

## Discussion paper 8/2021

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## Access to information, preventive measures and working conditions during the coronavirus epidemic

### – Findings of the population-based MigCOVID Survey among persons who have migrated to Finland

This report presents the first findings of the Impact of the Coronavirus on the Wellbeing of the Foreign Born Population (MigCOVID) Survey on self-perceived sufficiency of information on the coronavirus and sources of information, adherence to preventive measures and working conditions among persons who have migrated to Finland. When comparative information was available, findings of the MigCOVID Survey were compared with the findings concerning the general Finnish population, using participants in the Health 2017 follow-up Study as the reference group.



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## For the reader

Findings presented in this report can be used to indicate how well information on coronavirus measures has reached different population groups. Adherence to preventive measures is also examined. Findings showcase the working conditions among persons who have migrated to Finland, which may have a significant impact on both the individual choices related to adherence to preventive measures during leisure time, as well as on the risk of exposure to coronavirus for both the persons themselves and the persons living in the same household. Even though findings presented in this report are based on population-based surveys, it should be kept in mind that a variety of factors may have caused some bias in the findings. The time frame during which the data collection took place (late autumn of 2020 and early 2021) may have also had an impact on the findings.

Findings of this report can be used for further development of public campaigns and community outreach measures during the coronavirus epidemic in Finland. Findings can be used by national, regional and local authorities. This report is also a point of reference to other countries.

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## Abstract

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Accessibility to up-to-date, understandable, reliable and sufficient information is crucial in crisis situations, such as the global pandemic due to the novel coronavirus disease 2019 (COVID-19, later coronavirus). Accessible and up-to date information should increase motivation to adhere to preventive measures. Some population groups may be at a more disadvantaged position than others in crisis situations. Disadvantage may arise from inadequate access to information and/or due to a variety of structural factors (e.g. working conditions and living arrangements), which increase the risk for exposure to the coronavirus. In Finland, information campaigns have also been targeted to specific population groups to improve access to critical information and adherence to preventive measures during the coronavirus epidemic.

The aim of this report was to examine access to information, adherence to preventive measures and working conditions among persons who have migrated to Finland using data from the Impact of the Coronavirus on the Wellbeing of the Foreign Born Population (MigCOVID Survey), conducted by the Finnish Institute for Health and Welfare (THL). Participants were aged 20 to 66 years (n=3 668, participation rate 60%). When comparative data were available, participants of the FinHealth 2017 follow-up Study (n=3 490, participation rate 51%), representing the general population in Finland were used as the reference group.

A clear majority of respondents who have migrated to Finland (94%) and in the general population (98%) reported they have received sufficient information on coronavirus and preventive measures. Among persons who have migrated to Finland, those with excellent Finnish/Swedish language proficiency reported that they have received sufficient information significantly more often (97%) than those with intermediate (92%) or at most basic (91%) language skills. Respondents reported generally high adherence to preventive measures, especially staying home with flu symptoms (96% among persons who have migrated to Finland and 97% among the general population), improved hand hygiene and good coughing hygiene (93% for both study groups), as well as keeping a safety distance to others (94% among persons who have migrated to Finland and 95% among the general population). A lower proportion reported the use of a face mask (82% among persons who have migrated to Finland and 84% among the general population).

Less well-followed preventive measures particularly among persons who have migrated to Finland were avoiding traveling abroad (84% among persons who have migrated to Finland and 97% among the general population) and downloading the Koronavilkku contact tracing mobile application (43% among persons who have migrated to Finland and 63% among the general population). Significant differences were observed by region of origin among persons who have migrated to Finland. Women were more likely to adhere to preventive measures than men. Persons who have migrated to Finland (30%) reported an increase in remote work significantly less often than persons in the general population (43%). Nearly a quarter of women who have migrated to Finland and were working or in training reported working in healthcare with patient contact. Proportion was highest among women who have migrated from Africa (60%). Slightly more than half (56%) of those working or in training were able to keep a safety distance to others at work. Taking care of good hand hygiene was possible for 72% of persons who were working or in training.

Overall, perceived sufficiency of information on the coronavirus and preventive measures was relatively high. Findings on the differences in perceived sufficiency of information depending on Finnish/Swedish language proficiency emphasise the need to use simple language in communication materials. It also points to the continuous need for multilingual and multichannel material when the recommendations are adapted or specified during the epidemic. It is possible that adherence to preventive measures holds some reporting bias both among persons who have migrated to Finland and the general population. While a number of examined workplace-related factors increasing the risk for exposure to the coronavirus cannot be eliminated due to the nature of the work, employers should pay particular attention to arranging as good working conditions and supervision of these as possible to minimise unnecessary exposures to the coronavirus at the workplace.

**Keywords:** coronavirus (Covid-19), migration, preventive measures

## Tiivistelmä

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Sofia Achame, Anu E. Castaneda. Access to information, preventive measures and working conditions during the coronavirus epidemic – findings of the population-based MigCOVID Survey among persons who have migrated to Finland. [Tiedonsaanti, viranomais-suositusten noudattaminen ja työolot koronavirusepidemian aikana – maahan muuttaneille kohdennetun MigCOVID-väestötutkimuksen tulokset]. Terveyden ja hyvinvoinnin laitos (THL). Työpaperi 8/2021. 38 sivua. Helsinki, Suomi 2021. ISBN 978-952-343-632-9 (verkkojulkaisu)

Ajantasainen, luotettava ja riittävä tiedonsaanti on tärkeää kriisitilanteissa, kuten maailmanlaajuisen koronapandemian (COVID-19) aikana. Sen lisäksi, että varmistetaan tiedon saatavuus, on tärkeää kiinnittää huomiota siihen, että tieto lisää motivaatiota noudattaa ennaltaehkäiseviä toimia. Jotkin väestöryhmät voivat olla muita haavoittuvammassa asemassa kriisitilanteissa. Tämä voi johtua tiedon saantiin liittyvistä ongelmista tai siitä, että näihin ryhmiin kuuluvat henkilöt altistuvat muita useammin koronavirustartunnalle erilaisista rakenteellisista syistä (mm. työolosuhteet, asuinolot).

Tämän työpaperin tavoitteena on arvioida tiedon saatavuutta, ehkäisytoimien noudattamista ja työolosuhteita maahan muuttaneessa väestössä käyttäen Terveyden ja hyvinvoinnin laitoksen toteuttaman Koronaepidemian vaikutukset ulkomailla syntyneiden hyvinvointiin -tutkimuksen (MigCOVID; n=3 668, osallistumisaktiivisuus 60 %) aineistoa (20–66-vuotiaat). Siltä osin kun vertailukelpoinen tieto on saatavissa, käytetään koko väestöä kuvaavana verrokkiaineistona FinTerveys 2017 -seurantatutkimuksen aineistoa vastaavan ikäisestä väestöstä (n=3 490, osallistumisaktiivisuus 51 %).

Selkeä enemmistö maahan muuttaneista henkilöistä (94 %) sekä koko väestöstä (98 %) raportoi saaneensa riittävästi tietoa koronaviruksesta ja infektion leviämisen estävistä toimista. Ne maahan muuttaneet henkilöt, joiden suomen tai ruotsin kielitaito oli erinomainen, raportoivat saaneensa riittävästi tietoa merkitsevästi useammin (97 %) kuin ne, joiden kielitaito oli keskitasoinen (92 %) tai korkeintaan aloittelijan tasolla (91 %). Vastaajat kertoivat noudattaneensa ehkäisytoimia pääosin hyvin, erityisesti pysyneensä kotona flunssaoireisena (maahan muuttaneista 96 % ja koko väestöstä 97 %), tehostaneensa käsihygieniaa ja noudattaneensa hyvää yskimishygieniaa (93 % molemmissa väestöryhmissä), sekä pitäneensä turvavälejä (maahan muuttaneista 94 % ja koko väestöstä 95 %). Hieman harvemmin raportoitiin kasvomaskin käyttöä (maahan muuttaneista 82 % ja koko väestöstä 84 %).

Harvimminkin maahan muuttaneiden noudattamia suosituksia olivat ulkomaanmatkojen välttäminen (maahan muuttaneista 84 % ja koko väestöstä 97 %) sekä Koronavilkku-sovelluksen lataaminen puhelimeen (maahan muuttaneista 43 % ja koko väestöstä 63 %). Näissä havaittiin myös merkitseviä eroja eri alueilta maahan muuttaneiden välillä. Naiset noudattivat suosituksia miehiä useammin. Suomeen muuttaneet (30 %) raportoivat merkitsevästi koko väestöä harvemmin (43 %) etätöiden lisääntymisestä koronaepidemian myötä. Noin neljäsosa työssä tai harjoittelussa olevista maahan muuttaneista naisista työskentelivät terveydenhuollossa, jossa tapasivat asiakkaita. Afrikasta muuttaneista naisista vastaava osuus oli muihin ryhmiin verrattuna selvästi korkein (60 %). Hieman yli puolet (56 %) työssä tai harjoittelussa olevista eivät pystyneet pitämään turvaväliä työssään. Hyvästä käsihygieniasta pystyi työpaikallaan huolehtimaan 72 % työssä tai harjoittelussa olevista.

Tilanne koetun tiedonsaannin riittävyyden ja ehkäisytoimien noudattamisen osalta oli varsin hyvä. Havaittu tiedon riittävyyden yhteys suomen tai ruotsin kielitaidon tasoon korostaa tarvetta selkokielen käyttöön viestintämateriaaleissa. Monikielistä ja monikanavaista viestintää tarvitaan erityisesti silloin kun suosituksia päivitetään tai tarkennetaan koronaepidemian aikana. On mahdollista, että suositusten noudattamisesta raportoitaessa vastauksiin liittyy jonkin verran raportointiharhaa sekä maahan muuttaneilla että koko väestössä. Kun työolosuhteisiin liittyviä, tartuntariskiä lisääviä, tekijöitä ei voida täysin poistaa, työnantajien tulisi kiinnittää huomiota järjestääkseen mahdollisimman hyvät työolosuhteet, ohjauksen ja ohjeiden noudattamisen valvonnan vähentääkseen tarpeetonta altistumista koronavirustartunnalle työpaikoilla.

**Avainsanat:** koronavirus (COVID-19), maahanmuutto, tartunnan ehkäisytoimet

## Sammandrag

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Sofia Achame, Anu E. Castaneda. Access to information, preventive measures and working conditions during the coronavirus epidemic – findings of the population-based MigCOVID Survey among persons who have migrated to Finland. [Tillgång till information, iakttagelse av myndigheternas rekommendationer och arbetsförhållanden under coronavirusepidemin – resultat av befolkningsundersökningen MigCOVID riktad till invandrare.] Institutet för hälsa och välfärd (THL). Diskussionsunderlag 8/2021. 38 sidor. Helsingfors 2021. ISBN 978-952-343-632-9 (nätpublikation)

Det är viktigt att få aktuell, tillförlitlig och tillräcklig information i krissituationer, såsom under den globala coronapandemin (COVID-19). Förutom att säkerställa tillgången till information är det viktigt att fästa uppmärksamhet vid att informationen ökar motivationen att vidta förebyggande åtgärder. Vissa befolkningsgrupper kan vara mer utsatta än andra i krissituationer. Detta kan bero på problem med att få information eller på att personer i dessa grupper oftare än andra exponeras för coronavirusinfektion av olika strukturella orsaker (bland annat arbetsförhållanden, boendeförhållanden).

Målet med detta arbetsdokument är att bedöma tillgången till information, iakttagandet av förebyggande åtgärder och arbetsförhållandena bland invandrare med hjälp av materialet (20–66-åringar) från undersökningen Coronaepidemins inverkan på välbefinnandet hos personer födda utomlands (MigCOVID n = 3 668, deltagaraktivitet 60 %) som Institutet för hälsa och välfärd genomfört. Till den del jämförbar information finns tillgänglig används som referensmaterial för att beskriva hela befolkningen material om befolkningen i samma ålder från uppföljningsundersökningen FinHälsa 2017 (n = 3 490, deltagaraktivitet 51 %).

En klar majoritet av de personer som flyttat till landet (94 %) och av hela befolkningen (98 %) rapporterade att de fått tillräckligt med information om coronaviruset och åtgärder som förhindrar att infektionen sprids. De invandrare som hade utmärkta kunskaper i finska eller svenska rapporterade att de fått tillräckligt med information oftare (97 %) än de vars språkkunskaper låg på medelnivå (92 %) eller högst på nybörjarnivå (91 %). Deltagarna berättade att de i huvudsak hade iakttagit de förebyggande åtgärderna väl, i synnerhet att de hade hållit sig hemma om de hade förkylningssymtom (96 % av invandrarna och 97 % av hela befolkningen), att de effektiviserat handhygien och iakttagit god hosthygien (93 % i båda befolkningsgrupperna) samt att de hållit säkerhetsavstånd (94 % av invandrarna och 95 % av hela befolkningen). En något mindre andel rapporterade att de använt ansiktsmask (82 % av alla som flyttat till landet och 84 % av hela befolkningen).

De rekommendationer som invandrarna följde i minst utsträckning var att undvika utlandsresor (84 % av invandrarna och 97 % av hela befolkningen) samt att ladda ner applikationen Coronablinkern i telefonen (43 % av invandrarna och 63 % av hela befolkningen). I fråga om dessa rekommendationer observerades också betydande skillnader mellan invandrare från olika områden. Kvinnor följde rekommendationerna oftare än män. Personer som flyttat till Finland (30 %) rapporterade betydligt mer sällan än hela befolkningen (43 %) om en ökning av distansarbete till följd av coronaepidemin. Cirka en fjärdedel av de kvinnor som hade flyttat till landet arbetade eller genomförde praktik inom hälso- och sjukvården där de träffade klienter. Bland kvinnor som flyttat från Afrika var denna andel klart högst (60 %) jämfört med andra grupper. Drygt hälften (56 %) av dem som var i arbete eller på praktik kunde inte hålla säkerhetsavståndet i sitt arbete. Totalt 72 procent av dem som arbetade eller genomförde praktik kunde iaktta en god handhygien på sin arbetsplats.

Situationen var ganska bra i fråga om huruvida man upplevde att man fick tillräckligt med information och hur man följde de förebyggande åtgärderna. Det observerade sambandet mellan tillräcklig information och nivån på kunskaperna i finska eller svenska framhäver behovet av att använda lättläst språk i kommunikationsmaterialet. Flerspråkig kommunikation via flera olika kanaler behövs särskilt då rekommendationerna uppdateras eller preciseras under coronaepidemin. Då man rapporterar om hur rekommendationerna följs är det möjligt att svaren i viss mån innehåller missvisande resultat både i fråga om invandrare och hela befolkningen. Eftersom faktorer som ökar smittorisken och som hänför sig till arbetsförhållandena inte helt kan elimineras, ska arbetsgivarna fästa uppmärksamhet vid att ordna så goda arbetsförhållanden som möjligt, ge handledning och övervaka att anvisningarna följs för att minska onödig exponering för coronavirusinfektion på arbetsplatserna.

**Nyckelord:** coronaviruset (COVID-19), invandring, åtgärder för att förebygga smitta

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# Introduction

The novel coronavirus disease 2019 (COVID-19, later coronavirus) challenged global preparedness for health threats. Governments adapted varying strategies for slowing down the spread of the coronavirus ranging from recommendations to bans and shut downs. Strategies for containing coronavirus also varied at the country level and at different time-points, balancing between securing health system endurance and protecting human lives and the societal and economic impact of various restrictive measures. It quickly became apparent that the health and societal impacts of coronavirus distributed unequally among different population groups, having the highest negative impact among population groups already at a higher disadvantage. Persons of migrant origin have been reported to have a higher incidence of coronavirus and mortality due to coronavirus compared with the general population (e.g. Platt & Warwick 2020; Rostila 2021; Norwegian Institute of Public Health 2021). In Finland as well, persons of migrant origin have been reported to be overrepresented among those tested positive for coronavirus (THL 2020).

There is a greater likelihood that a variety of structural factors that predispose to an increased risk of coronavirus infection in any population group accumulate among persons of migrant origin. Such factors include lower education and income, crowded housing, poorer access to health information and healthcare services, as well as overrepresentation in professions that involve close contact with other persons or where adequate preventive measures cannot be maintained (e.g. Castaneda et al. 2012, Larja & Sutela 2015, Sutela 2015, Martelin et al. 2020). Persons of migrant origin also tend to live in larger cities and particularly in the metropolitan region, where the relative proportion of positive coronavirus cases has been significantly higher compared with other regions (Official Statistics Finland 2020).

In addition to making difficult decisions on strategies to contain the coronavirus, authorities were faced with the challenge of developing effective communication strategies to convey up-to-date information to the public and to motivate adherence to preventive measures. The key five preventive measures for containing coronavirus in Finland addressed in national public campaigns since spring 2020 have been: get tested and otherwise stay at home if you have flu symptoms; keep a safe distance of one to two meters from others (this was later updated to two meters); wash your hands and cover your mouth with your sleeve when you cough; wear a face mask whenever you cannot keep a safe distance from others; and download the Koronavilkku mobile application (Finnish Government 2020, THL 2021a). The free Koronavilkku mobile application was launched in August 2020 by the Finnish Institute for Health and Welfare (THL; THL 2021b). If a user of the application has been tested positive for coronavirus, they can share this anonymously with the other users. The application will, in turn, notify the potentially exposed persons who have downloaded the application that there has been a risk of exposure to coronavirus. The application is widely used in Finland and has been recommended by authorities in public campaigns. Privacy is strongly protected.

Access and indications for being tested have varied in different parts of the country and at different time-points, and the tests have been more widely available and recommended since autumn 2020. The recommendation to wear a face mask when one could not keep a distance to others outside of their home was introduced in the beginning of October 2020. More recently (January 2021), a sixth preventive measure was added into public campaigns: take the vaccine when your turn comes. As in other countries, the population in Finland is rich in cultural diversity. While many persons who have migrated to Finland are well integrated and have good command of the official languages in Finland (Kuu-sio et al. 2020), the acute need for multilingual information on coronavirus became highly apparent already at the early stages of the epidemic (Skogberg et al. 2020).

Inequalities in access to adequate information are likely to pose a significant threat for equality in health. Lack of accessible information decreases the opportunity to make the best health promoting

choices and increases the likelihood for seeking information from other less reliable sources. Hence, the risk for misinformation and exposure to disinformation increases. In response to the need for multilingual information, a Multilingual and Multichannel Coronavirus Communications Task Force was formed at THL as a collaborative effort with the Finnish Ministry for Social Affairs and Health (STM). At the end of 2020, experts on integration from the Ministry of Economic Affairs and Employment of Finland (TEM) joined the task force team.

In addition to translating written material on the coronavirus produced by THL for the general public, the STM-THL-TEM task force produced also a variety of audiovisual and infographic material to improve accessibility to understandable information among diverse population groups (THL 2021a). Main information on coronavirus and preventive measures has been translated into 24 most spoken languages in Finland. More comprehensive multilingual and multichannel material was produced in six languages: Russian, Estonian, Somali, Sorani dialect of Kurdish, Arabic and English. These languages were selected based on the size of the population speaking each of these languages, which is also reflected in the number of positive cases for coronavirus (THL 2020).

The topics that were addressed in the multilingual materials were selected based on regular round table discussions with key representatives of the migrant communities, nongovernmental organisations and religious communities, and regional health and social welfare experts. Particular efforts have been invested into disseminating multilingual materials through different channels, including social media and webpages, key migrant community representatives, nongovernmental organisations and religious community leaders. Regional health and social welfare service providers additionally used their own channels for disseminating multilingual materials. One of the key measures taken by municipalities to disseminate information and to motivate adherence to preventive measures in practice has been community outreach work. Community outreach work has been most extensively conducted in the metropolitan region. Many other large cities have also done community outreach. This included disseminating information, distributing face masks and hand sanitisers and lowering the threshold for getting tested by positioning rotating mobile coronavirus testing points in most socially disadvantaged areas. The role of nongovernmental organizations has been pivotal in distributing multilingual and multichannel information.

The aim of this discussion paper was to examine how well the information on coronavirus preventive measures has reached different population groups using data from two population-based surveys, the Impact of Coronavirus Epidemic on Wellbeing among Foreign Born Population (MigCOVID) Survey and the Health 2017 follow-up Study. In addition to self-perceived sufficiency of information and sources of information, adherence to various preventive measures was explored. Working conditions of persons who have migrated to Finland were examined to gain a better understanding of exposures to the coronavirus in this population group.



# Methods

Sample and participants are described in Table 1. MigCOVID Survey was conducted between October 2020 and February 2021. The MigCOVID Survey is a follow-up survey to the Survey on Wellbeing among Foreign Born Population (FinMonik) that was conducted between May 2018 and January 2019 (Kuusio et al. 2020). For the FinMonik Survey, a stratified random sample of 13 650 persons was drawn from the Finnish Population Register in March 2018. Mainland Finland was divided into 24 regions and each region was assigned a pre-determined sample size. The inclusion criteria for the sample were: born abroad, both parents or the only known parent were born abroad or their country of birth was unknown, age 18–64 years, currently living in Finland and length of residence in Finland at least one year. Following exclusion of overcoverage (n=773), the final sample for the FinMonik Survey constituted of 12 877 persons. Altogether 6 836 persons participated in the survey with participation rate of 53%.

Participants in the FinMonik Survey, who gave permission for further contact as well as still lived in Finland were invited to participate in the MigCOVID Survey (n=5 259). An additional sample (n=982) of migrants born in Somalia was also included. The additional sample was drawn from the Finnish Population Register in September 2020 using simple random sampling and comparative selection criteria as in the FinMonik Survey. The MigCOVID Survey was designed to be comparable with the FinMonik Survey, as well as with other surveys on the impact of the coronavirus conducted among the general population in Finland. The aim was to examine the effect of the coronavirus epidemic and related restrictive measures on the daily life, health, quality of life and mood, as well as experiences of service use among persons who have migrated to Finland.

**Table 1. Sample and participants.**

	FinMonik/ FinHealth 2017 original sample, n	Invited to follow-up MigCOVID/ FinHealth 2017, n	Participated in follow-up MigCOVID/ FinHealth 2017, n	Participation rate	
				FinMonik/ FinHealth <sup>1</sup>	MigCOVID/ FinHealth 2017 follow-up <sup>2</sup>
Russia or former Soviet Union	3 792	1 570	1 126	29.7	71.7
Estonia	1 335	484	302	22.6	62.4
Rest of Europe, North America, Oceania	2 309	958	715	31.0	74.6
Middle East and North Africa	1 758	780	454	25.8	58.2
Africa (excl. North Africa)	1 620	1 213	317	19.6	26.1
Southeast Asia	1 209	505	323	26.7	64.0
East Asia	460	246	181	39.3	73.6
Central and South Asia	492	246	154	31.3	62.6
Latin America and others	247	137	96	38.9	70.1
Foreign origin, total	13 222 <sup>3</sup>	6 139	3 668	27.7	59.7
General population	6 799	6 799	3 490	51.3	51.3

<sup>1</sup> Participation rate in the sample in the FinMonik Survey among foreign born population and Fin-Health 2017 Study among the general population

<sup>2</sup> Participation rate among those who were invited in the MigCOVID Survey among foreign born population and FinHealth 2017 follow-up Study among the general population

<sup>3</sup> The final sample of the FinMonik Survey after overcoverage was taken into account

Data were collected with an electronic questionnaire, telephone interviews and a paper-based questionnaire sent by post. The questionnaire was available in 18 different languages: Finnish, Swedish, Russian, Estonian, Arabic, Somali, English, Sorani dialect of Kurdish, Mandarin Chinese, Persian, Dari, Polish, Turkish, Vietnamese, Thai, Spanish, Albanian and French. Participants were first sent an invitation letter by mail enclosing the link, login information and a personal password for the electronic questionnaire. Those whose telephone number was available were approached by telephone approximately three weeks after sending out the invitation letters. Those whose telephone number was not available were sent a paper-based questionnaire approximately one month after sending out the first invitation letter. Finally, approximately two and a half months later, a third letter was sent to all remaining non-respondents including the paper-based questionnaire in two languages. Data collection ended in the middle of February 2021. Both the FinMonik Survey and the MigCOVID Survey received ethical permission from the Ethical Committee of THL (THL/271/6.02.01/2018, THL/4061/6.02.01/2020).

Altogether 3 668 persons aged 20–66 years took part in the MigCOVID Survey, with participation rate of 60%. Those whose letter were returned undelivered by the post, as well as those that informed they were no longer living in Finland, were interpreted as overcoverage. The response rate was significantly higher for the original FinMonik Survey sample than for the new Somalia-born sample. In the original FinMonik sample, 67% ( $n=3\,495$ ) responded in the MigCOVID survey of those who were invited, and 28% of the entire original sample participated respectively. Meanwhile, only 18% ( $n=173$ ) of the Somali-born sample participated in the survey.

The FinHealth 2017 follow-up Study was conducted between October 2020 and January 2021. The same persons were invited to the follow-up study as in the FinHealth 2017 Study (Borodulin & Sääksjärvi 2019). The FinHealth 2017 Study sample was drawn from the Finnish Population Register as a nationally representative random two-stage sample of adults aged 18 and over ( $n=10\,305$ ). This 2017 sample was updated for the follow-up study, excluding those who had died, moved abroad or refused any further contact ( $n=9\,580$ , age 21 and over). The invitation letter included instructions to reply with the electronic questionnaire, and those who did not respond within a month were mailed a paper-based questionnaire. In addition, text message and e-mail reminders were sent and telephone contacts were sought for those whose e-mail addresses or telephone numbers were available. Telephone interviews were offered to those who were otherwise unable or unwilling to respond. From the respondents, those who were aged 21–66 years ( $n=3\,490$ , participation rate 51%) were used as the general population reference group for the MigCOVID Survey participants. The purpose of the FinHealth 2017 Study was to collect up-to-date information on the health and wellbeing, functional capacity, as well as the needs and the use of health services among the adult population in Finland, and on the factors influencing their health and well-being. The follow-up study aimed to explore how these factors have been affected by the coronavirus epidemic. The ethical approval for the FinHealth 2017 follow-up Study was obtained from the Ethics Committee II of the Helsinki and Uusimaa hospital region (HUS/2391/2020). Both the MigCOVID Survey and the FinHealth 2017 follow-up Study received THL coordinated funding for Covid-19 research included in the Finnish Government's supplementary budget.

The MigCOVID Survey participants were grouped into nine regional groups: Russia and the former Soviet Union ( $n=1\,126$ ); Estonia ( $n=302$ ); rest of Europe, North America and Oceania ( $n=715$ ); Middle-East and North Africa ( $n=454$ ); Africa (excl. North Africa,  $n=317$ ); Southeast Asia ( $n=323$ ); East Asia ( $n=181$ ), South and Central Asia ( $n=154$ ) and Latin America ( $n=96$ ). Two of the largest countries of origin (persons born in Russia and the former Soviet Union and Estonia) formed their own groups. The other groups were based on the United Nations Standard country or area codes for statistical use (M49; United Nations 2021), with the exception of the Middle East and North Africa group, which was formed to consist of the regions of West Asia and North Africa, as well as of Iran and Afghanistan, based on similarities in culture of these regions and countries. Furthermore a high proportion of

persons from West Asia, North Africa, Iran and Afghanistan arrive to Finland as refugees. Persons who have migrated from Africa (excl. North Africa) are referred to in the text as persons who have migrated from Africa from this point onwards. The presented findings are limited to 21–66 year-olds when the Health 2017 follow-up Study participants were used as the reference group. Analyses using only the MigCOVID Survey data include the full sample of the study, i.e. 20–66 year-olds.

