

Behavioural surveillance 2 survey

November 2022 Report

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Intelligence, Surveillance and Knowledge
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By Horizon Research Limited

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1. SUMMARY

1.1 Introduction

This report examines the past experiences and behaviour of adult New Zealanders regarding COVID-19 and what they intend to do in the future. It is the second survey conducted by Horizon Research for Manatū Hauora, the Ministry of Health, after the announcement removing the COVID-19 Protection Framework (the CPF).

The fieldwork period was from 31 October to 7 November 2022.

The sample is weighted by age, gender, ethnicity, education and region to match the adult population aged 18 or more. For more details on the weighting factors, see Section 8 Methodology page 55.

Comparisons are made in the report between this survey (Behavioural Surveillance 2) and the September Behavioural Surveillance 1 survey. The methodology is the same for both surveys, although response bias and other potential biases can affect the surveys differently. Given the large sample sizes, statistical significance is relatively easily achieved, but judgement on the part of the reader is required to evaluate if the difference is meaningful to your situation.

1.2 Executive Summary

Behavioural changes since the previous survey in September

- Two of the three measures below are significantly lower than in the previous survey in September. As the number of respondents in the October/November survey who tested positive is below 50, the apparent increase in the percentage testing positive and self-isolating should be regarded as an indication only.

Measure	September survey	October/November Survey
Took 1 or more Rapid Antigen Tests in the 2 weeks prior to the survey	32% (n=1,505)	28% ▼ (n=1,393)
Reported Rapid Antigen Test results on My Covid Record in the 2 weeks prior to the survey (base: took a RAT)	37% (n=483)	31% ▼ (n=434)
Tested positive in 2 weeks prior to the survey and self-isolated	55% (n=119)	78% (n=49)
Tested negative or did not test in 2 weeks prior to the survey and self-isolated	5% (n=1,386)	3% (n=1,344)

Note that 33% of those who were household contacts of someone who had tested positive for COVID-19 in the 2 weeks prior to the survey said they had self-isolated.

- 16% of public transport users (n = 696) in the 2 weeks prior to the survey, said they always wore a mask when using public transport. This was lower than in the September survey where this question was asked for individual types of public transport:

September: Type of transport	September survey (Overall public transport users n=725; note users of each individual public transport mode below)						October/November survey (n=696)
	Bus (n=572)	Train (n=385)	Ferry (n=310)	Plane (n=399)	Taxi/ Uber (n=466)	AVERAGE	All public transport
Always wore a mask in the 2 weeks prior to the survey	37%	28%	20%	34%	34%	31%	16%

For details on the average calculation see Methodology page 56.

Likely future behaviours

- There were no significant changes for the intention to perform four behaviours below between the two surveys. However, there was a statistically significant decline in “very likely” intention to leave home and go to work if respondents had COVID-19 symptoms in the future.

Measure	September survey (n=1,505)	October/ November survey (n=1,393)
<u>Very likely</u> to have a RAT if you have COVID-19 symptoms in the future	55%	52%
<u>Very likely</u> to report positive RAT results if you test positive for COVID-19 in the future	52%	54%
<u>Very likely</u> to self-isolate for the required 7-day period if you have a positive RAT result in the future	61%	60%
<u>Very likely</u> to wear a mask the next time you are on public transport	34%	33%
<u>Very unlikely</u> to leave home and go to work in the future if they have COVID-19 symptoms	55%	50% ▼

Impact of possible reduction of self-isolation period on intention to comply

- When asked if they would self-isolate for 7 days (current requirement), 60% of respondents said they would be very likely to do so.
- When asked to imagine a 5-day isolation period, 64% of respondents said they would be **very likely to self-isolate for 5 days** if they have a positive RAT result in the future.
- 61% of respondents **preferred a 5-day self-isolation option** with a negative RAT test at the end of the 5 days to end their isolation - if this test was positive, they would continue isolating for a further 2 days.

Impact of travelling (or ‘being’) away from home on key protective & preventative behaviours

- 42% and 28% of respondents said they were **very likely and likely, respectively, to do a Rapid Antigen test if they developed COVID-19 symptoms while away on a trip in another part of New Zealand.**
 - This compares with 52% who would be very likely and 27% who would be likely to do a Rapid Antigen Test if they developed COVID-19 symptoms in the future.
- 60% of respondents said they **would travel home immediately to self-isolate** if they tested positive for COVID-19 while away on a trip in another part of New Zealand.

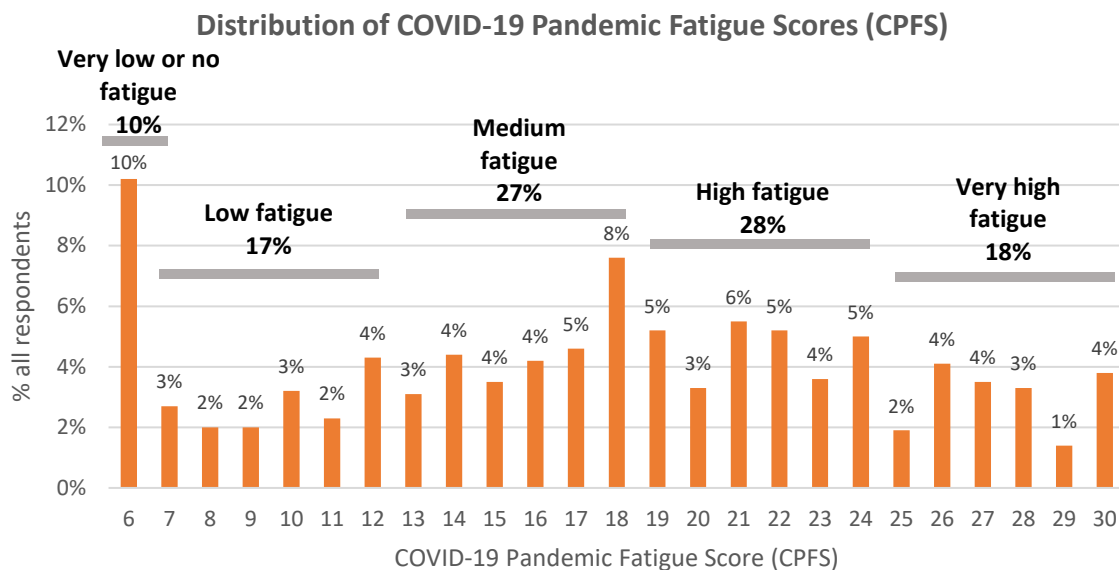
Potential barriers to self-isolation

Respondents were presented with a list of things that might make it difficult for them to self-isolate and asked “*I might find it difficult to self-isolate if...*”.

- **50% selected “I don’t have any difficulties self-isolating”.**
- Main potential barriers selected include:
 - “I can’t afford to miss work” (18%)
 - “I don’t have **space to self-isolate away from others at home**” (18%)
 - “I can’t **get food/supplies delivered**” (17%).
- In total, 26% of respondents selected at least 1 **work-related barrier**.
 - 18% selected “I can’t afford to miss work”
 - 15% selected “I didn’t have enough sick leave”
 - 13% selected “I can’t work from home”.

COVID-19 Pandemic Fatigue

- The distribution of results for the **COVID-19 Pandemic Fatigue Scale (CPFS)** is **slightly skewed towards low to medium fatigue levels (54%)** compared with **high to very high levels (46%)**.
- **Almost 2 out of 10 people (18%) had very high CPFS scores.**



2. KEY FINDINGS

2.1 In the 'no CPF' environment, substantial numbers of respondents were not following the Ministry of Health's recommendations

Compared with the previous September survey, the level of following two guidelines has dropped significantly:

- **taking a Rapid Antigen Test if you have COVID-19 symptoms** (63% in November compared with 73% in September)
- **wearing masks on public transport** (22% always and often in November compared with a 40% average for 5 transport types in September). **56% of public transport users did not wear a mask while travelling** in the 2 weeks prior to the survey.

However, **self-isolating if you test positive** has increased significantly. The proportion of respondents who self-reported as positive cases in the two weeks prior to the survey **and** said they were self-isolating in the same period has increased (78% in November compared with 55% in September).

The Ministry of Health's current recommendations	Level of following these recommendations in the two weeks prior to the survey
If you develop COVID-19 symptoms get tested immediately	63% of those with COVID-19 symptoms in the 2 weeks prior to the October/November survey took at least one RAT but 37% with symptoms <u>did not</u> . This result dropped significantly compared with the September survey where 73% with COVID-19 symptoms took at least one RAT but 27% with symptoms <u>did not</u> .
Masks are strongly recommended for household contacts, when in confined poorly ventilated places such as public transport , or when visiting vulnerable people	56% of public transport users <u>did not wear a mask at all</u> in the past two weeks prior to the October/November survey, and only 16% always wore a mask. In contrast, an average of 31% reported <u>always</u> wearing masks and an average of 43% <u>never</u> wore a mask on 5 different types of public transport in the September survey*.
If you test positive for COVID-19, you need to isolate from the community to help stop the spread of the virus.	76% of those who tested positive for COVID-19 two weeks prior to the October/ November survey ($n=49$) self-isolated in the same period, compared with 55% in September ($n=119$), a significant increase.

* For information on how these averages were calculated, see Methodology page 56.

2.2 Actual behaviour in the two weeks prior to the survey differed from future intention

Reporting RAT results and **wearing a mask on public transport** both had a lower level of being ‘very likely’ to do these actions in the future than actual behaviour in the 2 weeks prior to the survey. By contrast, **taking a RAT if you have COVID-19 symptoms** and **self-isolating after a positive test** in the 2 weeks prior to the survey (*indication: n=49, margin of error $\pm 11.6\%$ for this result*) both had a higher level of being ‘very likely’ to do these actions in the future than actual behaviour in the 2 weeks prior to the survey.

Behaviours	Actual behaviour in two weeks prior to survey %	Future intention ('very likely') %
Taking a RAT if you have COVID-19 symptoms	63%▲ (experienced COVID-19 symptoms in the two weeks prior to the survey, n=241)	52%▼ (n=1,393)
Reporting Rapid Antigen Test results on My Covid Record	31%▼ (took a RAT, n=434)	54%▲ (n=1,393)
Self-isolated if had a positive RAT result	78% (tested positive in the two weeks prior to the survey, n=49)	60%▼ for the required period (n=1,393)
Wearing a mask on public transport	16%▼ always wore a mask on public transport (used public transport, n=696)	33%▲ (n=1,393)

2.3 A majority still intend to engage in protective behaviours in the future

All respondents were asked how likely they would be to engage in five behaviours to protect themselves and others from COVID-19 in the future. As shown in Table 3 below, a majority of respondents were “very likely” to engage in four of these protective behaviours. 26% of public transport users during the two weeks prior to the survey were “very likely” to wear a mask the next time they were on public transport.

There were no statistically significant changes from the September survey other than public transport users being significantly less likely to wear masks when they use public transport in the future.

As in September, the protective behaviour with the highest “very likely” potential engagement was self-isolation for the recommended period.

Table 3: Likelihood to engage in future protective behaviours

Intended future behaviours	Very likely %	Likely %	Neither likely nor unlikely %	Unlikely %	Very unlikely %
Taking a RAT if you have COVID-19 symptoms in the future	52%	27%	5%	5%	10%
Reporting test results in the future if you test positive using a Rapid Antigen Test	54%	20%	9%	6%	12%
Self-isolating for the recommended period (currently 7 days) if you have test positive for COVID-19 using a Rapid Antigen Test	60%	25%	5%	4%	7%
Not leaving home and going to work if you have symptoms of COVID-19 in the future *	50%	20%	13%	9%	8%
Wearing a mask the next time you are on public transport (public transport users only, n=696)	26%	15%	12%	17%	29%

N=1,393; public transport users in 2 weeks prior to the survey n=696

* For purposes of comparison, the statement wording and scale have been 'flipped' for: "Leaving home and going to work if you have COVID-19 symptoms in the future" and "Attending events with many people if you have COVID-19 symptoms".

2.4 Self-isolation preferences

All respondents were asked for their future self-isolation intentions in the event they tested positive for COVID-19 using a RAT.

- 60% were "very likely" to self-isolate for the required period (currently 7 days)
- If the required period was reduced to 5 days, 64% were "very likely" to self-isolate. One-way ANOVA analysis indicated that there was no statistically significant difference between the overall results of these two questions (intention to self-isolate for 7 days and intention to self-isolate for 5 days). There is a high correlation between the results of the two questions (correlation coefficient is 0.867).

61% of respondents preferred to self-isolate for 5 days if they test positive (subject to having a negative Rapid Antigen Test after 5 days) compared **with 39% who would prefer to self-isolate for 7 days**.

- The 5-day option is a higher-than-average preference for:
 - Those who are unlikely/very unlikely to self-isolate for the current 7 day required period (70% of this group are in favour of the 5-day option)
 - those who had work-related barriers to self-isolation (71%)
 - those who were unable to get food/supplies delivered (70%)
 - those who did not have the space to self-isolate away from others at home (68%)
 - Ethnic priority Pasifika (68%).
- The 7-day option is a higher-than-average preference for:
 - Respondents aged 75 years or over (49%)
 - Those who have never tested positive for COVID-19 (44%)
 - Those who identify as disabled (50%)

- Those living with impairments or long-term health conditions (48%)
- Those who had never been vaccinated (49%)
- Those who don't have any difficulties self-isolating (44%)
- Those who have very low or no COVID-19 Pandemic Fatigue (54%) or low pandemic fatigue (49%).

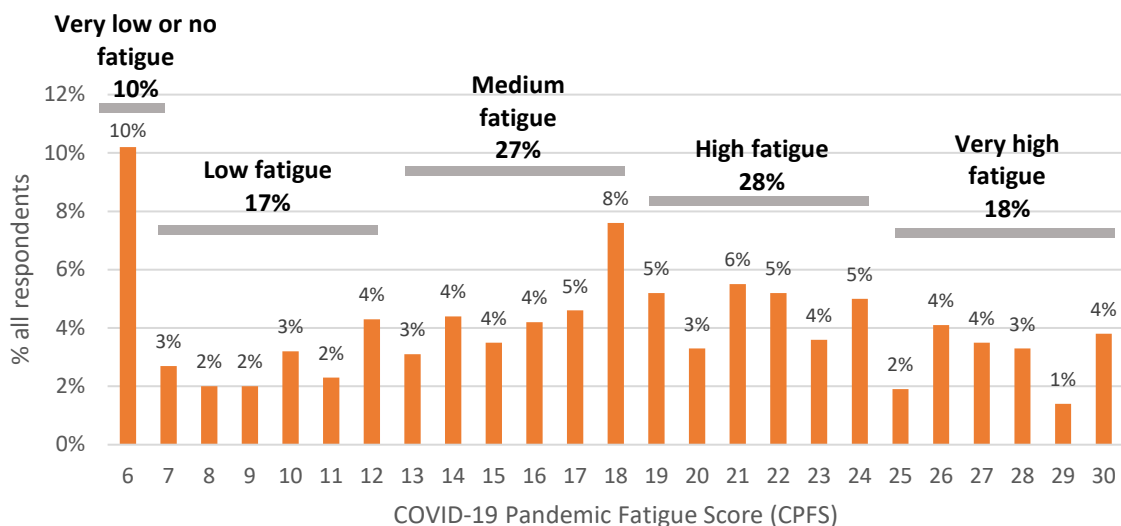
2.5 New questions about COVID-19 Pandemic Fatigue provide an additional construct for insights into attitudes and behaviours

COVID-19 Pandemic Fatigue Scale (CPFS) scores were calculated in the range 6 (strongly disagreed with all measures) to 30 (strongly agreed with all measures). 54% of respondents had “low to medium” fatigue levels (scored 6 to 18) compared with 46% who had “high to very high” fatigue levels (scored 19 to 30).

