

COVID-19 testing in kids: What concerns parents?



Poll report

Poll 19, November 2020

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Report highlights

- The vast majority of Australian parents say they know it is important to get children tested for COVID-19 (79%) and where to take their child to get tested (83%)
- 77 per cent of parents reported they would see a doctor, call the National Coronavirus Helpline or present for a test if their child had COVID-19 symptoms
- Concern about the test being stressful, painful or uncomfortable for their child is the leading reason why parents may not get their child tested for COVID-19 (74%)
- Concerns about taking time off work for testing or to provide care for a child during isolation are very likely to stop 18 per cent of parents from getting their child tested
- Stigma is a barrier to presenting for testing; 40 per cent say they would be somewhat or very likely to avoid getting their child tested due to worries about what others may think if the test was positive for COVID-19
- Around half of parents (46%) say it's hard to know which symptoms mean that their child needs a COVID-19 test.

Findings

Do parents know that testing for COVID-19 is important in children?

The vast majority of parents (79%) recognise that it is important to have children tested for COVID-19 even though coronavirus is usually mild in children.

What are parents' intentions when it comes to getting their child tested for COVID-19?

Parents were asked to indicate what they would do if their child developed any of the following possible COVID-19 symptoms¹: runny nose, sore throat, cough, fever, chills, loss of sense of smell, diarrhoea, nausea or vomiting over the 'next few weeks'.

Seventy-seven per cent of parents indicated that they would undertake one or more actions that would appropriately lead to testing for COVID-19 including calling or visiting the GP (52%), taking their child to a COVID-19 testing centre (33%) or calling the National Coronavirus Helpline (16%) (see figure 1). A minority of parents said they were not sure what they would do (2%).

When compared by state, parents from Victoria (43%) and New South Wales (38%) were more likely to indicate they would take their child to a COVID-19 testing centre than parents from all other states and territories combined (16%). There was no substantial difference by state in the proportions of parents who indicated they would call the National Coronavirus Helpline or contact or visit the GP.

