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Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland

The MigCOVID survey 2020–2021

REPORT



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Foreword

It is evident that Covid-19 and related restrictive measures have had a significant impact on population health and wellbeing, both globally and nationally. As in most crises, the impact has been most pronounced among groups who were at a greater social disadvantage and risk for inequalities in health and wellbeing already prior to Covid-19. There is a growing body of evidence that persons of migrant origin are among the population groups most impacted by Covid-19.

The mission of the Finnish Institute for Health and Welfare (THL) is to promote the welfare, health and safety of the population; to prevent diseases and social problems; and to further develop the welfare society. The key strategic value of THL is: *So that we all could live a healthy life*. A healthy life for all cannot be achieved without ensuring a healthy life for all population groups, including persons of migrant origin and ethnic minorities.

Population-based surveys conducted by THL have provided information for evidence-based decision-making in Finland for many decades. During the Covid-19 epidemic in Finland, several population-based surveys were launched to gather information on the impact of Covid-19 on the health and wellbeing of the population. Larger sampling probabilities are needed to ensure sufficient information concerning persons who have migrated to Finland. For this reason, the Impact of the Coronavirus on the Wellbeing of the Foreign Born Population Survey (MigCOVID) Survey was launched by THL in the autumn of 2020.

The MigCOVID Survey is a unique population-based dataset worldwide, including information on the impact of Covid-19 on the health and wellbeing of persons who have migrated to Finland. Availability of the information from the FinHealth 2017 follow-up Study on the general population sets the context for the MigCOVID Survey findings. In this report, many important findings on the concerns during Covid-19, impact of Covid-19 on various domains of daily life, experiences of discrimination, as well as self-rated health and functioning, quality of life, and psychological distress are presented. This information can be used for the development of services post the Covid-19 epidemic, as well as strategies for preparedness for similar future crisis situations.

We warmly thank all the participants in both the MigCOVID Survey and the FinHealth 2017 follow-up Study, as well as all the fieldwork personnel without whom this study would not have been possible. Additionally, we would like to thank all the experts involved at the different stages of the studies. The funding bodies, THL's coordinated funding for Covid-19 research from the Finnish Government's supplementary budget and the European Union's European Social Fund project Coping of disabled persons and persons of migrant origin in exceptional and crisis situations – Building the future based on experiences during Covid-19, are also warmly acknowledged.

Markku Tervahauta
Director General, THL

Abstract

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. MigCOVID Survey 2020–2021. Report 8/2021. 144 pages. Helsinki, Finland 2021. ISBN978-952-343-682-4 (printed); ISBN978-952-343-683-1 (online publication)

Covid-19 and related restrictive measures have had a significant impact on population health. The impact has been most pronounced among persons who were at a greater social disadvantage already prior to Covid-19. The aim of this report was to examine the impact of Covid-19 on daily life, health, functioning, mental wellbeing, and quality of life among persons who have migrated to Finland.

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) was used. The survey was conducted between October 2020 and February 2021 and coincided with the second wave of the Covid-19 epidemic in Finland. Altogether 3 668 persons aged 20–66 years participated in the MigCOVID Survey with a participation rate of 60%. A sub-sample of participants of the FinHealth 2017 follow-up Study representing the general Finnish population and belonging to the corresponding age group (n=3 490 participated, participation rate 51%) was the reference group.

Statistically significant differences compared with persons in the general population were observed, with a significantly higher proportion of persons who have migrated to Finland reporting concerns related to Covid-19. Concerns included getting infected with Covid-19 (general population 18% vs. persons who have migrated to Finland 29%), infecting others (31% vs. 39%), a close one becoming infected (40% vs. 52%), being discriminated or avoided because of having Covid-19 (7% vs. 16%), continuation of employment (8% vs. 30%), government's ability to deal with the crisis (14% vs. 25%), and the healthcare system's ability to treat all patients (15% vs. 29%).

Compared with persons in the general population, a significantly higher proportion of persons who have migrated to Finland reported a decrease in feelings of hope for the future (general population 30% vs. persons who have migrated to Finland 38%), and an increase in loneliness (28% vs. 36%), sleeping difficulties (10% vs. 18%), and daily smoking (2% vs. 4%). A decrease in feelings of safety at home was reported by 9% and a decrease in physical activity by 39% of persons who have migrated to Finland. A statistically significant difference was also observed among persons reporting that their financial situation weakened quite a lot or very much (general population 6% vs. persons who have migrated to Finland 23%). For some, Covid-19 also had positive effects. Compared with persons in the general

population, persons who have migrated to Finland more frequently reported an increase in contact with friends (general population 7% vs. persons who have migrated to Finland 16%) and feelings of hope for the future (7% vs. 20%), and a decrease in loneliness (2% vs. 6%), disputes within the family (3% vs. 6%), and consumption of snacks (5% vs. 9%).

Altogether 15% of persons who have migrated to Finland reported they have been treated with less respect, verbally insulted, threatened or harassed during the Covid-19 epidemic. Among persons who reported being treated with less respect than others (11% of all the participants), 46% reported this occurred at least weekly. Out of all of those who were called names or otherwise verbally insulted (7%), 35% reported this occurred at least weekly. Threats and harassment were reported among 5% of the participants. Among those who experienced this mistreatment, 24% reported it occurred at least once a week.

Altogether 81% of persons who have migrated to Finland and 84% of persons in the general population reported being completely able to work. Statistically significant differences were, however, observed compared with persons in the general population in other domains of health, functioning, and wellbeing. Compared with persons in the general population, persons who have migrated to Finland were less likely to report good/rather good self-rated health (general population 80% vs. persons who have migrated to Finland 70%), memory to function well or very well (82% vs. 75%) and quality of life as very good or good (78% vs. 70%), whereas prevalence of psychological distress (11% vs. 20%) and presence of severe functional limitations (5% vs. 11%) were higher compared with persons in the general population.

The impact of Covid-19 on the health and wellbeing of persons who have migrated to Finland was significantly higher in most of the examined domains of health and wellbeing compared with persons in the general population. Further studies should examine the associated background factors, as well as whether the negative impact of Covid-19 epidemic accumulated among certain groups. Also, the observed positive effects of Covid-19 in some of the participants also needs to be examined from the perspective of resilience to crisis.

Keywords: Covid-19; coronavirus; MigCOVID; migrant; migration; health; mental health; wellbeing; discrimination; functioning; concerns; daily life; lifestyle.

Tiivistelmä

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Covid-19-epidemian vaikutukset terveyteen ja hyvinvointiin Suomeen muuttaneilla henkilöillä. MigCOVID-tutkimus 2020–2021.] Raportti 8/2021. 144 sivua. Helsinki, Suomi 2021. ISBN978-952-343-682-4 (painettu); ISBN978-952-343-683-1 (verkkojulkaisu).

Covid-19-epidemiolla ja siihen liittyvillä rajoituksilla on ollut merkittäviä vaikutuksia väestön terveyteen. Vaikutukset ovat olleet voimakkaimpia henkilöillä, jotka ovat jo ennen Covid-19-epidemiaa olleet heikommassa asemassa yhteiskunnassa. Tämän raportin tavoitteena oli selvittää Covid-19-epidemian vaikutuksia jokapäiväiseen elämään, terveyteen, psyykkiseen hyvinvointiin ja elämänlaatuun Suomeen muuttaneilla henkilöillä.

Tutkimuksessa käytettiin Terveyden ja hyvinvoinnin laitoksen toteuttaman Koronaepidemian vaikutukset ulkomailla syntyneiden hyvinvointiin (MigCOVID)-tutkimuksen aineistoa. Aineisto kerättiin lokakuun 2020 ja helmikuun 2021 välillä, samaan aikaan Covid-19-epidemian toisen aallon kanssa Suomessa. Yhteensä 3 668 20–66-vuotiasta henkilöä osallistui MigCOVID-tutkimukseen. Osallistumisprosentti oli 60 %. FinTerveys 2021 seurantatutkimuksen samaan ikäryhmään kuuluvien tutkittavien otosta käytettiin koko väestöä kuvaavana vertailuaineistona (n=3 490 osallistui, osallistumisprosentti 51 %).

Tilastollisesti merkitseviä eroja koko väestöön nähden havaittiin siten, että suuremmalla osalla Suomeen muuttaneista henkilöistä oli huolenaiheita Covid-19-epidemiaan liittyen. Huolet liittyivät Covid-19-tartunnan saamiseen (koko väestö 18 % vs. Suomeen muuttaneet henkilöt 29 %), toisten tartuttamiseen (31 % vs. 39 %), läheisen henkilön tartunnan saamiseen (40 % vs. 52 %), syrjinnän tai välttelyn kokemiseen Covid-19:n vuoksi (7 % vs. 16 %), työn jatkumiseen (8 % vs. 30 %), valtionjohdon taitoihin hoitaa kriisiä (14 % vs. 25 %) ja terveydenhuollon pystyvyyteen hoitaa kaikki potilaat (15 % vs. 29 %).

Koko väestöön verrattuna merkittävästi suurempi osuus Suomeen muuttaneista raportoi laskua toiveikkudessa tulevaisuuden suhteen (koko väestö 30 % vs. Suomeen muuttaneet henkilöt 38 %) sekä kasvua yksinäisyyden kokemuksissa (28 % vs. 36 %), nukkumisvaikeuksissa (10 % vs. 18 %) ja tupakoinnissa (2 % vs. 4 %). Suomeen muuttaneista henkilöistä 9 % raportoi laskua kotona koetussa turvallisuudessa ja 39 % fyysisessä aktiivisuudessa. Myös melko tai erittäin paljon taloudellisen tilanteen heikkenemistä raportoivissa henkilöissä havaittiin tilastollisesti merkitsevä ero (koko väestö 6 % vs. Suomeen muuttaneet henkilöt 23 %). Joillekin Covid-19-epidemiolla oli myös myönteisiä vaikutuksia. Koko väestöön verrattuna Suomeen

muuttaneet henkilöt raportoivat useammin lisääntymistä yhteydenpidossa ystäviin (koko väestö 7 % vs. Suomeen muuttaneet henkilöt 16 %) ja toiveikkuudessa tulevaisuuden suhteen (7 % vs. 20 %) sekä laskua yksinäisyydessä (2 % vs. 6 %), perheen sisäisissä erimielisyyksissä (3 % vs. 6 %) ja välipalojen syönnissä (5 % vs. 9 %).

Yhteensä 15 % Suomeen muuttaneista henkilöistä raportoi tulleen kohdelluiksi epäkunnioittavammin, sanallisesti loukatuiksi, uhkailluiksi tai häirityksi Covid-19-epidemian aikana. Niistä, jotka olivat tulleet kohdelluiksi epäkunnioittavammin kuin muita (11 % kaikista tutkittavista), 46 % raportoi tämän tapahtuneen vähintään viikoittain. Niistä, joita on nimitelty tai muutoin sanallisesti loukattu (7 %), 35 % raportoi tämän tapahtuneen vähintään viikoittain. Uhkailua ja häirintää raportoi 5 % tutkittavista. Heistä 24 % raportoi tämän tapahtuneen vähintään viikoittain.

Yhteensä 81 % Suomeen muuttaneista henkilöistä ja 84 % koko väestöstä raportoi olevansa täysin työkykyisiä. Tilastollisesti merkitseviä eroja havaittiin kuitenkin suhteessa koko väestöön muilla terveyden, toimintakyvyn ja hyvinvoinnin osa-alueilla. Koko väestöön nähden Suomeen muuttaneet henkilöt raportoivat harvemmin koetun terveytensä hyväksi/jokseenkin hyväksi (koko väestö 80 % vs. Suomeen muuttaneet henkilöt 70 %), muistinsa toimivan hyvin tai erittäin hyvin (82 % vs. 75 %) ja elämänlaatunsa erittäin hyväksi tai hyväksi (78 % vs. 70 %), siinä missä psyykkisen kuormittuneisuuden (11 % vs. 20 %) ja vaikeiden toimintakykyrajoitteiden (5 % vs. 11 %) esiintyvyydet olivat korkeampia koko väestöön verrattuna.

Covid-19-epidemian vaikutukset terveyteen ja hyvinvointiin olivat Suomeen muuttaneiden henkilöiden keskuudessa merkittävästi vahvempia suurimmassa osassa terveyden ja hyvinvoinnin osa-alueita koko väestöön verrattuna. Jatkotutkimusten tulisi selvittää yhteyksiä taustatekijöihin sekä sitä, kasautuvatko Covid-19-epidemian kielteiset vaikutukset tiettyihin ryhmiin. Myös havaittuja Covid-19-epidemian myönteisiä vaikutuksia joihinkin tutkittaviin on syytä tutkia kriisistä selviytymisen näkökulmasta.

Avainsanat: Covid-19; koronavirus; MigCOVID; maahan muuttanut; maahanmuutto; terveys; mielenterveys; hyvinvointi; syrjintä; toimintakyky; huolet; jokapäiväinen elämä; elintapa.

Sammandrag

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Covid-19-epidemiens inverkan på hälsan och välbefinnandet hos personer som flyttat till Finland. MigCOVID-undersökningen 2020–2021.] Rapport 8/2021. 144 sidor. Helsingfors, Finland 2021. ISBN978-952-343-682-4 (tryckt); ISBN978-952-343-683-1 (nätpublikation).

Covid-19-epidemin och begränsningarna i anslutning till den har haft betydande konsekvenser för befolkningens hälsa. Konsekvenserna har varit kraftigast för personer som redan före Covid-19-epidemin har haft en svagare ställning i samhället. Syftet med denna rapport var att utreda Covid-19-epidemiens inverkan på det dagliga livet, hälsan, det psykiska välbefinnandet och livskvaliteten hos personer som flyttat till Finland.

I undersökningen användes materialet från undersökningen om corona-epidemiens inverkan på välbefinnandet hos personer födda utomlands (MigCOVID) som genomfördes av Institutet för hälsa och välfärd. Materialet samlades in mellan oktober 2020 och februari 2021, samtidigt med Covid-19-epidemiens andra våg i Finland. Sammanlagt deltog 3 668 20–66-åringar i MigCOVID-undersökningen. Deltagarprocenten var 60%. De undersökta i samma åldersgrupp i FinHälsa 2021 användes som jämförelsematerial som beskriver hela befolkningen (n=3 490 deltog, deltagarprocenten 51%).

Statistiskt signifikanta skillnader i förhållande till hela befolkningen observerades genom att en större del av de personer som flyttat till Finland oroade sig över Covid-19-epidemin. Oron gällde Covid-19-smitta (hela befolkningen 18% vs. personer som flyttat till Finland 29%), för att smitta andra (31% vs. 39%), för att få en närstående person ska bli smittad (40% vs. 52%), för att uppleva diskriminering eller undvikande på grund av Covid-19 (7% vs. 16%), för hur arbetet fortsätter (8% vs. 30%), för statsledningens färdigheter att sköta krissituationen (14% vs. 25%) och hälso- och sjukvårdens kapacitet att sköta alla patienter (15% vs. 29%).

Jämfört med hela befolkningen rapporterade en betydligt större andel av dem som flyttat till Finland en minskning i hoppfullheten inför framtiden (hela befolkningen 30% vs. personer som flyttat till Finland 38%) samt ökade upplevelser av ensamhet (28% vs. 36%), sömnsvärigheter (10% vs. 18%) och rökning (2% vs. 4%). Av personerna som flyttat till Finland, 9% rapporterade en minskning av den upplevda säkerheten hemma och 39% i den fysiska aktiviteten. Även hos personer som rapporterade en ganska eller mycket stor försämring av den ekonomiska situationen observerades en statistiskt signifikant skillnad (hela befolkningen 6% vs. personer som flyttat till Finland 23%). För en del hade Covid-19-epidemin också positiva effekter. Personer som flyttat till Finland rapporterade oftare en ökning i kontakten med vänner i jämförelse med hela befolkningen (hela befolkningen 7% vs. personer som flyttat till Finland 16%) och i hoppfullheten inför framtiden (7%

vs. 20%) samt en minskning av ensamhet (2% vs. 6%), i meningsskiljaktigheterna inom familjen (3% vs. 6%) och i hur de äter mellanmål (5% vs. 9%).

Sammanlagt 15% av de personer som flyttat till Finland rapporterade att de blivit mer ohövligen behandlade, verbalt kränkta, hotade eller trakasserade under Covid-19-epidemin. Av dem som hade behandlats mer respektlöst än andra (11% av alla undersökta) rapporterade 46% att detta skett minst varje vecka. Av dem som hade kallats skällsord eller annars kränkts verbalt (7%) rapporterade 35% att detta skett minst varje vecka. 5% av deltagarna rapporterade hot och trakasserier. Av dem rapporterade 24% att detta skett minst varje vecka.

Sammanlagt 81% av de personer som flyttat till Finland och 84% av hela befolkningen rapporterade att de är fullt arbetsföra. Statistiskt betydande skillnader observerades dock i förhållande till hela befolkningen inom andra delområden av hälsa, funktionsförmåga och välfärd. Personer som flyttat till Finland rapporterade mer sällan om sin upplevda hälsa som god/ganska bra i förhållande till hela befolkningen (hela befolkningen 80% vs. personer som flyttat till Finland 70%), att deras minne fungerar bra eller mycket bra (82% vs. 75%) och att livskvaliteten är mycket god eller god (78% vs. 70%), medan förekomsten av psykisk belastning (11% vs. 20%) och svåra begränsningar i funktionsförmågan (5% vs. 11%) var högre än hela befolkningen.

Covid-19-epidemins inverkan på hälsan och välbefinnandet var betydligt starkare bland personer som flyttat till Finland i största delen av delområdena hälsa och välfärd jämfört med hela befolkningen. De fortsatta undersökningarna bör utreda kopplingarna till bakgrundsfaktorerna och huruvida de negativa effekterna av Covid-19-epidemin hopar sig i vissa grupper. Även de observerade positiva effekterna av Covid-19-epidemin på vissa personer som undersöks bör undersökas med tanke på hur man klarar av krisen.

Nyckelord: Covid-19; coronavirus; MigCOVID; invandrare; invandring; hälsa; mental hälsa; välbefinnande; diskriminering; funktionsförmåga; bekymmer; vardagsliv; livsstil.

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1 Introduction

Covid-19 has had a significant impact on public health globally. In many ways, Covid-19 put the already existing health inequalities and social injustices into the spotlight. The impact has been most pronounced among groups that have been at a greater social disadvantage already prior to Covid-19, including among persons of migrant origin. Persons of migrant origin have been consistently reported to be overrepresented in positive Covid-19 cases in several countries, including Finland (e.g. Platt & Warwick 2020; THL 2020; Norwegian Institute of Public Health 2021). Additionally, higher mortality rates for Covid-19 have been observed among persons of migrant origin (e.g. Rostila 2021). Covid-19 has also been reported to have had a significant influence on the overall health and wellbeing of persons of migrant origin (WHO 2020).

Persons of migrant origin are a highly heterogenic group, including persons belonging to both higher and lower socioeconomic groups. This being said, persons of migrant origin are generally overrepresented in lower socioeconomic groups (e.g. Kuusio et al. 2020). While some of the health and social disadvantages that influence the health and wellbeing of persons of migrant origin may be related to lower socioeconomic position, the impact of lower socioeconomic position is often magnified through the intersectionality of being of migrant origin and belonging to a lower socioeconomic group. This is due to a large variety of social structures that reinforce unequal distribution of power across different population groups. Therefore, it is important to examine the impact of Covid-19 also by region of origin.

This report presents the findings of the Impact of the Coronavirus on the Wellbeing of the Foreign Born Population (MigCOVID) Survey. Findings on the concerns during Covid-19, impact of Covid-19 on daily life, experiences of discrimination, as well as self-rated health and functioning, quality of life, and psychological distress are presented. These findings provide further insights on the impact of Covid-19 on the health and wellbeing of persons who have migrated to Finland that have been earlier published concerning access to information, adherence to authorities' recommendations and working conditions among persons of migrant origin (Skogberg et al. 2021a), as well as on the need for and access to services (Skogberg et al. 2021b).

According to these previously reported MigCOVID Survey findings, a clear majority of persons who have migrated to Finland perceived they have received enough information on Covid-19 (Skogberg et al. 2021a). Persons who have migrated to Finland generally reported following key preventive measures to stop the spread of Covid-19 quite well, although significant differences by region of origin were also observed. Women also reported following preventive measures more frequently than men. Work-related factors that may predispose one to a greater risk of being exposed to Covid-19 were observed among persons of migrant origin. Less than a third of persons who were working or in training could perform their work remotely. More

than half were not able to keep a safety distance, and more than a quarter could not take care of good hand hygiene at work. Nearly a quarter of women who have migrated to Finland were either working or training in healthcare, where patient contact could not be avoided.

Approximately two thirds of persons who have migrated to Finland reported they needed healthcare or family services during the Covid-19 epidemic (i.e. during the period of 7 to 10 months depending on when they took part in the MigCOVID Survey; Skogberg et al. 2021b). The most frequently mentioned services that were needed were those provided by a physician, dentist, or a nurse. Women reported the need for services more frequently than men. Out of those who needed services, approximately a third reported poor access to these services. Perceived challenges in access to services during the Covid-19 epidemic were most frequent for mental health and dental services. Nearly half of those who needed mental health services reported they did not receive them sufficiently, whereas the respective proportion was approximately a third among those who needed dental services. Differences by region of origin of the participants were also observed. While substantial challenges were observed in several groups, persons who have migrated from East Asia, and South and Central Asia tended to report poor access to services most frequently.

2 Methods

2.1 Sample and participants

The MigCOVID Survey is a follow-up survey to the Survey on Wellbeing among Foreign Born Population (FinMonik) that was conducted by THL between 2018 and 2019 (Kuusio et al. 2020). The sample of the FinMonik Survey was based on a stratified random sample of 13 650 persons. The sample was drawn from the Finnish Population Register maintained by the Digital and Population Data Services Agency. The Finnish Population Register contains information on all permanent residents in Finland. Stratification of the sample was based on dividing mainland Finland into 24 regions. Each of these regions was assigned a predetermined sample size to ensure that the sample size for each of the regions was large enough to produce results also at the regional level.

Participant selection criteria for the FinMonik Survey were age 18–64 years, country of birth other than Finland for the participant themselves and also for their parents (or the parents' country of birth was unknown), the participant was not adopted to Finland, length of residence in Finland for at least one year and currently living in Finland. After overcoverage (n=773) was excluded, the final sample of the FinMonik Survey constituted of 12 877 persons. Out of this sample, 53% (n=6 836) took part in the survey.

The sample and participants of the MigCOVID Survey are described in Table 2.1.1. At the point of participation in the FinMonik Survey, participants were asked whether they could be contacted in the future for possible research purposes. Those who gave permission for further contact and were still residing in Finland in September 2020, were invited to participate in the MigCOVID Survey (n=5 269). An additional sample of persons born in Somalia (n=982) was also drawn from the Finnish Population Register using simple random sampling and following comparative selection criteria as in the original FinMonik Survey sample. Participants of the MigCOVID Survey were aged 20–66 years. Persons whose invitation letter was returned by mail without finding the address and those who informed that they no longer live in Finland, were interpreted as overcoverage (n=112).

Table 2.1.1. Sample and participants.

	FinMonik original sample/ FinHealth 2017 corresponding sample ¹	Invited to follow-up MigCOVID/ FinHealth 2017	Participated in follow-up MigCOVID/ FinHealth 2017	
	n	n	n	%
Russia and the former Soviet Union	3 910	1 570	1 126	71.7
Estonia	1 417	484	302	62.4
Europe (excl. Russia and Estonia), North America, Oceania	2 476	958	715	74.6
Middle East and North Africa	1 865	780	454	58.2
Africa (excl. North Africa) ²	704	258	144	55.8
Additional Somalia origin sample		955	173	18.1
Southeast Asia	1 245	505	323	64.0
East Asia	481	246	181	73.6
Central and South Asia	524	246	154	62.6
Latin America	255	137	96	70.1
Born abroad, total	12 877	6 139	3 668	59.7
General population	7 393	6 799	3 490	51.3

¹The final sample of the FinMonik Survey after overcoverage was excluded. The FinHealth 2017 origin sample is presented for the corresponding age groups as in the FinMonik Survey, i.e. 18–64 year-olds.

²Excluding additional sample of persons who have migrated from Somalia.

Altogether 3 668 persons took part in the MigCOVID Survey, with a participation rate of 60%. The response rate in the MigCOVID Survey among those who took part in the FinMonik Survey was 67% (n=3 495), whereas the participation rate was significantly lower for the additional sample of the persons who have migrated from Somalia (18%, n=173). Participants were divided into the following groups by region of origin: Russia and the former Soviet Union; Estonia; Europe (excl. Russia and Estonia), North America and Oceania; Middle East and North Africa; Africa (excl. North Africa); Southeast Asia; East Asia; South and Central Asia; and Latin America. Groupings by region of origin were formed based on the United Nations Standard country or area codes for statistical use (M49; United Nations 2021). In the MigCOVID Survey grouping by region of origin, a slight deviation was made from the United Nations area codes by including Iran and Afghanistan into the Middle East and North Africa group due to the similarities in culture. The distribution of participants by region of origin is presented in Table 2.1.2. The composition of the groups by country of birth is described in Table 2.1.3.

Table 2.1.2. Participants in the MigCOVID Survey by region of origin.

Region of origin	n	%
Russia and the former Soviet Union	1 126	21.7
Estonia	302	13.6
Europe (excl. Russia and Estonia), North America, Oceania	715	18.8
Middle East and North Africa	454	15.6
Africa (excl. North Africa)	317	9.1
Southeast Asia	323	7.9
East Asia	181	4.9
South and Central Asia	154	4.9
Latin America	96	3.4

Table 2.1.3. Composition of the MigCOVID Survey groups by country of origin.

Region of origin	Country of origin (n)
Russia and the former Soviet Union	Former Soviet Union (967), Russia (159)
Estonia	Estonia (302)
Europe (excl. Russia and Estonia), North America, Oceania	Poland (72), United Kingdom (64), Germany (56), Former Yugoslavia (50), United States (43), Hungary (41), Spain (40), Sweden (31), The Netherlands (26), France (26), Ukraine (26), Bulgaria (24), Romania (21), Latvia (20), Italy (19), Lithuania (12), Greece (11), Canada (9), Portugal (9), Switzerland (9), Denmark (9), Australia (9), Belgium (8), Ireland (8), Albania (7), Former Czechoslovakia (7), Austria (7), Slovakia (7), Belarus (7), Former East Germany (6), Bosnia and Herzegovina (5), Czech Republic ¹ , Iceland ¹ , Malta ¹ , New Zealand ¹ , North Macedonia ¹ , Serbia ¹ , Serbia and Montenegro ¹ , Slovenia ¹
Middle East and North Africa	Afghanistan (101), Iraq (91), Iran (80), Turkey (54), Syria (50), Morocco (17), Egypt (14), Sudan (9), Israel (8), Lebanon (8), Tunis (7), Algeria (6), Arab Emirates ¹ , Armenia ¹ , Georgia ¹ , Jordan ¹ , Libya ¹ , Saudi Arabia ¹ , Yemen ¹
Africa (excl. North Africa)	Somalia (183), Nigeria (23), Ethiopia (20), Kenya (19), Ghana (18), Democratic Republic of the Congo (14), Tanzania (9), Gambia (7), Angola ¹ , Cameroon ¹ , Guinea ¹ , Ivory Coast ¹ , Liberia ¹ , Mauritania ¹ , Rwanda ¹ , Senegal ¹ , South Africa ¹ , South Sudan ¹ , Uganda ¹ , Zambia ¹ , Zimbabwe ¹
Southeast Asia	Thailand (165), Vietnam (68), Philippines (56), Myanmar (15), Indonesia (11), Cambodia ¹ , Malaysia ¹ , Singapore ¹
East Asia	China (140), Japan (26), Taiwan (8), South Korea ¹ , Hong Kong ¹
South and Central Asia	India (51), Nepal (40), Bangladesh (26), Pakistan (20), Kazakhstan (6), Sri Lanka (6), Kyrgyzstan ¹ , Uzbekistan ¹
Latin America	Brazil (14), Peru (13), Mexico (12), Cuba (9), Chile (8), Colombia (8), Argentina (6), Venezuela (6), Ecuador (5), Barbados ¹ , Bolivia ¹ , Costa Rica ¹ , Dominican Republic ¹ , Guyana ¹ , Haiti ¹ , Honduras ¹ , Jamaica ¹ , Nicaragua ¹ , Uruguay ¹

¹Number of participants <5.

The reference group constituted of participants in the FinHealth 2017 follow-up Study. For the FinHealth 2017 Study (Borodulin & Sääksjärvi 2019), a random two-stage sample of adults aged 18 years and older (n=10 305) was drawn from the Finnish Population Register. The entire original FinHealth 2017 Study sample was invited to take part in the FinHealth 2017 follow-up Study, excluding those who had died, were no longer residing in Finland or refused further contact during their participation in the FinHealth 2017 Study (n=725).

Since the FinHealth 2017 Survey was conducted approximately one year before the FinMonik Survey, participants in the FinHealth 2017 follow-up Study were aged 21 years and older in September 2020, whereas participants in the MigCOVID Surveys were aged 20–66 years. In this report, the sub-population of the FinHealth 2017 follow-up Study aged 21–66 years was used as the reference group (n=3 490 respondents, with a participation rate of 51%). When data for the reference group is available, the MigCOVID Survey data is also limited to those aged 21–66 years. If information on the reference group is not available (non-comparable questions or missing questions), data for the full sample of the MigCOVID Survey, i.e. for those aged 20–66 years, is used.

2.2 Data collection

Data collection of the MigCOVID Survey took place between October 2020 and February 2021. The launch of the survey coincided with the onset of the second wave of the Covid-19 epidemic in Finland. Data were collected with an electronic questionnaire, telephone interviews, and a paper-based questionnaire sent by ground mail.

Persons belonging to the sample of the MigCOVID Survey were first approached with an invitation letter sent by ground mail. The invitation letter was sent out in the language in which the participants had responded to the FinMonik Survey. For the Somali origin additional sample, the invitation was sent in both Somali and Finnish. If the official mother tongue was marked as Finnish or Swedish, the invitation to those belonging to the additional sample was sent in Finnish or Swedish only.

Those who had not responded to the electronic questionnaire within approximately three weeks of sending out the invitation letters, were sent reminder text messages and contacted by telephone by the interviewers if their telephone number was available. Telephone number was available for 35% of the total sample. Those for whom no telephone number was available were sent a paper-based questionnaire by post approximately four weeks after sending out the invitation letter. A final round of paper-based questionnaires in two languages (mother tongue/language in which persons answered the FinMonik Survey and Finnish) was sent approximately ten weeks from sending out the initial invitation letter to all of the persons who had not responded.

The questionnaire and written information for participants (invitation letters and web-pages of the survey with further information) were available in

18 languages: Finnish, Swedish, Russian, Estonian, Arabic, Somali, English, Sorani dialect of Kurdish, Mandarin Chinese, Persian, Dari, Polish, Turkish, Vietnamese, Thai, Spanish, Albanian, and French. In the electronic questionnaire, participants could choose their preferred language upon logging in with their personal user ID and password.

Telephone interviews were conducted by trained multilingual interviewers who among them spoke 12 different languages: Finnish, English, Russian, Arabic, Dari, Persian, Sorani dialect of Kurdish, Turkish, Somali, English, Swedish, and Chinese. These were also the languages in which participants could receive oral information about the survey.

The questionnaire consisted of questions on impact of Covid-19 on daily life, concerns related to Covid-19, experiences of discrimination, health (incl. mental wellbeing), functional capacity, quality of life, access to information, following authorities' recommendations, and working conditions. Data on the participants' age, sex, and length of residence in Finland was derived from the Finnish Population Register and was not asked separately in the survey.

The FinHealth 2017 follow-up Study was conducted following a comparable study protocol as the MigCOVID Survey. Data collection of the FinHealth 2017 follow-up Survey took place during a similar time-frame, between October 2020 and January 2021. A substantial majority of the MigCOVID Survey and the FinHealth 2017 follow-up Study questions have been formulated in the same way. In the case of a few questions, comparative data is not available and therefore only the MigCOVID data is presented.

2.3 Ethical considerations

The MigCOVID Survey received ethical permission from the Ethical Committee of THL (THL/4061/6.02.01/2020). The FinHealth 2017 follow-up Study received ethical permission from the Ethics Committee II of the Helsinki and Uusimaa hospital region (HUS/2391/2020). Participants were provided with information about the survey, as well as where they can get more information. The study material of the MigCOVID Survey was available in 18 different languages. Oral information and telephone interviews were available in 12 different languages. Participants were informed about anonymity of the data. Management of the data was described in the data protection notification.

Participants were informed about the voluntary nature of the survey. They were also informed that by answering the survey, they give consent that their personal information will be handled as described in the data protection notification. Participants were also informed that their answers can be linked with the information they provided in the FinMonik Survey and the Health 2017 Study, as well as register data on health and wellbeing.

2.4 Funding

The MigCOVID Survey and the FinHealth 2017 follow-up Study received THL coordinated funding for Covid-19 research from the Finnish Government's supplementary budget for the data collection phase of the surveys. The supplementary Covid-19 budget provided funding for Eero Lilja's and Tyler Prinkey's contribution to this report, as well as the layout and printing costs of the report. The European Union's European Social Fund (ESF) project "Coping of disabled persons and persons of migrant origin in exceptional and crisis situations – Building the future based on experiences during Covid-19" funded the contribution of Natalia Skogberg and Sara Austero to this report.

2.5 Statistical analysis

Statistical analyses were performed with SAS 9.4 and SUDAAN 11.0.3 software. In R, packages *RandomForest* and *Icarus* were used for the non-response analysis. Analysis methods corresponded with those described in the first publication of the MigCOVID Survey findings on access to information, adherence to preventive measures and working conditions (Skogberg et al. 2021). Non-response bias and unequal sampling probabilities were accounted for by calculating analysis weights. Separate response probability was calculated for the FinMonik Survey participants and the MigCOVID Survey additional sample of persons who have migrated from Somalia. Random forest method was used for calculating inverse probability weights (IPW; Liaw & Wiener 2002). For both the original FinMonik Survey sample and the additional sample of persons who have migrated from Somalia, IPWs were calculated using register information on age, sex, number of household members, number of underaged persons in the household, age at migration to Finland, length of residence in Finland, marital status, and region of residence. Additional information on the type of municipality, country of birth, education, and socioeconomic status were used for calculating IPWs for the FinMonik Survey participants. Following this, the IPWs were calibrated to represent the distribution of the entire population of migrant origin in Finland. Variables used for calibration included age, sex, and country of birth. IPWs were applied in all of the analyses, with corresponding IPWs also for the FinHealth 2017 follow-up Study data.

Results are presented as percentages and their 95% confidence intervals. All of the results were adjusted for age using predictive margins (Graubard & Korn 1999). Results were additionally adjusted by sex if the analysis was performed jointly for men and women. In some of the analyses, the small observation count in some groups by region of origin restricted calculating confidence intervals for some of the variables. Such findings were denoted with a footnote in the figures. Results for which confidence intervals could not be calculated should be viewed as indicative. Statistically significant results are described.

3 Results

3.1 Sociodemographic characteristics

Information on the participants' age, sex and length of residence in Finland is based on information from the Finnish Population Register. Information on the length of residence in Finland was obtained from the Finnish Population Register based on the first date of registration in Finland. Length of residence was calculated from the first date of registration until October 2020 when the data collection of the study started. Length of residence was categorised as: 3–6.99 years; 7–11.99; 12 years or more.

In the MigCOVID Survey, marital status was assessed by asking the participants whether they were currently: married or in a registered relationship; cohabiting; separated or divorced; widowed; single. The proportion of those married/cohabiting is reported. Marital status was not asked in the questionnaire of the FinHealth 2017 follow-up Study and the only available data on marital status is from the baseline FinHealth 2017 Study that may be already outdated. Due to restrictions in availability of comparable data, information on marital status is presented for persons who have migrated to Finland only.

Education was assessed by asking the participant what is the highest degree they have completed in Finland. Participants were also asked the highest degree they have completed abroad. The answers for each of these two questions were: I have not completed any education in Finland/abroad; lower than a comprehensive school degree (only a part of comprehensive school or similar); comprehensive school degree; matriculation examination; vocational qualification (e.g. a cook or a welder); degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management); a Bachelor's degree from a university; a Master's degree from a university or a university of applied sciences; a licentiate or doctoral degree; not sure. The answer options were categorized as 1) basic level or less (I have not completed any education in Finland; lower than a comprehensive school degree (only a part of comprehensive school or similar); comprehensive school degree); 2) upper secondary (matriculation examination; vocational qualification (e.g. a cook or a welder)); 3) tertiary education or higher (degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management); a bachelor's degree from a university; a master's degree from a university or a university of applied sciences; a licentiate or doctoral degree). The option 'not sure' was treated as missing. Highest completed education either in Finland or abroad is reported.

Finnish or Swedish language proficiency was assessed by asking the participants how well they speak Finnish or Swedish. The answer options were: not at all;

beginner level (able to cope with simple everyday situations); intermediate level (able to actively participate in conversations); excellent level (able to manage issues with the authorities in Finnish). The proportion of those reporting their language skills as intermediate or excellent level are reported.

Economic activity was examined by asking the participants whether at the moment, they were principally employed full-time; employed part-time; retired on an old age pension; receiving a disability pension or rehabilitation benefit; on part-time retirement; unemployed or laid off; on family leave, or a stay-at-home mother/father; a student; other. Economic activity is reported as those working full-time or part-time; students; other.

Participants are presented by sex in Figure 3.1.1. Men constituted 52% of the participants in the MigCOVID Survey and 51% in the FinHealth 2017 follow-up Study. When examined by region of origin, there were statistically significant differences in the proportions of men and women across the study groups. For example, men constituted 21% of the participants among persons who have migrated from Southeast Asia, whereas the respective proportion was 74% among persons who have migrated from South and Central Asia.

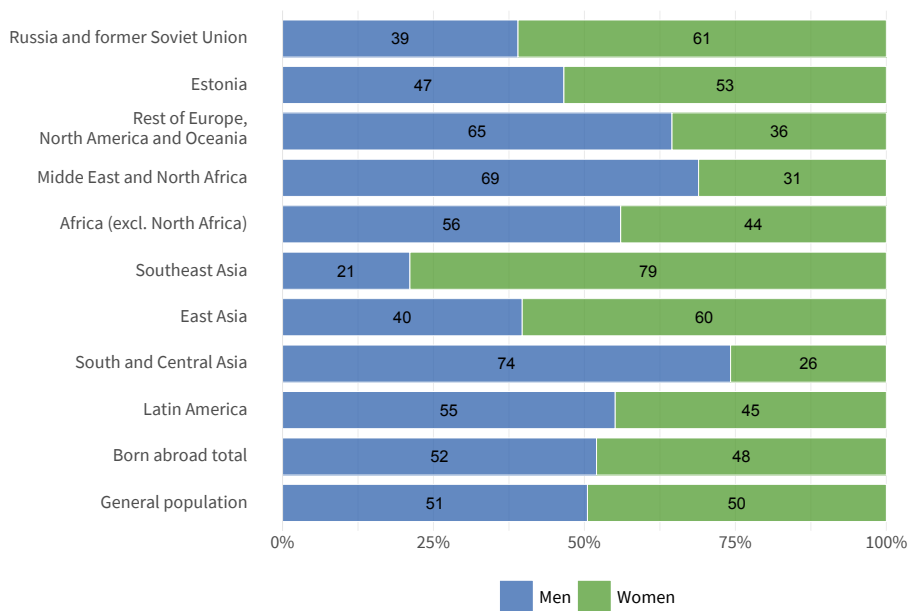
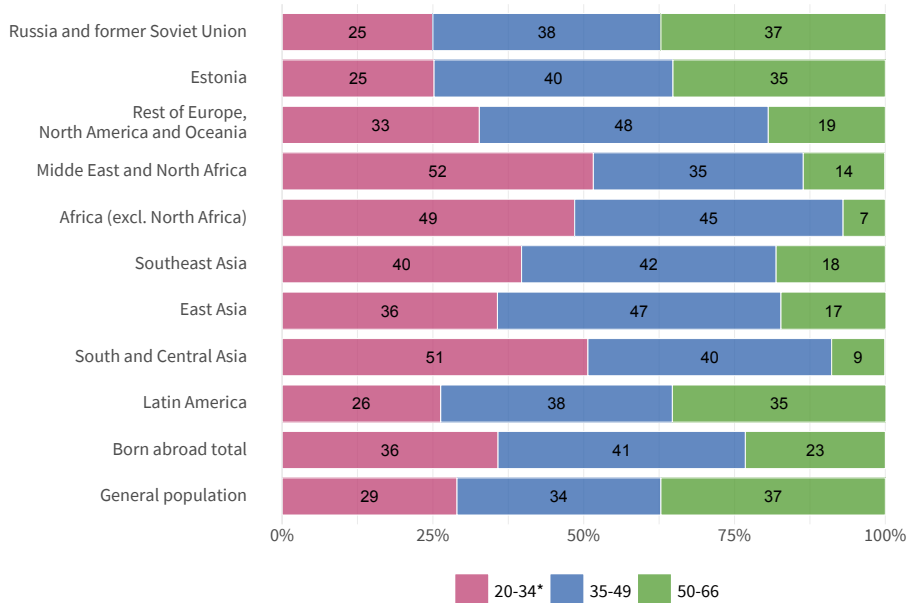


Figure 3.1.1. Participants by sex, unadjusted (%).

Age distribution of the participants is presented in Figure 3.1.2. Statistically significant differences between persons who have migrated to Finland and persons in the general population were observed. Altogether 36% of persons who have migrated to Finland were aged 20–34 years, whereas the respective proportion in the general Finnish population was 29%. Statistically significant differences were

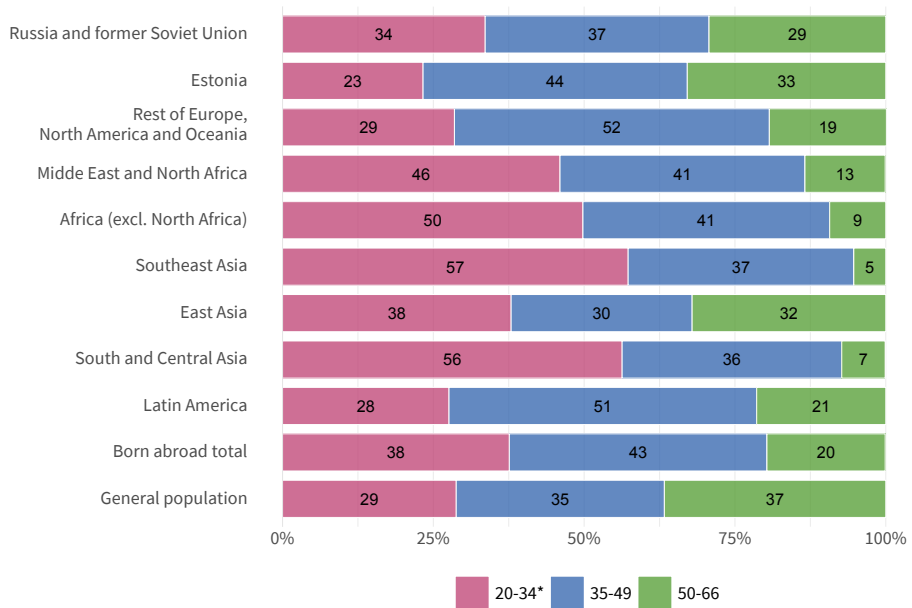
also observed by region of origin, with approximately half of the participants who have migrated from the Middle East and North Africa (52%), South and Central Asia (51%), and Africa (excl. North Africa; 49%) belonging to the 20–34 year-old age group.



*Participants were aged 21–34 in the general population reference group.

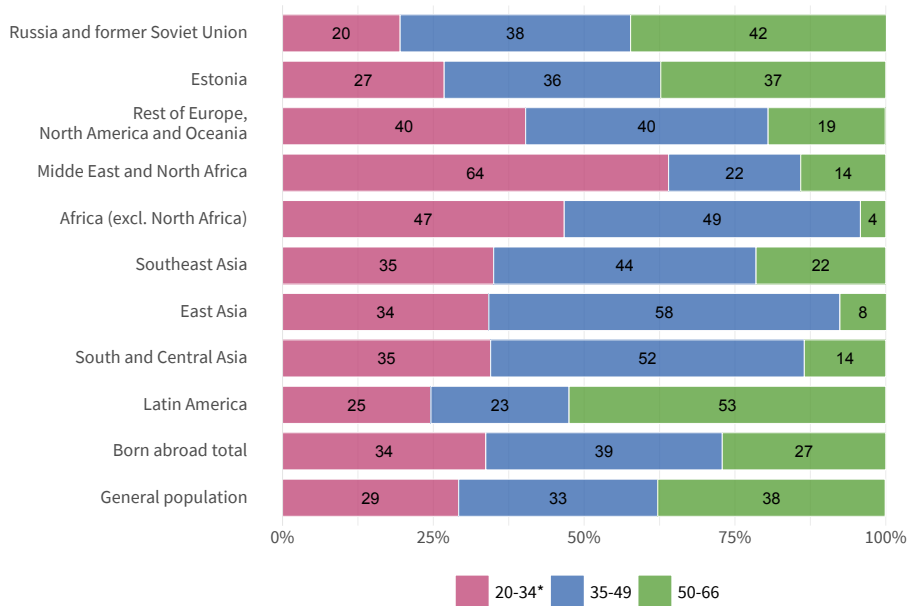
Figure 3.1.2. Age distribution of the participants (%).

Age distribution by sex is presented in Figure 3.1.3 for men and in Figure 3.1.4 for women. Some statistically significant differences in the age group of 20–34 years also emerged when examined by region of origin, with as many as 57% of men who have migrated from Southeast Asia, 56% from South and Central Asia, 46% from the Middle East and North Africa and 50% from the rest of Africa belonging to the 20–34 year-old age group compared with 29% of men in the general population. Among women, statistically significant differences compared with women in the general population (29%) emerged only among women who have migrated from the Middle East and North Africa (64%).



*Participants were aged 21–34 in the general population reference group.

Figure 3.1.3. Age distribution of the participants, men (%).



*Participants were aged 21–34 in the general population reference group.

Figure 3.1.4. Age distribution of the participants, women (%).

A larger proportion of persons who have migrated to Finland (41%) than persons in the general population (34%) were in the 35–49 age group and the difference was statistically significant. When examined by region of origin, statistically significant differences were observed only among persons who have migrated from Europe, with nearly half (48%) of participants belonging to the 35–49 year-old age group. A higher proportion of men who have migrated to Finland (43%) belonged to the 35–49 year-old age group than men in the general population (35%) and this difference was also statistically significant. Statistically significant differences by region of origin compared with men in the general population were observed among men who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (52%) only. Among women, statistically significant differences compared with women in the general population (33%) were observed among women who have migrated from East Asia (58%) only.

A significantly lower proportion of persons who have migrated to Finland (23%) belonged to the 50–66 year-old age group compared with persons in the general population (37%). The difference compared with persons in the general population was statistically significant for most groups, with exception for those who have migrated from Russia and the former Soviet Union, Estonia and Latin America. For example, only 7% of persons who have migrated from Africa (excl. North Africa) and 8% of persons who have migrated from South and Central Asia belonged to the 50–66 year-old age group. Similar observations were made when the age distribution of the participants were examined by sex.

Length of residence in Finland among the MigCOVID Survey participants is presented in Figure 3.1.5. Altogether 53% of persons who have migrated to Finland have lived in Finland for more than 12 years. Some variations in length of residence by region of origin were observed. Persons who have migrated from Africa (excl. North Africa; 69%) and Russia and the former Soviet Union (68%) reported living in Finland for more than 12 years more frequently than many other groups.