Around 2 out of 10 people (18%) have very high COVID-19 Pandemic Fatigue levels (score in the range 25 to 30, out of 30).

Respondents scored an average of 17.53 (on the 6 to 30 range).

Figure 1: Distribution of COVID-19 Pandemic Fatigue Scores (CPFS)



Higher than average CPFS scores tended to occur where there were lower levels of intention to perform **preventative and protective behaviours**¹ such as:

- “Very unlikely” to self-isolate for the required period (currently 7 days) if tested positive for COVID-19 (n=69, average CPFS score 23.60)
- “Very unlikely” to take a RAT if they have COVID-19 symptoms (n=132, average CPFS score 23.20).
- “Very unlikely” to report test results if test positive for COVID-19 in the future using a RAT (n=141, average CPFS score 23.96)
- “Very likely” to leave home and go to work if have COVID-19 symptoms in the future (n=102, average CPFS score 22.44)

¹ Note that this does not imply causality. See Section 6, page 47 for regression analysis indicating a relationship between average CPFS score and future intentions for protective behaviours.

- “Very unlikely” to wear a mask on public transport in the future (n=256, average CPFS score 21.69).

Those who are worried about the **negative effects of self-isolation on their mental health** also had a higher-than-average CPFS score (n=135, average CPFS score 22.76).

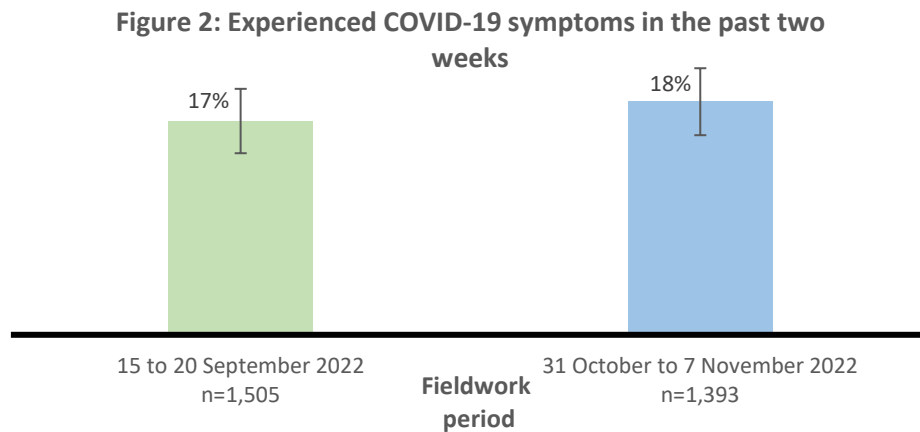
Demographic analysis shows that **younger respondents have higher CPFS scores than older respondents**. Those who identify as **disabled**, and respondents with an **impairment or long-term health condition** were relatively more likely to have very low/no or low pandemic fatigue levels, while **respondents from Auckland** are relatively more likely to have very high pandemic fatigue levels.

DETAILED REPORT

3. SYMPTOMS TO SELF-ISOLATION

The following section follows respondents' COVID-19 journey from observing COVID-19 symptoms to being a household contact of someone with COVID-19, to taking a RAT, reporting the RAT results and self-isolating.

3.1 Experienced COVID-19 symptoms in the 2 weeks prior to the survey
18% of respondents said they experienced COVID-19 symptoms in the 2 weeks prior to the survey, a similar result to that recorded in the previous survey in September 2022 and not statistically significant.



Note that:

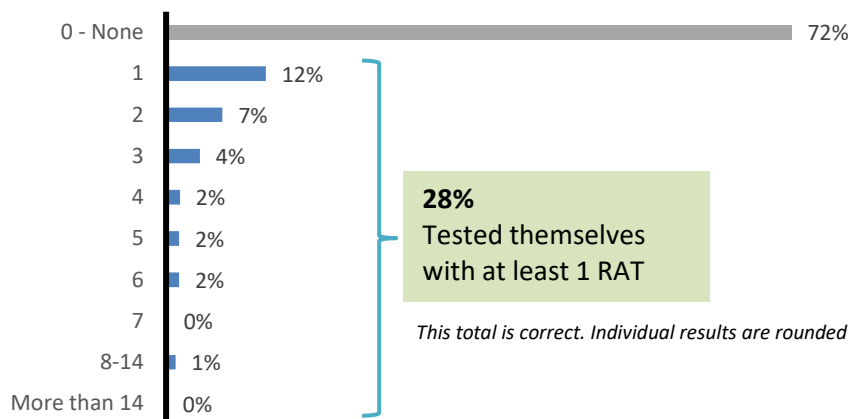
- 30% of respondents under 35 years of age had experienced symptoms, compared with 21% of those age 35-54 and 6% of those 55 years or over
- 26% of those who experienced symptoms were household contacts of someone who had tested positive for COVID-19
- 90% of those who tested positive for COVID-19 in the 2 weeks prior to the survey experienced COVID-19 symptoms in that period. In September, the corresponding figure was 55%
- 28% of ethnic priority Pasifika experienced symptoms, significantly higher than the overall average. No other ethnic groups experienced symptoms at a statistically higher or lower level.

3.2 Number of Rapid Antigen Tests (RATs) taken in the 2 weeks prior to the survey

28% of the respondents had tested themselves with one or more Rapid Antigen Tests in the past two weeks, compared with 32% in the last survey in September. Of these:

- 63% of those with COVID-19 symptoms in the 2 weeks prior to the survey took at least one RAT but 37% with symptoms did not. By contrast, in the previous September survey 73% with COVID-19 symptoms took at least one RAT but 27% with symptoms did not. The decline in taking RATs when symptomatic since September is statistically significant
- 90% of those who were self-isolating in the 2 weeks prior to the survey due to COVID-19 took at least one RAT, as did 71% of those who had been a household contact of someone who had tested positive for COVID-19 in the two weeks prior to the survey
- 38% of ethnic priority Māori and 47% of ethnic priority Asian respondents tested in the two weeks prior to the survey. Both of these results were statistically higher than the overall result
- 20% of respondents with no symptoms had tested for COVID-19. Of those, 17% were household contacts of someone who had tested positive for COVID-19 in the two weeks prior to the survey
- 29% of respondents who were household contacts did not take a RAT test.

Figure 3: Number of RATs self-administered in the past 2 weeks



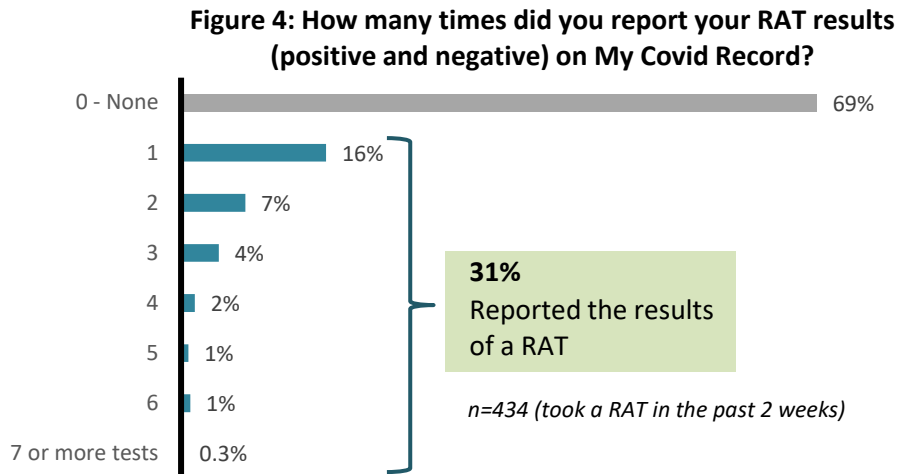
n=1,393

3.3 Reported RAT results in the 2 weeks prior to the survey

All respondents were asked 'In the past 2 weeks, how many times did you report your RAT results (positive and negative) on My Covid Record?' The results shown in the chart below are for the 434 adults who took a RAT in the 2 weeks prior to the survey.

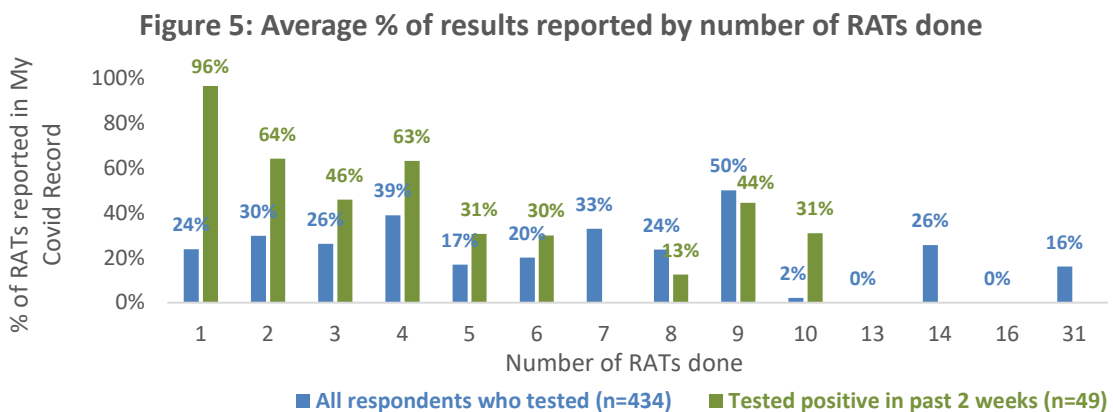
31% of those who took a Rapid Antigen Test reported the results of at least one test in the 2 weeks prior to the survey. This result is a significant decline compared with the September survey result (37%).

Of those who took a RAT and did not test positive, 83% did not report their test results.



On average, 23% of all results from RATs done were reported on My Covid Record². Those who tested positive in the 2 weeks prior to the survey reported an average of 44% of their tests³. Note that 8% of respondents who tested positive did not report any of their test results on My Covid Record³.

The following chart shows the average percentage of results reported by the number of RATs done.



Gaps in the number of RATs done for tested positive results occur where no respondents who had done that number of tests had tested positive.

² (total RAT results reported) ÷ (total RATs done) expressed as a percentage.

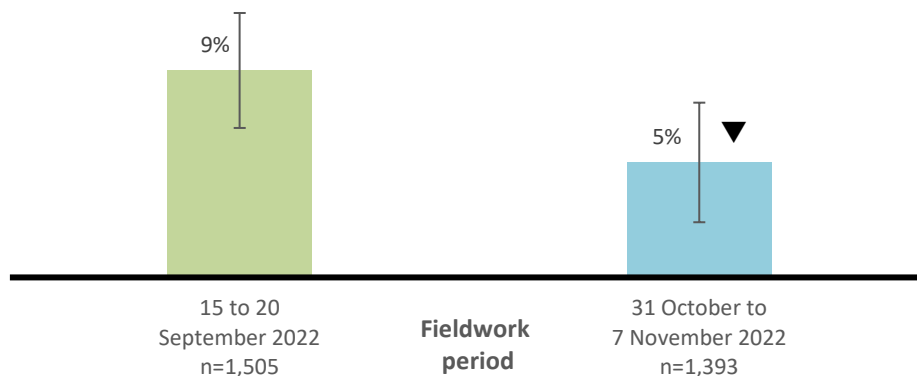
³ Indication; n=49, maximum margin of error ±14.0%

3.4 Self-isolated due to COVID-19 in the 2 weeks prior to the survey

5% of all respondents said they had self-isolated in the 2 weeks prior to the survey due to COVID-19. Those who said they were self-isolating in the 2 weeks prior to the survey included:

- 78% of those who tested positive in the 2 weeks prior to the survey (*indication: n=49, ±11.6% for this result*). In the September 2022 survey, the equivalent result was 55% (*n=119, ±8.9%*). A t-test confirmed that the difference between these results was statistically significant (*t=2.4184, p=0.00018*).
- 33% of those who, in the 2 weeks prior to the survey, had been a household contact of someone who had tested positive for COVID-19 (this question was not asked in September)
- 22% of those who had experienced COVID-19 symptoms in the 2 weeks prior to the survey, down from 36% in September. The decline is statistically significant
- 11% of ethnic priority Pasifika and 18% of ethnic priority Asian respondents.

Figure 6: Self-isolated in the 2 weeks prior to the survey



Note that:

- All respondents were asked this question and included in this analysis. However, only some respondents were legally required to self-isolate (i.e., those who tested positive).
- Therefore, figure 6 should not be used for the interpretation of self-isolation compliance.

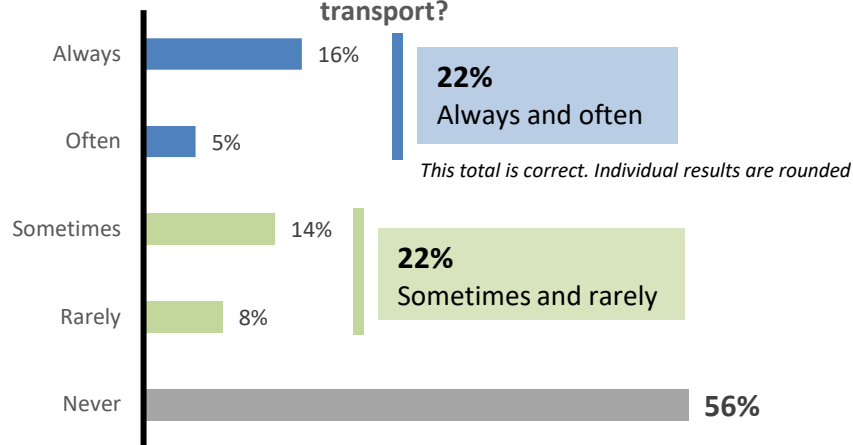
4. RECENT PREVENTION AND PROTECTION BEHAVIOUR

4.1 Wearing a mask on public transport in the 2 weeks prior to the survey

All respondents were asked how often they wore a mask on public transport in the past two weeks, with 'public transport' defined as including buses, trains, ferries, taxis/Uber and planes. Results below are for the 49% of respondents who used public transport in this period.

56% of public transport users did not wear a mask at all in the past two weeks, and only 22% wore a mask always or often.

Figure 7: In the past 2 weeks, how often did you wear a mask on public transport?

