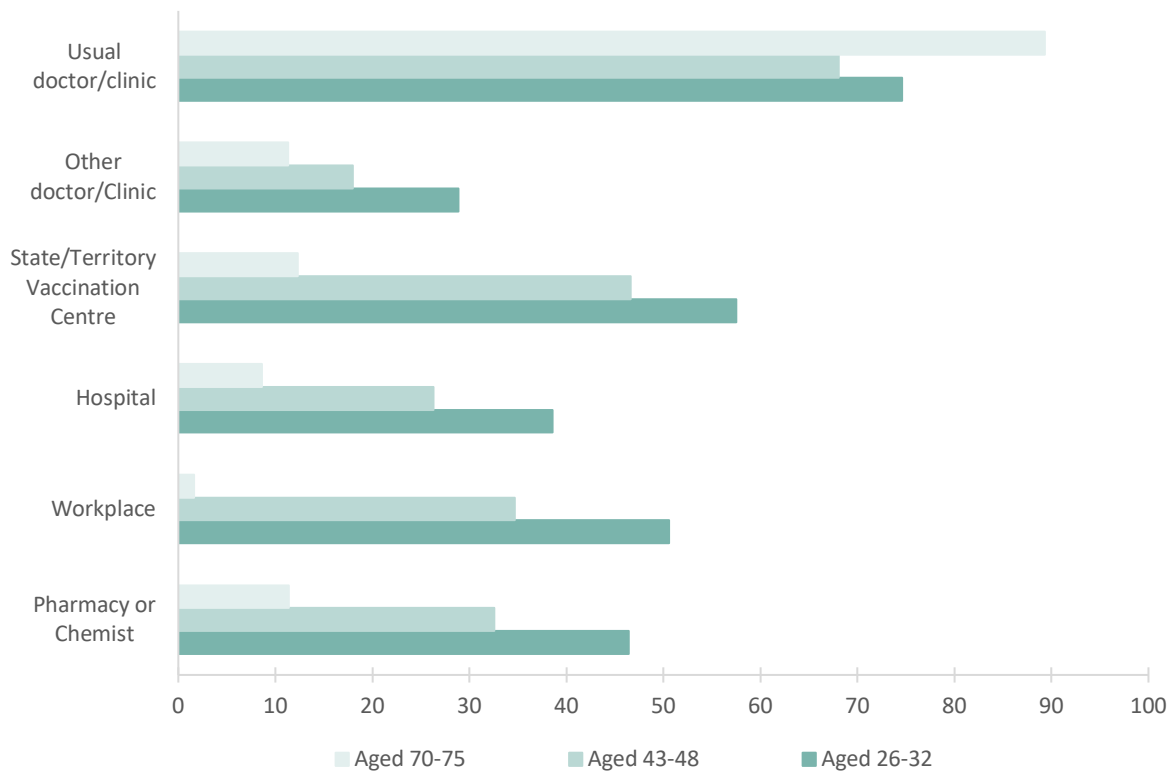
Among both vaccinated and non-vaccinated women, the four most common reasons cited for making it hard to get vaccinated were: (1) vaccine was not yet available for them; (2) wait time for an appointment was too long; (3) no vaccine available close to them; and (4) the clinic booking system was too difficult to use to make an appointment. Other reasons also indicated were lack of childcare to attend a vaccination appointment, distance to travel to vaccination appointment, concerns about side effects, and waiting for a preferred brand (Pfizer).

Preference for vaccine location

For the majority of women, irrespective of vaccination status, the first preference for vaccination location was their usual GP or local health clinic, as reported by 76% of women aged 26-32, 67% of women aged 43-48 and 87% of women aged 70-75.

Most vaccinated women would have preferred to have obtained the COVID-19 vaccine through a doctor or local health clinic, preferably their own (Figure 5). Half the women aged 26-32 (51%) and one-third of the women aged 43-48 (35%) indicated they would prefer to access the vaccine through their workplace. State/territory vaccination clinics were also a common preference for women aged 26-32 (57%) and 43-48 (47%), and a number of younger women indicated that a pharmacy/chemist would also be preferred for vaccine access (46% for women aged 26-32, 33% among women aged 43-48). For older vaccinated women aged 70-75, 90% preferred to attend to their usual doctor or health clinic.