Intended actions of parents if child develops possible COVID-19 symptoms

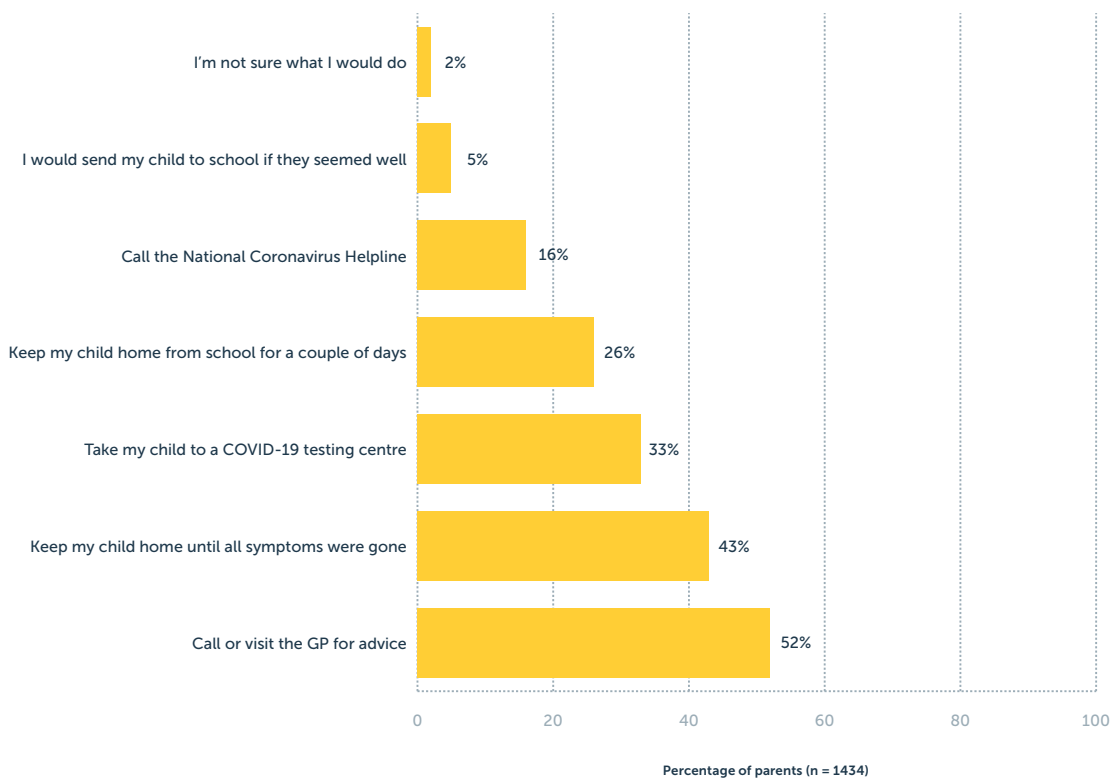


Figure 1.

What are the barriers likely to stop parents getting their child tested for COVID-19?

There are a number of factors identified by parents that would be 'very likely' or 'somewhat likely' to stop them taking their child for COVID-19 testing (see figure 2).

Pain or distress

Three-quarters (74%) of parents were concerned that the COVID-19 test might be stressful, painful or uncomfortable for their child. A quarter of parents (26%) said concern that the COVID-19 test might be painful or uncomfortable would be very likely to stop them from taking their child to be tested. Level of parental concern about pain, discomfort or distress from testing varied by the age of the youngest child in the family, with 80 per cent of parents of children aged zero to less than five years and 75 per cent of parents of five to less than 13 years olds being concerned about the possibility of pain, discomfort or distress associated with testing, as compared to 58 per cent of parents of teenagers.

The majority of parents (80%) said they would prefer their child to have a saliva test for COVID-19 instead of a throat and nasal swab. Just over half (56%) said they would prefer a finger prick blood test to a nasal and throat swab for their child.

Among those children who were reported by parents to have had a COVID-19 test (n=367) more than half (53%) were described by their parents to be either not at all (21%) or only slightly (32%) distressed by the testing process. One in four (24%) were somewhat distressed, 14% quite distressed and 9% extremely distressed.

Knowledge of symptoms requiring testing

Many parents were unsure about when a child would need to have a COVID-19 test. Almost half of parents (46%) said it was hard to know which symptoms mean their child needs a test, and 48 per cent said a runny nose or cough is most likely to be a cold and that their child probably would not need a test. There was no meaningful difference in levels of parent knowledge about symptoms by state, level of education, sex or socioeconomic status.

Convenience, logistics and access

The majority of parents (83%) said they would know where to go if their child needed a COVID-19 test. Those parents with lower levels of education (year 12 or less) were less likely to know where to present for testing than those with higher levels of education. There was no meaningful difference by state, socioeconomic status or sex of parent.

Despite knowing where to access testing, many parents had concerns about the inconvenience of taking their child for a test. One in three parents (32%) said that the idea of getting their child tested and having to keep them isolated at home would be 'too much to deal with'. One in three parents (31%) said it was 'too much of a hassle' to take their child for a COVID-19 test, almost two-thirds (61%) said that testing their child every time they had a

45% of parents said it was hard to know which symptoms mean their child needs a test



cold would result in too many tests. Fifteen per cent of parents said that they would be very likely to be deterred from taking their child for a COVID-19 test because they believed their child would refuse the test.

Parents had worries about the length of time it may take to get a test result back, with nearly half saying this was either very likely (14%) or somewhat likely (28%) to stop them taking their child for a test. There was no substantial difference in this finding across states or regional versus metropolitan location.

Financial and work-related implications of testing

Many parents had concerns about the work-related implications of having their child tested for COVID-19, with concerns about taking time off work (either for testing or to provide care for a child if they tested positive) being very likely to stop 18% of parents from taking their child for a test.

More than a third indicated that concerns about themselves or their partner finding it hard to take time off work to take their child for a test would be very likely (11%) or somewhat likely (27%) to stop them from attending for testing with their child. One in three (37%) parents said concerns about having to take time off work to care for their child if they tested positive for COVID-19 would be somewhat or very likely to prevent them from taking their child for a test (see figure 2).

