

Research Insights

How can we protect our children against COVID-19?

The only defence against COVID-19 for young children is the actions of those around them. Vaccine uptake by parents coupled with mandating vaccination policies in the workplace and educational settings will help safeguard the health, social and cognitive development of young children.

A rising concern for COVID-19 outbreaks among children

Around the world, the Delta variant has become the predominant strain of the COVID-19 virus. Prior to the arrival of the Delta variant, Australia's COVID-19 infection rate appeared to be relatively under control, especially in terms of children under the age of 12. Since mid-July, the number of cases for children under the age of 10 and for those between 10 and 19 years of age have more than doubled.

Recent reports indicate that one in 10 cases of COVID-19 in Australia are found in children under the age of 10 – like the USA where 15 percent of new cases are detected in children.

The Victorian Department of Health data suggests that 47 percent of documented cases for adults in August have been linked to schools and childcare centres. The US Centers for Disease Control and Protection notes the significant uptick in children contracting and spreading the virus is more than worrisome.

These facts present a challenge for parents. How can we best protect young children who are not eligible for the COVID-19 vaccine?

And how can we ensure that children do not suffer from lower cognitive and socio-emotional development by having to stay at home and not being able to freely interact with their peers?

A natural response would be that parents take extra precautions to protect their children from the virus. But are parents being more vigilant in getting vaccinated themselves and do they support policies aimed at containing the spread of COVID-19?

This Research Insight explores vaccine uptake and attitudes towards policies that could minimise the spread of COVID-19 by parents. The analysis that follows suggests that we should do more to encourage parents of young children to get vaccinated and enhance measures to enable child development while minimising their risk of contracting COVID-19. While vaccine take-up by men and women with young children at home is the same, among the unvaccinated, more women than men, by approximately 13 percentage points, are unsure or not willing to receive the COVID-19 vaccine. Nearly 24 percent of women are vaccine hesitant.



This Research Insight uses Taking the Pulse of the Nation Survey data for the period covering February to September 2021. We study those respondents aged 18 to 54. Older respondents are excluded because a very low share of those 55 and above report having children under the age of 18. Our respondents are classified into one of three mutually exclusive groups: (a) those with at least one child under the age of 12, (b) those with only children between 12 and 18 at home, and (c) those with no children at home.

Key Insights

1 Vaccination rates for families with children are lower than for those without children

As of mid-September, everyone in Australia aged 12 and over can receive the COVID-19 vaccination. But what are we to do for younger children? Parents of children under the age of 12 could get vaccinated themselves as a first line of defence for minimising the risk of their children contracting COVID-19. Contrary to what one might expect, respondents with young children are getting vaccinated at lower rates than other respondents.

For each of the previous four months, as the vaccine rollout has picked up steam, respondents with children, irrespective of their age, are 5-8 percentage points less likely to have been vaccinated compared to those with no children. These respondents, however, are more likely to indicate an intent to get vaccinated and are less likely to be hesitant about getting the vaccine — even though they have not yet converted their intention to get vaccinated to getting vaccinated.

Looking even further back to the start of the vaccine rollout, respondents with children are, on average, two percentage points less likely to have received the vaccine.

Because vaccine eligibility during the rollout has varied by age, our analysis accounts for age and eligibility status of the respondent during vaccine rollout. Therefore, the lower vaccine uptake is not due to eligibility status of the respondent.

Lower vaccine uptake by parents with young children is a surprising and worrying finding, as this provides direct protection for their children. Notwithstanding, this lower take-up could be due to additional constraints that parents face, such as finding childcare while they get vaccinated — a concern that adults without children do not have.