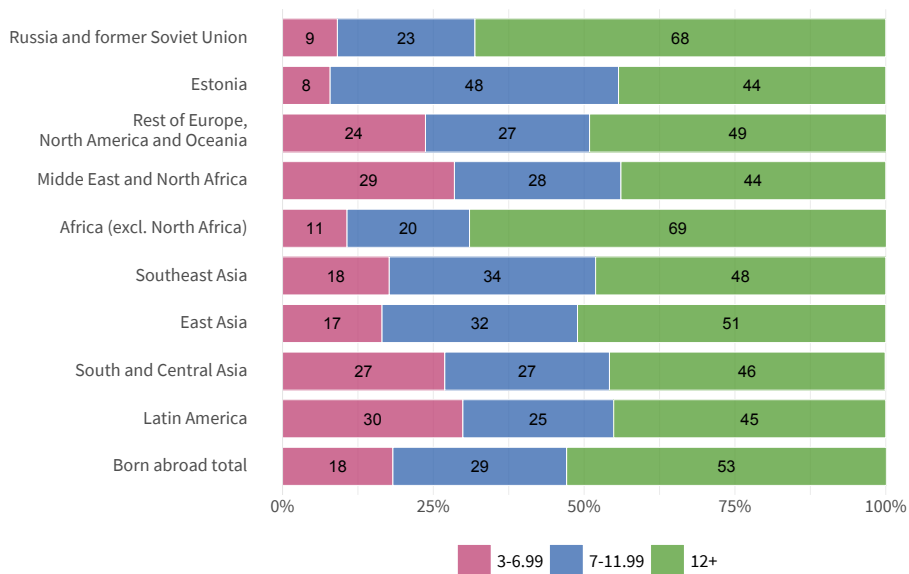


Figure 3.1.5. Length of residence in Finland, age-adjusted (%).

Length of residence in Finland among men is presented in Figure 3.1.6 and among women in Figure 3.1.7. A larger proportion of women (58%) than men (48%) had lived in Finland for more than 12 years. Similarly, as observed in the analyses where men and women were analysed jointly, the proportion of those who have lived in Finland for 12 years or more was highest among men and women who have migrated from Russia and the former Soviet Union and Africa (excl. North Africa).

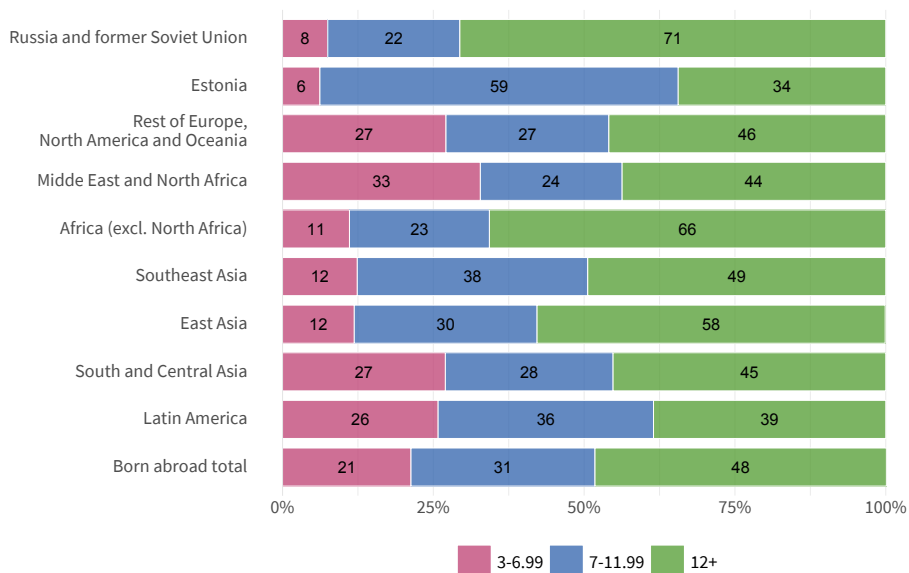


Figure 3.1.6. Length of residence in Finland among men, age-adjusted (%).

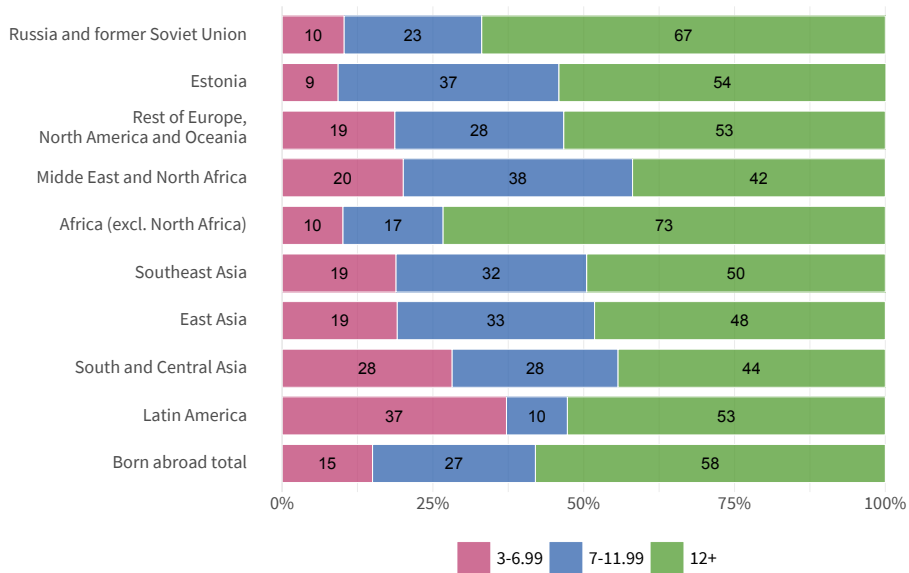


Figure 3.1.7. Length of residence in Finland among women, age-adjusted (%).

In total, 29% of persons who have migrated to Finland have lived in Finland for 7–12 years. Persons who have migrated from Africa (excl. North Africa; 20%) had the lowest, whereas persons who have migrated from Estonia (48%) had the highest proportion of those who had lived in Finland for 7–12 years. When analysed by sex, 31% of men and 27% of women have lived in Finland for 7–12 years. The proportion was highest among men (59%) and women (37%) who have migrated from Estonia and women who have migrated from the Middle East and North Africa (38%).

Less than a fifth (18%) of the participants had lived in Finland for 3–6 years. Persons who have migrated from Estonia (8%) and Russia and the former Soviet Union (9%) had the lowest, whereas persons who have migrated from the Middle East and North Africa (29%) and Latin America (30%) had the highest proportion of those who had lived in Finland for 3–6 years. Men (21%) reported living in Finland for 3–6 years more frequently than women (15%). Generally, when examined by region of origin, similar trends were observed when analyses were performed by sex as when they were performed for men and women jointly.

Married or co-habiting participants are presented in Figure 3.1.8 for the MigCOVID Survey participants. Up-to-date information on the FinHealth 2017 follow-up Study participants was not available. Altogether 70% were married or co-habiting. The proportion was highest among persons who have migrated from Latin America (87%) and lowest among persons who have migrated from the Middle East and North Africa (61%). When analyses were further stratified by sex, 68% of

men and 73% of women reported they were married or co-habiting. Among men, the proportion of those married or co-habiting was highest among men who have migrated from Latin America (82%) and from Europe (excl. Russia and Estonia), North America and Oceania (81%). Among women, nearly all (98%) of women who have migrated from South and Central Asia were married or cohabiting.

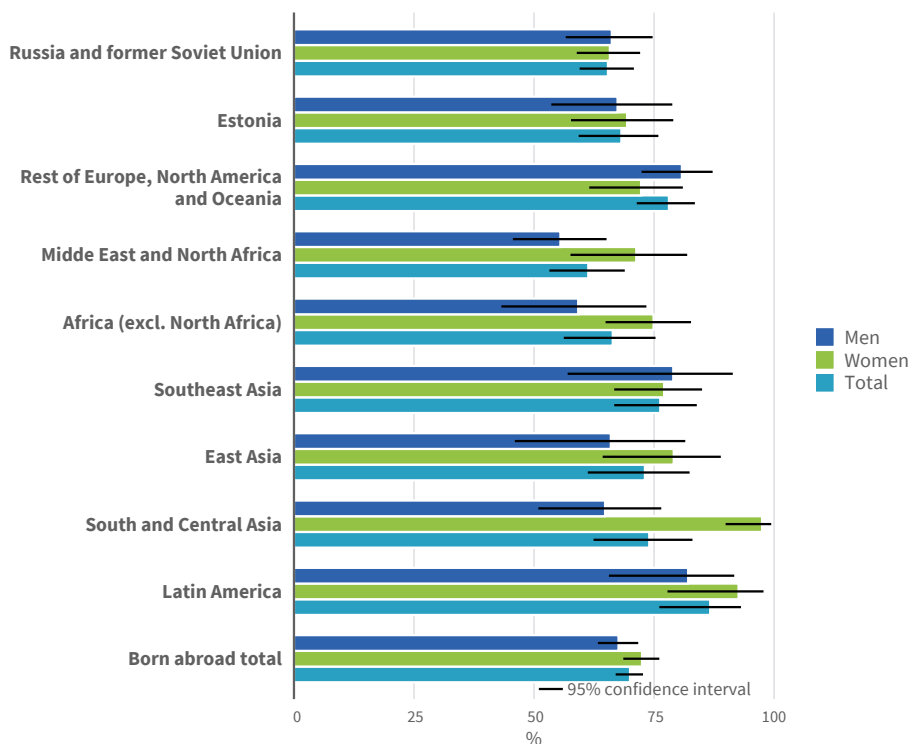


Figure 3.1.8. Married or co-habiting, age-adjusted (%).

Educational level of the participants is presented in Figure 3.1.9. Statistically significant differences were observed. In total, a significantly greater proportion of persons who have migrated to Finland (14%) than persons in the general population (6%) reported their highest level of educational as basic level or less. When examined by region of origin, the differences compared with the general population among those reporting their highest level of education as basic level or less were statistically significant for those who have migrated from Southeast Asia (27%), Africa (excl. North Africa; 25%), the Middle East and North Africa (19%), Estonia (16%) and Europe (excl. Russia and Estonia), North America and Oceania (13%).

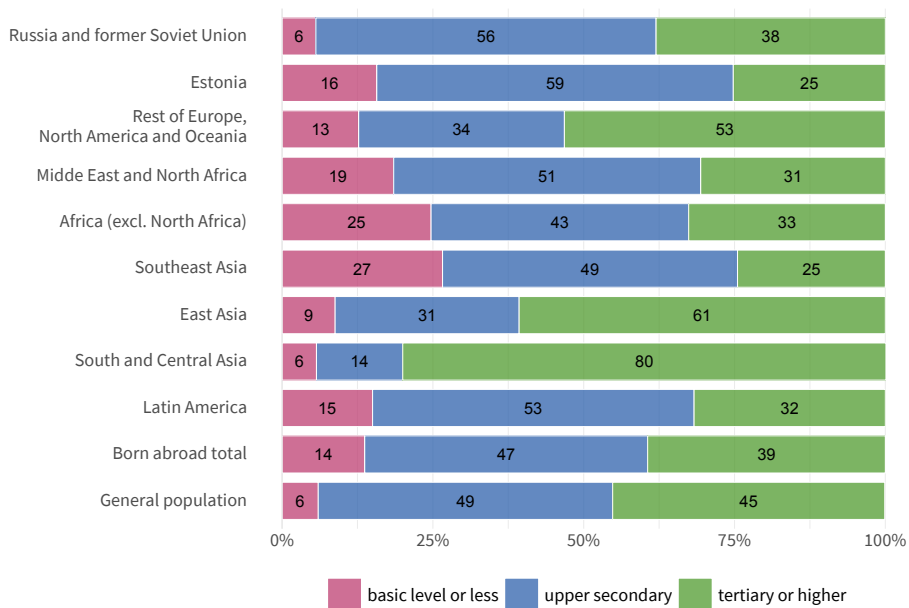


Figure 3.1.9. Education level, age-adjusted (%).

The educational level of the participants is presented in Figure 3.1.10 for men and in Figure 3.1.11 for women. Statistically significant differences in the proportion of those with basic education or less were also observed when analyses were stratified by sex. Basic education or less was reported as the highest completed education by 13% of men who have migrated to Finland and 7% of men in the general population. The respective proportion was 15% among women who have migrated to Finland and 5% among women in the general population. When examined by region of origin, the difference was significant for men who have migrated from Africa (excl. North Africa; 23%) and the Middle East and North Africa (16%) compared with men in the general population. When examined by region of origin, the proportion of women reporting their highest completed education as basic level or less was significantly higher among women who have migrated from Southeast Asia (30%), Africa (excl. North Africa; 27%), the Middle East and North Africa (25%) and Europe (excl. Russia and Estonia), North America and Oceania (20%) and Estonia (16%) compared with women in the general population.

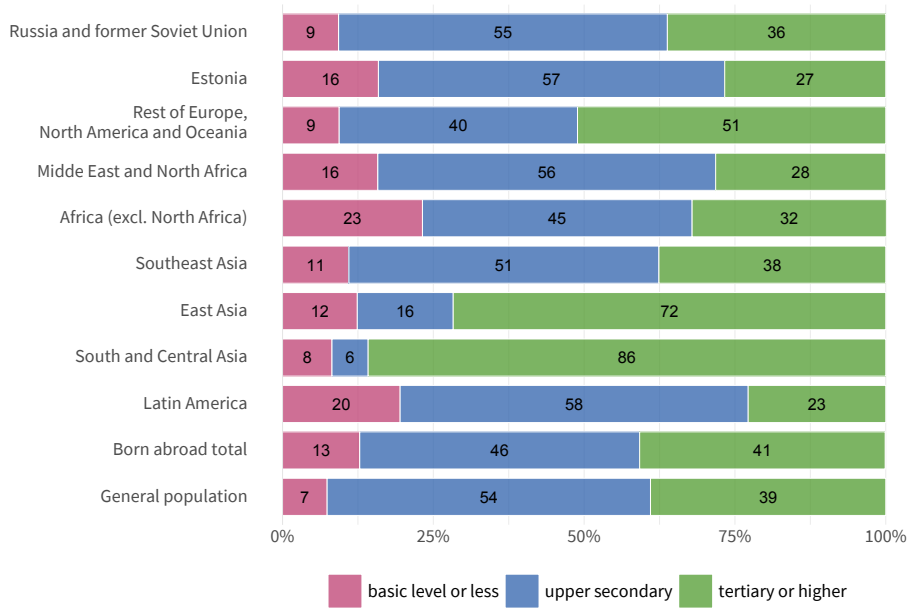


Figure 3.1.10. Education level among men, age-adjusted (%).

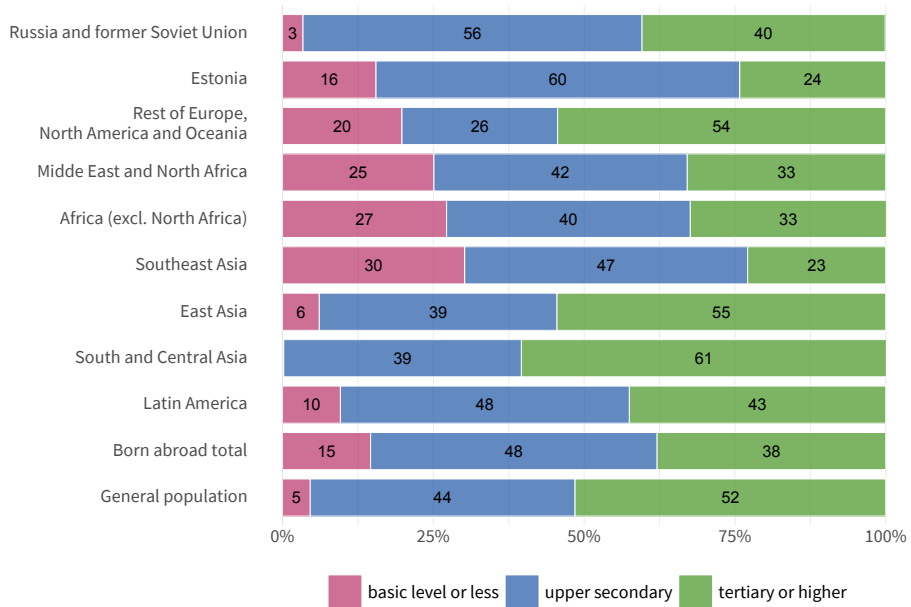


Figure 3.1.11. Education level among women, age-adjusted (%).

A similar proportion of persons who have migrated to Finland (47%) and persons in the general population (49%) reported their highest level of education as upper secondary education. When examined by region of origin, statistically significant differences compared with persons in the general population were found among those who have migrated from South and Central Asia (14%), East Asia (31%) and Europe (excl. Russia and Estonia), North America and Oceania (34%), with a lower proportion of persons in these groups reporting having upper secondary education as their highest completed education.

When all regions of origin were analysed jointly, the differences in upper secondary education among men and women who have migrated to Finland and persons of the corresponding sex in the general population were not statistically significant. Upper secondary education was reported as the highest completed education by 46% of men who have migrated to Finland and by 54% of men in the general population. The respective proportion was 48% and 44% among women who have migrated to Finland and women in the general population respectively. When examined by region of origin, the difference compared with the general population was statistically significant among men who have migrated from Europe (excl. Russia and Estonia), North America and Oceania. In this group, a lower proportion of men (40%) reported their highest completed education as upper secondary. Women who have migrated from Estonia (60%) and Russia and the former Soviet Union (56%) had a significantly higher, whereas women who have migrated from the rest of Europe, North America and Oceania (26%) had a significantly lower proportion of those reporting upper secondary education as the highest completed education compared with women in the general population.

Altogether 39% of persons who have migrated to Finland and 45% of persons in the general population reported to have completed tertiary education or higher. When examined by region of origin, some statistically significant differences emerged. Those who have migrated from South and Central Asia (80%) had a significantly higher proportion of those reporting that their highest level of education was tertiary education or higher compared with persons in the general population. Those who have migrated from Southeast Asia (25%) and the Middle East and North Africa (31%) had, on the other hand, a significantly lower proportion of those reporting their highest level of education as tertiary or higher compared with the general population.

A similar proportion have completed tertiary education or higher among men who have migrated to Finland (41%) and men in the general population (39%). On the other hand, the differences among women were statistically significant. Women who have migrated to Finland (38%) had a lower proportion of those who have completed tertiary education or higher compared with women in the general population (52%). Some statistically significant differences also emerged among men when the analyses were further stratified by region of origin. Men who have migrated from South and Central Asia (86%) and East Asia (72%) had a significantly higher proportion of those who have completed tertiary education or higher. Compared

with women in the general population, the difference in the proportion of women who have completed higher education was significantly lower among women who have migrated from Southeast Asia (23%), Estonia (24%), the Middle East and North Africa (33%), and Russia and the former Soviet Union (40%).

Intermediate or excellent Finnish or Swedish language skills among the MigCOVID Survey participants are reported in Figure 3.1.12. Altogether 69% of persons who have migrated to Finland reported their Finnish or Swedish language skills as intermediate or excellent. Significant variations by region of origin were observed, with the lowest proportion of those with intermediate or excellent Finnish or Swedish skills reported among persons who have migrated from East Asia (38%) and South and Central Asia (38%) and highest among persons who have migrated from Africa (excl. North Africa; 91%). Women who have migrated to Finland (74%) had a higher prevalence of those with intermediate or excellent Finnish or Swedish language skills than men (63%). When analysed by sex, both men (25%) and women (49%) who have migrated from East Asia had the lowest, whereas men (85%) and women (97%) who have migrated from Africa (excl. North Africa) had the highest proportion of those with at least intermediate language proficiency.

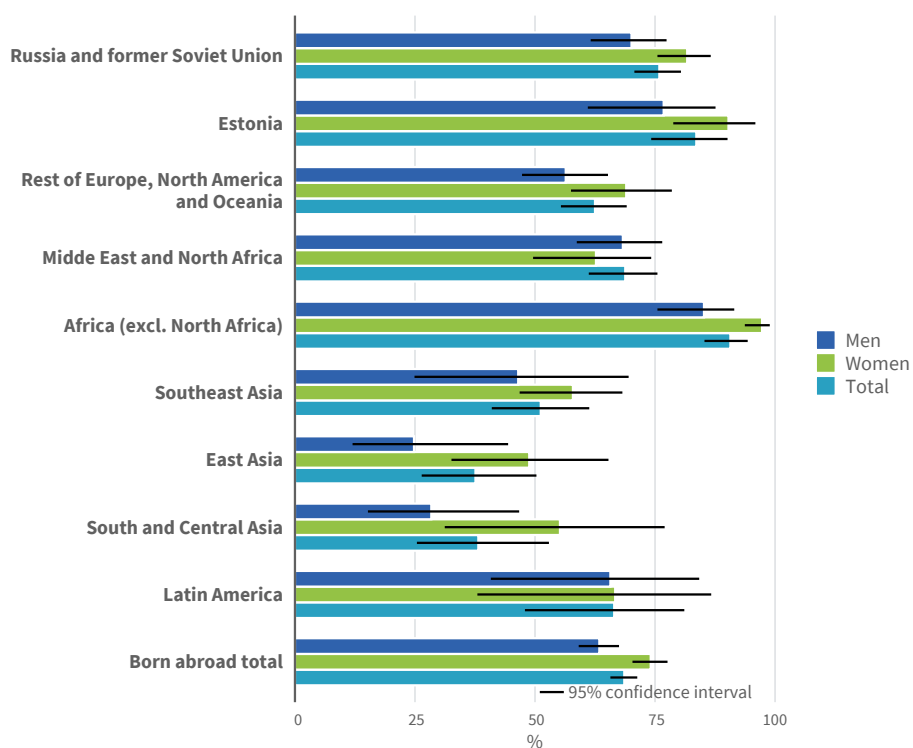


Figure 3.1.12. Intermediate or excellent Finnish or Swedish language skills, age-adjusted (%).

Economic activity of the study participants is presented in Figure 3.1.13. Statistically significant differences in economic activity were observed, with a lower proportion of persons who have migrated to Finland (65%) reporting working full-time or part-time than persons in the general population (72%). When examined by region of origin, the difference compared with persons in the general population was statistically significant among persons who have migrated from Africa (excl. North Africa; 59%) and persons who have migrated from the Middle East and North Africa (49%).

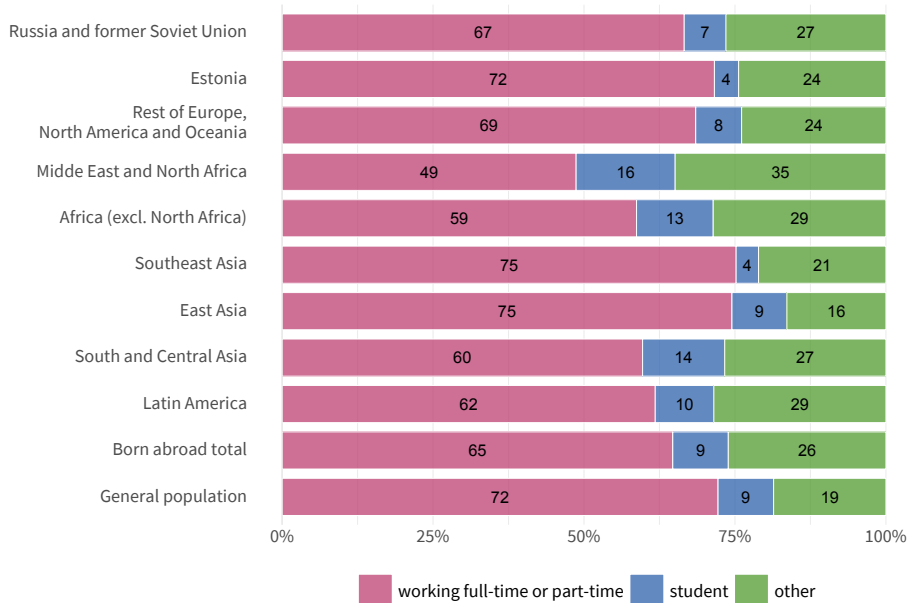


Figure 3.1.13. Economic activity, age-adjusted (%).

Economic activity among men is presented in Figure 3.1.14 and among women in Figure 3.1.15. Statistically significant differences among men and women who have migrated to Finland and persons of the corresponding sex in the general population were found among women only. Altogether 71% of men who have migrated to Finland and 76% of men in the general population reported working full-time or part-time. A significantly lower proportion of women who have migrated to Finland (58%) reported full-time or part-time employment compared with women in the general population (69%). When examined by region of origin, statistically significant differences compared with persons of the corresponding sex in the general population were observed both among men (58%) and women (35%) who have migrated from the Middle East and North Africa.

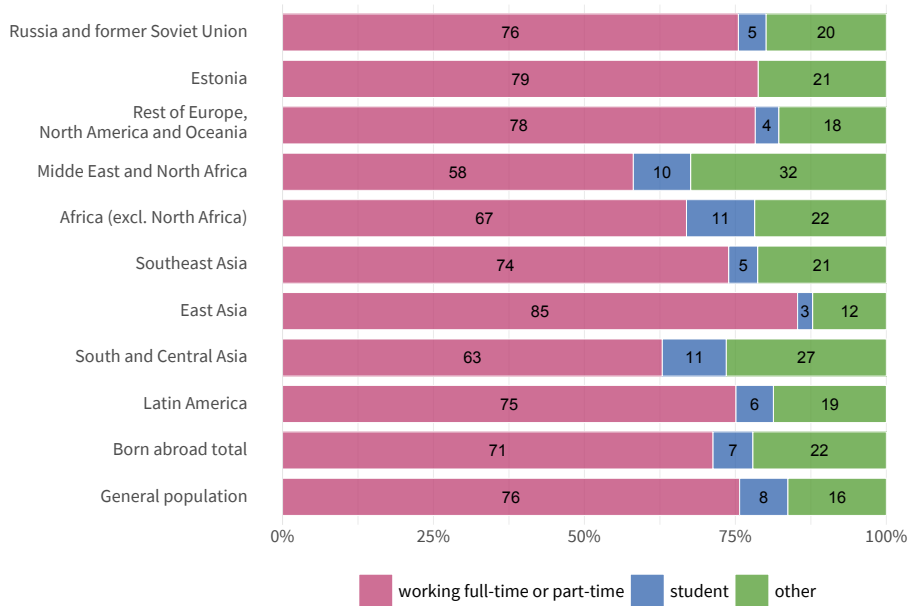


Figure 3.1.14. Economic activity among men, age-adjusted (%).

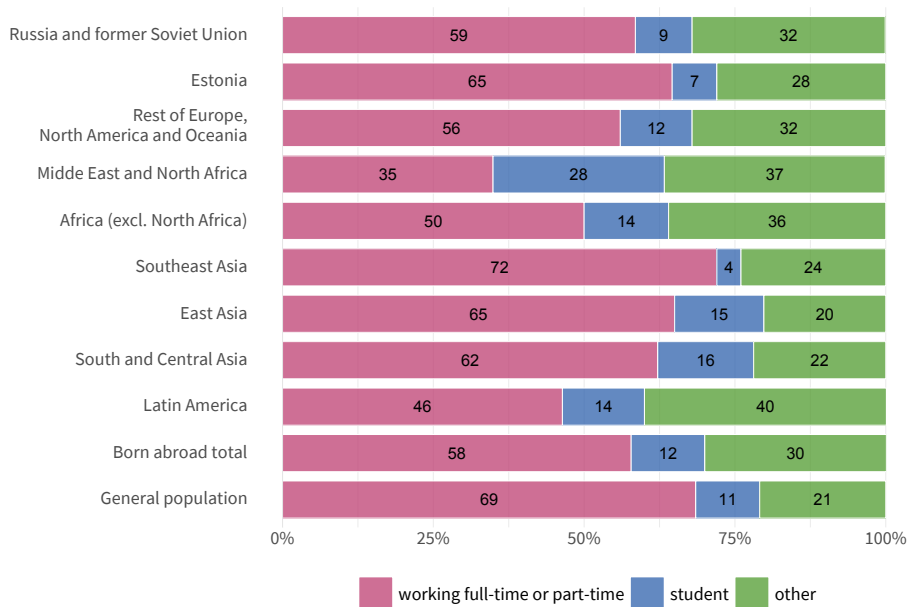


Figure 3.1.15. Economic activity among women, age-adjusted (%).

A similar proportion of persons who migrated to Finland (9%) and persons in the general population (9%) reported being a student. When examined by region of origin, statistically significant differences compared with the general population emerged among persons who have migrated from the Middle East and North Africa, with 16% reporting being a student.

The proportion of those reporting they were a student was 7% among men who have migrated to Finland and 8% among men in the general population. Among women, 12% of women who have migrated and 11% of women in the general population reported they were students. Differences compared with women in the general population were statistically significant among women who have migrated from the Middle East and North Africa, with 28% of women in the latter group reporting they were students.

Persons who migrated to Finland (26%) had a significantly higher proportion of those reporting their economic activity as other than working or a student compared with persons in the general population (19%). When examined by region of origin, statistically significant differences compared with the general population were observed among those who have migrated from the Middle East and North Africa (35%) and Russia and the former Soviet Union (27%) only.

Statistically significant differences in those reporting they were other than working full-time or part-time or a student were found among both men and women when analyses were performed by sex. Altogether 22% of men who have migrated to Finland and 16% of men in the general population reported their economic activity as other, whereas the respective proportion among women who have migrated to Finland was 30% and women in the general population was 21%. When analysed by region of origin, statistically significant differences among men (32%) and women (37%) who have migrated from Middle East and North Africa (32%) and women who have migrated from Russia and the former Soviet Union (32%) and from Europe (excl. Russia and Estonia), North America and Oceania (32%) were observed compared with persons of corresponding sex in the general population.

3.2 Concerns related to Covid-19

Concerns related to the Covid-19 epidemic were examined by asking the participants whether they were worried about: 1) getting infected with Covid-19; 2) possibly infecting other people; 3) that a close one will be infected with Covid-19; 4) being discriminated against or avoided because of having Covid-19; 5) whether their employment will continue during the Covid-19 epidemic; 6) the government's ability to deal with the Covid-19 outbreak; 7) the ability of the healthcare system to treat all Covid-19 patients. The answer options were: not at all; a little; moderately; quite a lot; very much. The proportion of those concerned quite a lot or very much is reported. Concerns about whether employment will continue are reported among those who worked full-time or part-time.

Concerns about getting infected with Covid-19 are presented in Figure 3.2.1. These concerns were more prevalent among persons who have migrated to Finland (29%) compared with persons in the general population (18%) and the difference was statistically significant. When examined by region of origin, the difference compared with the general population was statistically significant for all groups except for those who have migrated from Russia and the former Soviet Union and Estonia. Prevalence of those concerned with getting infected with Covid-19 was the highest among persons who have migrated from Southeast Asia (47%), Africa (excl. North Africa; 46%), and Latin America (46%).

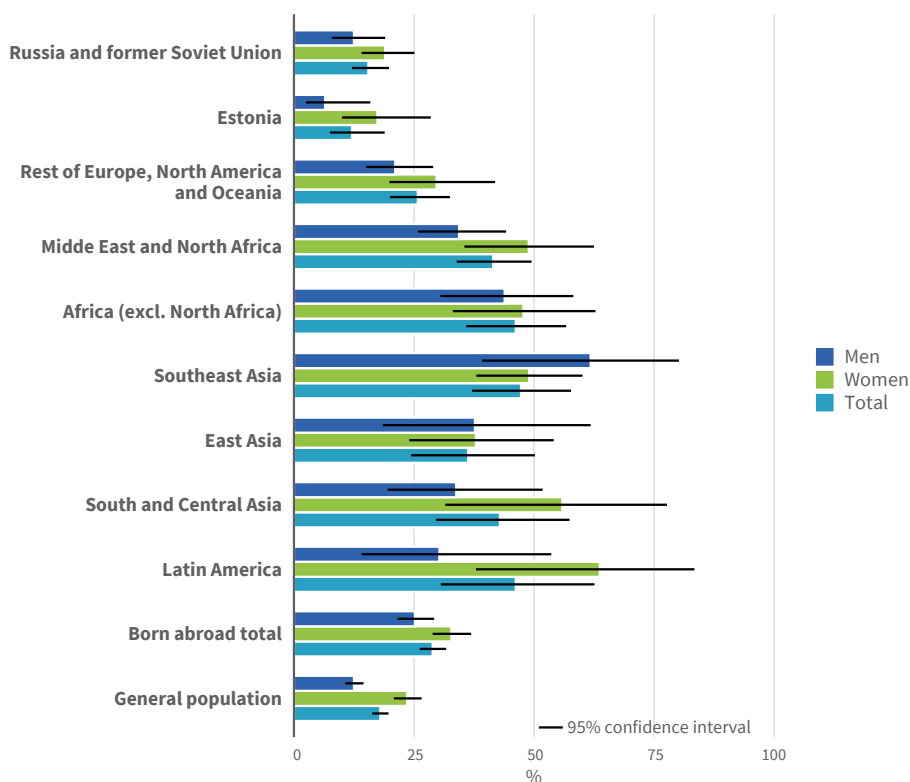


Figure 3.2.1. Concerned quite a lot or very much about getting infected with Covid-19, age-adjusted (%).

Statistically significant differences were also observed by sex. Men who have migrated to Finland (25%) had a significantly higher proportion of those reporting being concerned quite a lot or very much about getting infected with Covid-19 compared with men in the general population (13%). Similarly, women who have migrated to Finland (33%) had a significantly higher proportion of those reporting these concerns compared with women in the general population (24%). When examined by sex and region of origin, the difference compared with persons of

the corresponding sex in the general population was also statistically significant in most groups, with exception for men and women who have migrated from Russia and the former Soviet Union and Estonia, and women who have migrated from the rest of Europe, North America and Oceania, and East Asia. Men who have migrated from Southeast Asia (62%) and women who have migrated from Latin America (64%), had the highest proportion of those concerned about getting infected with Covid-19.

Concerns about infecting others are presented in Figure 3.2.2. Statistically significant differences were observed, with a higher proportion of persons who have migrated to Finland (39%) reporting these concerns than persons in the general population (31%). The difference compared with the general population was statistically significant in most groups by region of origin, with exception for those who have migrated from Russia and the former Soviet Union, East Asia and South and Central Asia. Concerns about infecting others were most prevalent among persons who have migrated from the Middle East and North Africa (60%).

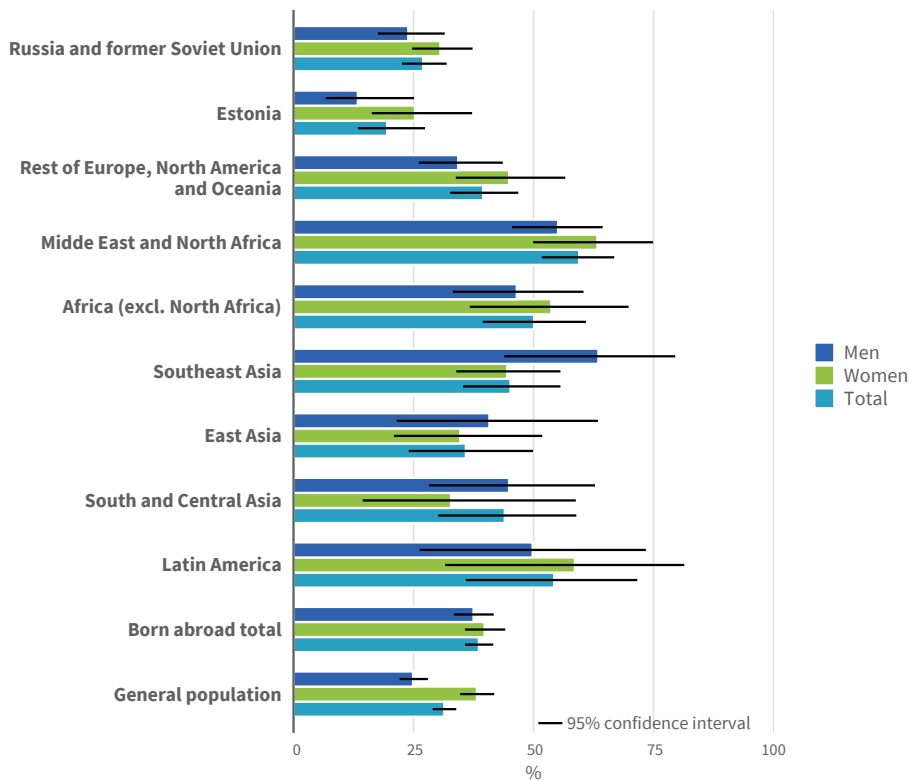


Figure 3.2.2. Concerned quite a lot or very much about possibly infecting other people with Covid-19, age-adjusted (%).

When analysed by sex, the difference compared with men (25%) in the general population was statistically significant among men who have migrated to Finland

(38%). No statistically significant differences were found among women (38% and 40% among women in the general population and women who have migrated to Finland respectively). Among men, differences by region of origin compared with men in the general population were statistically significant in all groups except for persons who have migrated from Russia and the former Soviet Union, Estonia and East Asia. When examined by region of origin, some statistically significant differences compared with women in the general population emerged among women who have migrated to Finland. Women who have migrated from the Middle East and North Africa (63%) had a significantly higher, whereas women who have migrated from Estonia (25%) had a significantly lower prevalence of those concerned about possibly infecting other people with Covid-19.

Concerns about a close person becoming infected with Covid-19 are presented in Figure 3.2.3. Persons who have migrated to Finland (52%) were significantly more concerned about this compared with persons in the general population (40%). The difference compared with the general population was statistically significant in all groups by region of origin, with exception for those who have migrated from Estonia, and South and Central Asia. Persons who have migrated from Latin America (68%) had the highest prevalence of those concerned about this.

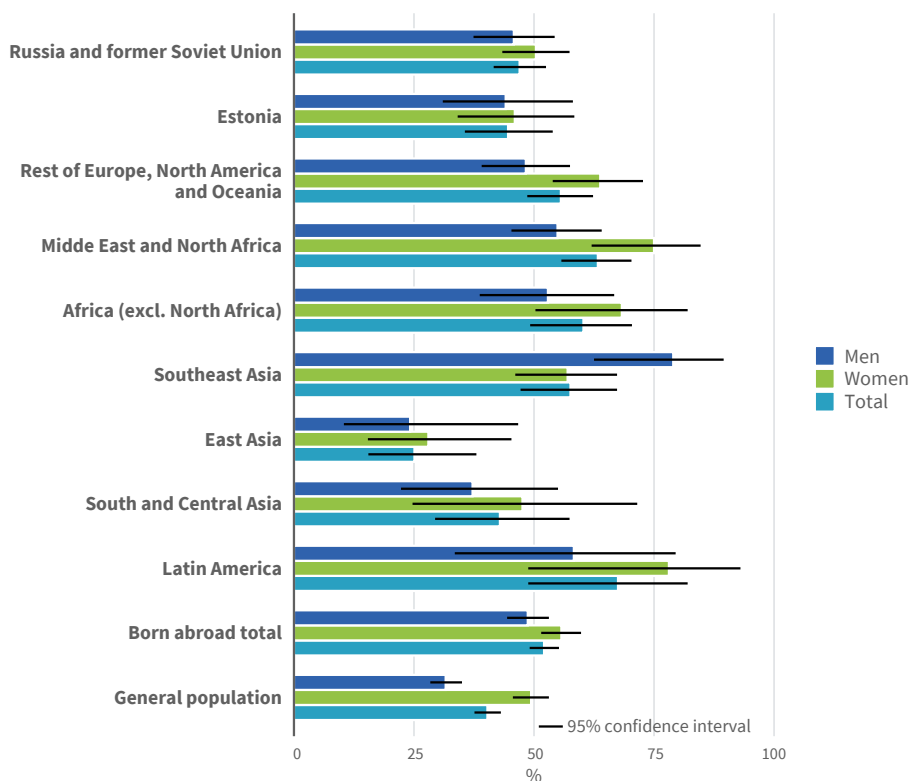


Figure 3.2.3. Concerned quite a lot or very much that a close person will be infected with Covid-19, age-adjusted (%).

The difference compared with the general population was also statistically significant when examined by sex. In total, 49% of men who have migrated to Finland and 32% of men in the general population reported being quite a lot or very much concerned that a close person will be infected with Covid-19. The respective proportion was 56% among women who have migrated to Finland and 49% among women in the general population.

When examined by sex and region of origin, the difference compared with men in the general population was statistically significant in most groups, with exception for men who have migrated from Estonia, East Asia, and South and Central Asia. Among men, the proportion of those who were quite a lot or very much concerned that a close person will be infected with Covid-19 was highest among those who have migrated from Southeast Asia (79%). Women who have migrated from Latin America (78%), the Middle East and North Africa (75%), and Europe (excl. Russia and Estonia), North America and Oceania (64%) had a significantly higher, whereas women who have migrated from East Asia (28%) had a significantly lower proportion of those concerned that a close person will be infected with Covid-19 compared with women in the general population.

Concerns about being discriminated against or avoided because of having Covid-19 are presented in Figure 3.2.4. Persons who have migrated to Finland (16%) had a significantly higher proportion of those reporting these concerns than persons in the general population (7%). When examined by region of origin, the difference compared with the general population was statistically significant in most groups, with exception for those who have migrated from Russia and the former Soviet Union, Estonia, and Latin America.

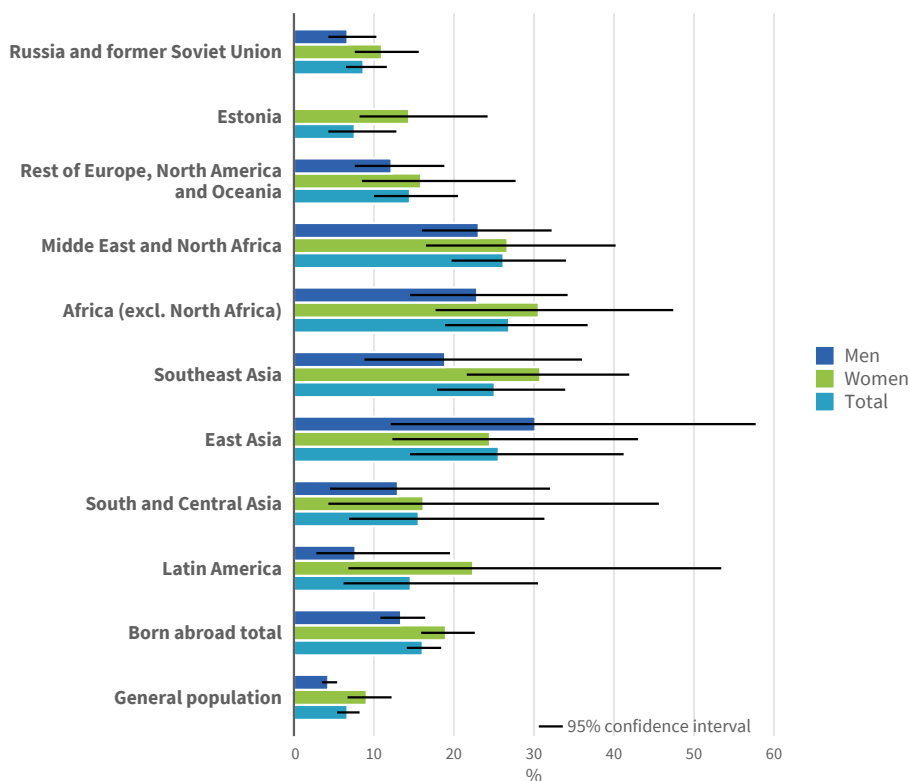


Figure 3.2.4. Concerned quite a lot or very much about being discriminated or avoided because of having Covid-19, age-adjusted (%).

A significantly higher proportion of men who have migrated to Finland (13%) reported concerns about being discriminated against or avoided because they have Covid-19 compared with men in the general population (4%). The difference was statistically significant among women also, with 19% of women who have migrated to Finland and 9% of women in the general population reporting these concerns. Among men, the difference compared with men in the general population was statistically significant in most groups by region of origin, with exception for men who have migrated from Russia and the former Soviet Union and Latin America. When examined by region of origin, women who have migrated from Africa (excl. North Africa; 31%), Southeast Asia (31%), Middle East and North Africa (27%) and East Asia (25%) had a significantly higher proportion of those reporting these concerns compared with women in the general population.

Concerns about continuation of employment are presented in Figure 3.2.5. The proportion of those concerned quite a lot or very much whether their employment will continue during Covid-19 is presented in Figure 3.2.5. A significantly higher proportion of persons who have migrated to Finland (30%) reported being

concerned about their employment than persons in the general population (8%). Compared with the general population, the difference was statistically significant in all groups except for persons who have migrated from Estonia. Persons who have migrated from the Middle East and North Africa (49%) had the highest prevalence of those who were quite a lot or very concerned whether their employment will continue during the Covid-19 epidemic.

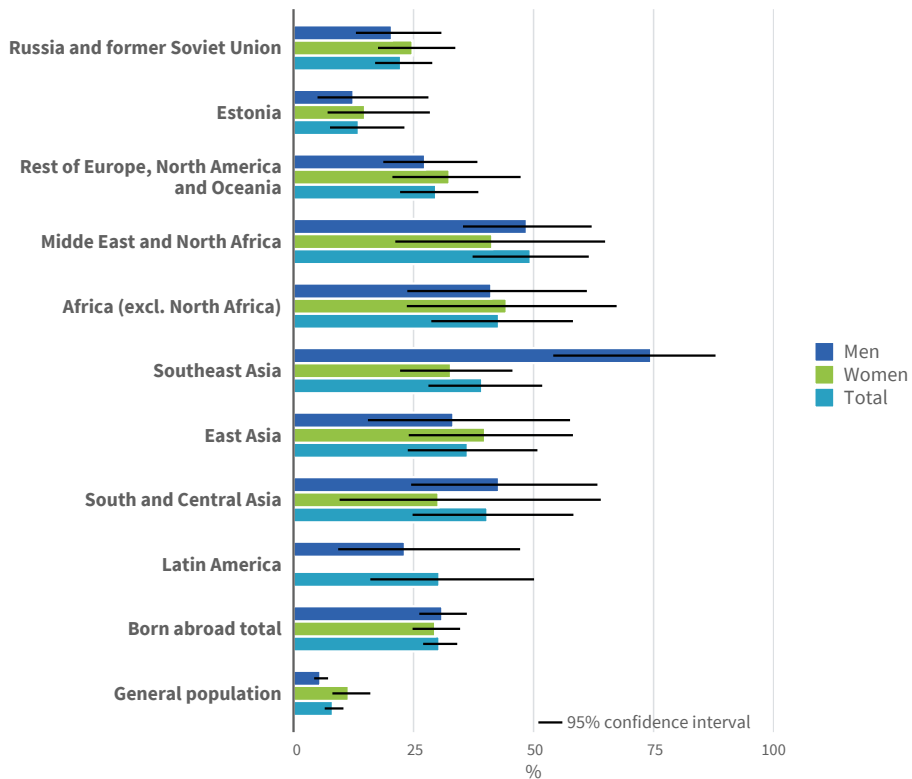


Figure 3.2.5. Concerned quite a lot or very much about continuation of employment during the Covid-19 epidemic, age-adjusted (%).

The difference compared with the general population was also statistically significant when analyses were performed by sex. In total, 31% of men who have migrated to Finland and 6% of men in the general population reported they were quite a lot or very concerned whether their employment will continue during the Covid-19 epidemic, whereas the proportion was 30% and 12% among women who have migrated to Finland and women in the general population respectively. When examined by sex and region of origin, the difference compared with the general Finnish population was statistically significant among all men except for those who have migrated from Estonia and among all women except for those who have migrated from Estonia and South and Central Asia. Men who have migrated from the Middle East and North

Africa (49%) had the most concerns regarding continuation of their employment, whereas among women it was among those who have migrated from Africa (excl. North Africa; 44%).