Figure 5. Preferred vaccination location among vaccinated women, by age



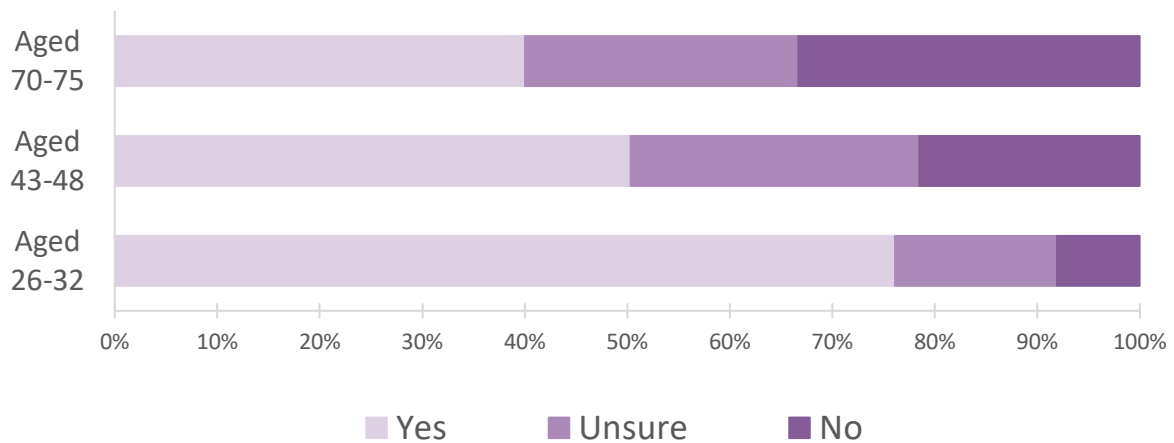
Similar to women who have been vaccinated, women who were not vaccinated also indicated that they would prefer to be vaccinated by their local doctor or at their local health clinic. More than one-third of unvaccinated women aged 26-32 indicated that they would prefer to have the vaccine administered in a pharmacy/chemist, at their workplace, or at a hospital, while over half indicated that they would prefer to attend a state/territory vaccination centre.

Personal motivations

Intention to vaccinate

Among those who were not yet vaccinated, a higher percentage of younger women were intending to get vaccinated, with 76% of women aged 26-32 indicating their intention to vaccinate, compared to 50% of women aged 43-48 and 40% of women aged 70-75 (Figure 6). Around 16-28% of women were unsure or undecided about whether they would get vaccinated, while one-third of unvaccinated women aged 70-75 indicated that they did not intend to vaccinate.

Figure 6. Intention to get COVID-19 vaccine among currently unvaccinated women, by age



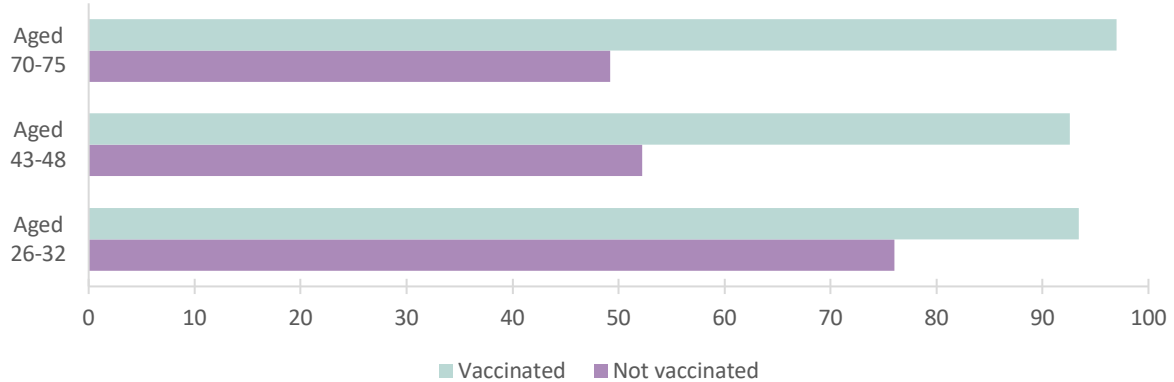
Thoughts and perceptions

Importance of vaccine benefits

Belief in the importance of COVID-19 vaccine benefits was much higher among women who were vaccinated than among women who were not vaccinated.