Analysis weights were calculated to reduce the effect of non-response bias, and to take the unequal sampling probabilities into account. The response probability was first modelled separately for the original FinMonik Survey sample and the additional sample of Somali-born persons. The inverse probability weights (IPW's) were calculated using random forest method (Liaw & Wiener 2002). In the modeling for both samples, register information was used on age, sex, number of household members, number of children in the household, age at migration, length of stay in Finland, marital status, region of residence. In addition, for the modeling of the IPW's of the FinMonik Survey sample, the information on type of municipality, country of birth, education and socioeconomic status were used. The IPW's were then calibrated to match the distributions of the entire foreign born population. The variables for the calibration included age, sex and country of birth.

Results are presented as percentages with 95% confidence intervals with analysis weights applied and sampling design taken into account. All results were adjusted for age and sex using predictive margins (Graubard & Korn 1999). The relatively small group size in the Asia groups and particularly in the Latin America group has led to limitations in calculating confidence intervals for all indicators. In such cases when confidence intervals could not be calculated, this was marked with a footnote in the figures. For these descriptive analyses, the choice was made to present findings by sex even if the confidence interval could not be calculated in all cases in order to provide the reader with a more comprehensive description of the findings. Results for which confidence intervals could not be calculated should be viewed as indicative.

# Results

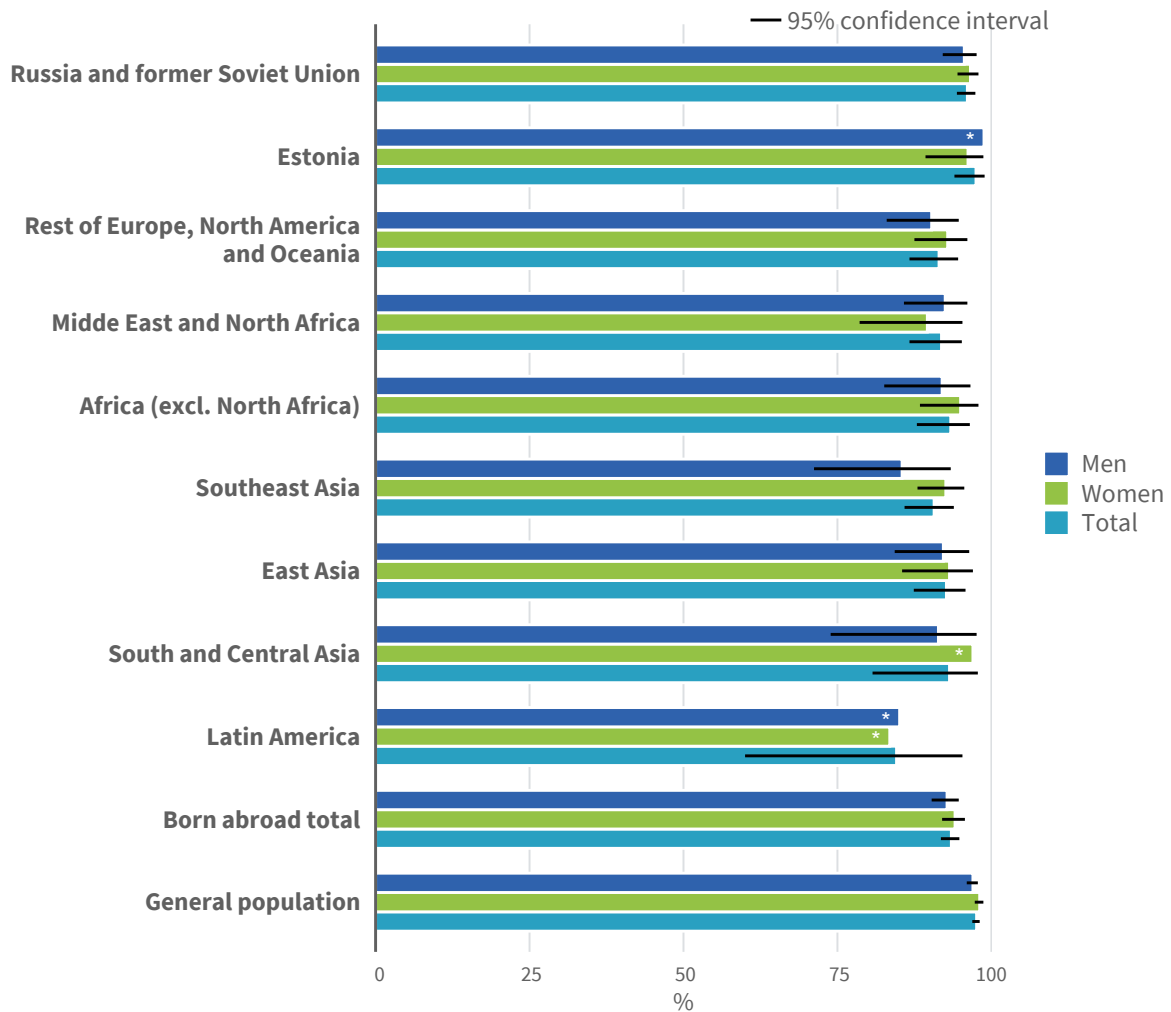
## Receiving information on coronavirus

### Access to information on coronavirus

Access to information during the coronavirus epidemic was gathered by asking participants whether they have received adequate information on how to avoid getting the coronavirus and to prevent it from spreading in both the MigCOVID Survey and the Health 2017 follow-up Study. The answer options were: 1) I have not received any information or the information I have received has been completely inadequate; 2) I have received information but I would have needed more; 3) I have received adequate information. This question was dichotomised: I have not received any information or the information I have received has been completely inadequate/I have received information but I would have needed more vs. I have received adequate information. Those who reported that they have received adequate information are reported as those who have received sufficient information. Access to information was also examined according to Finnish/Swedish language proficiency: those who had excellent command, intermediate command and starter level or none. Additionally, those who responded to have not received any information or that the information they have received has been completely inadequate are also reported separately.

A clear majority of respondents reported that they have received sufficient information on how to avoid getting infected with the coronavirus and how to prevent it from spreading. However, this was reported less often by persons who have migrated to Finland compared with the general population (94% vs. 98%; Figure 1). Persons who have migrated from Latin America had the lowest (85%), whereas persons who have migrated from Estonia had the highest (98%) proportion of those who perceived to have received sufficient information on coronavirus. Persons who had excellent command of Finnish/Swedish were significantly more likely (97%) to report that they have received sufficient information compared with those whose Finnish/Swedish was at intermediate level (92%) or at most at the beginner level (91%).

The proportion of those who reported that they have received no information or that the information they have received has been totally insufficient was very low (0.3%) among the general population, whereas the proportion was one percent among persons who have migrated to Finland. Two percent of all persons originating from Europe (excl. Estonia and Russia), North America and Oceania and one percent of persons originating from Russia and the former Soviet Union and Africa reported that the information they have received has been fully insufficient. Men who have migrated to Finland were more likely to report receiving insufficient amount of information on coronavirus than women.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 1. Those who received sufficient information on prevention of spread of the coronavirus.

### Sources of information on coronavirus

Participants were asked about the sources of information they have used to receive up-to-date information on the coronavirus epidemic. A list of possible sources was provided and participants were able to choose more than one option: 1) Finnish TV, radio, printed or digital newspaper; 2) other country's (for example country of birth) or international TV channel, radio, printed or digital newspaper; 3) Finnish authorities (for example municipality, InfoFinland.fi, THL, the Finnish Government) webpages or social media updates; 4) other country's (for example country of birth) or international authority's webpages or social media updates; 5) information or social media updates by relatives, friends and acquaintances; 6) information or social media updates by nongovernmental organisations or associations, religious or other communities; 7) other sources of information. This question was asked in the MigCOVID Survey only and therefore the data were available only for persons who have migrated to Finland.

A clear majority of persons who have migrated to Finland (91%) have sought information on the coronavirus from the Finnish media, such as TV, radio and newspaper (Figure 2). Persons who have migrated from Latin America and East Asia were most likely to use these as sources of information. Women (94%) used Finnish media as a source of information on average more often than men (89%).

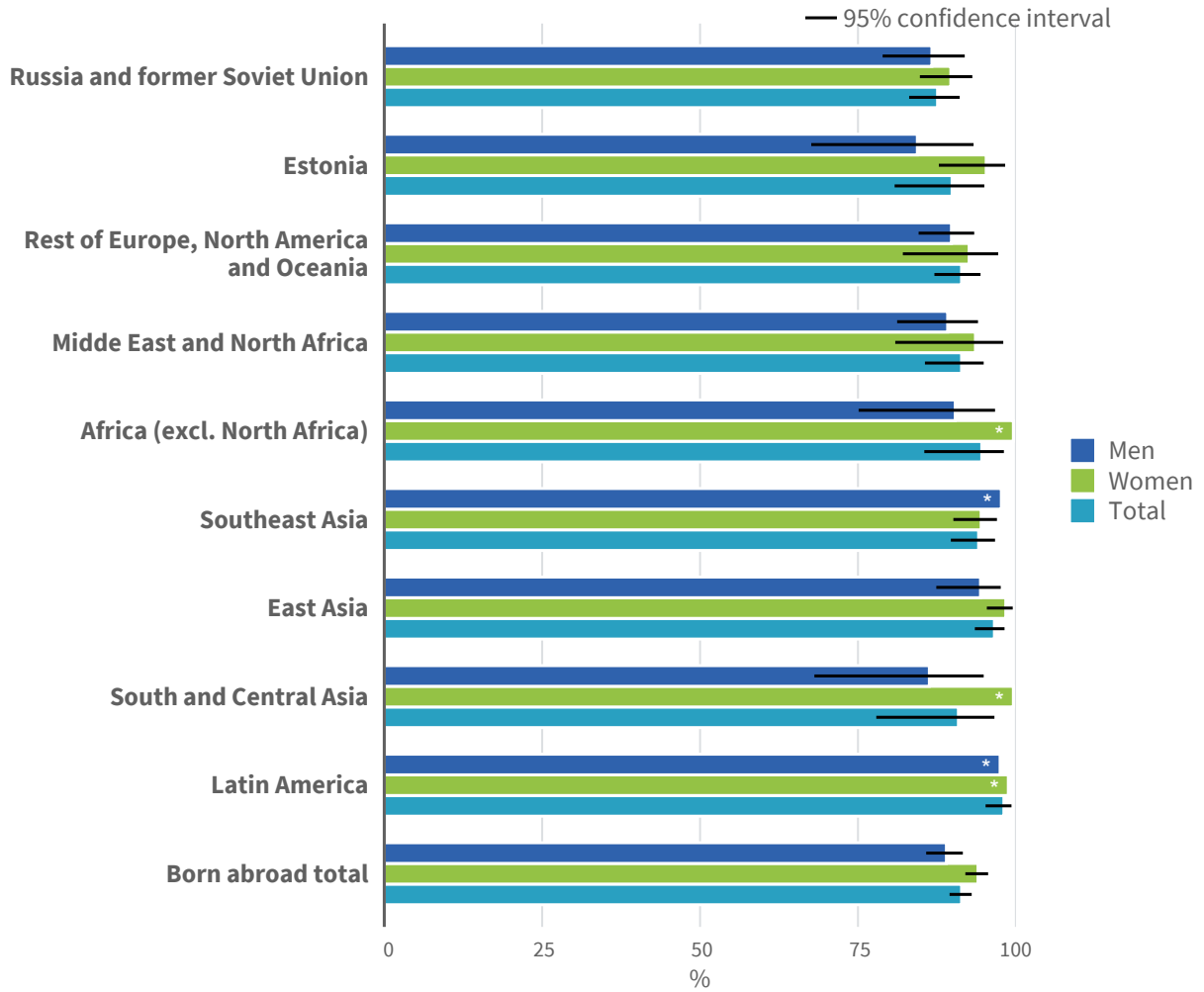


Figure 2. Those who sought information on coronavirus from Finnish media.

Approximately three quarters of respondents have sought up-to-date information on the coronavirus from the Finnish authorities, for example webpages or social media updates of the municipality, InfoFinland (official web-based information source providing multilingual information on a variety of topics related to living in Finland), THL and the Finnish Government (Figure 3). Persons who have migrated from Russia and the former Soviet Union and Estonia were least likely, whereas persons who have migrated from Africa, East Asia and Latin America were most likely to report Finnish authorities as a source of up-to-date information. The proportion of those who did not at all mention official Finnish information sources such as media and authorities was low (5%). Less than one percent of persons who have migrated from East Asia did not mention any of the official Finnish sources, whereas the proportion was seven percent among persons who have migrated from Russia and the former Soviet Union and Estonia.

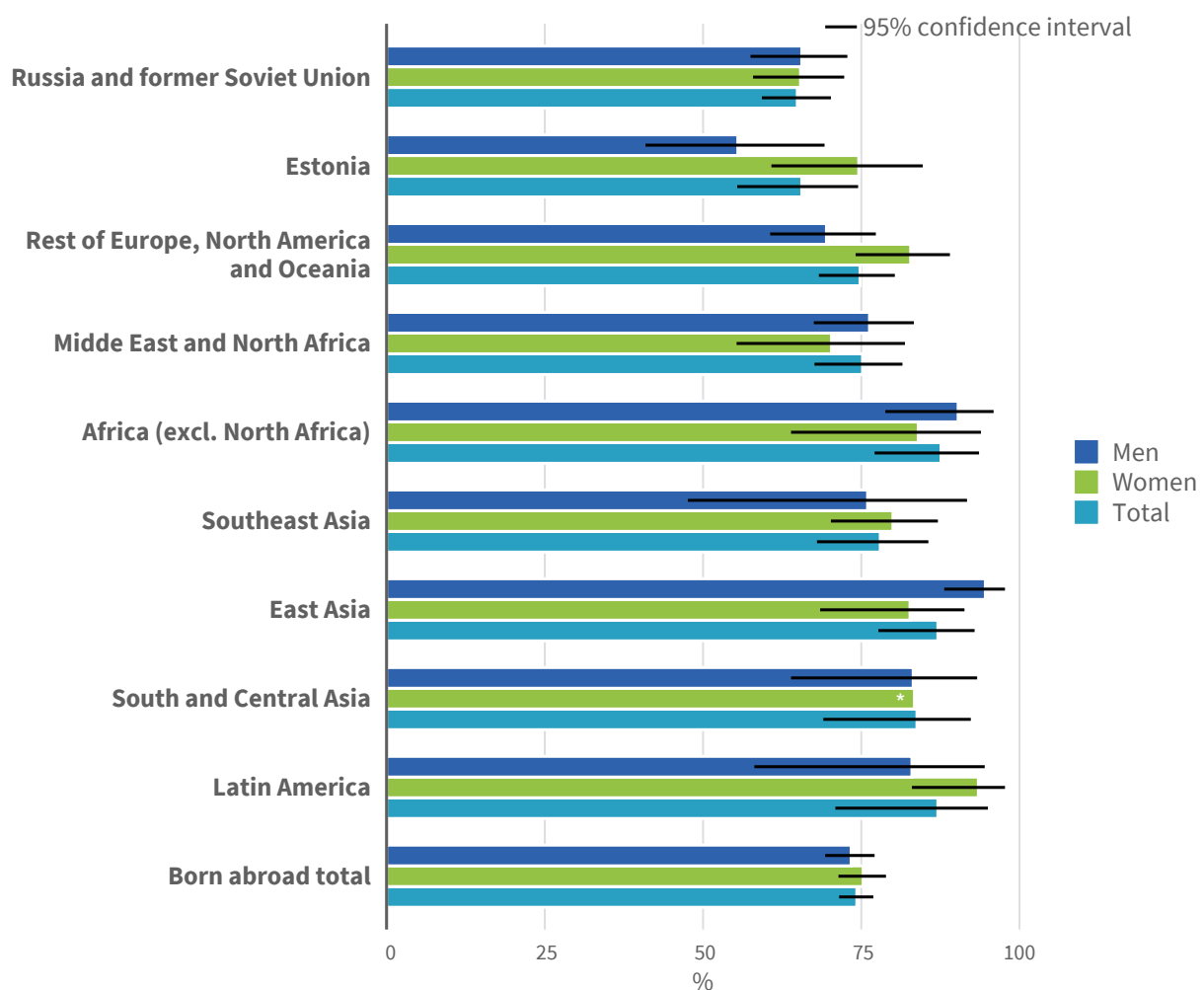


Figure 3. Those who sought information on coronavirus from Finnish authorities.

A high proportion of the respondents (85%) reported the use of another country’s (for example country of birth) or international media, such as TV channel, radio, printed or digital newspaper as a source of up-to-date information on the coronavirus (Figure 4). Persons who have migrated from Southeast Asia and Europe (excl. Russia and Estonia), North America and Oceania were most likely, whereas persons who have migrated from Russia or the former Soviet Union were least likely to rely on these sources of information.

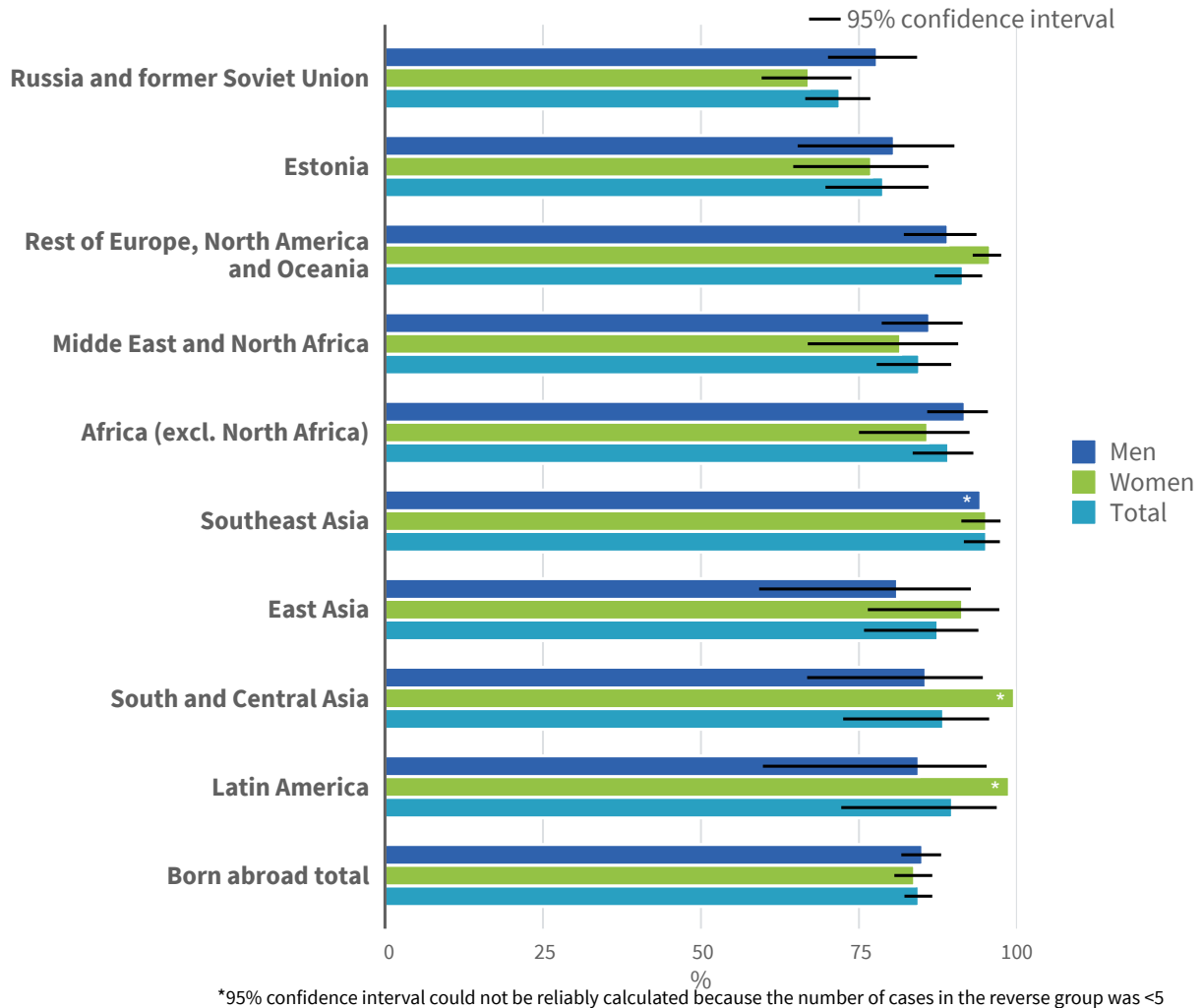
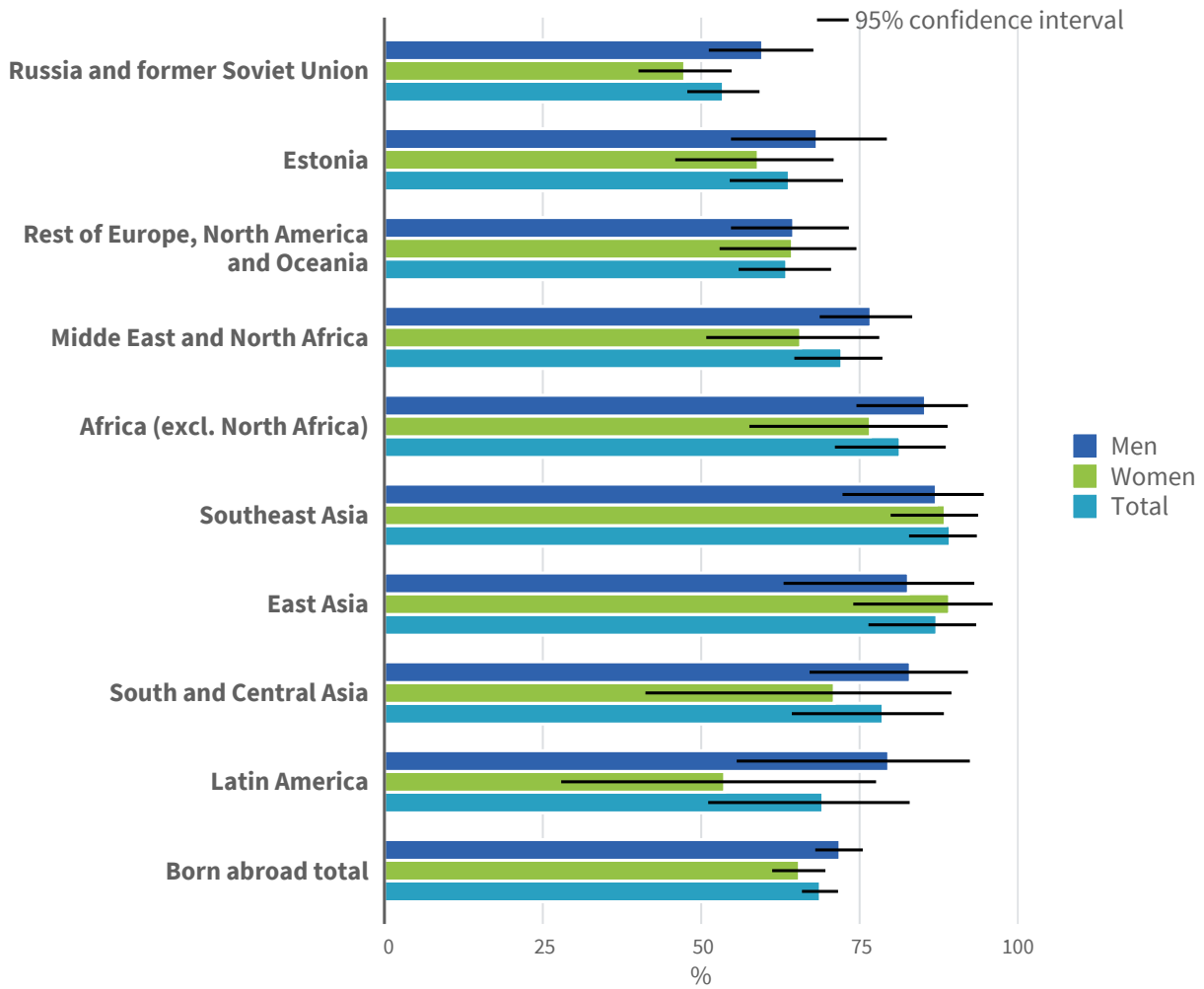


Figure 4. Those who sought information on coronavirus from another country’s or international media.



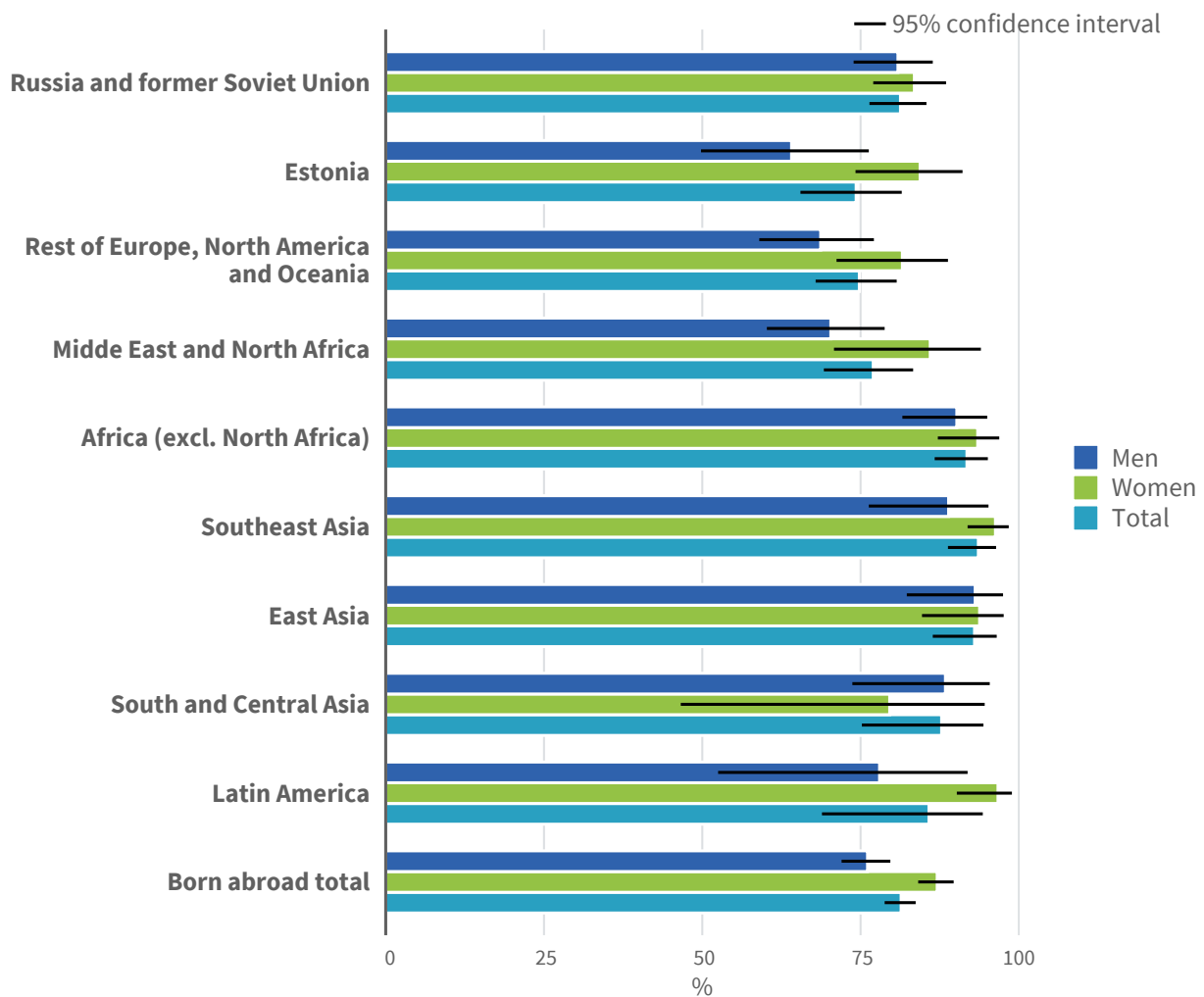
Slightly more than two thirds of respondents reported the use of another country’s (for example country of birth) or international authority’s webpages or social media updates as a source of up-to-date information on the coronavirus (Figure 5). Persons who have migrated from Southeast Asia and East Asia were most likely, whereas persons who have migrated from Russia and the former Soviet Union were least likely to use these as a source of information.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 5. Those who sought information on coronavirus from another country’s or international authorities.

