

The Optimise Study: Gendered differences in coping and responding to COVID-19

Report 6 | May 2021



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The Optimise Study is a partnership between Burnet Institute and Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, and the Health Issues Centre.

Optimise is a longitudinal cohort study that will follow up to 1000 participants for a 12-month period. Study participants are not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are considered to be:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or,
- at risk of the unintended consequences of the restrictions

Participants are then asked to nominate people who play a key role in their lives, and where permission is given, these people are also invited to participate in the study. Establishing a map of social connections is important because it can be used to examine the influence of the social network on an individual or key groups 1) behaviour including adhering to government directions on COVID-19, 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination, and 3) experience of the unintended consequences of COVID itself, or the government restrictions imposed due to COVID-19. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19. For more detail on the Optimise study please visit <https://optimisecovid.com.au/>

Gendered differences in coping and responding to COVID-19

This report explores gendered differences in how people are managing and responding to COVID-19 across:

- employment
- mental health
- lifestyle
- perceptions of COVID-19 risk

500

**SURVEY
PARTICIPANTS**

9

**SEMI-STRUCTURED
INTERVIEWS**

1

**COMMUNITY
ENGAGEMENT GROUP
MEETING**

This report draws on the findings from a number of Optimise research activities. These include:

- responses from 500 participants who completed the Optimise baseline survey, follow up surveys and contact diaries between 14 September 2020 and 1 May 2021
- phone-based semi-structured qualitative interviews conducted with a subset of survey participants (N=9) in December 2020 (7) and May 2021 (2)
- a Community Engagement Group meeting facilitated by the Centre for Health Communication and Participation at La Trobe University on 18 May 2021.

OPTIMISE COHORT

SUMMARY AND IMPLICATIONS

This report shows that there have been gendered impacts of COVID-19 on employment, mental health, lifestyle and perceptions of COVID-19 risk. Most notably, women in our study have reported proportionally greater impacts of COVID-19 on their mental health and levels of anxiety compared to men. In addition, while generalised anxiety amongst men has decreased from 44% in October 2020 to 28% in April 2021, amongst women this has declined by just 10%. Men were slightly more likely to have increased their alcohol consumption while both men and women have decreased their exercise since pre-COVID levels. In terms of risk perception, women in our study are more likely to perceive a greater risk of contracting COVID-19 compared to men, even amongst non-healthcare workers. In addition, women aged 25-55 are more likely to expect to contract a severe or life-threatening case of COVID-19 if they were to contract it, while men over the age of 55 expect to have a severe or life-threatening case of COVID-19.

DEMOGRAPHICS

In May, 70% of Optimise participants identified as female, 29% identified as male, and 1% identified as non-binary, transwoman or other. Given this small number and to maintain participant anonymity, this report only presents analyses of people who identified as male or female.



The average age of **women** in our study is **45**.



82% of the 96 **healthcare workers** in our study are **female**.



The average age of **men** in our study is **41 years**.

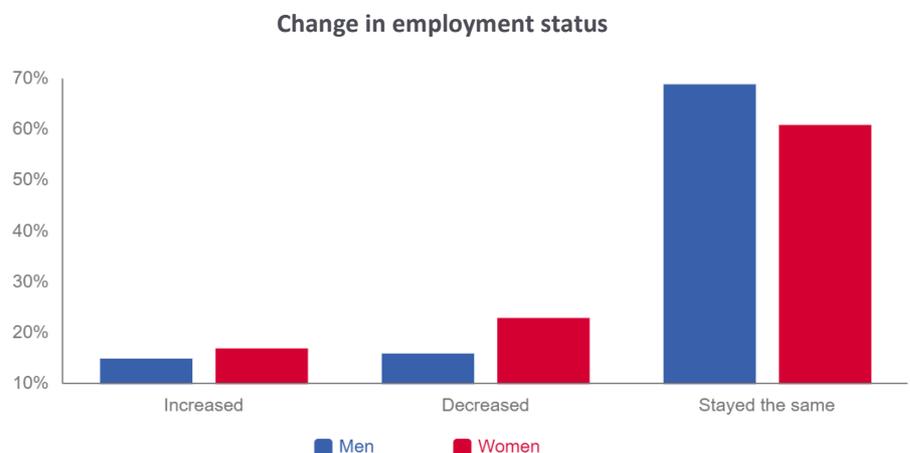


75% of the 140 **people with a chronic disease** at increased risk of COVID in our study are **female**.