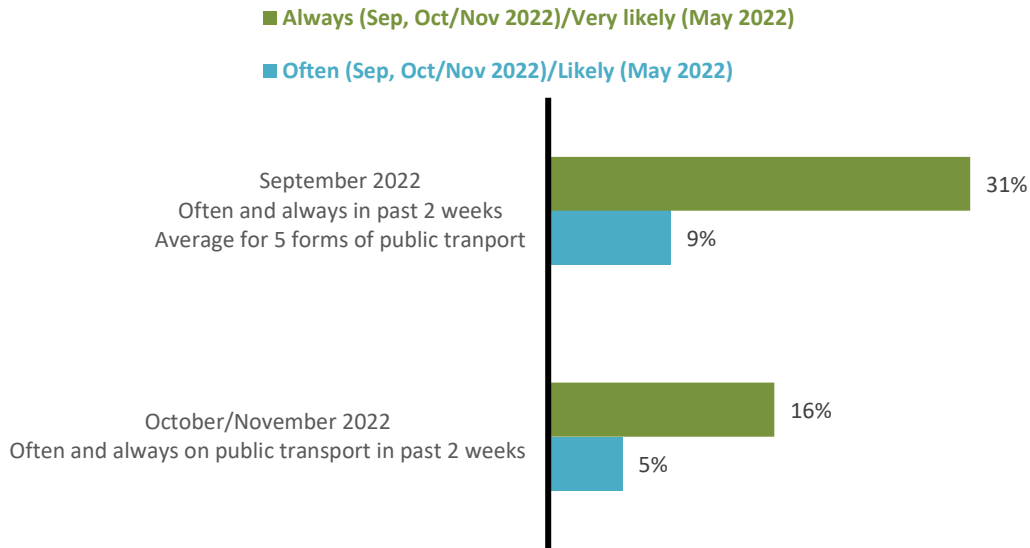


n=696 (used public transport in the past two weeks)

The next chart (Figure 8) shows the trend over time for mask wearing. Note that:

- The questions differed in each survey, so the chart only gives a broad sense of the decline in mask wearing on public transport
- The September survey fieldwork started on 15 September 2022, two days after the end of New Zealand's COVID-19 Protection Framework on 12 September 2022. With case numbers low, most COVID-19 rules were removed and this included removal of the requirement to wear masks on public transport. Some answers may still be influenced by the CPF which was in place for most of the two weeks prior to the survey (the period respondents were asked to reflect on their actual behaviour such as mask wearing on public transport).

Figure 8: Comparison of September and Oct/November results for mask wearing on public transport



For information on how the averages were calculated for September see Methodology, page 56.

Sub-groups of public transport users in the current survey who were significantly more and less likely to never wear a mask on public transport are shown in table 4 below.

Table 4: Total never wore a mask on public transport in the 2 weeks prior to the survey: 56%			
Sub-groups significantly <u>less</u> likely to <u>never</u> wear a mask ▼		Sub-groups significantly <u>more</u> likely to <u>never</u> wear a mask ▲	
Have an impairment or long-term health condition	48%	Never been vaccinated for COVID-19	88%
Identify as disabled	43%	35-44 years	74%
Three people in household	41%	Very high COVID-19 Pandemic Fatigue	72%
Low COVID-19 Pandemic Fatigue	40%	From Te Manawa Taki (Midland) Te Whatu Ora region	71%
Had 4 or more doses of COVID-19 vaccine	33%	Single person household	68%
Very low or no COVID-19 Pandemic Fatigue	19%	Four people in household	68%
Ethnic priority Asian respondents	18%	Vocational qualification	68%
		Live in a predominantly rural area	67%
		High COVID-19 Pandemic Fatigue	66%

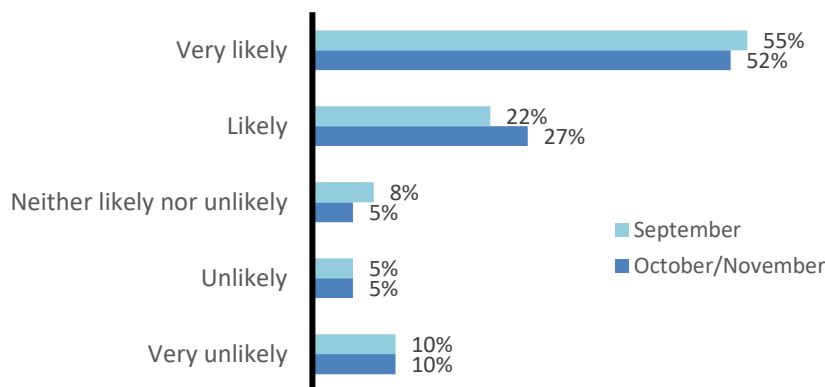
5. LIKELY FUTURE PREVENTION AND PROTECTION BEHAVIOUR

5.1 Likelihood to take a Rapid Antigen Test if you have COVID-19 symptoms in the future

52% of respondents said they were very likely to take a RAT if they experienced COVID-19 symptoms in the future. This result is down slightly from the September survey result (55%) but this drop is not statistically significant.

The drop is balanced by an increase in those who said they were likely to take a RAT; while that increase is statistically significant, the small increase in the total “very likely plus likely” is not, and there is therefore effectively no change in overall likelihood of taking RAT tests in the future.

Figure 9: How likely are you to take a Rapid Antigen Test if you have COVID-19 symptoms in the future?



September n=1,505, October/November n=1,393

Sub-groups with the highest proportion of respondents saying they are very likely to take a RAT if they have COVID-19 symptoms in the future include:

- **Those with very low or no COVID-19 Pandemic Fatigue (90%)**
- **Those with low COVID-19 Pandemic Fatigue (79%)**
- **Those with 4 or more vaccine doses (74%)**
- **Those aged 55 or more (64%).**

Sub-groups with the lowest proportion of respondents saying they are very likely to take a RAT if they have these symptoms include:

- **Those from households with 4 or more people (42%)**
- **Those with high COVID-19 Pandemic Fatigue (34%)**
- **Those with very high COVID-19 Pandemic Fatigue (23%)**
- **Respondents who have never been vaccinated for COVID-19 (22%).**

Table 5: Total <u>very likely</u> to take a RAT if you have COVID-19 symptoms in the future: 52%			
Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to take a RAT ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to take a RAT ▲	
Males	48%	Very low or no COVID-19 Pandemic Fatigue	90%
Aged under 35	43%	Low COVID-19 Pandemic Fatigue	79%
Had 1 or 2 COVID-19 vaccine doses	43%	Had 4 or more COVID-19 vaccine doses	74%
4 or more people in the household	42%	Aged 55 or more	64%
High COVID-19 Pandemic Fatigue	34%	Have an impairment or long-term health condition	62%
Very high COVID-19 Pandemic Fatigue	23%	Identify as disabled	62%
Never been vaccinated for COVID-19	22%	Females	58%
		From a 2-person household	58%

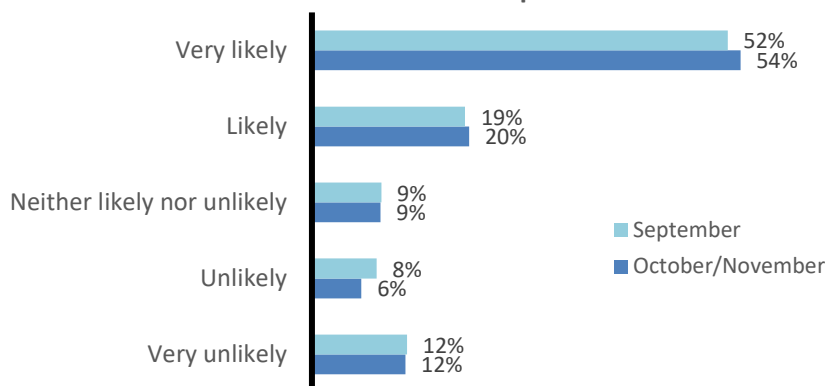
5.2 Likelihood to report a positive RAT result in the future

All respondents were asked ‘If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you report your test result?’

54% of respondents said they were very likely to report a positive RAT result in the future, up slightly from 52% in September. This increase is not statistically significant.

This result compares with **31% who actually reported their test results** (both positive and negative) in the past two weeks (see Section 3.3).

Figure 10: How likely are you to report Rapid Antigen Test results if you test positive in the future?



September n=1,505, October/November n=1,393

Sub-groups with the highest proportion of respondents saying they were very likely to report a positive test result include:

- Those with **4 or more COVID-19 vaccine doses (74%)**
- **Healthcare workers (64%)**
- **People aged 75 or more (62%).**

Respondents who had never been vaccinated for COVID-19 were the least likely sub-group to report their positive test result (20%)

Table 6: Total <u>very likely</u> to report positive RAT results in the future: 54%			
Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to report positive RAT results ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to report positive RAT results ▲	
Do not have impairments nor long-term health conditions	49%	Very low or no COVID-19 Pandemic Fatigue	93%
Males	48%	Low COVID-19 Pandemic Fatigue	76%
Aged 25 to 44	44%	Had 4 or more COVID-19 vaccine doses	74%
1 or 2 COVID-19 vaccine doses	42%	Medium COVID-19 Pandemic Fatigue	64%
High COVID-19 Pandemic Fatigue	36%	Healthcare workers	64%
Very high COVID-19 Pandemic Fatigue	23%	Identify as disabled	63%
Never been vaccinated for COVID-19	20%	Have an impairment or long-term health condition	63%
		Aged 75 or more	62%
		Aged 45 to 54	62%
		Had 3 COVID-19 vaccine doses	59%
		Females	59%

Likelihood to report positive RAT results in the future, analysed by having a Rapid Antigen Test in the past two weeks or not

As the following table shows, 60% of respondents who took at least one Rapid Antigen Test in the past two weeks said they would be very likely to take a RAT again if they have COVID-19 symptoms in the future, compared with only 50% of those respondents who had not taken a RAT in the 2 weeks prior to the survey. This difference is statistically significant:

- A two-tailed, two-sample t-test assuming equal variances was used to test for significant differences between the “Taken at least one RAT” / “Did not take any RATs” groups.
- The test indicated a statistically significant difference in future intention to take a RAT between those who taken at least one RAT in the 2 weeks prior to the survey and those who had not [Taken at least one RAT (mean = 4.3687, sd = 1.036308), Did not take any RATs (mean = 4.0094, sd = 1.351916), $t(1391) = 4.9203$, $p = 0.000001$].

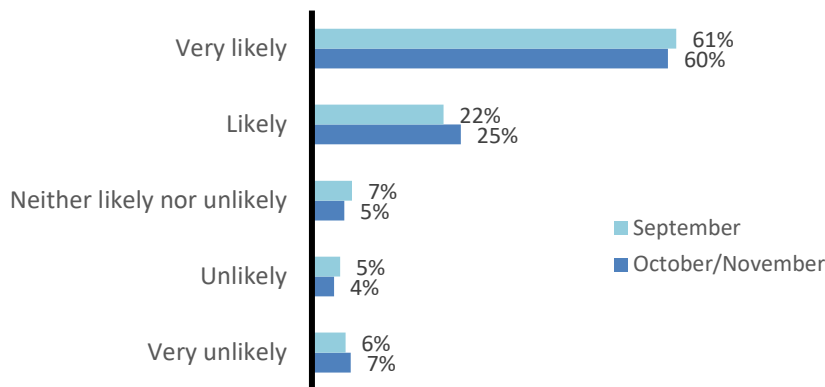
Table 7 Symptoms by RAT			
If you have COVID-19 symptoms in the future, will you take a Rapid Antigen Test?	ALL	Rapid Antigen Tests taken in the 2 weeks prior to the survey?	
		Taken at least one RAT	Did not take any RATs
Very unlikely	10%	4% ▼	13% ▲
Unlikely	5%	6%	5%
Neither likely nor unlikely	5%	5%	5%
Likely	27%	26%	27%
Very likely	52%	60% ▲	50% ▼
N (unweighted)	1,393	434	959

5.3 Likelihood to self-isolate for the required period (7 days) if you have a positive RAT result in the future

All respondents were asked ‘If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?’ Note there was a wording change from ‘recommended period’ in the previous survey to ‘required period’ in the current survey.

60% of respondents said they were very likely to self-isolate for the required period if they recorded a positive RAT result in the future, compared with 61% in the September survey (not a statistically significant decrease).

Figure 11: How likely are you to self-isolate for the required period if you have a positive RAT result in the future?



September n=1,505, October/November n=1,393

Sub-groups with the highest proportion of respondents saying they were very likely to self-isolate for 7 days if they test positive included:

- **Those with 4 or more COVID-19 vaccine doses (79%)**
- **Those with no formal educational qualifications (70%).**

Sub-groups with the lowest proportion of respondents saying they were very likely to self-isolate if they test positive included:

- **Those with 1 or 2 vaccine doses (49%)**
- **Aged 25 to 44 (49%)**
- **Never been vaccinated for COVID-19 (36%).**

Table 8: Total very likely to self-isolate if they have a positive RAT result in the future: 60%

Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to self-isolate if they test positive ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to self-isolate if they test positive ▲	
Males	51%	Had 4 or more vaccine doses	79%
Aged 25 to 44	49%	No formal qualification	70%
1 or 2 COVID-19 vaccine doses	49%	Healthcare workers	69%
Never been vaccinated for COVID-19	36%	Identify as disabled	69%
		Aged 65 to 74	69%
		Females	68%
		Have an impairment or long-term health condition	68%
		Ethnic priority Pasifika	67%

Likelihood to self-isolate in the future if you have COVID-19 symptoms, analysed by having self-isolated in the past two weeks or not

As the following table shows, there is **no difference** in being very likely to self-isolate in the future between those who self-isolated in the past two weeks due to COVID-19 and those who did not - 60% of both groups said they were very likely to self-isolate in the future if they tested positive.

Table 9: Future self-isolation by self-isolation in the 2 weeks prior to the survey-

If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?	ALL	In the 2 weeks prior to the survey, were you self-isolating at all due to COVID-19?	
		Yes	No
Very Unlikely	7%	6%	7%
Unlikely	4%	2%	4%
Neither likely nor unlikely	5%	5%	5%
Likely	25%	27%	25%
Very Likely	60%	60%	60%
N (unweighted) - all respondents	1,393	98	1,295

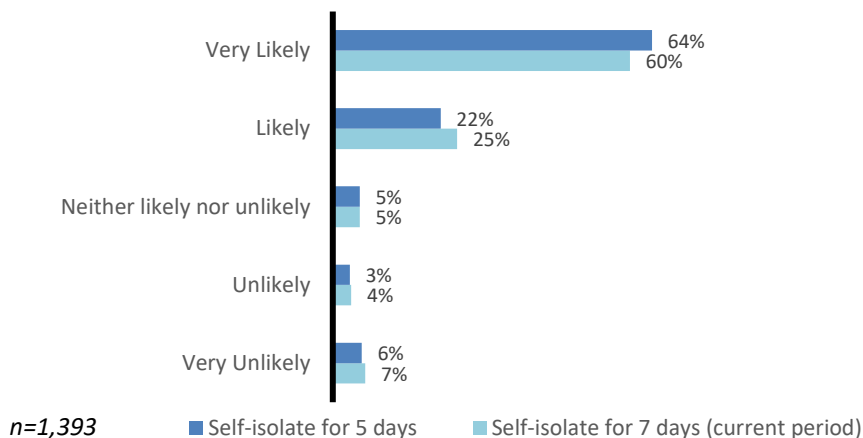
5.4 Likelihood to self-isolate for 5 days if the required period was reduced

All respondents were asked ‘Imagine you test positive for COVID-19 and the required self-isolation period is reduced to 5 days. Will you self-isolate for 5 days?’ This is a new question in the current survey.

64% of respondents said they were very likely to self-isolate for 5 days if they recorded a positive RAT result in the future. The corresponding figure for intention to self-isolate for the current required period of 7 days was 60% (see section 5.3).

One-way ANOVA analysis indicated that there was no statistically significant difference between the overall results of these two questions (intention to self-isolate for 7 days and intention to self-isolate for 5 days). There is a high correlation between the results of the two questions (correlation coefficient is 0.867).