2 Women with young children are more hesitant than men with young children

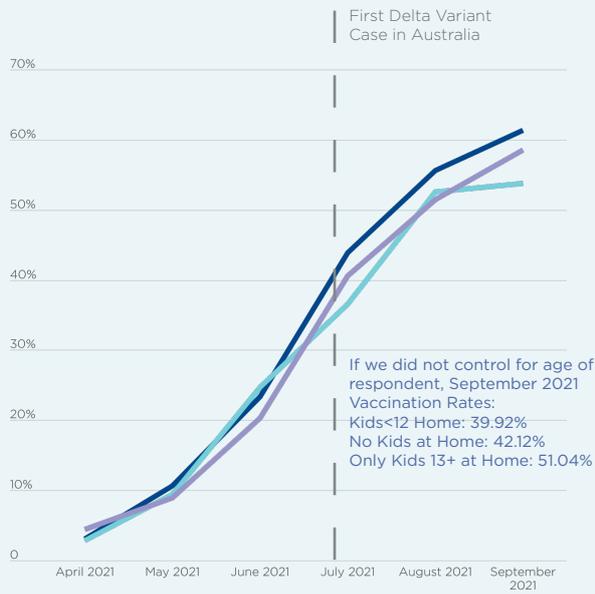
As depicted in Figure 2, vaccine take-up is nearly identical for men and women with young children. Unvaccinated women with young children, however, exhibit a much higher hesitancy rate than men with young children.

As of September, the hesitancy rate for women is 24 percent compared to 11 percent for men.

We find that women with young children are more vaccine hesitant than women with children over the age of 13 living at home (by nearly five percentage points).¹

¹ In contrast, men with young children at home report the lowest level of vaccine hesitancy (11 percent), followed closely by men with children 13 and at home (16 percent). The highest level of hesitancy for men is for those with no children at home (29 percent).

Figure 1A: Vaccine uptake by family composition, controlling for age



- Have been vaccinated: No children at home, controlling for age
- Have been vaccinated: Children <12 at home, controlling for age
- Have been vaccinated: Only children 13+ at home, controlling for age

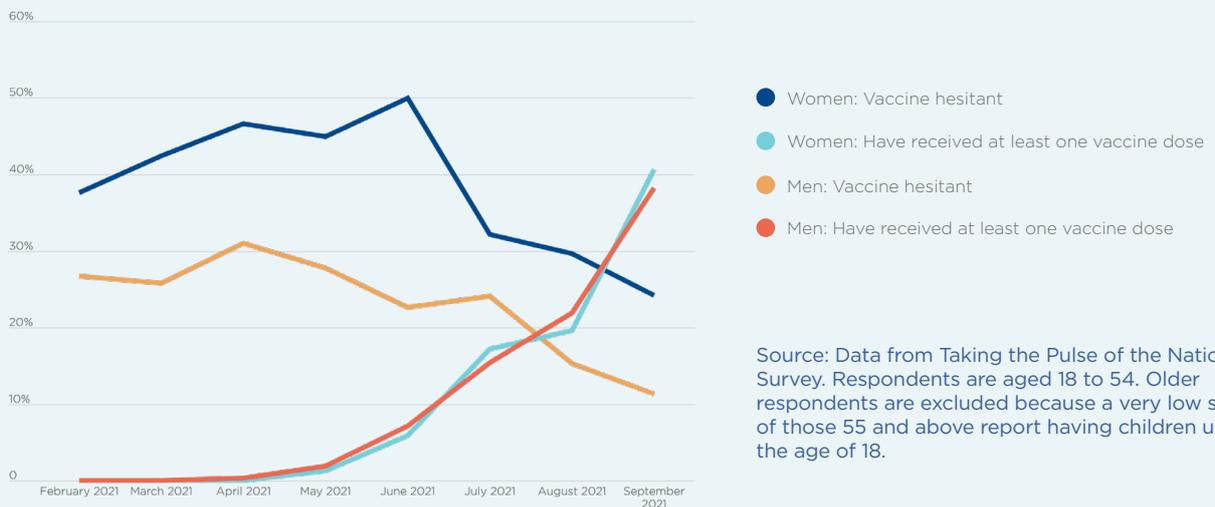
Figure 1B: Vaccine plan and hesitancy, controlling for age



- Plan to be vaccinated: No children at home, controlling for age
- Plan to be vaccinated: Children <12 at home, controlling for age
- Plan to be vaccinated: Only children 13+ at home, controlling for age
- Vaccine hesitant: No children at home, controlling for age
- Vaccine hesitant: Children <12 at home, controlling for age
- Vaccine hesitant: Only children 13+ at home, controlling for age

