20

The Finnish baby box

From a volunteer initiative to a renowned social security benefit

Ella Näsi and Karoliina Koskenvuo

A box full of meaning

The 'baby box' is an example of a successful social policy in Finland. The benefit is officially called maternity grant (*äitiysavustus*), and it can be obtained as a maternity package (i.e. a baby box, *äitiyspakkaus*) or an alternative cash benefit. The Finnish baby box contains approximately 50 pieces of baby clothing and care items for the infant and mother. The baby boxes are provided free of charge by the Social Insurance Institution of Finland (Kela) to all pregnant mothers or adoptive parents residing in Finland, and they are accepted by 95 per cent of first-time parents.

This chapter highlights the evolution of the Finnish maternity package alongside the development trajectory of Finland and its social security and healthcare systems as a whole. The first baby boxes were a result of innovative volunteer actions and engagement in 1922. Thereafter, the baby box was adopted as a governmental policy in 1937 and re-enforced as a universal, equally and freely available benefit for all mothers in 1949. The establishment of the baby box policy is considered a part of the wider societal developments that have transformed Finland from being one of the poorest European countries with a high infant mortality rate into a modern welfare state with universal healthcare and social security systems and one of the lowest infant mortality rates globally.

Today, the baby box is still considered a valuable social security benefit in Finland (Valkama et al. 2020: 36). It is remarkable that the Finnish baby box has not met any major political conflicts or disagreements. Instead, the baby box concept, being almost as old as the independent state of Finland, still thrives as one of the most well-known Finnish social innovations (Taskinen 2014: 101–103). Therefore, this enduring universal social benefit is worth closer examination.

The baby box has an important, practical and symbolic role in today's society (Haataja and Koskenvuo 2017). It has evolved from a package of basic necessities a poor country was able to offer during hard times to a timeless gift that unites

Ella Näsi and Karoliina Koskenvuo, *The Finnish baby box*. In: *Successful Public Policy in the Nordic Countries*. Edited by Caroline de la Porte et al., Oxford University Press.
DOI: 10.1093/oso/9780192856296.003.0020

generations and reduces parents' stress while preparing to welcome a new family member (Taskinen 2014: 101). The baby box has also become an internationally recognized brand for Finland, as it has gained constant interest among media and policymakers as a successful public policy promoting health and well-being. The concept has been adopted in at least 60 countries (Koivu et al. 2020).

The baby box was invented by volunteers a century ago, yet it has endured. In Finland, the baby box has remained popular and maintained its legitimacy as a universal and uncomplicated social security benefit over time. Its intertwined history with both the social security and the health service systems is discussed next.

The historical setting in which the baby box was invented

The history of the baby box is entangled with numerous other societal developments, which have taken place during the last 100 years. For reasons related to social structure, history and politics, the formation of social security in Finland has differed from that of the other Nordic countries (Niemelä and Salminen 2006: 9–10). During the time of its independence in 1917, Finland was lagging behind many other European countries in various aspects, including wealth, educational level and health services. The standard of living was low and the GDP per capita was only 40–70 per cent of the GDPs in leading European countries, such as the UK, Belgium or Sweden (Hjerppe 1990: 35–7, 118–29; Hjerppe 2008; Kokkinen 2019). However, it is to be noted that prior to 1917, while still an autonomous part of Russia, Finland was allowed to develop its own 'state' institutions—excluding army or police—which all became useful once Finland became independent.

The formation of social security started to develop slowly after independence. Finland was an agrarian society, in which 60 per cent of the population was working in farming and forestry, and industrialization and urbanization were slowly taking effect. Both men and women took part in making a living, usually working either in agriculture or in industry (Hjerppe 1990, 2008; Markkola and Östman 2019). Nevertheless, most of the population was poor (Siipi 1967; Korppi-Tommola 1990). In practice, many people had shortage of clothing and other necessary items, and the level of hygiene was low (Hjerppe 1990: 118–29; Siipi 1967; Korppi-Tommola 1990). One of the major concerns was the infant mortality rate, which was one of the highest in Europe due to major public health challenges, such as pneumonia, influenza, tuberculosis and other communicable diseases (Korpi 2010; Korppi-Tommola 1990). Already in the late nineteenth century, when Finland was still a part of Russia, Finns had come to realize the emergence and importance of social problems related to industrializa-

tion and internal migration to cities, which brought about new societal changes and challenges. The general debate on establishing a social security system in Finland had already started then, before independence. In the rural areas, the pressing societal questions concerned the disadvantaged groups, who were tenant farmers or landless agricultural labourers working on others' estates (Hjerppe 1990: 52; Hannikainen 2019). The richer, often Swedish-speaking elite, had access to land ownership, education and international contacts. The wealthy had possibilities to travel and study abroad, bringing home best practices and new ideas to be utilized in the long process of modernizing Finland (Hjerppe 1990: 95; Koponen and Saaritsa 2019: 376).

