

Association of Biological Sex and Gender-related Factors with Public Engagement in Protective Health Behaviours during the COVID-19 Pandemic Rubee Dev¹, Valeria Raparelli², Simon Bacon³, Kim L. Lavoie⁴, Louise Pilote⁵, Colleen M. Norris⁶

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Introduction

- Public behaviour plays an important role during public health emergencies [1].
- There is a dynamic relationship between the voluntary adoption of public health behaviours and infection transmission during infectious disease epidemics [2].
- There is a difference in preventive behaviours and pandemic related concerns based on sex and gender-related factors.
- Understanding what factor drives people to engage in or refrain from health behaviours during a pandemic is vital to planning tailored public health interventions.

Objective

To examine whether sex and gender-related factors were associated with public's adherence to COVID-19 recommended protective health behaviours.

Methods

Study design- Retrospective analysis of International COVID-19 Awareness and Responses Evaluation (iCARE) survey collected between March 2020 to February 2021 from 175 countries.

Participants- Convenience sample around the world.

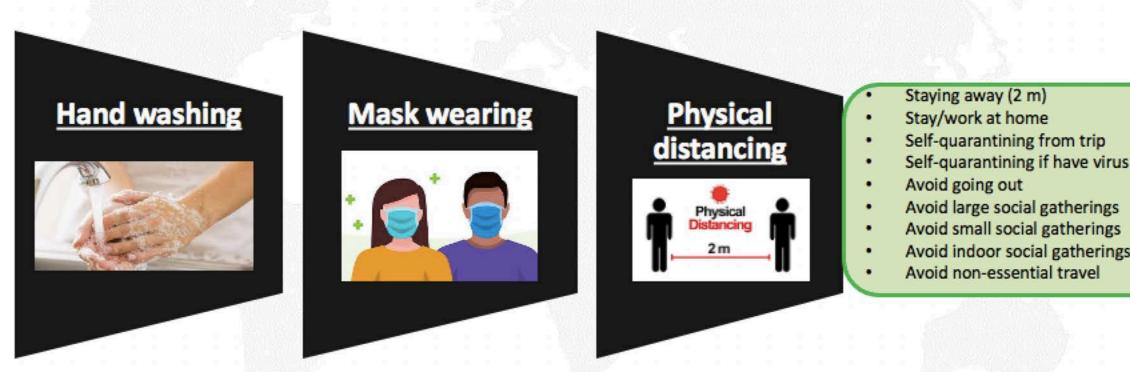
References, Acknowledgements & Funding

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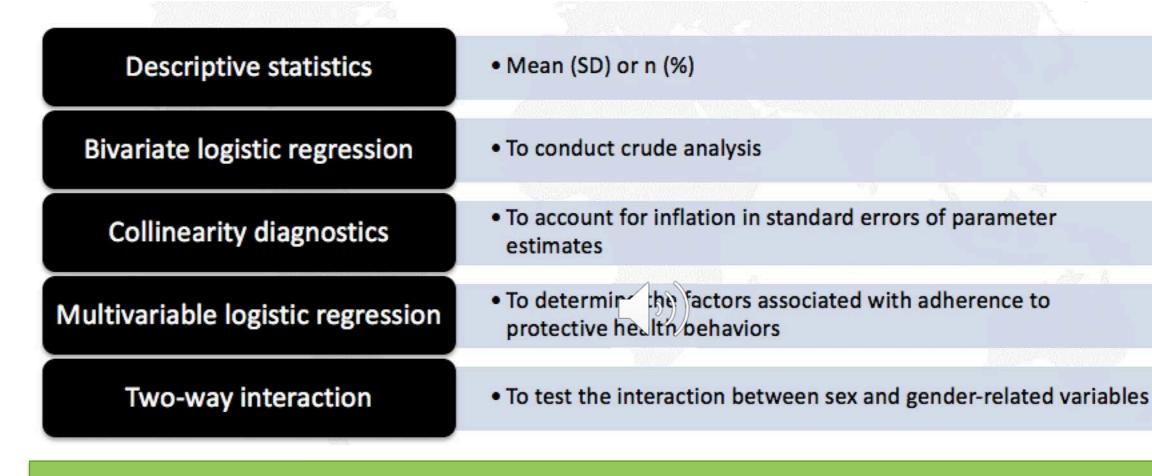
[1] Jalloh MF, Nur AA, Nur SA, et al. Behaviour adoption approaches during public health emergencies: implications for the COVID-19 pandemic and beyond. BMJ Global Health. 2021;6(1):e004450. [2] Poletti P, Caprile B, Ajelli M, Pugliese A, Merler S. Spontaneous behavioural changes in response to epidemics. Journal of Theoretical Biology. 2009;260(1):31-40.



Outcome measures-



Statistical analysis-



Results

- Among 48,668 respondents (mean age: 43 years; 71% female), 98.3% adopted hand washing, 68.5% mask wearing, and 76.9% physical distancing.
- Females in countries with higher gender inequality indexes were less likely to report hand washing and females who were employed were less likely to report mask wearing (Table 1).





Table 1. Association between gender-related variables and adoption of protective health behaviours, by sex

Variables	Hand washing (n=43318) OR (95% CI)		Mask wearing (n=42767) OR (95% CI)		
	Female	Male	Female	Male	H
Age distribution • Up to 25 (Ref) • 26-50 • 51 and older	4.44 (1.68-11.76)* 13.39 (2.87-62.6)*	1.89 (0.63-5.68) 2.25 (0.81-6.27)	0.77 (0.26-2.35) 0.35 (0.12-1.03)	0.59 (0.07-5.04) 0.52 (0.06-4.47)	2.01 (3.57 (;
Education level • Low level (Ref) • High level	0.78 (0.32-1.91)	0.37 (0.14-1.01)	0.84 (0.43-1.66)	0.37 (0.10-1.33)	1.39 (
 Work status Unemployed (Ref) Employed 	1.19 (0.50-2.83)	1.91 (0.89-4.13)	0.22 (0.1-0.5) **	0.15 (0.04-0.53) *	0.39 (
Household income Bottom third (Ref) Middle third Top third 	1.92 (0.83-4.43) 3.20 (0.84-12.15)	1.07 (0.41-2.81) 2.54 (0.77-8.41)	0.76 (0.32-1.84) 0.89 (0.35-2.28)	1.64 (0.57-4.74) 5.93 (1.64-21.48) *	1.26 1.53 (
 Gender Inequality Index High GII (Ref) Low/Medium GII 	2.11 (0.95-4.71)	0.57 (0.25-1.32)	0.18 (0.06-0.5) *	0.29 (0.09-0.91) *	0.72 (

Conclusions

- While females showed greater adherence to COVID-19 protective health behaviours, gender-related factors, including employment status and high-country wide gender inequality were independently associated with non-adherence..
- These findings may inform public health and vaccination policies in current as well as future pandemic.

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iCARE Study

International COVID-19 Awareness

and Responses Evaluation Study