CHANGE IN EMPLOYMENT HOURS

In April, when asked about their employment status, 37% of men were working full-time compared to 29% of women, whereas 19% of women were working part-time compared to 14% of men.

Participants were asked to report whether their hours of employment had increased, decreased or stayed the same when compared to the pre-COVID period. Women were more likely than men to report their hours of employment had decreased (23% and 16%, respectively) and men were more likely to report their hours had stayed the same (69% and 61%). There was a similar proportion of men and women who reported their hours had increased (15% and 17%, respectively).



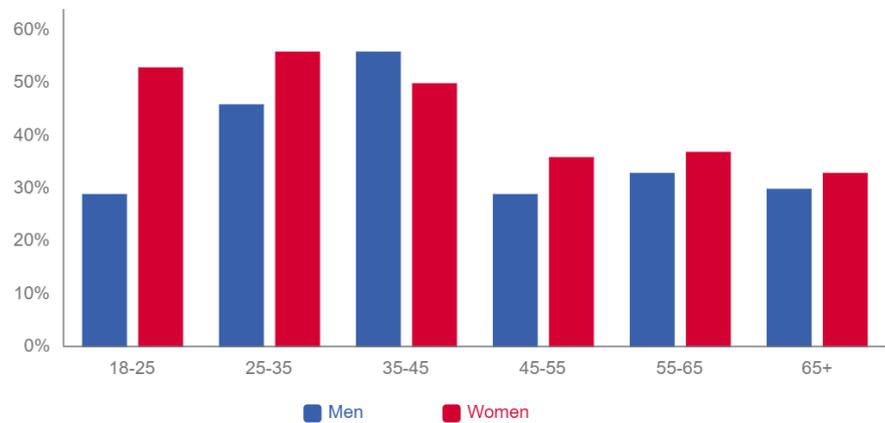
"Unfortunately, ... one of my sons, he and his partner, both of them ... their jobs changed a bit, and my youngest daughter, she lost her job in the first wave straightaway." - Mother

Participants in the qualitative interviews described a diversity of experiences in relation to their work opportunities and economic stability. A number of participants described how young people appeared to be disproportionately affected due to casual work arrangements, with many reported losing their work entirely and relying solely on income support payments such as Youth Allowance. Some participants reported that their work was unaffected, while others described positive impacts from the changes in work environments. For example, one woman, who is now working from home a few days of the week, described how she had previously spent three to four hours commuting to and from work each day, and working from home now provided her with extra time with her family and young child.

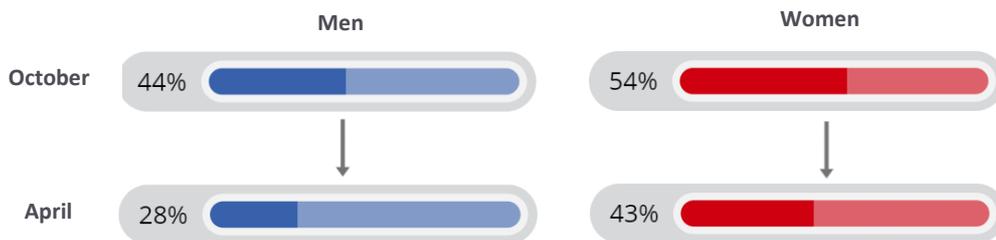
MENTAL HEALTH

When asked about the extent to which COVID-19 has impacted on participants' mental health, women were consistently more likely to report that COVID-19 had somewhat or greatly impacted their mental health. The exception to this is in the 35-45 age group, where men were more likely to report that their mental health had been somewhat or greatly impacted compared to women (56% and 50%). The largest gap is in the 18-25 age group where 53% of women and 29% of men reported this impact to their mental health.

Percentage of participants who reported that COVID-19 had somewhat or greatly impacted their mental health



The percentage of male participants who had mild, moderate or severe anxiety as measured by the Generalised Anxiety Disorder (GAD) scale declined from 44% in October 2020 to 28% in April 2021. For female participants, they had greater levels of anxiety in October 2020 (54%) which did not decline to the same extent as male participants by April 2021 (43%).



