

Health seeking behaviours

March 2022 Report

Prepared for:
Evaluation and Behavioural Science
Science, Surveillance & Insights
COVID-19 Health System Response Directorate
Ministry of Health

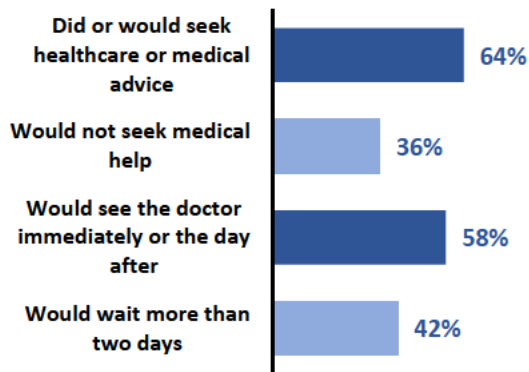
In association with:
the School of Population Health,
University of Auckland.

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KEY FINDINGS

Response to having COVID symptoms



Base: n=1,235

By far the most common health care providers adults would go to first are their GP (69%) and Healthline/ Whakarongorau (20%)

74% would wait until the symptoms were at least moderate, and 26% would wait until they were severe. Three per cent say they **never** want to see a doctor.

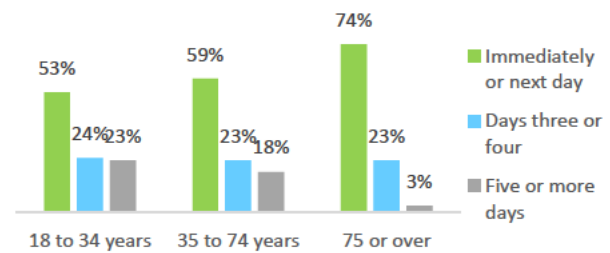
1.4 million adults say they won't seek medical help if they develop COVID-19 symptoms



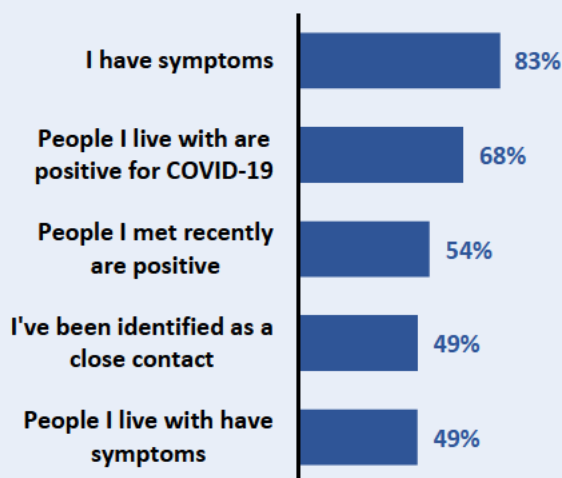
Almost two-thirds (64%) say they will seek medical advice if they have symptoms. However, 36% say they won't seek medical help.

58% would see the doctor immediately or the day after if they develop symptoms, but 42% would wait longer than this. 18% would wait to day 5 or after.

When see doctor after symptoms



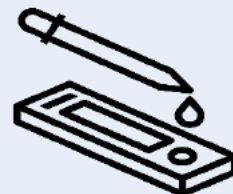
Main reasons for self-administering a Rapid Antigen Test



Base: n=1,234

83% or an estimated 3.3 million adults aged 18 or over would want to get a RAT test to test themselves if they develop symptoms of COVID-19.

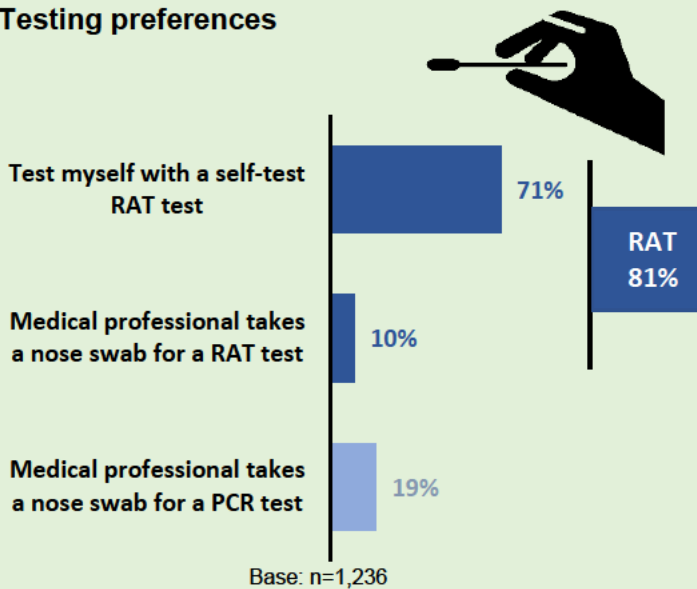
7% never want to be tested.