Figure 12: How likely are you to self-isolate for 5 days if you have a positive RAT result in the future? (compared with intention to self-isolate for the current period of 7 days)



Sub-groups with the highest proportion of respondents saying they were very likely to self-isolate for 5 days if they tested positive include:

- **Those with 4 or more vaccine doses (81%)**
- **Aged 75 or over (75%)**
- **Those with no formal educational qualifications (74%).**

Sub-groups with the lowest proportion of respondents saying they were very likely to self-isolate for 5 days include:

- **Those aged 25 to 44 (54%)**
- **Those with 1 or 2 vaccine doses (55%)**
- **Never been vaccinated (38%).**

Table 10: Total very likely to self-isolate for 5 days if they have a positive RAT result in the future: 64%

Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to self-isolate for 5 days if they test positive ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to self-isolate for 5 days if they test positive ▲	
Males	55%	Had 4 or more vaccine doses	81%
Aged 25 to 44	54%	Aged 75 or over	75%
1 or 2 COVID-19 vaccine doses	55%	No formal qualifications	74%
Never been vaccinated for COVID-19	38%	Aged 65 to 74	72%
		Females	72%
		Have an impairment or long-term health condition	69%

As shown in Table 11 below, respondents who are likely or very likely to self-isolate for the current period of 7 days will largely be likely or very likely to self-isolate for 5 days.

Table 11: Self-Isolation for 5 days by self-isolation for 7 days

Imagine you test positive for COVID-19 and the required self-isolation period is reduced to 5 days. Will you self-isolate for 5 days?	ALL	If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?				
		Very Unlikely	Unlikely	Neither likely nor unlikely	Likely	Very Likely
Very Unlikely	6%	76%	3%	2%	2%	0%
Unlikely	3%	12%	48%	7%	1%	1%
Neither likely nor unlikely	5%	6%	38%	55%	2%	0%
Likely	22%	2%	12%	31%	69%	4%
Very Likely	64%	4%	0%	6%	26%	95%
N (unweighted) - all respondents	1,393	69	47	89	323	865

Note that reduction in the number of days of self-isolation may encourage some people who are currently “neither likely nor unlikely”, “very unlikely” or “unlikely” to self-isolate for 7 days, to change their intention to self-isolate (*relevant numbers shown within the green outline in Table 12 below*). Based on the survey sample, the overall potential increase in intention to self-isolate is 3.1% of the adult population. However, note that there is a potential decrease in intention to self-isolate of 1.6% (*relevant numbers shown within the red outline in Table 12 below*), leaving a potential net gain in intention of 1.5%.

Table 12: Self-Isolation for 5 days, by self-isolation for 7 days, RESULTS BASED ON PERCENTAGES OF WHOLE SAMPLE

Imagine you test positive for COVID-19 and the required self-isolation period is reduced to 5 days. Will you self-isolate for 5 days? SHOWS RESULTS BASED ON PERCENTAGE OF THE WHOLE SAMPLE	ALL	If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?				
		Very Unlikely	Unlikely	Neither likely nor unlikely	Likely	Very Likely
Very Unlikely	6%	3.8%	0.1%	0.1%	0.4%	0.2%
Unlikely	3%	0.6%	1.6%	0.4%	0.1%	0.4%
Neither likely nor unlikely	5%	0.3%	1.3%	3.5%	0.5%	0.1%
Likely	22%	0.1%	0.4%	2.0%	16.0%	2.2%
Very Likely	64%	0.2%	0.0%	0.4%	6.1%	59.2%

N (unweighted) - all respondents	1,393
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As with 7-day self-isolation, there is no statistical difference in likelihood to self-isolate in the future for 5 days with a test to release between those who have been self-isolating in the two weeks prior to the survey and those who have not been.

Table 13 shows likelihood to self-isolate for 5 days by those who self-isolated in the two weeks prior to the survey, **which was asked of all respondents.**

Table 13: Self-Isolation for 5 days by self-isolation in 2 weeks prior to the survey			
Imagine you test positive for COVID-19 and the required self-isolation period is reduced to 5 days. Will you self-isolate for 5 days?	ALL	In the 2 weeks prior to the survey, were you self-isolating at all due to COVID-19?	
		Yes	No
Very Unlikely	6%	4%	6%
Unlikely	3%	3%	3%
Neither likely nor unlikely	5%	5%	5%
Likely	22%	20%	22%
Very Likely	64%	68%	64%

N (unweighted) - all respondents	1,393	98	1,295
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While the prospect of reducing the self-isolation period to 5 days with a test to release shows a statistically significant increase in the “Very Likely” intention, there are no statistically significant increases in any of the key demographics shown in the following tables (tables 14, 15 and 16).

Compared with 7-day isolation, 5-day isolation makes no statistically significant difference to self-isolation intentions for health workers, those with impairments or long-term health conditions and those who identify as disabled.

Table 14: Comparison of likelihood to self-isolate for 7 days and 5 days by ethnic priority group

Group	All respondents		Healthcare workers		Have impairments or long-term health conditions		Identify as disabled	
	7 days	5 days	7 days	5 days	7 days	5 days	7 days	5 days
Self-isolation for:	7 days	5 days	7 days	5 days	7 days	5 days	7 days	5 days
Likelihood to self-isolate								
Very unlikely	7%	6%	7%	4%	5%	5%	5%	5%
Unlikely	4%	3%	6%	6%	3%	3%	2%	3%
Neither likely nor unlikely	5%	5%	4%	5%	5%	4%	8%	7%
Likely	25%	22%	15%	15%	20%	19%	16%	18%
Very likely	60%	64%	69%	70%	68%	69%	69%	68%
<i>Unweighted base n=</i>	1,393		183		505		268	

By age group, there are incremental increases in the “very likely” intention compared with the current 7-day isolation, but none are statistically significant.

Table 15: Comparison of likelihood to self-isolate for 7 days and 5 days by broad age group

Age group	Under 35		35-54 years		55 years or over	
	7 days	5 days	7 days	5 days	7 days	5 days
Self-isolation for:	7 days	5 days	7 days	5 days	7 days	5 days
Likelihood to self-isolate						
Very unlikely	7%	7%	9%	7%	4%	4%
Unlikely	5%	5%	3%	2%	3%	3%
Neither likely nor unlikely	6%	7%	5%	4%	6%	5%
Likely	29%	25%	27%	25%	20%	16%
Very likely	54%	57%	57%	61%	67%	72%
<i>Unweighted base n=</i>	393		481		519	

The prospect of 5-day isolation makes no statistical difference to the “very likely” self-isolation intentions by ethnic priority group.

Table 16: Comparison of likelihood to self-isolate for 7 days and 5 days by ethnic priority group								
Ethnicity (priority)	Māori		Pasifika		Asian		European	
Self-isolation for:	7 days	5 days	7 days	5 days	7 days	5 days	7 days	5 days
Likelihood to self-isolate								
Very unlikely	3%	3%	5%	4%	5%	1%	7%	7%
Unlikely	4%	3%	2%	1%	4%	3%	4%	4%
Neither likely nor unlikely	7%	7%	4%	6%	7%	7%	5%	5%
Likely	22%	26%	22%	21%	32%	31%	26%	21%
Very likely	65%	61%	67%	69%	53%	58%	58%	64%
<i>Unweighted base n=</i>	396		201		79		708	

5.5 Potential barriers to self-isolating

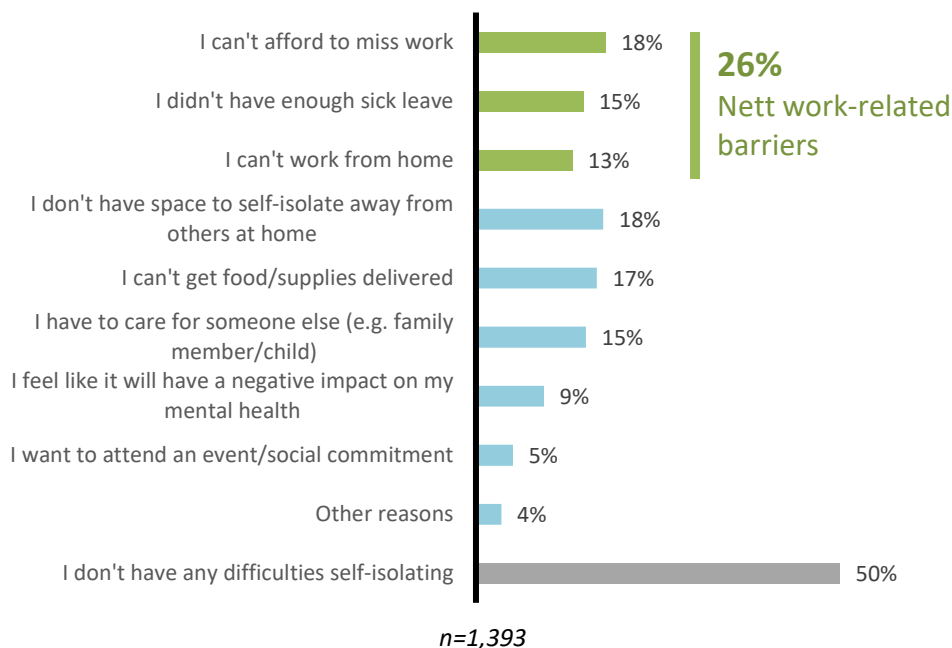
Half of respondents (50%) said they would have no difficulties self-isolating.

A nett 26% of respondents (just over half of those mentioning any barrier) selected at least one work-related barrier.

Main individual barriers are:

- I can't afford to miss work (18%)
- I don't have space to self-isolate away from others at home (18%)
- I can't get food/supplies delivered (17%).

Figure 13: Potential barriers to self-isolating



'Other reasons' include:

Viewing self-isolation negatively

- *It's a waste of time*
- *It's no different to a bad cold*
- *It's all a scam*
- *99.85% survival rate!*
- *No benefit to self-isolate*

Work-related

- *Lack of support from my employer*
- *I'm self employed*

Affordability

- *I can't afford online grocery deliveries*
- *I can't earn and need money to survive each day. It's tough as a single parent with two school kids*

Commitments

- *If I have a holiday booked*
- *Sporting commitments*
- *I have animals I care for out of town*

Other

- *We only have one toilet and bathroom*
- *Last isolation stint I had great difficulty getting my medication while isolating.*

Demographic sub-groups who were most likely to mention the main potential barriers are listed below. Note that **three ethnic priority groups** feature among those who are significantly more likely to select possible barriers: **Māori, Pasifika and ethnic priority Asian (who were significantly more likely to mention work barriers but not significantly more likely to mention other barriers).**

Main potential barriers	Total %	Sub-groups most likely to select this barrier ▲
I can't afford to miss work	18%	Ethnic priority Asian (35%), Aged under 35 (32%), Healthcare workers (30%), Ethnic priority Pasifika (27%), Ethnic priority Māori (24%)
I didn't have enough sick leave	15%	Healthcare workers (30%), Aged under 35 (28%), Ethnic priority Asian (28%), Ethnic priority Pasifika (26%) Ethnic priority Māori (21%)
I can't work from home	13%	Ethnic priority Asian (25%), Aged under 35 (20%), Ethnic priority Pasifika (20%)
Nett work-related	26%	Ethnic priority Asian (55%), Aged under 35 (45%), Healthcare workers (45%), Ethnic priority Pasifika (43%), Self-isolated in the 2 weeks prior to the survey (43%), Experienced COVID symptoms in the 2 weeks prior to the survey (41%), Household contacts of someone with COVID in the 2 weeks prior to the survey (40%), Ethnic priority Māori (38%), Ever tested positive for COVID-19 (31%)
I don't have space to self-isolate away from others at home	18%	Aged under 35 (26%), Healthcare workers (25%)
I can't get food/supplies delivered	17%	Healthcare workers (29%), Aged under 35 (27%)
I have to care for someone else (eg family member/child)	15%	Ethnic priority Pasifika (29%), Ethnic priority Māori (25%), Aged 35-54 (22%), Aged under 35 (21%)

As indicated in Table 23, younger respondents were significantly more likely to select work-related barriers and they chose more individual barriers to self-isolation than other age groups. They were also significantly less likely to choose “I don't have any difficulties self-isolating”.

Table 18: Barriers to self-isolation by broad age group				
I might find it difficult to self-isolate if...	ALL	AGE GROUP		
		UNDER 35	35-54	55 AND OVER
I didn't have enough sick leave	15%	28%	16%	4%
I can't work from home	13%	20%	15%	7%
I can't afford to miss work	18%	32%	19%	5%
Nett Work-related barriers	26%	45%	29%	9%
I have to care for someone else (eg family member/child)	15%	21%	22%	4%
I want to attend an event/social commitment	5%	8%	6%	2%
I feel like it will have a negative impact on my mental health	9%	16%	10%	4%
I can't get food/supplies delivered	17%	27%	17%	8%
I don't have space to self-isolate away from others at home	18%	26%	21%	7%
Other reasons	4%	3%	4%	3%
I don't have any difficulties self-isolating	50%	25%	47%	74%
N (unweighted) - all respondents	1,393	393	481	519

Similarly, as shown in Table 19, Māori, Pasifika and Asian respondents were less likely than other ethnic priority groups to say they did not have any difficulties self-isolating and nominated work barriers at an above average level.

Both Māori and Pasifika respondents were significantly more likely to say they had to care for someone else (eg a family member/child). Māori also selected "I feel like it will have a negative impact on my mental health" at a statistically significant above average level.

I might find it difficult to self-isolate if...	ALL	ETHNICITY (PRIORITY)				
		Māori	Pasifika	Asian	European	Other
I didn't have enough sick leave	15%	21%	26%	28%	12%	7%
I can't work from home	13%	16%	20%	25%	12%	0%
I can't afford to miss work	18%	24%	27%	35%	15%	0%
Nett Work-related barriers	26%	38%	43%	55%	22%	7%
I have to care for someone else (eg family member/child)	15%	25%	29%	22%	12%	0%
I want to attend an event/social commitment	5%	6%	7%	10%	5%	0%
I feel like it will have a negative impact on my mental health	9%	15%	8%	10%	9%	0%
I can't get food/supplies delivered	17%	21%	16%	18%	16%	36%
I don't have space to self-isolate away from others at home	18%	17%	21%	22%	17%	5%
Other reasons	4%	3%	1%	2%	4%	0%
I don't have any difficulties self-isolating	50%	34%	33%	21%	56%	59%
N (unweighted) - all respondents	1,393	396	201	79	708	9

Healthcare workers were significantly less likely to have “no difficulties self-isolating”. They selected potential work-related barriers at a significantly above-average level, particularly “I don’t have enough sick leave” and “I can’t afford to miss work”. They also selected “I can't get food/supplies delivered” and “I don't have space to self-isolate away from others at home” at a significantly higher level than the sample overall. This is shown in Table 20.

Fewer barriers to self-isolation were selected by those who live with impairments or long-term health conditions, and by those who identified as disabled, particularly work-related barriers. Both of these groups were significantly more likely than average to select “I don't have any difficulties self-isolating”. This is also shown in Table 20.