Male parents were more likely to indicate work-related impacts may prevent them from taking their child for testing than female parents (44% vs 31%). Parents of lower socioeconomic status were also more likely to indicate work-related impacts may prevent them from taking their child for testing than those parents of higher socioeconomic status based on Socio-Economic Indexes For Areas (41% vs 30%). Sole parents were twice as likely to indicate that they may not take their child for testing due to concerns about having to take time off work if they tested positive, compared to partnered parents (62% vs 31%).

What are the barriers likely to stop parents getting their child tested for COVID-19? (continued)

Stigma

Four in 10 parents (40%) expressed some concern about stigma, with 14 per cent saying that worries about what other people might think if their child tested positive for COVID-19 would be very likely to stop them taking their child for a test. A further 26 per cent said these concerns would be somewhat likely to prevent them from attending for testing (see figure 2). More than a quarter (29%) of parents said they would not want people to know if their child tested positive for COVID-19. The proportion of parents with concerns about stigma was higher in New South Wales (50%) compared with Victoria (37%) and all other states and territories combined (32%). It was also higher among parents with lower socioeconomic status compared to those with higher socioeconomic status based on Socio-Economic Indexes For Areas (49% vs 34%).

Fear of contracting CV at test site

One in six (17%) parents reported that concerns about catching COVID-19 at a health care service would be very likely to stop them from taking their child for testing. A further one in three (37%) said this concern would be somewhat likely to prevent them accessing testing for their child.

40% of parents say they would be worried about what other people might think if their child tested positive for COVID-19

Reasons parents may not take their child for a COVID-19 test

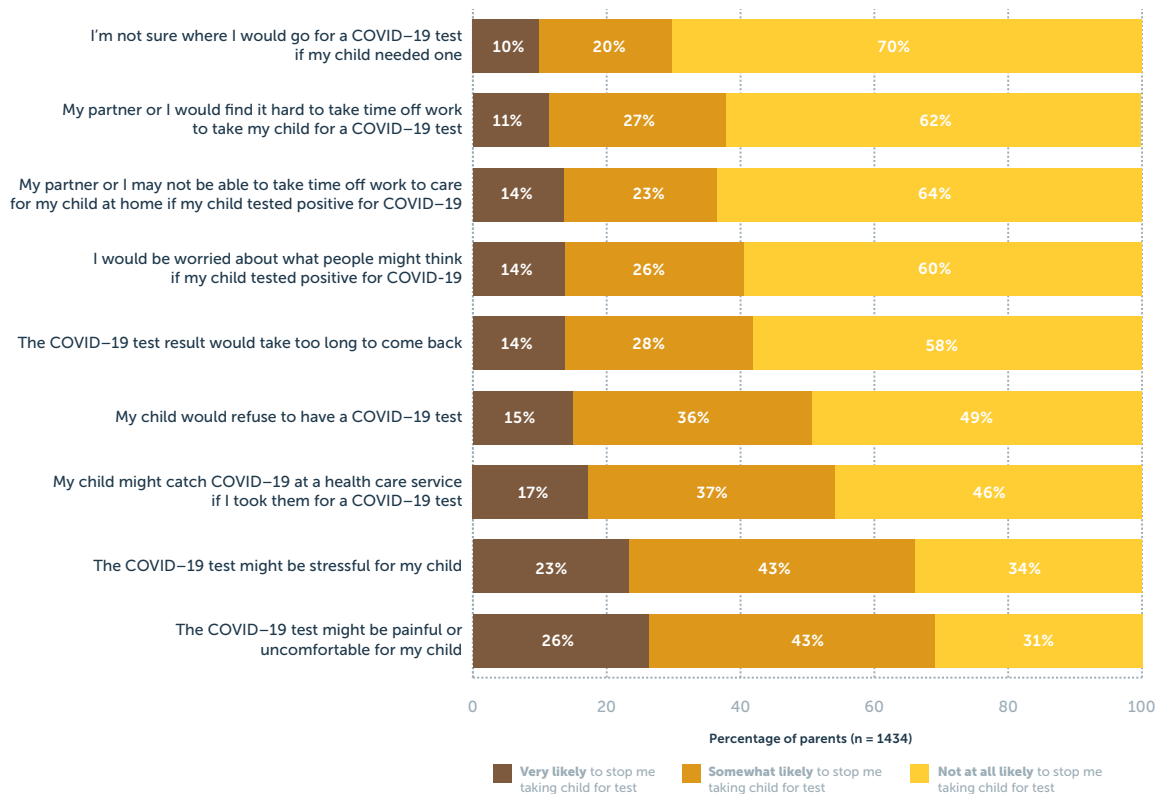


Figure 2.