Concerns about the government’s ability to deal with the Covid-19 outbreak are presented in Figure 3.2.6. Statistically significant differences were observed, with a higher proportion of persons who have migrated to Finland (25%) reporting concerns regarding the governments’ ability to deal with the Covid-19 outbreak compared with persons in the general population (14%). When examined by region of origin, prevalence of concerns was significantly higher among most groups, with exception for those who have migrated from Estonia, Europe (Excl. Russia and Estonia), North America and Oceania and Latin America. Persons who have migrated from Southeast Asia (47%) had the most concerns on the subject.

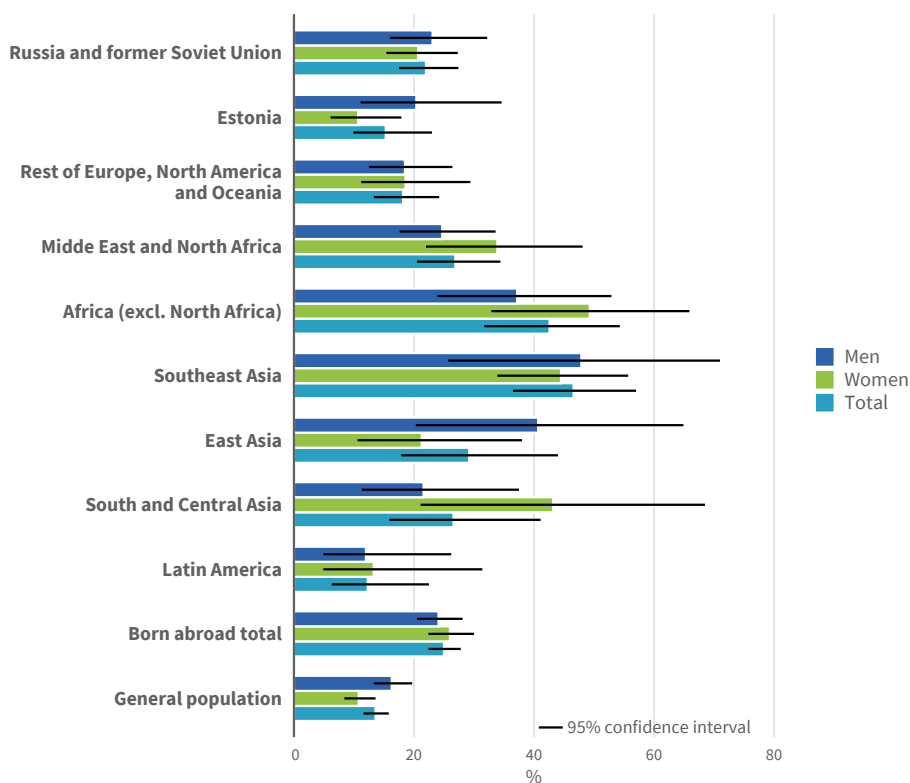


Figure 3.2.6. Concerned quite a lot or very much about the government’s ability to deal with the Covid-19 outbreak, age-adjusted (%).

Statistically significant differences were also observed by sex. Men who have migrated to Finland (24%) had a significantly higher proportion of those reporting concerns with the government’s ability to deal with the Covid-19 outbreak than men in the general population (16%). The difference was statistically significant also among

women, with 26% of women who have migrated to Finland and 11% of women in the general population reporting these concerns. When analysed by sex and region of origin, the difference compared with men in the general population was statistically significant among men who have migrated from Southeast Asia (48%), East Asia (41%), Africa (excl. North Africa; 37%) and the Middle East and North Africa (25%). Among women, the difference was statistically significant among those who have migrated from Africa (excl. North Africa; 49%), Southeast Asia (45%), South and Central Asia (43%), the Middle East and North Africa (34%), and Russia and the former Soviet Union (21%).

Concerns about the healthcare system’s ability to treat all Covid-19 patients are described in Figure 3.2.7. Persons who have migrated to Finland (29%) had a higher proportion of those reporting concerns about the healthcare system’s ability to treat all Covid-19 patients than persons in the general population (15%) and the difference was statistically significant. The difference was statistically significant also when examined by region of origin in most groups, with exception for those who have migrated from Estonia and Latin America. Persons who have migrated from Africa (excl. North Africa; 48%) had the most concerns about this.

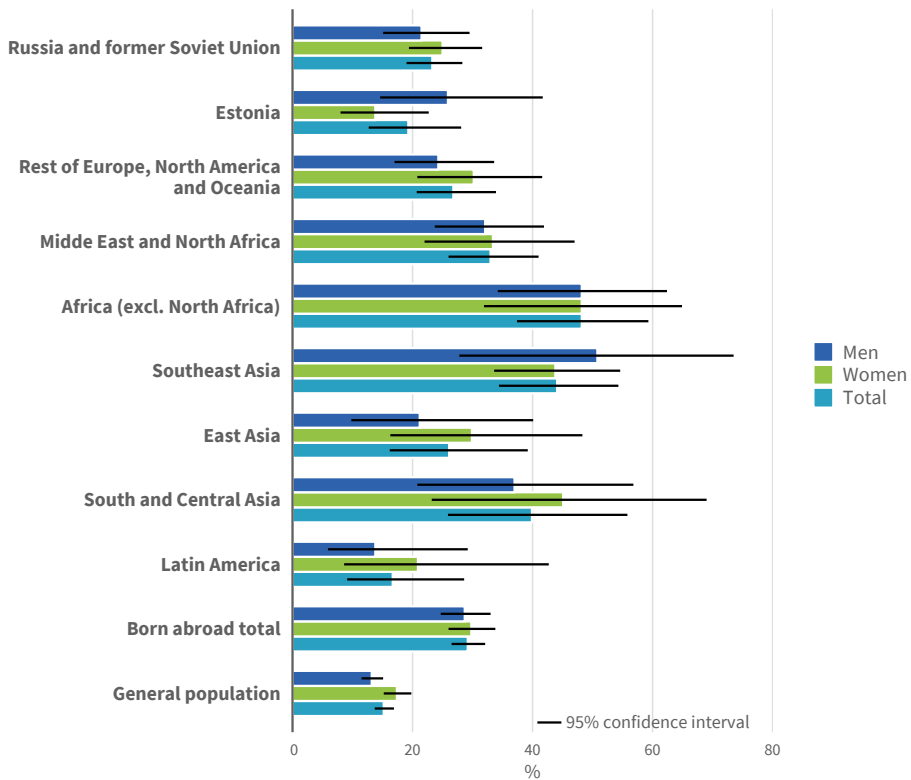


Figure 3.2.7. Concerned quite a lot or very much about the healthcare system’s ability to treat all Covid-19 patients, age-adjusted (%).

Differences compared with the general population were statistically significant also when examined by sex. In total, 29% of men who have migrated to Finland and 13% of men in the general population reported they were concerned about the healthcare system's ability to treat all Covid-19 patients. The respective proportion was 30% among women who have migrated to Finland and 17% among women in the general population. When examined by region of origin and by sex, the difference compared with persons of the corresponding sex in the general population was statistically significant in nearly all of the groups, with exception for men and women who have migrated from East Asia and Latin America and women who have migrated from Estonia. Men who have migrated from Southeast Asia (51%), and men (48%) and women (48%) who have migrated from Africa (excl. North Africa), had the highest proportion of those concerned about the healthcare system's ability to treat all Covid-19 patients.

3.3 Impact of Covid-19 on daily life

The impact of Covid-19 epidemic on daily life was examined by asking the participants whether the Covid-19 epidemic or its restrictive measures have affected their: 1) contacts with friends and relatives; 2) loneliness; 3) disputes and conflicts within the family; 4) feeling of safety at home; 5) hope for the future; 6) sleeping difficulties, nightmares; 7) daily smoking; 8) alcohol use; 9) consumption of snacks (e.g. sweets, chocolate, soft drinks, chips); 10) consumption of fruit, berries and vegetables; 11) daily physical activity levels, including physical activity during commuting to work and leisure-time; 12) dealing with everyday chores online (e.g. online food purchases); 13) use of digital social welfare and healthcare services. The answer options were: no effect; yes, decreased; yes, increased; does not concern me. Participants were instructed that if there are things in the list that do not apply to their own life at all, to select 'do not apply'. For reporting purposes, the answer options of "no effect" and "does not concern me" were combined in the analyses.

Participants were also asked whether the Covid-19 epidemic had weakened their financial situation: very much; quite a lot; to some extent; a little; not at all. The proportion of those responding very much or quite a lot is reported.

Contacts with friends and relatives are reported in Figure 3.3.1. A similar proportion of persons who migrated to Finland (58%) and persons in the general population (59%) reported a decrease in contacts with friends and relatives during the Covid-19 epidemic. Some statistically significant differences, however, emerged when examined by region of origin. A decrease in contacts was significantly more frequently reported by persons who have migrated from Central and South Asia (77%) compared with persons in the general population.

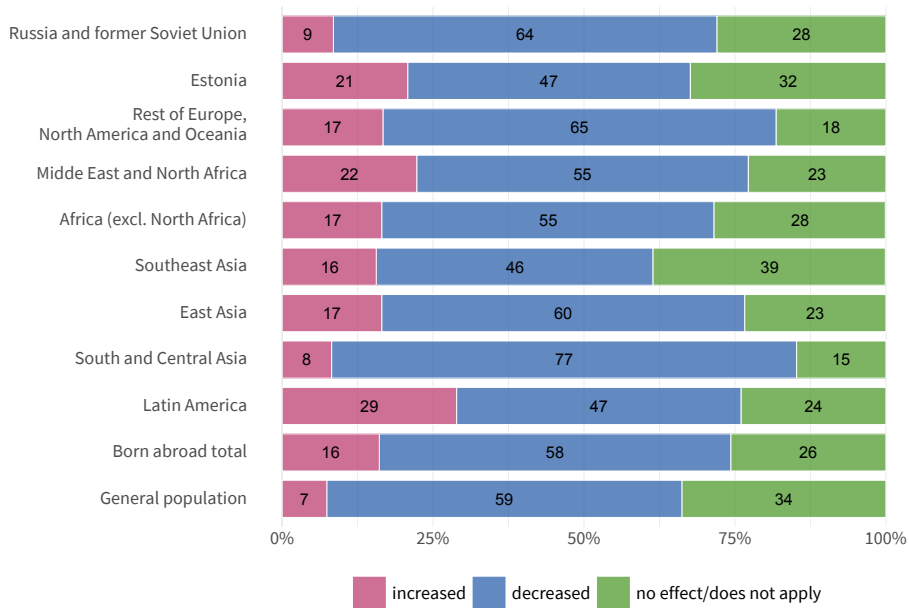


Figure 3.3.1. Impact of Covid-19 on contacts with friends and relatives, age-adjusted (%)

Impact of Covid-19 on contacts with friends and relatives among men is presented in Figure 3.3.2 and among women in Figure 3.3.3. While there were no statistically significant differences by sex in a decrease in contacts with friends among persons who have migrated to Finland and persons in the general population, some statistically significant differences emerged in the more detailed analyses by sex and region of origin. Women who have migrated from Southeast Asia (44%) had a significantly lower proportion of those reporting a decrease in contact with friends and relatives than women in the general population (62%).

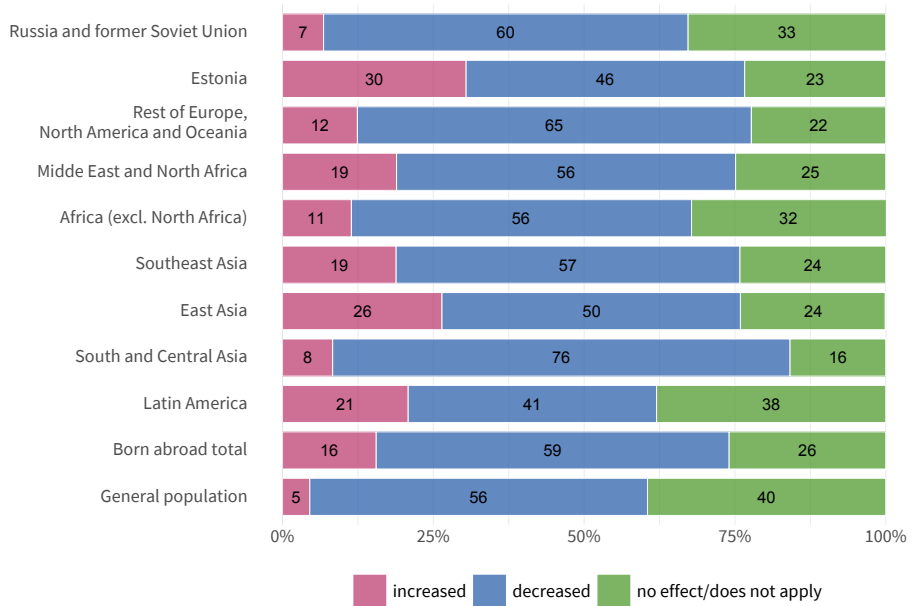


Figure 3.3.2. Impact of Covid-19 on contacts with friends and relatives among men, age-adjusted (%)

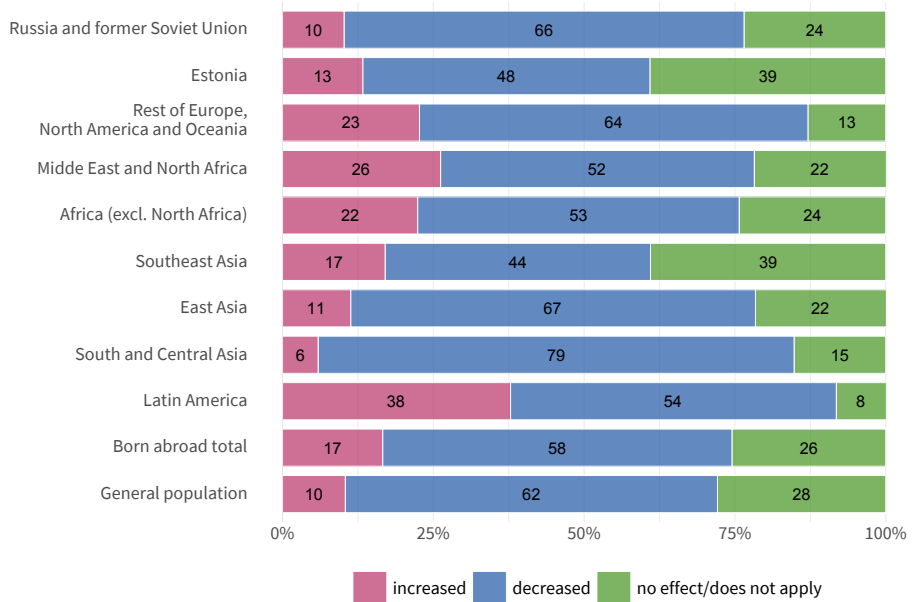


Figure 3.3.3. Impact of Covid-19 on contacts with friends and relatives among women, age-adjusted (%)

An increase in contacts with friends and relatives was more frequently reported among persons who have migrated to Finland (16%) than among persons in the general population (7%) and this difference was statistically significant. When examined by region of origin, the differences compared with the general population among those reporting an increase in contact with friends and relatives were significant in all groups except for those who have migrated from Russia and the former Soviet Union and South and Central Asia. Persons who have migrated from Latin America (29%) had the highest proportion of those reporting an increase in contact with friends and relatives. When examined by sex, statistically significant differences compared with men (5%) and women (10%) in the general population and men (16%) and women (17%) who have migrated to Finland were observed. Among men, those who have migrated from Estonia (30%) and among women, those who have migrated from Latin America (38%) had the highest proportion of those reporting an increase in contact.

The proportion of those reporting no changes or not applicable was statistically significant among persons who have migrated to Finland and the general population. The proportion of those reporting no changes or not applicable was lower among persons who have migrated to Finland (26%) compared with persons in the general population (34%). When examined by region of origin, the difference compared with the general population was statistically significant only among persons who have migrated from South and Central Asia (15%), Europe (excl. Russia and Estonia), North America and Oceania (18%) and the Middle East and North Africa (23%). A lower proportion of persons in these groups reported no changes or not applicable compared with persons in the general population.

Statistically significant differences in contacts with friends and relatives were observed among men who have migrated to Finland compared with men in the general population. A lower proportion of men who have migrated to Finland (26%) reported no changes or not applicable compared with men in the general population (40%), whereas the differences between women were not significant. Some statistically significant differences by region of origin were, however, observed among women. Only 8% of women who have migrated from Latin America and 13% of women who have migrated from Europe (excl. Russia and Estonia), North America and Oceania reported no changes in contacts with friends and relatives or that the question was not applicable to them compared with women in the general population (28%).

Experiences of loneliness are reported in Figure 3.3.4. Statistically significant differences in the impact of Covid-19 on the prevalence of loneliness were observed. A significantly higher proportion of persons who have migrated to Finland (36%) than persons in the general population (28%) reported an increase in loneliness as the result of the Covid-19 epidemic and related restrictive measures. When examined by region of origin, the difference compared with the general population was statistically significant in all groups except for those who have migrated from Russia and the former Soviet Union, Estonia, and Southeast Asia. Loneliness increased particularly among persons who have migrated from South and Central Asia (55%).

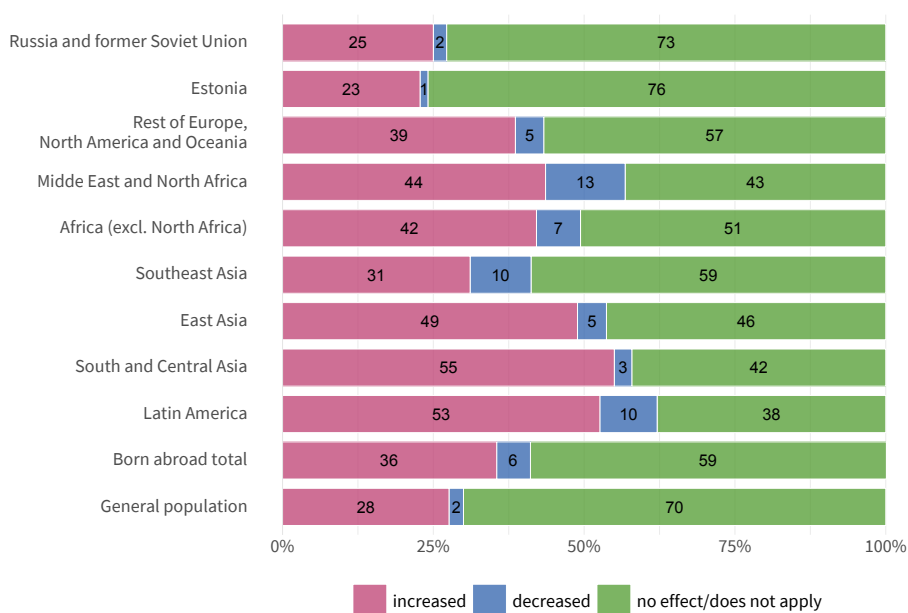


Figure 3.3.4. Impact of Covid-19 on experiences of loneliness, age-adjusted (%).

Impact of Covid-19 on experiences of loneliness among men is presented in Figure 3.3.5 and among women in Figure 3.3.6. Statistically significant differences in experiences of loneliness were found among men. Men who have migrated to Finland (33%) had a higher proportion of those reporting an increase in loneliness than men in the general Finnish population (21%). When examined by region of origin, men who have migrated from East Asia (63%) and South and Central Asia (50%) had the highest proportion of those reporting an increase in loneliness. The proportion of women who have migrated to Finland (38%) reporting an increase in loneliness was similar to that of women in the general population (35%). However, some statistically significant differences among women emerged in the more detailed analyses by region of origin. Women who have migrated from Latin America (70%) had a significantly higher proportion of those reporting an increase in loneliness compared with women in the general population.

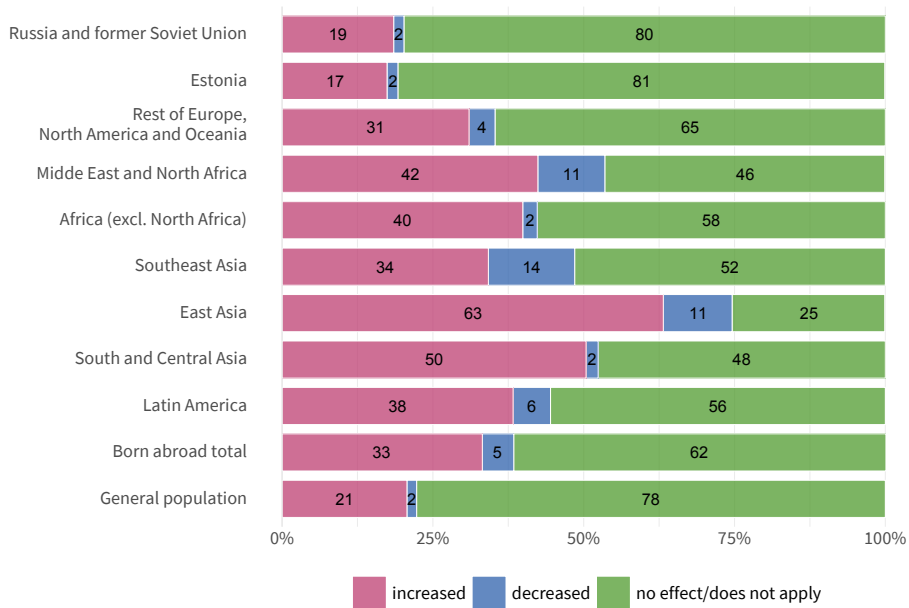


Figure 3.3.5. Impact of Covid-19 on experiences of loneliness among men, age-adjusted (%).

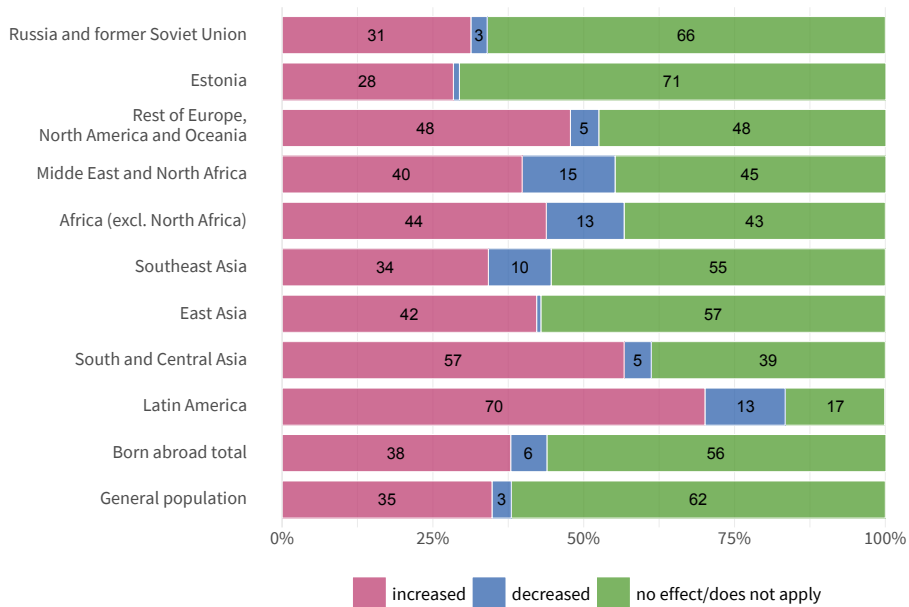


Figure 3.3.6. Impact of Covid-19 on experiences of loneliness among women, age-adjusted (%).

The difference was also statistically significant for those reporting a decrease in loneliness, which was reported more frequently by persons who have migrated to Finland (6%) compared with persons in the general population (2%). When examined by region of origin, the difference compared with the general population among those reporting a decrease in loneliness was statistically significant in all groups by region of origin, except for those who have migrated from Russia and the former Soviet Union, Estonia, and South and Central Asia. The proportion of persons reporting a decrease in loneliness was highest among persons who have migrated from the Middle East and North Africa (13%) and Southeast Asia (10%).

No change in experiences of loneliness during Covid-19 or that the question did not apply to them was reported by 59% of persons who have migrated to Finland and 70% of persons in the general population, and this difference was also statistically significant. The difference was significant in all groups by region of origin, except for those who have migrated from Russia and the former Soviet Union, Estonia, and Southeast Asia. The difference compared with the general population was statistically significant among men who have migrated to Finland (62%) compared with men in the general population (78%). Differences in men were also observed in many groups by region of origin. The lowest proportion of men reporting no change or that the question did not apply was observed among men who have migrated from East Asia (25%). Some statistically significant differences also emerged among women in the more detailed analyses by region of origin, with only 17% of women who have migrated from Latin America reporting no changes in the feelings of loneliness or that the question did not apply compared with 62% of women in the general population.

Disputes and conflicts within the family are reported in Figure 3.3.7. A similar proportion of persons who have migrated to Finland (15%) and persons in the general population (14%) reported an increase in disputes and conflicts within the family as the result of the Covid-19 epidemic and related restrictive measures. However, some statistically significant differences emerged when examined by region of origin. A higher proportion of persons who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (22%) reported an increase in disputes and conflicts within the family compared with persons in the general population.

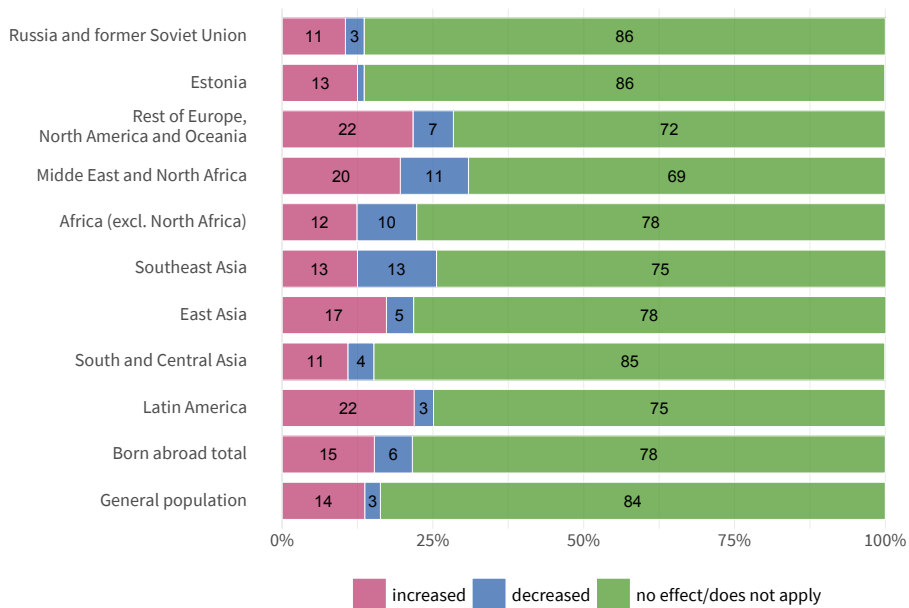


Figure 3.3.7. Impact of Covid-19 on disputes and conflicts within the family, age-adjusted (%).

Findings on the impact of Covid-19 on disputes and conflicts within the family among men are presented in Figure 3.3.8 and among women in Figure 3.3.9. In total, no statistically significant differences in the prevalence of those reporting disputes and conflicts within the family were observed among persons who have migrated to Finland and the general population. However, when analyses were performed by sex and were further stratified by region of origin, some statistically significant differences emerged among men. Compared with men (12%) in the general population, the proportion of those reporting an increase in disputes and conflicts within the family was significantly lower among men who have migrated from Russia and the former Soviet Union (4%) and significantly higher among men who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (21%).

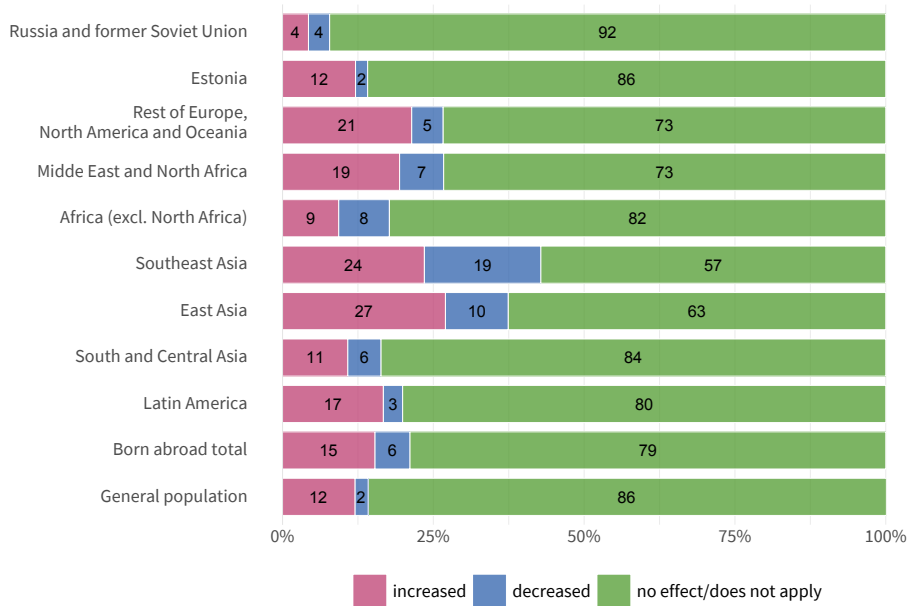


Figure 3.3.8. Impact of Covid-19 on disputes and conflicts within the family among men, age-adjusted (%).

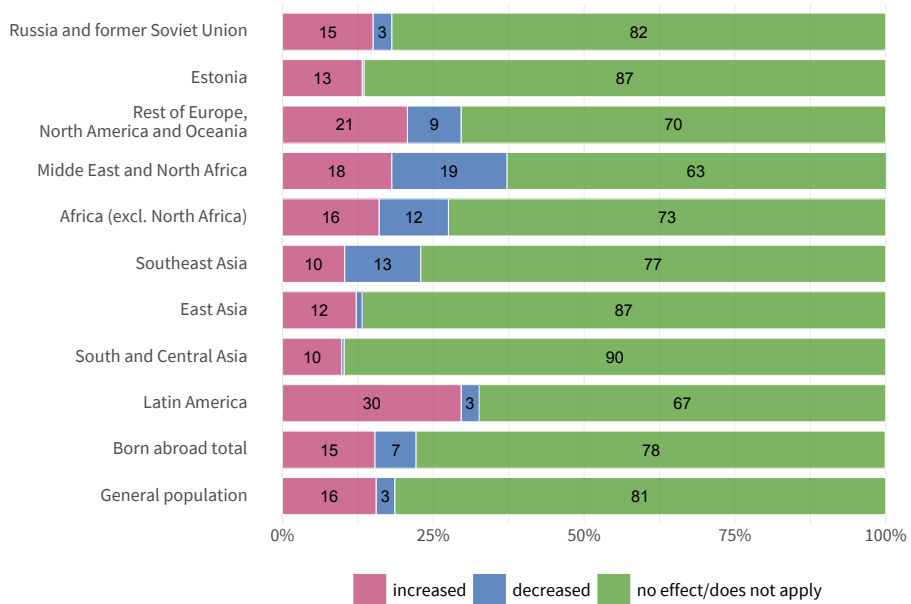


Figure 3.3.9. Impact of Covid-19 on disputes and conflicts within the family among women, age-adjusted (%).

A higher proportion of persons who have migrated to Finland (6%) compared with persons in the general population (3%) reported a decrease in disputes and conflicts within the family, and this difference was statistically significant. When examined by region of origin, the differences compared with the general population were statistically significant only among persons who have migrated from the Middle East and North Africa (11%), Africa (excl. North Africa; 10%), and Southeast Asia (13%). Statistically significant differences among persons who have migrated to Finland and persons in the general population were also observed when the analyses were stratified by sex. Men (6%) and women (7%) who have migrated to Finland had a higher proportion of those reporting a decrease in disputes and conflicts within the family than men (2%) and women (3%) in the general Finnish population.

A lower proportion of persons who have migrated to Finland (78%) compared with persons in the general population (84%) reported no change in disputes and conflicts within the family during the Covid-19 epidemic or that the question did not apply, and this difference was statistically significant. When examined by region of origin, the difference compared with the general population was significant among persons who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (72%) and the Middle East and North Africa (69%).

When analyses were stratified by sex, the difference was significant for men only. Altogether 79% of men who have migrated to Finland and 86% of men in the general population reported no changes in disputes and conflicts within the family during the Covid-19 epidemic or that the question was not applicable. The respective proportion was 78% and 81% among women who have migrated to Finland and women in the general population. When examined by region of origin, the difference in those reporting no changes or that the question did not apply to them was significant among men who have migrated from Southeast Asia (57%), East Asia (63%), the Middle East and North Africa (73%) and Europe (excl. Russia and the former Soviet Union), North America and Oceania (73%) compared with men in the general population. Some statistically significant differences also emerged among women, when analyses by sex were further stratified by region of origin. The difference compared with women in the general population was significant among women who have migrated from the Middle East and North Africa (63%).

Feelings of safety at home are reported in Figure 3.3.10. A decrease in feelings of safety at home was reported by 9% of persons who have migrated to Finland. Comparative data on the general population was not available. The proportion of those reporting a decrease in feelings of safety at home was lowest among persons who have migrated from Russia and the former Soviet Union (5%) and highest among those who have migrated from Africa (excl. North Africa; 17%), Latin America (17%), the Middle East and North Africa (13%), and Southeast Asia (13%). Findings stratified by sex are presented in Figure 3.3.11 for men and Figure 3.3.12 for women. Similar trends in differences by region of origin in the impact of Covid-19 were observed when examined by sex.

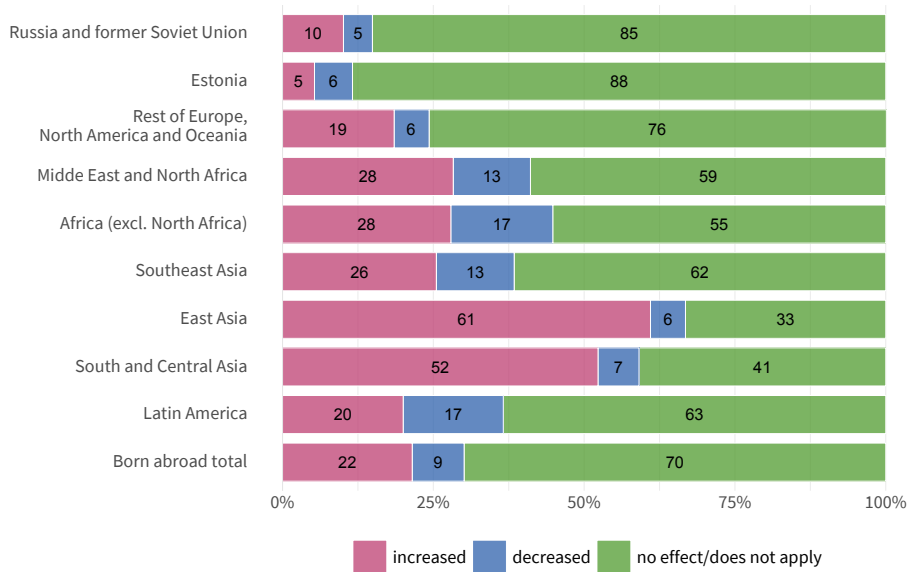


Figure 3.3.10. Impact of Covid-19 on feelings of safety at home, age-adjusted (%).

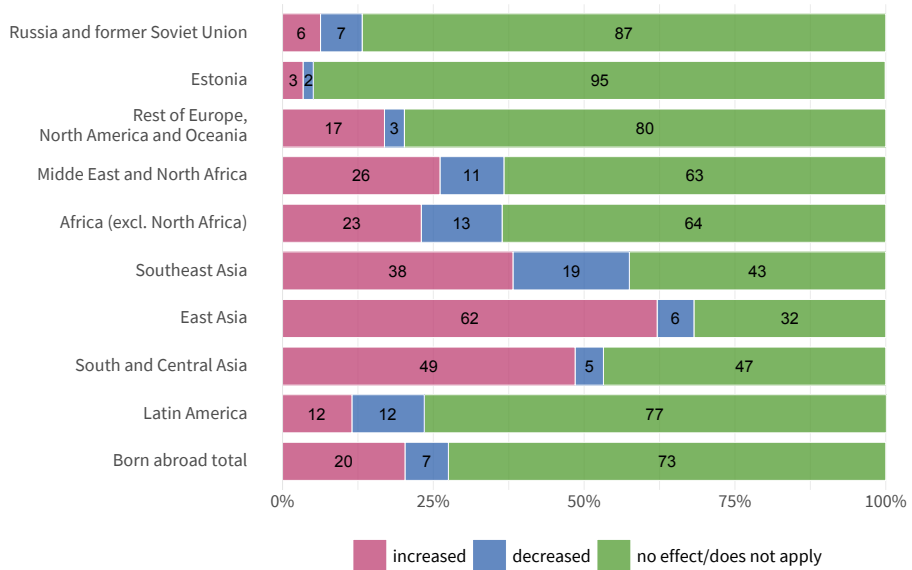


Figure 3.3.11. Impact of Covid-19 on feelings of safety at home among men, age-adjusted (%).

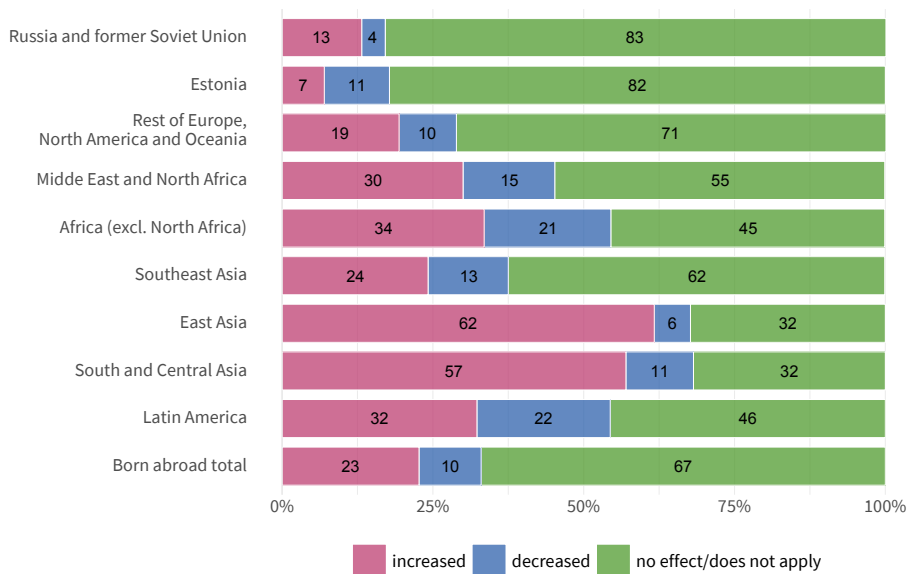


Figure 3.3.12. Impact of Covid-19 on feelings of safety at home among women, age-adjusted (%).

Slightly more than a fifth of persons who have migrated to Finland (22%) reported an increase in feelings of safety at home. An increase was highest among persons who have migrated from East Asia (61%) and South and Central Asia (52%) and lowest among persons who have migrated from Estonia (5%) and Russia and the former Soviet Union (10%).

Altogether 70% of persons who have migrated to Finland reported that Covid-19 epidemic has caused no change to their feelings of safety at home or that the question did not apply. Significant variations by region of origin were observed. Persons who have migrated from East Asia (33%) had the lowest proportion of those reporting no changes or that the question did not apply, whereas the proportion was highest among persons who have migrated from Estonia (88%). In the analyses by sex, 73% of men and 67% of women reported no changes or did not apply. The Covid-19 epidemic has had the greatest impact on persons who have migrated from East Asia in men and women and in women who have migrated from South and Central Asia, with only 32% of persons in each of these groups reporting no changes during the Covid-19 epidemic or that the question did not apply.

Feelings of hope for the future are reported in Figure 3.3.13. A higher proportion of persons who have migrated to Finland (38%) reported a decrease in feelings of hope for the future than among persons in the general population (30%) and this difference was statistically significant. Statistically significant differences were also observed in the analyses by region of origin, with a higher proportion of persons who have migrated from East Asia (55%), Europe (excl. Russia and Estonia), North America and Oceania (44%), and South and Central Asia (48%) reporting a decrease in feelings of hope for the future compared with persons in the general population.

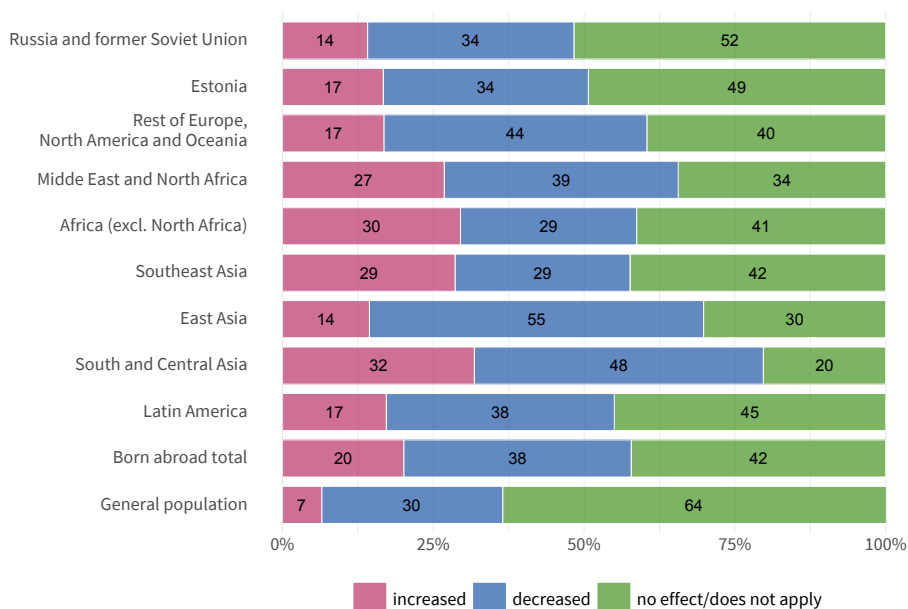


Figure 3.3.13. Impact of Covid-19 on feelings of hope for the future, age-adjusted (%).

Findings on the impact of Covid-19 on feelings of hope for the future are presented in Figure 3.3.14 for men and in Figure 3.3.15 for women. When examined by sex, the difference in the proportion of those reporting a decrease in feelings of hope for the future was statistically significant among men who have migrated to Finland (39%) compared with men in the general population (24%), but not among women. When examined also by region of origin, the difference compared with men in the general population was statistically significant among men who have migrated from East Asia (70%), South and Central Asia (54%), Russia and the former Soviet Union (38%), Europe (excl. Russia and Estonia), North America and Oceania (39%), and the Middle East and North Africa (38%).

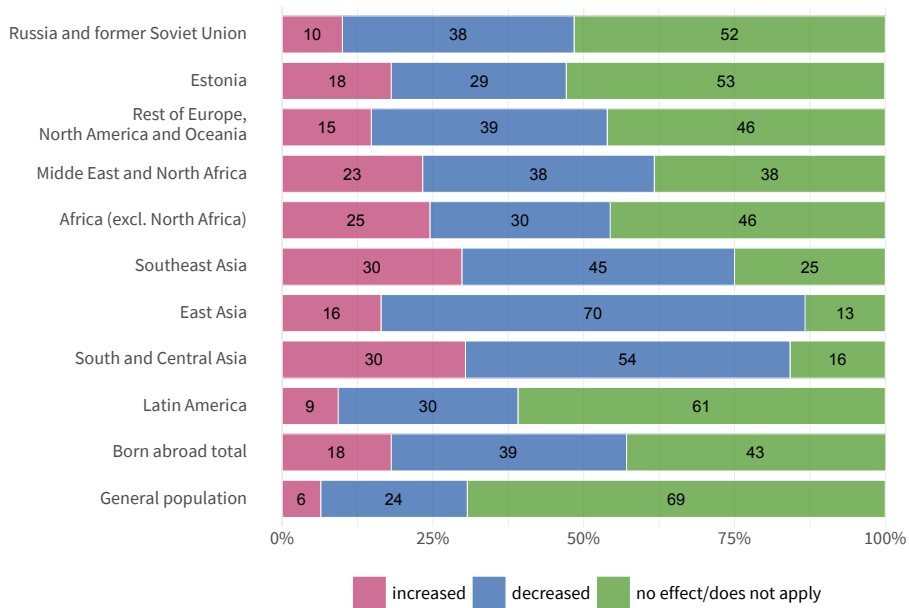


Figure 3.3.14. Impact of Covid-19 on feelings of hope for the future among men, age-adjusted (%).

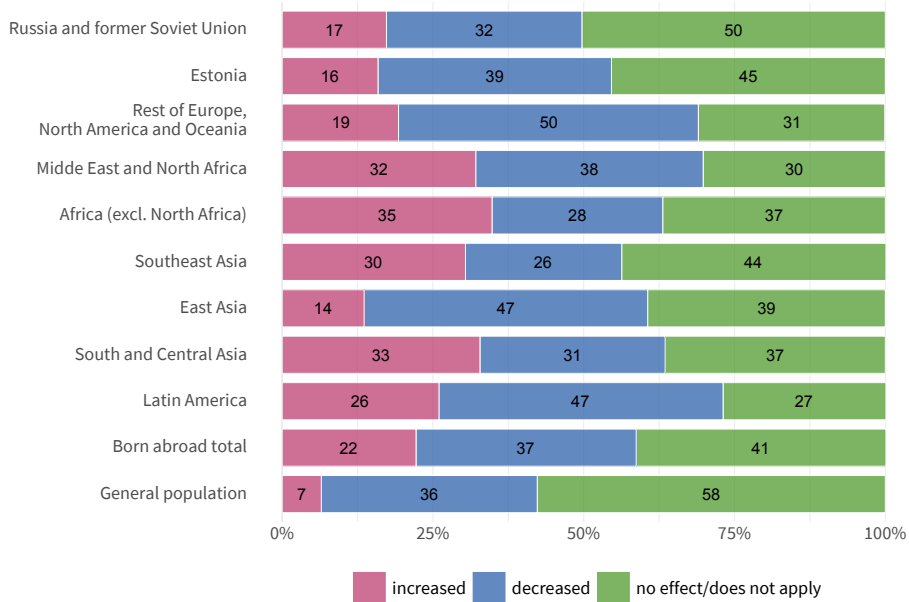


Figure 3.3.15. Impact of Covid-19 on feelings of hope for the future among women, age-adjusted (%).

Statistically significant differences were found concerning an increase in feelings of hope for the future. A significantly higher proportion of persons who have migrated to Finland (20%) than persons in the general population (7%) reported an increase in hope for the future during the Covid-19 epidemic. When examined by region of origin, the differences compared with the general population were significant among all persons who have migrated to Finland except for those from East Asia (14%) and Latin America (17%).

Statistically significant differences were also observed by sex, with a significantly higher proportion of men (18%) and women (22%) who have migrated to Finland reporting an increase in hope for the future during the Covid-19 epidemic than men (6%) and women (7%) in the general population. When examined by sex and region of origin, a higher proportion of men who have migrated to Finland reported an increase in feelings of hope for the future compared with men in the general population, except for those who have migrated from East Asia, Russia and the former Soviet Union, and Latin America. Differences compared with the general population were statistically significant among all women who have migrated to Finland except for those who have migrated from East Asia and Latin America, with women who have migrated to Finland generally more frequently reporting an increase in hope for the future.

A lower proportion of persons who have migrated to Finland (42%) compared with persons in the general population (64%) reported that no change in their feelings of hope for the future has occurred or that the question did not apply. The difference was statistically significant in all of the groups by region of origin, with exception for persons who have migrated from Latin America. Persons who have migrated from South and Central Asia (20%) had the lowest prevalence of those reporting no changes in feelings of hope for the future or that the question did not apply.

The difference compared with persons in the general population was statistically significant also when feelings of hope for the future were examined by sex. Altogether 43% of men who have migrated to Finland and 69% of men in the general population reported no changes in feelings of hope for the future during the Covid-19 epidemic or that the question was not applicable. The respective proportions for women were 41% and 58% for women who have migrated to Finland and women in the general population. When examined by sex and region of origin, the difference compared with the general population was significant for all men who have migrated to Finland with exception for those who have migrated from Estonia and Latin America. Only 13% of men who have migrated from East Asia and 16% of men who have migrated from South and Central Asia reported that no changes have occurred or that the question did not apply. Among women, differences by region of origin were significant among women who have migrated from Africa (excl. North Africa; 37%), Europe (excl. Russia and Estonia), North America and Oceania (31%), as well as the Middle East and North Africa (30%).