Participants who undertook qualitative interviews, and members of the Community Engagement Group described a wide range of causes contributing to poor mental health for both themselves and amongst their respective communities. These included social isolation; heightened fears about contracting/passing on COVID-19 (particularly amongst healthcare workers); the financial and personal impacts of job losses; the triggering of past traumatic experiences; being locked down in unsafe environments such as unstable accommodation; having family members in India during the travel ban; not speaking English and therefore having difficulty accessing mental health services; and fearing the unpredictable and mutable nature of the pandemic.

"You felt like you were going into battle, you put your armour on, your put your masks on and your shields on... and you were always on this heightened sense of anxiety. So now people don't know what to do because we still have to maintain some element of that, but how do you make that sustainable?" - Healthcare worker

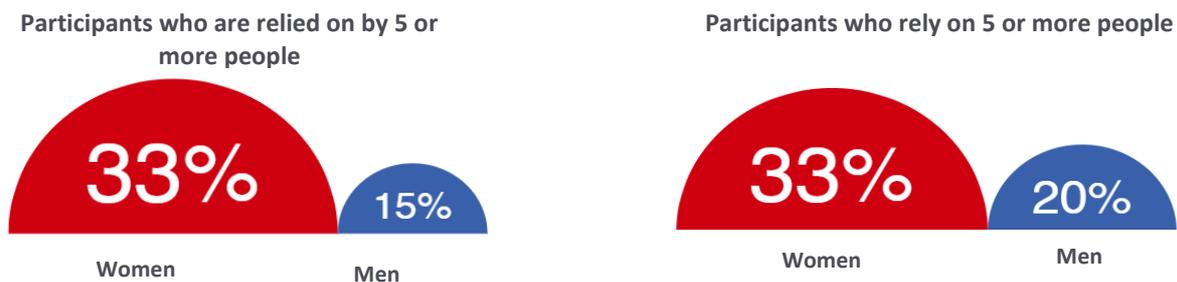
ACCESS TO MENTAL HEALTH SERVICES

Participants of the Community Engagement Group described the challenges they and people in their networks had encountered when seeking mental health services, including difficulties finding an available psychologist, knowing where to seek appropriate help and information, and accessing the appropriate care during an acute mental health crisis. The representative for healthcare workers reported that some were coping with the impacts of COVID-19 by reducing their hours, changing jobs, or changing the area in which they work in order to cope with the ongoing stress of COVID-19.

Participants also described examples of mental health outreach that had continued to operate, particularly for people who are isolated in community housing. There were also community health centres which had been proactive in providing social support or programmes online, which the Community Engagement Group thought should be further encouraged.

RELIANCE ON OTHERS

Participants were asked to report how many people relied on them for support and how many people they relied on for support. One third of women reported that there were five or more people who relied on them for support and they in turn relied on five or more people for support. In comparison, one in six men reported they had five or more people who relied on them for support but only one in five relied on five or more people for support. Participants of the Community Engagement Group noted that women are often caregivers and may bear extra responsibilities in caring for family members. This may in part explain the higher reliance on women to support others and their potentially poorer self-reported mental health.



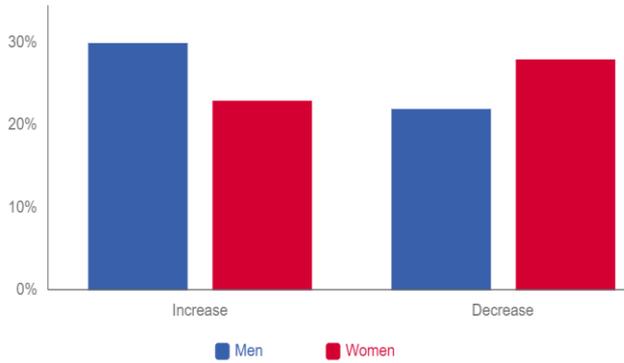
LIFESTYLE CHANGES

Participants were asked to report whether their alcohol consumption, tobacco use, illicit drug use and exercise had increased or decreased when compared to pre-pandemic levels. In terms of alcohol consumption, men were more likely to report their alcohol consumption had increased compared to women (30% and 23%, respectively), whereas women were more likely to report their alcohol consumption had decreased when compared to men (28% and 22%, respectively). A male participant who completed a qualitative interview acknowledged that alcohol was a problem for them personally and made a concerted effort not to drink.