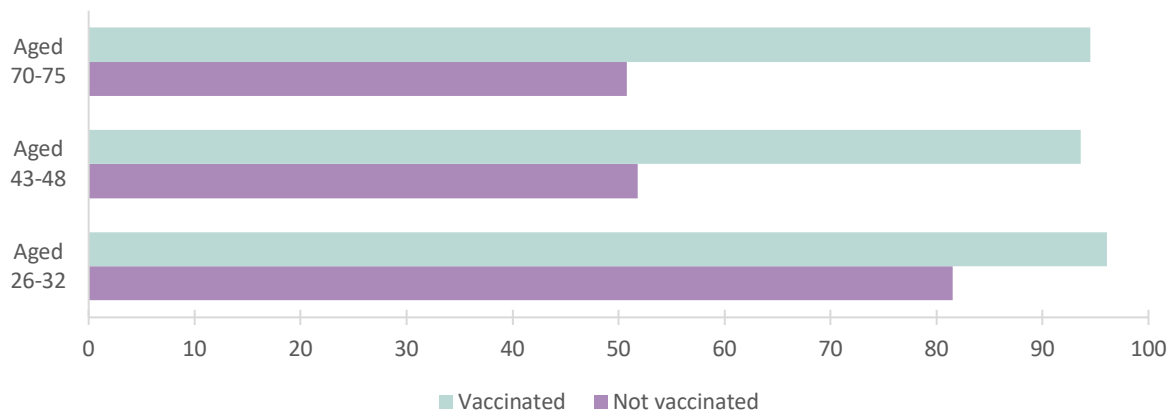
Among vaccinated women, more than 90% thought vaccination was important for their own health (Figure 7). Among women who were not vaccinated, 76% of women aged 26-32 thought the COVID-19 vaccine was important for their own health, compared with around 50% of women aged 43-48 and aged 70-75.

Figure 7. Perceived importance of COVID-19 vaccine for own health (% who believe it is moderately or very important), by age and vaccination status



A similar discrepancy was seen among women when asked about whether getting the COVID-19 vaccine themselves would protect others in the community. Among those who were vaccinated, 95% of women thought it was for the protection of the community (Figure 8). Among women who were not vaccinated, around 80% of women aged 26-32 thought the COVID-19 vaccine would help protect the wider community, compared with 50% of women aged 43-48 and aged 70-75.

Figure 8. Perceived importance of COVID-19 vaccine for the protection of others (% who believe it is moderately or very important to get vaccinated themselves to protect others in the community), by age and vaccination status