Sleeping difficulties and nightmares are reported in Figure 3.5.16. A greater proportion of persons who have migrated to Finland (18%) than persons in the general population (10%) reported an increase in sleeping difficulties and nightmares and this difference was statistically significant. When examined by region of origin, statistically significant differences compared with persons in the general population were found among those who have migrated from the Middle East and North Africa (27%), South and Central Asia (27%), East Asia (23%), and Europe (excl. Russia and Estonia), North America and Oceania (22%). In these groups, the proportion of those reporting an increase in sleeping difficulties and nightmares was higher compared with the general population.

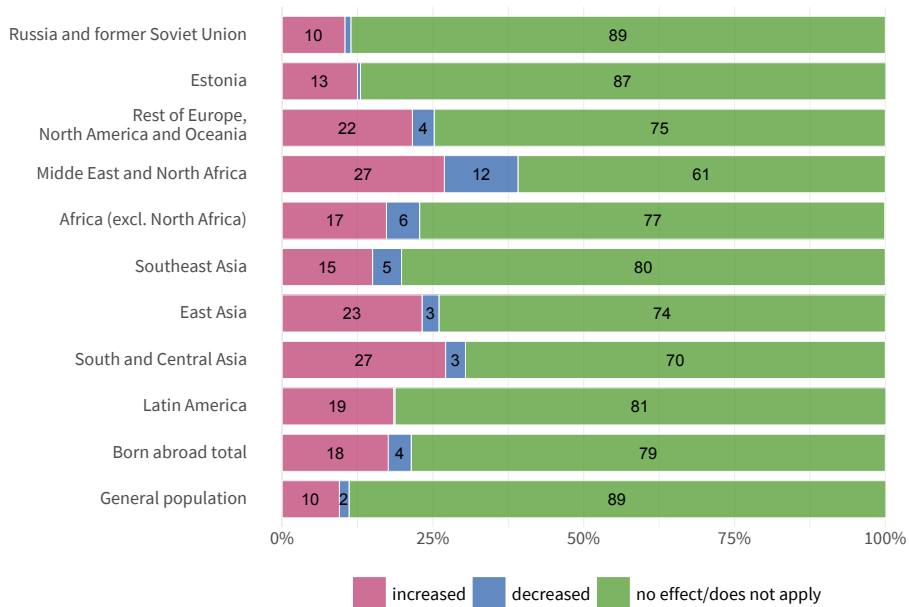


Figure 3.5.16. Impact of Covid-19 on sleeping difficulties and nightmares, age-adjusted (%).

Findings on the impact of Covid-19 on sleeping difficulties and nightmares are presented in Figure 3.5.17 for men and in Figure 3.5.18 for women. Statistically significant differences among both men and women who have migrated to Finland and persons of the corresponding sex in the general population were also observed. An increase in sleeping difficulties and nightmares was higher among men who have migrated to Finland (15%) than men in the general population (8%). Similarly, women who have migrated to Finland (21%) also had significantly more reports of increased sleeping difficulties and nightmares compared with women in the general population (12%). When examined by region of origin, differences compared with men in the general population were statistically significant among men who have migrated from South and Central Asia (25%), Africa (excl. North Africa; 20%), the Middle East and North Africa (19%), and Europe (excl. Russia and Estonia), North America and Oceania (19%). Among women, the differences compared with women

in the general population were statistically significant among those who have migrated from the Middle East and North Africa (38%), Latin America (37%), East Asia (33%), and Europe (excl. Russia and Estonia), North America and Oceania (22%).

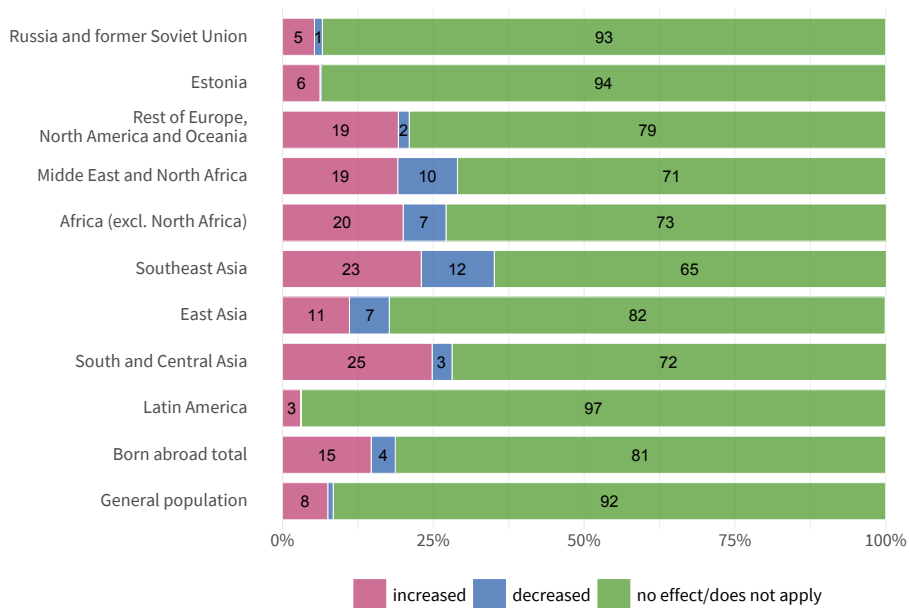


Figure 3.5.17. Impact of Covid-19 on sleeping difficulties and nightmares among men, age-adjusted (%).

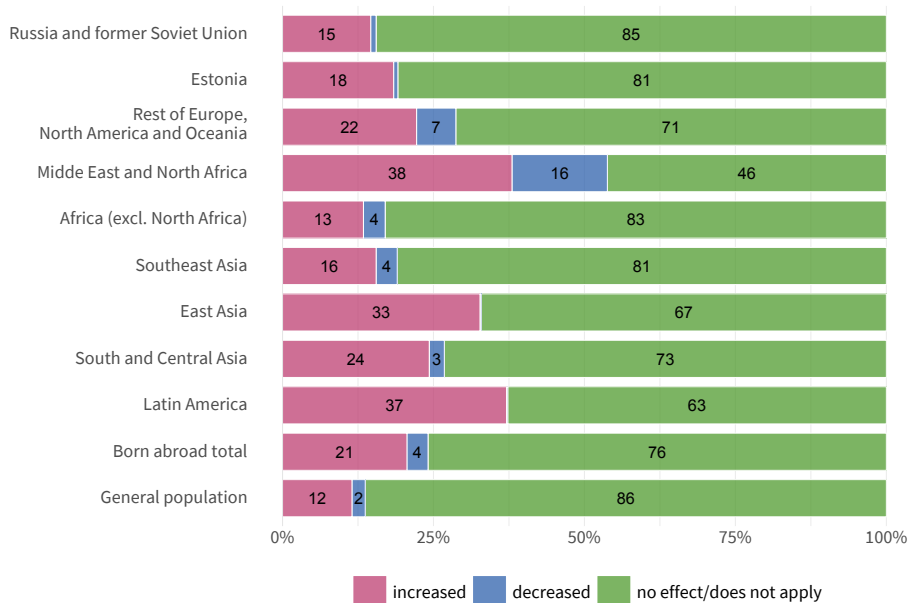


Figure 3.5.18. Impact of Covid-19 on sleeping difficulties and nightmares among women, age-adjusted (%).

Overall, a decrease in sleeping difficulties and nightmares was reported by 4% of persons who have migrated to Finland and 2% among persons in the general population. When examined by region of origin, statistically significant differences compared with the general population were observed among persons who have migrated from the Middle East and North Africa (12%), who had a significantly higher decrease in these symptoms compared with persons in the general population.

When the proportion of those reporting a decrease in sleeping difficulties and nightmares was examined by sex, statistically significant differences were observed among men who have migrated to Finland (4%) compared with men in the general population (1%). When examined by sex and region of origin, statistically significant differences compared with the general population were found among men (10%) and women (16%) who have migrated from the Middle East and North Africa compared with persons of the corresponding sex in the general population.

A lower proportion of persons who have migrated to Finland (79%) than persons in the general population (89%) reported that Covid-19 and related restrictive measures had caused no change on sleeping difficulties and nightmares or that the question did not apply. When examined by region of origin, the difference compared with persons in the general population was statistically significant for those who have migrated from the Middle East and North Africa (61%), South and Central Asia (70%), East Asia (74%), Europe (excl. Russia and Estonia), North America and Oceania (75%), and Africa (excl. North Africa; 77%).

The difference in persons who have migrated to Finland compared with persons of the corresponding sex in the general population was statistically significant for both men and women. Altogether 81% of men who have migrated to Finland and 92% of men in the general population reported no changes or that the question did not apply to them. Among women, the proportion was 76% and 86% for women who have migrated to Finland and women in the general population respectively. When examined by sex and region of origin, the difference compared with men in the general population was statistically significant among men who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (79%), the Middle East and North Africa (71%), Africa (excl. North Africa) (73%), Southeast Asia (65%), and South and Central Asia (72%). The difference compared with women in the general population was statistically significant among women who have migrated from the Middle East and North Africa (46%), East Asia (67%), and Europe (excl. Russia and Estonia), North America and Oceania (71%).

Daily smoking is presented in Figure 3.3.19. A higher proportion of persons who have migrated to Finland (4%) than persons in the general population (2%) reported an increase in smoking during the Covid-19 epidemic and this difference was statistically significant. When examined by region of origin, the differences compared with the general population were statistically significant only among persons who have migrated from the Middle East and North Africa (7%) and Latin America (13%).

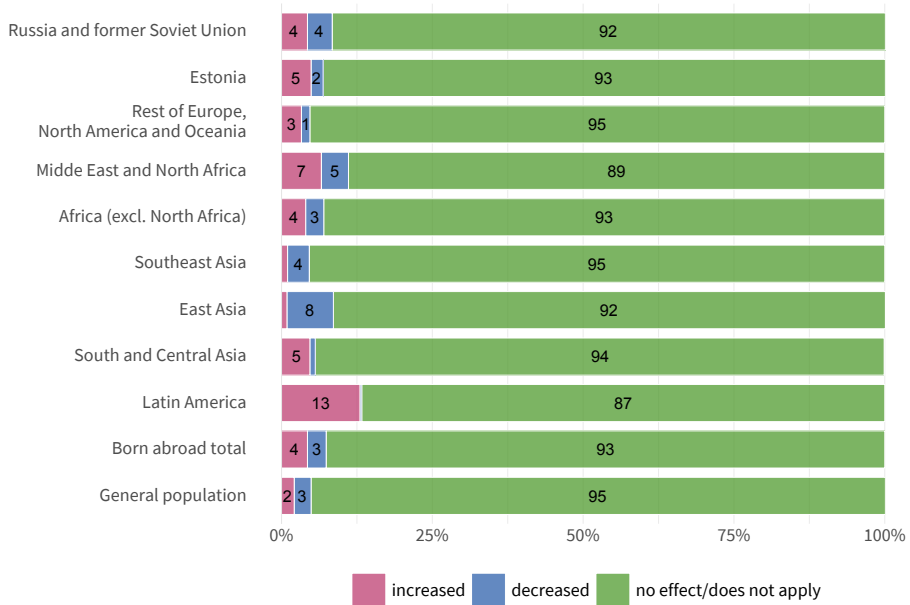


Figure 3.3.19. Impact of Covid-19 on daily smoking, age-adjusted (%).

Findings on the impact of Covid-19 on daily smoking are presented in Figure 3.3.20 for men and in Figure 3.3.21 for women. Statistically significant differences in daily smoking were found among men, with men who have migrated to Finland (5%) reporting an increase in smoking more frequently than men in the general population (1%). When examined by sex and region of origin, differences in the increase in smoking compared with the general population were significant only among men who have migrated from Latin America (21%), Russia and the former Soviet Union (6%), and the Middle East and North Africa (6%). Prevalence of those reporting an increase in smoking was similar among women who have migrated to Finland (3%) and women in the general population (3%).

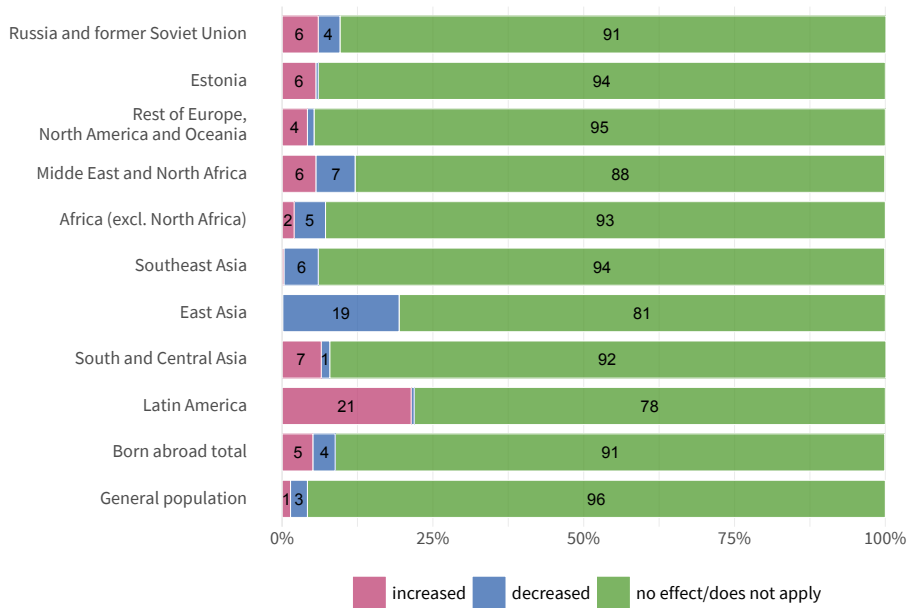


Figure 3.3.20. Impact of Covid-19 on daily smoking among men, age-adjusted (%).

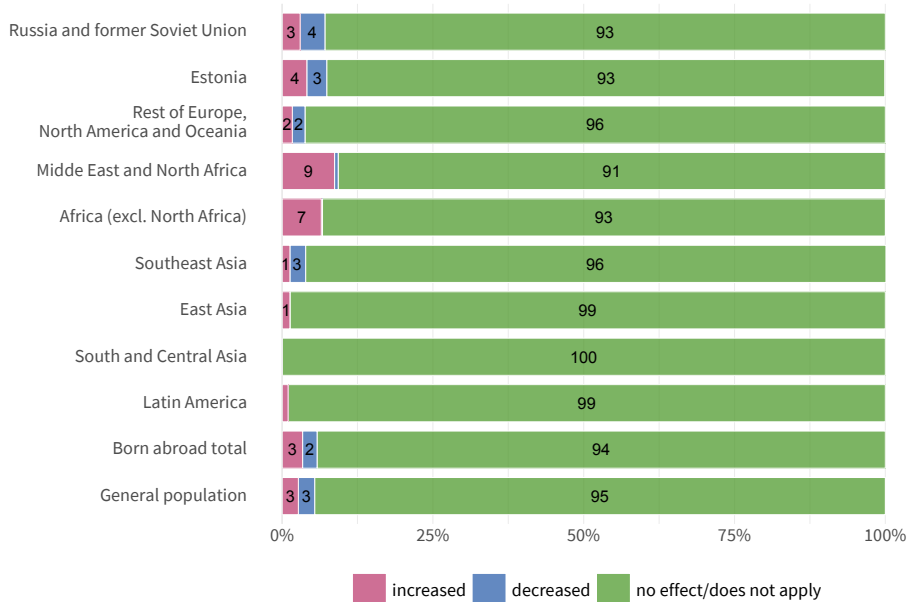


Figure 3.3.21. Impact of Covid-19 on daily smoking among women, age-adjusted (%).

A similar proportion of persons who have migrated to Finland (3%) and persons in the general population (3%) reported a decrease in smoking. The proportion of men and women reporting a decrease in smoking was also similar among persons who have migrated to Finland and men and women in the general population. No statistically significant differences were found by region of origin, except for men who have migrated from East Asia. In this group, 19% reported a decrease in smoking compared with 3% of men in the general population.

Altogether 93% of persons who have migrated to Finland reported that Covid-19 has caused no change on their daily smoking or that the question did not apply. The proportion was similar in the general population (95%). When examined by region of origin, statistically significant differences emerged among persons who have migrated from the Middle East and North Africa (89%), with a lower proportion of those reporting no changes on their daily smoking than persons in the general population.

In total, men who have migrated to Finland (91%) had a lower proportion of those reporting no changes in smoking or that the question did not apply to them compared with men in the general population (96%) and this difference was statistically significant. Some statistically significant differences were also observed among men by region of origin. Men who have migrated from Latin America (78%), East Asia (81%), and the Middle East and North Africa (88%) had a lower proportion of those reporting no change in smoking during the Covid-19 epidemic or that the question did not apply.

Alcohol use is reported in Figure 3.3.22. The impact of Covid-19 on alcohol use of persons of migrant origin was quite modest, especially among women. An increase in alcohol use was reported by 4% of persons who have migrated to Finland and by 6% of persons in the general population. Some statistically significant differences emerged when alcohol use was examined by region of origin. Persons who have migrated from Southeast Asia (2%) and Russia and the former Soviet Union (3%) had a lower proportion of those reporting an increase in alcohol use compared with persons in the general population. Findings by sex are presented in Figure 3.3.23 and Figure 3.3.24.

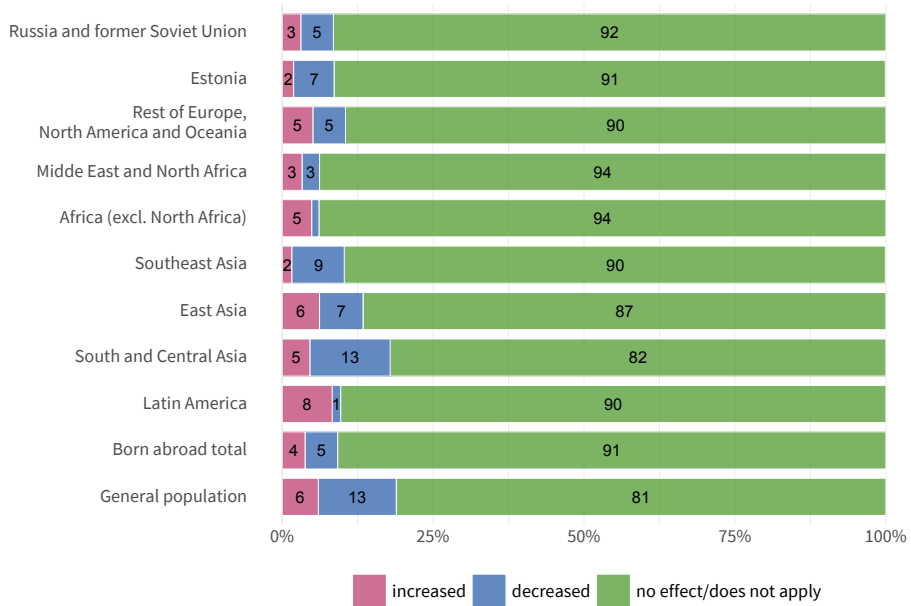


Figure 3.3.22. Impact of Covid-19 on alcohol use, age-adjusted (%).

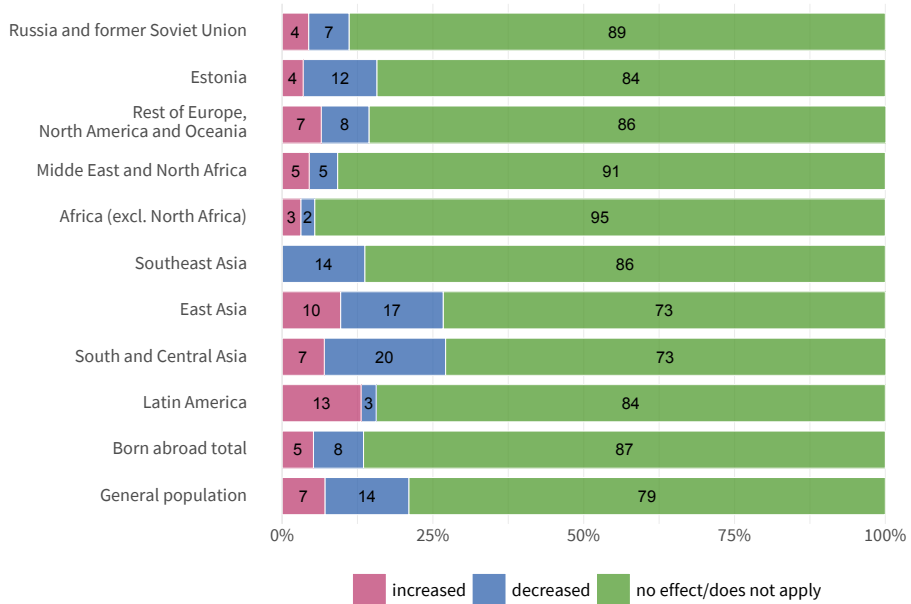


Figure 3.3.23. Impact of Covid-19 on alcohol use among men, age-adjusted (%).

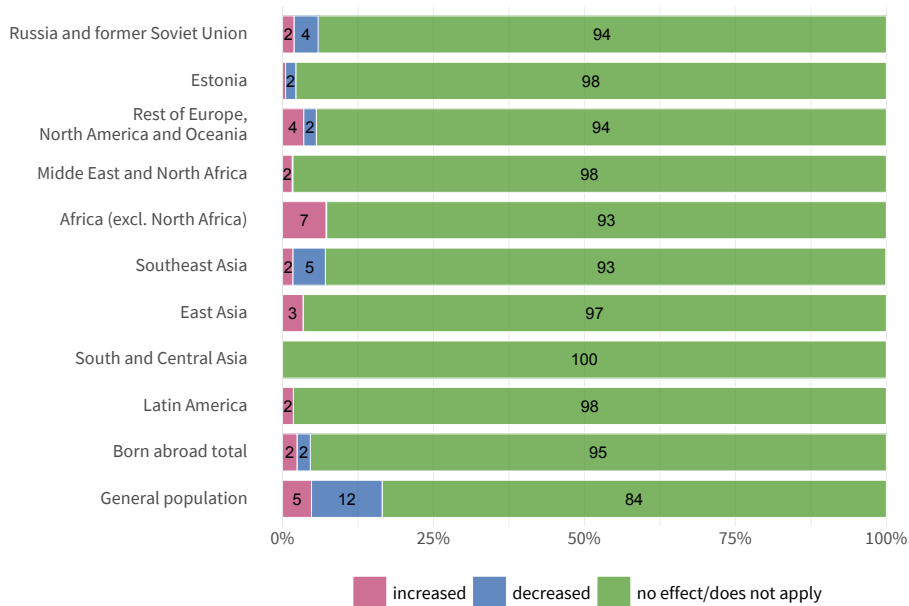


Figure 3.3.24. Impact of Covid-19 on alcohol use among women, age-adjusted (%).

A greater proportion of persons in the general population (13%) than persons who have migrated to Finland (5%) reported a decrease in alcohol use and this difference was statistically significant. Some statistically significant differences were also observed by region of origin. A lower proportion of a decrease in alcohol use was reported among persons who have migrated from Russia and the former Soviet Union (5%), Europe (excl. Russia and Estonia), North America and Oceania (5%), the Middle East and North Africa (3%), and Africa (excl. North Africa; 1%) compared with persons in the general population. Women who have migrated to Finland (2%) had a lower proportion of those reporting a decrease in alcohol use compared with women in the general Finnish population (12%) and this difference was statistically significant. The respective proportion among men was 8% among men who have migrated to Finland and 14% among men in the general population.

Persons who have migrated to Finland (91%) reported more frequently than the general population (81%) that the Covid-19 epidemic has caused no change on their alcohol use or that the question did not apply and this difference was statistically significant. Statistically significant differences were also observed by region of origin. Persons who have migrated from the Middle East and North Africa (94%), Africa (excl. North Africa; 94%), Russia and the former Soviet Union (92%), Estonia (91%), and the rest of Europe, North America and Oceania (90%) had a higher proportion of those reporting no changes in alcohol use or that the question did not apply compared with persons in the general population.

Statistically significant differences were observed by sex as well. In total, 87% of men who have migrated to Finland and 79% of men in the general population

reported no changes in their alcohol use or that the question did not apply, whereas the respective proportion was 95% among women who have migrated to Finland and 84% of women in the general population. When examined by sex and region of origin, some statistically significant differences compared with men in the general population were also observed. Men who have migrated from Africa (excl. North Africa; 95%), the Middle East and North Africa (91%), and Russia and the former Soviet Union (89%) had a lower proportion of those reporting no changes in alcohol use or that the question did not apply. As mentioned earlier on, most women who have migrated to Finland reported either no changes or that the question did not apply to them.

Consumption of snacks is presented in Figure 3.3.25. A similar proportion of persons who have migrated to Finland (21%) and persons in the general population (22%) reported an increase in consumption of snacks (e.g. sweets, chocolate, soft drinks, chips) during the Covid-19 epidemic. Some statistically significant differences, however, emerged when examined by region of origin. Persons who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (34%) reported an increase in consumption of snacks more frequently than persons in the general population.

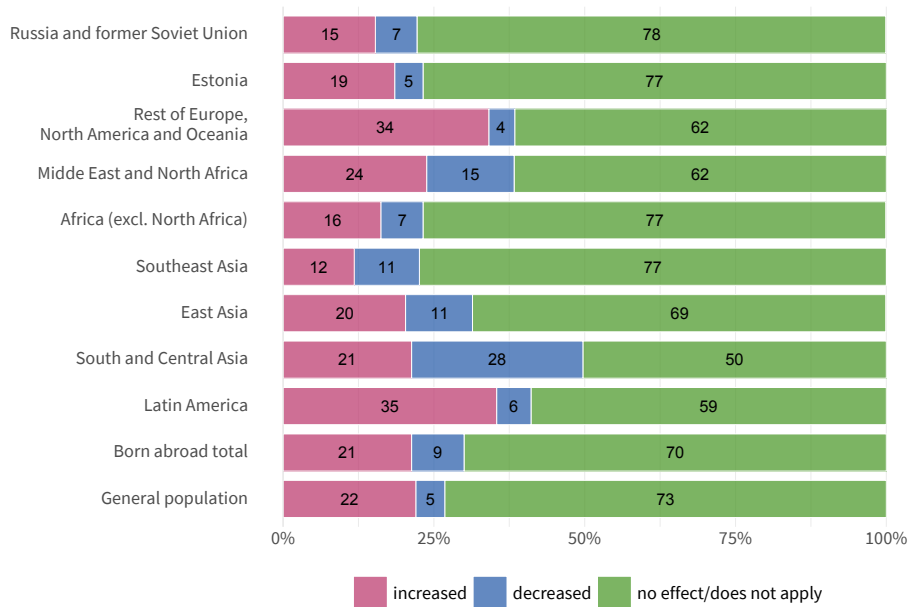


Figure 3.3.25. Impact of Covid-19 on consumption of snacks, age-adjusted (%).

Findings on the impact of Covid-19 on consumption of snacks by sex are presented in Figure 3.3.26 and Figure 3.3.27. Some statistically significant differences compared with the general population were also observed in the analyses stratified by sex and region of origin. The proportion of those reporting an increase in consumption

of snacks was significantly higher among men who have migrated to Finland from Europe (excl. Russia and Estonia), North America and Oceania (29%) and lower among women who have migrated from Southeast Asia (10%) compared with persons of the corresponding sex in the general population.

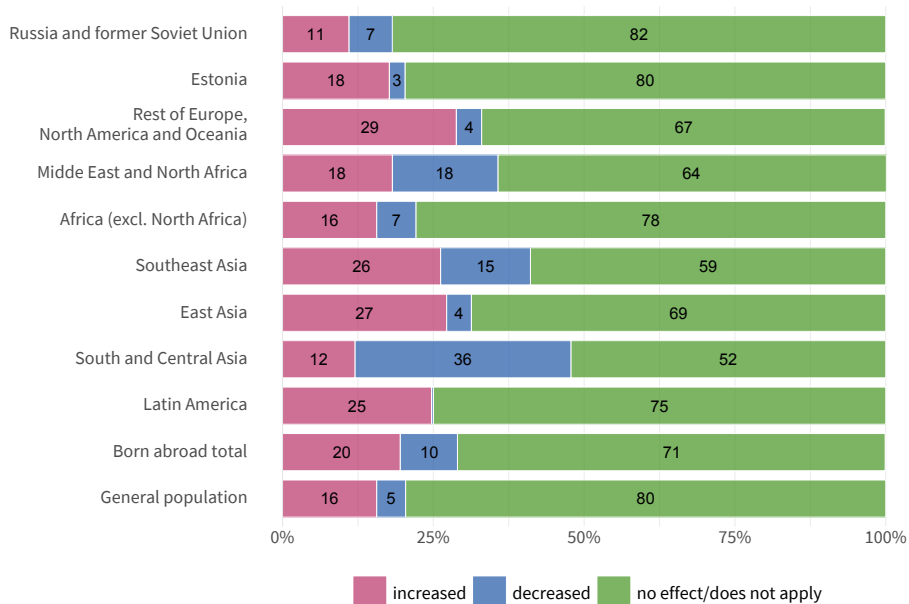


Figure 3.3.26. Impact of Covid-19 on consumption of snacks among men, age-adjusted (%).

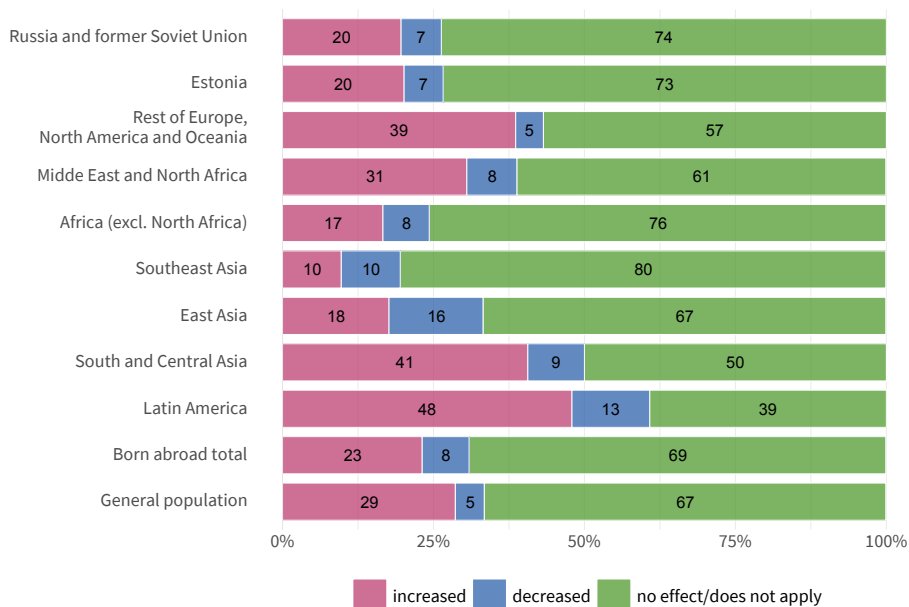


Figure 3.3.27. Impact of Covid-19 on consumption of snacks among women, age-adjusted (%).

A higher proportion of persons who have migrated to Finland (9%) than persons in the general population (5%) reported a decrease in consumption of snacks during the Covid-19 epidemic and this difference was statistically significant. Some statistically significant differences also emerged when examined by region of origin. Persons who have migrated from South and Central Asia (28%), the Middle East and North Africa (15%), and Southeast Asia (11%) had a higher proportion of those reporting a decrease in consumption of snacks compared with persons in the general population.

Differences in the decrease of consumption of snacks were statistically significant among men. A higher proportion of men who have migrated to Finland (10%) reported a decrease in consumption of snacks than men in the general population (5%). When analyses were further stratified by region of origin, a statistically significant decrease in consumption of snacks was more prevalent among men who have migrated to Finland from South and Central Asia (36%) and from the Middle East and North Africa (18%) compared with men in the general population.

Among persons who have migrated to Finland (70%) and among the general population (73%) reported that the Covid-19 has caused no change on their consumption of snacks or that the question does not apply. However, some statistically significant differences emerged when snacking was examined by region of origin. Persons who have migrated from South and Central Asia (50%) had a lower proportion of those reporting no changes or that the question did not apply than persons in the general population. Differences by sex were statistically significant among men, with men in the general population (80%) more frequently reporting no changes or that the question did not apply compared with men who have migrated to Finland (71%).

Some statistically significant differences were also observed by sex and region of origin. Men who have migrated from South and Central Asia (52%), the Middle East and North Africa (64%), and Europe (excl. Russia and Estonia), North America and Oceania (67%) had a lower proportion of those reporting no changes than men in the general population. While the overall difference among women who have migrated to Finland (69%) compared with women in the general population (67%) was not statistically significant, some statistically significant differences emerged following stratification by region of origin. The proportion of women reporting no changes in snacking or that the question did not apply was significantly higher among women who have migrated from Southeast Asia (80%) compared with women in the general population.

Consumption of fruit, berries and vegetables is presented in Figure 3.3.28. Comparable data for the general population was not available. Therefore, analyses are presented for persons who have migrated to Finland only. A decrease in fruit and vegetable consumption was reported by 7% of persons who have migrated to Finland. No statistically significant differences were observed by region of origin or by sex (Figure 3.3.29 and Figure 3.3.30).

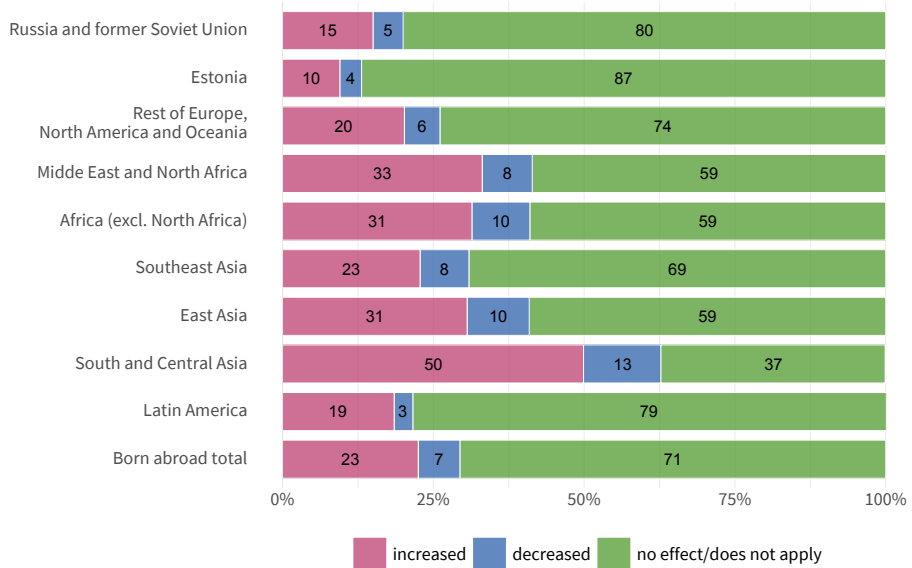


Figure 3.3.28. Impact of Covid-19 on consumption of fruit, berries and vegetables, age-adjusted (%).

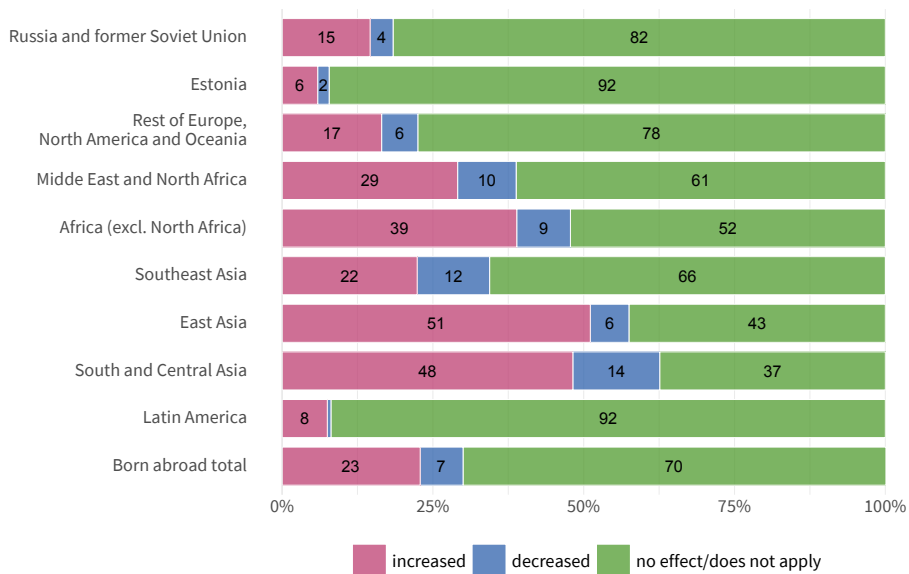


Figure 3.3.29. Impact of Covid-19 on consumption of fruit, berries and vegetables among men, age-adjusted (%).

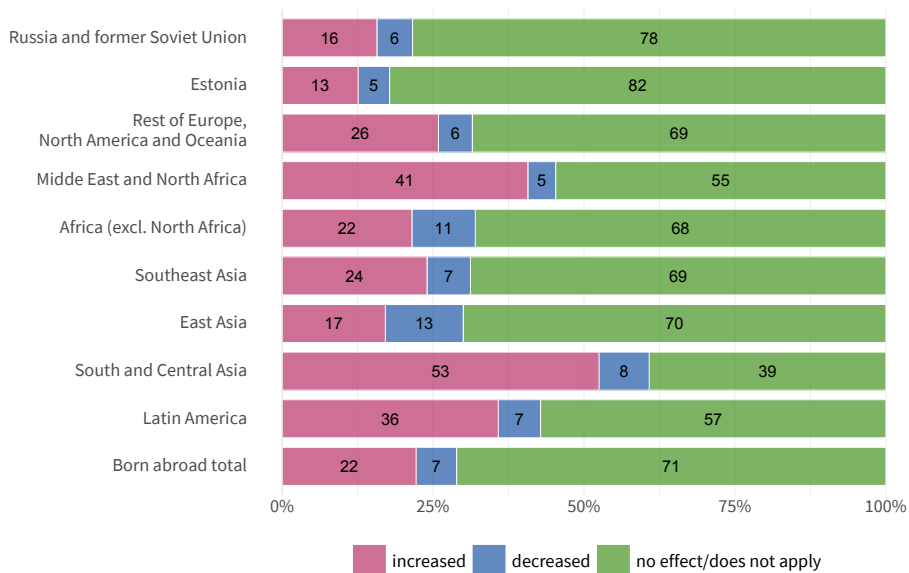


Figure 3.3.30. Impact of Covid-19 on consumption of fruit, berries and vegetables among women, age-adjusted (%).

An increase in consumption of fruit, berries and vegetables was reported among 23% of all persons who have migrated to Finland. An increase occurred more frequently among persons who have migrated from South and Central Asia (50%) and less frequently among persons who have migrated from Estonia (10%). A similar proportion of men (23%) and women (22%) who have migrated to Finland reported an increase in consumption of fruit, berries and vegetables. Among men, this occurred most frequently among those who have migrated from East Asia (51%) and South and Central Asia (48%) and least frequently among those who have migrated from Estonia (6%). Findings among women were similar, with the largest increase in fruit and vegetable consumption reported by those who have migrated from South and Central Asia (53%) and lowest among those who have migrated from Estonia (13%).

Altogether 71% of persons who have migrated to Finland reported no change in consumption of fruit, berries and vegetables during the Covid-19 epidemic or replied that the question did not apply. When examined by region of origin, persons who have migrated from South and Central Asia (37%) had the lowest, whereas persons who have migrated from Estonia (87%) had the highest proportion of those reporting no changes or that the question did not apply.

A similar proportion of men (70%) and women (71%) who have migrated to Finland reported no change in consumption of fruit, berries and vegetables or that the question did not apply. Among both men and women, those who have migrated from South and Central Asia (37% and 39% for men and women respectively) had the lowest, whereas those who have migrated from Estonia (92% and 82% for men and women respectively) had the highest proportion of those reporting no changes or that the question did not apply.

Daily physical activity levels are presented in Figure 3.3.31. These findings are presented for persons who have migrated to Finland only due to restrictions in availability of comparable data on the general population. Daily physical activity included physical activity during commuting to work and leisure-time. In total, 39% of persons who have migrated to Finland reported a decrease in daily physical activity. The proportion of those reporting a decrease in physical activity levels was lowest among persons who have migrated from Russia and the former Soviet Union (29%) and Estonia (30%) and the highest among those who have migrated from East Asia (57%), South and Central Asia (56%), and Latin America (56%).

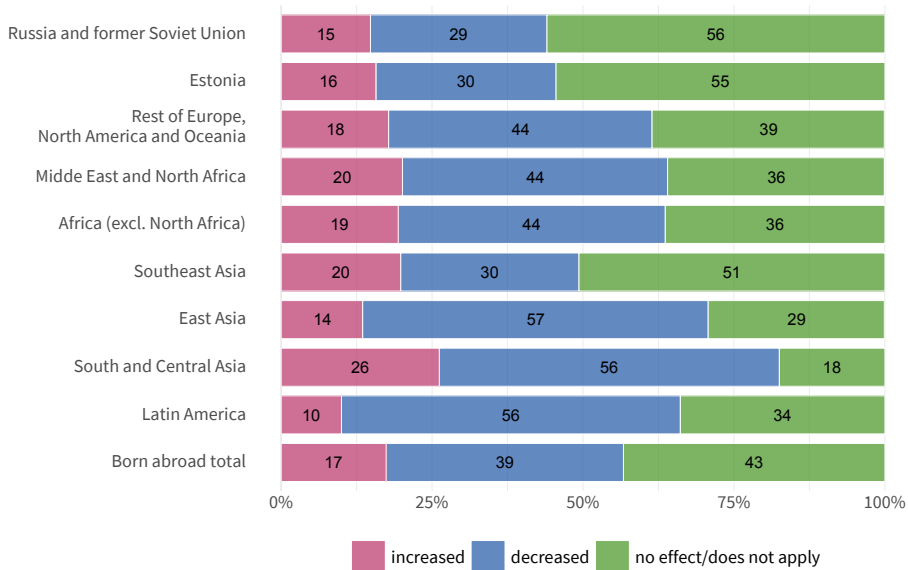


Figure 3.3.31. Impact of Covid-19 on daily physical activity levels, age-adjusted (%).

Findings by sex are presented in Figure 3.3.32 among men and 3.3.33 among women. Altogether 42% of men and 37% of women who have migrated to Finland reported a decrease in their daily physical activity levels. Among men, the highest proportion of those reporting a decrease in physical activity was observed among men who have migrated from South and Central Asia (54%). Among women, the highest proportion of those reporting a decrease in physical activity was among those who have migrated from South and Central Asia (66%) and Latin America (69%).

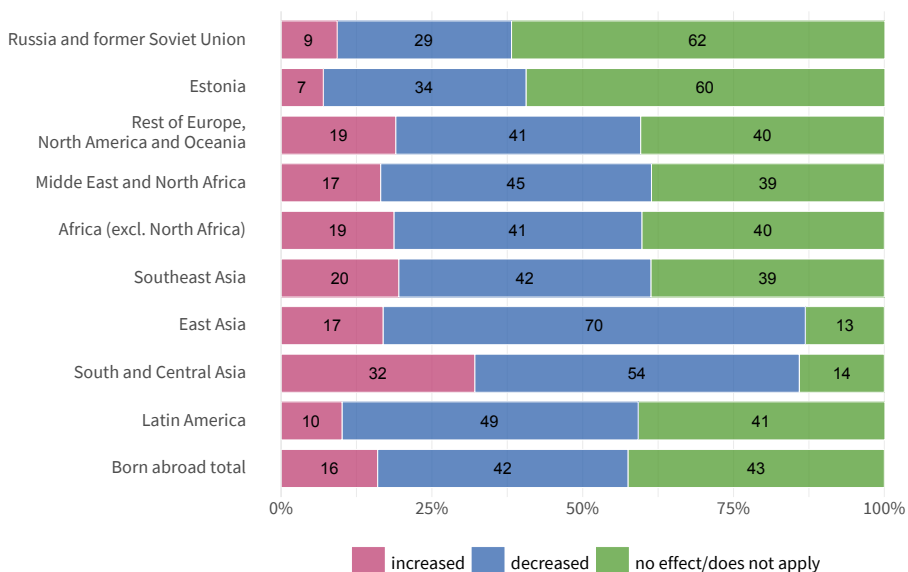


Figure 3.3.32. Impact of Covid-19 on daily physical activity levels among men, age-adjusted (%).

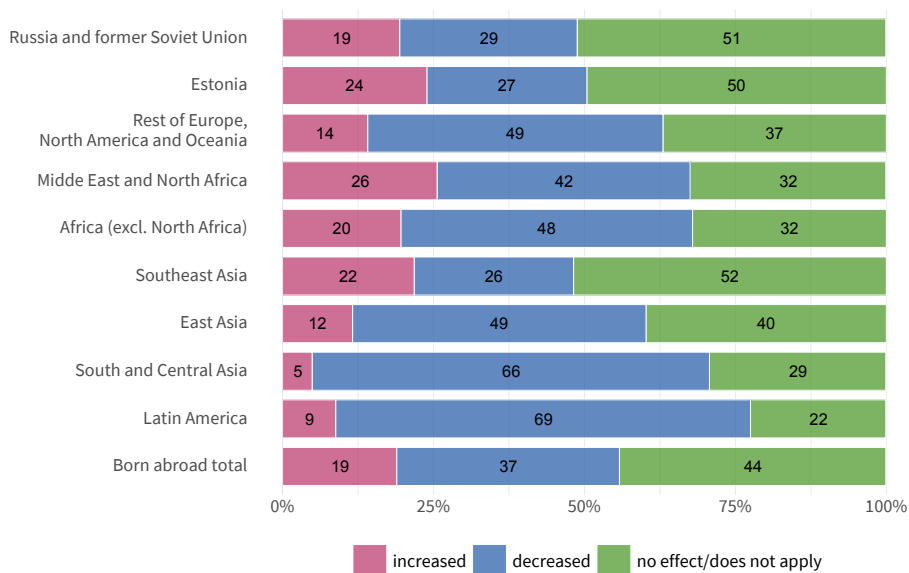


Figure 3.3.33. Impact of Covid-19 on daily physical activity levels among women, age-adjusted (%).

Altogether 17% of persons who have migrated to Finland reported an increase in their daily physical activity levels. Among men, 16% reported an increase in their daily physical activity levels, whereas the respective proportion for women was 19%. Some differences by region of origin were observed both among men and women. Men who have migrated from Estonia (7%) had the lowest, whereas men who have migrated from South and Central Asia (32%) had the highest proportion of those reporting an increase in their daily physical activity levels. In contrast with men of the same region of origin, women who have migrated from South and Central Asia (5%) had the lowest proportion of those reporting an increase in their daily physical activity levels among women.

Altogether 43% of persons of migrant origin reported no change in their daily physical activity levels. Some variations by region of origin were observed. Persons who have migrated from South and Central Asia (18%) had the lowest, whereas persons who have migrated from Russia and the former Soviet Union had the highest (56%) proportion of those reporting no changes in their daily physical activity levels or that the question did not apply. Altogether 43% of men and 44% of women reported that their daily physical activity levels have not changed during the Covid-19 epidemic or that the question did not apply. Some differences by region of origin were observed, with men who have migrated from East Asia (13%) and South and Central Asia (14%) having the lowest, whereas men who have migrated from Russia and the former Soviet Union (62%) had the highest proportion of those reporting no changes in their daily activity levels or that the question did not apply.