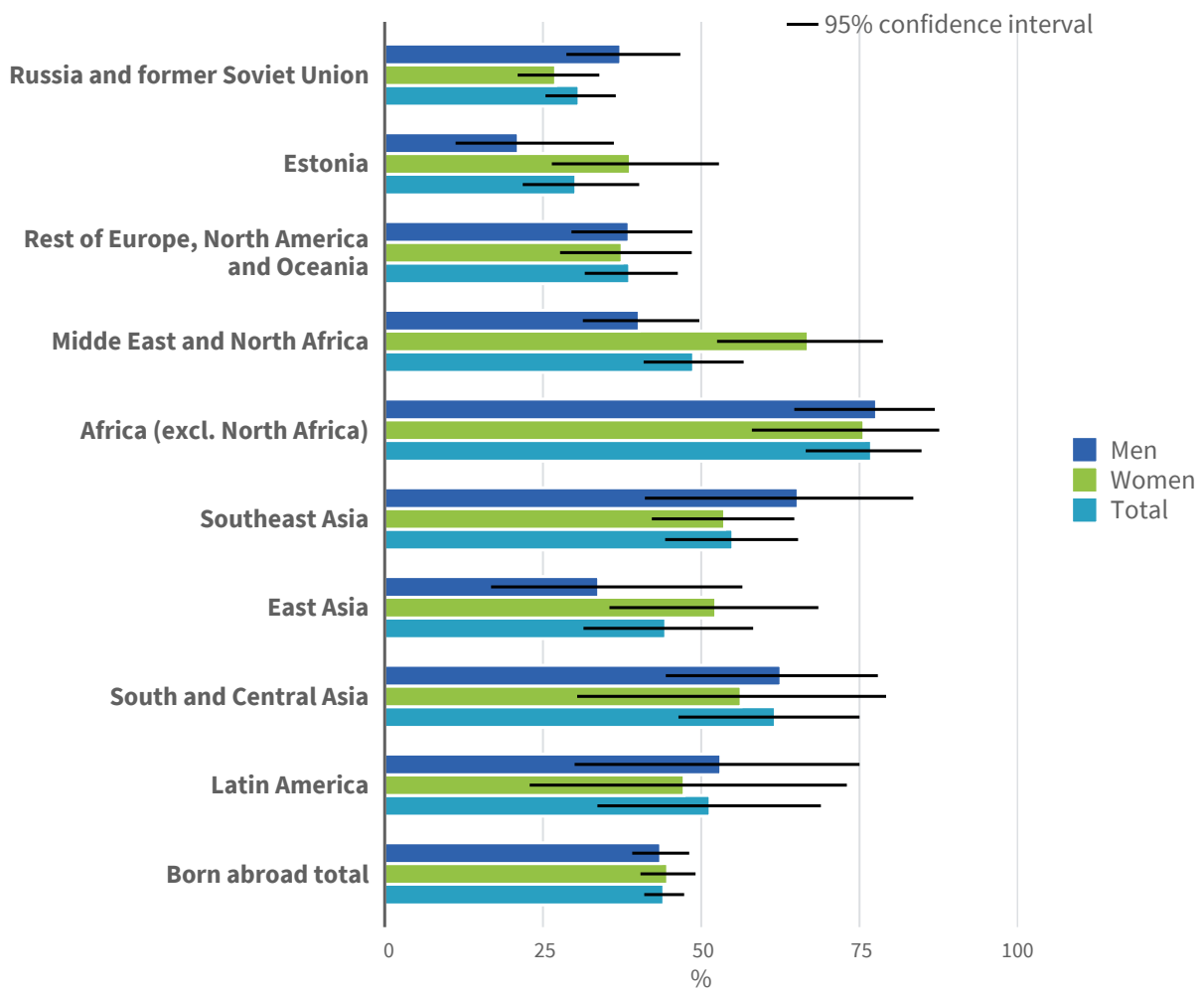
Information provided in social media by friends, relatives and acquaintances was mentioned as a source of information for 82% of the respondents (Figure 6). Persons who have migrated from Estonia and other European countries (excl. Russia), North America and Oceania were least likely, whereas persons who have migrated from Africa, Southeast Asia and East Asia were most likely to report this as a source of information. Women relied on social media information by friends, relatives and acquaintances significantly more often than men (87% vs. 76% for women and men respectively). Only a very small proportion of the respondents mentioned information provided by friends, relatives and acquaintances as the only source of information.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 6. Those who sought information on coronavirus from social media updates by friends, relatives and acquaintances.

Nongovernmental organisations or associations, or religious and other communities were mentioned as a source of information by 44% of the respondents (Figure 7). Persons who have migrated from Africa were most likely, whereas persons who have migrated from Russia and the former Soviet Union and Estonia were least likely to use these as sources of information. Statistically significant differences by sex were observed among men (40%) and women (67%) who have migrated from Middle-East and North Africa. Approximately half of the respondents reported use of also other sources of information in addition to those described above.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

**Figure 7. Those who sought information on coronavirus from nongovernmental organisations or associations, religious and other communities.**

## Adherence to preventive measures

Following preventive measures against the spread of the coronavirus was assessed by asking which measures the participants took to avoid getting infected with the coronavirus and to prevent it from spreading. Participants were provided with a list of statements: I wash my hands more frequently; I use hand sanitizer more frequently; I take care of hygiene when coughing (e.g. coughing into a disposable tissue, not coughing into hands); I stay at home if I have flu symptoms (e.g. cough, cold symptoms or sore throat); I wear a single-use mask or cloth mask during my free time (when it is not possible to avoid close contact with other people); I keep a one to two meter safety distance to other people outside of home; I do not shake hands with the people I meet; I do not travel outside of Finland. The answer options for each of the statements were: 1) Yes, I follow the instruction/recommendation; 2) I do not follow the instruction/recommendation. A joint variable “improved hand hygiene and following good coughing hygiene” was formed including those who reported following all of the three recommendations: more frequent washing of hands, more frequent use of hand sanitizer and following good coughing hygiene.

Questions on following preventive measures were asked in both the MigCOVID Survey and the FinHealth 2017 follow-up Study. Participants were also asked whether they have downloaded the Koronavilkku mobile application in both surveys. In the MigCOVID Survey participants were asked to specify the reason for not downloading the application: because the application is not available for my phone; because I don't know what it is; because the application is not available in the languages I speak; for other reasons, which? Participants were able to write the reasons why they did not download the application. Reasons for not downloading the Koronavilkku application were asked more consisely in the FinHealth 2017 follow-up Study and are therefore not comparable with the MigCOVID Survey.

On average, respondents reported high adherence to preventive measures recommended by authorities. Staying at home if one had flu symptoms was reported as a measure to avoid getting infected with coronavirus and prevent it from spreading by most of the respondents (96% among persons who have migrated to Finland and 97% among the general population; Figure 8). No differences were observed among persons who have migrated to Finland and the general population. Persons who have migrated from Estonia (92%) and Russia and the former Soviet Union (94%) were slightly less likely to report staying at home with flu symptoms than other groups. Women in the general population (98%) were more likely to adhere to this recommendation than men (95%).

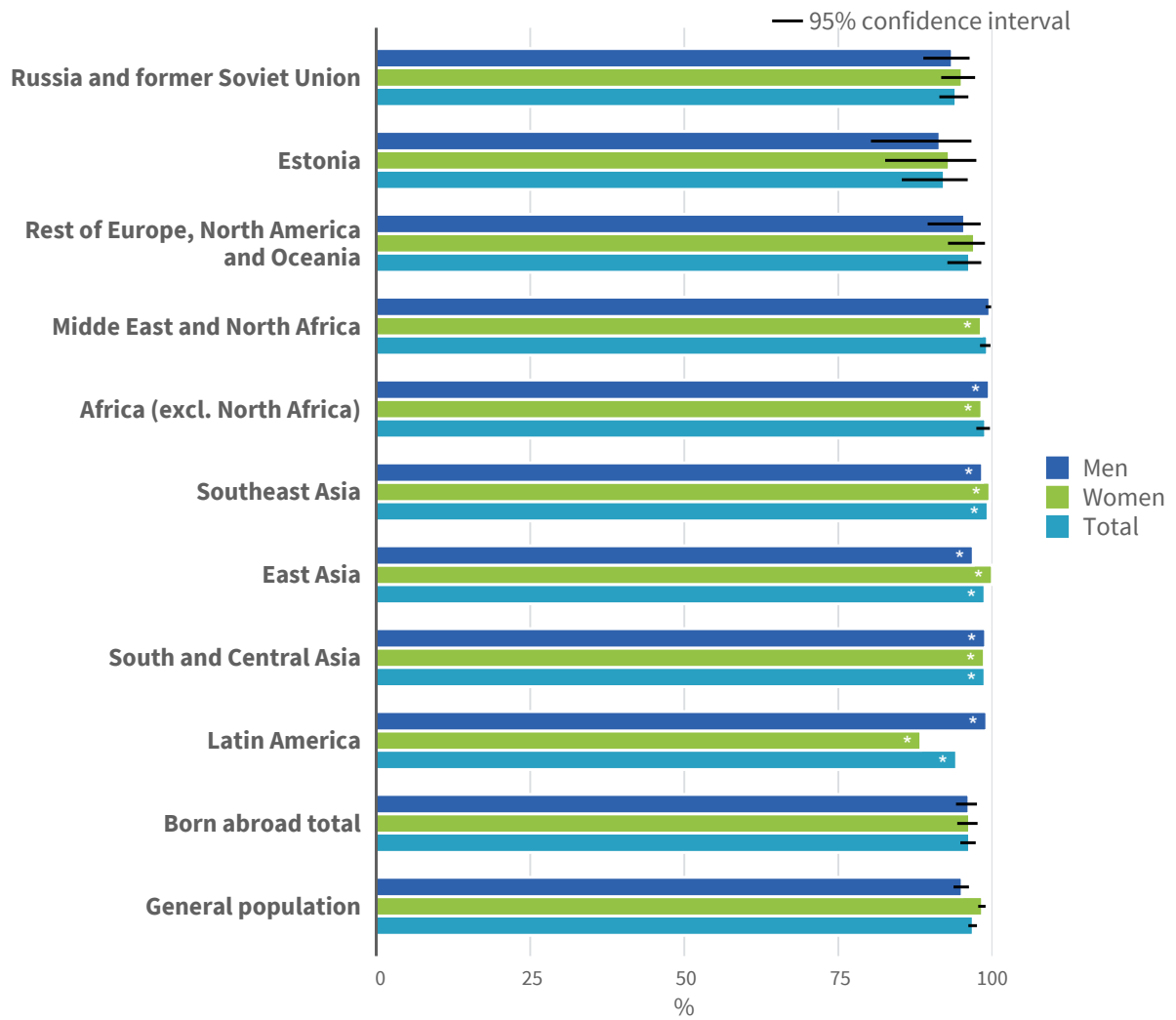
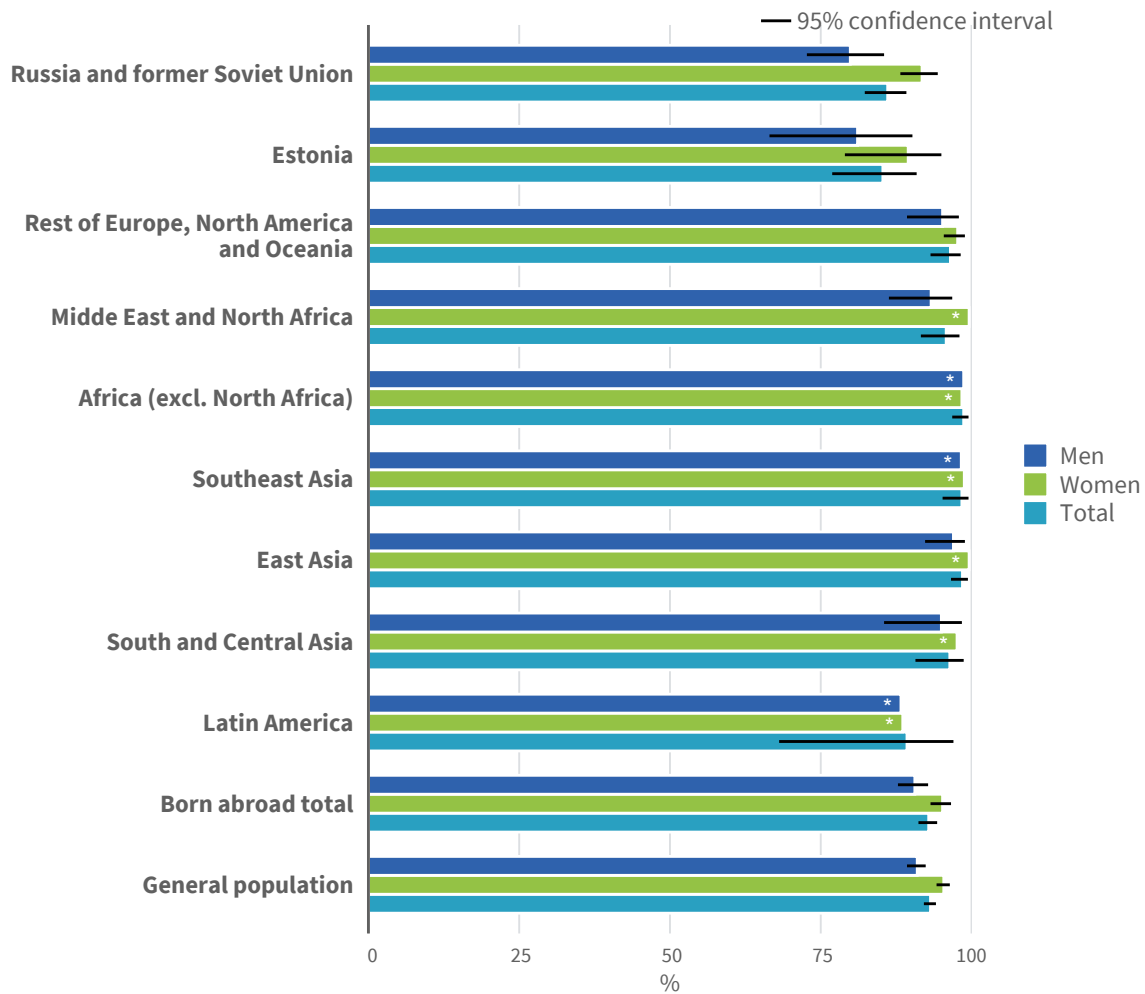


Figure 8. Those reporting staying home with flu symptoms.

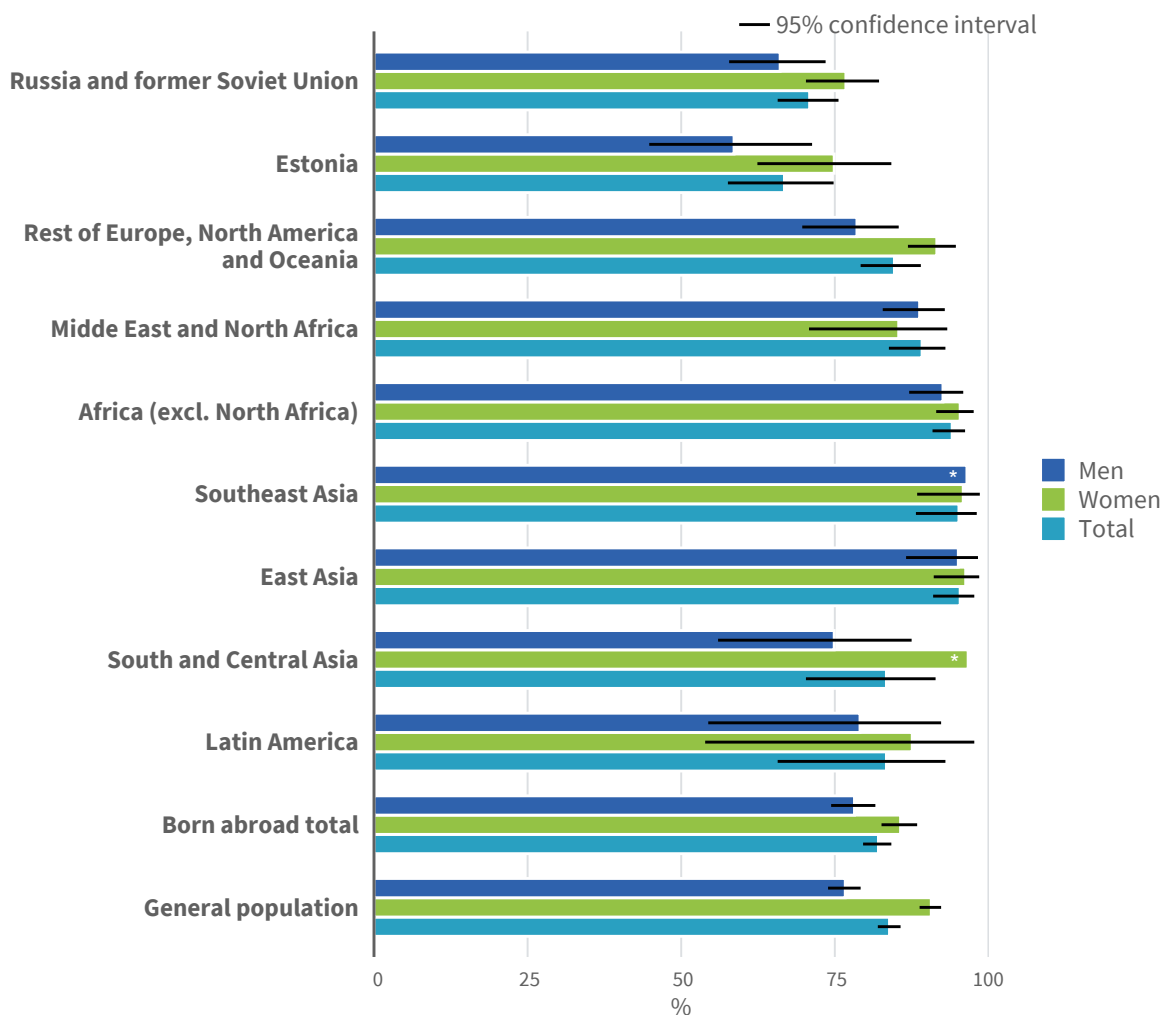
A similarly high (93%) proportion of persons in the general population and persons who have migrated to Finland reported improved hand hygiene and following good coughing hygiene (Figure 9). Persons who migrated from Africa, Southeast Asia and East Asia were most likely to report improved hand hygiene and following good coughing hygiene. Women were more likely to follow this recommendation than men. The most pronounced differences by sex were found among persons who have migrated from Russia and the former Soviet Union, with 92% of women reporting an improvement in hand hygiene and following good coughing hygiene compared with 80% of men.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 9. Those reporting improved hand hygiene and following good coughing hygiene.

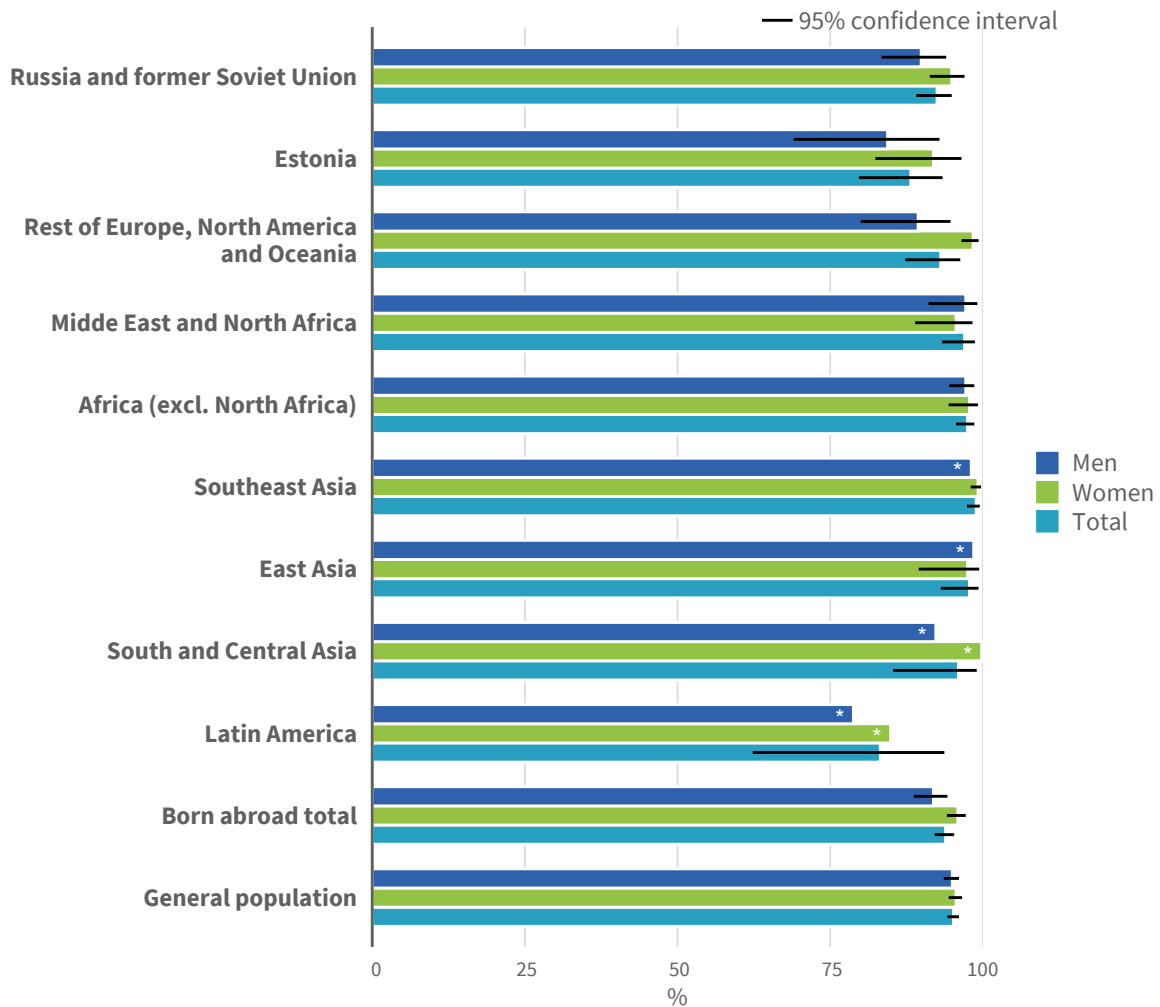
Use of a face mask was reported by 84% of persons in the general population and 82% of persons who have migrated to Finland (Figure 10). Persons who have migrated from Africa, Southeast Asia and East Asia had the highest proportion of those who reported the use of a face mask, whereas persons who have migrated from Estonia and Russia and the former Soviet Union were least likely. Women were significantly more likely to report using a face mask compared with men.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 10. Proportion of those reporting use of a face mask.

Keeping a safety distance of one to two meters to other people outside of home was reported by 94% of persons who have migrated to Finland and 95% of persons in the general population (Figure 11). Persons who have migrated from Latin America reported the lowest adherence to this recommendation (83%). Among persons who have migrated to Finland, women (96%) were more likely to adhere to this recommendation than men (92%). The differences by sex were most pronounced between men and women who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (89% vs. 98% of men and women respectively).

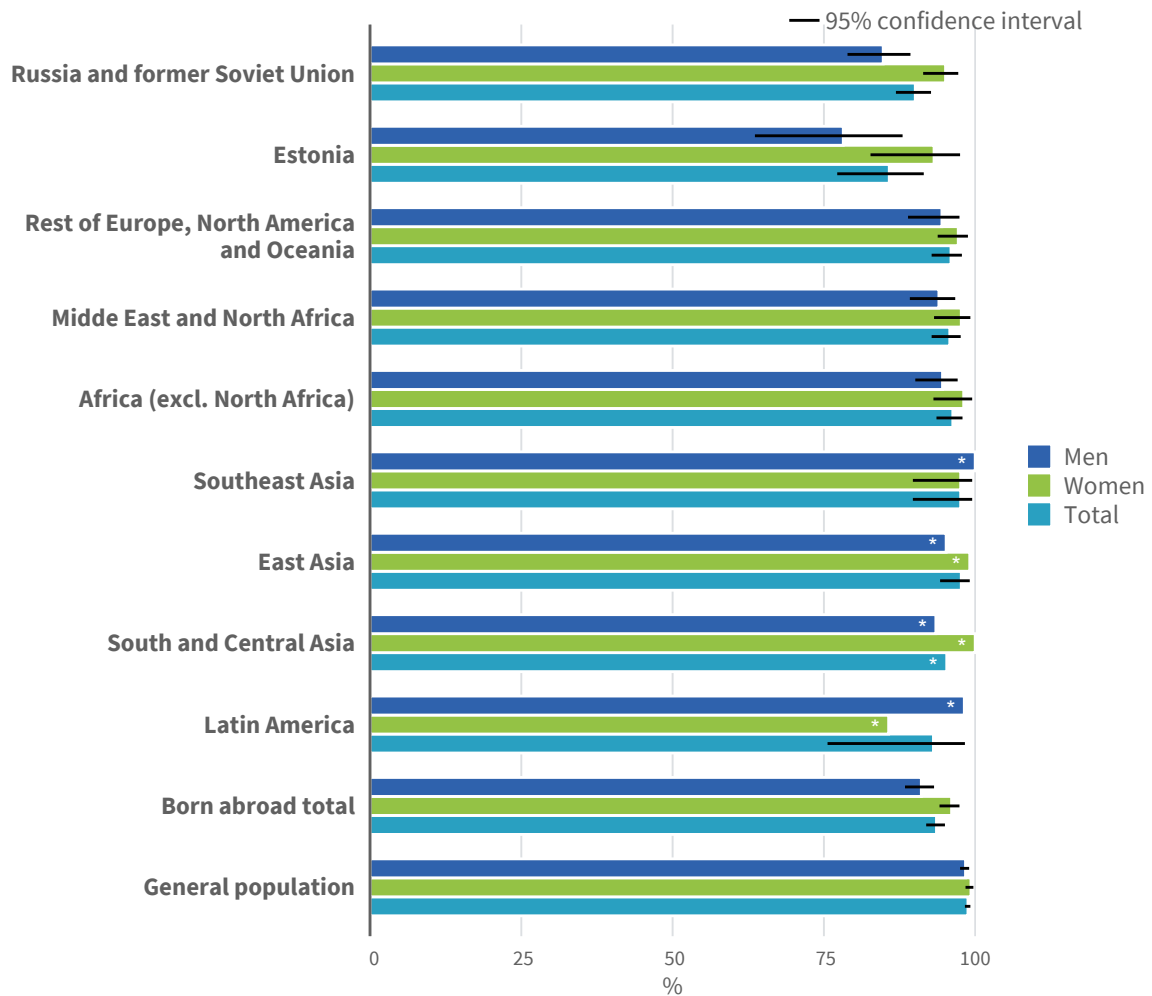


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Figure 11. Those reporting keeping a one to two meter distance to other people.