The first significant step towards social security was the 1922 law requiring municipalities to support the poor. The land reforms, which started in 1918, made it possible for tenants on small farms to purchase the land they were farming (Hjerppe 1990: 53; Hjerppe 2008). However, the provision of social security was thin, as municipalities were short on funding and the aid was mostly provided in the form of loans (Siipi 1967; Hannikainen 2019). As the only other existing forms of social insurance were statutory workers' compensation insurance (from 1895) and voluntary sickness funds, mainly for industrial workers, there was a clear need for a law on sickness insurance. The demand for financial aid to mothers during pregnancy and childbirth was also recognized. However, the policy-making process in setting up a proper social security system was complicated and slow. The law-drafting started in the 1920s and, as a result, the government proposed a Sickness Insurance Bill in 1927. The proposal included provision of a maternal allowance during the six weeks prior to giving birth and six to twelve weeks after birth, depending on a doctor's or midwife's assessment. The proposed bill also called for the establishment of municipal sickness insurance funds and it included private sickness insurance funds, which were to cover all workers employed by private employers or municipalities. The major parties wrestling for power on this issue were the Social Democratic Party, advocating mainly for the urban working population, and the Agrarian League, advocating for the rural population. The bill was stalled in 1929, as, at that time, it was possible to allow the law to rest with one-third of the parliamentary representatives' votes. The reform met with opposition from the Agrarian League, as it would not have covered agricultural workers on small farms or certain other groups. This setback underlines the polarization of the interests between the Social Democrats and the Agrarian League concerning social security issues at the time (Haatanen 1992).

As the Finnish government was not able to provide social security until the end of the 1930s, it was important for charities, relatives, and the church to retain significant roles in supporting the disadvantaged (see Hjerppe 1990: 139). While a comprehensive social security system stayed on the political drawing board for

a long time, NGOs, such as the Drop of Milk Association[1] and the Mannerheim League for Child Welfare, sought to fill the gap and maintain momentum. Poor relief was mainly provided as in-kind help in the form of food, firewood or clothing. The precursors of the baby box followed a similar type of idea in 1922, when the Mannerheim League for Child Welfare started to provide poor mothers with necessary baby clothing and hygiene items (Riihola 2010: 107–8). The next section takes a closer look at the birth of the baby box concept and the other means for enhancing maternal and infant health and well-being during the period 1920–1950.

The Mannerheim League for Child Welfare: advocating for maternal and infant well-being

The Mannerheim League for Child Welfare, a charity organization established in 1920, was one of the major advocates for purposeful action in tackling high infant and child mortality rates. Its other aim was to support vulnerable mothers and to enhance the level of maternal and child healthcare (Korppi-Tommola 1997). Already in 1918, nurse Sophie Mannerheim,[2] the founder of the Mannerheim League for Child Welfare, established a women's shelter called 'Children's Castle' (*Lastenlinna*) in Helsinki.

In addition to providing a place to stay for vulnerable single mothers, Sophie Mannerheim also started to provide child healthcare services for families living in the neighbourhood. She set up a clinic, where she invited young paediatrician Arvo Ylppö to work and perform medical check-ups for children and advise mothers on childcare and hygiene issues alongside a nurse (Korppi-Tommola 1990). In just three years, this work yielded excellent results in the area around the Children's Castle clinic, where infant mortality sank from 15 per cent to 3 per cent implying that basic healthcare services improve infant health (Haataja and Koskenvuo 2017). Consequently, Dr Ylppö became a prominent advocate for maternal and child healthcare, and also accelerated the development of a nationwide network of maternal and child health clinics. By 1944, when the maternal and child health clinic network was established on a statutory basis, there were already 300 clinics, often established by or in cooperation with the Mannerheim League for Child Welfare (Korppi-Tommola 1997).

[1] Gouttes de Lait was an association found in France in 1894. The idea spread quickly to other countries. Nurse Greta Klärich got acquainted with this action in Sweden and brought the idea to Finland. The first Drop of Milk /Mjölkdroppen / Maitopisara station was established in 1904 in Helsinki, where milk and advice were provided to mothers in need (Riihola 2010: 41).

[2] Renowned Carl Gustaf Emil Mannerheim, Marshal of Finland, President of Finland, was her brother.

First versions of the baby box

The first versions of the baby boxes were provided to poor mothers as a form of charity action by volunteers of the Mannerheim League for Child Welfare in 1922. The idea came from one of the volunteers, Mrs Ilmi Hallstén. The first baby clothing was inspired by babywear Dr Arvo Ylppö brought from Germany. He was internationally well connected and was staying in Germany to prepare his doctoral dissertation and work as a chief physician (Riihola 2010: 51). Textile-producing companies donated the materials, and the Hamina chapter of the Mannerheim League for Child Welfare was the first to start producing these packages, which, at the time, were called *circulating baskets*. Volunteers sewed baby clothing and packed them with linens and hygiene items into these circulating baskets, which were lent to mothers in need. The baskets and their contents were meant to be returned after the baby had grown older. Volunteers then maintained and laundered the contents of the baskets and passed them on to the next family in need (Korppi-Tommola 1990). This volunteer initiative marks the birth of the baby box concept.

In the following year, already 28 chapters of the Mannerheim League for Child Welfare had started this form of voluntary action. Five years later, there were over 180 chapters with sewing circles for women who wanted to support the disadvantaged families. This kind of voluntary work was popular, as it constituted sewing and needlework, which were common pastime activities for women at the time, offering also opportunities for meaningful social gatherings. The help was concrete, as there was a clear need for the baby clothing among the poorer population all through the 1930s and during wartime (1939–45) (Korppi-Tommola 1990).