Table 20: Barriers to self-isolation by healthcare worker, impairments and disability

I might find it difficult to self-isolate if...	ALL	Health-care worker	Have impairments or long-term health conditions	Identify as disabled
I didn't have enough sick leave	15%	30%	11%	7%
I can't work from home	13%	19%	10%	6%
I can't afford to miss work	18%	30%	13%	11%
Nett Work-related barriers	26%	45%	22%	15%
I don't have space to self-isolate away from others at home	18%	25%	17%	13%
I can't get food/supplies delivered	17%	29%	12%	10%
I have to care for someone else (eg family member/child)	15%	18%	12%	14%
I feel like it will have a negative impact on my mental health	9%	7%	9%	10%
I want to attend an event/social commitment	5%	7%	4%	5%
Other reasons	4%	1%	4%	6%
I don't have any difficulties self-isolating	50%	37%	54%	58%
N (unweighted) - all respondents	1,393	183	505	268

Main potential barriers to self-isolating by other behavioural questions – Table 21

Both those who are very likely to **self-isolate for 7 days** or for **5 days** if they test positive are significantly more likely than the total to say they **don't have any difficulties self-isolating** (both 58% cf. 50% overall).

In contrast, respondents who are very likely to **leave home and go to work** if they have symptoms of COVID-19 and those **who self-isolated in the 2 weeks prior to the survey** due to COVID-19 are significantly less likely to say they **don't have any difficulties self-isolating** (23% and 34% respectively).

Those who are very likely to **leave home and go to work** (n=102) if they have symptoms are relatively more likely than the total to say they **can't afford to miss work** (40% cf. 18% overall), they **have to care for someone else** (25% cf. 15% overall) and they feel **self-isolation will have a negative impact on their mental health** (24% cf. 9% overall).

Those who **self-isolated in the past two weeks** are again more likely to say they **have to care for someone else** (24% cf. 15% overall) and also to say they **didn't have enough sick leave** (23% cf. 15% overall).

Note that those most affected by wanting to attend an event or social commitment are those who are very unlikely to self-isolate – for either 7 days or 5 days – and those who had already self-isolated in the 2 weeks prior to the survey.

Table 21: Potential barriers to self-isolating by other questions

Main barriers <i>I might find it difficult to self-isolate if...</i>	Total %	Very likely to self-isolate for 7 days %	Very unlikely to self-isolate for 7 days %	Very likely to self-isolate for 5 days %	Very unlikely to self-isolate for 5 days %	Very likely to leave home and go to work if have symptoms %	Experienced symptoms 2 weeks prior to survey but did not self-isolate	Self-isolated in 2 weeks prior to the survey due to COVID-19 %
I can't afford to miss work	18%	15% ▼	29% ▲	15%	31% ▲	40% ▲	25%	23%
I didn't have enough sick leave	15%	14%	12%	16%	14%	21%	23% ▲	23% ▲
I can't work from home	13%	11%	29% ▲	11%	30% ▲	20%	19%	20%
Nett work-related	26%	21% ▼	41% ▲	23%	44% ▲	45% ▲	41% ▲	43%
I don't have space to self-isolate away from others at home	18%	16%	21%	15%	25%	21%	27% ▲	17%
I can't get food/supplies delivered	17%	15%	24%	15%	23%	22%	23%*	22%
I have to care for someone else (eg family member/child)	15%	13%	20%	13%	14%	25% ▲	23% ▲	24% ▲
I feel like it will have a negative impact on my mental health	9%	5% ▼	28% ▲	5% ▼	25% ▲	24% ▲	14%	16%
I want to attend an event/social commitment	5%	3% ▼	13% ▲	4%	15% ▲	2% ▼	9%	12% ▲
I don't have any difficulties self-isolating	50%	58% ▲	29% ▼	58% ▲	22% ▼	23% ▼	36% ▼	34% ▼
<i>Unweighted base n=</i>	1,393	865	69	899	64	102	172	98

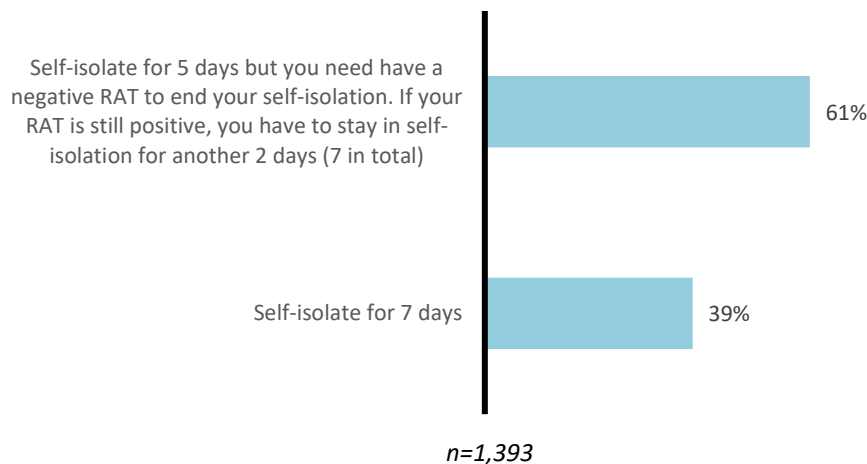
* Rounded from 22.6%; not a statistically significant difference.

5.6 Preferred self-isolation approach

All respondents were asked to choose their preferred self-isolation option if they tested positive for COVID-19 in the future. They were given the options “Self-isolate for 7 days” or “Self-isolate for 5 days but you need have a negative RAT to end your self-isolation. If your RAT is still positive, you have to stay in self-isolation for another 2 days (7 in total)”. This is a new question in the current survey.

61% of respondents preferred a 5-day self-isolation option with a negative RAT test to end their isolation.

Figure 14: Preferred self-isolation option if you test positive for COVID-19 in the future



Note that:

- 57% of respondents who were very likely to self-isolate **for the current required period of 7 days** if they tested positive (see section 5.3) preferred the 5-day option above, compared with 61% of those who were very likely to self-isolate **if the required period is reduced to 5 days**. This difference is not statistically significant.
- 54% of respondents who self-isolated in 2 weeks prior to the survey (see section 5.3) preferred the 5-day option above. While this is lower than the overall 61% preference for this option, this difference is again not statistically significant.
- 62% of those who were very unlikely to self-isolate **for the required period** (7 days) if they tested positive, **prefer the 5-day option**. There is an indication that the preference for the 5-day option among those who said they were unlikely to self-isolate for 7 days is even higher.⁴
- 50% of both those who identify as disabled, and 50% of those who were household contacts of others with COVID-19 in the 2 weeks prior to the survey, **prefer to self-isolate for 7 days**.

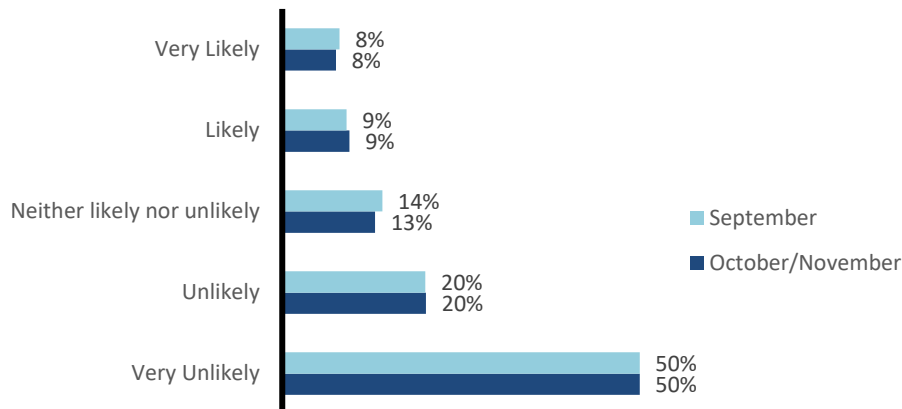
⁴ 80%; n=47, margin of error ±11.4%

Table 22: Sub-groups more likely to prefer 7 day and 5-day self-isolation options			
Sub-groups significantly more likely to prefer a 7-day self-isolation period Total 39% ▼		Sub-groups significantly more likely to prefer the 5-day self-isolation period as described in the question Total 61% ▲	
Identify as disabled	50%	Unlikely/very unlikely to self-isolate for the required period (7 days) if I test positive for COVID-19	70%
A household contact of someone who tested positive for COVID-19 in the 2 weeks prior to the survey	50%	Ethnic priority Pasifika	68%
Never been vaccinated for COVID-19	49%	Tested positive for COVID-19 in 2022	67%
Aged 75 or over	49%		
Have an impairment or long-term health condition	48%		
Never tested positive for COVID-19	44%		

5.7 Likelihood to leave home and go to work if you have COVID-19 symptoms in the future

Half of respondents (50%) said they were **very unlikely** to leave home and go to work in the future if they have COVID-19 symptoms, the same proportion as in the previous survey conducted in September.

Figure 15: How likely are you to to leave home and go to work if you have COVID-19 symptoms in the future?



September n=1,505, October/November n=1,393

Sub-groups with the **highest proportion** of respondents who were **very unlikely** to leave home and go to work if they test positive for COVID-19 in the future include:

- Those who had **4 or more vaccine doses (75%)**
- Those **aged 55 or more (69%)**
- Those **from single person households (61%)**.

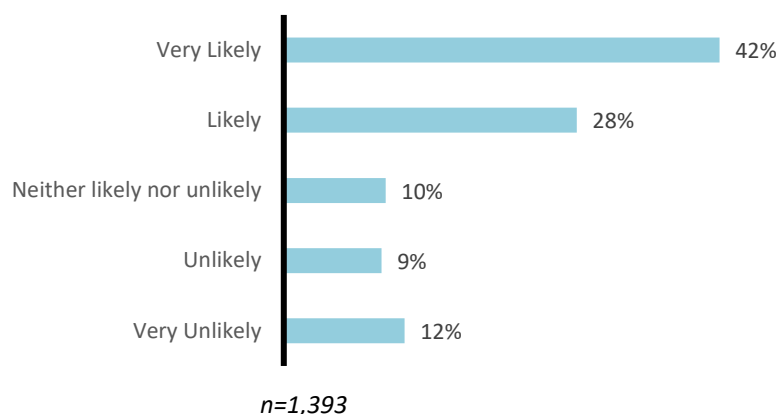
Table 23: Total <u>very likely</u> to leave home and go to work if they have a positive RAT result in the future: 8%			
Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to leave home and go to work ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to leave home and go to work ▲	
From Te Whatu Ora Central Region	4%	Very high COVID-19 Pandemic Fatigue	22%
Don't have any difficulties self-isolating	4%	Household contact of someone who has tested positive in past 2 weeks	19%
Very low/no, low or medium COVID-19 Pandemic Fatigue (all 4%)	4%	Feel self-isolation will have an impact on my mental health	19%
Aged 55 years or over	3%	Want to attend an event/social commitment	18%
		5 or 6 people in household	15%
		Never been vaccinated for COVID-19	15%
		Aged under 35 years	13%
		Healthcare workers	13%
		Work-related barriers to self-isolation	13%

5.8 Likelihood to take a RAT if you develop COVID-19 symptoms while away on a trip in a different part of New Zealand

Around four out of ten respondents (42%) said they were very likely to do a Rapid Antigen Test if they developed symptoms while away in another part of New Zealand (this is a new question in the current survey). As a comparison, when asked this question with no mention of being away from home, 52% of respondents said they were very likely to do a Rapid Antigen Test, (see section 5.1).

There is also a statistically significant increase in the level of “neither likely nor unlikely” to do a RAT, from 5% when asked this question with no mention of being away from home, to 10%.

Figure 16: Likelihood of taking a RAT if you develop COVID-19 symptoms while away on a trip in a different part of New Zealand



In general, respondents who said they were “very unlikely”, “unlikely” or “neither likely nor unlikely” to do a Rapid Antigen Test if they developed COVID-19 symptoms while away on a trip in a different part of New Zealand **had selected more barriers to self-isolation (particularly work-related barriers)** than those who were “likely” or “very likely” to do so.

Sub-groups with the highest proportion of respondents who were very likely to take a Rapid Antigen test if they have COVID-19 symptoms when away in another part of New Zealand included:

- Those with **4 or more vaccine doses (67%)**
- Those who were **self-isolating in the 2 weeks prior to the survey (53%)**
- Those **aged 55 or more (52%)**.

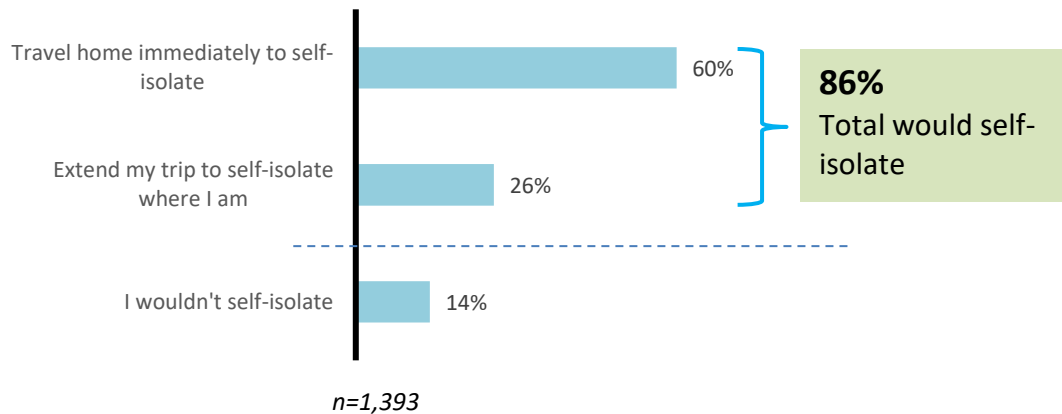
Table 24: Total <u>very likely</u> to do a Rapid Antigen test if you have COVID-19 symptoms when away in another part of New Zealand: 42%			
Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to do a RAT if away ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to do a RAT if away ▲	
Aged 35 to 54	36%	Had 4 or more vaccine doses	67%
Have a university degree	36%	Self-isolating in the 2 weeks prior to the survey	53%
Have no impairments or long-term health conditions	36%	Aged 55 or more	52%
Aged under 35	35%	Identify as disabled	52%
Had 1 or 2 vaccine doses	35%	Have an impairment or long-term health condition	51%
Ever tested positive for COVID-19	34%	Never tested positive for COVID-19	48%
From a 4-person household	34%		
Never vaccinated for COVID-19	19%		

5.9 Preferred actions if you test positive to COVID-19 while away on a trip in a different part of New Zealand

All respondents were given a list of three possible responses to testing positive to COVID-19 while they were away on a trip in a different part of New Zealand and asked what they would prefer to do. This is a new question in the current survey.

Six out of ten respondents would travel home immediately to self-isolate if they tested positive for COVID-19 in another part of New Zealand.

Figure 17: Preferred option if you test positive to COVID-19 while away on a trip in a different part of New Zealand



In total, 86% of respondents say they would self-isolate if they test positive to COVID-19 while away in a different part of New Zealand (either returning home or extending their trip to self-isolate). This result closely aligns with 85% saying they are likely or very likely to self-isolate when this question was asked with no mention of being away from home (see section 5.3).

Those who said they would not self-isolate if they tested positive while away on a trip were 11% younger than the overall sample's average age. 64% of this subsample was aged under 45 years, compared with 46% under 45 years for the whole sample.