"I have got some RATs to check if I feel sick, whether it is COVID or just a cold. We hardly go out or see anyone as we are old and want to avoid catching it"

KEY FINDINGS

Testing preferences

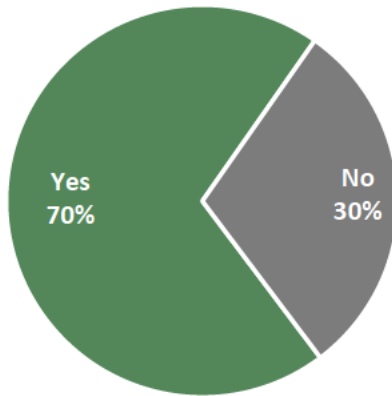


71% (2.8 million adults) prefer to self-test with a RAT test and 81% in total (3.2 million) prefer the RAT method overall.

By contrast, 19% prefer PCR tests administered by a health professional.

Prefer a PCR test	
Less likely ▼	More likely ▲
Female	16%
Have minor mobility issues	33%
Maori	28%
A caregiver	28%
Aged 35-44	26%
Male	23%

Trust RAT results



70% (2.8 million adults) say they trust RAT results, while 30% (1.2 million adults) do not trust these results.



Trust RAT test results	
Less likely ▼	More likely ▲
Aged 18-34	61%
Aged 75+	85%
Aged 65-74	78%

"I just went and got RAT tests for the household and we tested to ensure we knew whether it was COVID or flu"

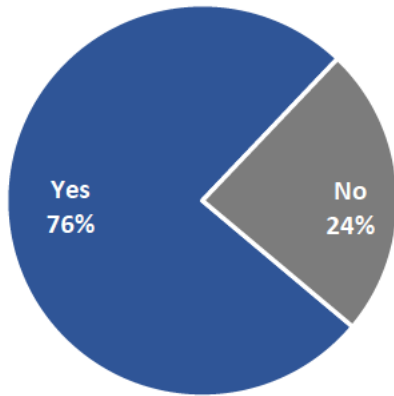
"It is a shambles. Rules change daily. I am a teacher and we are not RAT tested on site"

"RAT test question was tricky. Mostly trust the result but not 100%"

"I would prefer the accuracy of a PCR test, but it isn't possible to support disability needs and wait two hours for a test"

KEY FINDINGS

Are COVID-19 tests still necessary?

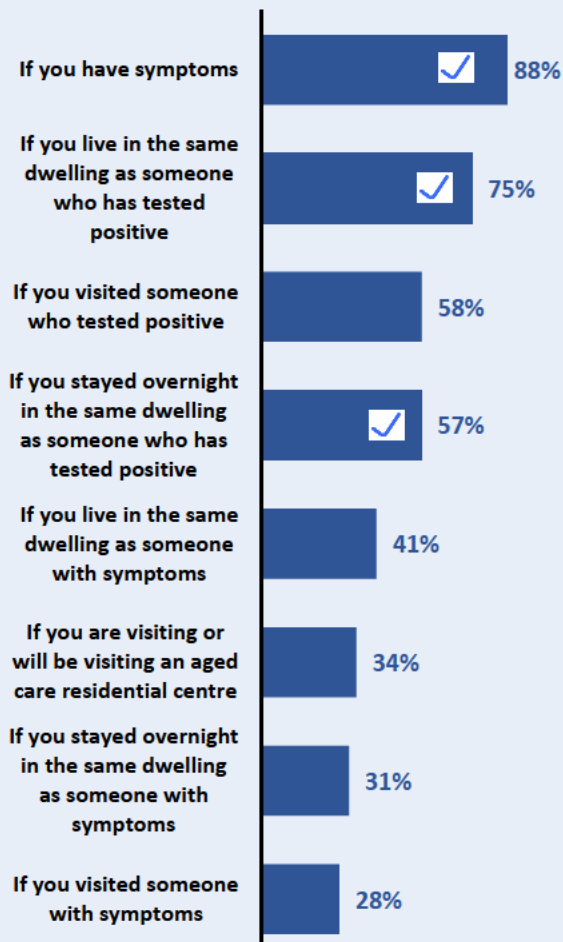


Base: n=1,230

Three-quarters of the adult population (76%) believe COVID-19 tests are still necessary. This equates to 3.0 million adults.