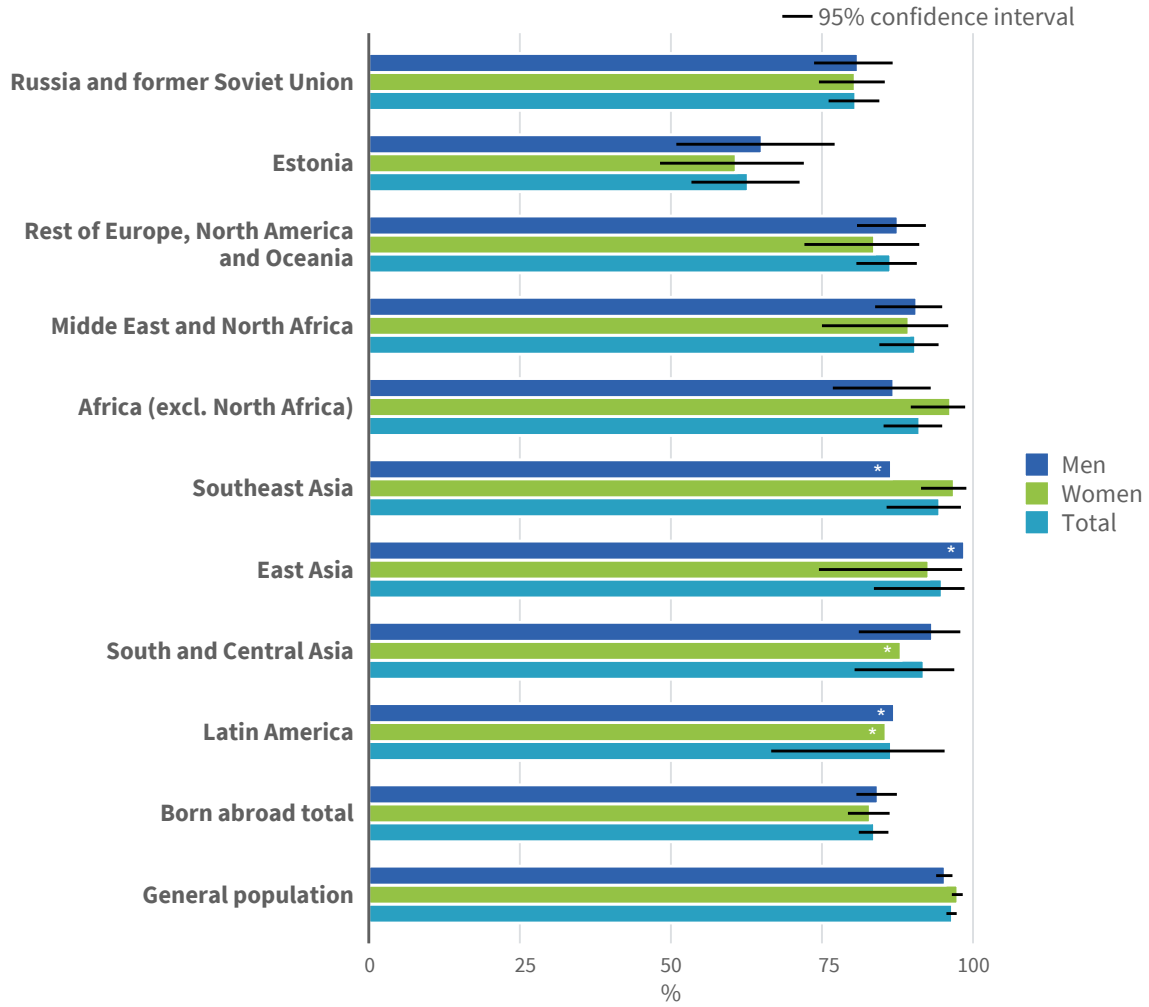
Nearly all (99%) persons in the general population reported not shaking hands with others compared with 94% of persons who have migrated to Finland (Figure 12). Among those who have migrated to Finland, women (96%) were more likely than men (91%) to avoid shaking hands. Men who have migrated from Estonia (78%) and Russia and the former Soviet Union (85%) had the lowest proportion of those reporting adherence to this recommendation.



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 12. Those reporting not shaking hands with others.

Persons who have migrated to Finland were significantly less likely to avoid traveling abroad (84%) compared with the general population (97%). Persons who have migrated from Estonia had the lowest proportion of those adhering to this recommendation (63%).



\*95% confidence interval could not be reliably calculated because the number of cases in the reverse group was <5

Figure 13. Those reporting not traveling abroad.

Persons who have migrated to Finland (43%) were significantly less likely to have downloaded the Koronavilkku mobile application compared with the general population (64%; Figure 14). The proportion of those who have downloaded the application was particularly low among persons who have migrated from Estonia (22%) and Russia and the former Soviet Union (33%). Women in the general population (68%) were significantly more likely to have downloaded the application than men (58%). Among persons who have not downloaded the Koronavilkku mobile application, reasons for not doing so included not knowing what this application is (24%), not having a smartphone (11%) and inavailability of the application in a language one masters (7%). More than half (57%) of those who did not download the Koronavilkku application stated other reasons, for example that it is not useful/necessary, adds stress, lack of social contacts, technical difficulties, and distrust towards the authorities.

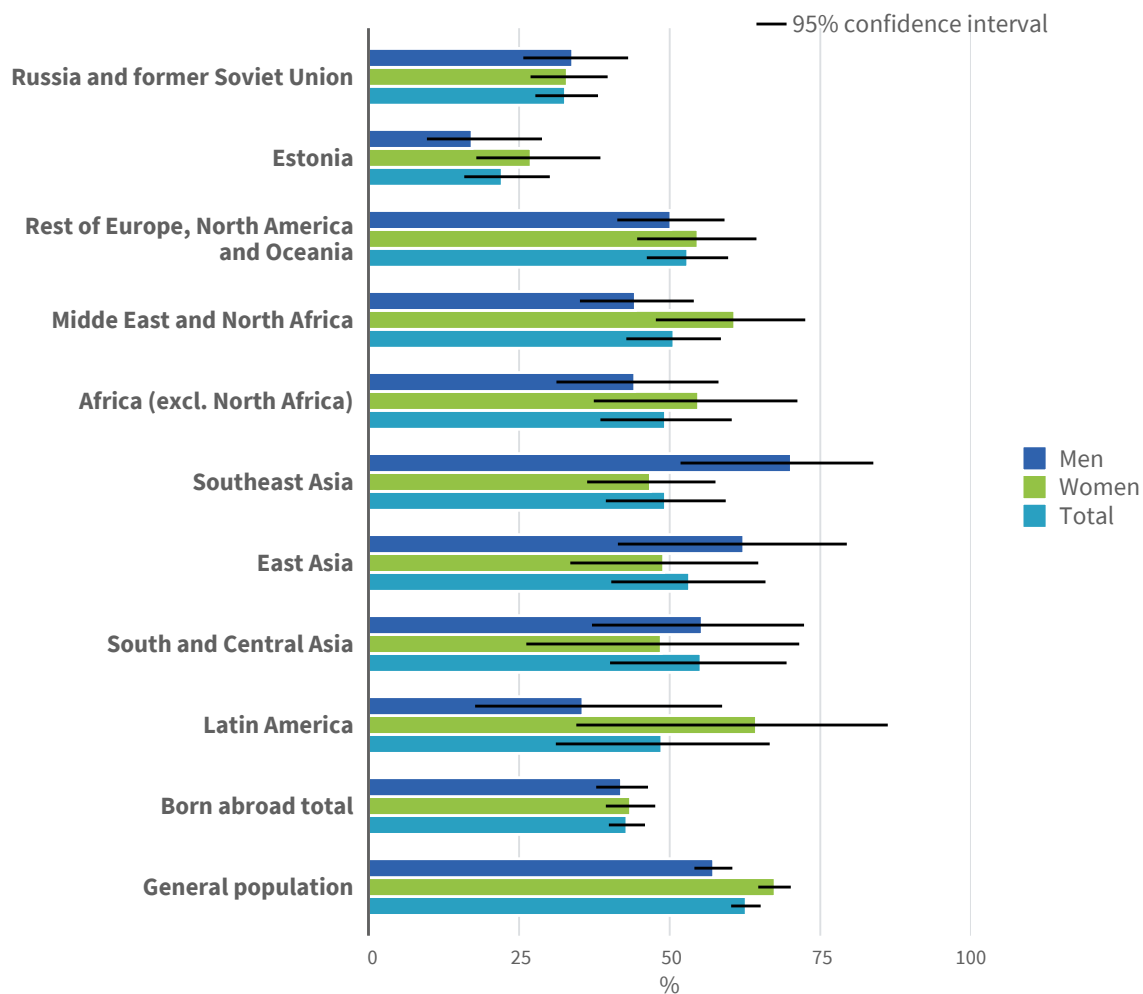


Figure 14. Proportion of persons who have downloaded the Koronavilkku application.

## Working conditions

In the MigCOVID Survey, working conditions were assessed by asking the participants which of the following statements describe their working conditions (several alternatives could be chosen): I am not working or in training; I work in healthcare, where I am in contact with clients; I am able to keep a one to two meter distance to clients if I want; I can work remotely (from home); I am able to take care of hand hygiene; I have to come to work even if I am sick. In the FinHealth 2017 follow-up Study, working conditions were formulated differently: I work in health and social services; I work in the service industry, where I cannot avoid close contact with clients and colleagues; I am not working or in training.

Persons who have responded to questions on working conditions and have not selected the answer option of “I am not working or training” were categorized as those working or in training at the point of the data collection. In both surveys, participants were asked whether remote work increased (no effect; yes, decreased; yes, increased; does not apply) as a part of a series of questions examining the impact of the coronavirus epidemic and related restrictive measures on the daily life. A more detailed examination of working conditions is presented for the persons who have migrated to Finland only due to restrictions in comparability of how the questions concerning these have been formulated in the two surveys.

Altogether 73% of persons who have migrated to Finland and 80% of persons in the general population were working or in training (Figure 15). The proportion of those working or in training was highest among persons who have migrated from East Asia and Estonia and lowest among those who

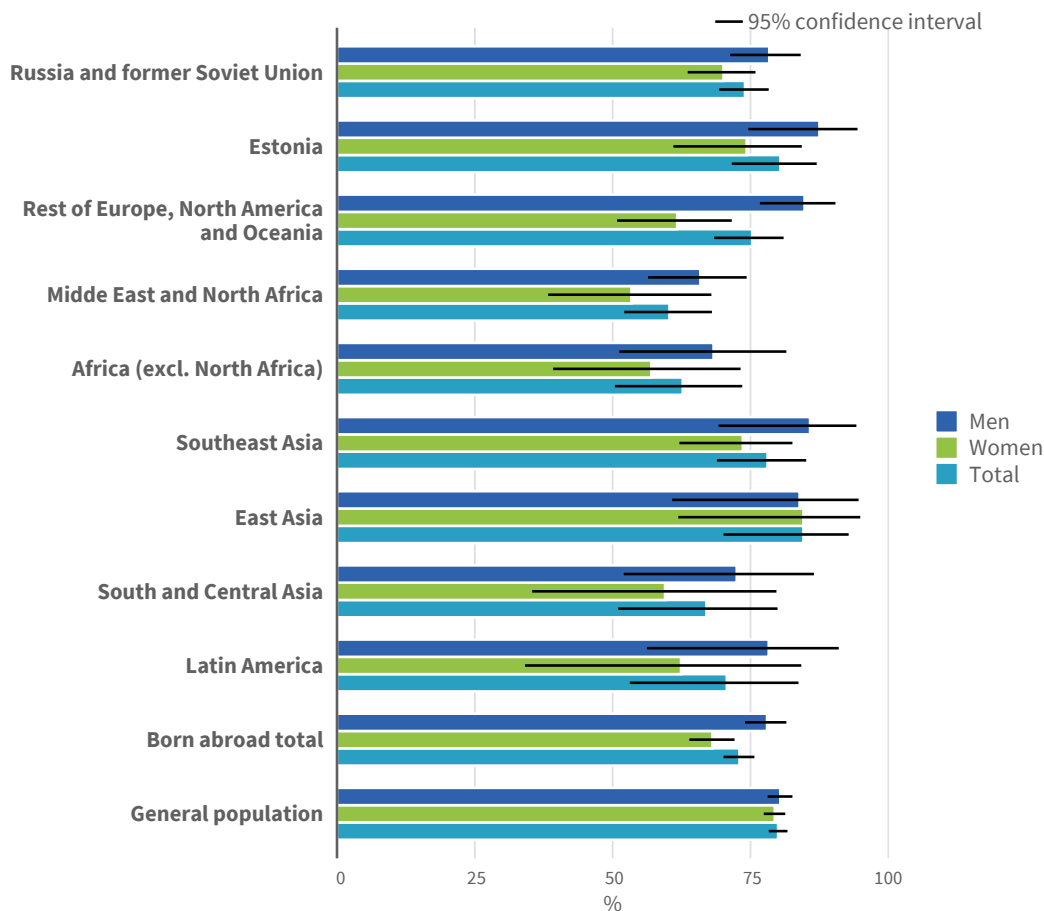
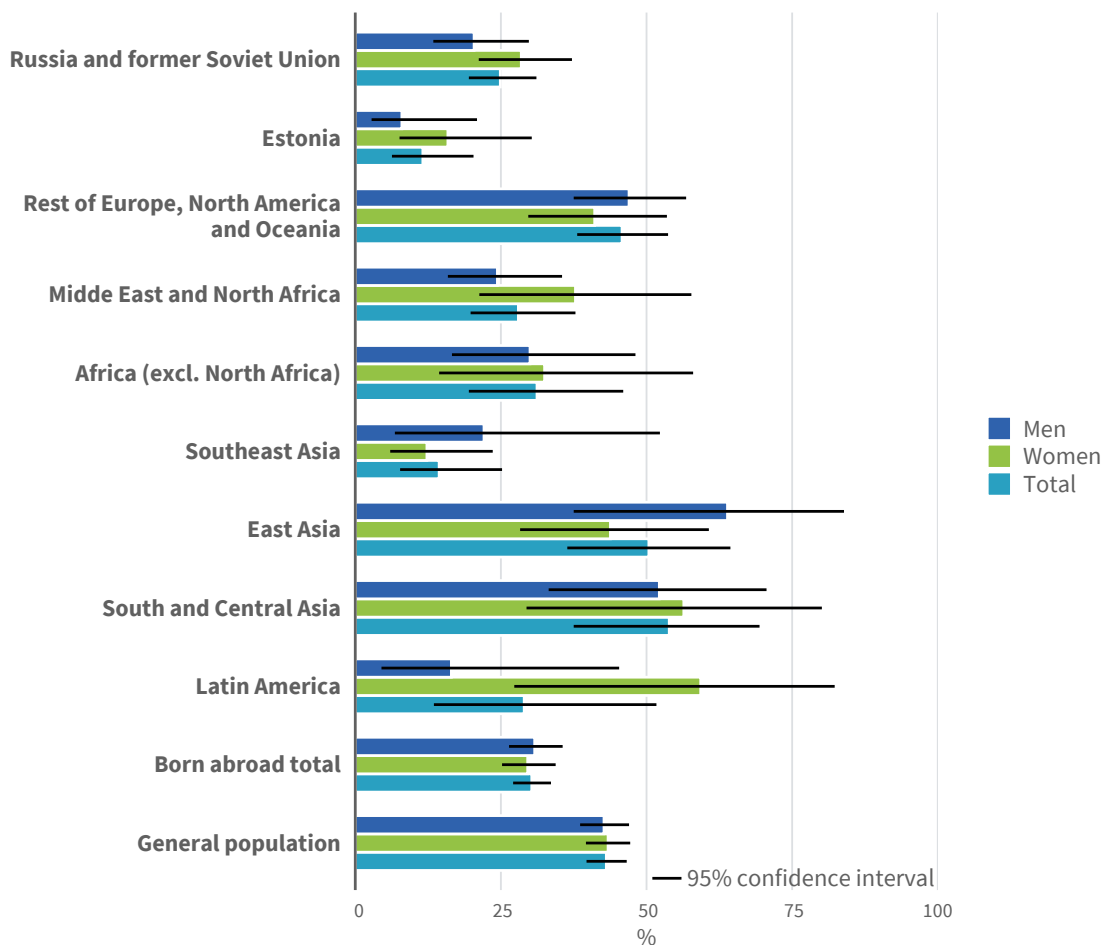


Figure 15. Those who were working or in training at the point of data collection.

have migrated from Middle-East and North Africa. Prevalence of those working or in training was similar among men who have migrated to Finland (78%) and men in the general population (80%). In contrast, the differences were more pronounced among women (68% and 79% among women who have migrated to Finland and women in the general population respectively).

Out of those who were working or in training, a significantly lower proportion of persons who have migrated to Finland (30%) reported an increase in remote work during the coronavirus epidemic compared with the general population (43%; Figure 16). Those who have migrated from East Asia and South and Central Asia were most likely, whereas those who have migrated from Estonia and Southeast Asia were least likely to report an increase in remote work.



**Figure 16.** Those reporting an increase in remote work (out of those working or in training).

As mentioned above, a more comprehensive comparison of working conditions between persons who have migrated to Finland and the general population was restricted due to limitations in comparative data. An increase in remote work is not an interchangeable concept with working predominantly from home from the perspective of the frequency and extent of exposure to the coronavirus outside of one's home. Therefore, the proportion of those who reported being able to perform their work remotely is also reported below concerning persons who have migrated to Finland.

The possibility of performing work remotely was reported by less than a third of the respondents who have migrated to Finland (Figure 17). Both men and women who have migrated from Europe (excl. Russia and Estonia), North America and Oceania, East Asia and South and Central Asia were significantly more likely to report that they were able to perform their work remotely compared with other regional groups. Only six percent of women who have migrated from Africa were able to perform their work tasks as remote work. Among those working or in training, approximately one percent reported having to come into work even if they were sick.

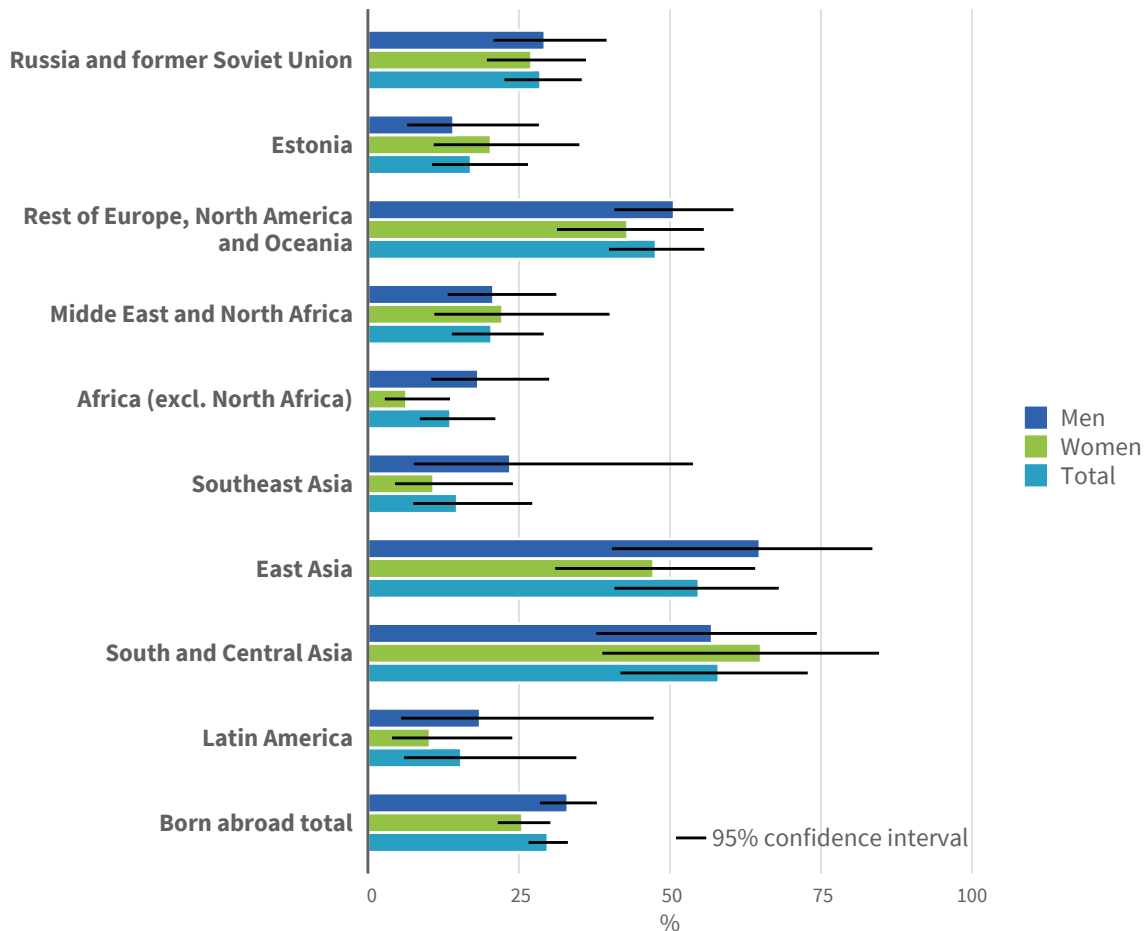


Figure 17. Those able to perform their work remotely (out of those working or in training).

Slightly more than a tenth of the respondents who have migrated to Finland and who were working or in training reported working in healthcare, where they had contact with patients (Figure 18). Persons who have migrated from Latin America and Africa had the highest proportion of those working in healthcare with patient contact (34% and 30% respectively), whereas the prevalence was lowest among persons originating from East Asia and South and Central Asia (4% and 5% respectively). As many as 60% of women who have migrated from Africa worked in healthcare. Men were significantly less likely to work in healthcare than women. Only a few men who have migrated from East Asia, South and Central Asia and Latin America reported working in healthcare with patient contact.

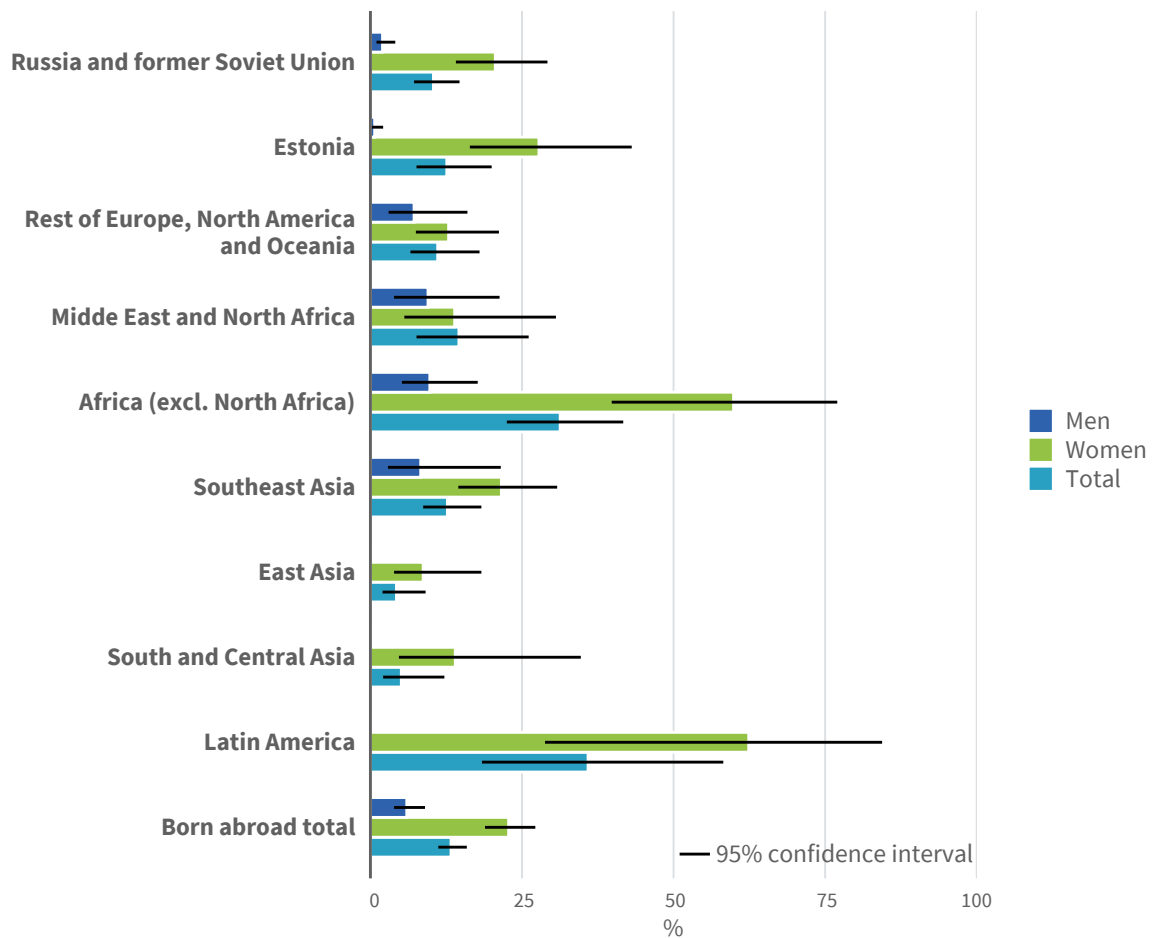


Figure 18. Those working in healthcare with patient contact (out of those working or in training).

In total, 72% of persons who have migrated to Finland reported being able to take care of good hand hygiene at work (Figure 19). Overall, those who have migrated from Russia and the former Soviet Union, Estonia and the rest of Europe, North America and Oceania had the highest degree of opportunity to take care of good hand hygiene at work, whereas persons originating from East-Asia had the lowest. Slightly more than half (56%) of all persons who have migrated to Finland were able to keep a one to two meter safety distance to others at work (Figure 20).