Respondents who said they would not self-isolate if they tested positive for COVID-19 while away in a different part of New Zealand were:

- Significantly more likely to select barriers to self-isolation (30% selected "I don't have any difficulties self-isolating", compared with 50% overall) and significantly more likely to have work barriers, particularly being unable to work from home (27% cf 13% overall) and "I can't afford to miss work" (31% cf 18% overall).
- **Very unlikely** to use protective behaviours in the future (all these are statistically significant):
 - Taking a RAT if have COVID-19 symptoms in the future (46% cf 10% overall)
 - Reporting tests results if test positive in the future (53% cf 12%)
 - Self-isolating for the current 7 days if test positive in the future (37% cf 7%)
 - Self-isolating if test positive in the future and the requirement for self-isolation is reduced to 5 days (36% cf 6%)
 - Wearing a mask on public transport in the future (63% cf 22%)

- **Very likely** to leave home and go to work if have symptoms of COVID-19 in the future (29% cf 8%).

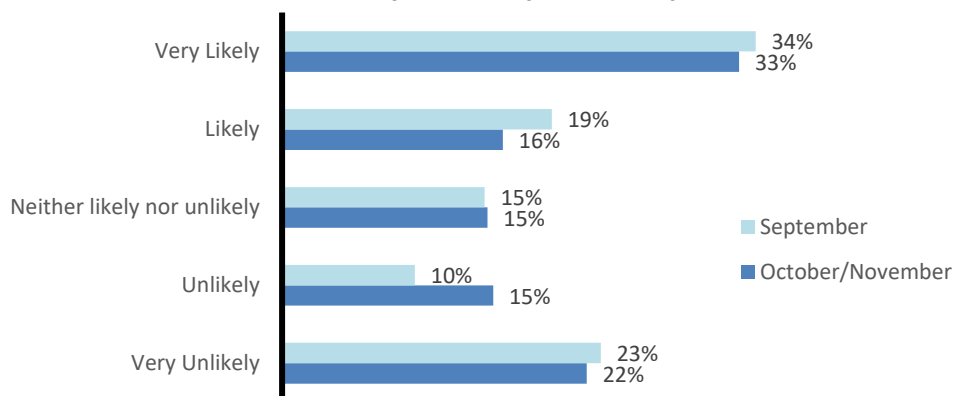
They were also significantly more likely to be:

- Never vaccinated for COVID-19 (40%)
- 35-44 years (24%)
- 25-34 years (21%)
- From Te Manawa Taki (Midland) Te Whatu Ora Region (20%)
- From a 4-person household (20%)
- Male (19%).

5.10 Likelihood of wearing a mask the next time you are on public transport

33% of respondents said they were very likely to wear a mask the next time they were on public transport, a very similar result to September (34%). This compares with 16% of public transport travellers who always wore a mask on public transport in the 2 weeks prior to the survey (see Section 4.1).

Figure 18: How likely are you to wear a mask the next time you are on public transport?



September n=1,505, October/November n=1,393

Sub-groups with the highest proportion of respondents who were very likely to wear a mask the next time they were on public transport include those very likely to take a RAT (53%) and very likely to self-isolate (49%) if they have COVID-19 symptoms in the future.

Table 25: Total <u>very likely</u> to wear a mask the next time you are on public transport: 33%			
Sub-groups with a significantly <u>lower</u> level of being <u>very likely</u> to wear a mask ▼		Sub-groups with a significantly <u>higher</u> level of being <u>very likely</u> to wear a mask ▲	
Ethnic priority Māori	28%	Had 4 or more vaccine doses	61%
Males	28%	Very likely to take a RAT if I have COVID-19 symptoms in the future	53%
Ever tested positive for COVID-19	26%	Very likely to self-isolate if I have COVID-19 symptoms in the future	49%
Aged under 35	24%	Identify as disabled	46%
From Te Manawa Taki (Midland) Te Whatu Ora region	24%	A household contact of someone with COVID-19 in the 2 weeks prior to the survey	43%
Had 1 or 2 vaccine doses	22%	Age 55 and over	44%
Never vaccinated for COVID-19	15%	Have an impairment or long-term health condition	44%
		From Northern Te Whatu Ora Region	38%
		Never tested positive for COVID-19	38%
		Females	37%

6. COVID-19 PANDEMIC FATIGUE

6.1 Introduction

Pandemic fatigue is defined as feelings of ‘*demotivation to follow preventive measures against COVID-19, together with decreased trust in government and [decreased] frequency of information-seeking behaviours*’⁵ (Rodriguez-Blazquez C. et al)

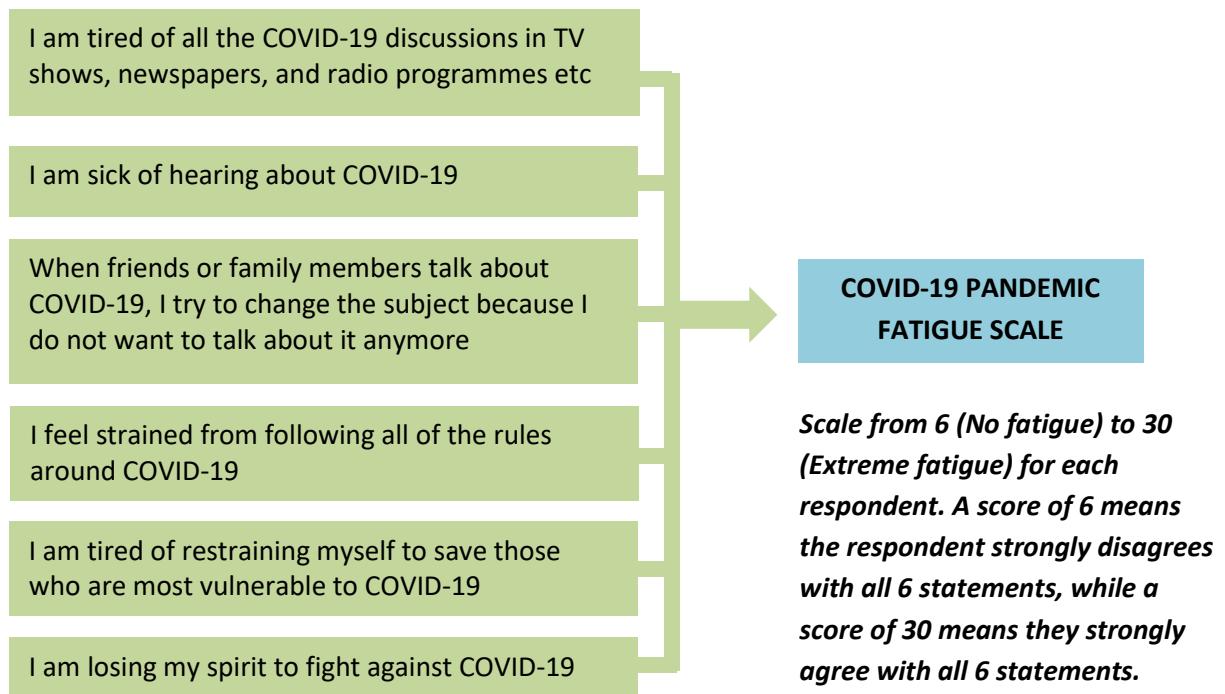
The World Health Organisation⁶ says that pandemic fatigue ‘*is expressed through an increasing number of people not sufficiently following recommendations and restrictions, decreasing their effort to keep themselves informed about the pandemic and having lower risk perceptions related to COVID-19. Previously effective core messages regarding washing hands, wearing face masks, and practising proper hygiene etiquette and physical distancing may seem less effective*’.

The Ministry of Health wished to evaluate whether the adapted 5-point **COVID-19 Pandemic Fatigue Scale** developed and tested by Rodriguez-Blazquez C. et al in Spain could provide an indication of fatigue in survey respondents. This study is referred to as ‘the Spanish study’ in the following pages of this report.

The diagram below shows how this scale is constructed:

INDIVIDUAL MEASURES

Ratings from strongly disagree (assigned a score of 1) to strongly agree (assigned a score of 5). The sum of the individual scores for each of the 6 questions for each respondent is the pandemic fatigue score for that respondent.

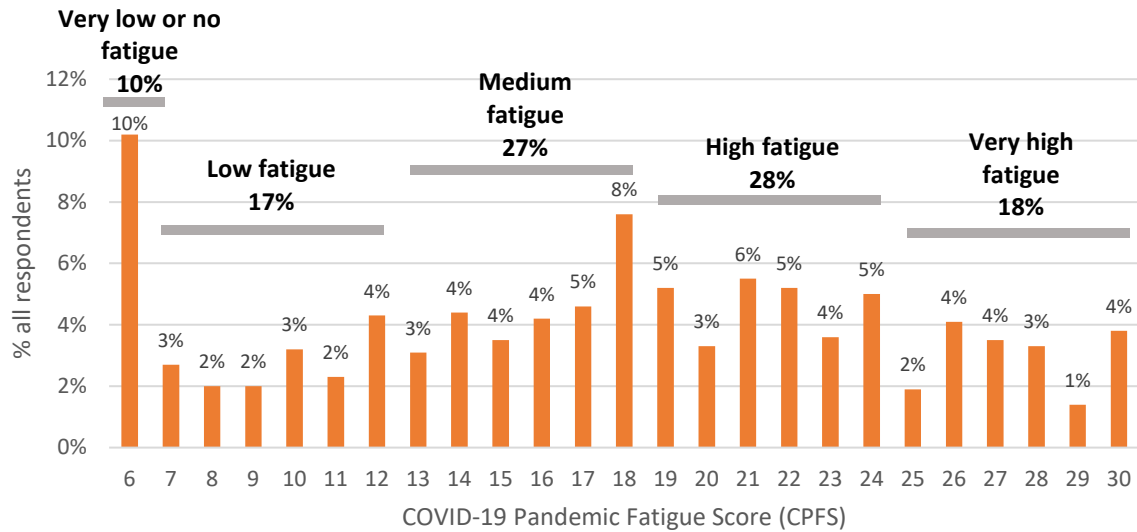


⁵ Rodriguez-Blazquez C, Romay-Barja M, Falcon M, Ayala A, Forjaz M. **Psychometric Properties of the COVID-19 Pandemic Fatigue Scale: Cross-sectional Online Survey Study.** JMIR Public Health Surveill 2022;8(9):e34675. URL: <https://publichealth.jmir.org/2022/9/e34675> DOI: 10.2196/34675

⁶ WHO Europe, **Pandemic fatigue. Reinvigorating the public to prevent COVID-19** 2020

The distribution of scores is shown in the chart below:

Figure 19: Distribution of COVID-19 Pandemic Fatigue Scores (CPFS)



Note that:

- The mean CPFS score using the unweighted data was 17.34 (SD 6.88, range 6-30) - a very similar mean score to the Spanish study (17.06). Using the weighted data, the mean score was 17.53.
- Cronbach's alpha (a measure of consistency) for the CPFS was 0.90.
- Correlation expresses the extent to which two variables are linearly related. The higher the number, the greater the correlation. As the next table shows, the six CPFS measures are all fairly strongly correlated with each other, with correlation measures of 0.54 or more.
 - There was a high correlation between "I am tired of all the COVID-19 discussions in TV shows, newspapers, and radio programs, etc" and "I am sick of hearing about COVID-19".
 - There was a moderate to strong correlation between the other sub-questions, as shown on the next page (numbers shown are the correlation coefficients).

Table 26: Correlation coefficients for the questions from the COVID-19 Pandemic Fatigue measures

	Q21.1 <i>I am tired of all the COVID-19 discussions in TV shows, newspapers, and radio programs, etc.</i>	Q21.2 <i>I am sick of hearing about COVID-19</i>	Q21.3 <i>When friends or family members talk about COVID-19, I try to change the subject because I do not want to talk about it anymore</i>	Q21.4 <i>I feel strained from following all of the rules around COVID-19</i>	Q21.5 <i>I am tired of restraining myself to save those who are most vulnerable to COVID-19</i>	Q21.6 <i>I am losing my spirit to fight against COVID-19</i>
Q21.1 <i>I am tired of all the COVID-19 discussions in TV shows, newspapers, and radio programs, etc.</i>	1					
Q21.2 <i>I am sick of hearing about COVID-19</i>	0.8158	1				
Q21.3 <i>When friends or family members talk about COVID-19, I try to change the subject because I do not want to talk about it anymore</i>	0.6382	0.6415	1			
Q21.4 <i>I feel strained from following all of the rules around COVID-19</i>	0.6524	0.6608	0.5782	1		
Q21.5 <i>I am tired of restraining myself to save those who are most vulnerable to COVID-19</i>	0.5646	0.5760	0.5419	0.6163	1	
Q21.6 <i>I am losing my spirit to fight against COVID-19</i>	0.5654	0.5562	0.5448	0.6193	0.5813	1

6.2 Adapted COVID-19 Pandemic Fatigue Scale Results

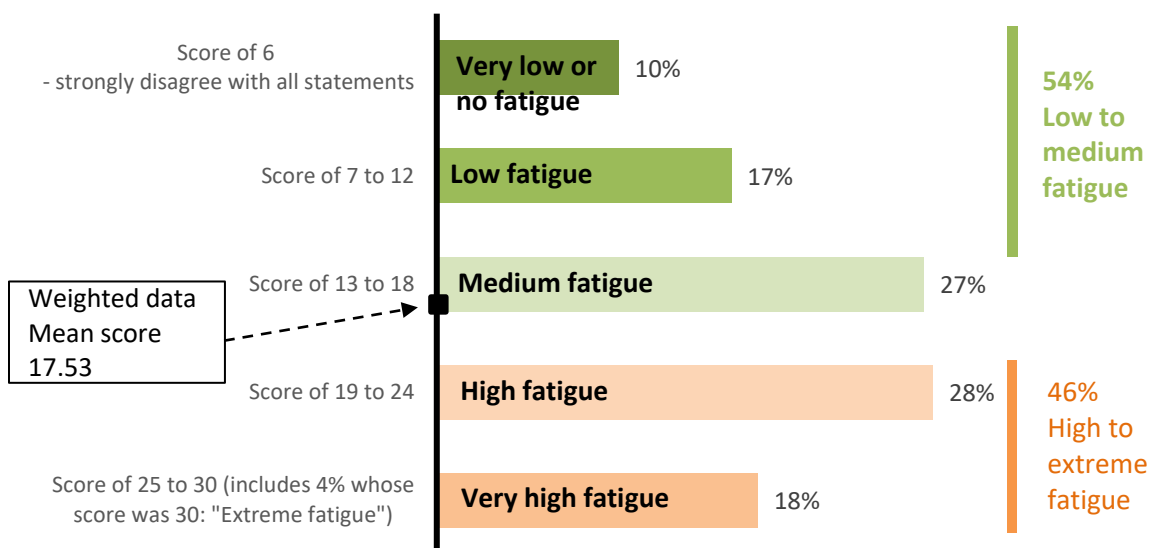
To use the CPFS in survey research, the results have been grouped into bands of fatigue scores. The chart below shows the distribution of the grouped bands of **COVID-19 Pandemic Fatigue Scale** (CPFS) results in the current survey. These groups are used for all subsequent CPFS analysis in this report.

Respondents were effectively split, with 54% scoring in the “very low or no fatigue” range and up to, and including, the “medium fatigue” range. The remaining 46% scored in the “high fatigue” or “very high fatigue” range.

1 out of 10 people have very low pandemic fatigue (10%, a score of 6), while around 2 out of 10 people (18%) have very high fatigue levels of 25 to 30 on the scale (including 4% who had an “extreme fatigue” score of 30).

The mean score is 17.53, near the mid-point of the scale (18.0) and close to the top end of the “medium fatigue” band (also 18.0). The New Zealand result is very similar to the Spanish study which recorded a mean of 17.06.