COVID-19 tests are still necessary	
Less likely ▼	More likely ▲
Aged 75+	90%
Have mobility issues	87%
Have serious health impairment	87%
Have a degree	81%

When should you get a COVID-19 test? (top 8 reasons)



Base: n=1,226

88% or an estimated 3.5 million adults say they should get tested if they have symptoms

Other common reasons include:

- Living in the same house as someone who has tested positive (75%)
- Having visited someone who has tested positive (58%)
- Staying overnight in the same dwelling as someone with a positive test (also 57%)

Ticks indicate the situations where the Ministry recommends people get tested.

“As soon as I get symptoms, I will get tested and isolate”

“I don’t think there is any need to test anymore, we just need to let it run its course and take the fear factor out of it, so people can get on with their lives”

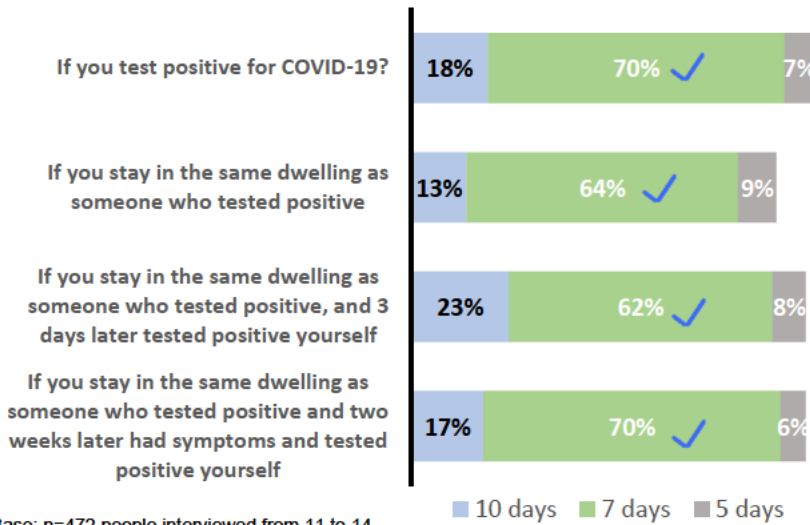
“If I didn’t have any symptoms or was not sick, I wouldn’t waste resources”

KEY FINDINGS

Knowledge of isolation rules

How long do you need to isolate?

Top three responses for a range of scenarios

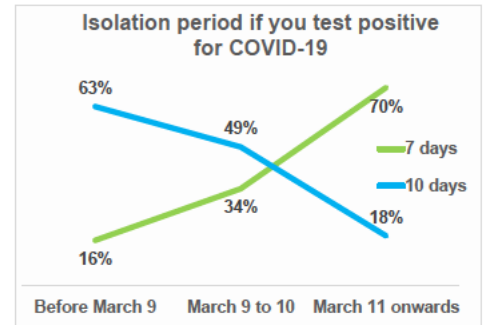


Base: n=472 people interviewed from 11 to 14 March out of 1,226 who answered these questions

The required period of isolation changed from 10 days to 7 days on 11 March, and announced on 9 March in the middle of fieldwork. Therefore, results are only shown for interviews conducted from 11 March onward.

For all four scenarios tested from 11 March, over sixty percent correctly say the isolation period is seven days. Before March 9 it was ten days.

The effectiveness of communicating this change is illustrated in the following chart:



When should you start isolating?

Less than half of adults correctly identify when they should start isolating in a range of scenarios

Scenario	Correct response	% who selected the correct response
If you were symptomatic and tested positive for COVID-19?	When you first had symptoms	43%
If you stay in the same dwelling as a person who had symptoms and tested positive	When the other person first had symptoms	33%
If you stay in the same dwelling as someone who tested positive, and 3 days later tested positive yourself but had no symptoms	When you got your test that had a positive result	33%
If you stay in the same dwelling as someone who tested positive and two weeks later had symptoms and tested positive yourself	When you first had symptoms	25%

“I guess if I have symptoms, get tested and it's positive, I'll be told what to do or I could look it up. I've seen it on the website but just can't be bothered trying to remember it all as it changes so often”

APPENDIX 1 – SOCIAL EQUITY ISSUES



The following analysis focuses on vulnerable groups in the community.