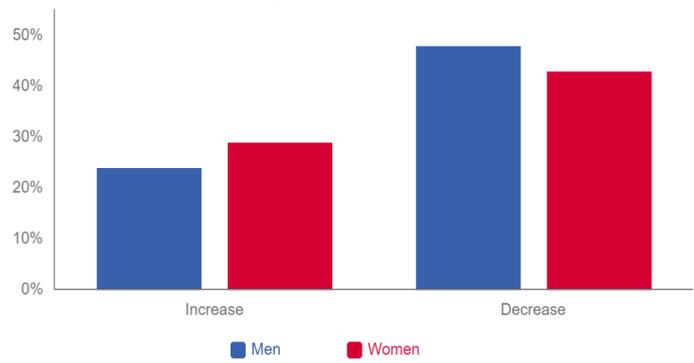
Both men and women reported a decrease in the amount of exercising they were doing compared to pre-pandemic levels (48% and 43%, respectively). In the qualitative interviews both a male and female participant described how they had lost motivation or momentum in their exercise regimes because of the pandemic and had not resumed the same level of exercise compared to pre-pandemic levels.

"Prior to COVID, I did try to be as active, you know, I was going swimming. I did a little bit of martial arts. I was part of a club and things like that. Obviously, the clubs shut down and the pools shut down, even as they're ramping back up, I haven't gone back yet. I think I've lost the momentum on that respect." - Male

Changes in alcohol consumption



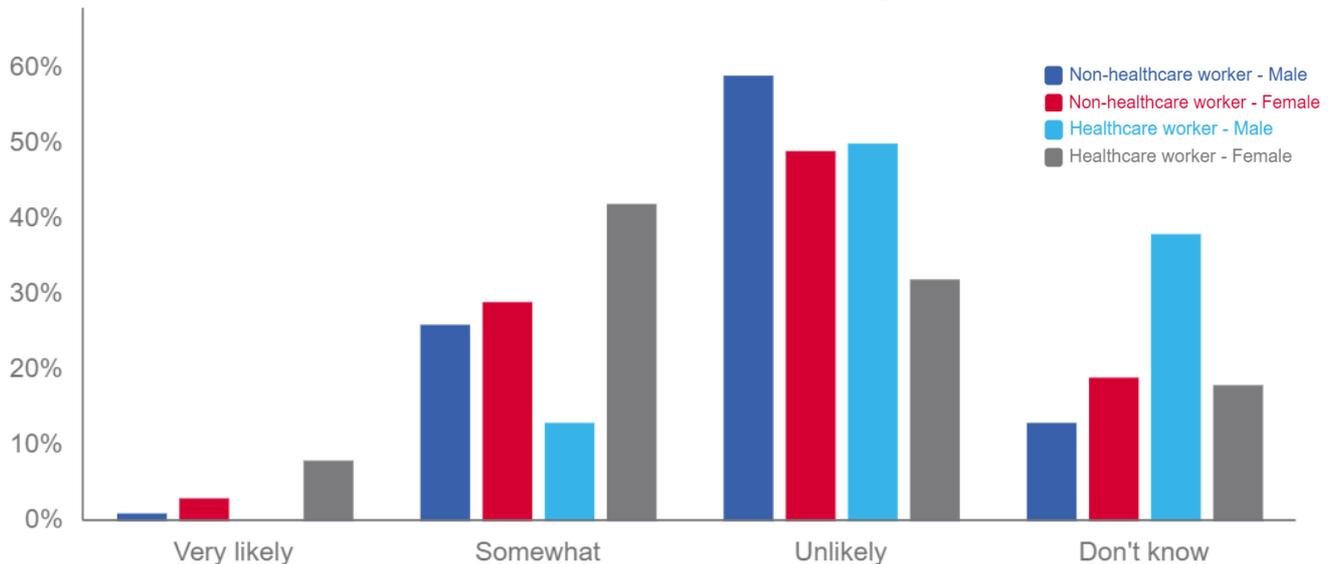
Changes in exercise



PERCEPTION OF CONTRACTING COVID-19 IN APRIL

In April 2021, women were more likely to assess their likelihood of contracting COVID-19 as very (4%) or somewhat likely (32%) compared to men (1% and 24%). Similarly, both female healthcare workers and non-healthcare workers were more likely to perceive their risk of contracting COVID-19 to be higher than men.