Maternal and infant well-being into state's realm

The governmental social security benefits remained almost non-existent for the first 20 years of independence. In 1937, the Maternity Grants Act, providing mothers with baby clothing and care items, was enacted together with the first National Pensions Act. As a result, the Finnish government began to provide maternity grants (i.e. the baby box or the alternative cash benefit) for low-income mothers in 1938 (Government bill to Parliament 12/1937). Considering the lack of monetary funds by the government, it was practical to provide in-kind benefits as an alternative to cash benefits (Niemelä and Salminen 2006: 9–10). While the formation of the other act laying the ground for the Finnish pension system involved several political conflicts, the origins of the Maternity Grant were and remain uncontested (Kangas 2006: 4–13; Niemelä and Salminen 2006: 9–10).

The passing of the National Pensions Act and the Maternity Grants Act constituted the first concrete political achievements in the long effort to set up a social

security system for the citizens of Finland. The National Pensions Act as well as the formation and development of the Finnish pension system were a result of serious political debate, processes and deliberation with the influence of several actors (Hagfors et al. 2008: 8). The National Pensions Act was undoubtedly the clear first step towards the Finnish welfare state, and the political solution was affected by the independent peasantry. The adoption of the national insurance and the universal social policy was eased by the compromise between the rural population advocated by the Agrarian League and the urban working population advocated by the Social Democrats. The compromise resulted from the new centre–left government cooperation between the Social Democrats and the Agrarian League. This political cooperation in the 1930s was a reaction to extremist tendencies from both the left and the right. The National Pensions Act shifted the trend in social insurance from private insurances towards national insurance. (Niemelä and Salminen 2006: 9–10; Riihinen 2008: 230).

It is noteworthy that the national pension system was universal in the sense that all Finnish residents between the ages of 18 and 55 were insured. Contrary to the pension system, the government-funded maternity grants—provided in the form of items or cash—were means-tested. It was left to the social welfare committees in municipalities to determine who were eligible for the benefit.

During the interwar period, many were still living in need in Finland. Therefore, the government's legislative rationale for the Maternity Grants Act in 1937 was mainly related to alleviating expecting mothers' financial stress by offering them the essential items or an alternative cash benefit (Government bill to Parliament 12/1937). Thus, the baby box was intended to provide women with financial or in-kind assistance as compensation for their loss of income due to not being able to work during the last weeks of pregnancy, during childbirth and the weeks following it. In fact, the maternity grant did bring significant alleviation to mothers' financial situation, as the means-tested maternity grant was the only social benefit given to women to support them during childbirth. Back then, the baby box was a relatively more significant benefit than in contemporary Finland, where parents are eligible for many different family benefits, such as parental allowances and child benefits.

The baby box becomes universal and conditional

In 1938, when the distribution of the first governmental baby boxes started, approximately two-thirds of new mothers received a maternity grant, which equalled more than a third of the average monthly wage of an industrial worker (Kela 2021a; Tarsalainen 2017). The municipal social welfare boards were to assess who were eligible for the grant provided in the form of clothes or cash or a

combination of both. However, in the following years, there were many complaints from mothers who did not get the maternity grant.

In 1949, the government proposed the amended Maternity Grants Act and the parliament approved it. Thereafter:

1) the grant became a universal benefit to all expectant mothers, regardless of their income, living in Finland or working on Finnish ships as citizens or asylum seekers, and
2) to receive the grant, the mother had to attend a doctor's or midwife's appointment or visit a municipal maternal healthcare centre to have a check-up and to receive advice. (Government bill to Parliament 11/1949)

As mentioned earlier, the condition was added to ensure the health of the baby: to receive the maternity grant the pregnant mother was required to attend antenatal healthcare. (Haataja and Koskenvuo 2017; Valkama et al. 2020: 5; Government bill to Parliament 11/1949). Through this condition, the lawmakers aimed to incentivize healthcare usage, as the vast majority of the population had a low level of knowledge of pregnancy-related health issues. Consequently, the baby box policy became geared to enhancing public health.

In addition, the government's role and the municipalities' responsibilities in child healthcare were strengthened in 1944, when the legislation on municipal maternal and child health clinics was passed. The municipalities became responsible for ensuring all families had access to maternal and child health clinics, which were to provide services free of charge. In addition, universal child benefit was enacted in 1948 following Sweden's example (Kulhia 2011: 44).

Developments in maternity benefits were not happening only in Finland—child benefits and maternity allowances were developed in several European countries between the world wars. According to Särkelä (2013: 2), the motives were broadly similar in all countries: increasing the birth rate by improving the position of children and mothers. However, only in Finland did the maternity grant evolve into a universal in-kind benefit. According to Särkelä (2013: 2), the baby box addresses a combination of objectives—enhancing public health and fostering population growth—in a unique manner.

After this summarized history of the Finnish baby box, the following sections take a closer look at the elements that have made the baby box a policy success and how the concept has evolved since the end of the 1940s.

What makes the baby box a policy success?

The Finnish baby box enjoys resilient programmatic success in that the policy's aims, values and means of achieving them have gained long-lasting and wide

acceptance within Finnish society. The process success of the baby box policy lies in the uncontested nature of the policy-making process and in the policy's secured finances within the state budget. The baby box enjoys firm support within Finnish society at all levels and has not faced major political disputes. The policy also continuously raises international interest. Therefore, the baby box policy can also be considered a political success. The policy's endurance underlines its success as the government-funded baby box was established by law in 1938, and it is still available to and welcomed by expecting families in Finland.