Use of digital services for everyday chores is presented in Figure 3.3.34. The proportion of men and women reporting an increase in dealing with everyday chores online (e.g. online food purchases) was similar among persons who have migrated to Finland (22%) and those in the general population (24%). However, some statistically significant differences emerged in the analyses by region of origin. Persons who have migrated from Estonia (13%) and Southeast Asia (12%) had a significantly lower proportion of those reporting an increase in the use of digital services for everyday chores compared with persons in the general population.

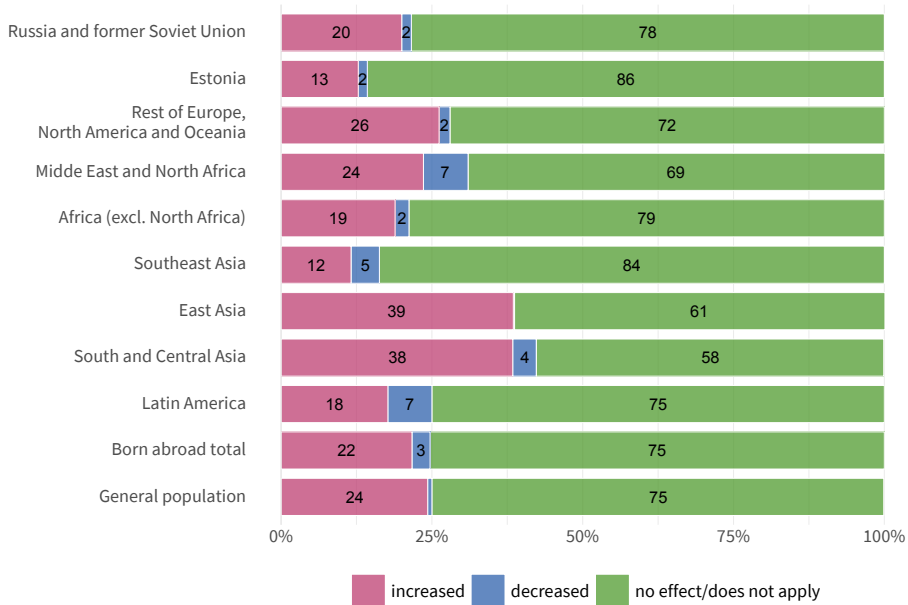


Figure 3.3.34. Impact of Covid-19 on use of digital services for everyday chores, age-adjusted (%).

Analyses by sex are presented in Figure 3.3.35 for men and in Figure 3.3.36 for women. A lower proportion of women who have migrated from Southeast Asia (10%) reported their use of digital services for everyday chores increased compared with 27% of women in the general population and this difference was statistically significant. Otherwise, analyses by sex concerning differences in increase in use of digital services for everyday chores did not reach statistical significance when comparing persons who have migrated to Finland and persons in the general population.

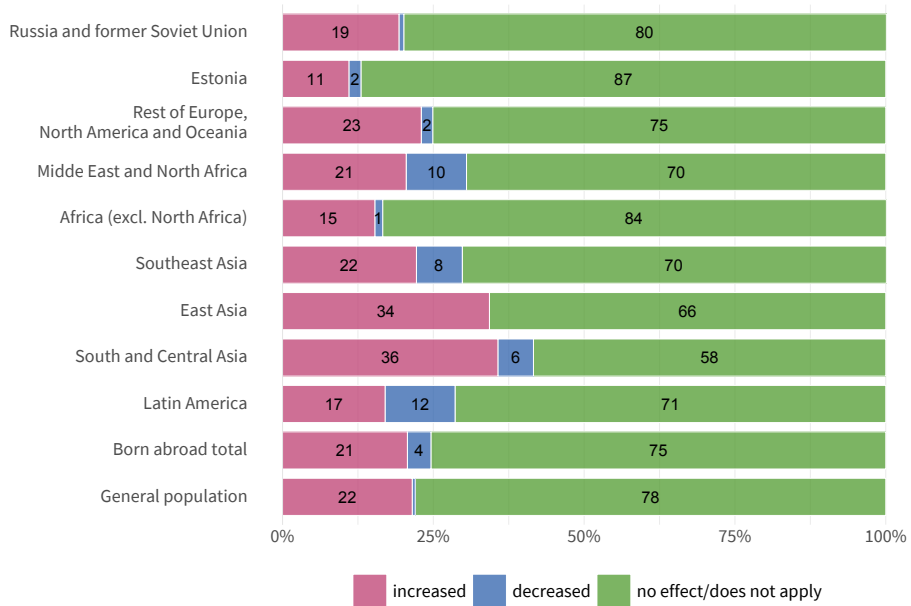


Figure 3.335. Impact of Covid-19 on use of digital services for everyday chores among men, age-adjusted (%).

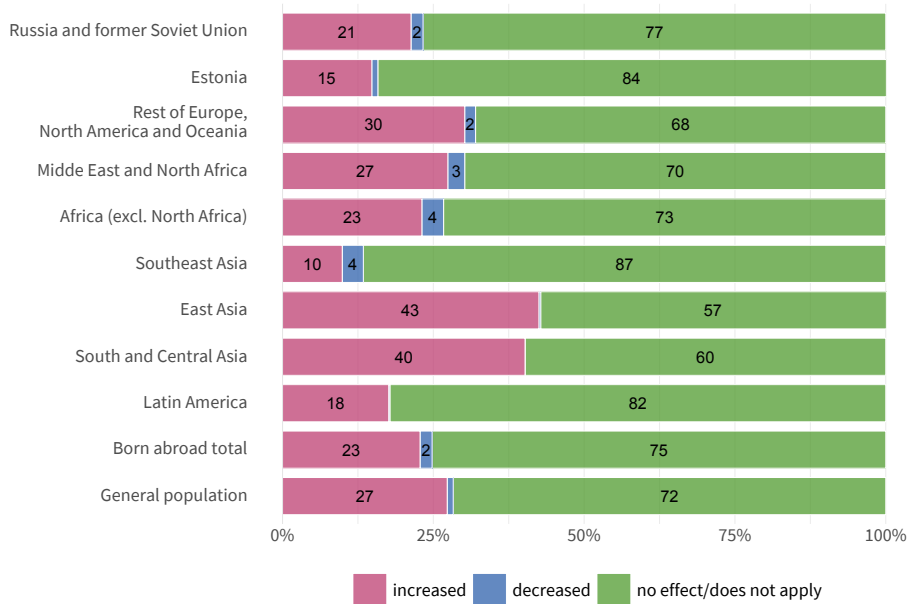


Figure 3.336. Impact of Covid-19 on use of digital services for everyday chores among women, age-adjusted (%).

A greater proportion of persons who have migrated to Finland (3%) than persons in the general population (1%) reported a decrease in the use of digital services for everyday chores during the Covid-19 epidemic and this difference was statistically significant. When examined by region of origin, the differences compared with the general population were statistically significant among persons who have migrated from the Middle East and North Africa (7%) and Southeast Asia (5%) only. Some statistically significant differences were also observed by sex, with a higher proportion of men who have migrated to Finland (4%) reporting a decrease in the use of digital services for everyday chores than men in the general population (1%). In the analyses further stratified by region of origin, statistically significant differences compared with the general population were observed among men who have migrated to Finland from the Middle East and North Africa (10%) only.

Altogether 75% of persons of migrant origin and persons in the general population reported no change in the use of digital services for everyday chores (e.g. online food purchases). However, some statistically significant differences emerged when examined by region of origin. Compared with persons in the general population, persons who have migrated from South and Central Asia (58%) had a lower, whereas persons who have migrated from Estonia (86%) had a higher proportion of those reporting no changes or that the question did not apply.

While the differences between persons who have migrated to Finland and the general population were not statistically significant by sex, some statistically significant differences emerged when the analyses were further stratified by region of origin. Compared with persons of the corresponding sex in the general population, men who have migrated from South and Central Asia (58%) had a significantly lower, whereas women who have migrated from Southeast Asia (87%) had a significantly higher proportion of those reporting no changes in the use of digital services for everyday chores or that the question did not apply to them.

Use of digital social welfare and healthcare services is presented in Figure 3.3.37. A higher proportion of persons who have migrated to Finland (32%) than persons in the general population (23%) reported an increase in the use of digital social welfare and healthcare services during the Covid-19 epidemic and this difference was statistically significant. When examined by region of origin, the difference compared with persons in the general population was statistically significant among persons who have migrated from the Middle East and North Africa (41%), Africa (excl. North Africa; 43%), South and Central Asia (43%), and East Asia (51%), with a higher proportion of persons in these groups reporting an increase in the use of digital social welfare and healthcare services than persons in the general population.

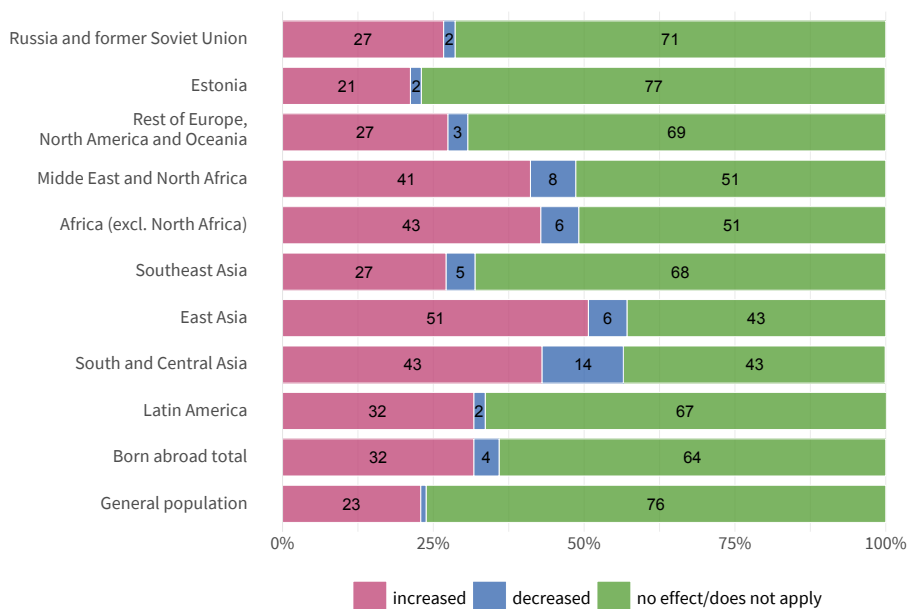


Figure 3.3.37. Impact of Covid-19 on the use of digital social welfare and healthcare services, age-adjusted (%).

Findings on the use of digital social welfare and healthcare services are presented in Figure 3.3.38 for men and Figure 3.3.39 for women. An increase in the use of digital social welfare and healthcare services was higher among men who have migrated to Finland (30%) than among men in the general population (19%) and this difference was statistically significant. Compared with men in the general population, differences by region of origin were statistically significant among men who have migrated to Finland from East Asia (53%), Latin America (43%), Africa (excl. North Africa; 41%), and the Middle East and North Africa (35%). Altogether 34% of women who have migrated to Finland and 27% of women in the general population reported an increase in the use of digital social welfare and healthcare services. The difference compared with the general population was statistically significant in some groups by region of origin, being significant among women who have migrated to Finland from East Asia (51%) and the Middle East and North Africa (49%).

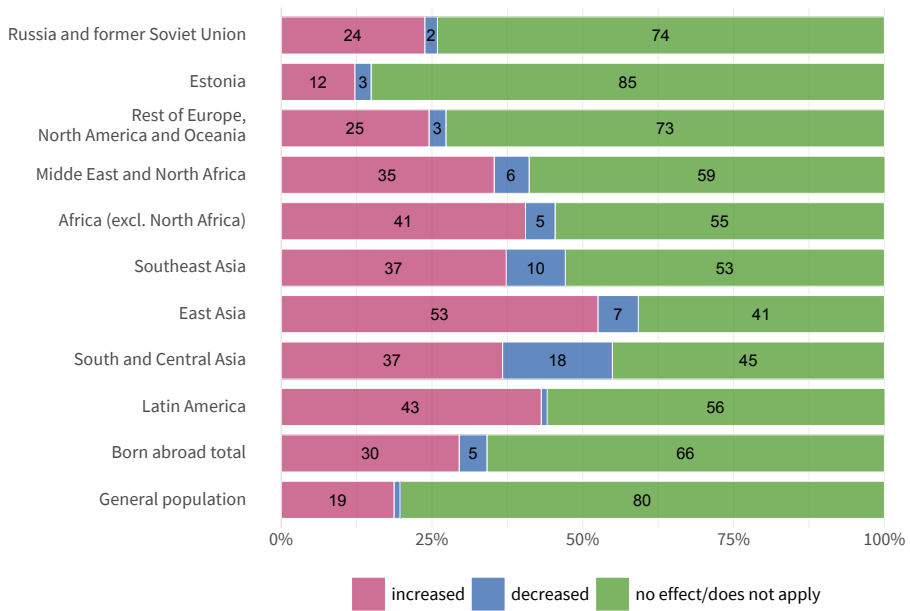


Figure 3.3.38. Impact of Covid-19 on the use of digital social welfare and healthcare services among men, age-adjusted (%).

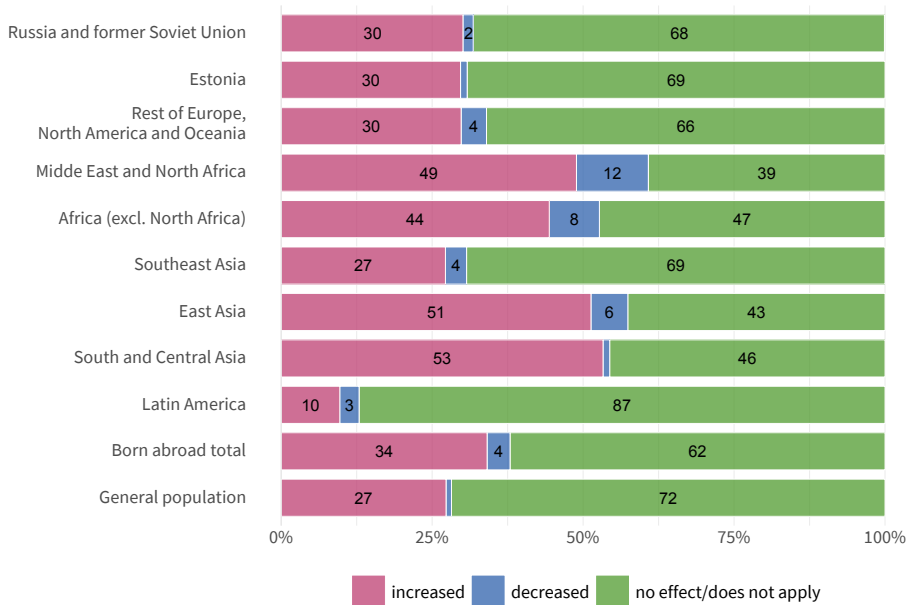


Figure 3.3.39. Impact of Covid-19 on the use of digital social welfare and healthcare services among women, age-adjusted (%).

A higher proportion of persons who have migrated to Finland (4%) than persons in the general population (1%) reported a decrease in the use of digital social welfare

and healthcare services and this difference was statistically significant. The difference compared with the general population was statistically significant in most groups by region of origin, with as many as 14% of persons who have migrated from South and Central Asia reporting a decrease in their use of digital social welfare and healthcare services during the Covid-19 epidemic.

The difference among persons who have migrated to Finland and the general population was also statistically significant when examined by sex. Altogether 5% of men who have migrated to Finland and 1% of men in the general population reported that their use of digital social welfare and healthcare services decreased during the Covid-19 epidemic. The respective proportion was 4% among women who migrated to Finland and 1% in women in the general population. When analyses by sex were further stratified by region of origin, the difference compared with men in the general population was statistically significant among men who have migrated from Southeast Asia (10%), the Middle East and North Africa (6%), and Africa (excl. North Africa; 5%), who reported a decrease in the use of these services more frequently than men in the general population. Among women, the difference was statistically significant for those who have migrated from the Middle East and North Africa (12%), Africa (excl. North Africa; 8%), Southeast Asia (4%), and Europe (excl. Russia and Estonia), North America and Oceania (4%), with a higher proportion of women in these groups reporting a decrease than women in the general population.

A lower proportion of persons who have migrated to Finland (64%) than persons in the general population (76%) reported that no change had occurred in their use of digital social welfare and healthcare services as the result of the Covid-19 epidemic or that the question did not apply to them. Some statistically significant differences by region of origin were also observed. Compared with the general population, persons who have migrated from East Asia (43%), South and Central Asia (43%), the Middle East and North Africa (51%), and the rest of Africa (51%) had a lower proportion of those reporting no changes or that the question did not apply to them.

Statistically significant differences were also observed by sex. A significantly lower proportion of men who have migrated to Finland (66%) compared with men in the general population (80%) reported no changes in their use of digital social welfare and healthcare services, whereas the respective proportion among women was 62% and 72%. The difference was statistically significant for men originating from most regions except for those who have migrated from Russia and the former Soviet Union, Estonia, and the rest of Europe, North America and Oceania. Among men, the impact of Covid-19 was highest among those who have migrated from East Asia and South and Central Asia, with only 41% and 45% respectively reporting that no changes have occurred or that the question did not apply. Women who have migrated from the Middle East and North Africa (39%), East Asia (43%), South and Central Asia (46%), and Africa (excl. North Africa 47%) had a significantly lower proportion of those

reporting no changes in the use of digital social welfare and healthcare services or that the question did not apply than women in the general population.

Financial situation based on self-report is presented in Figure 3.3.40. Statistically significant differences in the impact of covid-19 on the financial situation were observed among persons who have migrated to Finland and persons in the general population. A significantly higher proportion (23%) of persons who have migrated to Finland reported that their financial situation weakened quite a lot or very much compared with 6% among persons in the general population. The differences were statistically significant in all groups of region of origin, with a higher proportion reporting a substantial impact of Covid-19 on their financial situation. The highest impact was observed among persons who have migrated from South and Central Asia, with 42% reporting their financial situation weakened quite a lot or very much as the result of Covid-19. The difference compared with the general population was also statistically significant when examined by sex and region of origin, with exception for women who have migrated from Estonia. Among men, the highest impact was reported by those who have migrated from Southeast Asia, whereas among women the highest impact was observed among those who have migrated from South and Central Asia.

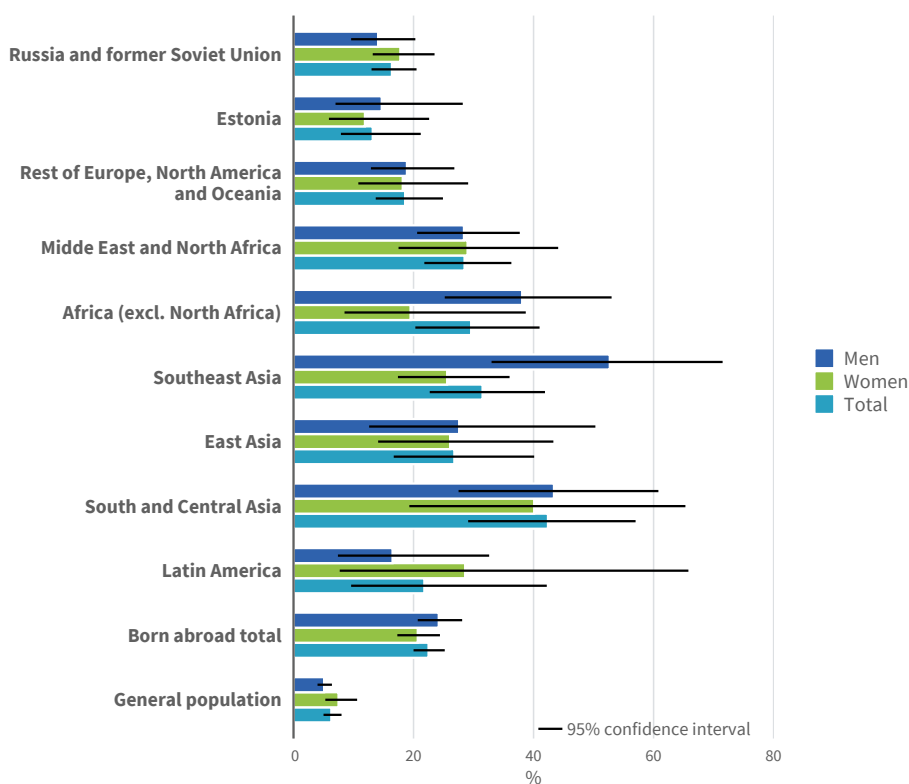
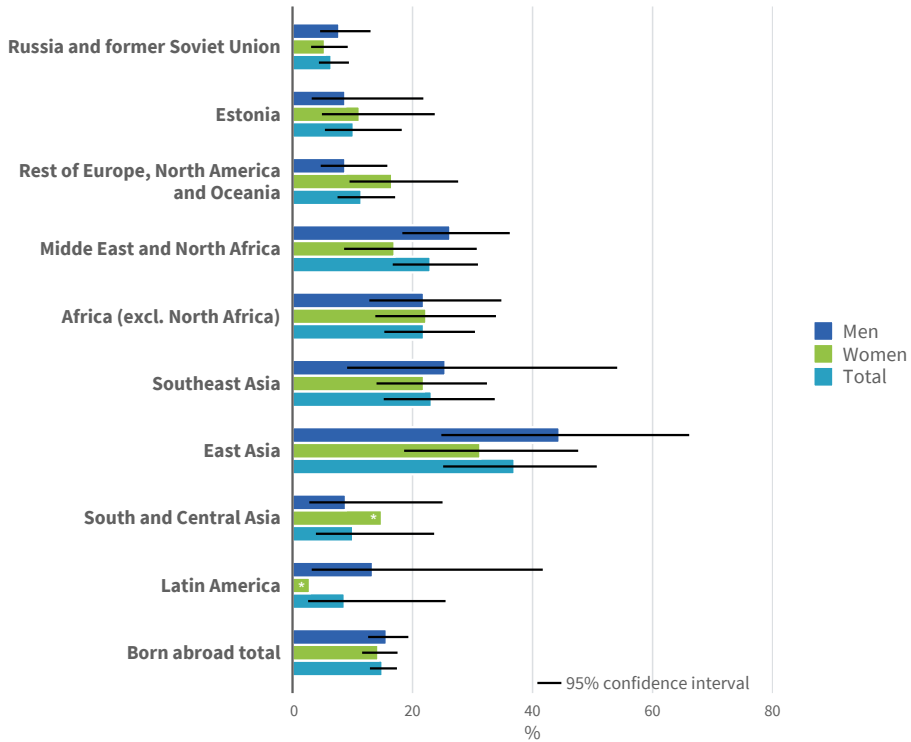


Figure 3.3.40. Financial situation weakened very much or quite a lot, age adjusted (%).

3.4 Experiences of discrimination

Experiences of discrimination were assessed through questions concerning how the participants were treated by others during the Covid-19 epidemic. Participants were asked whether during the Covid-19 epidemic they have been: 1) treated with less respect than others; 2) called names or verbally insulted; 3) threatened or harassed. For each of these questions, the answer options were: no; yes, at least once a week; yes, less often than once a week. For each item, those who reported these experiences were asked to specify whether this occurred more often than before the Covid-19 epidemic; less than before the Covid-19 epidemic; no change. The prevalence for each of the three types of experiences of discrimination is reported, as well as the frequency of experiences and whether these experiences have increased as the result of the Covid-19 epidemic. Additionally, a joint variable for at least some type of experiences of discrimination (treated with less respect than others, called names or otherwise verbally insulted, threatened or harassed) was formed and is also reported.

At least some type of discrimination experienced by the MigCOVID Survey participants is presented in Figure 3.4.1. Altogether 15% of the participants reported at least some type of the following experiences of discrimination during the Covid-19 epidemic: being treated less respectfully than others, called names or otherwise verbally insulted, threatened or harassed. These experiences were most frequent among persons who have migrated from East Asia (37%), Southeast Asia (23%), the Middle East and North Africa (23%), and the rest of Africa (22%). Experiences of discrimination did not vary significantly by sex.



*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.4.1. Any experiences of discrimination during Covid-19 epidemic, age-adjusted (%).

Experiences of specific types of discrimination are presented in Figure 3.4.2 and by type and frequency of at least weekly in Figure 3.4.3. These findings are presented for all groups of region of origin jointly due to restrictions in sample size. When examined by specific type of experience of discrimination, 11% of all of the respondents reported they have been **treated with less respect than others** during the Covid-19 epidemic. These experiences were most common among persons who have migrated from East Asia (27%). Among those treated with less respect compared with others, nearly half (46%) reported this occurred at least once a week.

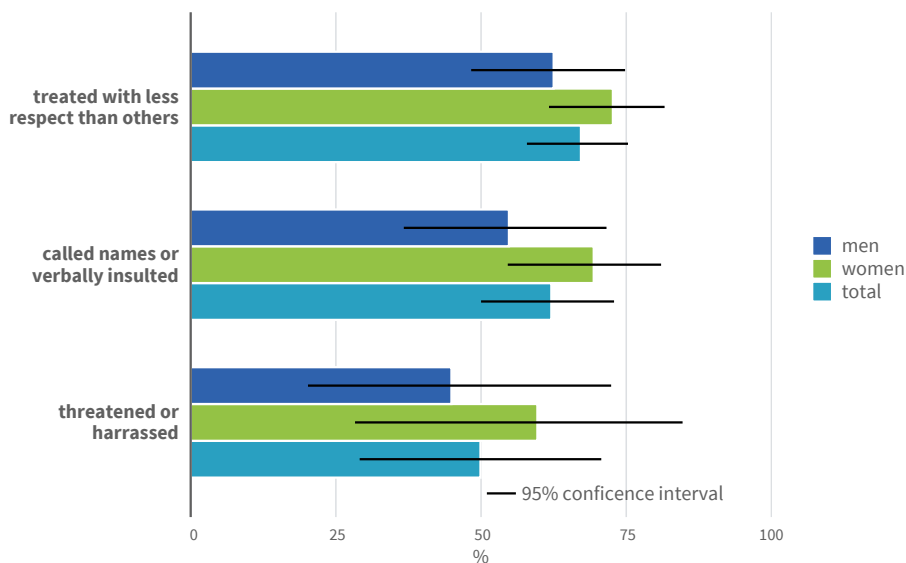


Figure 3.4.2. Types of experienced discrimination during the Covid-19 epidemic among those who had experienced discrimination, age-adjusted (%).

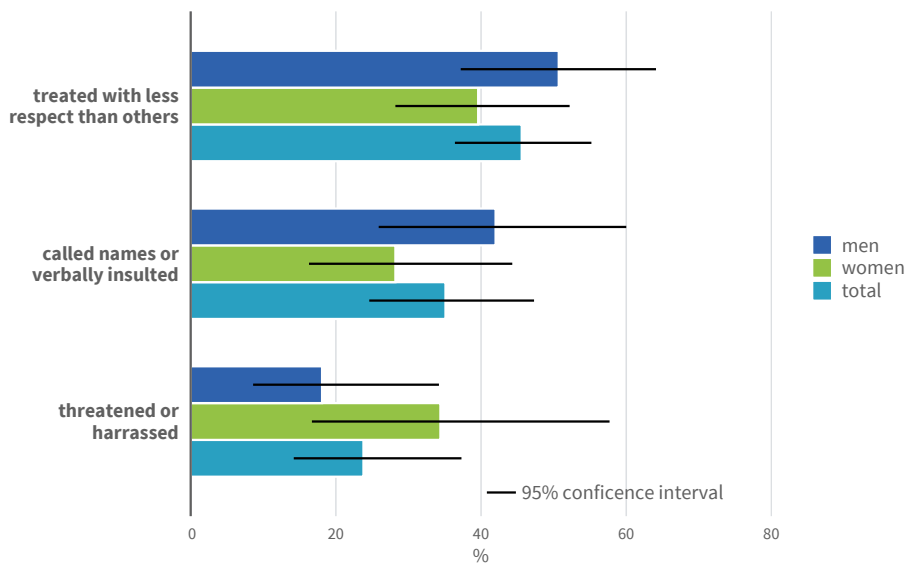


Figure 3.4.3. At least weekly experiences of discrimination by type during the Covid-19 epidemic among those who had experienced discrimination, age-adjusted (%).

Among those who reported being treated with less respect than others, 67% reported an increase in these experiences during the Covid-19 epidemic. The proportion was higher among persons who have migrated to Finland from Africa (excl. North Africa; 76%) compared with those who have migrated from Europe (excl. Russia and

Estonia), North America and Oceania (33%). The proportion of those reporting an increase in being treated with less respect than others was particularly high among persons who have migrated from East Asia (95%) and Estonia (92%).

Out of all of the respondents, 7% reported they have been **called names or otherwise verbally insulted** during the Covid-19 epidemic. These experiences were most common among persons who have migrated from East Asia (19%), Southeast Asia (13%), and Africa (excl. North Africa; 12%). Among those reporting these events, a third (35%) experienced them at least once a week. An increase in name-calling and verbal insults increased as the result of the Covid-19 epidemic among the majority (62%) of those encountering such treatment from others.

Experiences of being **threatened or harassed** occurred among 5% of all of the respondents. Persons who have migrated from East Asia had the highest proportion of those reporting these events (14%). A quarter (24%) of those reporting that they have been threatened or harassed, reported this occurred at least once a week. These experiences were most common among persons who have migrated from Africa (excl. North Africa; 48%). For half (50%) of those experiencing threats and harassment, these experiences increased during the Covid-19 epidemic.

3.5 Self-rated health and functioning

Self-rated health was measured by asking the participant if they find that their current state of health is: good; fairly good; average; fairly poor; poor. The proportion of those reporting their health as good or fairly good is reported. Functioning was assessed with questions on self-perceived work ability, as well as cognitive and physical functioning. Self-perceived work ability was assessed among all of the participants regardless of whether they were working or not. Participants were asked to assess whether they perceived themselves as completely able to work; partially unable to work; or completely unable to work. The proportion of those reporting to be completely able to work is reported.

The assessment of cognitive functioning was based on self-perceived memory. Participants were asked to evaluate how well their memory works, with answer options: very well; well; adequately; poorly; or very poorly. The proportion of those reporting their memory to work well or very well is reported. Self-reported vision, hearing, and walking ability were assessed by asking whether participants were able to: see ordinary newspaper print (with or without glasses); hear what is said in a conversation between several people (with or without a hearing aid); walk about 500 meters without resting. The answer options were: no difficulty; some difficulty; a lot of difficulty; cannot do it at all. The proportion of those reporting at least some difficulty is reported.

A composite variable describing any severe disability was formed, consisting of those who reported their memory to work poorly or very poorly or who reported at least a lot of difficulties in seeing, hearing or walking. According to the Washington Group of Disability Statistics this definition can be used to identify persons with

disabilities in population surveys, in order to monitor their inequalities compared to the rest of the population.

Self-rated health is presented in Figure 3.5.1. Statistically significant differences in self-rated health were found among persons who have migrated to Finland compared with persons in the general population. Altogether 70% of persons who have migrated to Finland reported their health as good or rather good compared with 80% of persons in the general population. When examined by region of origin, the differences compared with the general population were statistically significant in all of the groups with exception for persons who have migrated from Estonia and Africa (excl. North Africa).

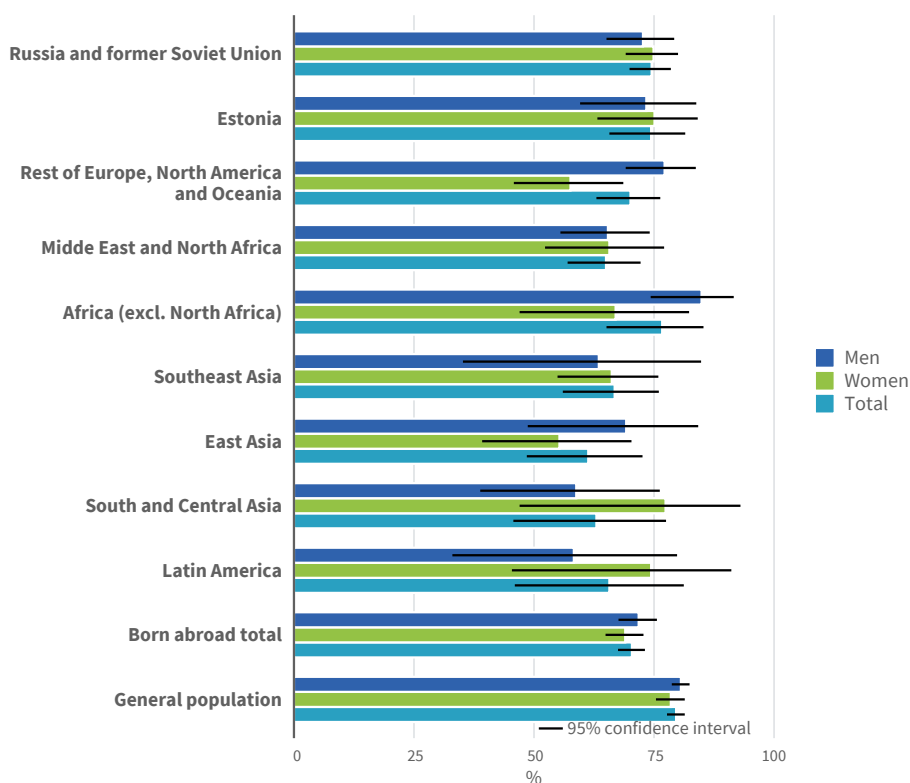
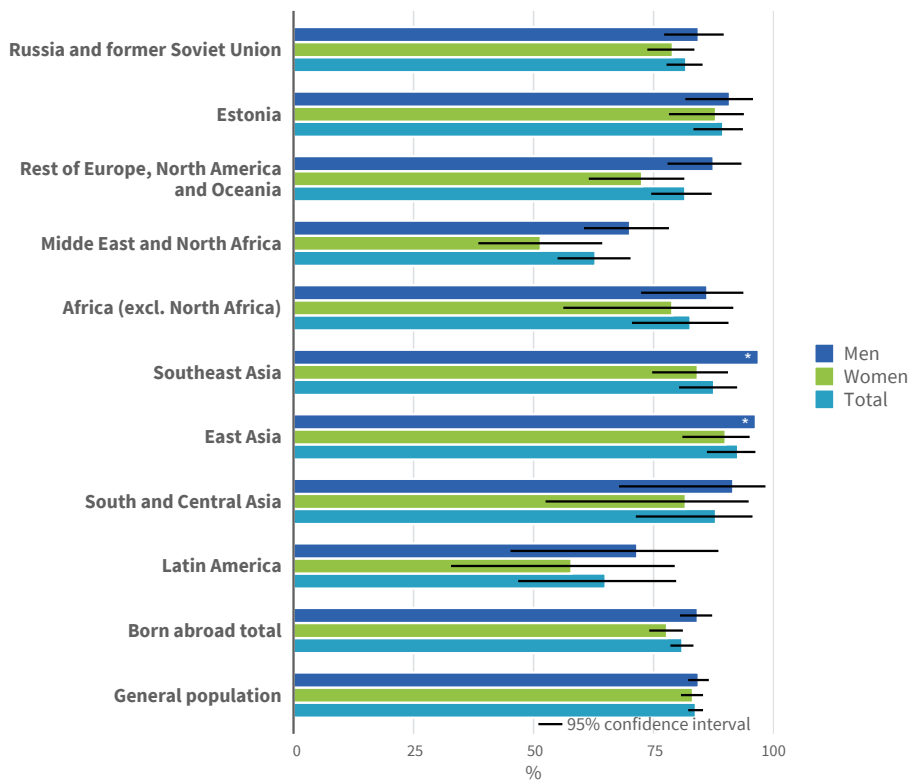


Figure 3.5.1. Self-rated health good or fairly good, age-adjusted (%).

Statistically significant differences in self-rated health among persons who have migrated to Finland and the general population were also observed when analyses were stratified by sex. Prevalence of good or rather good self-rated health was 72% among men who have migrated to Finland and 81% among men in the general population. The prevalence was 69% and 79% among women who have migrated to Finland and women in the general population respectively. When examined by sex and region of origin, women who have migrated from East Asia (55%) and Europe

(excl. Russia and Estonia), North America and Oceania (58%), the Middle East and North Africa (66%), and Southeast Asia (66%) had significantly lower self-rated health compared with women in the general population. Men who have migrated from Latin America (58%) South and Central Asia (59%), the Middle East and North Africa (65%), and Russia and the former Soviet Union (73%) had significantly lower self-rated health compared with men in the general population.

Work ability is presented in Figure 3.5.2. Findings concerning work ability were similar among persons who have migrated to Finland (81%) and the general population (84%) when men and women were examined jointly. Some statistically significant variations by region of origin were, however, observed. Persons who have migrated from the Middle East and North Africa (63%) and Latin America (65%) had a lower, whereas those who have migrated from East Asia (93%) had a higher proportion of those reporting being completely able to work compared with the general population.



*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.5.2. Completely able to work, age-adjusted (%).

Statistically significant differences in work ability were observed among women. Women who have migrated to Finland (78%) had lower working ability compared with women in the general population (83%). When examined by region of origin,

statistically significant differences compared with women in the general population were observed among women who have migrated from the Middle East and North Africa (52%), Latin America (58%), and Europe (excl. Russia and Estonia), North America and Oceania (73%). While no statistically significant differences in work ability compared with men in the general population (84%) and men who have migrated to Finland (84%) were observed when all men of migrant origin were examined jointly, some statistically significant differences emerged in analyses by region of origin. The proportion of those reporting being completely able to work was lower among men who have migrated from the Middle East and North Africa (70%) compared with men in the general population (84%). On the other hand, nearly all of men who have migrated from Southeast Asia (97%) and East Asia (96%) reported being completely able to work.

Self-perceived memory is reported in Figure 3.5.3. The proportion of those reporting their memory to work well or very well was lower among persons who have migrated to Finland (75%) compared with the general Finnish population (82%). When examined by region of origin, self-reported memory was worse among persons who have migrated from the Middle East and North Africa (66%), East Asia (68%), and Russia and the former Soviet Union (73%) compared with the general population.

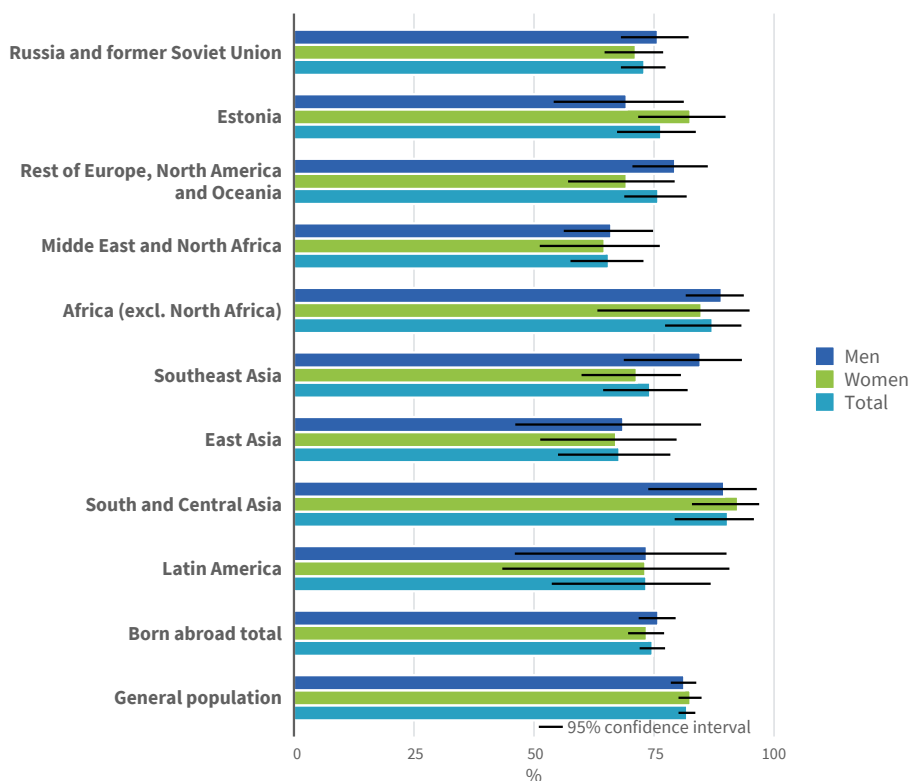
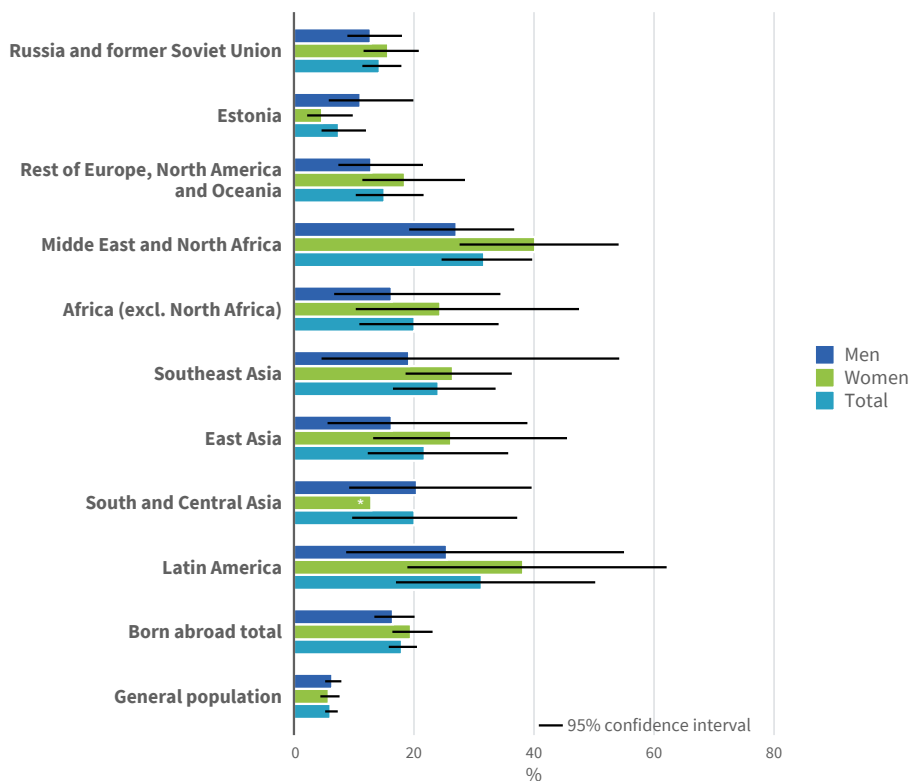


Figure 3.5.3. Self-perceived memory functioning well or very well, age-adjusted (%).

Differences in self-perceived memory in comparison with the general population were statistically significant among both men and women who have migrated to Finland. Altogether 76% of men and 74% of women who have migrated to Finland and 81% of men and 83% of women in the general population reported that their memory worked well or very well. Men who have migrated from the Middle East and North Africa (66%) had a significantly lower, whereas men who have migrated from Africa (excl. North Africa; 89%) had a significantly higher proportion of those reporting that their memory worked well or very well. Women who have migrated from the Middle East and North Africa (65%), East Asia (67%), Southeast Asia (71%), Russia and the former Soviet Union (71%), and Europe (excl. Russia and Estonia), North America and Oceania (69%) had significantly poorer self-perceived memory than women in the general population.

Difficulties in seeing are presented in Figure 3.5.4. Differences in ability to see a newspaper print with or without glasses were statistically significant among persons who have migrated to Finland and persons in the general population. Nearly a fifth (18%) of persons who have migrated to Finland reported at least some difficulties seeing ordinary newspaper print (with or without eyeglasses), whereas the respective proportion in the general population was 6%. The difference was significant in all groups by region of origin with exception for those who have migrated from Estonia. The proportion of those with at least some difficulties in seeing ordinary newspaper print was highest among persons who have migrated from the Middle East and North Africa (32%) and from Latin America (31%).



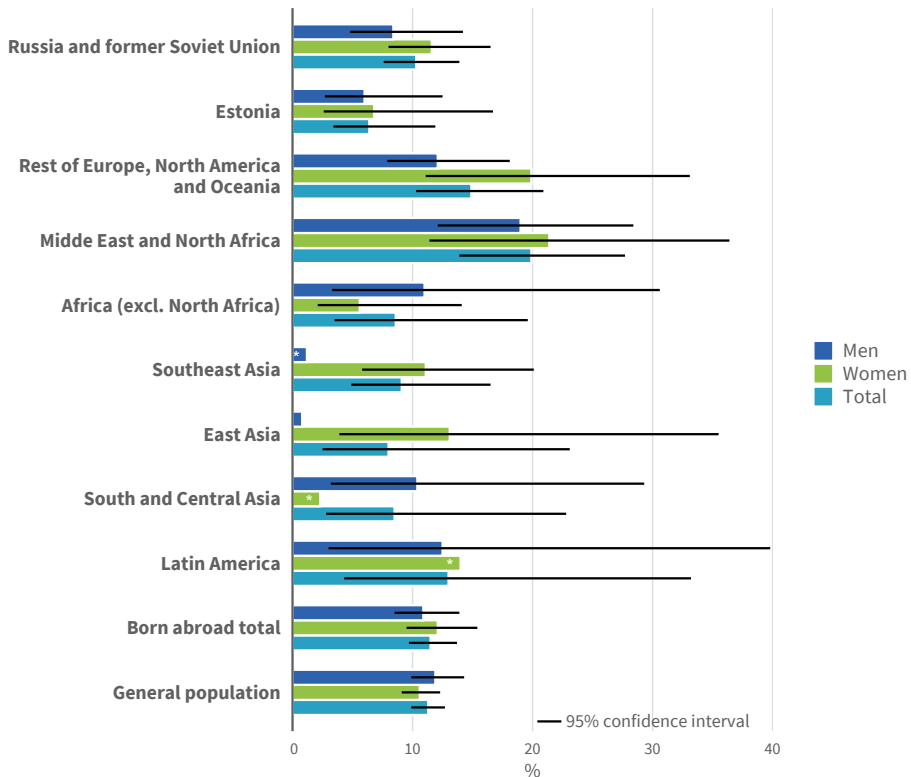
*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.5.4. At least some difficulties in seeing newspaper print, age-adjusted (%).

When examined by sex, statistically significant differences were observed among men (17%) and women (20%) who have migrated to Finland and men (6%) and women (6%) in the general population. When also examined by region of origin, the differences among women were statistically significant in all other groups except for persons who have migrated from Estonia and South and Central Asia. Among men, the difference compared with men in the general population was significant among those who have migrated from the Middle East and North Africa (27%), South and Central Asia (21%), Russia and the former Soviet Union (13%), and Europe (excl. Russia and Estonia), North America and Oceania (13%).

Hearing difficulties are presented in Figure 3.5.5. The proportion of those with at least some difficulties in hearing what is said in a conversation between several people (with or without a hearing aid) was similar among persons who have migrated to Finland (12%) and the general population (11%). When examined by region of origin, statistically significant differences emerged for those who have migrated from the Middle East and North Africa (20%) in comparison with the general population. When examined by sex, statistically significant differences compared with the general population of the corresponding sex were observed

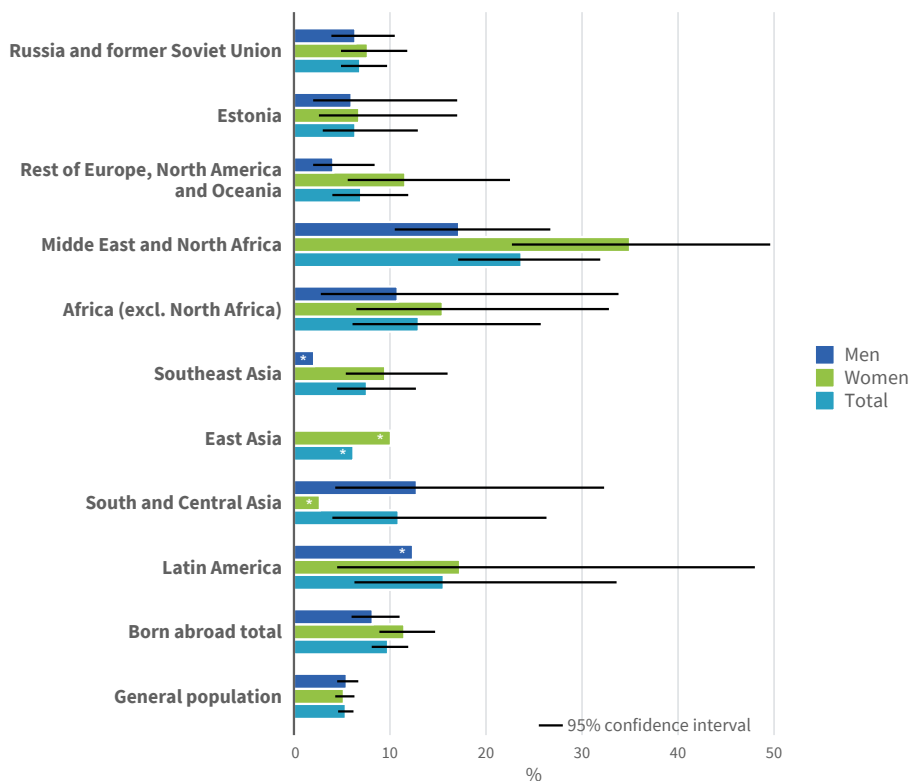
among men who have migrated from the Middle East and North Africa (19% vs. 12% among men in the general population). Additionally, very few men who have migrated from Southeast Asia (1%) and East Asia (1%) reported hearing difficulties.