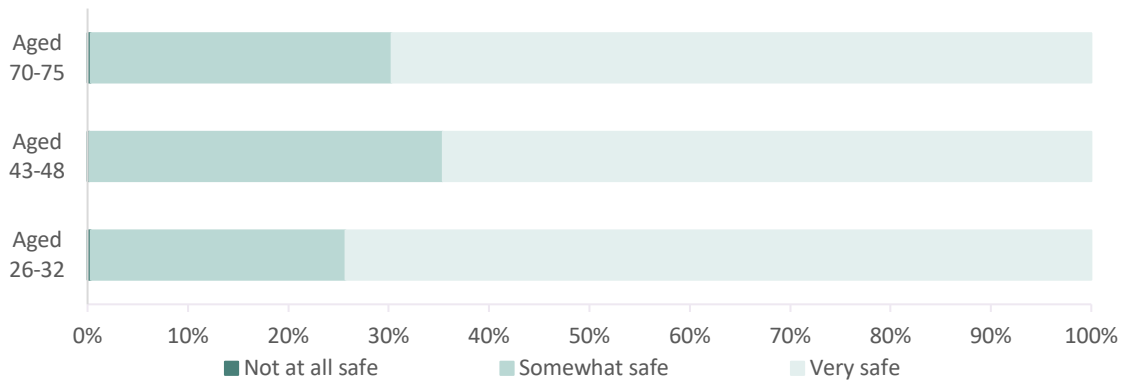


Confidence in vaccine safety

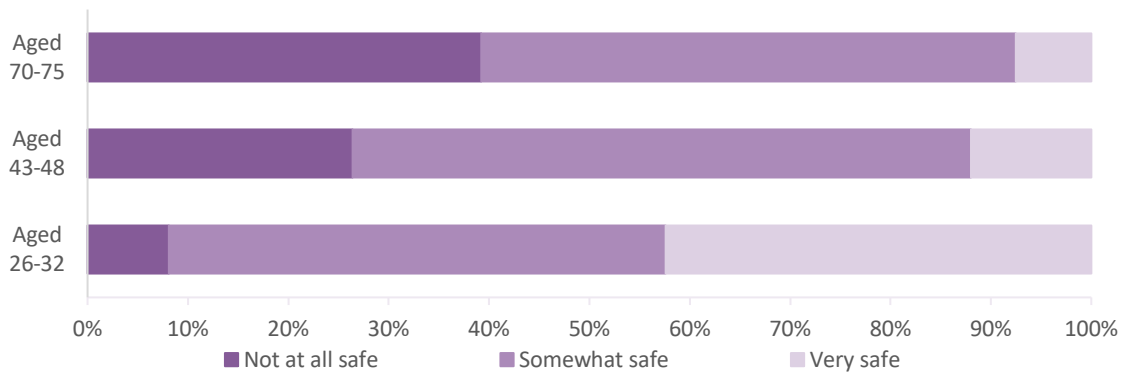
Confidence in vaccine safety was high among women who were vaccinated, with 74% of vaccinated women aged 26-32 indicating that they thought it was very safe (Figure 9). This was similarly indicated for 64% of vaccinated women aged 43-48 and 69% of vaccinated women aged 70-75. Confidence in vaccine safety was much lower for women who were not vaccinated, with only 8% of women aged 70-75, 12% of women aged 43-48, and 42% of women aged 26-32 indicating that they thought the vaccine was very safe.

Figure 9. Confidence in COVID-19 vaccine safety, by age and vaccination status

(a) Among vaccinated women



(b) Among unvaccinated women



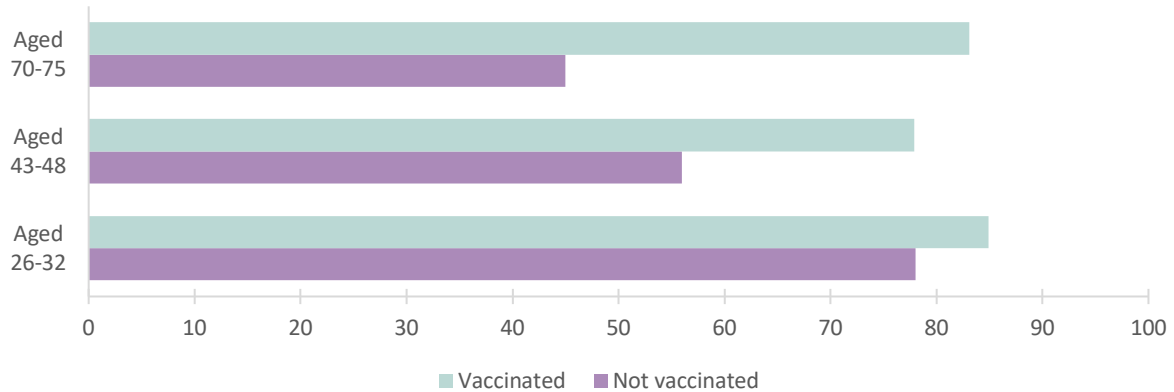
Among unvaccinated women, 39% of women aged 70-75, 26% of women aged 43-48 and 8% of women aged 26-32 indicated that they thought the COVID-19 vaccines were not safe at all. However, among vaccinated women, less than 1% thought the COVID-19 vaccine was not safe at all.