Programmatic success

The baby box was invented as a tangible social benefit aiming to promote the well-being of babies and mothers. Primarily, the argument before the 1937 Maternity Grants Act stressed the importance of alleviating the mothers' financial stress during childbearing (Government bill to Parliament 12/1937). Indeed, having a child is a life event causing financial distress to varying degrees depending on the parents' financial situation because, in practice, pregnancy, delivery and childcare necessitate at least the birth-giving mother to take a leave of absence from work. Meanwhile, the newcomer requires clothing, care items and equipment, whereupon the baby box, which includes essential care items for the baby and the mother, helps to balance the increased material needs and decreased financial income within the growing family. According to a recent customer survey, a majority of parents agree that receiving the baby box relieves some of the stress related to the turbulent times of becoming a parent (Valkama et al. 2020: 16). In today's Finland, parental allowances based on earnings are also available. Both parents are encouraged to share the parental leave and both parents are allocated their own quota for parental leave (Government bill to Parliament 129/2021).

In addition to supporting the mothers' finances, the practical design of the box and the careful consideration of what kind of items promote the well-being and health of the newborn and the mother (Kela 2021b) are instrumental in the concept's inherent success. It was especially useful in the old days, as the box itself and the included mattress could be used as a clean bed for the baby (Koskenvuo 2017). As many families lived in crowded, temporary housing during and after World War II, having their own, separate sleeping spaces may have lowered the babies' risk of catching infectious diseases (Ahmala et al. 2014; Haataja and Koskenvuo 2017). Today, 30 per cent of parents report using the box as a bed for their child, and the baby box and included items are regarded as a valued gift given by the state to all babies and their parents (Valkama et al. 2020: 5, 23). The selection of items in the box is occasionally tuned to nudge parents' behaviour and practices. For example, a feeding bottle was included in the baby box from 1998 to 2000 but once it was established that breastfeeding has various positive health benefits for both

the mother and the baby, bottles were excluded from the box (Tarsalainen 2017; see also Bar et al. 2016; Chowdhury et al. 2015; Horta et al. 2015). To encourage breastfeeding, the current version of the baby box includes nipple cream and breast pads for the mother. These examples illustrate how the box and included items are chosen with public health and preferred parenting behaviours in mind.

Furthermore, the essence of the *programmatic success* of the baby box lies in the 1949 adjustment of the policy, when the condition for claiming a baby box was to be achieved through attending antenatal care. This conditionality links the baby box to very high attendance rates—currently over 99.7 per cent of all pregnant mothers—at maternal and child health clinics (Klemetti and Hakulinen-Viitanen 2013: 307). Many experts agree that the conditionality of the baby box has acted as an important motivation for mothers to start attending antenatal healthcare (Taskinen 2014: 103). This is important in ensuring that all mothers receive regular health check-ups during pregnancy. High infant mortality rate was a national concern during the first half of the twentieth century. Concurrently, encouraging families to have children and helping them to keep their babies safe was seen as a priority. (Särkelä 2013: 2; Tarsalainen 2017). Indeed, lowering the infant mortality rate was one of the challenges that the governmental baby box sought to tackle. It is also worth noting that the governmental baby box was invented and developed to help indigent mothers in Finland during the era between World War I and World War II. In this political context, the worries related to high infant mortality and low birth rates got slightly more depth: quite simply, the government of Finland wanted to ensure a strong nation (Särkelä 2013: 2). Thus, the baby box was also seen as an incentive for having a child, especially after World War II (Särkelä 2013; see also Ritamies 2006: 146).

However, it is important to recognize that by the time the first governmental baby boxes were distributed, infant mortality already had a steadily decreasing trend. Thus, it is relevant to acknowledge the various other medical, societal and political developments that have also been important in enhancing public health and decreasing infant mortality (Koskenvuo 2017). These include gradual advancements in hygiene, nutrition, education, general standard of living and healthcare (Hjerppe 1990: 87). In the 1930s and 1940s, major advancements took place in the pharmaceutical treatment of life-threatening bacterial infections: prontosil, a sulfonamide drug, was introduced in the mid-1930s followed some ten years later by penicillin. The BCG vaccination of newborn infants, which began in 1941, was a crucial step towards the eradication of tuberculosis. Anti-diphtheria vaccination started a few years later in 1943, and during the 1950s, the vaccination programme expanded to cover pertussis and poliomyelitis. A maternity and child health clinic network was set up during the 1930s, 1940s and 1950s, and the hospital network grew rapidly during the 1950s. On the legislative front, 1964 saw the introduction of the Sickness Insurance Act, while the Public Health Act was passed in 1972 (Koskenvuo 2017; Haataja and Koskenvuo 2017; see also