*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.5.5. At least some hearing difficulties, age-adjusted (%).

Walking difficulties are presented in Figure 3.5.6. Differences in ability to walk a distance of 500 meters without resting were statistically significant among persons who have migrated to Finland and in the general population. Persons who have migrated to Finland (10%) had a higher proportion of those reporting these difficulties compared with persons in the general population (5%). Statistically significant differences compared with persons in the general population were also observed by region of origin among persons who have migrated from the Middle East and North Africa (24%), Africa (excl. North Africa; 13%), and Latin America (16%).



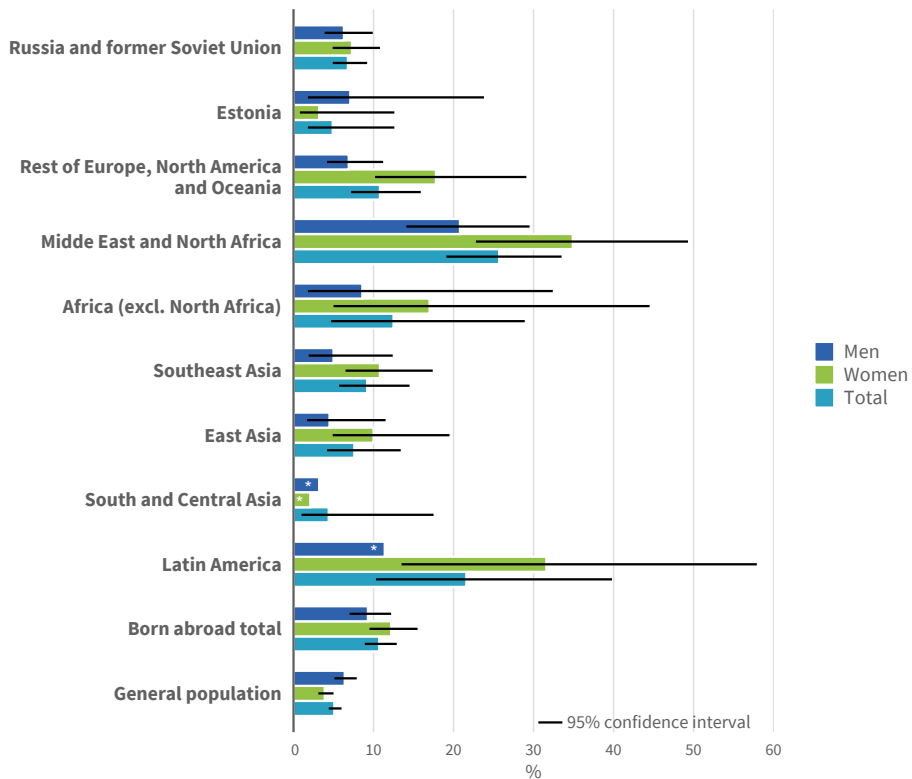
*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.5.6. At least some difficulties in walking 500 meters, age-adjusted (%).

When examined by sex, statistically significant differences compared with persons of the corresponding sex in the general population were observed among women only. A higher proportion of women who have migrated to Finland (12%) reported at least some walking difficulties than women in the general population (5%). Some statistically significant differences were also observed among women by region of origin. A particularly pronounced difference compared with women in the general population was observed for women who have migrated from the Middle East and North Africa (35%). The difference compared with women in the general population was statistically significant also for women who have migrated from Africa (excl. North Africa; 16%), Europe (excl. Russia and Estonia), North America and Oceania (12%), and Southeast Asia (10%). Compared with men in the general population (6%), the difference in walking ability was statistically significant only among men who have migrated from the Middle East and North Africa (17%).

Severe disability is reported in Figure 3.5.7. Statistically significant differences among persons who have migrated to Finland and the general population were observed. The proportion of persons with severe disability was higher among those who have migrated to Finland (11%) compared with the general population (5%).

Statistically significant differences were also observed in some of the groups by region of origin. The difference compared with the general population was particularly pronounced among persons who have migrated from the Middle East and North Africa (26%) and Latin America (22%). Additionally, the difference was also significant among those who have migrated from Europe (excl. Russia and Estonia; 11%) and Southeast Asia (9%).



*95% Confidence interval could not be reliably calculated if cell size <5 in any of the categories

Figure 3.5.7. Prevalence of severe disability, age-adjusted (%).

Statistically significant differences compared with the general population were also observed by sex. Altogether 9% of men and 12% of women who have migrated to Finland had severe disability compared with 6% among men and 4% among women in the general population. Among women, statistically significant differences compared with the general population were observed in all groups by region of

origin except for women who have migrated from Estonia and South and Central Asia. The proportion of women with severe disability was particularly high among women who have migrated from the Middle East and North Africa (35%) and Latin America (32%). Differences compared with men in the general population in the analyses by region of origin were only found among men who have migrated from the Middle East and North Africa (21%).

3.6 Psychological distress and quality of life

Psychological distress was measured with the Mental Health Index-5 (MHI-5). Participants were asked how much of the time during the past four weeks they have: 1) been a very nervous person; 2) felt so down in the dumps that nothing could cheer them up; 3) felt calm and peaceful; 4) felt downhearted and blue; 5) been a happy person. The answer options for each of the questions were: all of the time; most of the time; a good bit of the time; some of the time; a little bit of the time; none of the time. The total score was obtained by summing the items. Dichotomization was made with the standard procedure (cut-off of 52 points). Those who had psychological distress are reported.

Quality of life was examined by asking the participants how they would rate their quality of life: very poor; poor; neither poor nor good; good; very good. Those who reported their quality of life as good or very good are reported.

Psychological distress among the participants is presented in Figure 3.6.1. Psychological distress was more prevalent among persons who have migrated to Finland (20%) compared with persons in the general population (11%). When examined by region of origin, the difference compared with the general population was statistically significant for those who have migrated from Russia and the former Soviet Union (15%), Estonia (21%), the rest of Europe, North America and Oceania (24%), and the Middle East and North Africa (30%).

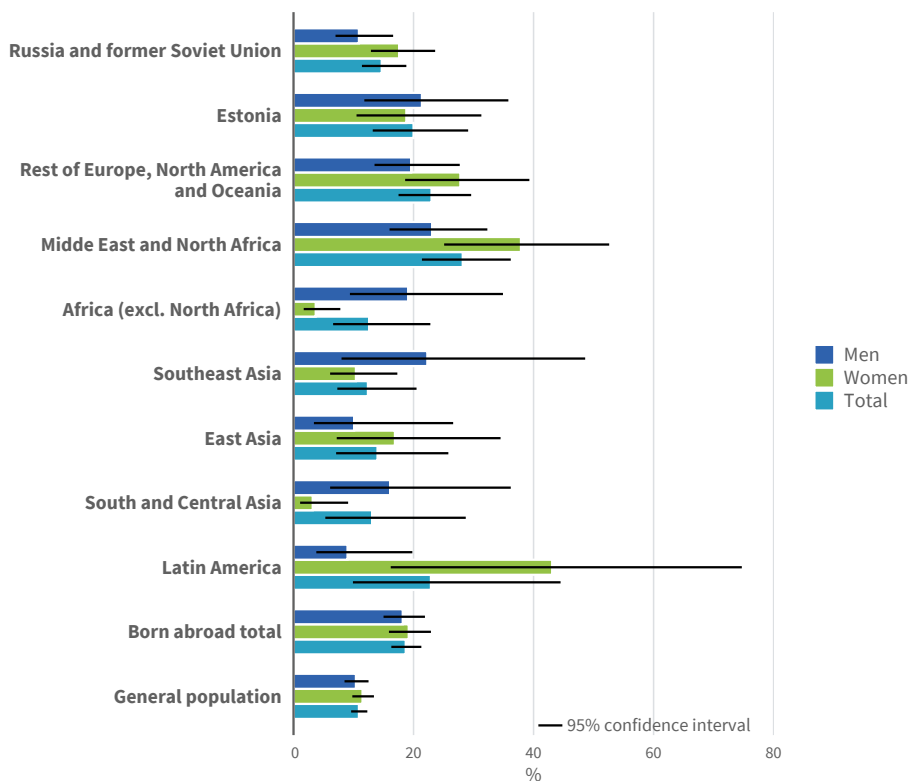


Figure 3.6.1. Psychological distress, age-adjusted (%).

Statistically significant differences were also observed by sex. Both men (19%) and women (20%) who have migrated to Finland had a higher proportion of those with psychological distress compared with men (9%) and women (12%) in the general population. When examined by sex and region of origin, the difference was statistically significant for men who have migrated from Estonia (22%), Europe (excl. Russia and Estonia), North America and Oceania (20%), the Middle East and North Africa (24%), and Africa (excl. North Africa; 20%) when compared with men in the general population. For women, the proportion was higher for those who have migrated from Russia or the former Soviet Union (18%), Europe (excl. Russia and Estonia), North America and Oceania (29%), the Middle East and North Africa (39%), and Latin America (44%) when compared with women in the general population. In contrast, the proportion was lower for women who have migrated from Africa (excl. North Africa; 4%), and South and Central Asia (3%).

Quality of life among the participants is presented in Figure 3.6.2. The proportion of those reporting good or very good quality of life was lower among those who have migrated to Finland (70%) compared with persons in the general population (78%). When examined by region of origin, the difference was statistically significant for those who have migrated from the Middle East and North Africa (56%), Southeast Asia (57%), and East Asia (53%).

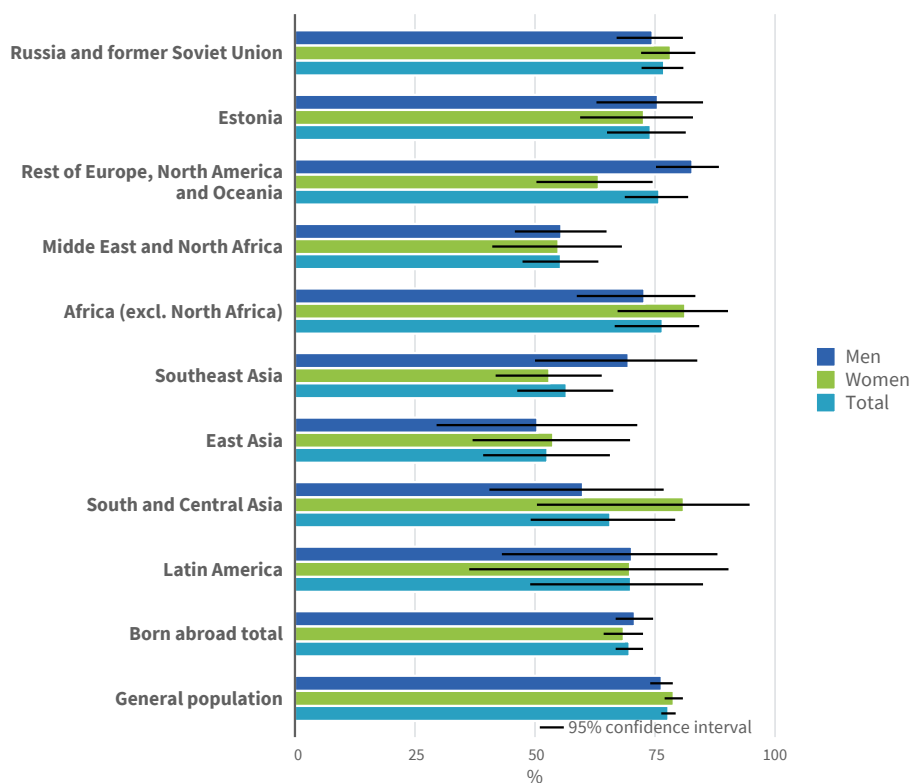


Figure 3.6.2. Good or very good quality of life, age-adjusted (%).

Statistically significant differences were also observed by sex. Both men (71%) and women (69%) who have migrated to Finland had a lower proportion of those reporting good or very good quality of life compared with men (77%) and women (80%) in the general population. When examined by sex and region of origin, the difference was statistically significant for men who have migrated from the Middle East and North Africa (56%) and East Asia (51%) and for women who have migrated from Europe (excl. Russia and Estonia), North America and Oceania (64%), the Middle East and North Africa (55%), Southeast Asia (53%), and East Asia (54%) when compared with persons of the corresponding sex in the general population.

4 Discussion

Overall, persons who have migrated to Finland reported a significantly higher prevalence of concerns related to Covid-19 than persons in the general population. However, some variations were also observed by region of origin. For example, the proportion of persons who have migrated from Estonia reporting various concerns related to Covid-19 was generally similar as in the general population. On the other hand, persons who have migrated from the Middle East and North Africa, the rest of Africa, and Southeast Asia reported significantly more concerns than persons in the general population. Particularly striking differences were observed concerning continuation of employment. Out of those who were working full-time or part-time, altogether 49% of persons who have migrated from the Middle East and North Africa and 43% of persons who have migrated from the rest of Africa, reported they were concerned quite a lot or very much about continuation of employment, compared with 8% of persons in the general population.

The majority of persons who have migrated to Finland and persons in the general population reported no changes in most aspects of daily life due to Covid-19. For some, a positive impact was observed, whereas for others, the Covid-19 epidemic has had a negative impact on daily life. From the perspective of developing health promotion actions aimed at reducing the impact of the Covid-19 epidemic on public health, evaluation of the negative impact of Covid-19 is particularly relevant. Compared with persons in the general population, a larger proportion of persons who have migrated to Finland reported an increase in loneliness, sleeping difficulties, and daily smoking, while feelings of hope for the future was reported to have decreased. Variations in the negative impact of Covid-19 on daily life by region of origin were also observed.

A decrease in feelings of safety at home was reported by 9% of persons who have migrated to Finland, with variation by region of origin ranging between 5% and 17%. A decrease in physical activity was observed among 39% of persons who have migrated to Finland, with variation by region of origin ranging between 29% and 57%. Prolonged reduction in daily physical activity levels may lead to weight gain and other health problems. This, in turn, may have a variety of adverse health consequences. Prevalence of overweight and obesity has been reported to be higher particularly among persons who have migrated from the Middle East and North Africa already prior to the Covid-19 epidemic (Skogberg et al. 2020).

Covid-19 also impacted how persons of migrant origin were treated by others, with 15% of persons who have migrated to Finland reporting experiences of being treated with less respect than others, called names or being verbally insulted, or threatened or harassed during the epidemic. It also appeared that these experiences

tended to accumulate for some. For example, being treated with less respect than others was reported by 11% of persons who have migrated to Finland (range by region of origin 2–27%). Out of those who have experienced being treated with less respect than others, as many as 46% (range by region of origin 10–76%) reported it occurred at least once a week. A similar trend was observed for being called names or being otherwise verbally insulted, as well as for being threatened or harassed. Prevalence of experiences of discrimination was the highest among persons who have migrated from East Asia. These experiences were also frequent among persons who have migrated from the Middle East and North Africa, and the rest of Africa.

Considering the findings regarding concerns related to Covid-19, the impact of Covid-19 on daily life and on experiences of discrimination, it is also not surprising that self-rated health and quality of life were poorer, whereas the prevalence of psychological distress was higher among persons who have migrated to Finland compared with persons in the general population. The differences compared with persons in the general population were significant in many groups by region of origin. Persons who have migrated from the Middle East and North Africa had significantly poorer health and wellbeing in all the examined domains compared with persons in the general population. Findings on poorer self-rated health (Laatikainen et al. 2020), psychological distress (Castaneda et al. 2020), and poorer quality of life (Castaneda & Koskinen 2020) among persons who have migrated to Finland compared with persons in the general population are consistent with the findings reported prior to the Covid-19 epidemic. In future studies, it is of interest to explore individual-level changes during the Covid-19 epidemic, as well as the associated factors.

The use of digital services increased among some of the participants, and this increase was, on average more frequent among persons who have migrated to Finland compared with persons in the general population. For example, the increase in the use of digital social welfare and healthcare services increased most frequently among persons who have migrated from the Middle East and North Africa, the rest of Africa, East Asia, and South and Central Asia, whereas the increase in the use of digital services for daily chores was reported most frequently among persons who have migrated from East Asia.

For some, the use of digital services decreased during the Covid-19 epidemic and this was more frequently reported by persons who have migrated to Finland compared with persons in the general population. A decrease in the use of digital services occurred, for example, among persons who have migrated from the Middle East and North Africa, and Southeast Asia. A decrease in the use of digital services may be related to reduced access to the Internet if it was previously used outside of the home or to an overall lesser need for the services. It may also be that some had insufficient information on how to access various digital services or that the

needed services were perceived as less attainable during the Covid-19 epidemic. Use of digital services has been previously reported to cause more challenges for persons who have migrated to Finland compared with the general population, particularly among persons who have migrated from the Middle East and North Africa (Vehko et al. 2020).

It is important to note that even though Covid-19 appears to have affected the health and wellbeing of persons who have migrated to Finland in many ways more negatively than persons in the general population, some positive effects of Covid-19 were also observed. Persons who have migrated to Finland more frequently reported an increase in contact with friends and relatives and in feelings of hope for the future compared with persons in the general population. A higher proportion of persons who have migrated to Finland than persons in the general population also reported a decrease in loneliness, disputes within the family, and in consumption of snacks.

A higher increase in contacts with friends compared with persons in the general population may be related to the expressed higher prevalence of concerns about close ones during the Covid-19 epidemic, which may be even more pronounced in the case of friends living in other countries. It may also be that while restrictions in cross-border mobility reduced traveling and visiting friends and relatives abroad, these were partially compensated by keeping more contact in other ways. A lot of daily life activities were reduced during the pandemic. For some, this may have meant an increase in free time that could be used for maintaining more frequent contact with friends and relatives.

The question on feelings of hope for the future may have been interpreted in different ways depending on the time frame that was used as the reference for the term “future”. Furthermore, the question may have been interpreted very literally by some of the respondents and the response may indicate that they have spent more time actively hoping that things will be better. Furthermore, an increase in hope for the future was observed relatively frequently among persons with a refugee background, such as persons from the Middle East and North Africa, and the rest of Africa. In these groups, it may be that previous adverse experiences have led to increased belief that things tend to improve following a period of crisis.

It also appeared that some have taken up healthier lifestyle habits during the Covid-19 epidemic. Compared with some other regional groups, a higher proportion of persons who have migrated from the Middle East and North Africa, and South and Central Asia reported their consumption of snacks decreased (15% and 28 for each of the groups by region of origin respectively), whereas their fruit and vegetable consumption increased (33% and 50% for each of the groups by region of origin respectively) during the Covid-19 epidemic. Additionally, 20% of persons who have migrated from the Middle East and North Africa and 26% of persons who have

migrated from South and Central Asia reported that their total daily physical activity levels increased. Similar trends were seen in other regional groups to a varying extent.

Although findings are not directly comparable due to differences in sampling design, findings of the MigCOVID Survey are consistent with the findings with the ApartTogether Survey (WHO 2020) that also found that Covid-19 had a substantial impact on aspects of mental wellbeing, such as feelings of loneliness, depression, worry, sleep problems and hopelessness towards the future. Experiences of discrimination were also reported among the participants of the ApartTogether Survey, as well as that Covid-19 impacted various aspects of daily lives, such as safety, work and financial means.

4.1 Strengths and limitations

Significant strengths of the MigCOVID Survey are random sampling and the population-based design. Inverse probability weights were used to correct for non-response. The MigCOVID Survey provides extensive information on various life domains and comparative data for the general population is available for the majority of the questions. The questionnaire was administered in 18 languages and self-completed survey data was supplemented with multilingual telephone interviews, which reduced the barriers to participation particularly for persons with challenges in reading and writing and improved the participation rate. The follow-up design of the MigCOVID Survey allows to examine individual-level changes in future in-depth analyses. A further strength is the possibility of linking register data with the survey data, which will not only allow more comprehensive cross-sectional analyses, but also a long-term follow-up of the MigCOVID Survey participants.

Several limitations also need to be acknowledged. While the use of telephone interviews was one of the strengths of the study, through fortifying the participation rate and reducing potential barriers to participation caused by self-completed questionnaires, it may have impacted the responses of the participants. There may be a lower threshold for reporting more honestly to a variety of sensitive questions in a self-administered questionnaire, for example regarding the experiences of discrimination and questions on psychological wellbeing. However, telephone interviewers were trained on building trust with the participants also during the telephone contact, which has most likely accounted for at least some of the response bias based on the administration method of the survey.

Telephone numbers were not available for all the participants, therefore contacting participants was not completely systematic. Nonetheless, all participants were also sent questionnaires to their home address and telephone contact information for further information was provided. While availability of the questionnaire in a large variety of languages was a significant strength of the study, translation processes tend to pose certain challenges in terms of quality of the translations. It

was, however, possible to check the accuracy of most of the translations with the help of multilingual interviewers. Statistical significance could not be calculated in some of the analyses due to sample size restrictions, particularly in the sub-group analyses stratified by sex and region of origin.

5 Conclusions and implications for the future

Overall, findings of this report showcase the significant impact of the Covid-19 epidemic on the health and wellbeing of persons who have migrated to Finland. In many cases, the impact was significantly higher compared with persons in the general population. Significant regional differences in the impact of Covid-19 were also observed. While to a large extent the effect of Covid-19 has been negative, for some, positive effects were also observed. Further analyses should focus on examining the associated factors with both positive and negative effects of Covid-19, as well as whether these effects tend to cluster among certain sub-groups, for example by region of origin, sex, and socioeconomic position.

Findings presented in this report are based on the analysis of individual variables. Further studies should explore whether patterns in the individual-level impact of Covid-19 on daily life, health, and wellbeing emerge. It is important to gain further insights whether the negative impact of Covid-19 accumulated among the same persons and whether these persons belong to more socially disadvantaged groups. On the other hand, individual-level impact is also important to examine from the perspective of resilience to crisis situations.

This study was designed to provide information on the impact of Covid-19 on the health and wellbeing among persons who have migrated to Finland. This information can be used for the development of services following the Covid-19 epidemic. Information on the impact of Covid-19 on various domains of health and wellbeing is also needed for developing strategies and emergency plans for similar crisis situations in the future both at regional and national levels.

Reference list

- Borodulin K, Sääksjärvi K (eds.) FinHealth 2017 Study – Methods. Finnish Institute for Health and Welfare, Reports 17/2019, 37- 38. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-449-3>
- Castaneda A., Cilenti K., Mäki-Opas J., Abdulhamed R. & Garoff F. (2020). Chapter 8.3 Mental wellbeing (Eds.), Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa. FinMonik-tutkimus 2018-2019. [Health and Wellbeing of foreign origin persons in Finland.] Finnish Institute for Health and Welfare, Report 1/2020, 120-124. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-034-1>
- Castaneda A., & Koskinen S. (2020). Chapter 5.4 Quality of Life (Eds.), Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa. FinMonik-tutkimus 2018-2019. [Health and Wellbeing of foreign origin persons in Finland.] Finnish Institute for Health and Welfare, Report 1/2020, 82-87. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-034-1>
- Graubard, B. I.; Korn, E. L. Predictive Margins with Survey. Data. Biometrics 1999, 55:652-9.
- Kuusio H, Seppänen A, Jokela S, Somersalo L, Lilja E (Eds.) Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa. FinMonik-tutkimus 2018-2019. [Health and Wellbeing of foreign origin persons in Finland.] Finnish Institute for Health and Welfare, Report 1/2020, 108-111. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-034-1>
- Kuusio, H., Seppänen, A., Somersalo, L., Jokela, S., Castaneda, A. E., Abdulhamed, R., & Lilja, E. (2021). Response Activity in Mixed-Method Survey Data Collection—The Methods Used in a Survey among the Foreign-Born Population in Finland (FinMonik). *International Journal of Environmental Research and Public Health*, 18(6), 3300.
- Laatikainen T., Skogberg N., Koponen P. & Koskinen S. (2020). Chapter 8.1 Self-rated health and long-term illnesses (Eds.), Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa. FinMonik-tutkimus 2018-2019. [Health and Wellbeing of foreign origin persons in Finland.] Finnish Institute for Health and Welfare, Report 1/2020, 109-113. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-034-1>
- Liaw, A.; Wiener, M. Classification and regression by random Forest. *R News* 2002, 2;3:18-22.
- Norwegian Institute of Public Health. 2020. Weekly reports for coronavirus and COVID-19. Accessed June 22nd 2021: <https://www.fhi.no/contentassets/8a971e7b0a3c4a06bdf381ab52e6157/vedlegg/2021/ukerapport-uke-23-07.06---13.06.21.pdf>
- Platt L, Warwick R. 2020. Are some ethnic groups more vulnerable to COVID-19 than others? Institute for Fiscal Studies. Accessed June 22nd 2021: <file:///C:/Users/nsoz/AppData/Local/Temp/Are-some-ethnic-groups-more-vulnerable-to%20COVID-19-than-others-V2-IFS-Briefing-Note.pdf>
- Rostila M, Cederström A, Wallace M, Brandén M, Malmberg B, Andersson G (2021) Disparities in COVID-19 deaths by country of birth in Stockholm, Sweden: A total population based cohort study *Am J Epidemiol* 12;kwab057. doi: 10.1093/aje/ kwab057.
- Skogberg N., Lundqvist A., Koponen P. & Laatikainen T. (2020). Chapter 8.2 Overweight and obesity (Eds.), Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa. FinMonik-tutkimus 2018-2019. [Health and Wellbeing of foreign origin persons in Finland.] Finnish Institute for Health and Welfare, Report 1/2020, 114-119. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-034-1>

Skogberg, Natalia; Koponen, Päiviikki; Lilja, Eero; Austero, Sara; Achame, Sofia; Castaneda, Anu (2021a) 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. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-632-9>

Skogberg, Natalia; Koponen, Päiviikki; Lilja, Eero; Austero, Sara; Achame, Sofia & Castaneda, Anu (2021b). 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. Discussion paper 8/2021. Helsinki: Finnish institute for health and welfare. Accessed June 22nd 2021: <http://urn.fi/URN:ISBN:978-952-343-632-9>

THL (2020) Diverse communications and collaboration with key community representatives as strategies to prevent covid-19 among migrant origin persons. Accessed June 22nd 2021: <https://thl.fi/en/web/thlfi-en/-/diverse-communications-and-collaboration-with-key-community-representatives-as-strategies-to-prevent-covid-19-among-migrant-origin-persons>

United Nations (2021) Standard country or area codes for statistical use (M49). United Nations. Accessed June 22nd 2021: <https://unstats.un.org/unsd/methodology/m49/>

Vehko, Tuulikki; Lilja, Eero; Parikka, Suvi; Aalto, Anna-Mari & Kuusio, Hannamaria (2020). Selfreported strong electronic identification varies between population groups in Finland. Finnish J of EHealth and EWelfare 12(3), 187-197. <https://doi.org/10.23996/fjhw.91512>

World Health Organisation (2020) ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. World Health Organization. ISBN 978-92-4-001792-4. Accessed June 22nd 2021: <https://www.who.int/publications/i/item/9789240017924>

Appendix 1: Multilingual abstracts

Selkokieli

Tutkimus koronaepidemian vaikutuksesta Suomeen muuttaneiden ihmisten terveyteen

Koronaepidemia ja siihen liittyvät rajoitukset vaikuttavat paljon ihmisten terveyteen. Eniten epidemia vaikuttaa ihmisiin, jotka ovat muita heikommassa asemassa.

Terveyden ja hyvinvoinnin laitos tutki, miten epidemia vaikuttaa Suomeen muuttaneiden ihmisten terveyteen ja tavalliseen elämään. Tutkimuksessa verrattiin maahan muuttaneiden ja koko Suomen väestön terveyttä.

Maahan muuttaneet voivat huonommin kuin koko väestö epidemian aikana

Tutkimuksessa selvisi, että epidemia huolettaa maahan muuttaneita ihmisiä enemmän kuin koko Suomen väestöä. Eniten huolettavat nämä asiat:

- Läheinen ihminen saa tartunnan.
- Saan itse tartunnan.
- Tartutan toisia ihmisiä.
- Työt loppuvat.
- Terveydenhuolto ei voi hoitaa kaikkia potilaita.
- Hallitus ei osaa hoitaa kriisiä.
- Minua syrjitään.

Tutkimuksessa selvisi myös, että epidemia vaikuttaa maahan muuttaneiden hyvinvointiin enemmän kuin koko väestön hyvinvointiin.

- Tulevaisuus huolettaa enemmän.
- Yksinäisyyttä on enemmän.
- Nukkumisvaikeuksia on enemmän.
- Tupakointi on lisääntynyt enemmän.
- Rahaa on vähemmän.

Osa maahan muuttaneista kertoi, että kotona on turvattomampaa kuin ennen. Moni kertoi myös, että liikkuu vähemmän kuin ennen.

Joitakin maahan muuttaneita ihmisiä häiritään epidemian aikana enemmän kuin ennen. Häirintä voi olla esimerkiksi uhkailua tai nimittelyä. Joitakin maahan muuttaneita häiritään joka viikko.

Osalle Suomeen muuttaneista epidemia tuo myös hyviä asioita. He ovat toiveikkaampia tulevaisuuden suhteen. He pitävät enemmän yhteyttä ystäviin. Heidän perheessään on turvallisempaa. He syövät vähemmän epäterveellisiä välipaloja.

Tutkimuksessa kysyttiin myös työkyvystä. Maahan muuttaneiden ihmisten ja koko väestön välillä ei ole eroa työkyvyssä. Suurin osa vastaajista on sitä mieltä, että he ovat täysin työkykyisiä.

Maahan muuttaneilla on kuitenkin terveysongelmia enemmän kuin koko väestöllä.

- Muisti toimii huonommin.
- Elämänlaatu on heikompi.
- Arjessa selvittää huonommin.

Koronaepidemia lisää terveyden ja hyvinvoinnin ongelmia. Epidemia heikentää maahan muuttaneiden terveyttä selvästi enemmän kuin koko väestön terveyttä. Osalle epidemia tuo myös hyviä asioita.

Përmbledhje

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Ndikimet e epidemisë Covid-19 në shëndetin dhe mirëqenjen e personave të ardhur në Finlandë. Hulumtimi MigCOVID 2020–2021.] Raportti 8/2021. Helsinki, Suomi 2021. ISBN978-952-343-682-4 (painettu); ISBN978-952-343-683-1 (verkkojulkaisu).

Epidemia Covid-19 dhe masat kufizuese lidhur me epideminë kanë pasur ndikime të dukshme në shëndetin e popullsisë. Ndikimet kanë qenë më të theksuara te personat, të cilët edhe para epidemisë Covid-19 kanë pasur pozitë më të dobët në shoqëri. Qëllimi i këtij raporti ishte të qartësoj ndikimet e epidemisë Covid-19 në jetën e përditshme të personave të ardhur në Finlandë, në shëndetin e tyre, në mirëqenjen mendore dhe në cilësinë e jetës.

Në këtë hulumtim janë përdorur të dhëna nga studimi i realizuar nga Instituti kombëtar për shëndetësi dhe mirëqenje lidhur me ndikimet e epidemisë me korona në mirëqenjen e personave të ardhur në Finlandë (MigCOVID). Të dhënat hulumtuese janë mbledhur nga muaji tetor 2020 deri në muajin shkurt 2021, në kohën e njejtë kur në Finlandë ishte vala e dytë e epidemisë Covid-19. Në hulumtimin MigCOVID pjesëmarrës ishin gjithësejtë 3 668 persona nga mosha 20 deri në 66 vjeç. Përgjigjësja e tyre në përqindje ishte 60 %. Në hulumtimin përcjellës nga FinTerveys 2021, mostra të zgjedhura nga grupmosha e njejtë u përdorën si të dhëna referente që përshkruajnë të gjithë popullsinë (n=3 490, përgjigjësja në përqindje ishte 51 %).

Janë vërejtur dallime të rëndësishme statistikore bazuar në gjithë popullsinë, ashtuqë pjesa më e madhe e personave të ardhur në Finlandë kishin shqetësime lidhur me epideminë e Covid-19. Shqetësimet ishin lidhur me mundësinë e infeksionit me Covid-19 (nga e gjithë popullsia 18 % në raport apo krahasuar me personat e ardhur në Finlandë që ishte 29 %), infektimi i të tjerëve (31 % në raport me 39 %), infeksioni i personave të afërm (40 % në raport me 52 %), përjetimin e diskriminimit apo të anashkalimit për shkak të Covid-19 (7 % në raport me 16 %), vazhdimin e punës (8 % në raport me 30 %), aftësinë e udhëheqjes shtetërore për të trajtuar krizën (14 % në raport me 25 %) dhe në njohurinë e përkujdesjes shëndetësore për të trajtuar të gjithë pacientët (15 % në raport me 29 %).

Krahasuar me gjithë popullsinë, një pjesë dukshëm më e madhe e personave të ardhur në Finlandë, raportuan rënje të shpresës për të ardhmen (nga e gjithë popullsia 30 % në raport apo krahasuar me personat e ardhur në Finlandë që ishte 38 %) si dhe rritjen e përjetimit të vetmisë (28 % në raport me 36 %), vështërsi gjumi (10 % në raport me 18 %) dhe në pirjen e duhanit (2 % në raport me 4 %). Prej personave të ardhur në Finlandë 9 % e tyre kanë raportuar se në shtëpi kanë përjetuar rënjen e sigurisë dhe 39 % e tyre rënjen e aktivitetit fizik. Poashtu edhe dallime të mëdha statistikore janë vërejtur në dobësimin e konsideruar apo shumë të theksuar ekonomik (nga e gjithë popullsia 6 % në raport me personat e ardhur në Finlandë që ishte 23 %). Për disa, epidemia Covid-19 kishte poashtu edhe ndikime pozitive. Në raport me gjithë popullsinë, personat e ardhur në Finlandë kanë raportuar më shpesh një rritje të mbajtjes së raporteve me miqët (nga e gjithë popullsia 7 % në raport me personat e ardhur në Finlandë 16 %) dhe më shumë shpresë për të ardhmen në raportet (7 % në raport me 20 %) si dhe rënje të vetmisë (2 % në raport me 6 %), mendimet kundërtëse brenda familjes (3 % në raport me 6 %) dhe ngrënja e ushqimit mes racioneve (5 % në raport me 9 %).

Gjithësej 15 % e personave të ardhur në Finlandë kanë raportuar se janë trajtuar më me mosrespekt, janë fyer verbalisht, janë kërcënuar apo shqetësuar gjatë kohës së epidemisë Covid-19. Ata të cilët janë trajtuar më me mosrespekt sesa të tjerët (janë 11 % e të gjithë të anketuarve), 46 % e tyre kanë raportuar se kjo ka ndodhur çdo javë. Ata të cilët janë ofenduar ose përndryshe janë fyer verbalisht (7 %), 35 % e tyre raportuan se kjo ka ndodhur së paku një herë në çdo javë. Kërcënime dhe shqetësime raportuan 5 % nga të anketuarit. Prej tyre 24 % raportuan se kjo ka ndodhur së paku një herë në javë.

Gjithësej 81 % e personave të ardhur në Finlandë dhe 84 % nga e gjithë popullsia raportuan se ishin plotësisht të aftë për punë. Megjithatë, dallime statistikore të dukshme u vërejtën në raport me gjithë popullsinë në disa fusha të shëndetësisë, të kapaciteteve vepruese dhe të mirëqenjes. Krahasuar me gjithë popullsinë, personat e ardhur në Finlandë kanë raportuar më rrallë se kanë përjetuar shëndet të mirë / apo deri diku të mirë (e gjithë popullsia 80 % në krahasim me personat e ardhur në Finlandë që ishte 70 %), memorja ka funksionuar mirë apo shumë mirë (82 % në raport me 75 %) dhe cilësi jetësore shumë të mirë apo të mirë (78 % në raport me 70 %), aty ku kanë pasur ngarkesë psikike (11 % në raport me 20 %) dhe paraqitja e dëmtimeve të rënda të aftësive vepruese (5 % në raport me 11 %) që ishte më e lartë krahasuar me gjithë popullsinë.

Ndikimet e epidemisë Covid-19 në shëndetin dhe mirëqenjen ishin dukshëm më të larta në mesin e personave të ardhur në Finlandë në shumicën e fushave të shëndetit dhe të mirëqenjes krahasuar me gjithë popullsinë. Në hulumtimet që pasojnë do të duhej të qartësohej lidhja mes faktorëve bazë dhe asaj, se a grumbullohen ndikimet negative të epidemisë Covid-19 në disa grupe të caktuara. Poashtu, ndikimet e vërejtura pozitive aty ku ato u shqyrtuan, është e arsyeshme që të shqyrtohen edhe nga këndvështrimi i përballimit të krizës.

Fjalët kyçe: Covid-19; koronavirusi; MigCOVID; të ardhur në vend; emigrim; shëndeti; shëndeti mendor; mirëqenja; diskriminimi; aftësia e veprimit; brengat; jeta e përditëshme; mënyra e jetës.

المُلخَص

نتاليا سكوفبيرق (Natalia Skogberg)، بايفي كوبونين (Päivikki Koponen)، إيرو ليليا (Eero Lilja)، سارة أوستيرو (Sara Austero)، تيلير برينكي (Tyler Prinkey)، أنو إ. كاستاندينا (Anu E. Castaneda) Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. [بحث استطلاعي بخصوص MigCOVID 2020 - 2021. تأثيرات وباء كوفيد 19 على صحة ورفاهية الأشخاص الذين انتقلوا إلى فنلندا. البحث الاستطلاعي MigCOVID 2020 - 2021]. التقرير 2021/8. هلسنكي، فنلندا 2021. ISBN978-952-343-682-4 (الصيغة المطبوعة); ISBN978-952-343-683-1 (المنشور عبر الإنترنت).

وباء كوفيد 19 والقيود المتعلقة به لها تأثيرات مهمة على صحة السكان. التأثيرات تكون أشد لدى الأشخاص الذين كان وضعهم ضعيف في المجتمع قبل وباء كوفيد 19. كان هدف هذا التقرير هو استيضاح تأثيرات وباء كوفيد 19 على الحياة اليومية وعلى الصحة والرفاهية النفسية وجودة الحياة لدى الأشخاص الذين انتقلوا إلى فنلندا.

استخدمنا أثناء البحث مواد البحث الذي أنجزته مؤسسة الصحة والرفاهية، وهو تأثيرات وباء كورونا على رفاهية الأشخاص المولودين في الخارج (MigCOVID). جمعنا المواد خلال الفترة فيما بين شهر أكتوبر 2020 وشهر فبراير 2021، في نفس الوقت أثناء الموجة الثانية لوباء كوفيد 19 في فنلندا. شارك في بحث MigCOVID ما مجموعه 3668 شخص تتراوح أعمارهم بين 20 - 66 سنة. كانت نسبة المشاركة 60%. استخدمنا العينة الفرعية للأشخاص من نفس الفئة العمرية الذين شاركوا في بحث المتابعة FinTerveys 2021 كمعادلة للمقارنة تمثل كل السكان (شارك تقريباً 3490، ونسبة المشاركة 51%).

لاحظنا بخصوص الفروقات المهمة من الناحية الإحصائية مقارنة مع كل السكان، أن معظم الأشخاص الذين انتقلوا إلى فنلندا لديهم مخاوف فيما يتعلق بوباء كوفيد 19. كان القلق متعلق بالإصابة بالعدوى بكوفيد 19 (كل السكان 18% مقابل 29% من الأشخاص الذين انتقلوا إلى فنلندا)، إصابة الآخرين بالعدوى (31% مقابل 39%)، إصابة الشخص القريب بالعدوى (40% مقابل 52%)، الشعور بالتهميش أو تجنب الآخرين للشخص بسبب كوفيد 19 (7% مقابل 16%) استمرار العمل (8% مقابل 30%)، مهارة قيادة الدولة لرعاية الأزمة (14% مقابل 25%) وقدرة الرعاية الصحية على رعاية وعلاج جميع المرضى (15% مقابل 29%).

بالمقارنة مع جميع السكان، أفادت نسبة أكبر من الأشخاص المنتقلين إلى فنلندا بانخفاض آمالهم بشأن المستقبل (كل السكان 30% مقابل 38% من الأشخاص الذين انتقلوا إلى فنلندا)، وكذلك زيادة الشعور بالوحدة (28% مقابل 36%)، الصعوبات المتعلقة بالنوم (10% مقابل 18%) وبخصوص التدخين (2% مقابل 4%). أبلغ 9% من الأشخاص الذين انتقلوا إلى فنلندا عن نقص شعورهم بالأمان في البيت و39% عن النشاط الجسدي. كما أنه تمت أيضاً ملاحظة فارق مهم من الناحية الإحصائية بخصوص الأشخاص الذين أبلغوا عن ضعف وضعهم المادي كثيراً أو كثيراً جداً (كل السكان 6% مقابل 23% من الأشخاص الذين انتقلوا إلى فنلندا). كان وباء كوفيد 19 له لدى البعض تأثيرات إيجابية أيضاً. بالمقارنة مع جميع السكان، فإن الأشخاص الذين انتقلوا إلى فنلندا أبلغوا بقدر أكثر عن زيادة التواصل مع الأصدقاء (كل السكان 7% مقابل 16% من الأشخاص الذين انتقلوا إلى فنلندا) والأمل بشأن المستقبل (7% مقابل 20%) وكذلك نقص من ناحية الوحدة (2% مقابل 6%)، الاختلافات في وجهات النظر داخل العائلة (3% مقابل 6%) وتناول الوجبات الخفيفة (5% مقابل 9%).

أبلغ ما مجموعه 15% من الأشخاص الذين انتقلوا إلى فنلندا عن أنه لم تتم معاملتهم باحترام أو تمت إهانتهم لفظياً أو تهديدهم أو إزعاجهم خلال فترة وباء كوفيد 19. أولئك الذين تم التعامل معهم بقدر أقل من الاحترام مقارنة مع الآخرين (11% من كل المشاركين في البحث)، 46% منهم أبلغوا أن ذلك يحدث أسبوعياً على الأقل. أولئك الذين تم شتمهم أو تمت إهانتهم لفظياً (7%) 35% منهم أبلغوا أن ذلك يحدث أسبوعياً على الأقل. أبلغ عن التهديد والإزعاج 5% من المشاركين في البحث. أبلغ 24% منهم أن ذلك يحدث أسبوعياً على الأقل.

أبلغ ما مجموعه 81% من الأشخاص الذين انتقلوا إلى فنلندا و84% من كل السكان أنهم قادرين على العمل بشكل كامل. لاحظنا على كل حال فروقات مهمة من الناحية الإحصائية مقارنة مع كل السكان بخصوص النواحي الأخرى بخلاف الصحة والقدرة على العمل والرفاهية. بالمقارنة مع كل السكان، فإن الأشخاص الذين انتقلوا إلى فنلندا أبلغوا بشكل أقل عن شعورهم بأن صحتهم

جيدة/جيدة بعض الشيء (كل السكان 80% مقابل 70% من الأشخاص الذين انتقلوا إلى فنلندا)، أن الذاكرة لديهم تعمل بشكل جيد أو جيد جداً (82% مقابل 75%) وجودة حياتهم جيدة جداً أو جيدة (78% مقابل 70%)، وبخصوص العبء النفسي (11% مقابل 20%) وبخصوص القيود الصعبة المتعلقة بالقدرة على العمل (5% مقابل 11%) حيث أن ظهورها يكون بقدر أكثر مقارنة مع كل السكان.

تأثيرات وباء كوفيد 19 على الصحة والرفاهية كانت فيما بين الأشخاص المنتقلين إلى فنلندا أكثر شدة بقدر كبير بخصوص مجالات الصحة والرفاهية مقارنةً بكل السكان. يتوجب أن تستوضح الأبحاث اللاحقة الروابط بالعوامل التي تؤثر في الخلفية، وكذلك ما إذا كانت تتراكم التأثيرات السلبية لوباء كوفيد 19 لدى فئات معينة. كما أنه يتوجب البحث في التأثيرات الإيجابية أيضاً التي تمت ملاحظتها لوباء كوفيد 19 بخصوص بعض المشاركين في البحث من منظور النجاة من الأزمة.

المفردات المهمة: كوفيد 19؛ فيروس كورونا؛ MigCOVID؛ الشخص المنتقل إلى البلد؛ الهجرة؛ الصحة؛ الصحة النفسية؛ الرفاهية؛ التهميش؛ القدرة على الفعالية؛ القلق؛ الحياة اليومية؛ طريقة المعيشة.

ناتالیا اسکوگرگ (Natalia Skogberg)، پیویکی کوپونن (Päivikki Koponen)، ارو لیلیا (Eero Lilja)، سارا آنوسترو (Sara Austero)، تیلور پرینکلی (Tyler Prinkey)، آنو ا. کاستاندا (Anu E. Castaneda). *Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland*. مطالعات میگ کوید (MigCOVID) 2020-2021. تأثیرات اپیدمی کوید-19 بر روی صحت و رفاه اشخاصی که به فنلاند مهاجرت نموده اند. تحقیق میگ کوید (MigCOVID) 2020-2021. گزارش 8/2021. هلسینکی، فنلاند 2021. ISBN978-952-343-682-4 (چاپ شده)؛ ISBN978-952-343-683-1 (انتشار انترنتی).

اپیدمی کوید-19 و محدودیت های مربوط به آن تأثیراتی مهمی بر روی صحت نفوس گذاشته اند. این تأثیرات بر روی اشخاصی که در دوران قبل از اپیدمی کوید-19 در جایگاه ضعیف تری در جامعه قرار داشتند، قوی تر بوده است. هدف این گزارش بررسی کردن تأثیرات اپیدمی کوید-19 بر روی زندگی روزمره، صحت، رفاه روحی و روانی و کیفیت زندگی در مورد اشخاصی بوده که به فنلاند مهاجرت کرده اند.

در این تحقیق از اطلاعات تحقیق تأثیرات اپیدمی کرونا بر روی اشخاصی که در خارج از کشور متولد شده اند (میگ کوید (MigCOVID))، که بوسیله ریاست صحت و رفاه عامه (Terveyden ja hyvinvoinnin laitoks) انجام شده، استفاده شده است. این اطلاعات در فاصله بین اکتبر سال 2020 و فیرووری سال 2021، همزمان با موج دوم اپیدمی کوید-19 در فنلاند جمع آوری شده است. مجموعاً 3 668 شخص 20 تا 66 ساله در تحقیق میگ کوید (MigCOVID) شرکت کردند. در صد شرکت 60 % بود. نمونه زیر مجموعه اشخاصی که در گروه سنی یکسانی که در تحقیق کنترلی سال 2021 فین تروئوس (FinTerveys) بکار رفته بودند، منحصبت اطلاعات مقایسه ای که کل نفوس را نمایندگی می کند، بکار برده شد (n=3 490 نفر شرکت کردند، در صد شرکت 51 %).