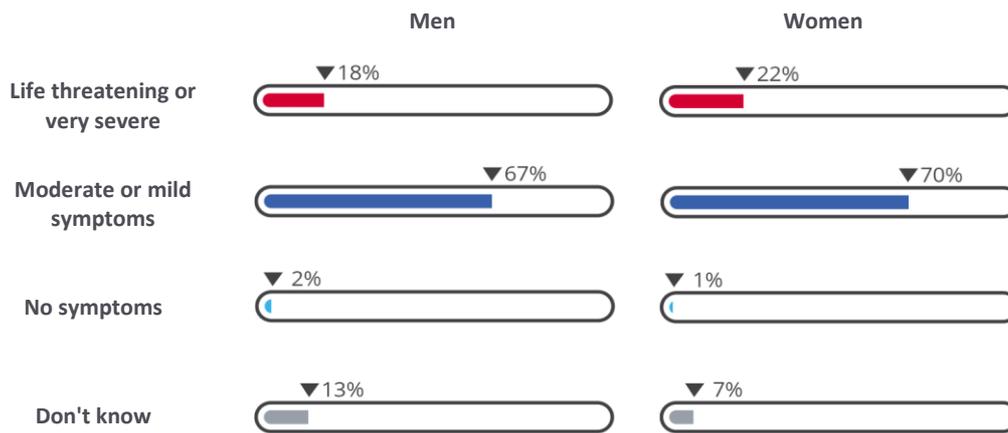
Perception of the likelihood of contracting COVID-19



Participants who completed the qualitative interviews reported a range of reflections regarding their perceived risk of contracting COVID-19. Several participants spoke about how the number of reported cases influenced their risk perception, with one male participant stating that the lack of cases in Victoria at the time of the interview meant he did not feel he needed the vaccine. Similarly, another participant interviewed when cases were near zero, after the second wave, observed that some community members were not wearing masks in public settings as required by the Public Health Directions of the time, attributing this to people either "being sick of it...or they don't care or because there are no active cases as well..."

EXPECTED SEVERITY

Women in our study were more likely to expect to contract COVID-19. They were also more likely to anticipate having a life threatening or very severe case of COVID-19 (22%) or mild or moderate case (70%) than men (18% and 67%, respectively). Men were more likely than women to report they were unsure of the expected severity of illness if they contracted COVID-19 (13% and 7%, respectively).



When we compared this by age, a higher percentage of women aged 25 to 55 expected to have a life threatening or very severe case of COVID-19 compared to men of the same age (18% and 7% respectively). However, above the age of 55, a higher percentage of men expected to have a life threatening or very severe of COVID-19 (46%) compared to women of the same age (32%).

Several qualitative interview participants thought young people were less affected, or less likely to experience severe disease from COVID-19. This was a concern as young people who may have fewer symptoms may be more likely to infect those more at risk in their social network. One female participant who had previously contracted COVID-19 noting, "Okay, you're young and fit, but what about your grandma and your granddad and what about your sister's baby?".

"It doesn't affect too many young people, you know. You're pretty much going to be over 60 before the death rate starts to become a problem, but who knows." - Male participant

RECOMMENDATION

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Increase the promotion of mental health services beyond phone lines and offer diverse service delivery models to address the specific mental health needs of certain communities.

Given, the higher and sustained Impact on women's mental health there is a need to ensure women receive targeted mental health support. There is also a need to de-stigmatise mental health amongst certain groups, such as men.

The Community Engagement Group participants reported that the promotion of mental health services and support needed to extend beyond accessing crisis phone lines. They perceived people should be encouraged to seek the mental health support they require, when they need it. The Community Engagement Group participants suggested diverse service delivery models such as group therapy and active outreach for people who are isolated would be useful.

Optimise notes the recent 2021-22 Victorian State Budget announcement with its record investment in mental health services. The services delivered as part of this funding will help address the mental health needs of community members over time. The new Local Adult and Older Adult Mental Health and Wellbeing Service could be used to deliver diverse service delivery models, as suggested by the Community Engagement Group, given their position within the community.

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