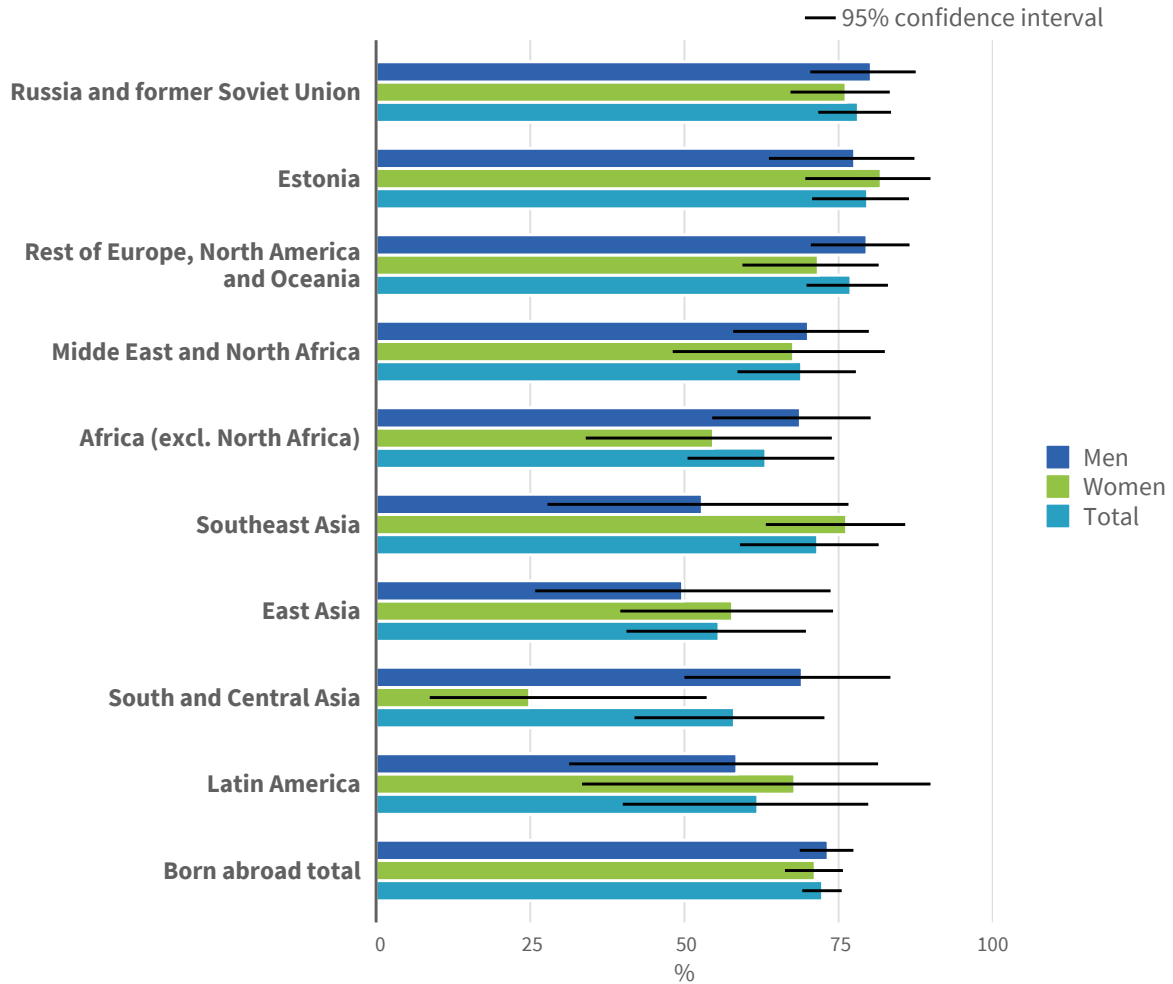


Figure 19. Those able to take care of hand hygiene at work (out of those working or in training).



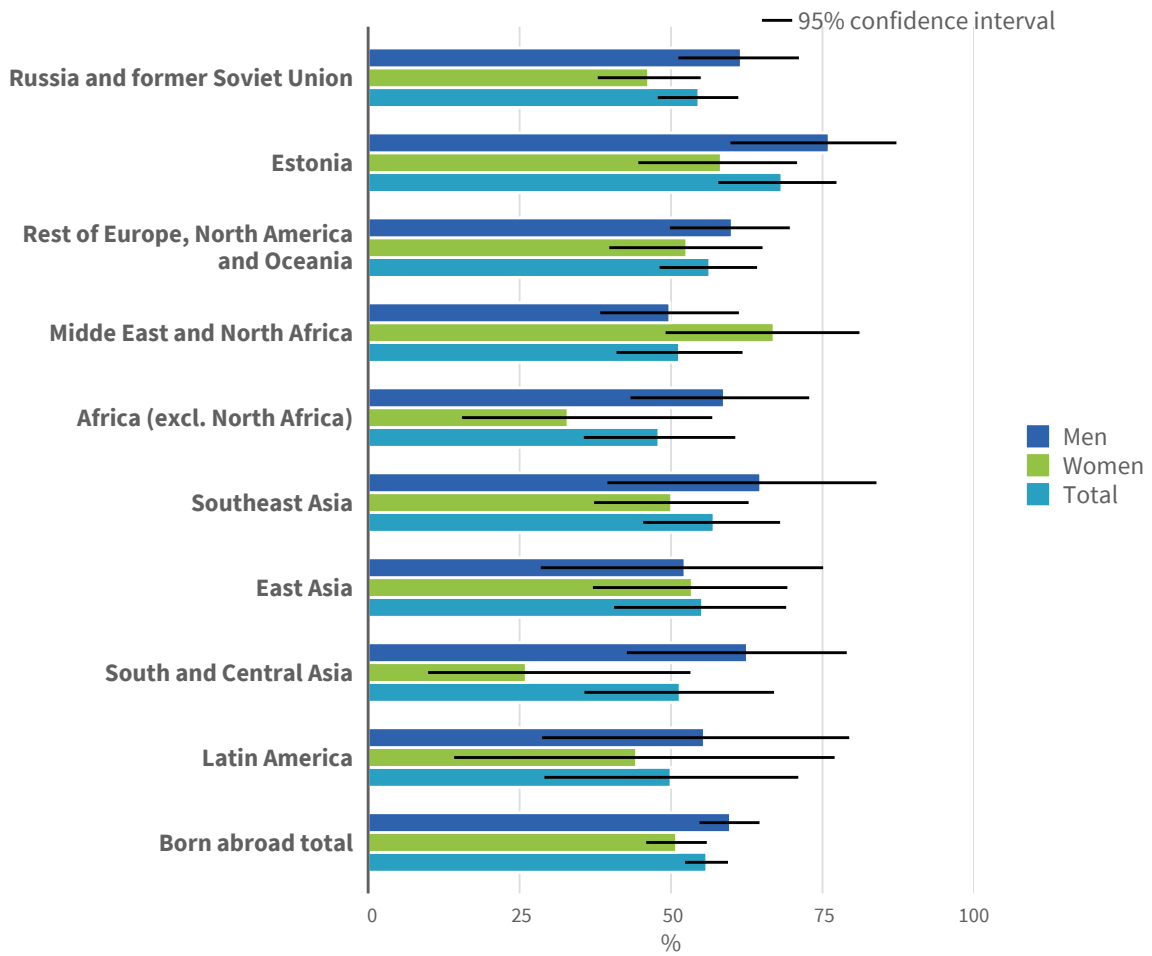


Figure 20. Those able to keep a one to two meter safety distance at work (out of those working or in training).

# Discussion

Persons who have migrated to Finland had generally felt they have received sufficient information on how to avoid getting the coronavirus and to prevent it from spreading. Perceived sufficiency of information was significantly associated with Finnish/Swedish language proficiency. Interestingly, the difference was already observed between those who spoke Finnish/Swedish at excellent compared with intermediary level. This may be due to the fact that information on the coronavirus was perceived as relatively complex to understand and hence required advanced language skills. Findings point to the need for strengthening the use of simple language and to the continuous need for multilingual materials especially when information is updated and specified. It should be also noted that self-perceived sufficiency of information does not automatically mean that the information was received as initially intended by the authorities, nor that all of the key messages necessary for making adequate behavior choices have been internalised or put into practice.

One percent of persons who have migrated to Finland reported that the information they have received has been fully insufficient. This is a similar finding as in the global ApartTogether Survey conducted by the World Health Organisation (WHO 2020), where two percent of persons of migrant origin reported they have not received any information they trust or understand. The respective proportion in the FinHealth 2017 Survey was 0.3%. It may be that the proportion of those who have not received sufficient information is, in fact, somewhat higher than that reported both by persons who have migrated to Finland and the general population. While persons belonging to marginalised socially vulnerable groups tend to be at a greater risk of not receiving adequate health information, they also are less likely to participate in surveys.

A substantial majority of participants used Finnish official sources, such as the official media and authorities for receiving up-to-date information on coronavirus. However, participants also frequently reported using another country's sources. While one of the reasons for the use of another country's sources may be seeking information in one's own mothertongue, there may be significant variations in the stage of the epidemic and the authorities' recommendations in different countries. There may also be significant variations in the reliability of information provided by sources in other countries. Friends, relatives and acquaintances' updates in social media were also important sources of information. While these may be a significant resource, it should also be kept in mind that there is a possibility of misinformation in social media, even though it may be initially unintentional. Furthermore, while many friends, family members and acquaintances providing this information may live in Finland, it is also likely that at least some rely on information provided by those who live in a different country. As mentioned above, the current situation in another country and related recommendations may differ from those in Finland.

The role of nongovernmental organisations and associations, religious and other communities was also considerable. Some groups relied on these significantly more than others. For example, more than two thirds of persons who have migrated from Africa reported using nongovernmental organisations and associations, religious and other communities as a source of information. It is likely that these findings reflect the important role that nongovernmental organisations and religious communities have played in Finland in disseminating multilingual up-to-date information on the coronavirus. Some nongovernmental organisations, such as the Finland-Somalia Association, also had separate funded projects that have disseminated culturally adapted information, did extensive community outreach work, as well as work against misinformation (Finland-Somalia Association 2021). Approximately half of the

persons who have migrated to Finland reported other sources of information in addition to the sources mentioned above. Unfortunately, this question was non-specifiable in the questionnaire.

Use of all of the abovementioned sources of information on coronavirus was significantly higher than those reported by participants in the ApartTogether Survey (WHO 2020). In the ApartTogether Survey, 80% reported following news in the current country of residence, 60% from social media, 50% from friends and family, 43% from news in the country of birth and 20% from nongovernmental organisations. The observed differences with the findings of the MigCOVID Survey may, for example, reflect differences in the study design and sampling, differences in the composition of participants based on the country of birth, as well as a variety of contextual factors.

Majority of respondents reported high adherence to some of the key preventive measures that authorities have addressed in high-profile national public campaigns in Finland. The differences between persons who have migrated to Finland and the general population were rather small, even when they were statistically significant. On average, adherence to such key recommendations as staying home with flu symptoms, improvement in hand hygiene and following good coughing hygiene, keeping a safety distance to other people and use of a face mask did not differ significantly among persons who have migrated to Finland compared with the general population. Women had a generally higher adherence to preventive measures. Even though the use of a face mask is also a key measure promoted in public campaigns, it was mentioned less frequently than staying home with flu symptoms, keeping a safety distance to other people and improvement in hand hygiene and following good coughing hygiene. In Finland, the recommendation to use a face mask came later than in many other countries, approximately at the point when the MigCOVID Survey and the FinHealth 2017 follow-up Study were launched. Therefore, adherence to this preventive measure may have increased since the point when majority of the respondents took part in the surveys.

According to a panel survey commissioned by THL in December 2020 among persons in the general population aged 18–74 years, 93% of respondents took care of good hand hygiene, 90% kept a safety distance, 88% used a face mask, 73% stayed at home with flu symptoms and 61% had downloaded the Koronavilkku mobile application as preventive measures against the spread of the coronavirus (results not published). While the proportion of those who have downloaded the Koronavilkku mobile application and took care of good hand hygiene were very similar to our findings in the general population, the use of a face mask was slightly higher, whereas keeping a safety distance was slightly lower among the participants in the panel survey. Particularly significant differences were, on the other hand, found with regard to staying home with flu symptoms (73% in the panel survey, 95% among FinHealth 2017 follow-up Study participants and 94% among the MigCOVID Survey participants).

Compared with the general population, persons who have migrated to Finland had a generally lower adherence to some recommendations, such as avoiding shaking hands with others, avoiding traveling abroad and downloading the Koronavilkku application. While it has been generally recommended not to travel abroad since the start of the coronavirus epidemic, there was more flexibility in traveling for example during the summer months of 2020. Persons who have migrated from Russia and the former Soviet Union and Estonia were more likely to have traveled abroad than other groups. Proximity of countries of origin to Finland may have significantly influenced the likelihood of traveling, especially since many are likely to have close friends and family in the country of origin. Some may also have ageing relatives in the neighbouring countries who may require regular care.

As many as a quarter of persons who have migrated to Finland reported they did not know what the Koronavilkku application is. Additionally, some participants reported technical difficulties in downloading the application. Distrust in the authorities was also a reason for not downloading the application. These findings point to a clear need for targeted campaigns aiming at dissemination of information on the benefits, privacy protection and practical information on how the application can be

downloaded among persons who have migrated to Finland. Additionally, structural barriers to downloading the application were mentioned. For example, some mentioned language barriers, whereas others did not have a smartphone necessary for downloading the application.

Differences in adherence to preventive measures were also observed when these were examined by region of origin of the respondents. Persons who have migrated from the Middle-East, Africa and Asia reported similar or higher adherence to preventive measures concerning staying home with flu symptoms, improvement in hand hygiene and following good coughing hygiene, keeping a safety distance to other people and the use of a face mask compared with the general population. On average higher adherence to preventive measures among persons from Middle-East, Africa and Asia may be related to intensive multilingual and multichannel campaigning by authorities, nongovernmental organisations and associations, as well as religious and other communities. Additionally, since overrepresentation of persons who have migrated to Finland in the diagnosed cases of coronavirus has been repeatedly in the media in Finland, this may have also increased awareness for the need to uptake preventive measures in these population groups.

The finding that persons who have migrated from Estonia reported generally the lowest adherence to preventive measures is, to an extent, contradictory with the finding of high self-perceived sufficiency of information on coronavirus and preventive measures. As discussed above, knowledge does not necessarily mean that it is transferred into practice. Further actions motivating adherence to recommendations are clearly needed. It is also possible that lower adherence to preventive measures particularly among persons who have migrated from Estonia is related to a variety of circumstances, such as working environment and ability to adhere to preventive measures at work. A large proportion of men who have migrated to Finland from Estonia work in the construction industry, where working conditions or joint accommodations at construction sites may not adequately support adherence to preventive measures. Lack of adequate measures taken especially in the construction industry have been discussed lately in the Finnish media as well. If it is not possible to adhere to preventive measures at work, then it may not seem particularly meaningful to adhere to them during leisure time either.

Persons who have migrated from Russia and the former Soviet Union have also reported lower adherence to some of the preventive measures, such as using a face mask, improvement in hand hygiene and good coughing hygiene, avoiding shaking hands with others, avoiding traveling and downloading the Koronavilkku application compared with most other regional groups and the general population. Persons who have migrated from Estonia and Russia and the former Soviet Union may travel to their country of origin and spend a considerable amount of time in a country where the extent of preventive measures and the general public attitudes towards the coronavirus tend to differ from those in Finland. It is possible that some do not perceive the risk to be significant for them personally. On the other hand, it should be emphasised that majority of persons also from Estonia and Russia and the former Soviet Union did adhere to preventive measures. Findings of this study merely suggest that a larger proportion of persons in these groups still need to be motivated to adhere to some of the key preventive measures.

In consistency with previous studies, the proportion of persons who were working or in training was similar among men and lower among women when comparing persons who have migrated to Finland and the general population (Larja & Sutela 2015, Martelin et al. 2020). Persons who have migrated to Finland were significantly less likely to report an increase in remote work compared with the general population, reflecting the greater likelihood of persons of migrant origin to be working in, for example, the service industry, healthcare, and construction (Sutela 2015). Working conditions could be examined in more detail only among persons who have migrated to Finland due to lack of comparative data on the general population. A very low proportion of women who have migrated from Africa and Latin America were able to perform their work from home. Simultaneously, a very high proportion of women in these groups worked in healthcare with patient contact. By far not all could take care of good hand

hygiene at the workplace. Only half of participants were able to keep a safety distance to other people at work. All these work-related factors are likely to have a major impact on the extent of exposures to coronavirus at the workplace and hence the risk of infection.

The strength of both surveys are random sampling and the rather good response rates, as well as the ability to minimise bias through the use of sampling weights in the analyses, that take into account key sociodemographic characteristics of the respondents. There may still be several sources of bias, especially concerning the results on adherence to the preventive measures. These apply most likely similarly to both the MigCOVID Survey and the FinHealth 2017 follow-up Study. First, there may be selection bias among the respondents. Those who have more positive attitudes towards authorities and are more interested in health issues are generally more likely to participate in surveys. Second, there may be some reporting bias in the respondents' tendency to report behavior that is socially acceptable and is in accordance with the authorities' recommendations. Third, the answer options "yes/no" may oversimplify the behavior of respondents in practice. There may have been differences in how participants in different regional groups chose to respond to the question on adherence to preventive measures in cases when they often, but not always adhered to the measure. Results presented here may give somewhat of an overestimation of adherence to the recommendations in the studied groups and in both surveys.

In conclusion, results of the MigCOVID Survey suggest that the joint efforts by authorities, non-governmental organisations and religious communities have been successful in disseminating up-to-date information on coronavirus and preventive measures in the sense that a clear majority of respondents reported that they have received sufficient information on the coronavirus situation and preventive measures. However, it should be kept in mind that in addition to having the information, individuals need to also implement it in practice through adherence to preventive measures. Generally, findings of this study indicated relatively good adherence to some of the key preventive measures both among persons of migrant origin and the general population, although some points of concern were also observed. Findings of this study on adherence to preventive measures should be viewed as indicative due to potential reporting bias. The ongoing third wave of the epidemic in Finland and the concerning number of positive coronavirus cases daily both among the general population and among persons who have migrated to Finland point to the need for continuous dissemination of information to remind the public to adhere to preventive measures, as well as for intensive community outreach actions to persuade the public to implement the recommendations in practice. Findings of this study pointed to a variety of adverse conditions at work for people who have migrated to Finland that may predispose to a greater risk of exposure to coronavirus. In the future, more focus should be given to disseminating up-to-date information and recommendations at the workplaces.

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# Appendices

Abstract in Easy Language (Finnish)

Abstracts in 15 languages: Albanian

Arabic

Dari

Estonian

French,

Mandarin Chinese,

Persian

Polish

Russian

Somali

Sorani dialect of Kurdish

Spanish

Thai

Turkish

Vietnamese

## **Tutkimus maahan muuttaneiden ihmisten tiedon saannista, ohjeiden noudattamisesta ja työoloista koronaepidemian aikana**

Terveyden ja hyvinvoinnin laitos teki tutkimuksen Suomeen muuttaneista ihmisistä koronaepidemiassa.

Tutkimus selvitti, saavatko maahan muuttaneet ihmiset tarpeeksi tietoa koronaviruksesta.

Tutkimus selvitti myös,

millaisissa oloissa maahan muuttaneet ihmiset työskentelevät koronaepidemian aikana ja noudattavatko he viranomaisten ohjeita.

Viranomaisten ohjeita ovat esimerkiksi käsien peseminen ja turvavälien pitäminen.

Tutkimuksessa verrattiin maahan muuttaneiden ihmisten ja muun väestön tilannetta.

Maahan muuttaneilla ihmisillä voi olla suurempi riski saada koronavirus kuin muilla ihmisillä.

Riski voi johtua siitä, että maahan muuttaneet ihmiset eivät saa tarpeeksi tietoa koronaviruksesta.

He saattavat myös asua tai työskennellä paikassa, jossa koronavirusta on enemmän.

### **Maahan muuttaneet ihmiset saivat tietoa ja noudattivat ohjeita pääosin hyvin**

Tutkimuksessa selvisi, että suurin osa maahan muuttaneista ihmisistä sai riittävästi tietoa koronaviruksesta.

Maahan muuttaneet ihmiset myös noudattivat ohjeita pääosin hyvin.

- He jäivät kotiin, jos heillä oli flunssa.
- He pesivät enemmän käsiään ja yskivät hihaan tai nenäliinaan.
- He pitivät turvavälejä muihin ihmisiin.

Joitakin ohjeita maahan muuttaneet ihmiset noudattivat vähemmän kuin koko väestö keskimäärin.

- He matkustivat enemmän ulkomaille.
- He käyttivät vähemmän kasvomaskeja.
- He latasivat muita harvemmin Koronavilkku-sovelluksen.



Naiset noudattivat ohjeita yleensä useammin kuin miehet.  
Tämä koski maahan muuttaneita ja koko väestön naisia.

Vain joka kolmas maahan muuttaneista ihmisistä  
teki enemmän etätöitä kuin ennen.  
Hieman yli puolet maahan muuttaneista ihmisistä oli työssä,  
jossa ei voi pitää turvavälejä muihin ihmisiin.

### **Miten tietoa voi saada paremmin?**

Jos suomen tai ruotsin kielen taito on heikko,  
tiedon saaminen on vaikeampaa.  
Sen vuoksi koronaviruksesta pitää kertoa useammin selkokielellä.

Maahan muuttaneet ihmiset tarvitsevat tietoa monella eri kielellä.  
Maahan muuttaneet ihmiset tarvitsevat tietoa  
myös monesta eri paikasta,  
esimerkiksi verkkosivuilta ja sosiaalisesta mediasta.

Maahan muuttaneet ihmiset tarvitsevat tietoa erityisesti silloin,  
kun koronavirukseen liittyvät ohjeet muuttuvat.

### **Miten tartuntoja voi vähentää työpaikalla?**

Työnantajien täytyy järjestää työt niin,  
että työtä voi tehdä mahdollisimman turvallisesti.  
Työntekijällä pitää olla esimerkiksi mahdollisuus pestä käsiä usein  
ja pitää turvaväliä muihin ihmisiin.

Työnantajien täytyy neuvoa työpaikalla,  
miten koronavirusta voi ehkäistä.  
Työnantajien täytyy myös valvoa,  
että työntekijät noudattavat ohjeita.  
Näin ehkäistään koronaviruksen leviämistä työpaikoilla.

## Qasje në informacione, respektimi i rekomandimeve zyrtare dhe i kushteve të punës gjatë kohës së epidemisë së koronavirusit – rezultatet hulumtuese të projektit MigCOVID ndaj popullësisë me prejardhje emigrante

Pranimi i informacioneve aktuale të besueshme dhe të mjaftueshme, është shumë me rëndësi gjatë situatave me kriza, sikurse kjo gjatë kohës së pandemisë globale të koronavirusit (Covid-19). Përveç sigurimit të qasjes në informacione, është me rëndësi t'i kushtohet vëmendje faktit që informata e rritë motivimin për respektimin e masave parandaluese. Disa nga grupet e popullsisë mund të jenë më të dëmtuara se grupet tjera në situata krize. Kjo mund të jetë për shkak të vështërsive në qasje të informatave apo për shkak të asaj që në këto grupe antarët e tyre janë më të ekspozuar ndaj infeksionit me koronavirusin sesa antarët në grupeve tjera për shkak të strukturës së tyre jetësore (kushtet e punës, kushtet e jetës, etj).

Qëllimi i punës së dokumentuar këtu është të vlerësoj qasjen në informacione, respektimin e masave parandaluese dhe kushteve të punës për popullsinë emigrante duke i përdorur të dhënat nga materjali hulumtues i realizuar nga Instituti kombëtar për shëndetësi dhe mirëqenje lidhur me ndikimet e Epidemisë së koronavirusit në mirëqenjen e personave (20-66 vjeç) me prejardhje emigrante (MigCOVID n= 3 668, niveli i pjesëmarrjes në hulumtim 60%). Si informacione referente përdoren të dhënat që mund të jenë të krahasueshme mes veti nga hulumtimi përcjellës FinTerveys 2017 për grupmoshat e njëjta nga e tërë popullsia (n=3490, përgjigjja e pjesëmarrësve në hulumtim 51 %), për atë që sa ka pasur mundësi të ketë qasje në këto të dhëna.

Shumica e qartë e personave nga popullsia emigrante (94 %) si dhe nga e tërë popullsia (98 %) kanë raportuar se kanë pasur qasje në informata të mjaftueshme për koronavirusin dhe për masat parandaluese ndaj infeksionit. Personat emigrant që kanë njohuri të shkëlqyeshme të gjuhës finlandeze dhe suedeze, kanë treguar se kanë pasur qasje në informata të mjaftueshme më shpesh (97 %) sesa ata që njohuria e gjuhës ishte e nivelit mesatar (92 %) apo më së shumti (91 %) për ata në nivelin fillestar të gjuhës. Pjesëmarrësit në hulumtim treguan se i kanë respektuar masat parandaluese kryesisht mirë, veçanrisht duke qëndruar në shtëpi me simptoma të gripit (nga popullsia emigrante 96 % dhe nga e tërë popullsia 97 %), kanë zbatuar në masë efektive higjienën e duarve dhe kanë zbatuar higjienën të mirë të kollitjes (93 % nga të dy grupet e popullsisë), si dhe kanë mbajtur distancë sigurie (nga popullsia emigrante 94 % dhe nga e tërë popullsia 95 %). Niveli i raportimit për përdorimin e maskave të fytyrës ka qenë më i ulët (nga popullsia emigrante 82 % dhe nga e tërë popullsia 84 %).

Prej rekomandimeve që më së paku u respektua, nga popullsia emigrante, ishte të shmangurit nga udhëtimet jashtë vendit (popullsia emigrante 84 % dhe nga e tërë popullsia 97 %) si dhe shkarkimi i aplikacionit Koronavilkku në telefon (popullsia emigrante 43 % dhe nga e tërë popullsia 63 %). Në këto dy gjëra u vrejten poashtu dallime të konsiderueshme mes grupeve të popullsisë emigrante të ardhur nga vende të ndryshme. Gratë i respektojnë rekomandimet më shpesh se burrat. Personat e ardhur në Finlandë (30 %) kanë raportuar në masë të konsiderueshme më pakë sesa e tërë popullsia (43 %) se puna nga distanca është shtuar si pasojë e epidemisë së koronavirusit. Rreth një e katërta e femrave me prejardhje emigrante që ishin në punë apo në ushtrimin e profesionit, kanë punuar në shërbimin shëndetësor, ku kishin takuar klientë. Pjesëmarrja e grave nga Afrika në krahasim me grupet tjera këtu ishte më e lartë (60 %). Pakë më shumë se gjysma (56 %) e të punësuarve apo në ushtrimin e profesionit nuk kanë arritur me e mbajtë distancën e sigurisë në punë. Për higjienën e mirë të duarve kanë pasur mundësi me u kujdesë 72 % e atyre që ishin të punësuar apo në ushtrimin të profesionit.

Përjetimi i situatës së qasjes në informata të mjaftueshme dhe në respektimin e masave parandaluese, nga ana e tyre, ishte pothuaj i mirë. Lidhja mes qasjes së mjaftueshme në informata dhe nivelit të njohjes së gjuhës finlandeze apo suedeze, e thekson si të nevojshme përdorimin e gjuhës së të folurit të qartë në kanalet informative. Informimet shumë gjuhësore dhe në shumë kanale janë të nevojshme në masë të veçantë atëherë kur rekomandimet përditësohen apo plotësohen gjatë kohës së epidemisë së koronavirusit. Është e mundur, që në përgjigjëjet e raportuara për respektimin e rekomandimeve të ketë në njëfarë mase edhe përgjigjëje të gabuara sikurse nga ana e popullsisë emigrante ashtu edhe nga e tërë popullsisë. Nëse faktorët që ndërlidhen me kushtet e punës e shtojnë rrezikun e infeksionit, dhe këta faktorë nuk mund të eliminohen plotësisht, punëdhënsi duhet t'i kushtoj më tepër vëmendje organizimit të punës në kushte më të volitshme, të bëjë kontrollin ndaj respektimit të këshillave dhe udhëzimeve duke zvogluar ekspozimet e panevojshme ndaj infeksionit me koronavirusin në vendet e punës.

**Fjalët kyçe:** koronavirusi (Covid-19), emigrimi nga vendet e jashtme, veprimet parandaluese të infeksionit

## المُلخَص

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Sofia Achame, Anu E. Cataneda. Access to information, preventive measures and working conditions during the coronavirus epidemic - findings of the population-based MigCOVID Survey among persons who have migrated to Finland. [الحصول على المعلومات والالتزام بتوصيات السلطات وظروف العمل أثناء فترة وباء فيروس كورونا - نتائج بحث السكان - MigCOVID المخصص للمنتقلين إلى البلد (المهاجرون)].