Social processes

Influence from family, friends and community

Around 80% of women who were vaccinated indicated that their close family and friends would want them to get vaccinated against COVID-19 (Figure 10). This was similar for unvaccinated women aged 26-32 (78%) but was much lower for unvaccinated women aged 43-48 (56%) or aged 70-75 (45%).

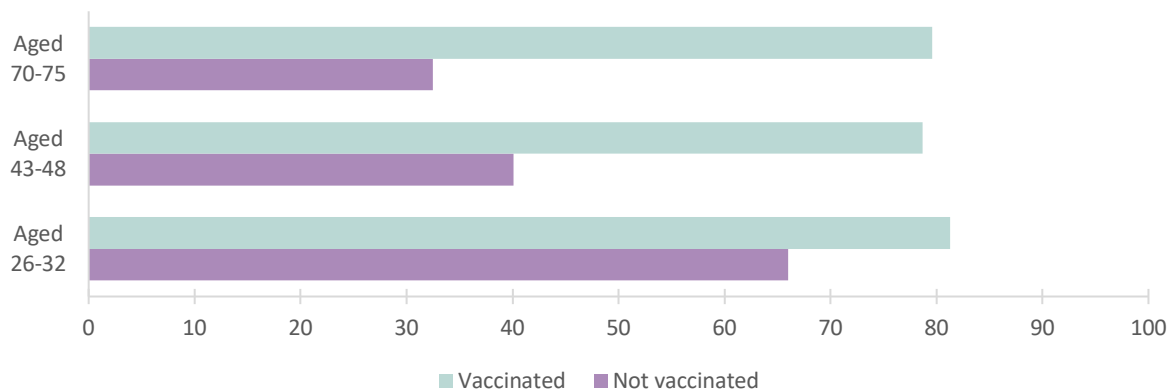
Figure 10. Percentage of women who believe most of their close family and friends would want them to get a COVID-19 vaccine, by age and vaccination status



Social benefits for self

Around 80% of vaccinated women believed that getting vaccinated would allow them to see their family and friends again (Figure 11). However, among women who are not vaccinated, only 33% of those aged 70-75 thought that getting vaccinated would allow them to see their family again, with 40% of unvaccinated women aged 43-48 and 66% of unvaccinated women aged 26-32 believing the same.

Figure 11. Percentage of women who believe getting a COVID-19 vaccine will allow them to safely see their family and friends again, by age and vaccination status



Future focus for increased vaccine uptake

Within the Behavioural and Social Drivers (BeSD) framework, our data suggests there are opportunities to improve vaccine uptake. Addressing perceptions about the vaccine should alleviate concerns and hesitations, using targeted educational campaigns about vaccine benefits and vaccine safety. There are also opportunities to promote social motivation as a reason to get the vaccine, for example, “the sooner you get vaccinated, the sooner you can get back to catching up with friends and family and go back to regular activities.” This was the type of strategy used within NSW during the lockdown in the second half of 2021. And finally, future campaigns for pandemic vaccine rollouts should remove the practical barriers for vaccine uptake, by using preferred locations for vaccine access (notably GP clinics, pharmacies, and smaller walk-in clinics near major workplaces) and improving appointment booking systems.

Acknowledgements

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References

1. World Health Organization. Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake. Geneva: World Health Organization 2022:<https://apps.who.int/iris/handle/10665/354459>. Licence: CC BY-NC-SA 3.0 IGO.
2. Brewer NT, Chapman GB, Rothman AJ, et al. Increasing Vaccination: Putting Psychological Science Into Action. *Psychological Science in the Public Interest* 2017;18(3):149-207. doi: 10.1177/1529100618760521