In this section we examine whether the following vulnerable groups exhibit significant differences compared with the total regarding their attitudes to COVID-19 symptoms and testing:

- Māori and Pasifika
- Elderly people and young adults
- Disabled people and those living with impairments or long-term health conditions.

Questions analysed include the following:

- Did they or would they seek medical help in response to having COVID-19 symptoms?
- How long would they wait to see a doctor if they have symptoms?
- How severe would their symptoms be before they would see a healthcare provider?
- Do they trust the results of RAT tests?
- Do they think COVID-19 testing is still necessary?

Relatively few instances were observed where vulnerable groups have lower levels of health-seeking responses to COVID-19 compared with the total.

These differences are all age-related:

- Those aged 55 to 74 are less likely than the total to say they did seek or would seek medical help in response to having COVID-19 symptoms (59% cf. 64% overall)
- Younger adults aged 18 to 24 are more likely to say that COVID-19 would need to be of high severity before seeing a healthcare provider (36% cf. 26% overall). This age group is also less likely to trust the results of RAT tests (42% cf. 70%).

By contrast, there are more examples where vulnerable groups have a higher level of health-seeking responses than the overall population

Age-related differences:

- Older people aged 75 or over are more likely than the total to say they did seek or would seek medical help in response to having COVID-19 symptoms (83% cf. 64% overall).
- This age group is also more likely to trust the results of RATs (85% cf. 70% overall) as is the 65 to 74 year age group (78% cf. 70% overall).

- The 75 plus age group is also more likely to say they will see a doctor immediately or the day after if they observe symptoms (74% cf. 58% overall); to say they will seek medical help for symptoms of moderate severity (62% cf. 48% overall); and to agree that COVID-19 tests are still necessary (90% vs. 76% overall).

Ethnicity differences:

- Māori are more likely to say they will see a doctor immediately or the day after if they observe symptoms (66% cf. 58% overall).

Disability and impairment-related differences:

- Those who are disabled with mobility issues (both moderate and severe) are more likely to say they did or will get medical help if they notice COVID-19 symptoms (74% cf. 64% overall).
- They are also more likely to say they will see a doctor immediately or the day after if they observe symptoms (71% cf. 58% overall); and to say they will seek medical help for symptoms of mild severity (40% cf. 23% overall).
- This group is more likely to say COVID-19 tests are still necessary (87% cf. 76% overall).
- People with serious medical impairments are also more likely to say COVID-19 tests are still necessary (87% cf. 76% overall).



APPENDIX 2 – METHOD



Research approach

An online survey of people aged 18 or older.

Sample sources

Members of the nationwide HorizonPoll and Horizon Research Māori panels as well as two third-party respondent panels: [REDACTED] were used for source diversity)

Fieldwork dates

8 to 15 March 2022

Sample size

n=1,236

Survey reliability

For the total sample the maximum margin of error is $\pm 2.8\%$ at the 95% confidence level.

Quotas

Demographic quotas were used to ensure a representative sample. In addition, quotas for Māori and Pasifika respondents were boosted to achieve sufficient interviews to ensure reliable results for these ethnic groups.

Weighting

The total sample is weighted on age, gender, ethnicity, region and highest education to match the adult population at the most recent census.

Questionnaire design

The survey includes 28 questions (27 pre-coded questions as well as 1 open-ended question). The majority of questions were compulsory to answer. To ensure good quality data, only those people who answered 26 or more questions were included in the survey sample.

Interview duration

The median time to complete the survey was 6.5 minutes.

Sample profile

See Appendix Three.

National population size for estimates

All estimates are based on Statistics NZ's Q3 2021 population projection of 3,956,300 New Zealanders aged 18 or more.

Guide to interpretation

Cross analysis of the results only features statistically significant differences from the total at the 95% confidence level. These results are indicated by the following symbols:

▼ significantly **less** than the total ▲ significantly **more** than the total.