الحصول على المعلومات المعاصرة والموثوق فيها والكافية، يُعتبر مهماً أثناء حالات الأزمات، كفترة الوباء العالمي كورونا (Covid-19) التي تجتاح العالم كله. بالإضافة لذلك من المهم للتأكد من توفر المعلومات لفت الاهتمام إلى أن المعلومة تزيد الحافز للالتزام بالإجراءات الوقائية. بعض الفئات السكانية من الممكن أن تكون في وضعية أكثر ضعفاً من الفئات الأخرى أثناء حالات الأزمات. من الممكن أن يكون سبب ذلك هو المشاكل المتعلقة بالحصول على المعلومات أو أن الأشخاص الذين يتبعون إلى هذه الفئات مُعرضين للإصابة بالعدوى بفيروس كورونا بقدر أكثر من الآخرين لمختلف الأسباب التركيبية (على سبيل المثال ظروف العمل، ظروف السكن).

هدف ورقة العمل هذه هو تقييم مدى توفر المعلومات والالتزام بالإجراءات الوقائية وظروف العمل بخصوص السكان الذين انتقلوا إلى البلد، من خلال استخدام البحث الذي أنجزته مؤسسة الصحة والرفاهية بخصوص تأثيرات وباء كورونا على رفاهية المولودين في الخارج (MigCOVID تقريباً = 3668، مدى المشاركة 60%) المواد (الذين تبلغ أعمارهم 20 - 66 سنة). بخصوص تلك الأجزاء عندما تكون مُتاحة معلومات قابلة للمقارنة، نستخدم كمواد للمقارنة لوصف كل السكان مواد بحث المتابعة FinTerveys 2017 بخصوص السكان من نفس العمر (تقريباً = 3490، مدى المشاركة 51%).

أبلغت الأغلبية العظمى بشكل واضح من الأشخاص الذين انتقلوا إلى البلد (94%) وكذلك كل السكان (98%) بأنهم يحصلون على معلومات كافية عن فيروس كورونا وعن الفعاليات لمنع انتشار العدوى. أبلغ أولئك الأشخاص الذين انتقلوا إلى البلد ولغتهم الفنلندية أو السويدية ممتازة، بأنهم يحصلون على معلومات كافية بشكل واضح (97%) أكثر من أولئك الذين مهارتهم اللغوية متوسطة (92%) أو أولئك الذين مستواهم اللغوي كحد أقصى مبتدئين (91%). قال المجيبون بأنهم التزموا بالفعاليات الوقائية بشكل جيد من الناحية الرئيسية، على وجه الخصوص بقائهم في البيت عندما تكون لديهم أعراض إنفلونزا (المنتقلين إلى البلد 96% وكل السكان 97%)، وقاموا بتنظيف نظافة الأيدي والتزموا بشكل جيد بنظافة السعال (93% من فئتي السكان كليهما)، وكذلك التزامهم ببعُد المسافة الآمنة (بخصوص المنتقلين إلى البلد 94% وكل السكان 95%). تم إبلاغ بشكل أقل بقليل بخصوص استخدام الكمامة (بخصوص المنتقلين إلى البلد 82% وكل السكان 84%).

المنتقلون إلى البلد يلتزمون بقدر أقل بالتوصيات بخصوص تجنب السفر إلى الخارج (بخصوص المنتقلين إلى البلد 84% وكل السكان 97%) وكذلك تحميل تطبيق (Koronaviilkku) في الهاتف (بخصوص المنتقلين إلى البلد 43% وكل السكان 63%). تمت ملاحظة بخصوصهم اختلافات مهمة فيما بين المنتقلين إلى البلد من مختلف المناطق. تلتزم النساء بالتوصيات بقدر أكثر من الرجال. أبلغ (30%) من المنتقلين إلى فنلندا بقدر أقل من كل السكان (43%) بخصوص زيادة العمل عن بُعد بسبب وباء كورونا. تقريباً ربع النساء المنتقلات إلى البلد ويعملن أو لديهن تدريب عملي، يعملن في مجال الرعاية الصحية حيث أنهن يقابلن الزبائن هناك. كان من الواضح أن الجزئية المماثلة هي الأكبر (60%) بخصوص النساء اللاتي انتقلن من أفريقيا مقارنة مع باقي المجموعات. أكثر من النصف بقليل (56%) من العاملین أو المتدربين لم يستطيعوا الإبقاء على بُعد المسافة الآمنة أثناء عملهم. استطاع أن يعتني بالنظافة بشكل جيد في مكان عملهم 72% من الذين يعملون أو يتدربون.

شعروا بأن الوضع جيد تقريباً بخصوص كفاية الحصول على المعلومات والالتزام بالفعالية الوقائية. تمت ملاحظة وجود علاقة فيما بين كفاية المعلومات ومستوى اللغة الفنلندية أو السويدية، حيث أن ذلك يُشدد على الحاجة لاستخدام اللغة الواضحة بخصوص مواد التواصل. هناك حاجة إلى التواصل متعدد اللغات ومتعدد القنوات على وجه الخصوص عند تحديث التوصيات أو تدقيقها أثناء فترة وباء كورونا. من المحتمل أن تكون هناك بلاغات وهمية بعض الشيء عند الإجابة بخصوص الإبلاغ عن الالتزام بالتوصيات فيما بين المنتقلين إلى البلد وكذلك بخصوص كل السكان. في حين أنه من غير الممكن إزالة العوامل التي تزيد الإصابة بالعدوى المتعلقة بظروف العمل بشكل كامل، يتوجب على رب العمل لفت الاهتمام كي يُنظم ظروف عمل جيدة بأكبر قدر ممكن والتوجيه ومراقبة الالتزام بالتوجيه، للتقليل من التعرض للإصابة بالعدوى بفيروس كورونا بشكل عيبي في أماكن العمل.

الكلمات الدالة: فيروس كورونا (Covid-19)، الانتقال إلى البلد (الهجرة)، إجراءات الوقاية من العدوى

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[دسترسی به معلومات، مراعات کردن توصیه‌های مسئولین رسمی و شرایط مصروفیت‌های مسلکی طی دوران اپیدمی ویروس کرونا - نتایج تحقیقات جمعیتی میگ‌کووید/MigCOVID که بر مهاجرین متمرکز شده است.]

دسترسی به معلومات به‌روز شده، مطمئن و کافی طی دوران مواجهه با بحران‌هایی مثل اپیدمی جهانی کرونا (کووید ۱۹) اهمیت دارند. علاوه بر این‌که باید مطمئن شد که امکان دسترسی به معلومات وجود دارد، مهم است به این موضوع هم توجه شود که دریافت معلومات، انگیزه بیشتری ایجاد می‌کند تا اقدامات پیشگیرانه مراعات کرده شوند. در مواجهه با بحران‌ها، بعضی گروپ‌های اجتماعی ممکن است نسبت به دیگر گروپ‌ها آسیب‌پذیرتر باشند. این موضوع ممکن است به‌دلیل مشکلات مرتبط با دریافت معلومات باشد یا از این‌که اشخاصی که به یک گروپ اجتماعی خاص تعلق دارند بنا به دلایل متفاوت ساختاری (دلایلی مثل شرایط مصروفیت مسلکی یا وضعیت بود و باش) در مقایسه با دیگران، بیشتر در معرض مصاب شدن به ویروس کرونا قرار بگیرند.

هدف از ارائه این راپور کاری این است که امکان دسترسی به معلومات، مراعات کردن اقدامات پیشگیرانه و شرایط مصروفیت مسلکی در بین گروپ اجتماعی مهاجرین ارزیابی شود. این کار با استفاده از مواد تحقیقاتی و نتایج حاصل از «تحقیقات در مورد تأثیرات اپیدمی کرونا بر وضعیت رفاهی کسانی که خارج از فنلاند ولادت شده‌اند (MigCOVID، تعداد=۳۶۶۸، سن: ۲۰ الی ۶۶ ساله‌ها، میزان اشتراک: ۶۰٪)» انجام می‌شود. تحقیقات مورد نظر توسط انستیتوت صحت و رفاه عامه انجام شد. برای مقایسه آماری و در مواردی که معلومات قابل مقایسه در دسترس باشند از نتایج تحقیقات فین‌تروئوس ۲۰۱۷ (FinTerveys 2017) استفاده می‌شود. تحقیقات فین‌تروئوس ۲۰۱۷ با پیگیری رفتاری جمعیت و روی کسانی در دوره سنی مشابه (تعداد=۳۴۹۰، میزان اشتراک: ۵۱٪) بودند روی همه نفوس کشور انجام شد.

اکثریت زیادی، هم از مهاجرین (۹۴٪) و هم از همه نفوس کشور (۹۸٪) راپور دادند که معلومات کافی در مورد ویروس کرونا و اقدامات پیشگیرانه برای جلوگیری از پخش شدن این بیماری عفونی دریافت کرده‌اند. آن گروپ از مهاجرین که مهارت‌های زبان فنلندی یا سوئدی آنها در سطح عالی بود، بیشتر (۹۷٪) راپور دادند که «به‌شکل قابل ملاحظه‌ای» معلومات کافی دریافت کرده‌اند. در مقایسه، کسانی که مهارت‌های زبان آنها در سطح متوسط است (۹۲٪) یا کسانی که در بهترین وضعیت در سطح مبتدی هستند (۹۱٪) راپور دادند که «به‌شکل قابل ملاحظه‌ای» معلومات کافی دریافت کرده‌اند. جواب‌دهندگان گفته‌اند که عمدتاً اقدامات پیشگیرانه را مراعات کرده‌اند خصوصاً این‌که اگر عوارض سرماخوردگی داشته‌اند در خانه مانده‌اند (بین مهاجرین ۹۶٪ و بین همه نفوس کشور ۹۷٪) مراعات کردن بهداشت دست‌ها و بهداشت سرفه کردن را تقویت کرده‌اند (در هر دو گروپ جمعیتی ۹۳٪) و همچنین نگاه داشتن فاصله ایمنی را مراعات کرده‌اند (بین مهاجرین ۹۴٪ و بین همه نفوس کشور ۹۵٪). استفاده از ماسک صورت قدری کمتر راپور شد (بین مهاجرین ۸۲٪ و بین همه نفوس کشور ۸۴٪).

توصیه‌های پیشگیرانه‌ای که کمتر در میان مهاجرین مراعات شده بودند این‌ها بودند: اجتناب کردن از مسافرت‌های خارجی (بین مهاجرین ۸۴٪ و بین همه نفوس کشور ۹۷٪) و همچنین نصب کردن اپلیکیشن کروناویلگو (Koronavilkku) روی موبایل (بین مهاجرین ۴۳٪ و بین همه نفوس کشور ۶۳٪). در مورد این مسایل همچنین تفاوت‌های معناداری بین مهاجرین و با توجه به این‌که شخص مهاجر از چه کشوری به فنلاند مهاجرت کرده بود، مشاهده شد. زن‌ها بیشتر از مردان توصیه‌ها را مراعات کرده بودند. مهاجرین (۳۰٪) به‌شکل قابل ملاحظه‌ای کمتر از همه نفوس کشور (۴۳٪) راپور کردند که به علت اپیدمی کرونا دورکاری آنها زیاد شده باشد. تقریباً یک‌چهارم زنان مصروفین مسلکی مهاجر یا زنان مهاجری که دوره تمرینی مصروفیت مسلکی را می‌گذراندند در بخش خدمات صحتی بودند و با مراجعین خود ملاقات می‌کردند. در مقایسه با دیگر گروپ‌ها، این نسبت بین زنانی که از آفریقا مهاجرت کرده بودند به‌وضوح بالاتر بود (۶۰٪). کمی بیش از نیمی (۵۶٪) از مصروفین مسلکی یا کسانی که دوره تمرینی مصروفیت مسلکی را می‌گذراندند، نمی‌توانستند در محل مصروفیت مسلکی خود فاصله ایمنی را مراعات کنند. امکان خوب مراعات کردن بهداشت دست‌ها در محل مصروفیت مسلکی برای ۷۲٪ از مصروفین مسلکی یا کسانی که دوره تمرین کار را می‌گذراندند فراهم بود.

من‌حیث کفایت دسترسی به معلومات و مراعات کردن اقدامات پیشگیرانه، وضعیت خوب ارزیابی شده بود. به‌علت رابطه بین دسترسی کافی به معلومات و سطح آشنایی با زبان فنلندی یا سوئدی، مشاهده شد که تنظیم محتوای اطلاعیه‌ها و ارتباطات به زبانی واضح، نقش و اهمیت بیشتری پیدا می‌کند. طی دوران اپیدمی کرونا و وقتی که توصیه‌ها به‌روزرسانی می‌شوند یا جزئیات بیشتری به آنها اضافه می‌شود به‌شکل ویژه‌ای ضرورت دارد که ارتباطات چندزبانه و با استفاده از مسیرهای مختلف انجام شوند. هنگام راپور کردن میزان مراعات کردن توصیه‌ها، چه در مورد مهاجرین و چه در مورد همه نفوس کشور، امکان دارد که جواب‌ها به راپورها تا حدی گمراه‌کننده باشند. وقتی نتوان عوامل مؤثر بر آن دسته از مسایل مرتبط با شرایط مصروفیت مسلکی را که خطر مصاب شدن به بیماری را افزایش می‌دهند کاملاً از بین برد، کارفرمایان باید توجه داشته باشند که تا حدی که می‌توانند شرایط کاری را خوب ترتیب دهند، راهنمایی‌های لازم را ارائه کنند و بر مراعات کردن دستورالعمل‌ها نظارت کنند تا فرار گرفتن بی‌مورد در معرض خطر مصاب شدن به ویروس کرونا در محل مصروفیت مسلکی، به حداقل برسد.

**نکات مهم:** ویروس کرونا (کووید ۱۹)، مهاجرت، اقدامات پیشگیرانه برای جلوگیری از مصاب شدن به بیماری

## Kokkuvõte

[Teabe saamine, ametlike soovitude järgimine ja töötingimused koroonaviiruse epideemia ajal – sisserändajatele suunatud rahvastikuküsitluse MigCOVID tulemused].

Ajakohane, usaldusväärne ja piisav teabe saamine on kriisiolukodade, nt ülemaailmse koroonapandeemia (Covid-19) puhul, väga oluline. Lisaks sellele, et tagatakse teabe kättesaadavus, on oluline pöörata tähelepanu sellele, et teave suurendaks motivatsiooni järgida ennetusmeetmeid. Teatud rahvastikurühmad võivad kriisiolukorras olla teistest keerukamas olukorras. See võib tuleneda teabe saamisega seotud probleemidest või sellest, et neisse rühmadesse kuuluvad isikud puutuvad teatud põhjustel (nt töö- või elutingimused) teistest sagedamini koroonaviirusega kokku.

Käesoleva dokumendi eesmärk on hinnata teabe kättesaadavust, ennetusmeetmete järgimist ja töötingimusi sisserännanud rahvastiku hulgas, kasutades Soome Tervise ja Heolu Instituudi uuringu „Koroonaeptideemia mõju välismaal sündinud isikute healole“ materjale (MigCOVID n=3668, osalemisaktiivsus 60%, 20–66-aastased). Kui võrdluskõlbulikud andmed on olemas, kasutatakse kogu rahvastikku kirjeldava võrdlusmaterjalina uuringu „FinTerveys 2017“ materjale vastavas vanuses rahvastiku kohta (n = 3490, osalemisaktiivsus 51%).

Selge enamus sisserännanud inimestest (94%) ning kogu rahvastikust (98%) vastas, et on saanud piisavalt teavet koroonaviiruse ning nakkuse levimist vältivate meetmete kohta. Soome või rootsi keelt hästi valdavad sisserännanud vastasid oluliselt suuremal hulgal (97%), et on saanud piisavalt teavet, võrreldes nendega, kelle keeleoskus on keskmine (92%) või kõige rohkem algaja tasemel (91%). Vastajad ütlesid, et on järginud ennetusmeetmeid põhiosas hästi, näiteks püsinud külmetusnähtude korral kodus (sisserändajatest 96% ja kogu rahvastikust 98%), tõhustanud kätehügieeni ja järginud head köhimistava (93% mõlemas rühmas) ning hoidnud ohutut kaugust (sisserändajatest 94% ja kogu rahvastikust 95%). Pisut vähem on järgitud kaitsemaski kasutamist (sisserändajatest 82% ja kogu rahvastikust 84%).

Kõige vähem täitsid sisserändajad välisreiside vältimise soovitusi (sisserändajad 84% ja kogu rahvastik 97%) ning rakenduse Koronavilkku laadimist oma telefoni (sisserändajatest 43% ja kogu rahvastikust 63%). Nende vastuste puhul esines olulisi erinevusi ka selle alusel, millisest riigist sisserändajad pärinesid. Naised täitsid soovitusi meestest paremini. Soome sisserändajad märkisid oluliselt vähem kaugtöö lisandumist (30%), kogu rahvastiku osas oli sama näitaja 43%. Ligikaudu neljandik tööl või praktiliselt käivatest riiki elama asunud naistest töötasid meditsiinivaldkonnas, kus nad puutuvad kokku ka klientidega. Aafrikast ümber asunud naistest oli selline osa teiste rühmadega võrreldes selgelt suurim (60%). Pisut üle poole (56%) tööl või praktiliselt käivatest isikutest ei saa töö käigus ohutut kaugust hoida. Hea kätehügieeni eest sai töökohas hoolitseda 72% tööl või praktiliselt käivatest isikutest.

Teabe saamise piisavuse ja ennetusmeetmete järgimise osas oli olukord üsna hea. Tuvastatud teabe piisavuse seotus soome või rootsi keele oskuse tasemega rõhutas suuremat vajadust lihtsas keeles teavitustmaterjalide järele. Mitmekeelset ja mitmest kanalist lähtuvat kommunikatsiooni on vaja eriti juhul, kui soovitusi koroonaeptideemia ajal uuendatakse või täpsustatakse. On võimalik, et soovitude järgimise suhtes esitatud vastused võivad olla mõnel määral ebatõesed nii sisserännanute kui ka kogu rahvastiku osas. Kui töötingimustega seonduvaid nakkusohu suurendavaid tegureid ei ole võimalik täielikult välistada, peaks tööandjad pöörama tähelepanu võimalikult headele töötingimustele, juhtimisele ja juhiste täitmise järgimisele, et vähendada asjatut koroonaviirusega kokkupuudet töökohtades.

**Märksõnad:** koroonaviirus (Covid-19), sisseränne, nakatumise ennetusmeetmed

## Résumé

[Obtention d'informations, observation des recommandations des autorités et conditions de travail dans le contexte de l'épidémie de coronavirus – résultats de l'enquête sur la population MigCOVID ciblée sur les personnes qui ont déménagé dans le pays].

L'obtention d'informations fiables, à jour et suffisantes est importante en situation de crise, comme celle de l'épidémie mondiale de coronavirus (Covid-19). Outre, le fait de s'assurer de la disponibilité des informations, il est important d'accorder de l'attention au fait que les informations renforcent la motivation à observer les mesures préventives. Certains groupes de la population peuvent se retrouver dans une situation plus vulnérable que les autres en situation de crise. Ceci peut être dû aux problèmes liés à l'obtention d'informations ou bien au fait que les personnes faisant partie de ces groupes sont davantage exposées à la contamination par le coronavirus pour diverses raisons structurelles (entre autres, conditions de travail ou de logement).

Ce document d'audit vise à évaluer la disponibilité des informations, l'observation des mesures préventives et les conditions de travail de la population qui a déménagé dans le pays en utilisant le matériel de l'étude menée par l'Institut national de la santé et du bien-être (THL) sur les Impacts du coronavirus sur le bien-être des personnes nées à l'étranger (MigCOVID n=3 668, participation 60 %) (20–66 ans). Dans la mesure où les informations comparables sont disponibles, on utilise les documents de l'étude de suivi de comparaison FinTerveys 2017 pour la population du même âge (n= 3 490, participation 51 %).

Une nette majorité des personnes qui ont déménagé dans le pays (94%), ainsi que de l'ensemble de la population (98%) a rapporté avoir obtenu suffisamment d'informations sur le coronavirus et sur les mesures visant à empêcher la propagation de l'infection. Les personnes qui ont déménagé dans le pays dont les compétences en finnois ou suédois sont excellentes, ont rapporté avoir obtenu significativement plus souvent de données suffisantes (97%) que ceux dont les compétences linguistiques sont moyennes (92%) ou au plus, au niveau débutant (91%). Les répondants ont raconté avoir principalement bien observé les mesures préventives, en particulier, en restant à la maison lorsqu'ils présentaient des symptômes de la grippe (96% parmi les personnes qui ont déménagé dans le pays et 97% parmi toute la population), en renforçant l'hygiène des mains et pour tousser (93 % dans les deux groupes de population), et avoir observé des distances de sécurité (94% parmi les personnes qui ont déménagé dans le pays 94 % et 95% parmi toute la population). En ce qui concerne l'utilisation du masque facial, on a rapporté un peu moins souvent (82% parmi les personnes qui ont déménagé dans le pays et 84% parmi toute la population).

Les recommandations les moins observées par les immigrants ont été d'éviter les voyages à l'étranger (84% les personnes qui ont déménagé dans le pays et 97 % parmi toute la population), ainsi que le téléchargement de l'application Koronavilkku sur le smartphone (43 % parmi les personnes qui ont déménagé dans le pays et 63 % parmi toute la population). On a observé là de grandes différences parmi les personnes qui ont déménagé dans les différentes régions. Les femmes ont observé les recommandations plus souvent que les hommes. Les personnes qui se sont installées en Finlande (30 %) ont rapporté significativement plus rarement que le reste de la population (43 %) de l'augmentation du télétravail à cause de l'épidémie de coronavirus. Près d'un quart des femmes les personnes qui ont déménagé dans le pays qui travaillent ou effectuent un stage travaillaient dans le secteur des soins de santé où elles rencontraient des clients. Parmi les femmes qui ont déménagé d'Afrique, la part correspondante était nettement la plus élevée (60 %) par rapport aux autres groupes. Un peu plus de la moitié (56 %) des personnes qui travaillent ou sont en stage n'ont pas ou tenir des distances de sécurité dans leur travail. 72 % des personnes qui travaillent ou sont en stage ont été en mesure d'observer une bonne hygiène des mains en travaillant.

La situation était relativement bonne en ce qui concerne le sentiment d'avoir obtenu suffisamment de données et d'avoir observé les mesures préventives. Le lien entre la suffisance des informations perçue et le niveau en langue finnois ou suédoise accentue le besoin d'utiliser un langage simplifié dans la documentation de communication. La communication multilingue et assurée par le biais de divers canaux est nécessaire en particulier, lorsque les recommandations sont mises à jours ou précisées pendant l'épidémie de coronavirus. Il est possible que en rapportant l'observation des recommandations des erreurs de rapport aient lieu aussi bien parmi les personnes qui ont déménagé dans le pays que parmi l'ensemble de la population. Lorsque des facteurs liés aux conditions de travail qui augmentent le risque de contamination ne peuvent pas être entièrement éliminés, les employeurs doivent porter l'attention sur la mise en place des meilleures conditions de travail possibles, d'orientation et le contrôle du respect des consignes pour réduire l'exposition inutile à la contamination par le coronavirus sur les lieux de travail.

**Mots-clés:** coronavirus (Covid-19), immigration, mesures de prévention contre la contamination

## 摘要

[新冠肺炎疫情期间的信息获取、官方建议的遵从情况和工作条件——针对移民的 MigCOVID 人口调查结果].

在全球新冠肺炎（Covid-19）疫情“大流行”等危急情况下，获得及时、可靠和充足的信息至关重要。除了要确保能够获取信息以外，还要对信息可以提高人们遵守防控措施的积极性加以关注。在危急情况下，某些人群较他人而言更易感。这可能是由于他们在信息获取方面存在问题，或者是出于各种结构性因素（例如工作条件、居住环境等），该类人群比他人更易感染新冠肺炎。

本文采用芬兰卫生与福利局所做的“新冠肺炎疫情对国外出生人士生活质量的影响”的研究（MigCOVID n=3 668，参与活跃率 60%）数据（20-66 岁），旨在对移民人口的信息获取、防控措施的遵守情况和工作条件进行评估。就比对信息而言，使用的是相应年龄群体的 FinTerveys 2017 跟踪调查数据（n=3 490，参与活跃率 51%），以此作为描述总人口的对照数据。

绝大多数的移民人口（94%）和总人口（98%）表示获得了与新冠肺炎和预防感染措施有关的充足信息。其中，芬兰语或瑞典语语言技能优异的移民，表示获得充足信息的比重（97%）明显高于语言技能处于中等水平（92%）或充其量处于初级水平（91%）的人群。调查对象表示总体而言，他们能够很好地遵守预防措施，特别是在以下情况下表现良好：因出现流感症状而居家隔离（96%的移民人口，97%的总人口），加强手部卫生、咳嗽时注意卫生（93%的移民人口和总人口），以及保持安全距离（94%的移民人口，95%的总人口）。承认佩戴口罩的比例略低（82%的移民人口，84%的总人口）。

移民最少遵从的建议包括避免出国旅行（84%的移民人口，97%的总人口），以及下载 Koronavilkku 应用程序至手机端（43%的移民人口，63%的总人口）。来自不同区域的移民之间也存在着显著差异。相比男性而言，女性更愿意遵从建议内容。移民至芬兰的人口表示因新冠肺炎疫情而增加远程办公的比重（30%），明显低于总人口报告的比例（43%）。约有四分之一进行工作或实习的移民妇女在医疗保健领域工作，并会与客户接触。与其他人群相比，该项占比在来自非洲的移民妇女中明显最高（60%）。有略超过一半（56%）的工作者或实习生不能在工作中保持安全距离。72%的工作者或实习生可以在工作场所保持良好的手部卫生。

经证实，人们可以获得充足的信息，并能很好地遵守预防措施。所发现的信息充足性和芬兰语或瑞典语语言技能水平间的关系，凸显了在通讯材料中使用简明用语的需求。在新冠肺炎疫情期间更新或详述建议内容时，尤其需要进行多语言和多渠道的沟通。无论是移民人口，还是总人口，在回答与遵守建议情况有关的问题时，都会存在一定的表述偏颇。当无法完全消除与工作条件相关的、增加感染风险的因素时，雇主应注意提供尽可能好的工作条件，并监督指导和指南的遵守情况，以降低在工作场所不必要的感染新冠肺炎的几率。

**关键词：**新冠肺炎（Covid-19）；移民；预防感染的措施

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Sofia Achame, Anu E. Cataneda. Access to information, preventive measures and working conditions during the coronavirus epidemic - findings of the population-based MigCOVID Survey among persons who have migrated to Finland.

[دسترسی به اطلاعات، رعایت توصیه‌های مسئولین رسمی و شرایط کاری طی دوره همه‌گیری ویروس کرونا - نتایج تحقیقات جمعیتی میگکوید/MigCOVID که بر مهاجرین متمرکز شده است.]

دریافت اطلاعات به‌روز شده، قابل اطمینان و کافی طی دوران مواجهه با بحران‌هایی از قبیل همه‌گیری جهانی کرونا (کووید ۱۹) مهم هستند. ضمن این‌که باید در مورد دسترسی به اطلاعات اطمینان حاصل شود مهم است به این مطلب هم توجه شود که دریافت اطلاعات، انگیزه بیشتری ایجاد می‌کند تا اقدامات پیشگیرانه رعایت شوند. در مواجهه با بحران‌ها، بعضی گروه‌های اجتماعی ممکن است نسبت به سایرین آسیب‌پذیرتر باشند. این مطلب ممکن است ناشی از مشکلات مرتبط با دریافت اطلاعات باشد یا از این‌که اشخاصی که به یک گروه اجتماعی خاص تعلق دارند بنا به دلایل متفاوت ساختاری (از قبیل شرایط کاری یا وضعیت زندگی) در مقایسه با دیگران بیشتر در معرض ابتلا به ویروس کرونا قرار بگیرند.