تفاوت هایی که از نظر آماری نسبت به کل نفوس معنادار باشند به این شکل مشاهده شدند که بیشتر اشخاصی که به فنلاند مهاجرت کرده اند در مورد اپیدمی کوید-19 نگران بودند. این نگرانی در مورد این موارد بودند: مصاب شدن به کوید-19 (کلا نفوس 18 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 29 %)، مصاب کردن اشخاص دیگر (31 % در مقابل 39 %)، مصاب شدن شخص نزدیک (40 % در مقابل 52 %)، تجربه کردن تبعیض یا پرهیز کردن به دلیل کوید-19 (7 % در مقابل 16 %)، ادامه داشتن کار (8 % در مقابل 30 %)، مهارت های ریاست دولت در رسیدگی به بحران (14 % در مقابل 25 %) و توانایی سیستم درمانی برای معالجه همه اشخاص مریض (15 % در مقابل 29 %).

در مقایسه با کل نفوس، بخش به طور قابل توجه بزرگتری از اشخاصی که به فنلاند مهاجرت کرده اند، گفته اند که امیدشان در مورد آینده رو به کاهش (کل نفوس 30 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 38 %) و احساس تنهایی شان بیشتر شده (28 % در مقابل 36 %)، مشکل خواب داشته اند (10 % در مقابل 18 %) و یا این که سیگار می کشند (2 % در مقابل 4 %). 9 % از اشخاصی که به فنلاند مهاجرت کرده اند گفته اند که امنیتی که در خانه احساس می کنند کم شده و 39 % گفته اند که فعالیت فیزیکی دارند. علاوه بر این، در بین افرادی که گفته اند وضعیت مالی آنها تا حدی یا خیلی ضعیف شده است نیز اختلاف از نظر آماری معنی دار مشاهده شد (کل نفوس 6 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 23 %). برای بعضی ها، اپیدمی کوید-19 تأثیرات مثبت هم داشت. در مقایسه با کل نفوس، اشخاصی که به فنلاند مهاجرت کرده اند، بیشتر اعلام کرده اند که با دوستان رابطه دارند (کل نفوس 7 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 16 %) و نسبت به آینده خوش بین هستند (7 % در مقابل 20 %) و تنهایی شان کمتر شده است (2 % در مقابل 6 %)، در مورد اختلاف بین خانواده (3 % در مقابل 6 %) و خوردن میان وعده گفته اند (5 % در مقابل 9 %).

مجموعاً 15 % از اشخاصی که به فنلاند مهاجرت کرده اند گفته اند که در دوران اپیدمی کوید-19، با آنها برخوردی غیر محترمانه تر انجام شده است و به طور زبانی به آنها توهین یا مزاحمت انجام شده است. از بین اشخاصی که نسبت به دیگران با آنها برخورد غیر محترمانه تر شده است (11 % از همه اشخاصی که مورد تحقیق بودند)، 46 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است. از بین آنهایی که به آنها ناسزا گفته شده بود یا به نحو دیگری به طور زبانی به آنها توهین شده بود (7 %)، 35 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است. 5 % از اشخاصی که مورد تحقیق بودند گفته اند که مورد تهدید یا مزاحمت قرار گرفته اند. از بین آنها 24 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است.

مجموعاً 81 % از اشخاصی که به فنلاند مهاجرت کرده اند و 84 % از کل نفوس گفته اند که کاملاً توانایی فعالیت و انجام کار دارند. با این حال تفاوت های از نظر آماری معنی دار نسبت به کل نفوس در ارتباط با بخش های دیگر بهداشت، توانایی انجام کار و رفاه مشاهده

شد. اشخاصی که به فنلند مهاجرت کرده اند نسبت به کل نفوس کمتر گفته اند که احساس کرده اند صحت شان خوب/تا حدی خوب است (کل نفوس 80% در مقابل اشخاصی که به فنلند مهاجرت کرده اند 70%)، حافظه شان خوب یا خیلی خوب کار می کند (82% در مقابل 75%) و کیفیت زندگی شان خوب یا بسیار خوب است (78% در مقابل 70%)، در حالی که فشار روحی روانی (11% در مقابل 20%) و محدودیت های فعالیتی شدید (5% در مقابل 11%) در آنها نسبت به کل نفوس بیشتر بود.

تأثیرات اپیدمی کوید-19 بر روی صحت و رفاه در بین اشخاصی که به فنلند مهاجرت کرده اند در بیشتر قسمت های بهداشتی و رفاهی، نسبت به کل نفوس به طور قابل توجه ای قوی تر بود. تحقیق بعدی باید بررسی ارتباط این موضوع با عوامل پیشینه ای و همچنین بررسی این موضوع را انجام دهد که آیا تأثیرات منفی اپیدمی کوید-19 در گروه های خاصی جمع می شوند. علاوه بر این، بجاست که تأثیرات مثبت مشاهده شده اپیدمی کوید-19 بر روی برخی از اشخاص مورد تحقیق قرار گرفته از نقطه نظر گذرانان بحران، مورد تحقیق قرار گیرد.

کلیدواژه ها: کوید-19؛ ویروس کرونا؛ میگ کوید (MigCOVID)؛ اشخاص مهاجرت کرده به کشور؛ مهاجرت؛ بهداشت؛ بهداشت روانی؛ رفاه؛ تبعیض؛ توانایی فعالیت؛ نگرانی ها؛ زندگی روزمره؛ شیوه زندگی.

Resumen

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Efectos de la epidemia COVID-19 en la salud y bienestar de las personas inmigrantes en Finlandia. Estudio MigCOVID 2020–2021.] Informe 8/2021. Helsinki, Finlandia 2021. ISBN978-952-343-682-4 (impreso); ISBN978-952-343-683-1 (publicación online).

La epidemia COVID-19 y las restricciones relacionadas con ella han producido efectos importantes en la salud de la población. Los efectos han sido más fuertes en aquellas personas que ya antes de la epidemia COVID-19 estaban en una posición más débil en la sociedad. El objetivo del presente informe es aclarar los efectos de la epidemia COVID-19 en la vida diaria, la salud, el bienestar mental y la calidad de vida de las personas inmigrantes en Finlandia.

En el presente estudio se ha utilizado el material del estudio «Los efectos de la epidemia del coronavirus en el bienestar de los nacidos en el extranjero (MigCOVID)», realizado por el Instituto Nacional de Salud y Bienestar. El material fue recopilado durante el período de octubre 2020 a febrero 2021, simultáneamente con la segunda ola de la epidemia COVID-19 en Finlandia. En el estudio MigCOVID participaron en total 3.668 personas de 20 a 66 años. El porcentaje de participación fue del 60%. La submuestra de sujetos pertenecientes al mismo grupo de edad del estudio de seguimiento FinTerveys 2021 fue utilizada como material de control para describir la población total (n=3 490 participantes, porcentaje de participación 51%).

En comparación con la población total, se observaron diferencias estadísticamente significativas en cuanto a que una mayor parte de las personas inmigrantes en Finlandia tenían preocupaciones relativas a la epidemia COVID-19. Dichas preocupaciones estaban relacionadas con los siguientes hechos: contagiarse con COVID-19 (población total 18% vs. personas inmigrantes en Finlandia 29%), contagiar a otros (31% vs. 39%), contagio de una persona allegada (40% vs. 52%), experimentar discriminación o rechazo debido al COVID-19 (7% vs. 16%), conservar el puesto de trabajo (8% vs. 30%), capacidad de los gobernantes de gestionar la crisis (14% vs. 25%) y la capacidad de los servicios sanitarios para cuidar de todos los pacientes (15% vs. 29%).

Comparado con la población total, una parte significativamente mayor de los inmigrantes en Finlandia indicó disminución de esperanza hacia el futuro (población total 30% vs. inmigrantes 38%), aumento de sensación de soledad (28% vs. 36%), dificultades para dormir (10% vs. 18%) y tabaquismo (2% vs. 4%). El 9% de las personas inmigrantes en Finlandia indicó que su sensación de seguridad en el hogar había disminuido y el 39% indicó que había disminuido la actividad física. Así mismo, en las personas que indicaron que su situación económica había empeorado bastante o mucho, se detectó una diferencia estadísticamente significativa (población total 6% vs. inmigrantes 23%). Para algunas personas la epidemia COVID-19 tuvo también efectos positivos. Comparado con la población total, un porcentaje mayor de los inmigrantes en Finlandia indicó un aumento de contactos con sus amigos (población total 7% vs. inmigrantes 16%) y una mayor esperanza hacia el futuro (7% vs. 20%) y disminución de soledad (2% vs. 6%), de los conflictos familiares (3% vs. 6%) y de los tentempiés (5% vs. 9%).

Un total del 15% de los inmigrantes en Finlandia indicó que había sido tratado con menos respeto, insultado verbalmente, amenazado o acosado durante la epidemia COVID-19. De aquellos que habían sido tratados con menos respeto que otros (el 11% de todos los sujetos), el 46% indicó que había sucedido al menos semanalmente. De aquellos que habían sido insultados o verbalmente ofendidos (7%), el 35% indicó que había sucedido al menos semanalmente. El 5% de los sujetos informó de amenazas y de acoso. De aquellos el 24% indicó que había sucedido al menos semanalmente.

Un total del 81% de los inmigrantes en Finlandia y el 84% de la población total indicó estar totalmente capacitado laboralmente. No obstante, se detectaron diferencias estadísticamente significativas en proporción con la población total en otras subáreas de la salud, de la capacidad funcional y del bienestar. Comparados con la población total, un porcentaje menor de los inmigrantes en Finlandia informó sentirse bien/bastante bien de la salud (población total 80% vs. inmigrantes en Finlandia 70%), tener buena o muy buena memoria (82% vs. 75%), y una calidad de vida buena o muy buena (78% vs. 70%), mientras que la prevalencia de carga mental (11% vs. 20%) y de limitaciones funcionales severas (5% vs. 11%) fue más alta comparada con la población total.

Los efectos de la epidemia COVID-19 en la salud y bienestar de las personas inmigrantes en Finlandia fueron significativamente más fuertes en la mayor parte de las subáreas de salud y bienestar comparado con la población total. Sería necesario aclarar en estudios de seguimiento las relaciones con los antecedentes e investigar si los efectos negativos de la epidemia COVID-19 se acumulan en determinados grupos. También sería necesario estudiar los efectos positivos de la epidemia COVID-19 en algunos de los sujetos desde el punto de vista de supervivencia a la crisis.

Palabras clave: COVID-19; coronavirus; MigCOVID; inmigrante; inmigración; salud; salud mental; bienestar; discriminación; capacidad funcional; preocupaciones; vida diaria; estilo de vida.

摘要

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. 2020–2021 年 MigCOVID 调查。新冠肺炎疫情对移居芬兰人口健康和生活质量的影响。2020–2021 年 MigCOVID 调查。报告 8/2021, 赫尔辛基, 芬兰 2021, ISBN978-952-343-682-4 (印刷本); ISBN978-952-343-683-1 (电子出版物)。

新冠肺炎疫情和相关限制性措施对人们的健康产生了巨大影响。对于在新冠肺炎疫情爆发之前就处于社会弱势地位的人而言, 这种影响会更加强烈。本报告的目的旨在阐释新冠肺炎疫情对移居芬兰人口的日常生活、健康、心理健康和生活质量的影响。

调查中使用了芬兰卫生与福利局所做的“新冠肺炎疫情对国外出生人口生活质量的影响 (MigCOVID)”的研究数据。这些数据是在 2020 年 10 月至 2021 年 2 月收集的, 当时正值芬兰第二波新冠肺炎疫情期间。共有 3 668 名 20~66 岁人士参加了 MigCOVID 调查。参与率为 60%。描述总人口的对照数据使用的是 FinTerveys2021 跟踪调查中同一年龄组受访者的子样本 (n=3 490 名参与者, 参与率为 51%)。

从统计数据看, 总人口与大部分移居芬兰人口对新冠肺炎疫情有关的担忧内容方面存在显著差异。担忧内容如下: 感染新冠肺炎 (总人口 18% vs. 移居芬兰人口 29%), 他人传染 (31% vs. 39%), 亲属感染 (40% vs. 52%), 因新冠肺炎遭歧视或回避 (7% vs. 16%), 能否继续工作 (8% vs. 30%), 政府处理危机的能力 (14% vs. 25%), 以及医疗保健机构治疗所有病患的能力 (15% vs. 29%)。

与总人口相比, 移居芬兰人口在以下项目上的比重明显升高: 对未来的期待感降低 (总人口 30% vs. 移居芬兰人口 38%), 孤独感增加 (28% vs. 36%), 睡眠困难加重 (10% vs. 18%) 和更爱吸烟 (2% vs. 4%)。移居芬兰人口中 9% 的人表示在家中的安全感降低, 39% 的人表示体育活动减少。在表示经济状况严重或急剧恶化的人口比例上也发现了统计上的显著差异 (总人口 6% vs. 移居芬兰人口 23%)。但对一些人而言, 新冠肺炎疫情也有积极的影响。与总人口相比, 移居芬兰的人口在以下项目上的比例更高: 与朋友的联系增加 (总人口 7% vs. 移居芬兰人口 16%), 对未来的期待感增强 (7% vs. 20%); 孤独感降低 (2% vs. 6%), 家庭内部分歧减少 (3% vs. 6%), 以及吃零食的频率降低 (5% vs. 9%)。

共有 15% 的移居芬兰人口表示在新冠肺炎疫情期间, 他们受到了更无礼的对待、口头侮辱、威胁或骚扰。在那些受到较他人更无礼对待的人当中 (占全部受访者的 11%), 46% 的人表示这种情况至少每周都会发生。在被起绰号或遭受其他口头侮辱的人当中 (7%), 35% 的人表示这种情况至少每周都会发生。5% 的受访者表示受到了恐吓和骚扰, 其中 24% 的人表示这种情况至少每周都会发生。

共有 81% 的移居芬兰人口和 84% 的总人口表示完全有能力工作。但与总人口相比, 在其他健康、行为能力和生活质量领域, 观察到了统计上的显著差异。移居芬兰人口在以下项目上的比重低于总人口报告的比重: 健康状况良好/较好 (总人口 80% vs. 移居芬兰人口 70%), 记忆力良好或非常好 (82% vs. 75%), 生活质量非常好或良好 (78% vs. 70%)。移居芬兰人口中表示精神紧张 (11% vs. 20%) 和严重行为障碍 (5% vs. 11%) 的比例高于总人口报告的比例。

从大部分健康和生活质量领域的报告情况来看, 与总人口相比, 移居芬兰人口认为新冠肺炎疫情对健康和生活质量的影响明显更大。在后续的研究中应调查与潜在因素之间的联系, 以及新冠肺炎疫情的负面影响是否会在某些人群中持续发酵。还应从应对危机的视角来调查所发现的新冠肺炎疫情对某些受访者的积极影响。

关键词: 新冠肺炎; 新冠病毒; MigCOVID; 移民该国; 移民; 健康; 心理健康; 生活质量; 歧视; 行为能力; 担忧; 日常生活; 生活方式。

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كارىگەرىيەكانى پەتاي Covid-19 بۇ سەر تەندروستى و خوشگوزەرانى كەسانى كۆچكردو بۇ فىنلاندا. لىكۆلىنەھى MigCOVID 2020-2021.

رەپورت: 8/2021. ھېلسىنكى، فىنلاندا 2021. ISBN978-952-343-682-4 (چاپ كرا) ؛ ISBN978-952-343-683-1 بىلەن كراھى سەر تۆرى ئىنتەرنېت.

پەتاي Covid-19 و رىگەرىيەكانى پەيوەندىدار بەم پەتايە كارىگەرىيەكى بەرچاويان ھەبۇو بۇ سەر تەندروستى كۆمەلگە كارىگەرىيەكان بەھىزتر بوون بۇ سەر ئەم كەسانەى پىش پەتاي Covid-19 ش بار و دۇخيان لە كۆمەلگەدا لاوازتر بوو. نامانجى ئەم رەپورتە روون كىرنەھ بو لە بارەى كارىگەرىيە Covid-19 بۇ سەر ژيانى رۇژانە، تەندروستى، تەندروستى دەروونى و ناستى باشىي ژيانى ئەم كەسانەى كۆچيان بۇ فىنلاندا كىردوھ.

لە لىكۆلىنەھەدا ئەم زانىارپىانە بەكار ھىنران كە لە لىكۆلىنەھى " كارىگەرىيەكانى پەتاي كۆرۇنا بۇ سەر خوشگوزەرانى كەسانى لە داىكوبوى دەمەھى و لات (MigCOVID)" دا، كە لە لاپىن رىكخراوى تەندروستى و خوشگوزەرانى رىكخرايو، بەدەست ھىنرابوون. زانىارپىەكان لە مانگى دەى 2020 را تا مانگى دووى 2021 كۆكرانەھ و اتا ھاوكانت لەگەل شەپۇلى دوومى Covid-19 لە فىنلاندا. سەر جەم 3 668 كەسى تەمەن 20 تا 66 سەل لە لىكۆلىنەھى MigCOVID دا بەشدار بوون. رادەى بەشدارى 60% بوو. زانىارى كەسانى ھاو تەمەن لە لىكۆلىنەھى FinTerveys 2021 دا ۋەك زانىارى ھەموى كۆمەلگە (بەشداران 3 490، رادەى بەشدارى 51%) بۇ بەروردكردن بەكار ھىنران.

بەرورد بە ھەموى كۆمەلگە جىوازىي و اتادار (گرېنگ) لەمەدا دەركەت كە بەشنىكى گەرەترى ئەم كەسانەى كۆچيان كىردە بۇ فىنلاندا نىگەرانيان بەرامبەر بە پەتاي Covid-19 ھەبۇو. نىگەرانيەكان پەيوەندىيان ھەبۇو بە گىرتتەھى Covid-19 (ھەموى كۆمەلگە 18% بەرامبەر بەم كەسانەى كۆچيان بۇ فىنلاندا كىردوھ 29%)، توش كىردى كەسنىكى تر (31% بەرامبەر بە 39%)، توش بوونى كەسنىكى نىزىك بە قايرۇسەكە (40% بەرامبەر بە 52%)، توش بوون بە جىكارى يان خۆ لى لادان بە ھوى Covid-19 ۋە (7% بەرامبەر بە 16%) بەردەوام بوونى كار (8% بەرامبەر بە 30%)، توناكلى بەرپەھەرانى دەلەت بۇ حەل كىردى ئەم كىرە (14% بەرامبەر بە 25%) و تونايى خزمەتگوزارىيەكانى تەندروستى بۇ چارسەر كىردى ھەموى نەمخۇشەكان (15% بەرامبەر بە 29%).

بەرورد بە ھەموى كۆمەلگە، بەشنىكى گەرەتر و بەرچاوترى كەسانى كۆچكردو بۇ فىنلاندا، باسپان كىرد لە كەمبۇنەھى ھىوادارىيان بەرامبەر بە داھاتو (ھەموى كۆمەلگە 30% بەرورد بە كەسانى كۆچكردو بۇ فىنلاندا 38%) و زىادبوونى ھەستكردن بە تەنپايى (28% بەرورد بە 36%)، گىرت لە خەلىكەتندا (10% بەرورد بە 18%) و جگەرە كىشانپان (2% بەرورد بە 4%). لەم كەسانەى كۆچيان كىردوھ بۇ فىنلاندا، 9% باسپان لە كەمبۇنەھى ھەستى نەمىنپەت لە مالى خۇياندا و 39% باسپان لە كەمبۇنەھى چالاكى جەستەي كىرد. ھەروھە لەم كەسانەيدا كە گوتىويان زۇر يان يەكجىرۇر بار و دۇخى دارايان لاوازتر بووھ جىوازىيەكى بەرچاو دىنرا (ھەموى كۆمەلگە 6% بەرورد بە كەسانى كۆچكردو بۇ فىنلاندا 23%). بۇ ھىندىك كەس پەتاي Covid-19 ھەروھە كارىگەرىيە نەرنىش ھەبۇو. بەرورد بە ھەموى كۆمەلگە، كەسانى كۆچكردو بۇ فىنلاندا زۇرتر باسپان لە زىاد بوونى پەيوەندى گىرتن لەگەل ھاورتيانيان (ھەموى كۆمەلگە 7% بەرورد بە كەسانى كۆچكردو بۇ فىنلاندا 16%) و ھىوادارى بەرامبەر بە داھاتو دا (7% بەرورد بە 20%) كىرد و ھەروھە باسپان لە كەمبۇنەھى تەنپايى (2% بەرورد بە 6%)، جىوازى بىر و بۇچوونى ناو بىنەمالە (3% بەرورد بە 6%) و خواردى بەركوتى نىوان ژەم (5% بەرورد بە 9%) دا كىرد.

سەر جەم 15% لەم كەسانەى كۆچيان كىردە بۇ فىنلاندا باسپان لەمە كىرد كە لە كاتى پەتاي Covid-19 دا لە جاران زىادتر بىرزيان بەرامبەر كراوھ، بە وشە نازار دراون، ھەر شەپان لى كراوھ يان بىزار كراون. ئەم كەسانەى لەوانى تر زىادتر بىرزيان بەرامبەر كراوھ (11% ھەموى ئەم كەسانەى بەشدار لە لىكۆلىنەھەدا)، 46% گوتيان كە ئەمە لانىكەم ھەموى حەقتەپەك رووى داوھ. لەم كەسانەى بە نارى ناشىرىن بانگ كرايوون يان بە شىوہەكى ترى وشەي نازار دراوون (7%)، 35% يان گوتيان كە ئەمە لانىكەم ھەموى حەقتەپەك رووى داوھ. پىنچ لە سەتى كەسانى بەشدار لە لىكۆلىنەھەكە باسى ھەر شە و بىزار كىردىان كىردىو. لەوان دا 24% گوتيان كە ئەمە لانىكەم ھەموى حەقتەپەك رووىداوھ.

سەر جەم 81% ی کەسانی کۆچکردوو بۆ فینلاند و 84% ی ھەمووی کۆمەلگە گوتیان کە بە تەواوی توانای کاریان ھەیە. بەراورد بە ھەمووی کۆمەلگە جیاوازی بەرچاو لە بوارەکانی تری تەندروستی، توانایی چالاکى و خوشگوزەرانى دا دیترا. بەراورد بە ھەمووی کۆمەلگە، کەسانی کۆچکردوو بۆ فینلاند کەمتر باسیان لەوەکرد کە تەندروستیان باش یان تا رادەیک باش بێت (ھەمووی کۆمەلگە 80% بەراورد بە کەسانی کۆچکردوو بۆ فینلاند 70%)، بیریان بە باشی یان زۆر بە باشی کار بکات (82% بەراورد بە 75%) بار و دۆخی ژبانیان زۆر باش یان باش بێت (78% بەراورد بە 70%)، و لەبەر ھەبوونی فشارى (زمختى) دەروونى (11% بەراورد بە 20%) و رێگرى سەختى چالاکبوون (5% بەراورد بە 11%) لە ناو ھەمووی کۆمەلگەدا بەرزتر بوون.

کاربەرێیەکانی پەتای Covid-19 بۆ سەر تەندروستی و خوشگوزەرانى بە شێوەیەکی بەرچاو لە بەشێکی گەورەى بوارەکانى تەندروستی و خوشگوزەرانى دا لە نیوان کەسانی کۆچکردوو بۆ فینلاند بەھیز تر بوون بەراورد بە ھەمووی کۆمەلگە. لە لیکۆلینەکانى داھاتوو دا دەبێ روونکردنەو لەسەر ھۆکارە بنچینەییەکان و ئەو بەریت کە ئایا کاربەرە نەرنییبەکانى پەتای Covid-19 خردەبنەو سەر ھیندیک کۆمەلە ھەر ھەوا باشە لیکۆلینەو لە روانگەى تییەراندى کرزۆو بۆ ئەو کاربەرێیە نەرنییبەى Covid-19 بۆ سەر ھیندیک لە کەسانی بەشداری ھەبوو، بکریت.

وشە سەر مکیبەکان: Covid-19؛ فایرۆسى کۆرۆنا؛ MigCovid؛ کۆچبەر؛ کۆچبەرى؛ تەندروستی؛ تەندروستیی دەروون؛ خوشگوزەرانى؛ جیاکاری؛ توانایی چالاکى؛ نیکەرانیبەکان؛ ژبانی رۆژانە؛ شێوازی ژبان.

ناتالیا اسکوگرگ (Natalia Skogberg)، پیویکی کوپونن (Päivikki Koponen)، ارو لیلیا (Eero Lilja)، سارا آونسرو (Sara Austero)، تیلور پرینکلی (Tyler Prinkey)، آنو ا. کاستاندا (Anu E. Castaneda). *Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland*. مطالعات میگ کوید (MigCOVID) 2020-2021. تأثیرات همه گیری کوید-19 بر روی سلامتی و رفاه اشخاصی که به فنلاند مهاجرت نموده اند. پژوهش میگ کوید (MigCOVID) 2020-2021. گزارش 8/2021. هلسینکی، فنلاند 2021. ISBN978-952-343-682-4 (چاپ شده)؛ ISBN978-952-343-683-1 (نشر اینترنتی).

همه گیری کوید-19 و محدودیت های مربوط به آن تأثیراتی مهمی بر روی سلامت جمعیت داشته اند. این تأثیرات بر روی اشخاصی که در همان زمان پیش از همه گیری کوید-19 در جایگاه ضعیف تری در جامعه قرار داشتند، شدیدتر بوده است. هدف این گزارش بررسی و روشن نمودن تأثیرات همه گیری کوید-19 بر روی زندگی روزمره، سلامت، رفاه روحی و روانی و کیفیت زندگی در مورد اشخاصی که به فنلاند مهاجرت کرده اند بوده است.

در این پژوهش از مطالب و داده های پژوهش تأثیرات همه گیری کرونا بر روی اشخاصی که در خارج از کشور متولد شده اند (میگ کوید (MigCOVID))، که توسط سازمان بهداشت و رفاه (Terveyden ja hyvinvoinnin laitos) انجام شده، استفاده شده است. این مطالب و داده ها در فاصله بین اکتبر سال 2020 و فوریه سال 2021، همزمان با موج دوم همه گیری کوید-19 در فنلاند گرد آوری شده است. مجموعاً 3 668 شخص 20 تا 66 ساله در پژوهش میگ کوید (MigCOVID) شرکت کردند. در صد شرکت 60 % بود. نمونه زیر مجموعه اشخاص متعلق به گروه سنی مشابه که در پژوهش کنترلی سال 2021 فین ترئوس (FinTerveys) بکار رفته بودند، به عنوان مطالب و داده های مقایسه ای که کل جمعیت را نمایندگی می کند، بکار برده شد (n=3 490 نفر شرکت کردند، در صد شرکت 51 %).

تفاوت هایی که از نظر آماری نسبت به کل جمعیت معنادار باشند به این صورت مشاهده شدند که بیشتر اشخاصی که به فنلاند مهاجرت کرده اند در مورد همه گیری کوید-19 نگرانی داشتند. این نگرانی در ارتباط با موارد زیر بودند: مبتلا شدن به کوید-19 (کلاً جمعیت 18 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 29 %)، مبتلا کردن دیگران (31 % در مقابل 39 %)، مبتلا شدن شخص نزدیک (40 % در مقابل 52 %)، تجربه کردن تبعیض یا اجتناب به دلیل کوید-19 (7 % در مقابل 16 %)، ادامه داشتن کار (8 % در مقابل 30 %)، مهارت های ریاست دولت در رسیدگی به بحران (14 % در مقابل 25 %) و توانایی سیستم درمان برای معالجه همه بیماران (15 % در مقابل 29 %).

در مقایسه با کل جمعیت، بخش به طور قابل توجه بزرگتری از اشخاصی که به فنلاند مهاجرت کرده اند، گفته اند که امیدشان در مورد آینده رو به کاهش (کل جمعیت 30 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 38 %) و احساس تنهایی شان رو به افزایش بوده (28 % در مقابل 36 %)، مشکل خواب داشته اند (10 % در مقابل 18 %) و یا این که سیگار می کشند (2 % در مقابل 4 %). 9 % از اشخاصی که به فنلاند مهاجرت کرده اند گفته اند که امنیتی که در خانه احساس می کنند کاهش یافته و 39 % گفته اند که فعالیت فیزیکی دارند. علاوه بر این، در بین افرادی که گفته اند وضعیت مالی آنها تا حدی یا خیلی ضعیف شده است نیز اختلاف از نظر آماری معنی دار مشاهده شد (کل جمعیت 6 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 23 %). برای بعضی ها، همه گیری کوید-19 تأثیرات مثبت هم داشت. در مقایسه با کل جمعیت، اشخاصی که به فنلاند مهاجرت کرده اند، بیشتر اعلام کرده اند که با دوستان در تماس هستند (کل جمعیت 7 % در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 16 %) و نسبت به آینده خوش بین هستند (7 % در مقابل 20 %) و تنهایی شان کاهش یافته است (2 % در مقابل 6 %)، در مورد اختلاف بین خانواده (3 % در مقابل 6 %) و خوردن میان وعده گفته اند (5 % در مقابل 9 %).

مجموعاً 15 % از اشخاصی که به فنلاند مهاجرت کرده اند گفته اند که در دوران همه گیری کوید-19، با آنها برخوردی غیر محترمانه تر شده است و به طور شفاهی مورد توهین، تهدید یا مزاحمت قرار گرفته اند. از بین آنهایی که نسبت به دیگران مورد برخوردی غیر محترمانه تر قرار گرفته بودند (11 % از همه اشخاصی که مورد پژوهش بودند)، 46 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است. از بین آنهایی که به آنها ناسزا گفته شده بود یا به نحو دیگری به طور شفاهی مورد توهین قرار گرفته بودند (7 %)، 35 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است. 5 % از اشخاصی که مورد پژوهش بودند گفته اند که مورد تهدید یا مزاحمت قرار گرفته اند. از بین آنها 24 % گفته اند که این موضوع حداقل هر هفته اتفاق افتاده است.

مجموعاً 81% از اشخاصی که به فنلاند مهاجرت کرده اند و 84% از کل جمعیت گفته اند که کاملاً توانایی انجام کار دارند. با این حال تفاوت های از نظر آماری معنی دار نسبت به کل جمعیت در ارتباط با بخش های دیگر بهداشت، توانایی انجام کار و رفاه مشاهده گردید. اشخاصی که به فنلاند مهاجرت کرده اند نسبت به کل جمعیت کمتر گفته اند که احساس کرده اند سلامت شان خوب/تا حدی خوب است (کل جمعیت 80% در مقابل اشخاصی که به فنلاند مهاجرت کرده اند 70%)، حافظه شان خوب یا خیلی خوب کار می کند (82% در مقابل 75%) و کیفیت زندگی شان خوب یا بسیار خوب است (78% در مقابل 70%)، در حالی که فشار روحی روانی (11% در مقابل 20%) و محدودیت های فعالیتی شدید (5% در مقابل 11%) در آنها نسبت به کل جمعیت بیشتر بود.

تأثیرات همه گیری کوید-19 بر روی سلامتی و رفاه در بین اشخاصی که به فنلاند مهاجرت کرده اند در بیشتر قسمت های بهداشتی و رفاهی، نسبت به کل جمعیت به طور قابل توجه ای قوی تر بود. پژوهش بعدی باید به بررسی ارتباط این موضوع با عوامل پیشینه ای و همچنین به بررسی این موضوع بپردازد که آیا تأثیرات منفی همه گیری کوید-19 در گروه های خاصی جمع می شوند. علاوه بر این، بجاست که تأثیرات مثبت مشاهده شده همه گیری کوید-19 بر روی برخی از اشخاص مورد پژوهش قرار گرفته از نقطه نظر گذراندن بحران، مورد تحقیق قرار گیرد.

کلیدواژه ها: کوید-19؛ ویروس کرونا؛ میگ کوید (MigCOVID)؛ اشخاص مهاجرت کرده به کشور؛ مهاجرت؛ بهداشت؛ بهداشت روانی؛ رفاه؛ تبعیض؛ توانایی فعالیت؛ نگرانی ها؛ زندگی روزمره؛ شیوه زندگی.

Streszczenie

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Wpływ epidemii COVID-19 na zdrowie i samopoczucie osób, które wyemigrowały do Finlandii. Badanie MigCOVID 2020–2021.] Raport 8/2021. Helsinki, Finlandia 2021 r. ISBN978-952-343-682-4 (druk); ISBN978-952-343-683-1 (publikacja internetowa).

Epidemia COVID-19 i związane z nią ograniczenia miały znaczący wpływ na zdrowie społeczeństwa. Jej skutki najbardziej odczuły osoby, które już przed epidemią COVID-19 znajdowały się w niekorzystnej sytuacji społecznej. Celem niniejszego raportu było zbadanie wpływu epidemii COVID-19 na życie codzienne, zdrowie, samopoczucie psychiczne i jakość życia osób, które przeprowadziły się do Finlandii.

W badaniu wykorzystano dane z publikacji pt. „Wpływ epidemii koronawirusa na jakość życia osób urodzonych za granicą” (MigCOVID) przeprowadzonego przez Narodowy Instytut Zdrowia i Opieki Społecznej (THL). Dane zostały zebrane między październikiem 2020 r. a lutym 2021 r. w czasie trwania drugiej fali epidemii COVID-19 w Finlandii. W badaniu MigCOVID wzięło udział łącznie 3668 osób w wieku 20–66 lat. Wskaźnik uczestnictwa wyniósł 60%. Próba cząstkowa osób w tej samej grupie wiekowej została wykorzystana jako punkt odniesienia dla całej populacji (n=3490 uczestników, wskaźnik uczestnictwa 51%) w badaniu kontrolnym FinTerveys 2021.

Stwierdzono statystycznie istotne różnice w porównaniu z całą populacją, polegające na tym, że większy odsetek osób, które przeprowadziły się do Finlandii, miał obawy dotyczące epidemii COVID-19. Obawy te dotyczyły zakażenia się wirusem COVID-19 (18% populacji w porównaniu do 29% osób, które przeprowadziły się do Finlandii), zarażenia innych (31% w porównaniu do 39%), zakażenia bliskiej osoby (40% w porównaniu do 52%), doświadczania dyskryminacji lub unikania kontaktów z powodu COVID-19 (7% w porównaniu do 16%), kontynuowania pracy (8% w porównaniu do 30%), umiejętności przywódczych rządu do radzenia sobie z kryzysem (14% w porównaniu do 25%) oraz wydolności systemu opieki zdrowotnej (15% w porównaniu do 29%).

W porównaniu z ogółem populacji znacząco wyższy odsetek osób, które przeprowadziły się do Finlandii, odnotował spadek nadziei na przyszłość (30% populacji ogólnej w porównaniu do 38% osób, które przeprowadziły się do Finlandii) oraz wzrost poczucia samotności (28% w porównaniu do 36%), trudności z zasypianiem (10% w porównaniu do 18%) i zwiększoną potrzebę palenia tytoniu (2% w porównaniu do 4%). Spośród osób, które przeprowadziły się do Finlandii, 9% zgłosiło zmniejszenie poczucia bezpieczeństwa w domu, a 39% zgłosiło zmniejszenie aktywności fizycznej. Istotną statystycznie różnicę zaobserwowano również wśród osób, które zgłosiły umiarkowane lub bardzo duże pogorszenie sytuacji finansowej (6% ogółu ludności w porównaniu do 23% osób, które przeprowadziły się do Finlandii). Dla niektórych epidemia COVID-19 miała również pozytywne skutki. W porównaniu z ogółem populacji osoby, które przeprowadziły się do Finlandii, częściej zgłaszały częstsze kontakty z przyjaciółmi (7% populacji ogólnej w porównaniu do 16% osób, które przeprowadziły się do Finlandii) oraz wzrost nadziei na przyszłość (7% w porównaniu do 20%), a także zmniejszenie poczucia samotności (2% w porównaniu do 6%), nieporozumień rodzinnych (3% w porównaniu do 6%) i podjadania (5% w porównaniu do 9%).

Łącznie 15% osób, które przeprowadziły się do Finlandii, zgłosiło, że podczas epidemii COVID-19 byli traktowani z brakiem szacunku, obrażani werbalnie, doświadczali zastraszania i nękania. Spośród tych, którzy byli traktowani bardziej lekceważąco niż inni (11% wszystkich respondentów), 46% przyznało, że miało to miejsce co najmniej raz w tygodniu. Spośród tych, którzy doświadczali wyzwisk lub byli w inny sposób znieważani werbalnie (7%), 35% zgłosiło, że miało to miejsce co najmniej raz w tygodniu. Zastraszanie i nękanie zgłosiło 5% badanych. Spośród nich 24% osób zgłosiło, że miało to miejsce co najmniej raz w tygodniu.

Łącznie 81% osób, które przeprowadziły się do Finlandii i 84% całej populacji deklaruje, że jest w pełni zdolna do pracy. Zaobserwowano jednak istotne statystycznie różnice w stosunku do całej populacji w innych obszarach zdrowia, sprawności i dobrostanu. W porównaniu z całą populacją osoby, które przeprowadziły się do Finlandii, rzadziej deklarowały dobry lub bardzo dobry stan zdrowia (80% ogółu populacji w porównaniu do 70% osób, które przeprowadziły się do Finlandii), dobrą lub bardzo dobrą pamięć (82% w porównaniu do 75%) oraz dobrą lub bardzo dobrą jakość życia (78% w porównaniu do 70%), natomiast częstość występowania zaburzeń psychicznych (11% w porównaniu do 20%) i poważnych ograniczeń w funkcjonowaniu (5% w porównaniu do 11%) była wyższa niż w całej populacji.

Wpływ epidemii COVID-19 na zdrowie i samopoczucie był znacznie silniejszy u osób, które przeprowadziły się do Finlandii, w porównaniu do ogółu populacji w większości obszarów zdrowia i samopoczucia. W dalszych badaniach należy zbadać powiązania z czynnikami bazowymi oraz to, czy negatywne skutki epidemii COVID-19 są częściej spotykane w niektórych grupach. Zaobserwowane pozytywne skutki epidemii COVID-19 u niektórych badanych należy również zbadać pod kątem radzenia sobie z kryzysem.

Słowa kluczowe: COVID-19; koronawirus; MigCOVID; przeprowadzka do innego kraju; imigracja; zdrowie; zdrowie psychiczne; samopoczucie; dyskryminacja; sprawność; zmartwienia; życie codzienne; styl życia.

Résumé

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Impacts de l'épidémie de Covid-19 sur la santé et le bien-être des personnes qui ont déménagé en Finlande. Étude MigCOVID 2020–2021.] Rapport 8/2021. Helsinki, Finlande 2021. ISBN978-952-343-682-4 (version imprimée); ISBN978-952-343-683-1 (publication en ligne).

L'épidémie de Covid-19 et les restrictions liées à celle-ci ont eu des effets importants sur la santé de la population. Les impacts ont été plus prononcés chez les personnes qui étaient déjà dans une situation sociale plus défavorisée avant l'épidémie de Covid-19. Le présent rapport a pour objectif d'éclaircir les impacts de l'épidémie de Covid-19 sur la vie quotidienne, la santé, le bien-être psychique et la qualité de vie parmi les personnes qui ont déménagé en Finlande.

Cette étude a utilisé la documentation de l'enquête Impacts de l'épidémie de Covid-19 sur la santé et le bien-être des personnes qui ont déménagé en Finlande (MigCOVID), réalisée par l'Institut national de la santé et du bien-être THL. La documentation a été collectée entre octobre 2020 et février 2021, en même temps où régnait la deuxième vague de l'épidémie de Covid 19 en Finlande. Au total, 3 668 personnes âgées de 20 à 66 ans ont pris part à l'enquête MigCOVID. Le taux de participation s'est élevé à 60 %. L'étude de suivi FinTerveys 2021 du sous-échantillon de personnes interrogées faisant partie du même groupe d'âge a été utilisée comme documentation de comparaison pour décrire l'ensemble de la population (n=3 490 ont, pourcentage de participation 51 %).

Les grandes différences au niveau statistique par rapport à l'ensemble de la population ont été observées de telle manière que la majeure partie des personnes qui avaient déménagé en Finlande avaient des soucis en ce qui concerne l'épidémie de Covid 19. Les soucis étaient liés au fait d'être atteint de la maladie de la Covid-19 (ensemble de la population 18 % vs. les personnes qui avaient déménagé en Finlande 29%), le fait de contaminer autrui (31% vs. 39 %), la contamination par une personne proche (40 % vs. 52 %), le sentiment de discrimination ou d'être évité à cause de la Covid-19 (7 % vs. 16 %), sur la continuation de leur emploi (8 % vs. 30 %), sur les compétences du gouvernement de gérer la crise (14 % vs. 25 %) et sur la capacité des soins de santé à pouvoir soigner tous les patients (15 % vs. 29 %).

Par rapport à l'ensemble de la population, une part nettement plus importante des personnes qui ont déménagé en Finlande ont fait part d'une baisse d'optimisme concernant l'avenir (ensemble de la population 30 % vs. personnes qui ont déménagé en Finlande 38 %) ainsi que d'expériences de solitude (28 % vs. 36 %), de difficultés à trouver le sommeil (10 % vs. 18 %) et du fait de fumer (2 % vs. 4 %). Parmi les personnes qui ont déménagé en Finlande, 9 % ont fait part de la baisse du sentiment de sécurité à la maison et 39 % de l'activité physique. Aussi, parmi les personnes qui ont fait part de la dégradation importante ou très importante de la situation économique, on a noté une nette différence au niveau des statistiques (ensemble de la population 6 % vs. personnes qui ont déménagé en Finlande 23 %). Pour certains, l'épidémie de Covid-19 a aussi eu des effets positifs. Par rapport à l'ensemble de la population, les personnes qui ont déménagé en Finlande ont fait part plus souvent de l'augmentation des prises de contact avec les amis (ensemble de la population 7 % vs. personnes qui ont déménagé en Finlande, 16 %) et de l'optimisme concernant l'avenir (7 % vs. 20 %), ainsi que de la baisse de la solitude (2 % vs. 6 %), des désaccords au sein de la famille (3 % vs. 6 %) et de la consommation de collations (5 % vs. 9 %).

Au total, 15 % des personnes qui ont déménagé en Finlande ont dit avoir été traité de manière moins respectueuse, d'avoir été insultés verbalement, menacés ou harcelés pendant l'épidémie de Covid-19. Parmi les personnes qui ont été traités de manière moins respectueuse que les autres (11% parmi toutes les personnes interrogées), 46 % ont dit que ceci s'était produit au moins une fois par semaine. Ceux qui ont dit avoir été insultés verbalement ou offensés d'une autre manière (7 %), 35 % ont dit que ceci s'était produit au moins une fois par semaine. 5 % des personnes interrogées ont rapporté des menaces et des harcèlements. Parmi ceux-ci, 24 % ont dit que ceci s'était produit au moins une fois par semaine.

Au total, 81 % des personnes qui ont déménagé en Finlande et 84 % de l'ensemble de la population ont dit avoir la pleine capacité de travailler. Les grandes différences au niveau statistique par rapport à l'ensemble de la population ont cependant été observées dans les domaines de la santé, de la capacité et du bien-être. Par rapport à l'ensemble de la population, les personnes qui ont déménagé en Finlande ont moins souvent dit avoir expérimenté leur santé comme bonne/relativement bonne (ensemble de la population 80% vs. personnes qui ont déménagé en Finlande 70 %), que leur mémoire fonctionne bien ou très bien (82 % vs. 75 %) et leur qualité de vie est très bonne ou bonne (78 % vs. 70 %), mais que la charge mentale (11 % vs. 20 %) et les restrictions importantes de la capacité (5 % vs. 11 %) étaient plus élevées par rapport à l'ensemble de la population.

Les impacts de l'épidémie de Covid-19 sur la santé et le bien-être étaient nettement plus prononcés chez les personnes qui ont déménagé en Finlande dans la plupart des domaines de la santé et bien-être par rapport à l'ensemble de la population. L'étude de suivi devrait mettre en évidence les liens des antécédents et si les effets négatifs de l'épidémie de la Covid-19 s'accumulent sur des groupes particuliers. Aussi, il y a lieu d'étudier les effets positifs de l'épidémie de la Covid-19 sur certaines personnes interrogées du point de vue de la capacité à se sortir d'une crise.

Mots-clés : Covid-19 ; coronavirus ; MigCOVID; immigré ; immigration ; santé ; santé mentale; bien-être ; discrimination ; capacité ; soucis ; vie quotidienne ; mode de vie.

Qoraal kooban

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Saamaynta dhinacyada caafimaadka iyo nololwanaagga ee uu cudurka safmarka Covid-19- ku leeyahay dadka u soo guuray Finland. Cilmibaarista-MigCOVID 2020–2021.] Warbixinta 8/2021. Helsinki, Suomi 2021. ISBN978-952-343-682-4 (waa la daabacay); ISBN978-952-343-683-1 (ku baahinta internetka).

Cudurka safmarka Covid-19- iyo xadaymihii la xiriiray, waxaa ay saamayn weyn ku yeesheen caafimaadka dadweynaha. Saamayntaasi waxaa ay si xoog ah ugu dhacday dadka, iyagu awalba kahor cudurkaan safmarka Covid-19 bulshada dhexdeeda ka ahaa dabaqadda itaalka daran. Hadafka laga leeyahay cilmibaaristaan waa sidii loo caddayn lahaa, saamaynta uu cudurkan safmarka ah ee Covid-19 ku leeyahay nololmaalmeedka, caafimaadka, nololwanaagga dhanka caafimaadka maskaxda iyo tayada nololeed ee dadka u soo guuray dalkaan Finland.

Cilmibaaristaan waxaa loo adeegsaday maadada cilmibaarista-(MigCOVID) ee saamaynta cudurka safmarka korona uu ku leeyahay dadka ku dhashay waddanka dibaddiisa, taasoo ay soo saaratay Hay'adda Caafimaadka iyo Nololwanaagga ee dalkaan Finland. – Waxaa maadada cilmibaaristaan la soo uruuriyay intii u dhexeysay bishii Oktoobar 2020-kii illaa iyo bishii feberaayo 2021-kii, xilligaasoo ahayd markii ay mowjada labaad ee cudurka safmarka Covid-19 ka bilaabatay Finland. Wadarta guud tiro gaaraysa 3 668 qof oo da'doodu u dhexeyso 20–66- ayaa ka qaybqaatay cilmibaarista MigCOVID. Ka qaybqaadashada cilmibaarista waxaa ay ahayd 60 %. Cilmaabirtaan markii la samaynaayay waxaa loo barbardhigay cilmibaaris lagu sameeyay mashruuca FinTerveys 2021 ee Hay'adda Caafimaadka iyo Nololwanaagga, taasoo lagu sameeyay dad u dhashay dalkaan Finland (qiyaastii 3 490 ayaa ka qaybqaatay, boqolleey ahaan tirada ka qaybgalaaysha waxay ahayd 51 %).

Istaatiistiko ahaan kala duwanaanshaha weyn ee dadweynaha oo dhan u dhexeeyay ee la arkay wuxuu ahaa, in tirada ugu badan ee dadka u soo guuray dalkaan Finland uu hayay welwel weyn oo la xiriira cudurka safmarka ah ee Covid-19. Welwelku wuxuu la xiriiray qaadista ama faafista cudurka safmarka ah ee Covid-19- (dadweynaha oo dhan 18 % waxaana ka soo horjeeda 29 % oo ahayd tirada dadka waddankaan u soo guuray), in cudurka qof kale la qaadsiiyo (31 % dhanka kalena 39 %), in cudurka uu qaado qof ehelka ah (40 % dhanka kalena 52 %), takoorid ama quursi lagula kacay qofka, cudurka safmarka ee Covid-19 awgiis (7 % dhanka kalena 16 %), sii socoshada shaqada (8 % dhanka kalena 30 %), qaabka ay golaha wasiirradu u maareeynayaan dhibaataada cudurka (14 % dhanka kalena 25 %), awoodda daryeelka caafimaadka ee la xiriirta daryeelidda dhammaan bukaanka oo dhan (15 % dhanka kalena 29 %).