APPENDIX 3 – SAMPLE PROFILE



A) By Personal Demographics all percentages to 1 decimal point

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	600	48.5%	49%
Female	624	50.5%	50.1%
Another gender	12	1.0%	0.9%
Total	1236	100%	100%

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	75	6.1%	8%
25-34	211	17.1%	22%
35-44	219	17.7%	17.1%
45-54	214	17.3%	16.9%
55-64	205	16.6%	13.9%
65-74	208	16.8%	14.3%
75 or more	104	8.4%	7.7%
Total	1236	100%	100%

Priority Ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	285	24.1%	20.1%
Pasifika	51	4.3%	3.8%
Asian	97	8.2%	7.5%
European	728	61.5%	67.3%
Other	23	1.9%	1.4%
Total	1184	100%	100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters degree or PhD)	156	12.6%	12.5%
Undergraduate (Bachelor) degree	305	24.7%	22.0%
Vocational qualification (includes trade certificates, diplomas etc)	310	25.1%	26.4%
University Bursary or 7th form	88	7.1%	10.0%
Sixth form/UE/NCEA Level 2	133	10.8%	11.7%
NCEA Level 1 or School Certificate	123	10.0%	8.3%
No formal school qualification	93	7.5%	7.5%
Prefer not to say	28	2.3%	1.6%
Total	1236	100%	100%

Essential worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	325	26.3%	27%
No	894	72.3%	71.3%
Prefer not to say	17	1.4%	1.7%
Total	1236	100%	100%

Look after or help others because of their long-term health issues	n= (unweighted)	% (unweighted)	% (weighted)
Yes	277	18.4%	17.9%
No	999	80.8%	81.2%
Prefer not to say	10	0.8%	0.9%
Total	1236	100%	100%

Number in Household	n= (unweighted)	% (unweighted)	% (weighted)
One	192	15.5%	14.6%
Two	423	34.2%	33.1%
Three	253	20.5%	21.4%
Four	210	17.0%	17.8%
Five or more	158	12.8%	13.1%
Total	1236	100%	100%

Date Survey Completed	n= (unweighted)	% (unweighted)	% (weighted)
Before March 9	291	23.5%	25.9%
March 9 to 10	473	38.3%	39.7%
March 11 onwards	472	38.2%	34.4%
Total	1236	100%	100%

DHBs	n= (unweighted)	% (unweighted)	% (weighted)
Northland	37	3.0%	3.0%
Waitemata	145	11.7%	14.3%
Auckland	108	8.7%	9.4%
Counties Manukau	109	8.8%	10.3%
Waikato	103	8.3%	8.8%
Lakes	28	2.3%	2.4%
Bay of Plenty	62	5.0%	5.5%
Tairāwhiti	18	1.5%	1.4%
Taranaki	30	2.4%	2.1%
Hawke's Bay	41	3.3%	2.8%
Whanganui	17	1.4%	1.1%
MidCentral	56	4.5%	4.2%
Hutt	46	3.7%	2.7%
Capital and Coast	120	9.7%	7.4%
Wairarapa	13	1.1%	0.9%
Nelson/ Marlborough	32	2.6%	2.4%
West Coast	10	0.8%	0.8%
Canterbury	167	13.5%	13.0%
South Canterbury	16	1.3%	1.2%
Southern	78	6.3%	6.5%
Total	1236	100%	91.4%

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	37	3.0%	3.0%
Auckland	362	29.4%	33.9%
Waikato	98	8.0%	8.5%
Bay of Plenty	92	7.5%	8.0%
Taranaki	30	2.4%	2.1%
Gisborne/Hawkes' Bay	62	5.0%	4.5%
Wairarapa	9	0.7%	0.6%
Whanganui/ Manawatu/ Palmerston North	73	5.9%	5.2%
Wellington	166	13.5%	10.0%
Nelson/ Tasman/ Marl- borough	32	2.6%	2.4%
Canterbury	183	14.9%	14.2%
West Coast	10	0.8%	0.8%
Otago	53	4.3%	4.5%
Southland	25	2.0%	2.0%
Total	1232	100%	99.7%

B) By Health & Disability Status

Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
No	1,055	85.4%	86.2%
Yes, minor mobility issues	129	10.4%	9.7%
Yes, more serious mobility issues	26	2.1%	2%
Yes, a vision impairment	22	1.8%	1.7%
Yes, a hearing impairment	36	2.9%	2.8%
Total	1268	102.6%	102.6%

Multiple responses were allowed; hence the totals add to more than 100%

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
No	720	58.3%	59.7%
Yes, a minor one that doesn't affect me too much	385	31.1%	30.2%
Yes, one that is more serious	131	10.6%	10.1%
Total	1236	100%	100%

APPENDIX 4 – TECHNICAL REPORTS



Excel tables (cross-tabs) and the raw survey data including verbatim comments and the questionnaire are provided separately from this report.