هدف از ارایه این گزارش کاری این است که امکان دسترسی به اطلاعات، رعایت اقدامات پیشگیرانه و شرایط کاری در بین گروه اجتماعی مهاجرین ارزیابی شود. این کار با استفاده از مواد تحقیقاتی و نتایج حاصل از «تحقیقات در مورد تأثیرات همه‌گیری کرونا بر وضعیت رفاهی کسانی که خارج از فنلاند متولد شده‌اند (میگکوید/MigCOVID، تعداد=۳۶۶۸، سن: ۲۰ الی ۶۶ ساله‌ها، میزان مشارکت: ۶۰٪)» انجام می‌شود. تحقیقات مورد نظر توسط موسسه سلامت و رفاه عمومی صورت پذیرفت. هنگام مقایسه آماری و در مواردی که اطلاعات قابل مقایسه در دسترس باشند از نتایج تحقیقات فین‌تروئوس ۲۰۱۷ (FinTerveys 2017) استفاده خواهد شد. تحقیقات فین‌تروئوس ۲۰۱۷ با پیگیری رفتاری جمعیت و روی کسانی در دوره سنی مشابه (تعداد=۳۴۹۰، میزان مشارکت: ۵۱٪) بودند و در مورد کل جمعیت کشور انجام شد.

اکثریت چشمگیری هم از مهاجرین (۹۴٪) و هم از کل جمعیت کشور (۹۸٪) گزارش کردند که اطلاعات کافی در مورد ویروس کرونا و اقدامات پیشگیرانه برای جلوگیری از انتشار این بیماری عفونی دریافت کرده‌اند. آن گروه از مهاجرین که مهارت‌های زبان فنلاندی یا سوئدی آنها در سطح عالی بود بیشتر (۹۷٪) گزارش کردند که «به‌طور قابل ملاحظه‌ای» اطلاعات کافی دریافت کرده‌اند. در مقایسه، کسانی که مهارت‌های زبان آنها در سطح متوسط است (۹۲٪) یا کسانی که در بهترین وضعیت در سطح مبتدی هستند (۹۱٪) گزارش کردند که «به‌طور قابل ملاحظه‌ای» اطلاعات کافی دریافت کرده‌اند. پاسخ‌دهندگان اظهار داشته‌اند که عمدتاً اقدامات پیشگیرانه را رعایت کرده‌اند خصوصاً این‌که اگر عوارض سرماخوردگی داشته‌اند در خانه مانده‌اند (بین مهاجرین ۹۶٪ و بین کل جمعیت کشور ۹۷٪) رعایت بهداشت دست‌ها و بهداشت سرفه کردن را تقویت کرده‌اند (در هر دو گروه جمعیتی ۹۳٪) و همچنین حفظ فاصله ایمنی را رعایت کرده‌اند (بین مهاجرین ۹۴٪ و بین کل جمعیت کشور ۹۵٪). زدن ماسک صورت قدری کمتر گزارش شد (بین مهاجرین ۸۲٪ و بین کل جمعیت کشور ۸۴٪).

توصیه‌های پیشگیرانه‌ای که کمتر در میان مهاجرین رعایت شده بودند عبارت بودند از پرهیز از مسافرت‌های خارجی (بین مهاجرین ۸۴٪ و بین کل جمعیت کشور ۹۷٪) و همچنین نصب اپلیکیشن کروناویلو (Koronavilkku) روی گوشی موبایل (بین مهاجرین ۴۳٪ و بین کل جمعیت کشور ۶۳٪). در مورد این مسایل همچنین تفاوت‌های معناداری بین مهاجرین و با توجه به این‌که شخص مهاجر از چه کشوری به فنلاند مهاجرت کرده بود، مشاهده شد. زن‌ها بیشتر از مردان توصیه‌ها را رعایت کرده بودند. مهاجرین (۳۰٪) به‌طور قابل ملاحظه‌ای کمتر از کل جمعیت کشور (۴۳٪) گزارش کردند که به علت همه‌گیری کرونا دورکاری آنها زیاد شده باشد. تقریباً یک‌چهارم زنان شاغل مهاجر یا زنان مهاجری که دوره تمرین کار را می‌گذرانند در بخش خدمات درمانی بودند و با ارباب رجوع ملاقات می‌کردند. در مقایسه با سایر گروه‌ها، این نسبت بین زنانی که از آفریقا مهاجرت کرده بودند به‌وضوح بالاتر بود (۶۰٪). کمی بیش از نیمی (۵۶٪) از شاغلین یا کسانی که دوره تمرین کار را می‌گذرانند، نمی‌توانستند در محل کار خود فاصله ایمنی را رعایت کنند. امکان رعایت خوب بهداشت دست‌ها در محل کار برای ۷۲٪ از شاغلین یا کسانی که دوره تمرین کار را می‌گذرانند فراهم بود.

جنبه کفایت دسترسی به اطلاعات و رعایت اقدامات پیشگیرانه، وضعیت خوب ارزیابی شده بود. به‌علت رابطه بین دسترسی کافی به اطلاعات و سطح تسلط به زبان فنلاندی یا سوئدی، مشاهده شد که تهیه محتوای اطلاعیه‌ها و ارتباطات به زبانی واضح، نقش و اهمیت بیشتری پیدا می‌کند. طی دوره همه‌گیری کرونا و وقتی که توصیه‌ها به‌روزرسانی می‌شوند یا جزئیات بیشتری به آنها اضافه می‌شود به‌طور ویژه‌ای نیاز است که ارتباطات چندزبانه و با استفاده از کانال‌های مختلف انجام شوند. هنگام گزارش کردن میزان رعایت توصیه‌ها، چه در مورد مهاجرین و چه در مورد کل جمعیت کشور، امکان دارد که جواب‌ها به گزارشات تا حدی گمراه‌کننده باشند. وقتی نتوان عوامل موثر بر آن دسته از مسایل مرتبط با شرایط کاری را که خطر ابتلا به بیماری را افزایش می‌دهند کاملاً از بین برد، کارفرمایان باید توجه داشته باشند که تا جایی که می‌توانند شرایط کاری را خوب ترتیب دهند، راهنمایی‌های لازم را ارایه کنند و بر رعایت دستورالعمل‌ها نظارت کنند تا قرار گرفتن بی‌مورد در معرض خطر ابتلا به ویروس کرونا در محل کار به حداقل برسد.

**لغات کلیدی:** ویروس کرونا (کووید ۱۹)، مهاجرت، اقدامات پیشگیرانه برای جلوگیری از ابتلا به بیماری



## Streszczenie

[Dostęp do informacji, przestrzeganie zaleceń władz oraz warunki pracy podczas epidemii koronawirusa – wyniki badania populacyjnego imigrantów MigCOVID].

Aktualny, wiarygodny i wystarczający dostęp do informacji jest istotny w sytuacjach kryzysowych, takich jak pandemia koronawirusa (COVID-19). Dodatkowo posiadanie informacji zwiększa motywację do stosowania środków zapobiegawczych. W sytuacji kryzysowej pewne grupy społeczeństwa są bardziej narażone na zakażenie niż inne. Może to wynikać z problemów z dostępnością do informacji lub z tego, że osoby w danych grupach mogą być bardziej narażone na zakażenie w zależności od poszczególnych przyczyn strukturalnych (warunki pracy, warunki bytowe, itp.).

Celem niniejszego badania jest ocena dostępności danych, stopnia przestrzegania środków zapobiegawczych i warunków pracy pośród ludności imigracyjnej przy wykorzystaniu danych z badania przeprowadzonego przez Krajowy Instytut Zdrowia i Opieki Społecznej w Finlandii pt. „Wpływ epidemii koronawirusa na samopoczucie osób urodzonych za granicą” (MigCOVID n = 3668, zaangażowanie uczestników 60% w wieku 20–66 lat). W zakresie odpowiednim do dostępności danych porównawczych w celu porównania zastosowano materiał z badania monitoringowego FinTerveys 2017 odnoszący się do całości populacji w analogicznym zakresie wiekowym (n = 3490, 51% zaangażowanie uczestników).

Zdecydowana większość imigrantów (94%) oraz ogółu ludności (98%) potwierdziła, że otrzymała wystarczającą ilość informacji na temat koronawirusa i środków zapobiegających infekcji. Imigranci, których znajomość języka fińskiego lub szwedzkiego była na wysokim poziomie, potwierdzali otrzymanie wystarczającej ilości informacji częściej (97%) niż ci o umiarkowanym (92%) lub początkującym (91%) poziomie znajomości języka. Na ogół respondenci stwierdzali, że przestrzegali zasadniczo środków zapobiegawczych, szczególnie w zakresie kwarantanny domowej przy wystąpieniu objawów grypowych (96% imigrantów i 97% ogółu ludności), zintensyfikowali czynności związane z higieną rąk oraz kaszlem (93% w obu grupach) oraz zachowania odpowiedniego dystansu (94% imigrantów i 95% ogółu ludności). Nieco mniejszy odsetek ankietowanych stosował maseczkę ochronną (82% imigrantów i 84% ogółu ludności).

Do najrzadziej przestrzeganych zaleceń wśród imigrantów zaliczało się unikanie podróży zagranicznych (84% imigrantów i 97% ogółu ludności) oraz zainstalowanie aplikacji Koronavilkku na telefonie (43% imigrantów i 63% ogółu ludności). W powyższych grupach stwierdzono znaczne różnice pomiędzy imigrantami pochodzącymi z różnych krajów. Kobiety przestrzegały zaleceń częściej od mężczyzn. Imigranci (30%) znacznie rzadziej od ogółu ludności (43%) potwierdzili też fakt wykonywania pracy w trybie zdalnym. Około jedna czwarta kobiet w grupie imigrantów pracujących lub znajdujących się na praktykach była zatrudniona w służbie zdrowia, gdzie miały miejsce kontakty z klientami. Odpowiednia grupa spośród kobiet migrujących z Afryki była znacznie wyższa (60%). Nieznaczna większość (56%) zatrudnionych nie była w stanie zachować dystansu w miejscu pracy. O właściwą higienę rąk w miejscu pracy było w stanie zadbać 72% badanych.

Dostępność danych i środków zapobiegawczych była stosunkowo dobra. Stwierdzona zależność wystarczającego dostępu do informacji z poziomem znajomości języka szwedzkiego lub fińskiego wskazuje na potrzebę stosowania komunikatywnego języka w materiałach na ten temat. Komunikacja w wielu językach i kanałach jest przydatna szczególnie wtedy, gdy zalecenia ulegają aktualizacji lub uściśleniu w trakcie pandemii koronawirusa. Możliwe jest, że przy raportowaniu odpowiedzi dotyczących zakresu przestrzegania zaleceń pojawia się pewne ryzyko zniekształceń zarówno wśród imigrantów, jak i ogółu ludności. Jeśli całkowite usunięcie czynników zwiększających ryzyko zakażenia w odniesieniu do warunków pracy nie jest możliwe, pracodawcy powinni uwzględnić przy planowaniu miejsca pracy kwestię nadzoru przestrzegania poleceń i instrukcji w celu zredukowania niepotrzebnych przypadków narażenia na zakażenie koronawirusem w miejscu pracy.

**Słowa kluczowe:** koronawirus (COVID-19), imigracja, środki zapobiegawcze

## Аннотация

[Доступность информации, соблюдение рекомендаций официальных органов и условия труда в период эпидемии коронавирусной инфекции – результаты исследования населения MigCOVID, направленного на целевую группу иммигрантов].

Получение своевременной, надежной и достаточной информации особенно важно в кризисных ситуациях, таких как глобальная пандемия коронавирусной инфекции (Covid-19). Помимо обеспечения доступа к информации, важно обратить внимание на то, что информация повышает мотивацию к соблюдению превентивных мер. Некоторые группы населения могут быть более уязвимы в кризисных ситуациях, чем другие. Это может быть связано как с проблемами доступа к информации, так и с повышенной подверженностью этих групп коронавирусной инфекции по различным структурным причинам (например, условия труда, условия проживания).

Целью данного рабочего документа является оценка доступности информации, соблюдение превентивных мер и условия труда в среде эмигрировавшего в страну населения. В данной работе используются материалы исследования, проведенного Национальным институтом здравоохранения и социального обеспечения ТНЛ «Влияние коронавирусной эпидемии на благосостояние родившихся за рубежом (MigCOVID)», (выборка=3 668, активность участия 60 %, возрастная группа 20–66 лет). В той мере, в какой имеются сопоставимые данные по той же возрастной группе, будут использоваться в качестве контрольных материалов данные исследования FinTerveys 2017, описывающие ситуацию всего населения, (выборка= 3 490, активность участия 51 %).

Преимущественное большинство эмигрантов (94 %) и населения в целом (98 %) сообщили, что получили адекватную информацию о коронавирусе и мерах по предотвращению распространения инфекции. Часть эмигрантов с отличным знанием финского или шведского языка, сообщали о получении достаточной информации значительно чаще (97%), чем те, кто имел средние языковые навыки (92 %) или навыки не более начального уровня (91 %). Респонденты сообщали, что они хорошо следовали профилактическим мерам, в частности, что они оставались дома при появлении симптомов гриппа (96% эмигрантов и 97% населения), что они улучшили гигиену рук и что они соблюдали гигиену кашля (93% в обеих группах), а также что они придерживались интервалов безопасности (94% иммигрантов и 95% населения). Несколько реже сообщалось об использовании маски для лица (82% иммигрантов и 84% всего населения).

Рекомендации, которым следовало наименьшее число эмигрантов, касались воздержания от поездок за границу (84% эмигрантов и 97% всего населения) и загрузки в мобильный телефон приложения Koronavilkku (43 % эмигрантов и 63 % всего населения). В этом проявились также значительные различия между эмигрантами, прибывшими в страну из разных регионов. Женщины следовали рекомендациям чаще, чем мужчины. Те, кто переехал в Финляндию (30%), сообщали об увеличении дистанционной работы в результате эпидемии коронавируса значительно реже, чем население в целом (43%). Около четверти переехавших в страну женщин, имеющих место работы или стажировки, работали в сфере здравоохранения, где встречались с клиентами. Соответствующая доля женщин, эмигрировавших из Африки, была самой высокой (60 %) по сравнению с другими группами. Чуть более половины (56 %) из имеющих место работы или стажировки не могли соблюдать безопасную дистанцию на работе. На рабочем месте 72% из имеющих место работы или стажировки могли заботиться о хорошей гигиене рук.

Ситуация в отношении испытанного доступа к информации и соблюдения превентивных мер была довольно хорошей. Установленная связь между адекватностью информации и уровнем владения финским или шведским языком подчеркивает необходимость использования упрощенного языка в коммуникативных материалах. Многоязычная и многоканальная коммуникация особенно необходима тогда, когда рекомендации обновляются или уточняются во время эпидемии коронавируса. Вполне возможно, что в ответах о соблюдении рекомендаций, присутствует некоторая необъективность как среди эмигрантов, так и среди населения в целом. Когда повышающие риск заражения факторы, связанные с условиями труда, не могут быть полностью устранены, то работодатели должны обратить внимание на обеспечение наилучших возможных условий труда, на инструктаж и контроль за соблюдением инструкций по уменьшению инфицирования коронавирусом на рабочем месте.

**Ключевые слова:** коронавирус (Covid-19), эмиграция, меры профилактики инфекции

## Soo koobid

Helitaanka warbixinadda, adeeca talo-bixinta xilhayaha iyo duruufaha shaqadda ee waayahan cudurkan safmarka ee Korona Fayraska - najiitadda baadhitaanka dadwaynaha ee qaybtiisa ku saabsan soo guuraaga MigCOVID

Marka lagu jiro xaaladahan khatarta ah, waxa aad u muhiim ah in la helo warbixino buuxa, sax ah oo la aamini karo, sida tusaale ahaan khatartan cudurkan safmarka ee Koroonaha (Covid-19) ee adduunka oo dhan ku faafay. Inkastoo ay tahay in la hubiyo, sidii lagu heli lahaa warbixino buuxa, laakiin waxa muhiim ah in laga fiirsado, sidii warbixinadu dadka ugu beeri lahaayeen dardar ay ku adeecaan waxqabadyadda ka hortagga leh ee la farayo. Qaybo dadwaynaha ka mida ayaa u nugul xaaladahan khatarta ah ee maanta jira. Waxaana dhici karta in ay adagtahay, sidii dadkaasi ku heli lahaayeen warbixino sax ah. Suurto galanna weeye in dad badan oo qaybahaas ka tirsani uga nugul yihiin dadka kale cudurkan Korona fayraska. Sababtuna waxa weeye, (tusaale ahaan goobaha ay ka shaqeeyaan ama qaab nololeedka guryahooda).

Ulajeeddada qoraalkani waa in la qiimeeyaa siyaabaha warbixinada lagu helo iyo adeeca waxqabadyadda ka hortagga leh iyo duruufaha shaqada ee dadka wadanka u soo guuray. Waxaan adeegsanaynaa baadhitaanka cudurka safmarka ee Hay'adda caafimaadka iyo nololwanaaggu samaysay ee ku saabsan, sida cudurkani u saameeyey nololwanaagga dadka ajaanabiga ee aan Finland ku dhalan (MigCOVID n=3 668, dhaqdhaqaaqa ka qayb-galka 60 %) macluumaadyadda (da'aha u dhexeeya 20–66). Illaa iyo inta laga helayo macluumaad la barbar dhigi karo kan, waxaan barbar dhigi doonaa macluumaad-baadhitaankii (FinTerveys 2017) ee laga qaaday dadwaynaha wadanka oo dhan. Waxaan barbar dhigaynaa baadhitaankan qaybaha da'aha dadwaynaha iyo dadka la baadhayaa isaga midka yihiin (n= 3490, dhaqdhaqaaqa ka qayb-galka 51 %).

Dadka wadanka u soo guuray intooda badan (94 %) iyo dhamaan dadwaynaha oo dhan (98 %) waxay ribood ka bixiyeen in ay heleen warbixin ku filan oo ku saabsan Korona fayraska iyo siyaabaha faafitaanka caabuqiisa looga hortago. Dadka wadanka u soo guuray ee Af-fiinishka ama Af-iswiidhiska sida fiican ugu hadlaa, waxay sheegeen in ay inta badan helayeen warbixin ku filan (97 %) marka loo eego kuwa aqoonta luuqadoodu tahay dhexdhexaadka (92 %) iyo kuwa ugu badnaan luuqaddu bilowga u tahay (91 %). Jawaab bixiyeyaashu waxay sheegeen in ay guud ahaanba si fiican ugu dhaqmeen waxqabadyadda ka hortagga faafidda cudurka oo tusaale ahaan guryahooda ayey joogeen, markay dareemeen astaamo hargab. (soo guuraagu 96 %, dadwaynaha oo dhan 97 %). Waxa sheegay in ay xoojiyeen nadaafadda gacmaha iyo illaalinta qufacooda (93 % labaduba tan waa isaga mid). Ka fogaanshaha dadka kale (Soo guuraagu waa 94 %, dadwaynaha oo dhanna 95 %). Ribood bixinta isticmaalka Af-shareerku wuu ka yara liitay kuwa kale (Soo guuraagu 82 %, dadwaynuhuna waa 84 %).

Waxyaabaha Soo guuraagu aan sida fiican ugu dhaqmin, waxa ka mida aaditaanka safaradda dibadaha (Soo guuraagu 84 %, dadwaynaha oo dhanna 97 %) marka la eego dadku siday app-ka (koronavillku) u oo dajisteen (Soo guuraagu 43 %, dadwaynaha oo dhanna 63 %) kuwan xitaa faraq wayn ayaa u dhexeeyey dadka soo guuraaga dhexdooda, marka degaan ahaan loo eego. Dumarku inta badan wixii la faray way ku dhaqmeen, marka dhanka ragga la eego. Dadka Finland u soo guuray (30 %) kaliya ayaa riboodka ku sheegay in ay guriga ku shaqayn karayeen, halka dadwaynaha oo dhanna (43 %) guryahooda ku shaqayn karayeen. Dumarka soo guuraaga afartii meeloodba meel ayaa ka shaqaynayey ama shaqobarad ugu joogay xarumaha daryeelka caafimaadka oo macmiisha si toosa ula kulmayey. Marka loo eego dumarkoo dhan, dumarka Afrikada ka soo guuray ayaa aad ugu badnaa xarumahaas oo waxay gaadhayeen boqolkiiba (60 %). Kala bar in ka badan (56 %) ayaa goobta shaqada ama shaqobaradka awood u lahayn in ay ka durkaan dadka, shaqada awgeed. Kuwa shaqada ama shaqobaradka ku jiray boqolkiiba 72 % ayaa nadaafadda gacmaha si fiican u illaalin karayey.

Way yara fiican tahay inuu jiro dareen ku saabsan ku dhaqanka waxqabadyadda ka hortagga leh iyo in dadku heleen warbixinno ku filan. Waxa soo shaacbaxay inuu xiriir ka dhexeeyo, sida dadku warbixin ku filan u helaan iyo darajadda luuqadooda Finishka iyo ta Iswiidhiska, sidaa awgeed waa in lagu dhiiradaa in luuqado safeex ah oo fudud dadka wax loogu gudbiyo, marka la isticmaalayo qalabyadda fariin-gudbinta. Baahi gaara ayaa ka jirta in la helo macluumadyo iyo luuqado badan oo fariin gudbin ahaan loo isticmaalo siiba imika oo lagu jiro xaaladan safmarka Koronaha oo sidaa darteed ay tahay in mark kasta fariimaha dib u habayn ama dib u sixid loogu sameeyo. Waxa dhici karta in xoogaa majarahabaab ka jiro ribood-bixinta ku saabsan, siday dadku arrimaha la faray ugu dhaqmeen, marka la eego dhanka soo guuraaga iyo dadwaynahaba. Maadama oo aan la awaadin in gabigaba la dabar jaro khatarta ka iman karta goobaha shaqada, sababi kartana in cudurku faafo, waa in shaqo-bixiyuhu fiiro gaara u yeeshaa siduu dadka ugu suurtoogelin lahaa xaalad shaqoo fiican, hagitaan iyo talo-siin fiican iyo in dadka kormeer la saaro oo la eego siday u adeecayaan wixii la faray, si loo yareeyo kala qaaditaanka korona fayraska ee goobaha shaqada.

**Ereyadda furaha:** korona fayras (Covid-19), Soo guuraa (ajanabi), waxqabadka ka hortagga qaadista cudurka

[وهرگرنتی زانیاری، پابه‌ندبوون به رینوئینییه‌کانی لایمه فهرمییه‌کان و بار و دۆخی کارکردن له کاتی پاندیمی فایرۆسی کۆرۆنا - ناکامه‌کانی لیکۆلینه‌وه‌ی کۆمه‌لگه MigCOVID که بۆ کۆچبهران کرا ]

وهرگرنتی زانیاری به رۆژ، باورپینکراو و به راده‌ی پنیویست له کاتی قهیرانی وەک پاندیمی جیهانی کۆرۆنا (Covid-19)، گرینگه. سه‌ره‌رای دلنیا‌بوونه‌وه له دهست پیراگه‌یشتن به زانیاری به راده‌ی پنیویست، گرینگه سه‌رنج بدریته ئه‌وه که زانیارییه‌که پالنه‌ریک بیت بۆ به‌جی هینانی ریکارمه‌کانی خۆ پاراستنی پیشمخته. له‌وانه‌یه هیندیگ له گروپه‌کانی کۆمه‌لگه له کاتی قهیراندا ناسانتر زیانیان به‌رکه‌وت. له‌وانه‌یه هۆی ئه‌وه بگه‌رێته‌وه سه‌ر گرتی په‌یوهندیدار به وهرگرنتی زانیاری یان ئه‌وه که‌سانه‌ی به‌شیک له گروپانه به‌هۆی هیندیگ هۆی پیکهاته‌یه‌وه (بۆ وینه بار و دۆخی کار، شینوازی ژیان) له‌وانی تر ناسانتر بکه‌ونه ژیر کاربگه‌ری فایرۆسی کۆرۆنا.

نامانجی ئه‌وه به‌لگه‌ی لیکۆلینه‌وه‌یه هه‌لسه‌نگاندنی دهست پیراگه‌یشتن به زانیاری، به جی هینانی ریکارمه‌کانی خۆپاراستنی پیشمخته و بار و دۆخی کار له ناو که‌سانی کۆچبهر دا بوو و ئه‌وه به کملک وهرگرنت له زانیارییه‌کانی (20 تا 66 سال) لیکۆلینه‌وه‌ی کاربگه‌رییه‌کانی په‌تای کۆرۆنا بۆ سه‌ر خوشگوزمه‌رانی که‌سانی له دایکبوی دهره‌وه‌ی ولات (n=3668 MigCOVID، ناستی به‌شدار بوون 60%) که له لایهن ریکخراوی ته‌ندروستی و خوشگوزمه‌رانییه‌وه ریکخرا، نه‌جام درا. تا ئه‌و راده‌یه‌ی زانیاری گونجاو بۆ به‌راوردکردن هه‌بیت، وەک زانیاری گروپی به‌راورد کردن کملک له زانیارییه‌کانی لیکۆلینه‌وه‌ی FinTerveys2017 (n=3490، ناستی به‌شدار بوون 51%) که‌سانی هاوته‌مه‌ن له کۆمه‌لگه‌دا وهرده‌گیریت.

به‌شیک به‌رچاو له که‌سانی کۆچبهر (94%) و هه‌روه‌ها به‌شیک به‌رچاو هه‌موو کۆمه‌لگه (98%) زانیارییان دا که سه‌بارته به فایرۆسی کۆرۆنا و ریکارمه‌کانی رینگه گرتن له بلا‌بوونه‌وه‌ی، زانیاری پنیویستیان پینگه‌یشتوه. ناستی ئه‌وه کۆچبهرانه‌ی زمانه‌کانی فینلاندا یان سویدییان زۆر باش بوو (97%) و رایانگه‌یاند که زانیاری پنیویستیان پینگه‌یشتوه به‌رزتر بوو به‌راورد به ئه‌وه کۆچبهرانه‌ی توانایی زمانیان مامانده‌ن (92%) یان لانی زۆر له ناستی سه‌ره‌تایی دایه (91%). وه‌لامه‌رمان رایانگه‌یاند که به زۆری په‌یره‌ی ریکارمه‌کانی رینگه‌ی بلا‌بوونه‌وه‌ی پیشمخته‌یان کردوه، به‌تایبه‌ت له کاتی دهرکه‌وتنی نیشانه‌کانی هه‌لامه‌ت مانه‌وه له ماله‌وه (له کۆچبهران 96% هه‌مووی کۆمه‌لگه 97%)، باشترکردنی پاک و خاوینی دهسته‌کان و پابه‌ندبوون به پاک و خاوینی له کاتی کۆخیندا (له هه‌ردووک گروپه‌کانی کۆمه‌لگه 93%)، هه‌روه‌ها نیوانی پارێزرابوونیان راگرتوه (له کۆچبهراندا 94% و له هه‌مووی کۆمه‌لگه‌دا 95%). ناستی راگه‌یه‌ندراوی به‌کار هینانی ده‌مامک هیندیگ که‌مه‌تر بوو (کۆچبهران 82% هه‌موو کۆمه‌لگه 84%).