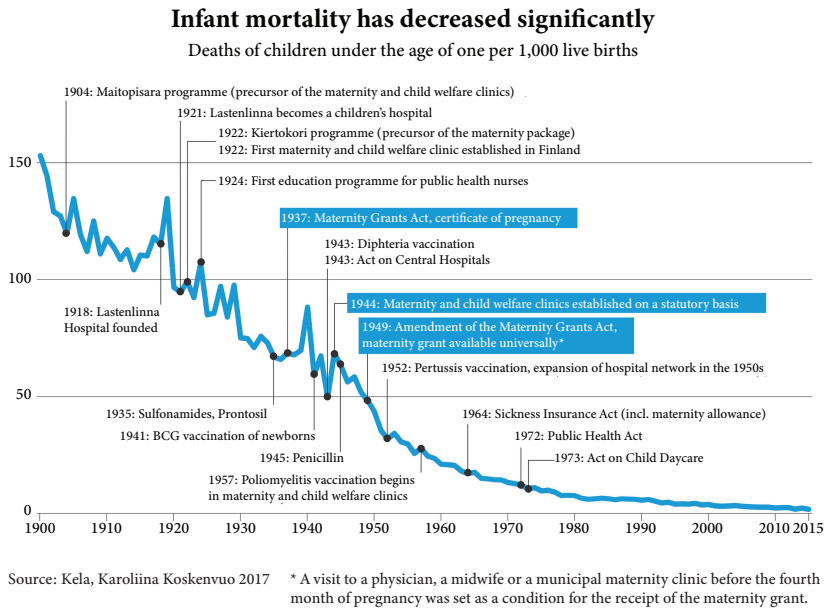

Fig. 20.1 Decrease of infant mortality in Finland (1900–2015)

Hjerppe 1990: 137, 139). In fact, strong emphasis has been given to maternal and child healthcare services in Finland (Vuorenkoski et al. 2008; Hakulinen and Gissler 2017).

All of these developments have contributed to lowering infant mortality as depicted in Figure 20.1 (Koskenvuo 2017). At the beginning of the twentieth century, infant mortality was as high as 153 deaths per 1,000 live-born children (Hakulinen and Gissler 2017; Koskenvuo 2017). It dropped significantly to 75/1,000 in 1930 and further down to 21/1,000 in 1960. Today, the infant mortality rate in Finland is only 1.8/1,000 live-born children, which is one of the lowest globally (Statistics Finland 2021; see Figure 20.1).

The condition requiring the mother to attend antenatal care to receive a baby box is not very relevant any more because visiting antenatal care has become the norm on its own in Finland. Nevertheless, it is likely that the policy itself has contributed to the establishment of this social norm (Koivu et al. 2020: 27). In fact, previous research evidence suggests that conditional policy programmes may influence shifts in social norms (Sidney et al. 2016), and, thus, we argue that the almost simultaneous launch of the universal and conditional baby box policy and the development of a national network of maternal and child health clinics have strengthened each other's significance to expecting mothers in Finland.

The baby box's objectives have slightly shifted from ensuring essential basic material support and incentivizing antenatal healthcare attendance to focusing

more on providing an attractive and efficient set of baby clothing and care items supporting people in preparing for a new phase in their lives—parenting (Valkama et al. 2020: 6). However, the beneficiaries this policy is designed to affect have stayed the same since 1949: all expecting mothers and their babies. The only shift in the targeted beneficiaries happened during the 1970s, when the fathers' role in caring for and the upbringing of the baby was acknowledged alongside the mothers. The educational brochure included in the baby box used to be called 'To Mother' but was renamed as 'We're having a baby' in the 1980s. (Särkelä 2013: 5; Taskinen 2014: 102). Therefore, target beneficiaries of the baby box are no longer only the mother and the baby; instead, all new parents are considered target beneficiaries. Regarding gender sensitivity, there have been initiatives to change the Finnish name of the benefit, which translates as 'maternity package' (*äitiyspakkaus*), to a more inclusive one. For example, Emma Kari, Member of Parliament representing the Greens, proposed that the name be changed to *family package* or *baby package* in 2017 (Kirjallinen kysymys 69/2017). Minister Annika Saarikko, representing the Centre, welcomed the proposal but 60 per cent of the 30,000 Finns who took part in a survey were in favour of keeping the well-trodden name (Saarikko 2017; Hanhinen 2018).

Process success

The *process success* of the baby box lies in how uncontested the policy-making process has been and in its finances having been secured in the state budget. All through the 1920s, 1930s and 1940s, social policies were on the agenda and different committees were working on the issues. Political debates were strong on who should be eligible for different benefits. The baby box policy was designed alongside the wider developments of a social security and healthcare system. In fact, the first Maternity Grants Act was enacted hand in hand with the first National Pensions Act in 1937, coming to force in 1938.

The baby box was initiated as a means-tested benefit, which rapidly evolved into a universal benefit in 1949. The ideology of universalism, adopted from Sweden in the 1940s, is a principle still strong today, especially in certain family benefits—namely the maternity grant and the child benefit. In addition, the principle requiring the mother to attend antenatal care to receive the baby box has been kept since 1949. As a universal benefit incentivizing parents to attend maternal healthcare centres at an early stage, the baby box marks a turning point in Finland's history, when the country started its transformation from a poor agrarian country with a high infant mortality rate into one of the most advanced welfare states in the world (Taskinen 2014: 103; Niemelä and Salminen 2006: 9–10).

The baby box policy's implementation has not met any major setbacks as the key concept of providing baby clothing and care items has remained somewhat

intact over time. The practical design of the early baby boxes has been at the heart of its success. The baby box was an important in-kind benefit, as many families were lacking items, such as a bed for the baby, bed linens and baby clothing in the 1930s and 1940s (Ritamies 2006: 131). At first, municipal social committees assessed who were eligible for the maternity grant. Thereafter, the National Board of Social Welfare (currently called the National Institute for Health and Welfare) and the Government Purchasing Centre provided maternity packages. Since 1994, the maternity grants scheme has been administered by the Social Insurance Institution of Finland (Kela 2021a).