Figure 20: Distribution of COVID-19 Pandemic Fatigue Scale Results



Profile analysis indicates that, in general:

Table 27: Brief profile summary for CPFS					
Characteristic and overall %	COVID-19 Pandemic Fatigue Scale				
	Very low or no fatigue (strongly disagreed on all aspects)	Low fatigue	Medium fatigue	High fatigue	Very high fatigue
Age 18-24 years (9%) 25-34 years (22%) 35-44 years (15%) 45-54 years (18%) 55-64 years (11%) 65-74 years (13%) 75 years or over (13%)	6% older than the overall average age. 33% are under 45 years; 45% are 55 years or older.	11% older than the overall average age. 32% are under 45 years; 46% are 55 years or older.	Average age. 51% are under 45 years; 67% are under 55 years.	Average age. 50% are under 45 years; 64% are under 55 years.	6% younger than the overall average age. 51% are under 45 years; 69% are under 55 years. Only 7% are 75 years of age or older.
Gender	No particular characteristics for any CPFS sub-group				
Ethnicity (priority) Māori (14%) Pasifika (7%) Asian (3%) European (75%) Other (0%)	83% European; 10% Māori; 5% Pasifika.	77% European; 13% Māori; 8% Pasifika.	68% European; 20% Māori (the highest Māori level across the CPFS sub-groups); 8% Pasifika.	75% European; 14% Māori; 8% Pasifika.	80% European; 10% Māori, 6% Pasifika
Have an impairment or long-term health condition (35%) Identify as disabled (18%)	50% have an impairment or long-term health condition. 28% identify as disabled	No significant characteristics for these CPFS sub-groups			
Te Whatu Ora regions Northern (37%) Te Manawa Taki (Midland) (20%) Central (20%) Southern (23%)	Southern 33%; no other significant differences	No significant differences for these CPFS sub-groups.		26% Te Manawa Taki (Midland); no other significant differences	46% Northern; no other significant differences
I might find it difficult to self-isolate if... <ul style="list-style-type: none"> • Nett Work-related barriers (26%) • I don't have space to self-isolate away from others at home (18%) • I can't get food/supplies delivered (17%) • I have to care for someone else (eg family member/child) (15%) • I feel like it will have a negative impact on my mental health 9% • I want to attend an event/social commitment (5%) • I don't have any difficulties self-isolating 50% 	70% have no difficulties self-isolating. 14% have a work-related barrier	64% have no difficulties self-isolating. 20% have a work-related barrier	51% have no difficulties self-isolating. 24% have a work-related barrier	46% have no difficulties self-isolating. 30% have a work-related barrier	32% have no difficulties self-isolating. 38% have a work-related barrier (28% can't afford to miss work). 24% feel that self-isolation will have a negative impact on their mental health. 12% want to attend an event/social commitment.

Regression analysis indicates a linear relationship⁷ between average CPFS scores and future protective behaviour intentions.

Table 28: Average CPFS scores for future intentions and associated regression data							
Future behavioural intentions	AVERAGE CPFS SCORES					REGRESSION	
	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	r ²	p-value
If you have COVID-19 symptoms in the future, will you take a Rapid Antigen Test?	23.20	23.32	22.03	19.58	14.40	0.82	0.00079
If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you report your test result?	23.96	23.29	20.76	18.82	14.51	0.97	0.00194
If you test positive for COVID-19 in the future using a Rapid Antigen Test, will you self-isolate for the required period (currently 7 days)?	23.60	24.38	22.46	20.03	15.02	0.81	0.00080
If you have symptoms of COVID-19 in the future, will you leave home and go to work?	15.06	18.18	20.18	21.99	22.44	0.94	0.00369
The next time you are on public transport will you wear a mask?	21.69	19.90	17.99	17.47	13.57	0.90	0.00496

Sub-groups with high and low fatigue ratings in the current study

Sub-groups with the highest levels of very high pandemic fatigue scores include:

- Those who were **unlikely (63%) or very unlikely (49%) to self-isolate for the required period (7 days)** if they tested positive for COVID-19 (54%)
- Those who are **unlikely or very unlikely to take a Rapid Antigen Test** if they have COVID-19 symptoms in the future (48%)
- Respondents who felt **self-isolation would have a negative impact on their mental health** and saw this as a possible barrier (46%).

Sub-groups with the highest levels of no, or low pandemic fatigue scores are the opposite of the above top two sub-groups:

- Those who were **very likely to take a Rapid Antigen Test** if they had COVID-19 symptoms in the future (43%)
- Those who were **very likely to self-isolate for the required period (7 days)** if they tested positive for COVID-19 (39%).

⁷ This does not imply causality.

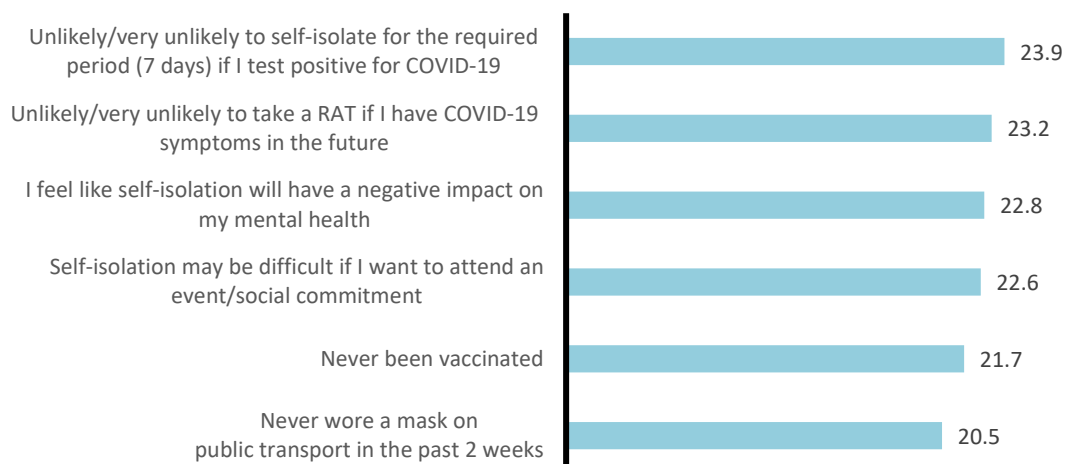
Table 29: Comparison between sub-groups more likely to have low or no pandemic fatigue and sub-groups more likely to have high or extreme pandemic fatigue			
Sub-groups more likely to have <u>no/very low or low pandemic fatigue</u> Total 27% ▼		Sub-groups more likely to have <u>very high pandemic fatigue</u> Total 18% ▲	
Had 4 or more vaccine doses	45%	Unlikely/very unlikely to self-isolate for the required period (7 days) if I test positive for COVID-19	54%
Very likely to take a RAT if I have COVID-19 symptoms in the future	43%	Unlikely/very unlikely to take a RAT if I have COVID-19 symptoms in the future	48%
Very likely to self-isolate for the required period (7 days) if I test positive for COVID-19	39%	I feel like self-isolation will have a negative impact on my mental health	46%
Aged 75 or over	36%	Self-isolation may be difficult if I want to attend an event/social commitment	42%
I don't have any difficulties self-isolating	35%	Never been vaccinated for COVID-19	36%
Have a postgraduate degree	35%	I can't afford to miss work to self-isolate	29%
Identify as disabled	35%	I can't work from home	28%
From Southern Te Whatu Ora region	32%	Self-isolated in the 2 weeks prior to the survey	28%
		A household contact of someone with COVID-19 in the 2 weeks prior to the survey	27%
		Self-isolation may be difficult because I have to care for someone else	25%
		From Northern Te Whatu Ora Region	22%

6.3 Analysis of mean CPFS results

Analysis of mean CPFS scores

The following sub-groups exhibited the highest levels of **pandemic fatigue** based on their mean CPFS scores.

Figure 21: Sub-groups with the highest fatigue levels (Mean CPFS Scores)



6.4 Summary of results for the six CPFS measures

Respondents were most fatigued regarding discussions of and hearing about COVID-19 (note that some sub-totals shown may not add to the overall totals owing to rounding):

- **28% of respondents strongly agreed and 23% slightly agreed** they were sick of hearing about COVID-19, (a total of 51% agreement overall)
- **28% of respondents strongly agreed and 22% slightly agreed** they are tired of all the COVID-19 discussions in TV shows, newspapers, and radio programmes, etc (a total of 49% agreement overall).

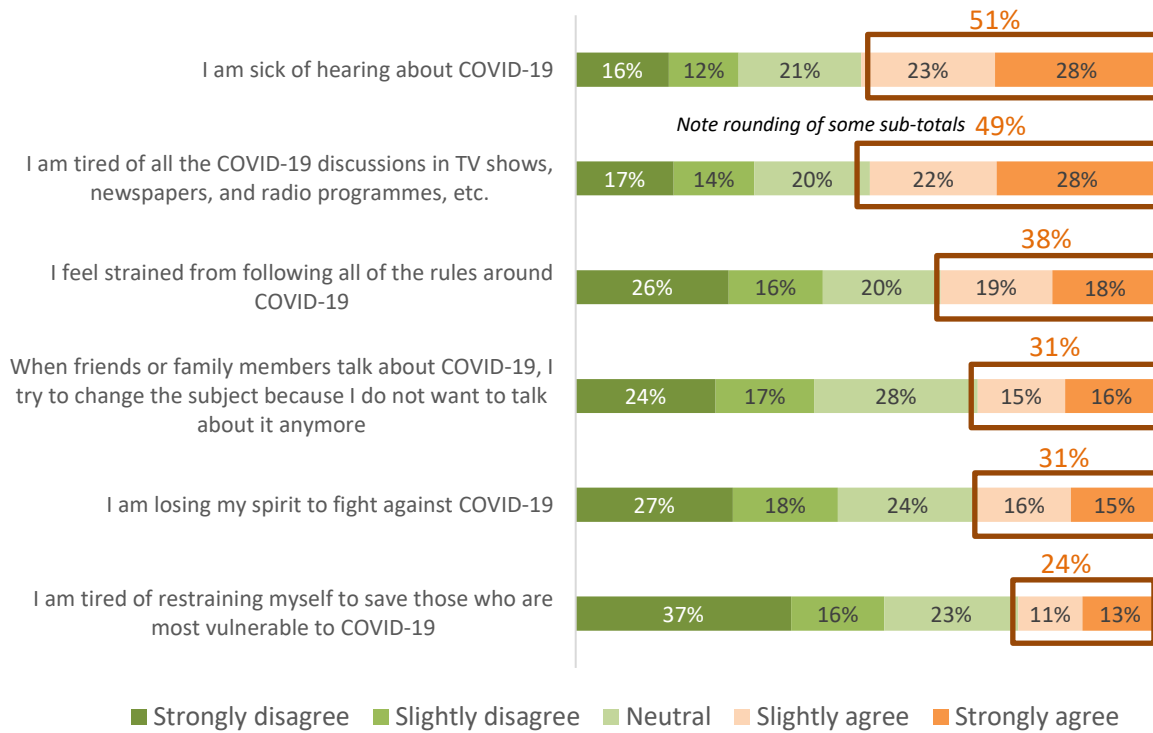
Medium pandemic fatigue levels apply in the following areas:

- **18% of respondents strongly agreed and 19% slightly agreed** they feel strained from following all of the rules around COVID-19 (a total of 38% agreement overall. However, **26% strongly disagreed** with that and 16% slightly disagreed for a total of **42% disagreement overall**
- **16% of respondents agreed and 15% slightly agreed** that when friends or family members talk about COVID-19, they try to change the subject (a total of 31% overall. **More respondents disagreed than agreed** with this measure (24% strongly disagreed and 17% slightly disagreed; a total of 41% disagreement overall)
- **15% strongly agreed and 16% slightly agreed** they are losing their spirit to fight against COVID-19 (a total of 31% agreement overall. **Again, more respondents disagreed than agreed** (27% strongly disagreed and 18% slightly disagreed – a total of 45% disagreement overall).

Finally, there is lower agreement with the following statement:

- 13% strongly agreed and 11% slightly agreed (a total of 24% agreement overall) they are tired of restraining themselves to save those who are most vulnerable to COVID-19. 37% strongly disagreed and 16% slightly disagreed with this measure (a total of 53% disagreement overall).

Figure 22: Level of agreement with six CPFS measures



7. SOCIAL NORMS

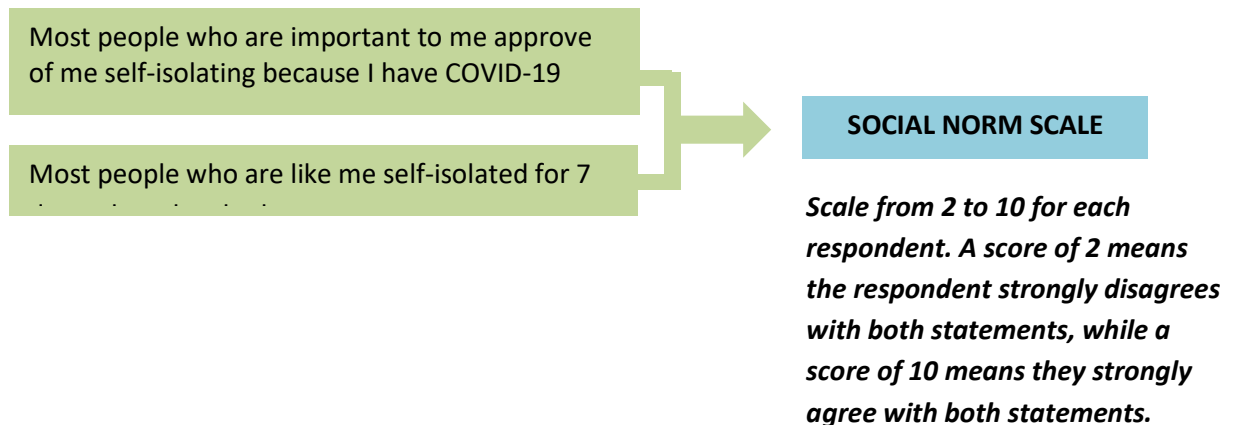
A similar approach to that described in Section 6 was applied to two questions in the survey to assess whether a single construct could be established for “social norms”.

The social norms construct is a new exploratory aspect of the survey which is in development. Please interpret the initial results in this section with caution.