Marka loo barbardhigo tirada dadweynaha oo dhan, si weyn oo muuqata ayay qayb ahaan dadka waddanka u soo guurey u sheegeen, in ay hoos u dhacday rajadooda la xiriirta mustaqbalka (dadweynaha oo dhan 30 % dhanka ka soo horjeeda, dadka u soo guuray waddanka 38 %) sidoo kale so kordhidda khibradaha shakhsi ahaaneed (28 % dhanka kalena 36 %), dhibaataada hurdada (10 % dhanka kalena. 18 %) iyo sigaar cabbista (2 % dhanka kalena 4 %). Dadka u soo guuray waddankaan Finland 9 % waxaa ay sheegeen hoos u dhac dhanka ammaanka guriga ah iyo 39 % oo dhanka dhaqdhaqaaqa jirka ah. Istaatiistiko ahaan waxaa la arkay farqi weyn oo muuqda oo ku saabsan dhanka hoos u dhaca xaaladda dhaqaale ee dadka warbixinta soo gudbiyay (tirada guud ee dadweynaha 6 % dhanka kalena, dadka u soo guuray Finland 23 %). Qaar kale oo dadka ka mid ah cudurka safmarka ah ee Covid-19-, wuxuu ku lahaa saamayn wanaagsan. Marka loo

barbardhigo dadka oo dhan, dadka u soo guuray waddankaan waxaa ay badankood sheegeen in wada xiriirka saaxiibbada uu kordhay (dadweynaha oo dhan 7 % dhanka kale ee dadka waddankaan u soo guurayna 16 %), sidoo kale rajada laga qabo mustaqbalka (7 % dhanka kalena 20 %) iyo hoos u dhaca kelinnimada (2 % dhanka kalena 6 %), ismaandhaafka qoyska dhexdiisa (3 % dhanka kalena 6 %), sidoo kale cunista raashinka fudud (5 % dhanka kalena 9 %).

Wadarta guud 15 % dadka waddankaan Finland u soo guuray ayaa sheegay in xilligii cudurka safmarka ah ee Covid-19, lagula dhaqmay qaab ixtiraam darro ah, aflagaaddo, hanjabaad ama qashqashaad leh. Dadkaas loola dhaqmay sida ixtiraam darrada ah ee ka duwan tan dadka kale (11 % dhammaan dadka la baaray), 46 % waxaa ay sheegeen in arrinkaan uu ahaa mid dhacaayay toddobaad walba. Dadkaas, qayb ahaan kuwa la caayay ama si kale oo hadal ahaan ah loogu xadgudbay waa (7 %), tiro gaaraysa 35 % waxaa ay sheegeen in arrinkaan ay la kulmaayeen ugu yaraan toddobaad walba. Hanjabaadda iyo qashqashaadda waxaa sheegay 5 % dadkii la baaray. Dadkaas 24 % waxaa ay sheegeen in arrinkaan uu dhacaayay ugu yaraan toodobaad walba.

Wadarta guud 81 % dadka u soo guuray waddankaan iyo 84 % dadweynaha oo dhan, waxaa ay sheegeen in ay leeyihiin awood shaqo. Istaatiistiko ahaan waxaa farqi weyn uu ka muuqday marka la isbarardhigo aragtida dadweynaha oo dhan ee dhinacyada awoodda waxqabad iyo qaybaha kale ee nololwanaagga. Marka loo eego dadweynaha oo dhan, waxaa dadka waddanka u soo guuray ay sheegeen in si dhif ah ay u dareemayaan in caafimaadkoodu wanaagsan yahay /illaa xad uu wanaagsan yahay (dadweynaha oo dhan 80 % dhanka kale ee dadka waddankaan u soo guureyna waa 70 %), xusuusta in ay si fiican ama si aad iyo aad u fiican u shaqaynayso (82 % dhanka kalena waa 75 %) sidoo kale tayada nololeed si aad iyo aad u fiican ama si fiican (78 % dhanka kalena waa 70 %), marka laga hadlo dhanka culayska caafimaadka maskaxda (11 % dhanka kalena waa 20 %), xadaymaha aadka u adag ee waxqabadka (5 % dhanka kalena waa 11 %), dhacdooyinku waxaa ay ahaayeen kuwo aad u sarreeya marka loo barbardhigo dadweynaha oo dhan.

Saamaynta uu cudurka safmarka ah ee Covid-19 ku leeyahay caafimaadka iyo nololwanaagga, waxaa uu ahaa mid si weyn uga muuqda dadka waddankaan u soo guuray, gaar ahaan qaar ka mid ah qaybaha caafimaadka iyo nololwanaagga, marka loo barbardhigo dadweynaha oo dhan. Cilmibaarisayada mustaqbalka la samayn doono waa in lagu caddeeyaa xiriirka ka dhexeeya saamaynta waxyaabaha dahsoon iyo arrinka ah in saamaynta xun ee cudurka safmarka Covid-19, ay tahay mid ku badan kooxaha qaarkood. Sidoo kale saamaynta wanaagsan ee cudurka safmarka Covid-19 ee la arkay, waa in laga baaraa dhinaca ah qaabka looga gudbay dhibaataadaas.

Ereyada muhiimka ah ama furaha ah: Covid-19; Feyruska korona; MigCOVID; Waddanka u soo guuray; caafimaadka; Caafimaadka maskaxda; Nololwanaagga; Takoorka; awoodda waxqabad: welwelka; noloshu maalinlaha ah; tayada nololeed.

สรุป

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [การระบาดของโรคโควิด-19 มีผลกระทบต่อสุขภาพและสวัสดิการของคนต่าง ๆ ที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ MigCOVID-วิจัย 2020–2021.] รายงาน 8/2021. Helsinki, ประเทศฟินแลนด์ 2021. ISBN978-952-343-682-4 (ถูกพิมพ์); ISBN978-952-343-683-1 (สิ่งพิมพ์ออนไลน์)

การระบาดของโรคโควิด-19 และข้อจำกัดต่างๆที่เกี่ยวข้องโรคนั้น มีผลกระทบที่สำคัญมากต่อสุขภาพประชากร เราได้พบว่าผลกระทบต่างๆก็แข็งแกร่งมากที่สุดในชีวิตมนุษย์ต่างๆ ที่อยู่ในฐานะสังคมที่อ่อนแอที่สุดก่อนที่โรคโควิด-19 ได้ระบาดแล้ว เป้าหมายของรายงานนี้ก็คือ จัดเรียงผลกระทบต่างๆของโควิด-19 ต่อชีวิตประจำวัน สุขภาพ สวัสดิการทางจิตใจ และคุณภาพชีวิตในพหุมนุษย์ต่างๆ ที่ได้ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์

ในการวิจัยดังกล่าว เราได้ใช้ผลกระทบต่างๆของการระบาดของโรคโคโรนาที่ทางกรมสุขภาพและสวัสดิการได้ดำเนินการเกี่ยวกับสวัสดิการในชีวิตของมนุษย์ต่างๆที่ได้เกิดเมื่อนอกจาก(MigCOVID)-วิจัย

เราได้สะสมข้อมูลดังกล่าวระหว่างเดือนตุลาคมปี 2020 ถึงกุมภาพันธ์ปี 2021

เวลาเดียวกันกับคลื่นลูกที่สองของการระบาดของโรคโควิด-19 ที่ประเทศฟินแลนด์ เราได้วิจัยทั้งหมด 3 668 คนที่อายุระหว่าง 20–66 ปี คนพวกนี้ร่วมการMigCOVID-วิจัยนี้ อัตราการมีส่วนร่วมเป็น 60 % ตามการวิจัยติดตามผลกระทบของFinTerveys 2021 ในคนต่างๆที่ถูกวิจัยในวัยอายุเท่ากันนั้น เวกกลุ่มนั้นใช้เป็นข้อมูลอ้างอิงสำหรับประชากรทั้งหมด (รวมประมาณ =3 490 อัตราการมีส่วนร่วมเป็น 51 %)

ความแตกต่างที่มีนัยสำคัญทางสถิติเวลาเปรียบเทียบกับประชากรทั้งหมดก็พบว่า

คนต่าง ๆ ส่วนใหญ่ที่ได้ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ เป็นห่วงมากเกี่ยวกับเรื่องการระบาดของโรคโควิด-19

เรื่องเป็นห่วงก็เกี่ยวข้องกับการรับติดเชื้อโควิด-19 (ประชากรทั้งหมด 18 % เปรียบเทียบคนต่าง ๆ ที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ 29 %) แพร์เชื้อกับผู้อื่น (31 % เทียบกับ 39 %) คนใกล้ชิดจะรับติดเชื้อ (40 % เทียบกับ 52 %)

ประสบการณ์การเลือกปฏิบัติและการหลีกเลี่ยงเพราะโควิด-19 (7 % เทียบกับ 16 %) การทำงานต่อ (8 % เทียบกับ 30 %)

ความสามารถของรัฐบาลในการรับมือวิกฤติ (14 % เทียบกับ 25 %)

และความสามารถของหน่วยงานการดูแลสุขภาพรักษาผู้ป่วยทุกคน (15 % เทียบกับ 29 %)

ถ้าเปรียบเทียบประชากรทั้งหมด เราพบว่า คนต่าง ๆ ที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ มีนัยสำคัญสูงกว่าคนอื่น ๆ พวกเขาได้บอกว่าระดับความหวังต่ออนาคตข้างหน้าลดลงมาก (ประชากรทั้งหมด 30 % เทียบกับคนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ 38 %) นอกจากนั้นเขามีประสบการณ์ความเหงามากขึ้นด้วย (28 % เทียบกับ 36 %) ปัญหาในการนอนหลับ (10 % เทียบกับ 18 %) และการสูบบุหรี่ (2 % เทียบกับ 4 %) คนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ได้แจ้งการลง 9 %

เกี่ยวกับประสบการณ์ความปลอดภัยในบ้าน และการลดลง 39 % ในกิจกรรมทางร่างกาย นอกจากนั้น

เราพบการแตกต่างกันมากในกลุ่มที่แจ้งเกี่ยวกับเรื่องภาวะเศรษฐกิจถดถอย ความแตกต่างดังกล่าวมีนัยสำคัญใหญ่ทางสถิติ

(ประชากรทั้งหมด 6 % เทียบกับคนต่างชาติที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ 23 %)

แต่บางคนได้รับผลกระทบที่ดีจากการระบาดโควิด-19 ด้วย ถ้าเปรียบเทียบประชากรทั้งหมด

คนต่างชาติที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ได้แจ้งบ่อยครั้งว่า เขาติดต่อกันกับเพื่อน ๆ มากกว่าเดิม (ประชากรทั้งหมด 7 %

เทียบกับคนต่างชาติที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ 16 %) และในความหวังเกี่ยวกับอนาคต (7 % เทียบกับ 20 %)

และการลดลงในความเหงา (2 % เทียบกับ 6 %) ในความขัดแย้งต่างๆในครอบครัว (3 % เทียบกับ 6 %) ในการกินอาหารว่าง (5 %

เทียบกับ 9 %)

ทั้งหมด 15 % จากคนต่างชาติที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ได้แจ้งว่า

เขามีประสบการณ์มากกว่าเดิมในการรับการปฏิบัติอย่างไม่สุภาพ ถูกด่าด้วยวาจา ถูกขู่ หรือถูกรบกวนในช่วงเวลาการระบาดโควิด-

19 พวกเขาแจ้งว่า รับการปฏิบัติอย่างไม่สุภาพมากกว่าคนอื่น ๆ (11 % จากคนตรวจทั้งหมด) 46 % ได้แจ้งว่า

เหตุการณ์แบบนี้เกิดขึ้นอย่างน้อยอาทิตย์ละครั้ง จากคนที่ถูกเรียกโดยชื่อหรือถูกด่าด้วยวาจาอย่างอื่น ๆ (7 %) และ 35 %

ได้แจ้งมันเกิดขึ้นอย่างน้อยอาทิตย์ละครั้ง จากคนวิจัยทั้งหมดนั้น 5 % ได้แจ้งเรื่องการขู่และการรบกวน 24 %

จากพวกเขาได้แจ้งเหตุการณ์แบบนี้เกิดขึ้นอย่างน้อยอาทิตย์ละครั้ง

ทั้งหมด 81 % จากคนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ และ 84 % จากประชากรทั้งหมดได้แจ้งว่า เขาทำงานเต็มที่ได้

แต่เราได้พบความแตกต่างที่มีนัยสำคัญทางสถิติ เวลาเปรียบเทียบประชากรทั้งหมดด้านอื่นๆ ในส่วนสุขภาพ

ประสิทธิภาพและสวัสดิการต่างๆ ถ้าคิดประชากรทั้งหมด คนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ไม่ค่อยแจ้งว่า

สุขภาพของเขาดี/ดีสมควร (ประชากรทั้งหมด 80 % เทียบกับคนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ 70 %) ความจำทำงานด้วยดี

หรือดีมาก (82 % เทียบกับ 75 %) และคุณภาพชีวิตของเขาดีมากหรือดี (78 % เทียบกับ 70 %) แต่เราได้พบว่า ภาวะทางจิตใจ (11

% เทียบกับ 20 %) และข้อจำกัดต่างๆในประสิทธิภาพ (5 % เทียบกับ 11 %) ความชุกสูงกว่า

เวลาเปรียบเทียบกับประชากรทั้งหมด

ผลกระทบต่างๆของการระบาดโควิด-19 ต่อสุขภาพ และสวัสดิการระหว่างคนที่ย้ายเข้ามาอยู่ที่ประเทศฟินแลนด์ แจ้งแรงขึ้น

ในด้านสุขภาพสวัสดิการส่วนใหญ่ ถ้าเปรียบเทียบกับประชากรทั้งหมด ต่อไปจะวิจัยอีก เพื่อหาความเชื่อมโยงกับปัจจัยเบื้องหลัง

และนอกจากนั้น จะมีผลเสียต่างๆของการระบาดโควิด-19 สะสมในบางกลุ่มเท่านั้น และผลกระทบที่ต่างๆ

ที่ราพบจากการระบาด โควิด-19 ต่อคนวิจัยบางคน จะต้องพิจารณาจากมุมมองของการรอคิวที่เกิดขึ้น

คำหลักต่างๆ: โควิด-19; ไวรัสโคโรนา; MigCOVID; คนย้ายเข้ามาอยู่ที่ประเทศ; การย้ายเข้ามาอยู่ที่ประเทศ; สุขภาพ; สุขภาพจิต;

สวัสดิการ; การเลือกปฏิบัติ; ประสิทธิภาพ; กังวลต่างๆ; ชีวิตประจำวัน ; ไลฟ์สไตล์

Özet

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Covid-19 epidemisinin Finlandiya'ya göç etmiş kişilerin sağlık ve refahı üzerindeki etkisi. MigCOVID Araştırması 2020–2021.] Rapor 8/2021. Helsinki, Suomi 2021. ISBN978-952-343-682-4 (basılmış); ISBN978-952-343-683-1 (e-yayın).

Covid-19 epidemisinin ve buna bağlı kısıtlamaların nüfusun sağlığı üzerinde belirgin etkileri olmuştur. Bu etkiler Covid-19 epidemisinin öncesinde toplumda daha zayıf konumda olan kişiler üzerinde daha da ağır olmuştur. Bu raporun amacı Covid-19 epidemisinin Finlandiya'ya göç etmiş olan kişilerin günlük yaşamı, sağlığı, psikolojik refahı ve yaşam kalitesi üzerindeki etkilerini incelemektir.

Bu araştırmada, Sağlık ve Refah Kurumunun gerçekleştirmiş olduğu Korona epidemisinin yurtdışında doğmuş olanların refahı üzerindeki etkisi araştırmasının (MigCOVID) verileri kullanılmıştır. Veriler 2020 ekim ve 2021 şubat arasında, Finlandiya'da yaşanan Covid-19 epidemisinin ikinci dalgası ile aynı zamanda toplanmıştır. MigCOVID araştırmasına toplam 3 668, 20–66 yaşlarında kişi katılmıştır. Katılım yüzdesi %60'tı. FinTerveys 2021 izlem araştırmasında araştırılan aynı yaş grubu alt örneği tüm nüfusu betimleyen karşılaştırma verisi olarak kullanılmıştır (n=3 490, katılım aktifliği %51).

Tüm nüfusa göre gözlemlenen en belirgin istatistiksel farklar, Finlandiya'ya göç etmiş olan kişilerin büyük bir çoğunluğunda Covid-19 epidemisi ile bağlantılı endişelerin olmasıdır. Endişeler Covid-19 hastalığına yakalanma (tüm nüfus %18 vs. Finlandiya'ya göç etmiş olan kişiler %29), başkalarına bulaştırma (%31 vs. %39), yakınını hastalanması (%40 vs. %52), Covid-19'dan dolayı ayrımcılığa uğrama veya dışlanma kaygısı (%7 vs. %16), işin devam edip etmemesi (%8 vs. %30), devlet yönetiminin kriz mücadelesi (%14 vs. %25), sağlık hizmetlerinin tüm hastaları tedavi edemeyeceği (%15 vs. %29) ile ilgiliydi.

Tüm nüfus ile karşılaştırıldığında Finlandiya'ya taşınanların önemli çoğunluğu gelecek ile ilgili umutlarının azalmış olduğunu (tüm nüfus %30 vs. Finlandiya'ya göç etmiş olan kişiler %38) ve de yalnızlık duygusunun (%28 vs. %36), uyku sorunlarının (%10 vs. %18) ve sigara içmenin (%2 vs. %4) artmış olduğunu rapor etti. Finlandiya'ya göç etmiş olan kişilerin %9'u ev içi güvenliğinin ve %39'u fiziksel aktifliklerinin azalmış olduğunu rapor etti. Ayrıca ekonomik durumun oldukça veya çok fazla bozulmuş olduğunu rapor eden kişilerde istatistiksel olarak belirgin bir fark gözlemlenmiştir (tüm nüfus %6 vs. Finlandiya'ya göç etmiş kişiler %23). Bazıları için Covid-19 epidemisinin olumlu etkileri de olmuştur. Tüm nüfus ile kıyaslandığında Finlandiya'ya göç etmiş olan kişiler daha sık arkadaşları ile olan iletişimin (tüm nüfus %7 vs. Finlandiya'ya göç etmiş olan kişiler %16) ve geleceğe karşı umudun (%7 vs. %20) arttığını ve de yalnızlığın (%2 vs. %6), aile içi fikir ayrılıklarının (%3 vs. %6) ve ara öğün yemenin (%5 vs. %9) azalmış olduğunu rapor etti.

Finlandiya'ya göç etmiş olan kişilerin toplam %15'i Covid-19 epidemisi sürecinde kendilerine karşı daha saygısız davranıldığını, sözel olarak incitildiklerini, tehdit ve rahatsız edildiklerini rapor etti. Başkalarına kıyasla kendilerine daha saygısız davranılmış olan kişilerin (tüm araştırılanların %11'i) %46'sı bunun en azından haftada bir kez gerçekleştiğini rapor etti. Hakaret veya başka şekilde sözel olarak incitilmişlerin (%7), %35'i bunun en azından haftada bir kez gerçekleştiğini rapor etti. Tehdit ve tacizi araştırılanların %5'i rapor etti. Bunların %24'ü bunun en az haftada bir kez gerçekleştiğini rapor etti.

Finlandiya'ya göç etmiş olan kişilerin toplam %81'i ve tüm nüfusun toplam %84'ü tamamen iş yapabilme durumunda olduğunu rapor etti. Yine de sağlık, faaliyet becerisi ve refahın farklı alanlarında tüm nüfus ile

kıyaslandığında istatistiksel farklar gözlemlenmiştir. Tüm nüfusa oranla Finlandiya'ya göç etmiş olan kişiler sağlıklarını iyi/oldukça iyi (tüm nüfus %80 vs. Finlandiya'ya göç etmiş olan kişiler %70), hafızalarının iyi veya çok iyi çalıştığını (%82 vs. %75) ve hayat kalitelerinin çok iyi veya iyi (%78 vs. %70) olduğunu daha nadir rapor etti; bunun yanında psikolojik yükün (%11 vs. %20) ve ciddi faaliyet becerisi engellerinin (%5 vs. %11) görünmesi tüm nüfusa kıyasla daha yüksekti.

Covid-19 epidemisinin sağlık ve refaha olan etkileri Finlandiya'ya göç etmiş olan kişilerin arasında sağlık ve refahın alanlarının büyük bir kısmında tüm nüfusa kıyasla belirgin bir şekilde daha etkiliydi. İleri araştırmalarda geçmiş etkenler ile olan bağlantılar ve Covid-19 epidemisinin olumsuz etkilerinin belli bir grupta yoğunlaşp yoğunlaşmadığı araştırılmalıdır. Ayrıca Covid-19 epidemisinin bazı araştırılanlar üzerinde gözlemlenen olumlu etkilerinin krizi atlatma bakış açısından da araştırılmasına gerek vardır.

Anahtar kelimeler: Covid-19; koronavirüs; MigCOVID; ülkeye göç eden; göç, sağlık; ruh sağlığı; refah; ayrımcılık; faaliyet becerisi; endişeler; günlük yaşam; hayat tarzı.

Аннотация

Наталья Скогберг, Пяйвикки Копонен, Ээро Лилья, Сара Аустеро, Тайлер Принки, Ану Э. Кастанеда. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [Влияние эпидемии Covid-19 на здоровье и благополучие лиц, иммигрировавших в Финляндию. Исследование MigCOVID 2020–2021.] Отчет 8/2021. Хельсинки, Финляндия 2021. ISBN978-952-343-682-4 (печатное издание); ISBN978-952-343-683-1 (онлайн-публикация).

Эпидемия Covid-19 и связанные с ней ограничения значительно влияют на здоровье населения. Последствия оказались наиболее серьезными для тех, кто еще до эпидемии Covid-19 находился в более уязвимом положении в обществе. Цель данного отчета заключается в том, чтобы уточнить влияние эпидемии Covid-19 на повседневную жизнь, здоровье, психологическое благополучие и качество жизни лиц, иммигрировавших в Финляндию.

В работе были использованы материалы исследования Национального института здравоохранения и социального обеспечения THL «Влияние коронавирусной эпидемии на благосостояние родившихся за рубежом (MigCOVID)». Исследовательский материал собирался в период с октября 2020 по февраль 2021 во время второй волны эпидемии Covid-19 в Финляндии. Всего в исследовании MigCOVID приняло участие 3668 человек в возрасте от 20 до 66 лет. Процент участия составил 60 %. Подвыборка той же возрастной группы дальнейшего исследования FinTerveys 2021 была использована в качестве контрольного материала, описывающего ситуацию всего населения (выборка=3 490, процент участия 51 %).

Статистически значимая разница по сравнению с населением в целом была выявлена в том, что у большей части лиц, иммигрировавших в Финляндию, присутствовала обеспокоенность в связи с эпидемией Covid-19. Обеспокоенность была связана с риском инфицирования Covid-19 (18 % среди населения в целом против 29 % среди иммигрировавших в Финляндию), риском заразить других (31 % против 39 %), опасением, что заразится кто-то из близких (40 % против 52 %), дискриминацией или социальной изоляцией в связи с Covid-19 (7 % против 16 %), продолжением работы (8 % против 30 %), способностью правительства управлять кризисом (14 % против 25 %) и способностью системы здравоохранения принять всех пациентов (15 % против 29 %).

По сравнению с населением в целом значительно большая часть лиц, иммигрировавших в Финляндию, отметила снижение оптимизма по отношению к будущему (30 % среди населения в целом против 38 % среди иммигрировавших в Финляндию), а также более частое ощущение одиночества (28 % против 36 %), более частые проблемы со сном (10 % против 18 %) и увеличение частоты курения (2 % против 4 %). 9 % лиц, иммигрировавших в Финляндию, рассказали о том, что дома стали реже чувствовать себя в безопасности, и 39 % отметили снижение физической активности. Статистически значимая разница была также зарегистрирована в отношении лиц, которые отметили значительное или очень серьезное ухудшение своей экономической ситуации (6 % среди населения в целом против 23 % среди иммигрировавших в Финляндию). Для некоторых эпидемия Covid-19 имела положительные последствия. По сравнению с населением в целом среди лиц, иммигрировавших в Финляндию, было больше тех, кто отмечал более частые контакты с друзьями (7 % среди населения в целом против 16 % среди иммигрировавших в Финляндию), рост

надежды на будущее (7 % против 20 %), более редкое чувство одиночества (2 % против 6 %), более редкие разногласия в семье (3 % против 6 %) и сокращение количества перекусов (5 % против 9 %).

Всего 15 % лиц, иммигрировавших в Финляндию, отметили, что во время эпидемии Covid-19 они сталкивались с более неуважительным отношением, словесными оскорблениями, угрозами или притеснениями. Из числа тех, кто столкнулся с более неуважительным отношением по сравнению с другими (11 % всех участников исследования), 46 % сообщили, что это происходило по меньшей мере еженедельно. Среди тех, кто сталкивался с обзывательствами или другими словесными оскорблениями (7 %), 35 % сообщили, что это происходило по меньшей мере еженедельно. Про угрозы и притеснения рассказали 5 % участников исследования. Из них 24 % отметили, что это происходило по меньшей мере еженедельно.

Всего 81 % лиц, иммигрировавших в Финляндию, и 84 % всего населения сообщили о своей полной дееспособности. Статистически значимая разница по сравнению с населением в целом была, однако, замечена в области здоровья, работоспособности и благополучия. С учетом ситуации всего населения, лица, иммигрировавшие в Финляндию, реже оценивали свое состояние здоровья как хорошее/удовлетворительное (80 % среди населения в целом против 70 % среди иммигрировавших в Финляндию), память как хорошую или очень хорошую (82 % против 75 %) и качество жизни как очень хорошее или хорошее (78 % против 70 %), при этом психическая нагрузка (11 % против 20 %) и серьезные ограничения дееспособности (5 % против 11 %) были повышены по сравнению с населением в целом.

В большинстве сфер, связанных со здоровьем и благополучием, влияние эпидемии Covid-19 проявляется значительно сильнее среди лиц, иммигрировавших в Финляндию, по сравнению с населением в целом. Дальнейшие исследования должны быть направлены на поиск обуславливающих факторов и уточнение того, являются ли определенные группы особенно уязвимыми для негативных последствий эпидемии Covid-19. Положительные последствия эпидемии Covid-19, отмеченные некоторыми из участников исследования, также стоит изучить с точки зрения преодоления кризисной ситуации.

Ключевые слова: Covid-19; коронавирус; MigCOVID; иммигранты; иммиграция; здоровье; психическое здоровье; благополучие; дискриминация; дееспособность; беспокойство; повседневная жизнь; образ жизни.

Tóm lược

Natalia Skogberg, Päiviikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID survey 2020–2021. [Ảnh hưởng của dịch Covid-19 đối với sức khỏe và hạnh phúc của những người nhập cư tại Phần Lan. Nghiên cứu MigCOVID.] Báo cáo 8/2021. Helsinki, Phần Lan 2021. ISBN978-952-343-682-4 (đã in); ISBN978-952-343-683-1 (xuất bản trực tuyến).

Dịch bệnh Covid-19 và các hạn chế liên quan đã có tác động đáng kể đến sức khỏe của người dân. Ảnh hưởng lớn nhất là ở những cá nhân đã có hoàn cảnh bất lợi hơn trong xã hội trước khi dịch bệnh Covid-19 xảy ra. Mục tiêu của Báo cáo này là đã tìm hiểu các ảnh hưởng của dịch Covid-19 đối với cuộc sống hàng ngày, sức khỏe, tinh thần và chất lượng cuộc sống của những người nhập cư đến Phần Lan.

Cuộc nghiên cứu đã sử dụng các dữ liệu từ một cuộc nghiên cứu khác có tên Ảnh hưởng của Đại dịch Corona đối với phúc lợi của những người sinh ra ở nước ngoài (MigCOVID) do Viện Y tế và Phúc lợi Quốc gia thực hiện. Các dữ liệu đã được thu thập trong khoảng thời gian từ tháng 10.2020 đến tháng 2.2021, cùng thời điểm với đợt dịch Covid-19 thứ hai ở Phần Lan. Tổng cộng đã có 3.668 người độ tuổi từ 20–66 tham gia vào cuộc nghiên cứu MigCOVID. Tỷ lệ tham gia là 60%. Một mẫu con của nhóm đối tượng cùng độ tuổi trong cuộc nghiên cứu FinTerveys 2021 đã được sử dụng làm dữ liệu mô tả toàn bộ dân số (n=3 490 người tham gia, tỷ lệ tham gia 51%).

Theo thống kê, sự khác biệt đáng kể so với toàn bộ dân số đã được tìm thấy là phần lớn người nhập cư đến Phần Lan đều cảm thấy lo ngại về dịch Covid-19. Các lo ngại liên quan đến nhiễm Covid-19 (tổng dân số 18% so với người nhập cư đến Phần Lan 29%), lây nhiễm cho người khác (31% so với 39%), lây nhiễm cho người thân (40% so với 52%), trải nghiệm bị phân biệt đối xử hoặc bị tránh né vì Covid-19 (7% so với 16%), công việc nối tiếp không gián đoạn (8% so với 30%), kỹ năng lãnh đạo của nhà nước để xử lý khủng hoảng (14% so với 25%) và khả năng của dịch vụ chăm sóc y tế trong việc chăm sóc điều trị cho tất cả bệnh nhân (15% so với 29%).

So với toàn dân số, một tỷ lệ cao hơn đáng kể những người nhập cư đến Phần Lan cho biết hy vọng về tương lai đã giảm (tổng dân số 30% so với người nhập cư đến Phần Lan là 38%) và sự gia tăng trải nghiệm cô đơn (28% so với 36%), khó ngủ (10% so với 18%) và hút thuốc (2% so với 4%). Trong số những người nhập cư đến Phần Lan, 9% cho biết cảm giác an toàn khi ở nhà đã giảm và 39% cho biết đã giảm các hoạt động thể chất. Theo số liệu thống kê cho thấy có sự khác biệt về tỷ lệ người có tình hình kinh tế bị suy thoái khá nhiều hoặc rất nhiều (tổng dân số 6% so với những người nhập cư đến Phần Lan 23%). Đối với một số người, dịch Covid-19 cũng có những tác động tích cực. So với toàn bộ dân số, đa phần người nhập cư đến Phần Lan cho biết đã gia tăng liên lạc với bạn bè (tổng dân số 7% so với người nhập cư đến Phần Lan 16%) và hy vọng về tương lai (7% so với 20%), giảm cảm giác cô đơn (2% so với 6%), bất đồng quan điểm trong gia đình (3% so với 6%) và ăn vặt (5% so với 9%).

Có tổng cộng 15% số người nhập cư đến Phần Lan cho biết họ bị đối xử thiếu tôn trọng hơn, bị xúc phạm bằng lời nói, bị đe dọa hoặc quấy rối trong thời gian xảy ra dịch Covid-19. Trong số những người bị đối xử thiếu tôn trọng hơn những người khác (11% tổng số người được hỏi), 46% cho biết điều này xảy ra ít nhất hàng tuần. Trong số những người đã bị bôi nhọ hoặc bị xúc phạm bằng lời nói (7%), 35% cho biết điều này xảy ra ít nhất hàng tuần. 5% số người được hỏi cho biết đã bị đe dọa và quấy rối. 24% trong số họ cho biết điều này xảy ra ít nhất hàng tuần.

81% tổng số người nhập cư đến Phần Lan và 84% toàn dân số cho biết rằng họ hoàn toàn có sức lao động. Tuy nhiên theo thống kê, sự khác biệt được quan sát thấy so với toàn dân số ở các lĩnh vực khác về sức khỏe, khả năng hoạt động và đời sống hạnh phúc. So với toàn dân số, những người nhập cư đến Phần Lan ít cho biết hơn là họ có sức khỏe tốt hay khá tốt (tổng dân số 80% so với người nhập cư đến Phần Lan 70%), trí nhớ của họ hoạt động tốt hoặc rất tốt (82% so với 75%) và chất lượng cuộc sống của họ rất tốt (78% so với 70%), trong đó tỷ lệ bị căng thẳng tinh thần (11% so với 20%) và suy giảm chức năng nghiêm trọng (5% so với 11%) cao hơn so với tổng dân số.

Tỷ lệ người nhập cư đến Phần Lan chịu ảnh hưởng của dịch Covid-19 đến sức khỏe và hạnh phúc ở hầu hết các lĩnh vực về sức khỏe và phúc lợi là nhiều hơn một cách đáng kể so với toàn dân số. Cuộc nghiên cứu tiếp theo nên tìm hiểu về các mối liên kết với các yếu tố nguồn và liệu các tác động tiêu cực của dịch Covid-19 có tích tụ trong một số nhóm nhất định hay không. Những tác động tích cực quan sát được của dịch Covid-19 đối với một số người cũng nên được xem xét trên góc độ để đối phó với khủng hoảng..

Từ khóa: Covid-19; virus corona; MigCOVID; người nhập cư; nhập cư; sức khỏe; sức khỏe tinh thần; phúc lợi; phân biệt đối xử; khả năng hoạt động; lo âu; cuộc sống hàng ngày; lối sống.

Kokkuvõte

Natalia Skogberg, Päivikki Koponen, Eero Lilja, Sara Austero, Tyler Prinkey, Anu E. Castaneda. Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland. The MigCOVID Survey 2020–2021. [COVID-19 epideemia mõju Soome sisse­rännanute tervisele ja heaolule. Uuring MigCOVID 2020–2021.] Aruanne 8/2021. Helsingi, Soome 2021 ISBN978-952-343-682-4 (paberväljaanne); ISBN978-952-343-683-1 (võrguväljaanne).

COVID-19 epideemial ja sellega seotud piirangutel on olnud elanikkonna tervisele tähelepanuväärne mõju. Mõju on olnud tugevam neile inimestele, kes olid juba enne COVID-19 epideemiat ühiskonnas haavatavamas seisundis. Selle aruande eesmärk on selgitada COVID-19 epideemia mõju Soome sisse­rännanute argielule, tervisele, vaimsele heaolule ning elukvaliteedile.

Uuringus kasutati tervise ja heaolu instituudi korraldatud uuringu „Koroonaepideemia mõju välismaal sündinute heaolule“ (MigCOVID) aine­stikku, mis koguti 2020. aasta oktoobri ja 2021. veebruari vahel, kui Soomes oli COVID-19 epideemia teine laine. Kokku vastas MigCOVID-uuringule 3668 inimest vanuses 20–66 aastat. Osalusmäär oli 60%. Kogu elanikkonda kirjeldavate võrdlusandmetena kasutati FinTerveys 2021 jätku-uuringus samasse vanuserühma kuuluvate uuritavate alavalimit (n=3490 osalejat, osalusmäär 51%).

Statistiliselt olulisi erinevusi võrreldes kogu elanikkonnaga täheldati selliselt, et enamik Soome sisse­rännanute­st tundis COVID-19 seoses muret. Mured oli seotud COVID-19 nakkuse saamise (kogu elanikkond 18% vs Soome sisse­rännanud 29%), teiste nakatamise (31% vs 39%), lähedase nakatamise (40% vs 52%), halva kohtlemise või tõrjumisega COVID-19 tõttu (7% vs 16%), töö säilitamise (8% vs 30%), riigijuhtide oskustega kriisi lahendada (14% vs 25%), ja tervishoiu suutlikkusega kõiki patsiente ravida (15% vs 29%).

Võrreldes kogu elanikkonnaga, väitis märkimisväärselt rohkem Soome sisse­rännanuid, et nad on tuleviku suhtes vähem lootusrikkad (kogu elanikkond 30% vs Soome sisse­rännanud 38%), tunnevad end rohkem üksildasena (28% vs 36%), neil on magamisega rohkem probleeme (10% vs 18%) ja nad suitsetavad rohkem (2% vs 4%). Soome sisse­rännanute­st väitis 9%, et nende kodus kogetud turvalisus vähenes ja 39% olid füüsiliselt vähem aktiivsed. Samuti oli statistiliselt oluline erinevus nende vahel, kes väitsid, et nende majanduslik olukord on üsna või väga palju halvemaks muutunud (kogu elanikkond 6% vs Soome sisse­rännanud 23%). Osale inimestele oli COVID-19 epideemial ka positiivne mõju. Võrreldes kogu elanikkonnaga, väitsid Soome sisse­rännanud, et pidasid sõpradega varasemast rohkem ühendust (kogu elanikkond 7% vs Soome sisse­rännanud 16%) ja olid tuleviku suhtes lootusrikkamad (7% vs 20%), aga nende üksildus (2% vs 6%), peresisesed erimeelsused (3% vs 6%) ning vahepalade söömine (5% vs 9%) vähenesid.

Kokku väitis 15% Soome sisse­rännanute­st, et nad on kogenud COVID-19 epideemia ajal senisest enam lugupidamatut kohtlemist, sõnalist haavamist, ähvardamist või häirimist. Neist, kes tundsid, et neid koheldi teistega võrreldes lugupidamatult (11% kõigist uuritute­st), väitis 46%, et seda juhtus vähemalt iga nädal. Neist, keda oli sõimatud või muul moel sõnaliselt solvatud (7%), väitis 35%, et seda juhtus vähemalt iga nädal. Ähvardamist ja häirimist väitis olevat kogenud 5% uuritute­st. Neist 24% väitis, et seda juhtus vähemalt iga nädal.

Kokku väitis 81% Soome sisserrännanute ja 84% kogu elanikkonnast, et on täiesti töövõimelised. Statistiliselt olulisi erinevusi täheldati siiski suhtes kogu elanikkonda muudes tervise, tegutsemisvõime ja heaolu osavaldkondades. Võrreldes kogu elanikkonnaga väitsid Soome sisserrännanud harvem, et peavad oma tervist heaks / üsna heaks (kogu elanikkond 80% vs Soome sisserrännanud 70%), mälu hästi või väga hästi toimivaks (82% vs 75%) ja elukvaliteeti väga heaks või heaks (78% vs 70%), samas kui nende vaimne kurnatus (11% vs 20%) ja tegutsemisvõime tugev piiratus (5% vs 11%) olid kogu elanikkonnaga võrreldes suuremad.

COVID-19 epideemia mõju tervisele ja heaolule oli Soome sisserrännanute seas enamikes tervise ning heaolu osavaldkondades märkimisväärselt tugevam võrreldes kogu elanikkonnaga. Jätku-uuringus tuleks selgitada välja seosed taustateguritega ja see, kas COVID-19 epideemia negatiivsed mõjud on teatud rühmadesse kogunenud. Kriisi lahendamise seisukohast on põhjendatud uurida ka täheldatud COVID-19 epideemia positiivseid mõjusid teatud uuritavatele.

Märksõnad: COVID-19; koroonavirus; MigCOVID; sisserrännanud; sisserränne; tervis; vaimne tervis; heaolu; diskrimineerimine; tegutsemisvõime; mured; argielu; eluviis.

Appendix 2: MigCOVID Survey questionnaire




A-Posti Oy Posti Green

Impact of coronavirus epidemic on wellbeing among foreign born population

(MigCOVID) Survey

INSTRUCTIONS FOR THE PARTICIPANT

- Please tick or write down your answers with a ballpoint pen in the space provided.
-  If you tick the wrong box, then please color in the whole box to cover the mistake and tick the box you intended.
- Unless the instructions ask for more than one answer, please enter one option only per question that best describes your situation. Some questions have extra instructions for answering; please read these carefully before answering.

For more information, please contact:

www.thl.fi/migcovid/info

toll-free number 0800 95335 (weekdays between 9-11 a.m. and 3-5 p.m.)

or by e-mail migcovid@thl.fi

By answering the questionnaire, I give consent that my personal information will be handled as described in the data protection notification on handling personal data and that my answers can be linked with the findings of the FinMonik Survey, as well as register data on health and wellbeing. Answering is voluntary.

Impact of the coronavirus on the daily life

1. People may have concerns about the coronavirus. Have you been worried about ...

	not at all	a little	moderately	quite a lot	very much
Getting infected with coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibly infecting other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being discriminated against or avoided because you have coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether your employment will continue during the epidemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government's ability to deal with the coronavirus outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the health care system to treat all coronavirus patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That someone close to you will be infected with coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the corona epidemic or its restrictive measures affected your everyday life?

If there are things in the list that don't apply to your own life at all, select 'do not apply'.

	no effect	yes, decreased	yes, increased	does not apply
Contact with friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disputes and conflicts within the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of safety at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hope for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily physical activity levels (physical activity during commuting to work and leisure-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping difficulties, nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumption of fruit, berries and vegetables (potato is not counted as a vegetable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks (consumption of sweets, chocolate, soft drinks, chips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing remote work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with everyday chores online (e.g. online food purchases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online dealings with social welfare and health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions relate to your feelings of security and how you have been treated by others during the coronavirus epidemic.

3. During the coronavirus epidemic: Have you been treated with less respect than others?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

5. During the coronavirus epidemic: Have you been threatened or harrassed?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

4. During the coronavirus epidemic: Have you been called names or verbally insulted?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

6. Has the corona epidemic weakened your financial situation?

- very much
- quite a lot
- to some extent
- a little
- not at all

Impact of the coronavirus epidemic on health

7. Do you find that your current state of health is:

- good
- fairly good
- average
- fairly poor
- poor

8. Whether or not you are employed, rate your current work ability. Are you

- completely able to work
- partially unable to work
- completely unable to work?

9. Do you have difficulty...

	no difficulty	some difficulty	a lot of difficulty	cannot do it at all
seeing ordinary newspaper print (with or without glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hearing what is said in a conversation between several people (with or without a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking about half a kilometre without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you evaluate your memory? My memory works:

- very well
- well
- adequately
- poorly
- very poorly

11. How tall are you? *Please round to nearest centimetre.*

_____ cm

12. How much do you weigh? *Please round to nearest kilogramme.*

_____ kg

13. Are you smoking currently (cigarettes, cigars or a pipe)?

- yes, daily
- occasionally
- not at all
- I have never smoked

14. The following symptoms may indicate being infected with the coronavirus. Have you experienced the following symptoms after March 1st 2020?

	yes, during the past 30 days	yes, earlier this year	no
sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a head cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pain in the front part of your face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lost your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
difficulties breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pain when breathing in the middle of the chest and around the windpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a stabbing pain in the chest elsewhere than the windpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loss of your sense of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bowel symptoms (e.g. diarrhoea, vomiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you think your symptoms were related to coronavirus disease?

- yes, I was diagnosed with a coronavirus infection
- I don't know for sure, but I think it's likely
- no

16. Did you contact health care about your symptoms?

- yes
- no (skip to question 18)

17. What do you think of the treatment and instructions you received when you suspected you had coronavirus disease?

	Completely agree	Somewhat agree	Disagree	I did not need
I was able to easily contact health care / the place of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received appointment time quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily got access to the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received enough information about the disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received clear instructions for treating the disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. If you did not seek care despite the symptoms, why did you not seek care?

You can choose one or more of the following alternatives.

- I felt that I did not need care
- I did not know whom I should contact
- My Finnish/Swedish/English skills are not sufficient for communicating in the healthcare setting
- I was worried what others would think if I were found to have a coronavirus infection
- I have previously experienced discrimination in healthcare
- Too long waiting time for the coronavirus tests
- Other reason, please specify: _____

19. In your opinion, have you received enough of the following services after March 1st 2020?

	I have not needed it	I would have needed it, but did not receive the service	I have used the service but it was not adequate	I have used the service and it was adequate
doctor's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse's or public health nurse's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dentist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care (by a psychologist, psychotherapist or a psychiatrist for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for families with children (e.g. child welfare services, parenting and family counselling, home services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving information during the coronavirus epidemic

23. From which source did you receive up-to-date information on the coronavirus epidemic?

You may choose more than one option per each row.

	in Finnish or Swedish	in English	in my mother tongue or other language	I did not follow this source of information
Finnish TV, radio, printed or digital newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other country's (for example country of birth) or international TV channel, radio, printed or digital newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finnish authorities (for example municipality, InfoFinland.fi, THL, the Finnish Government) webpages or social media updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other country's (for example country of birth) or international authority's webpages or social media updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information or social media updates by relatives, friends and acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information or social media updates by non-governmental organisations or associations, religious or other communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Which measures have you taken to avoid getting infected with the coronavirus and to prevent it from spreading?

	Yes, I follow the instruction / recommendation	I do not follow the instruction / recommendation
I wash my hands more frequently	<input type="checkbox"/>	<input type="checkbox"/>
I use hand sanitizers more frequently	<input type="checkbox"/>	<input type="checkbox"/>
I take care of hygiene when coughing (e.g. coughing into a disposable tissue, not coughing into hands)	<input type="checkbox"/>	<input type="checkbox"/>
I stay at home if I have flu symptoms (e.g. cough, cold symptoms or sore throat)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
I keep a 1 to 2 meter safe distance to other people outside of home	<input type="checkbox"/>	<input type="checkbox"/>
I do not shake hands with the people I meet	<input type="checkbox"/>	<input type="checkbox"/>
I do not take part in events with over 50 participants	<input type="checkbox"/>	<input type="checkbox"/>
I do not meet with people that are not part of my household	<input type="checkbox"/>	<input type="checkbox"/>
I do not travel outside of Finland	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you received adequate information on how to avoid getting infected with the corona virus and how to prevent it from spreading?

- 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
- I have received adequate information

26. Have you downloaded the Koronavilkku contact tracing app to your mobile phone

- yes
- No, because the app is not available for my phone
- no, because I don't know what it is
- no, because the app is not available in the languages I speak
- no, for other reasons. Other reason? _____

Background questions

27. Do you live alone?

- yes
- no

28. How many of your household members, including yourself, are the following ages.

Please mark 0 for none.

	number
under 3 years old	<input type="text"/>
3-6 years old	<input type="text"/>
7-17 years old	<input type="text"/>
18-49 years old	<input type="text"/>
50-64 years old	<input type="text"/>
65-79 years old	<input type="text"/>
80 years old or older	<input type="text"/>

29. How many square meters is your home?

_____ square meters

30. How many rooms are in your home?

_____ number

31. What is the highest degree you have completed in Finland?

- I have not attended education in Finland
- lower than a comprehensive school degree (only a part of comprehensive school or similar)
- comprehensive school degree
- matriculation examination
- vocational qualification (e.g. a cook or a welder)
- degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management)
- a bachelor's degree from a university
- a master's degree from a university or a university of applied sciences
- a licentiate or doctoral degree
- not sure

Which year did you complete this degree in Finland? _____

32. What is the highest degree you have completed abroad?

- I have not attended education abroad
- lower than a comprehensive school degree (only a part of comprehensive school or similar)
- comprehensive school degree
- matriculation examination
- vocational qualification (e.g. a cook or a welder)
- degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management)
- a bachelor's degree from a university
- a master's degree from a university or a university of applied sciences
- a licentiate or doctoral degree
- not sure

Which year did you complete this degree abroad? _____

33. Are you currently:

- married or in a registered relationship
- cohabiting
- separated or divorced
- widowed
- single

34. At the moment, are you principally:

Please choose the option that best describes your situation

- employed full-time
- employed part-time
- retired on an old age pension
- receiving a disability pension or rehabilitation benefit
- on part-time retirement
- unemployed or laid off
- on family leave, or a stay-at-home mother/father
- a student
- other

35. Which of the following statements describe your working conditions:

You can choose one or more of the following alternatives.

- I am not working or in training
- I work in health care, where I am in contact with clients
- I am able to keep 1-2m distance to others 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

36. Have you been laid-off or unemployed after March 1st 2020?

- no
- yes, lay-off/unemployment started before March 1st 2020
How long has it lasted in months? _____ months
- yes, lay-off started after March 1st 2020
How long has it lasted in months? _____ months
- yes, unemployment started after March 1st 2020
How long has it lasted in months? _____ months

37. How well do you speak Finnish or Swedish?

- not at all
- beginner level: I am able to cope with simple everyday situations
- intermediate level: I am able to actively participate in conversations
- excellent level: I am able to use Finnish diversely in different situations (e.g. I am able to manage issues with the authorities in Finnish)