When the first governmental baby boxes were introduced in 1938, clothing was still usually homemade, and, therefore, the early maternity packages contained fabrics suitable for baby clothing. They also contained muslin squares that are still featured in the baby boxes today. In 1957, fabrics and sewing materials were replaced by ready-made pieces of clothing made of white or unbleached cotton. Mothers would often embroider the clothing for a more personalized appearance. The quantity and quality of the clothing provided in the package has increased gradually. The traditional fabrics were replaced by colourful designs and stretchy materials in the 1970s (Taskinen 2014: 101–3; Tarsalainen 2017). Nowadays, there are approximately 50 different items in the box. The items are chosen by an expert panel consisting of representatives from Kela, the National Institute for Health and Welfare, the Ministry of Social Affairs and Health, the Finnish Safety and Chemicals Agency and the City of Vantaa Maternity Clinic. The panel evaluates and tests product samples offered through a competitive tendering process and thereafter proposes the products to be selected (Kela 2021b).

Political success

In addition to the positive impacts the baby box has on parents and families, the policy has a wider impact on Finnish society as a symbol of the welfare state (Valkama et al. 2020: 15–6). The baby box has not faced major political disputes and it enjoys firm support at home and abroad. Therefore, the baby box policy can be considered *a political success* for the image and reputation of Finland as a welfare state.

The box is a tangible benefit that raises positive emotions and provides material for human interest stories, such as the stories published by the BBC News (Lee 2013) and BBC Capital (Smirnova 2018) explaining the history of the baby box and interviewing parents and experts about the meaning of the baby box in today's Finland. According to Koivu et al. (2020: 15), Lee's article on BBC News in 2013 caught international attention and sparked locally adapted baby box interventions in multiple countries. In fact, Finnish governments have deliberately used the baby box as a tool for political PR. They have promoted the baby box through

embassies abroad and by sending baby boxes as gifts to international dignitaries, such as William and Catherine, the Duke and Duchess of Cambridge, in 2013 and Crown Princess Victoria and Prince Daniel of Sweden in 2012.

In her article, Smirnova (2018) called the baby box 'a magic box' and speculated that it reflects the Finns' egalitarian approach and a sense of shared social responsibility. The baby box policy does not discriminate between parents or families based on their income or any other attributes. Instead, when it comes to the baby box, everyone is equal: all babies are entitled to the same set of items (Smirnova 2018). Consequently, the baby box could be seen as a leveller, as generations of parents have been freed from worrying about their relative affluence reflecting in their baby's clothing. The baby box also helps to create a feeling of security, as parents can rely on receiving it—and certain other universal family benefits—under all circumstances. These issues were elaborated by sociologist Anna Rotkirch, one of the experts interviewed for the BBC, who heads the Population Research Institute at the Finnish Family Federation: the baby box helps to create cohesion and trust in society by giving all children a similar start in life (Smirnova 2018).

The baby box also confers reputational benefits on the Social Insurance Institution of Finland, which administers tens of different social security benefits and services. The baby box is one of its 'poster products', and releasing the new designs of each year's baby box items is always a major public relations event that attracts wide media coverage (Kela 2021c). In sum, the baby box policy, being an exemplar of the Finnish welfare state, yields positive reputational outcomes to Finland as a child-friendly country and to the Social Insurance Institution of Finland, the organization administering the baby box.

Endurance

The policy's *endurance* is noteworthy: a government-funded baby box policy was established by law in 1938, and it is still available to expecting families in Finland. Thus, receiving the maternity package has an established and appreciated role as part of the Finnish social security system (Valkama et al. 2020: 36). The need for maternity packages was questioned in the 1980s as families became wealthier. However, since the maternity package remained as popular as ever among new parents, a decision was made to continue to offer them. A legislative amendment made in 1990 expanded the right to maternity grant to adoptive parents (Tarsalainen 2017).

The baby box and the included items are more valuable than the cash benefit of €170, and according to the latest statistics, approximately 94 per cent of first-time parents choose the box instead of the alternative cash benefit. However, there is no evidence on whether the higher value of the in-kind benefit is a decisive factor for parents in choosing the box instead of the cash benefit. On the other hand,

only about a half of the families who already have children choose the baby box. The most common reason given for choosing the cash alternative is that the family already has most of the necessary items. Some parents prefer to buy only the items they really need. Second-hand baby box items are abundantly available in charity shops often at a low price (Valkama et al 2020: 12–4). Regardless, the baby box enjoys a high level of appreciation among the population. This is reflected in how people describe their experiences of the baby box: receiving and unboxing it at home is a happy rite shared by generations. Or, as a respondent in one of Kela's customer surveys put it: 'It was exciting to find out what the maternity package included. I think it is worthwhile for every parent to experience this at least once in their life. An experience uniting generations, indeed!' (Valkama et al. 2020: 5). This quote communicates how the baby box is a success from the families' perspective, especially among first-time parents who receive the box as a practical 'starter kit' during one of their most meaningful life transitions. In addition to being a useful in-kind benefit, receiving the baby box often triggers positive emotions. Some writers have expressed that the baby box has achieved an 'institutional nature' (Valkama et al. 2020: 4; Särkelä 2013: 6).

The enduring popularity probably lies in the universal nature of the benefit. As the baby box is given to all expectant mothers, regardless of income, we agree that it has become a trusted institution: no matter who you are, you will receive the baby box when pregnant. Many generations before us have similarly received a baby box (see Valkama et al. 2020: 4). Therefore, it is a common, shared experience, which may contribute to building trust and coherence within society. Similarly to universally available maternal and child health clinics, monthly child benefit payments, primary education and free school lunches, the baby box has become a Finnish *social institution,* which some may also regard as 'tax-returns' legitimizing highly progressive taxation. As the baby box is available to all families regardless of their background or financial situation, it may also endorse the idea that all babies should have an equal start in life.