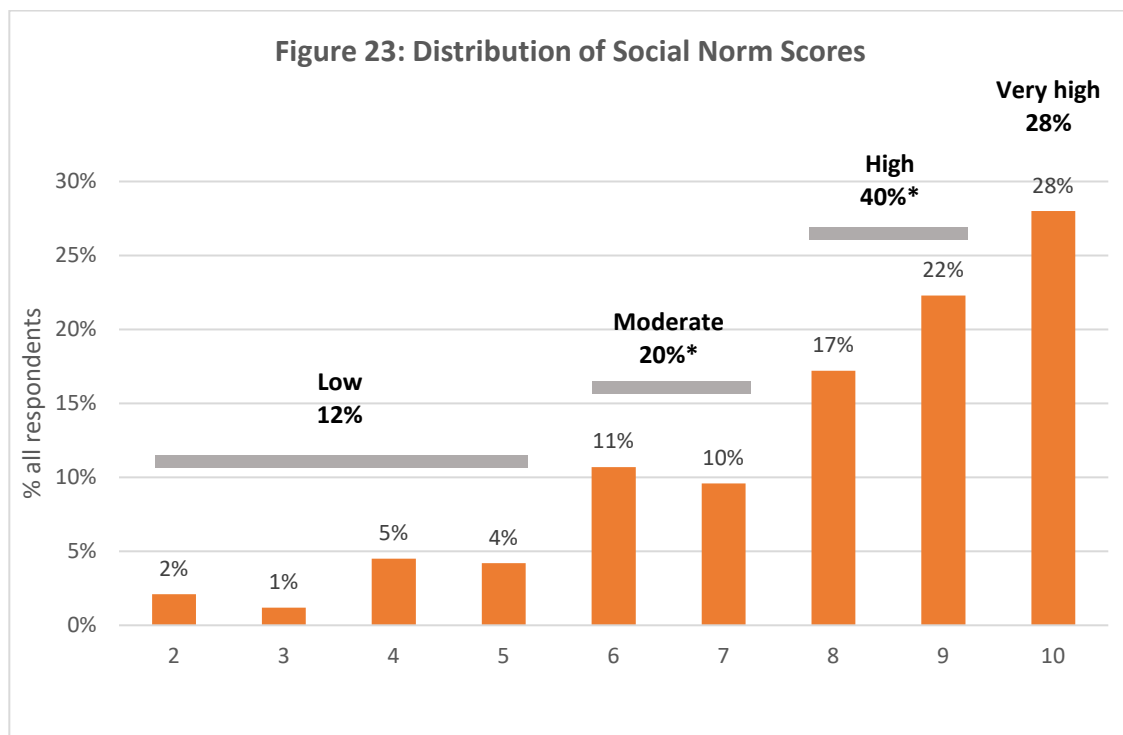
The diagram below shows how this scale was constructed:

INDIVIDUAL MEASURES

Ratings from strongly disagree (assigned a score of 1) to strongly agree (assigned a score of 5). The sum of the individual scores for each of the 2 questions for each respondent is the social norm score for that respondent.



The distribution of scores is shown in the chart below:



* Totals do not equal the sum of the numbers shown owing to rounding.

Note that:

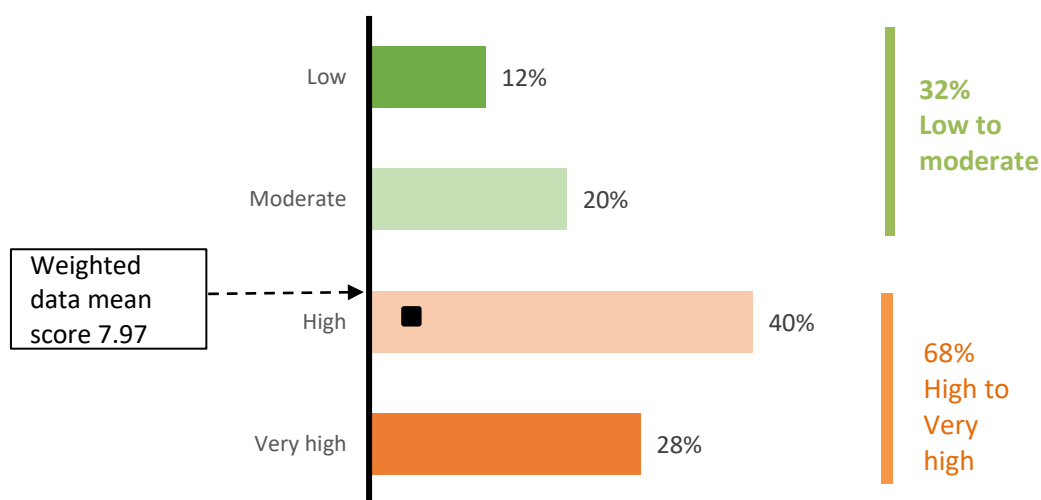
- The mean score using the unweighted data was 8.01 (SD 2.00, range 2-10). Using the weighted data, the mean score was 7.97.
- Cronbach's alpha (a measure of consistency) for the CPFS was 0.6977 – marginally below the commonly accepted figure for acceptable internal consistency of 0.7. This may be related to there being only 2 questions in the social norm data set.
- There was a moderate correlation (correlation coefficient= 0.54) between the two questions.

To facilitate the use the Social Norm Score in survey research, the results have been grouped into bands of scores. The chart below shows the distribution of the grouped bands of results in the current survey.

More respondents were in the high and very high ranges than were in the low and moderate ranges.

The mean score is 7.97, near the bottom of the “high” range of the scale.

Figure 24: Distribution of Social Norm Scale Results



Sub-groups with high and low scores in the current study

Sub-groups with the highest levels of very high scores include:

- Very likely to take a RAT if have COVID-19 symptoms in the future (42%)
- Very likely to self-isolate for the required period (currently 7 days) if test positive in the future (40%)
- Had 4 or more vaccine doses (35%).

Sub-groups with the highest levels of low social norm scores are the opposite of the above two sub-groups:

- Those who are **very unlikely to self-isolate for the required period** (7 days) if they test positive for COVID-19 (73%) or for 5 days (78%).

- Those who are **very unlikely to report a positive Rapid Antigen Test (56%) and very unlikely to take a RAT** if they have COVID-19 symptoms in the future (53%).

Table 30: Comparison between sub-groups more likely to have low Social Norm scores (12%) and sub-groups more likely to have very high Social Norm scores (28%)			
Sub-groups more likely to have <u>low Social Norm scores</u> Total 12% ▼		Sub-groups more likely to have <u>very high Social Norm scores</u> Total 28% ▲	
Very unlikely to self-isolate for 5 days) if I test positive for COVID-19 in future	78%	Very likely to take a RAT if have COVID-19 symptoms in the future	42%
Very unlikely to self-isolate for the required period (7 days) if I test positive in future	73%	Very likely to self-isolate for the required period (7 days) if I test positive in future	40%
Very unlikely to report a positive RAT	56%	Very likely to self-isolate for 5 days if test positive in future	39%
Very unlikely to take a RAT if I have COVID-19 symptoms in the future	53%	Had 4 or more vaccine doses	35%
Never vaccinated for COVID-19	36%	Aged 55 or over	34%
I feel like self-isolation will have a negative impact on my mental health	29%	I don't have any difficulties self-isolating	33%
Never wore a mask when used public transport in the 2 weeks prior to the survey	26%	Female	33%
Would find it difficult to self-isolate if can't work from home	21%		
Aged under 35	17%		
Male	16%		

8.1 Social attitudes to self-isolating

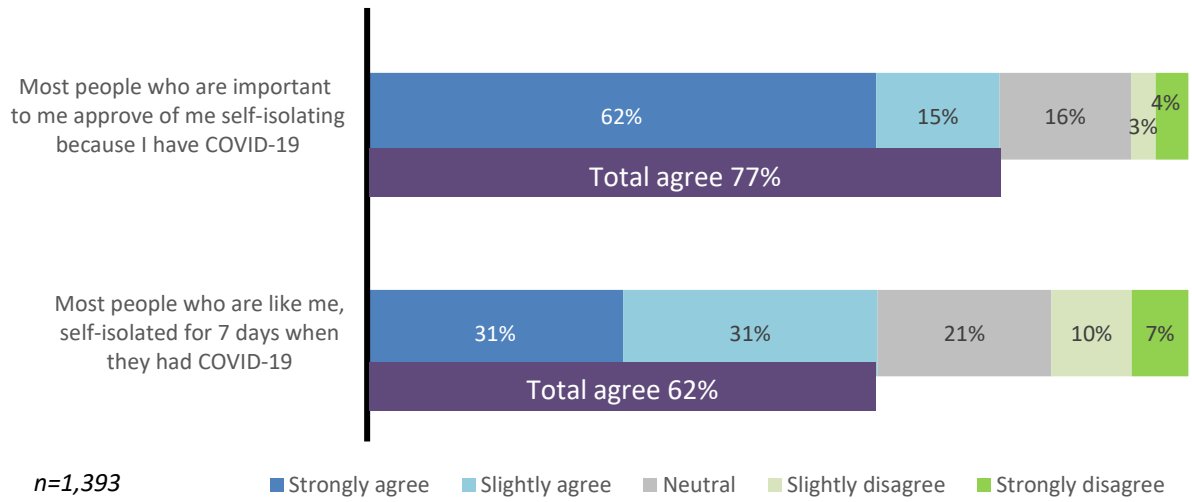
All respondents were asked their level of agreement with two statements about the social aspects of self-isolating:

- Most people who are important to me approve of me self-isolating because I have COVID-19*
- Most people who are like me self-isolated for 7 days when they had COVID-19.*

Over three-quarters of respondents (77%) agreed that *people who are important to me approve of me self-isolating because I have COVID-19*, including 62% who strongly agreed.

There is a lower level of agreement that *people 'like me' self-isolated for 7 days when they had COVID-19* (62% total agreement and 31% strongly agree).

Figure 25: Attitudes to self-isolation



8. METHODOLOGY

Research method

An online survey of adults living in New Zealand aged 18 and older.

Sample sources

The nationwide HorizonPoll and Horizon Research Māori research panels and two third-party research panels were used to ensure coverage and diversity.

Fieldwork dates

31 October to 7 November 2022.

Sample size

n=1,393 respondents.

Survey reliability

For the total sample the maximum margin of error is $\pm 2.6\%$ at the 95% confidence level (CI).

Key sub-samples and their maximum margins of error (at 95% CI)

- Ethnic priority Pasifika: n=201, maximum margin of error $\pm 6.9\%$
- Ethnic priority Māori: n=396, $\pm 4.9\%$
- Never vaccinated for COVID-19: n=120, $\pm 8.9\%$
- 55 years or over: n=519, $\pm 4.3\%$.
- Tested positive for COVID-19 in 2 weeks prior to the survey: n=49, $\pm 14.0\%$.
- Ever tested positive for COVID-19: n = 695, $\pm 3.7\%$.

Quotas

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

Priority ethnic groups

Horizon used priority ethnic groups to determine ethnicity.⁸

Weighting

The total sample is weighted on age, gender, ethnicity, education and region to match the New Zealand adult (18+) population.

Weighting factors are based on the latest available Statistics NZ's data or projections. As the last census was in 2018, Horizon continually reviews the data on which the weightings are based and updates them where necessary, so that they are always current. The weightings used in this survey are based on:

- Age group and Gender: Statistics NZ Infoshare Estimated Resident Population by Age and Sex June quarter 2022
- Ethnicity: Statistics NZ Infoshare Māori Ethnic Group Estimated Resident Population by Age and Sex June quarter 2022 projections, plus NZStat National ethnic population projections by age and sex as at 30 June 2022.
- Education: Statistics NZ Highest Qualification Census 2018 with a projection to 2022 based on the inter-census trend from Census 2006, Census 2013 and Census 2018.
- Region: Statistics NZ Infoshare Estimated Resident Population for Territorial Authority Areas at 30 June 2022.

⁸ If someone identifies as Māori, they are Māori. If someone does not, but identifies as Pasifika, they are Pasifika. If someone identifies as neither, but Asian (including Indian), they are Asian. If someone does not identify as any of these groups but instead European (either of New Zealand descent or not) they are European. Otherwise, they are Other.

Age groups

The five-year age groupings asked in the survey have been grouped into 10-year age groups.

Statistical tests of significance

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.

Two-tailed t-testing is used to indicate significant differences between figures in the tabulated survey results. This indicates whether the difference between the two results being compared is significant at the 95% significance level regardless of the “direction” of the difference (ie either above or below the figure to which the result is being compared).

Tests of significance of tabulated results look at whether the result for each option in a table row is significantly different to the others in that row, not at the question as a whole.

September averages for mask wearing on public transport

NB. This question was asked separately for each type of public transport in the previous September survey, but combined for all forms of public transport in the October/November survey. To obtain an overall result for all public transport users for September, a weighted average, based on total number of users per public transport mode in the sample, was calculated.

September 2022 results	Bus	Train	Ferry	Plane	Taxi/Uber	AVERAGE
Always wore a mask in the 2 weeks prior to the survey	37%	28%	20%	34%	34%	31%
Often wore a mask in the 2 weeks prior to the survey	10%	10%	9%	7%	9%	9%
Never wore a mask in the 2 weeks prior to the survey	38%	45%	56%	42%	40%	43%
n	572	385	310	399	466	725 nett

APPENDIX – SAMPLE PROFILE

A) By demographics *(Note that some percentages may not sum to 100% owing to rounding)*

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	680	49%	49%
Female	708	51%	50%
Another gender	5	0%	1%
Total	1,393	100%	100%

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	109	8%	9%
25-34	284	20%	22%
35-44	247	18%	15%
45-54	234	17%	18%
55-64	194	14%	11%
65-74	178	13%	13%
75 or more	147	11%	13%
Total	1,393	100%	100%

Priority ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	396	28%	14%
Pasifika	201	14%	7%
Asian	79	6%	3%
European	708	51%	75%
Other	9	1%	0%
Total	1,393	100%	100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters or PhD)	177	13%	11%
Undergraduate (Bachelor) degree	339	24%	18%
Vocational qualification (includes trade certificates, diplomas etc)	324	23%	29%
University Bursary or 7th form	94	7%	8%
Sixth form/UE/NCEA Level 2	139	10%	10%
NCEA Level 1 or School Certificate	152	11%	11%
No formal school qualification	125	9%	10%
Prefer not to say	43	3%	3%
Total	1,393	100%	100%

Healthcare worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	183	13%	12%
No	1210	87%	88%
Total	1,393	100%	100%

Te Whatu Ora - Health New Zealand Regions	n= (unweighted)	% (unweighted)	% (weighted)
Northern	574	41%	37%
Te Manawa Taki (Midland)	257	18%	20%
Central	300	22%	20%
Southern	262	19%	23%
Total	1,393	100%	100%

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	51	4%	3%
Auckland	523	38%	34%
Waikato	114	8%	10%
Bay of Plenty	96	7%	7%
Taranaki	35	3%	2%
Gisborne/Hawkes' Bay	55	4%	4%
Wairarapa	11	1%	1%
Whanganui/ Manawatu/ Palmerston North	79	6%	5%
Wellington	167	12%	11%
Nelson/ Tasman/ Marlborough	31	2%	2%
Canterbury	160	11%	14%
West Coast	12	1%	1%
Otago	46	3%	4%
Southland	13	1%	2%
Total	1,393	100%	100%

Area Type	n= (unweighted)	% (unweighted)	% (weighted)
Urban	1,116	80%	77%
Rural	277	20%	23%
Total	1,393	100%	100%

B) By health and disability status

Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
Yes	268	19%	18%
No	1,125	81%	82%
Total	1,393	100%	100%

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
Yes	505	36%	35%
No	888	64%	65%
Total	1,393	100%	100%

C) By number of people in the household

Adults in household	n= (unweighted)	% (unweighted)	% (weighted)
1	254	18%	21%
2	717	51%	53%
3 or 4	336	24%	22%
5 or more	86	6%	5%
Total	1,393	100%	100%

Children in household	n= (unweighted)	% (unweighted)	% (weighted)
1	869	62%	67%
2	524	38%	33%
3 or 4	222	16%	13%
5 or more	181	13%	12%
None	101	7%	7%
Total	1,393	100%	100%

Total in household	n= (unweighted)	% (unweighted)	% (weighted)
1	216	16%	18%
2	459	33%	35%
3	241	17%	17%
4	233	17%	16%
5 or 6	174	12%	11%
7 or more	70	5%	4%
Total	1,393	100%	100%