Source: Data from Taking the Pulse of the Nation Survey. In Figure 1 we compare the vaccination rate among respondents (aged 18-54) who have children, to those who don't have children. Respondents are grouped based on the age of the youngest child living in their house. Figure 1A depicts the vaccination rates by group. Figure 1B depicts the vaccine hesitancy rates and rates of planning to receive the vaccine. Vaccine availability has varied by age in the preceding months. The figure, therefore, compares rates across the family groups after controlling for age.

Figure 2: Vaccine hesitancy and uptake by gender, respondents with children less than 12 years of age living at home



Source: Data from Taking the Pulse of the Nation Survey. Respondents are aged 18 to 54. Older respondents are excluded because a very low share of those 55 and above report having children under the age of 18.

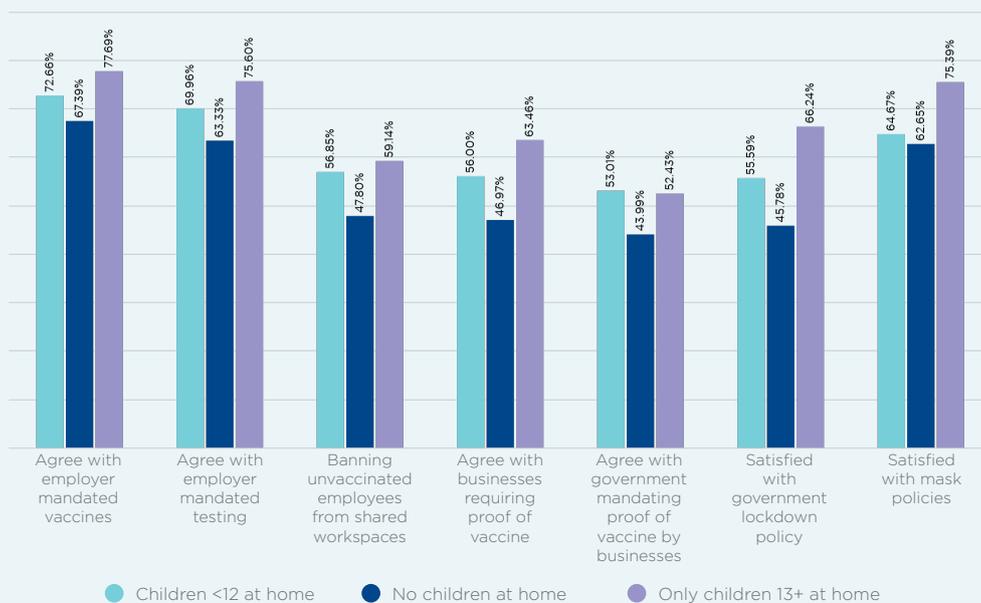
3 Families are stronger supporters of mandated vaccines and testing in the workplace

Parental vaccine take-up is one mechanism to reduce the risk of young children getting COVID-19. Other mechanisms include policies such as employer mandated vaccines and/or COVID-19 testing in the workplace, as well as policies regarding mask wearing and lockdowns. These policies aim to minimise contact with others who may have COVID-19 during this crucial time of working towards vaccinating the Australian population. By reducing the risk of encountering such individuals, parents would also be reducing the risk of giving COVID-19 to their children.

Since July 2021, respondents of the TTPN Survey have been asked a range of questions around mandating vaccines, testing requirements and satisfaction with state government policies concerning lockdowns and mask wearing. Figure 3 depicts the views of respondents, by family type, towards a range of policies and potential restrictions.

Across the board, respondents with young children strongly support employers mandating vaccines, testing for COVID-19 and enforcing mask wearing. Less than 60 percent of these respondents, however, support banning unvaccinated people from shared offices in the workplace, allowing businesses to require proof of vaccination status and the government mandating proof of vaccination by businesses. Equally interesting is that there is better support overall for these types of initiatives by respondents with children than by respondents with no children at home. The differential level of support, in most instances, ranges between five and 10 percentage points.