Despite the wide acceptance of the baby box as a social benefit, a new issue is rising: namely, critical scrutiny of the responsibility and sustainability of the products and the production processes. The baby box items are sourced through a public tendering process in accordance with EU law (Kela 2021b). Items are selected based on best value, considering the price, quality and responsible choices of materials, and each product must meet the safety requirements imposed by Finnish and EU law. Kela has started to emphasize the sustainability of the products in the maternity package and requires that certain minimum standards be met regarding the production and choice of materials. Lately, concerns have been expressed about the social responsibility and sustainability issues concerning the manufacturing of the products in the Finnish baby box. For example, Finnwatch, a civic organization monitoring corporate responsibility, recently raised questions on the conduct of the supplier subcontractors concerning their workers' wages, working hours and work safety. As a result, Kela included new social

responsibility criteria in their bidding procedure (Finnwatch 2019; Kela 2021c). According to a customer survey conducted in 2020, a majority of the parents also find it important that the items are produced ethically and ecologically. The survey showed that some parents are prepared to compromise on the number of products if this helps to improve the sustainability of the package (Valkama et al. 2020: 31–2).

A century-old brand design for public health and welfare

The baby box is one of the most enduring institutions within the Finnish welfare state, and it has seen the changes of the welfare state itself. The baby box has maintained broad support among political leaders across the political spectrum and also stayed popular among families. Originally, the goal of the policy was to alleviate poor mothers' financial stress and material needs. It did alleviate the acute needs of the most poverty-ridden mothers and it was later broadened to include all mothers. This change indicates that when the law was initially passed and only covered a part of the population, it was not considered extensive enough. Therefore, it was changed to a universal benefit. In today's Finland, the material needs of most of the expecting families are less pressing than they were at the time the baby box was invented. Nevertheless, the baby box has endured as a universal benefit equally available to all families.

Understanding the historical context in which the baby box was invented and developed is important in evaluating the baby box's significance as one of the factors contributing to the successful enhancement of public health in Finland. One important mechanism contributing to better infant health was using the box as the baby's separate sleeping space in times when a variety of communicable diseases were common. However, as the baby box policy has evolved hand in hand with numerous other societal and medical developments, such as vaccinations, medications and healthcare services, its contribution to improving the well-being and decreasing morbidity and mortality among mothers and babies is indivisible from these other developments.

Nevertheless, this case study suggests that a simple conditional benefit may prove useful in directing citizens' behaviour in a preferred way, such as visiting health clinics for advice and timely vaccinations, comparable to the success of Brazil's Bolsa Familia conditional cash transfer programme (Paiva et al. 2019: 28, 32). At the time when the baby box became a universal benefit in Finland, the conditionality of this benefit was successfully utilized to increase mothers' attendance at health check-ups during pregnancy contributing to enhanced public health. In certain countries, where healthcare attendance is not a common practice for pregnant mothers yet, a baby box programme is currently being used as an instrument

to incentivize mothers to participate in antenatal care or to give birth at a health clinic or hospital (Koivu et al. 2020: 70).

In addition to its long-lasting success in Finland, the baby box has also succeeded in convincing political leaders and healthcare professionals in other countries. It is a true success story of policy emulation as it has been adapted in ways that regard the local needs and contexts of the intended beneficiaries. In most countries, however, this benefit is still taking baby steps in its first development stage, as it is most commonly implemented by NGOs (Koivu et al. 2020: 39)—just like it was first introduced in Finland by active volunteers who were committed and excited to learn from experiences and best practices in other countries. Thus, it is worth reminding ourselves that the concept of the governmental baby box in Finland was rooted in the ideas and practices of a charity organization, the Mannerheim League for Child Welfare, that provided baby boxes on a voluntary basis. In this sense, the baby box is proof, along with many other policies in the Nordic countries, that civil action can lead to a universal governmental policy.

Altogether, the baby box has been imbued with so much meaning and value that it remains an important symbol of Finland's commitment to enhancing welfare through family benefits and services. The endurance and wide acceptance of the baby box may be mostly related to its universalistic nature. Given the current context of internationalizing Finland with a growing number of immigrant families, the baby box communicates a state standard of baby care. It may also facilitate the integration process to a new culture and living environment through encouraging a sense of belonging and offering exemplars of suitable clothing to use during cold winter times. However, it would be important and interesting to study the meanings different families give to the baby box in today's Finland.

In the big picture, the baby box's success is also based on its processual clarity and simplicity as well as on the annual refinements of the baby box itself, attracting audiences' interest year after year. While the root concept has remained unchanged over its century-long history, the Finnish baby box has been able to incorporate timely amendments to its implementation, including the shift from a voluntary initiative to a governmental policy, the transition from a targeted benefit to a universal benefit and, most recently, the adjustment of its procurement process to enhance sustainability. In sum, the baby box's fundamental claim to success is grounded on its endurance, coherence and well-maintained acceptability in Finland as well as on the wide interest it has evoked around the globe.