ئه‌وه رینوئینییه‌ی کۆچبهران که‌مه‌تر پابه‌ندبوون پنیان خۆلادان له سه‌فه‌رکردن بۆ دهره‌وه‌ی ولات (له کۆچبهران 84% و له هه‌مووی کۆمه‌لگه 97%) هه‌روه‌ها دانانی ئاپلیکه‌یشتنی Koronaviilkku له سه‌ر ته‌له‌فۆنه‌کانیان (کۆچبهران 43% و هه‌مووی کۆمه‌لگه 63%) بوون. له‌وه‌ بوارانه‌دا هه‌روه‌ها له نیوان کۆچبهرمان به‌پنی ئه‌وه‌ی له کۆی را هاتوون جیاوازی به‌رچاو هه‌بوو. ژنان له پیاوان زیاتر پابه‌ندی رینوئینییه‌کان بوون. ئه‌وه کۆچبهرانه‌ی هاتوون بۆ فینلاندا (30%) به‌راورد به هه‌مووی کۆمه‌لگه (43%) به‌شوه‌یه‌کی به‌رچاو که‌مه‌تر رایانگه‌یاند که به هۆی په‌تای کۆرۆنا کارکردنیان له ماله‌وه‌را زیاتر بوو. نیزیکه‌ی یه‌ک له چواری ئه‌وه ژنه کۆچبهرانه‌ی له کار یان ته‌مه‌رینی کار بوون له بواری ته‌ندروستیدا کاریان ده‌کرد و چاویان به سه‌ردانکه‌ران ده‌که‌وت. له‌وه‌دا ناستی ئه‌وه ژنه کۆچبهرانه‌ی له نه‌فریقاوه هاتبوون (60%) به‌روونی له ناستی گروپه‌کانی تر زۆرتر بوو. هیندیگ له نیوه زیاتری (56%) ئه‌وه که‌سانه‌ی له کار یان ته‌مه‌رینی کار بوون، نه‌یاندته‌وانی له شوینی کار نیوانی پارێزرابوون دابنن. 72% ئه‌وه که‌سانه‌ی له کار یان ته‌مه‌رینی کار بوون ده‌یانتوانی پاک و خاوینی دهسته‌کانیان له شوینی کار را‌بگرن.

بار و دۆخی نه‌زمونی ده‌ست پیراگه‌یشتن به زانیاری پنیویست و په‌یره‌وکردنی ریکارمه‌کانی خۆپاراستنی پیشمخته، له راده‌یه‌کی باش دابوون. ئه‌وه په‌یوهندیه‌ی له نیوان ناستی به‌رز یان زانیاری فینلاندا یان سویدی و ده‌ست پیراگه‌یشتن به زانیاری بیندرا، گرینگه‌ی به‌کاره‌ینانی زمانیکی ئاسان له کاتی هه‌وا‌لتیریدا نیشان ده‌دات، به تایبه‌ت له کاتی پیشنیاری نوێ یان ده‌قیق کردنه‌وه‌ی پیشنیارمان، پنیویست به هه‌وا‌لتیریه‌کی فره‌ زمانی و فره‌ ریگه‌ی هه‌یه. ئه‌گه‌ری ئه‌وه هه‌یه که هه‌م له ناو کۆچبهراندا و هه‌م له ناو هه‌مووی کۆمه‌لگه‌دا، له کاتی راگه‌یاندنی راده‌ی پابه‌ند بوون به رینوئینییه‌کان دا تا ناستیک له راگه‌یاندنه‌کاندا هه‌له هه‌بیت. له‌وه‌ کاتانه‌یدا که ناکرێ ئه‌وه هۆکارانه‌ی ئه‌گه‌ری گرتنه‌وه‌ی فایرۆسه‌که زیاد ده‌کهن به ته‌واوی له‌به‌ین بیرن، خاوه‌ن کاره‌کان ده‌بی سه‌رنج بدن به ریکخستنی بار و دۆخی کار به باشترین شیوه، دانی رینوئینی و چاودیری کردنی پابه‌ند بوون به رینوئینییه‌کان بۆ که‌مه‌کردنه‌وه‌ی ئه‌گه‌ری گرتنه‌وه‌ی فایرۆسی کۆرۆنا له شوینی کار.

وشه سه‌ره‌کییه‌کانی لیکۆلینه‌وه‌: فایرۆسی کۆرۆنا (Covid-19)، کۆچبهری، رینگه‌ی پیشمخته‌ی نالوودبوون

## Resumen

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Sofia Achame, Anu E. Cataneda. Access to information, preventive measures and working conditions during the coronavirus epidemic - findings of the population-based MigCOVID Survey among persons who have migrated to Finland. [Acceso a la información, cumplimiento de las recomendaciones dadas por las autoridades oficiales y condiciones laborales durante la epidemia del coronavirus – resultados de la encuesta MigCOVID específica para población inmigrante].

El acceso a información actualizada, confiable y adecuada es importante en situaciones de crisis, como lo es durante la pandemia mundial del coronavirus (Covid-19). Además de asegurarse el acceso a la información es importante señalar el hecho de que la información aumenta la motivación para cumplir con las medidas preventivas. Algunas poblaciones pueden ser más vulnerables en situaciones de crisis. Esto puede deberse a problemas con el acceso a la información o al hecho de que las personas de estos grupos poblacionales tienen más probabilidades de estar expuestas a la infección por coronavirus por diversas razones estructurales (por ejemplo, condiciones de trabajo, condiciones de vida).

El objetivo de este documento de trabajo es evaluar la disponibilidad de información, el cumplimiento de las medidas de prevención y las condiciones laborales de la población inmigrante a partir de los datos (MigCOVID n = 3668, participación 60%) de la encuesta sobre el Impacto de la epidemia del coronavirus en el bienestar de los nacidos en el extranjero (de 20 a 66 años). En la medida en que se disponga de datos comparables, los datos de la encuesta de seguimiento de FinTerveys 2017 para la población de la misma edad (n = 3.490, tasa de participación del 51%) se utilizan como datos de referencia que describen a toda la población.

La gran mayoría de los inmigrantes (94%) y de la población en general (98%) informó haber recibido información adecuada sobre el coronavirus y las medidas para prevenir la propagación de la infección. Los inmigrantes que tenían excelentes habilidades en el idioma finés o sueco informaron que recibieron información suficiente con mucha más frecuencia (97%) que aquellos cuyas habilidades lingüísticas eran intermedias (92%) o principiantes (91%). Los encuestados informaron que en general siguieron adecuadamente las medidas de prevención, especialmente quedándose en casa con síntomas de gripe (96% de los inmigrantes y 97% de la población total), manteniendo una mejor higiene de las manos y una buena higiene y modales para la tos (93% en ambos grupos) y en el mantenimiento de la distancia de seguridad (el 95% de los inmigrantes y el 94% de la población total). En un porcentaje ligeramente inferior se informó sobre el uso de la mascarilla (82% entre los inmigrantes y 84% de la población total).

Las recomendaciones menos seguidas por la población inmigrante fueron la de evitar viajar al extranjero (84% de inmigrantes y 97% de la población total) y la de descargar la aplicación móvil de alertas del coronavirus (43% de inmigrantes y 63% de la población total). En estas también se mostraron diferencias significativas entre los inmigrantes de diferentes regiones. Las mujeres siguieron las recomendaciones con más frecuencia que los hombres. Los inmigrantes con mucha menos frecuencia (30%) informaron de un aumento en el teletrabajo debido a la epidemia de coronavirus en comparación con la población total (43%). Aproximadamente una cuarta parte de las mujeres inmigrantes estaban empleadas o hacían prácticas de formación en el sector de la salud, donde entraban en contacto con los clientes. La proporción correspondiente de mujeres procedentes de África fue claramente la más alta en comparación con otros grupos (60%). Algo más de la mitad (56%) de los que estaban en el trabajo o en prácticas de formación no pudieron mantener una distancia de seguridad en su trabajo. El 72% de las personas en el trabajo o en prácticas de formación pudieron mantener una buena higiene de las manos en su lugar de trabajo.

Se considera bastante buena la percepción y el acceso a la información y el cumplimiento de las medidas de prevención. La conexión observada entre la idoneidad de la información y el nivel de conocimientos del idioma finlandés o sueco enfatiza la necesidad de utilizar un lenguaje sencillo y claro en los materiales de comunicación. La comunicación multilingüe y multicanal es especialmente necesaria cuando las recomendaciones se actualizan o se perfeccionan durante la epidemia del coronavirus. Es posible que al informar sobre el cumplimiento de las recomendaciones, exista algún sesgo de notificación en las respuestas, tanto para los migrantes como para la población en general. Cuando los factores relacionados con las condiciones de trabajo que aumentan el riesgo de infección no se pueden eliminar por completo, los empleadores deben prestar atención a brindar las mejores condiciones de trabajo posibles, orientación y monitoreo del cumplimiento de las pautas para reducir la exposición innecesaria a la infección por coronavirus en el lugar de trabajo.

**Palabras clave:** coronavirus (Covid-19), inmigración, medidas de prevención de infecciones

## [การได้รับข้อมูล, การปฏิบัติตามคำแนะนำของหน่วยราชการ และ สภาวะแวดล้อมในการทำงานในช่วงของการแพร่ระบาดของไวรัสโคโรนา – ผลการวิจัยประชากรที่เป็นกลุ่มคนที่ย้ายถิ่นฐานเข้าประเทศ MigCOVID ]

การได้รับข้อมูลที่ทันต่อเหตุการณ์ นำเชื่อถือและเพียงพอถือเป็นสิ่งสำคัญในสถานการณ์วิกฤต เช่น ในช่วงของการแพร่ระบาดของไวรัสโคโรนา (Covid-19) ทั่วโลก นอกจากนี้ การตรวจสอบให้แน่ใจถึงการได้รับข้อมูล สิ่งที่สำคัญคือการพิจารณาว่า ข้อมูลต่าง ๆ จะช่วยเพิ่มแรงจูงใจในการปฏิบัติเพื่อการป้องกัน กลุ่มประชากรบางกลุ่มอาจจะอยู่ในสถานะที่เปราะบางกว่ากลุ่มประชากรอื่นในสถานการณ์วิกฤต ซึ่งอาจจะเกิดจากปัญหาในการได้รับข้อมูล หรือ

จากการที่บุคคลที่อยู่ในกลุ่มนี้มีมักจะตกอยู่ในภาวะของการสัมผัสเสี่ยงติดเชื้อได้บ่อยกว่ากลุ่มอื่น ๆ เนื่องจากสาเหตุทางโครงสร้าง (เช่น สภาวะแวดล้อมในการทำงาน, สภาวะแวดล้อมด้านที่อยู่อาศัย)

วัตถุประสงค์ของเอกสารรายงานนี้ คือการประเมินการได้รับข้อมูลต่าง ๆ การปฏิบัติตามหลักปฏิบัติเพื่อการป้องกัน และ สภาวะแวดล้อมในการทำงานของประชากรที่ย้ายถิ่นฐานเข้าประเทศ

โดยการใช้ข้อมูลที่ได้จากการวิจัยของสถาบันด้านสุขภาพและสวัสดิการ ผลกระทบจากโคโรนา ต่อความเป็นอยู่และสุขภาพของบุคคลที่เกิดในต่างประเทศ (MigCOVID n= 3 668, ความกระตือรือร้นในการเข้าร่วม 60%) (อายุ 20-66 ปี) ในส่วนที่สามารถได้รับข้อมูลที่สามารถนำไปเปรียบเทียบได้

จะใช้ข้อมูลสำหรับเปรียบเทียบที่ระบุถึงประชากรทั้งหมดคือข้อมูลจากการวิจัยติดตามผล FinTerveys 2017 ของกลุ่มประชากรในอายุเทียบเท่ากัน (n= 3 490, ความกระตือรือร้นในการเข้าร่วม 51 %)

บุคคลกลุ่มใหญ่ที่ย้ายถิ่นฐานเข้าประเทศ (94 %) รวมทั้งประชากรทั้งหมด (98 %)

รายงานว่าได้รับข้อมูลอย่างเพียงพอเกี่ยวกับไวรัสโคโรนาและวิธีปฏิบัติเพื่อป้องกันการแพร่ระบาด บุคคลที่ย้ายถิ่นฐานเข้าประเทศ

ที่มีทักษะทางภาษาฟินนิชหรือสวีดิชยอดเยี่ยมรายงานว่าพวกเขาได้รับข้อมูลที่เพียงพอมากกว่า (97 %)

บุคคลที่มีทักษะทางภาษาอยู่ในระดับปานกลาง (92 %) หรือในระดับที่ไม่เกินระดับเริ่มต้น (91 %)

ผู้ตอบแบบสอบถามบอกว่าได้ปฏิบัติตามวิธีในการป้องกันส่วนใหญ่เป็นอย่างดี

โดยเฉพาะอย่างยิ่งในการอยู่แต่ในบ้านขณะที่มีอาการไข้หวัด (ผู้ย้ายถิ่นฐานเข้าประเทศ 96 % และประชากรทั้งหมด 97 %), เพิ่มประสิทธิภาพในการรักษาสุขอนามัยของมือ และปฏิบัติตามหลักในการไอจามอย่างถูกสุขลักษณะ (93 % ของทั้งสองกลุ่มประชากร), รวมทั้งรักษาระยะห่างที่ปลอดภัย (ผู้ย้ายถิ่นฐานเข้าประเทศ 94 % และประชากรทั้งหมด 95 %) โดยมีรายงานน้อยกว่าเล็กน้อยเกี่ยวกับการใช้หน้ากาก (ผู้ย้ายถิ่นฐานเข้าประเทศ 82 % และประชากรทั้งหมด 84 %)

โดยในส่วนของผู้ย้ายถิ่นฐานเข้าประเทศ

รายงานว่าการปฏิบัติตามคำแนะนำเรื่องความเสี่ยงการเดินทางไปต่างประเทศจะมีน้อยกว่า (ผู้ย้ายถิ่นฐานเข้าประเทศ 84 % และประชากรทั้งหมด %) รวมทั้งการดาวน์โหลดแอปพลิเคชัน Koronavilkku ลงในโทรศัพท์ (ผู้ย้ายถิ่นฐานเข้าประเทศ 43 % และประชากรทั้งหมด 63 %)

โดยในกรณีนี้พบประเด็นความแตกต่างที่สำคัญของผู้ย้ายถิ่นฐานเข้าประเทศจากแต่ละบริเวณที่แตกต่างกัน

ผู้หญิงจะปฏิบัติตามคำแนะนำมากกว่าผู้ชาย ผู้ย้ายเข้ามายังประเทศฟินแลนด์ (30 %)

รายงานเกี่ยวกับการเพิ่มปริมาณของการทำงานที่บ้านเนื่องจากไวรัสโคโรนา น้อยกว่าประชากรของทั้งประเทศอย่างชัดเจน (43 %)

ประมาณหนึ่งในสี่ของผู้หญิงที่ย้ายถิ่นฐานเข้าประเทศที่กำลังทำงานหรือกำลังฝึกงานทำงานเกี่ยวกับด้านการรักษาพยาบาล ซึ่งมีการพบกับผู้ใช้บริการ

ผู้หญิงที่ย้ายมาจากทวีปแอฟริกาในส่วนเดียวกันนี้เมื่อเทียบกับกลุ่มอื่นจะเห็นได้ชัดว่ามีจำนวนสูงที่สุด (60 %)

ผู้ที่กำลังทำงานหรือกำลังฝึกงานจำนวนเกินครึ่งเล็กน้อย (56 %)

ไม่สามารถรักษาระยะห่างที่ปลอดภัยในที่ทำงานของพวกเขาได้ โดยผู้ที่กำลังทำงานหรือกำลังฝึกงานจำนวน 72 % สามารถรักษาสุขอนามัยของมือที่ดีในที่ทำงานได้

สถานการณ์ในส่วนของผู้ที่รู้สึกว่าได้ข้อมูลเพียงพอและสามารถปฏิบัติตามวิธีในการป้องกันการแพร่ระบาดได้นั้นถือว่าค่อนข้างดี

การสังเกตพบประเด็นด้านความเกี่ยวข้องที่เพียงพอของทักษะทางภาษาฟินนิชหรือสวีดิชได้เน้นความจำเป็นในการใช้ภาษาที่ง่าย ๆ ในข้อมูลสำหรับการสื่อสารต่าง ๆ ในการสื่อสารหลากหลายภาษา และ

หลากหลายช่องทางมีความจำเป็นมากเป็นพิเศษในกรณีที่จะมีการอัปเดตข้อมูลหรือเพิ่มเติมข้อมูลให้ชัดเจนมากขึ้นในช่วงของการแพร่ระบาดของไวรัสโคโรนา

โดยมีความเป็นไปได้ว่าคำตอบของการรายงานเกี่ยวกับการปฏิบัติตามคำแนะนำอาจจะมีรายงานที่เป็นไปอย่างผิด ๆ

บ้าง ทั้งในส่วนของผู้ย้ายถิ่นฐานเข้าประเทศ และ ในส่วนของประชากรทั้งหมด

โดยไม่สามารถตัดปัจจัยในส่วนของสภาวะแวดล้อมในการทำงาน และการเพิ่มความเสี่ยงในแพร่ระบาดออกไปได้ทั้งหมด นายจ้างจะต้องพิจารณาเกี่ยวกับการจัดสภาวะในที่ทำงานให้ดีที่สุดเท่าที่จะเป็นไปได้,

การให้คำแนะนำและการควบคุมเรื่องการปฏิบัติตามคำแนะนำ

เพื่อลดภาวะของการสัมผัสและติดเชื้อไวรัสโคโรนาโดยไม่จำเป็นในที่ทำงาน

**คำสำคัญ:** ไวรัสโคโรนา (โควิด-19), การย้ายเข้าประเทศ, วิธีปฏิบัติเพื่อป้องกันการติดเชื่อ

## Özet

Koronavirüs epidemisi süresinde bilgiye erişim, resmi mercilerin tavsiyelerine uyma ve çalışma koşulları - ülkeye taşınmış olanlara odaklı MigCOVID- nüfus araştırması sonuçları.

Küresel korona epidemisi (Covid-19) gibi kriz durumlarında eş zamanlı, güvenilir ve yeterli bilgiye erişim önemlidir. Bilgiye erişimden emin olmanın dışında; bilginin önlemleri uygulama motivasyonunu arttırmasını dikkate almak da önemlidir. Kriz durumlarında bazı nüfus grupları diğer gruplara kıyasla daha korunmasız bir konumda olabilir. Bu, bilgiye erişim ile ilgili sorunlardan veya değişik yapısal nedenlerden (örneğin çalışma şartları, ikamet koşulları) gruptaki kişilerin diğerlerine kıyasla koronavirüs salgınına daha çok maruz kalabilmelerinden kaynaklanabilir.

Bu çalışmanın amacı Sağlık ve Refah Kurumunun gerçekleştirmiş olduğu korona epidemisinin yurtdışında doğmuş olanların refahı üzerindeki etkisi araştırmasının (MigCOVID n=3 668, katılım aktifliği %60) verilerini (20-66 yaşındakiler) kullanarak bilgi erişimini, önleyici eylemlere uyulmayı ve çalışma koşullarını değerlendirmektir. Karşılaştırma yapmaya uygun veri olduğunda, bütün nüfusu betimleyen FinTerveys 2017 izlem araştırmasının verilerine denk olan yaştaki nüfus (n=3 490, katılım aktifliği %51) verileri kullanılacaktır.

Ülkeye taşınanların (%94) ve de bütün nüfusun (%98) büyük çoğunluğu koronavirüs ve hastalığın yayılmasını önleyen uygulamalar hakkında yeterince bilgiye erişmiş olduklarını söyledi. Fince veya İsveççe dilleri çok iyi olan ülkeye taşınmış kişiler yeterli bilgiyi, dil seviyesi orta derece (%92) ve en fazla başlangıç seviyesinde olanlara (%91) kıyasla özellikle daha sık (%97) edindiklerini söylediler. Yanıtlayanlar önlemleri genelde iyi uyguladıklarını, özellikle grip belirtileri varken evde kaldıklarını (ülkeye taşınanlar %96 ve bütün nüfus %97), el hijyenini arttırdıklarını ve iyi öksürme hijyenini yerine getirdiklerini (%93 her iki nüfus grubu) ve de güvenli mesafeyi koruduklarını (ülkeye taşınanlar %94 ve bütün nüfus %95) söylediler. Yüz maskesinin kullanımı biraz daha az rapor edildi (ülkeye taşınanlar %82 ve bütün nüfus %84).

Ülkeye taşınanların daha seyrek uydukları tavsiyeler yurtdışına seyahatten kaçınma (ülkeye taşınanlar %84 ve bütün nüfus %97) ve Koronavirüs uygulamasının telefona yüklenmesiydi (ülkeye taşınanlar %43 ve bütün nüfus %63). Ayrıca bunlarda, farklı bölgelerden ülkeye taşınanlar arasında büyük fark gözlemlendi. Kadınlar erkeklere kıyasla tavsiyelere daha çok uymaktadırlar. Korona epidemisinde dolayı uzaktan çalışmanın fazlaştığını Finlandiya'ya taşınanlar (%30) bütün nüfusa (%43) kıyasla daha az rapor etti. Ülkeye taşınan çalışan veya staj yapan kadınların yaklaşık dörtte biri hizmet alanlarla görüştikleri sağlık hizmetlerinde çalışıyordu. Afrika'dan taşınan kadınlarda bu oran açıkça en yüksekti (%60). Çalışanların veya staj yapanların yarısında biraz çoğu (%56) işte güvenli mesafeyi koruyamamaktadırlar. Çalışanların veya staj yapanların %72'si iyi el hijyenine dikkat edebiliyordu.

Deneyimlenen bilgi erişim yeterliliği ve önlemlere uyma hali oldukça iyiydi. Gözlenen Fince ve İsveççe dili seviyesinin bilgi yeterliliği ile olan ilişkisi, bilgilendirme materyallerinde sade dil kullanımının gereksinimini vurgulamaktadır. Korona epidemisi sürecinde, özellikle tavsiyeler güncelleştirildiğinde ve ayrıntılandığında çok dilli ve çok kanallı bilgilendirmeye ihtiyaç vardır. Tavsiyelere uyma ile ilgili cevapların, hem ülkeye taşınanlarda hem de bütün nüfusta, bir nebze rapor etme yanlısaması içermesi olasıdır. Çalışma koşullarında bulaşma riski etkenleri tam olarak yok edilemediği için; işverenlerin işyerlerinde gereksiz yere koronavirüs salgınına maruz kalınmamasını, iyi çalışma koşullarını, yönlendirme ve talimatlara uyulduğunun denetlemesini dikkate almaları gerekmektedir.

**Anahtar kelimeler:** koronavirüs (Covid-19), göç, salgın önlemleri

## Tiếp cận thông tin, tuân thủ các khuyến nghị của các cơ quan chức năng và điều kiện làm việc trong thời kỳ dịch bệnh corona - kết quả của cuộc điều tra MigCOVID đánh giá tác động của dịch covid trong cộng đồng người nhập cư

Trong những tình trạng khủng hoảng như đại dịch korona toàn cầu (Covid-19), có được các thông tin đáng tin cậy, được cập nhật đầy đủ là điều rất quan trọng. Ngoài việc đảm bảo luôn sẵn có các thông tin, điều quan trọng cần chú ý khác là các thông tin được truyền tải sẽ làm tăng động lực thực hiện các biện pháp phòng chống. Trong các tình huống khủng hoảng sẽ có một số nhóm dân dễ bị tổn thương hơn nhóm dân khác. Điều này có thể do gặp trở ngại về tiếp cận thông tin hoặc những người trong các nhóm này có nhiều khả năng bị nhiễm virus corona hơn vì các lý do cấu trúc đời sống khác nhau (ví dụ như điều kiện làm việc, điều kiện sống).

Mục đích của tài liệu này là đánh giá mức độ sẵn có của thông tin, sự tuân thủ các biện pháp phòng ngừa và điều kiện làm việc ở nhóm dân nhập cư bằng cách sử dụng dữ liệu từ các cuộc khảo sát về Tác động của Dịch corona đối với sức khỏe của người sinh ra ở nước ngoài (MigCOVID n = 3 668, tỷ lệ tham gia 60%) (độ tuổi 20-66). Trong phạm vi có sẵn dữ liệu dùng so sánh, các dữ liệu của cuộc khảo sát tiếp theo FinTerveys 2017 cho dân số cùng độ tuổi (n = 3490, tỷ lệ tham gia 51%) sẽ được sử dụng làm dữ liệu tham khảo để mô tả toàn dân số.

Đa phần người nhập cư (94%) và toàn dân nói chung (98%) cho biết họ đã nhận được thông tin đầy đủ về virus corona và các biện pháp ngăn chặn sự lây lan của dịch bệnh. Những người nhập cư có kỹ năng tiếng Phần Lan hoặc tiếng Thụy Điển xuất sắc cho biết rằng họ đã thường xuyên nhận được đầy đủ thông tin cần biết (97%) so với những người có trình độ ngoại ngữ trung cấp (92%) hoặc trình độ cao nhất là sơ cấp (91%). Những người được hỏi cho biết họ thường tuân thủ tốt các biện pháp phòng tránh, đặc biệt là ở nhà khi có các triệu chứng cúm (96% người nhập cư và 97% tổng dân số), tăng cường vệ sinh bàn tay và ho theo cách vệ sinh tốt nhất (93% ở cả hai nhóm), giữ khoảng cách an toàn (94% người nhập cư và 95% trên tổng dân số). Việc sử dụng khẩu trang được báo cáo cho biết là ít thường xuyên hơn một chút (82% người di cư và 84% trên tổng dân số).

Các khuyến nghị ít được người nhập cư tuân thủ nhất là tránh đi du lịch nước ngoài (84% người nhập cư, 97% trên tổng dân số) và tải ứng dụng Koronavilkku về điện thoại (43% người nhập cư và 63% trên tổng dân số). Trong các vấn đề này cũng thấy có sự khác biệt giữa những người nhập cư ở các vùng khác nhau. Phụ nữ thường xuyên tuân thủ các khuyến nghị hơn nam giới. Số người di cư sang Phần Lan (30%) ít hơn so với toàn bộ dân số (43%) cho biết công việc làm từ xa của họ gia tăng do dịch corona. Khoảng một phần tư số phụ nữ nhập cư làm việc hoặc thực tập làm việc trong lĩnh vực chăm sóc sức khỏe, nơi họ tiếp xúc trực tiếp những người cần chăm sóc. Tỷ lệ tương ứng của phụ nữ đến từ châu Phi cao nhất so với các nhóm khác (60%). Hơn phân nửa (56%) số người đang làm việc hoặc thực tập làm việc không thể duy trì khoảng cách an toàn trong công việc của họ. 72% những người đang làm việc hoặc thực tập có thể chăm sóc tốt vấn đề vệ sinh tay tại nơi làm việc của họ.

Theo báo cáo, các điều kiện để có thể tiếp cận được đầy đủ thông tin và để tuân thủ các biện pháp phòng ngừa là khá tốt. Qua quan sát về mối liên quan giữa việc tiếp cận đầy đủ các thông tin với trình độ kỹ năng tiếng Phần Lan hoặc tiếng Thụy Điển đã nổi cộm nhu cầu được sử dụng ngôn ngữ đơn giản trong các văn bản thông cáo. Trong thời gian dịch bệnh corona, thông cáo đa ngôn ngữ và trên đa kênh là đặc biệt cần thiết khi cần cập nhật hoặc bổ sung thêm nội dung các khuyến nghị. Có khả năng là khi trả lời, một số người có gốc ngoại kiều và cả người dân bản địa đã trả lời nhầm lẫn ý đối với câu hỏi về việc tuân thủ các khuyến nghị. Khi tình hình còn ở giai đoạn không thể loại bỏ hoàn toàn các mầm mống có nguy cơ tăng lây nhiễm liên quan đến điều kiện làm việc, người sử dụng lao động cần chú ý cung cấp các điều kiện làm việc tốt nhất, hướng dẫn và giám sát việc tuân thủ các hướng dẫn nhằm giảm các tiếp xúc không cần thiết tại nơi làm việc để tránh nguy cơ lây nhiễm virus corona.

**Từ khóa:** koronavirus (Covid-19), di trú, các biện pháp phòng chống lây nhiễm