Figure 3: Attitudes on policy and practice, by family composition



Source: Data from Taking the Pulse of the Nation Survey. Respondents are aged 18 to 54. Older respondents are excluded because a very low share of those 55 and above report having children under the age of 18. The respondents were asked questions for these waves: (a) employer mandated vaccines and testing: Waves 39 and 40 (August 16-20 and September 6-12); (b) banning unvaccinated workers from shared workspaces: Waves 36, 37, and 39 (July 5-9, July 19-22, and August 16-20); (c) businesses or government mandating vaccinations for customers: Wave 40 (September 6-12); (d) satisfaction with state government policies on lockdown and mask wearing: Waves 38 and 39 (August 2-7 and August 16-20).

Policies to protect children

Time and a history of protective policies are on Australia's side. While a COVID-19 vaccination for children under the age of 12 is not approved anywhere in the world, this group will only be protected by the actions of those around them. Ensuring eligible family members are vaccinated as well as mandating vaccination and mask wearing policies in the workplace and educational settings are important steps in protecting children against contracting COVID-19. Australia can also learn from and adopt policies that have been effective in other countries.

Schools and early childhood education

The vaccine supply for those aged 13 and above has been steadily increasing, and parents, teachers and others can get vaccinated to protect themselves and their families – ultimately helping to reduce the spread of the virus.

Mask wearing by teachers and children in schools has been effective at reducing the spread, yet not all countries have these policies in place. In the USA, 62 percent of the population 13 years and above are fully vaccinated, far below the 80 percent target considered a safe threshold by the Australian Government to re-open the country. Schools in the USA have returned to in-person, full capacity teaching, and many schools have taken measures to mandate vaccinations and mask wearing for staff, while others have not. Mask wearing mandates are divisive, and schools without mask enforcement have closed down due to COVID-19 outbreaks. In the UK, teachers and young students do not wear masks, for concern it will affect learning. The UK policy can be effective because over 90 percent of teachers in the UK are vaccinated, and cases are managed with quarantining and contact tracing.

Australia has the opportunity to implement some immediate changes to protect its children, such as mandatory mask wearing of teachers and children in school. If mandatory vaccination policies in the

workplace are adopted, they will take longer to be effective – i.e. at least six weeks between the first and second vaccination.

Supporting families' wellbeing

Keeping children at home will reduce the risk of contracting COVID-19, but it may also lead to a reduction in cognitive and socio-emotional development. The burden on parents persists as they scramble to both work and provide a safe and supportive environment for their children during working hours.

Australia needs vaccination rates to increase and to have sensible policies that allow for regular testing to minimise children's exposure to COVID-19, enable a return to early childhood education and care and/or the classroom, and free up child-minding responsibilities for working parents. Getting back to school and early education will not only support strong social and cognitive development but also support parents who are trying to manage work, life and family care challenges that have become increasingly difficult during the pandemic.

Strong information campaigns and signals to parents about the importance of getting the COVID-19 vaccine are needed. This is particularly true for women with young children. In addition, supporting employer mandated vaccination and testing will further provide an opportunity to reduce the risk of parents bringing COVID-19 into the home, thereby reducing the risk for their children.

Further Information

Datasets:

This analysis uses data from the Taking the Pulse of the Nation – Melbourne Institute’s survey of the impact of COVID-19. The aim of the weekly survey is to track changes in the economic and social wellbeing of Australians living through the effects of the coronavirus pandemic whilst adapting to various changes in Federal and State government policies. The survey contains responses from 1,200 persons, aged 18 years and over. The sample is stratified by gender, age and location to be representative of the Australian population. The current analysis draws on survey data for the period covering February to September 2021. We study those respondents that are aged 18 to 54. Older respondents are excluded because a very low share of those 55 and above report having children under the age of 18. For this analysis, our respondents are classified into one of three mutually exclusive groups: (a) those with at least one child under the age of 12, (b) those with only children between 12 and 18 at home, and (c) those with no children at home.

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