Implications

In Australia, the current suppression strategy for COVID-19 relies on people getting tested and self-isolating when they have symptoms of COVID-19. For children, this process is reliant on parents recognising symptoms and responding by taking their child for testing and isolating them appropriately.

This study reveals that despite high levels of knowledge among parents with regard to the importance of COVID-19 testing in children, a significant proportion of parents indicate they would not attend for testing with their child if they were symptomatic.

Parents identify multiple barriers to testing in children, including concerns around pain and discomfort of testing, inconvenience, financial and work place impacts and stigma and perceived judgement by others. Almost half of parents say they are unsure as to when a child needs to be tested, suggesting that knowledge continues to present a barrier despite the widespread public health campaigning and educational messaging delivered to date.

These findings suggests that parents who have lower levels of education and lower socioeconomic status may be more affected by barriers to testing. These groups likely need nuanced and targeted communication

strategies to ensure everyone understands the message about when and where to access COVID-19 testing for children. Addressing different information needs in the community may require using less traditional news sources and different spokespeople to reach these groups.

The wide range of barriers to testing in children revealed in this study suggests a well informed and evaluated approach is needed to support and educate parents in order to increase their propensity to have their children tested. This study suggests a role for the use of financial incentives and highlights the need for adequate employer support for those parents where time away from work is a barrier to taking their child for testing. Additionally we found high levels of support among parents for less invasive testing techniques, with our results indicating availability of saliva or finger prick testing for children may significantly increase testing uptake. In Victoria in particular, as schools reopen following the recent second wave and period of prolonged stay at home restrictions, a focus on investment in interventions to support adequate uptake of testing in symptomatic children will be critical to maintaining effective suppression of viral transmission in the community.

About the survey

In an online survey conducted during September 15 to 29, 2020, Australian parents were asked a series of questions about their knowledge, attitudes and behaviours in relation to having their child tested for possible COVID-19. The survey questions can be viewed at www.rchpoll.org.au

On February 27 2020, the Commonwealth Government of Australia declared the COVID-19 (coronavirus) pandemic. From March onwards various levels of restrictions occurred across Australia. When completing the survey, respondents were asked to think about life 'since COVID-19' as being since March 2020.

Of note, at the time the survey went to field, schools, kindergartens and childcare centres in Victoria were under Stage four Stay-At-Home Directions and closed for on-site learning for all children aside from those of permitted workers or those deemed to be vulnerable. Any interpretation of these findings requires consideration of the time sensitive nature of the COVID-19 pandemic and the different levels of community spread and subsequent restrictions experienced by respondents across Australia.

Data Source

This report represents findings from a nationally representative household survey conducted by the Online Research Unit for The Royal Children's Hospital, Melbourne.

A nationally representative sample of 1434 parents' yielded data on a total of 2553 children aged between one month and 18 years, including 62 infants (<12 months), 202 toddlers (1-3 years), 256 pre-schoolers (3- <5 years), 1319 primary school aged children (5- <13 years) and 714 teenagers (>13 years). The data was subsequently weighted to reflect the distribution of the Australian population using figures from the Australian Bureau of Statistics including by state of residence, age, sex and socioeconomic status based on postcode (Socio-Economic Indexes for Areas).

The survey completion rate was 81 per cent among eligible Online Research Unit panel members who were contacted to participate.

References

1. *Coronavirus (COVID-19) and children* [Fact Sheet] Australian Government Department of Health. Viewed online Oct 30 2020. Available at <https://www.health.gov.au/resources/publications/coronavirus-covid-19-and-children>

For a full reference list, please contact child.healthpoll@rch.org.au

Suggested citation

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Acknowledgements

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