Questions for discussion

1. What kind of in-kind social security benefits are available in your country, if any? Who are the beneficiaries? Are the benefits universal or means-tested? What would be the reasoning for providing tangible help rather than cash?
2. What possible conflicts or unfair situations may result from providing conditional cash or in-kind benefits?
3. What possible advantages may result from providing social security benefits universally to everyone regardless of their income or wealth? Discuss this from the perspective of collective risk sharing in social policy.

Links to online resources:

Family benefits provided by the Social Insurance Institution of Finland: https://www.kela.fi/web/en/families/.

This website provides an overview of the different social security benefits for families with children. Check out also the designs for the current maternity package (i.e. the Finnish baby box).

The baby box. Enhancing the wellbeing of babies and mothers around the world (2020) by Koivu et al:
https://helda.helsinki.fi/handle/10138/319524/.

This global mapping of the baby box programmes explores the influence of the baby box concept internationally, from refugee camps to prisons and from high-income countries to remote islands.

World Bank Open Data:
https://data.worldbank.org/.

This online database is useful in comparing indicators for public health and well-being, such as infant mortality rate, fertility rate, GDP per capita or Gini index.

World Health Organization, Health topics:
https://www.who.int/health-topics/.

A useful portal for facts, data, info graphs, recommendations and latest research on different topics related to this chapter, such as newborn and child health, maternal health and breastfeeding.

Statistics Finland:
https://www.stat.fi/index_en.html/.

Find statistical information from Finland on a variety of topics such as living conditions, population, social protection, health, etc. The website also provides publications, in which international statistics have been utilized.

References

Ahmala C., N. Lauronen and M. Ukkonen. 2014. 'Kiertokorista äitiyspakkaukseen—poimintoja äitiyspakkauksen historiasta ja nykypäivästä' (From a circulating basket to a maternity package—Excerpts from the history and present-day of the maternity package)' Bachelor's thesis, Metropolia University of Applied Sciences, Helsinki. https://www.theseus.fi/handle/10024/75002. Accessed 30 September 2021.

Bar, S., R. Milanaik and A. Adesman. 2016. 'Long-term neurodevelopmental benefits of breastfeeding'. *Current Opinion in Pediatrics*, 28(4): pp. 559–566. https://doi.org/10.1097/MOP.0000000000000389.

Chowdhury, R., B. Sinha, M. J. Sankar, S. Taneja, N. Bhandari, N. Rollins, … J. Martines. 2015. 'Breastfeeding and maternal health outcomes: A systematic review and meta-analysis'. *Acta Paediatrica*, 104: pp. 96–113. https://doi.org/10.1111/apa.13102

Finnwatch. 2019. 'Halpatuotantoa hikipajoissa? Äitiyspakkaukseen sisältyvien tuotteiden sosiaalinen vastuullisuus (Low-Cost Production in Sweat Shops?' The Social Responsibility of the Items in the Maternity Package) [PDF file]. https://finnwatch.org/images/pdf/Aitiyspakka. Accessed 2 December 2021.

Government bill to Parliament 12/1937. 'Hallituksen esitys eduskunnalle äitiysavustuslaiksi ja eduskunnan vastaus hallituksen esitykseen äitiysavustuslain muuttamisesta (Government bill to Parliament regarding the Maternity Grants Act and Parliament's response to the Government's bill regarding the Maternity Grants Act). 1937 Vp, Esitys No: 12.

Government bill to Parliament 11/1949. 'Hallituksen esitys eduskunnalle äitiysavustuslain muuttamisesta ja eduskunnan vastaus hallituksen esitykseen äitiysavustuslain muuttamisesta' (Government bill to Parliament amending the Maternity Grants Act and Parliament's response to the Government's bill to amend the Maternity GrantsAct). 1949 Vp, Esitys No: 11.

Government bill to Parliament 129/2021. 'Hallituksen esitys eduskunnalle laeiksi sairausvakuutuslain, työsopimuslain ja varhaiskasvatuslain muuttamisesta sekä niihin liittyviksi laeiksi' (Government bill to Parliament amending the Health Insurance Act, Employment Contract Act and Early Childhood Education Act and related laws). 2021 Vp, Esitys No: 129. https://www.eduskunta.fi/FI/vaski/HallituksenEsitys/Documents/HE_129+2021.pdf [accessed 16 December 2021]

Haataja, A. and K. Koskenvuo. 2017. 'The maternity package revolutionised the monitoring of the health of mothers'. Kela. https://sosiaalivakuutus.fi/the-maternity-package-revolutionised-the-monitoring-of-the-health-of-mothers/. Accessed 29 May 2022.

Haatanen, Pekka. 1992. 'Suomalaisen hyvinvointivaltion kehitys' (The development of the Finnish welfare state). In *Sosiaalipolitiikka 2017. Näkökulmia suomalaisen yhteiskunnan tulevaisuuteen ja kehitykseen (Perspectives towards the Future and Development of the Finnish Society)*, edited by Olavi Riihinen, pp. 31–69. Helsinki: Sitra & WSOY.

Hagfors, R., K. Hellsten and M. Sakslin (eds.). 2008. *Suomen kansan eläke (Finland's National Pension)*. Helsinki: Kelan tutkimusosasto.

Hakulinen, T. and M. Gissler. 2017. 'Finland's low infant mortality has multiple contributing factors'. THL-blogi. https://blogi.thl.fi/finlands-low-infant-mortality-has-multiple-contributing-factors/. Accessed 2 December 2021.

Hanhinen, H. 2018. 'Äitiyspakkauksen nimi ei muutu—Kelan kyselyyn vastauksia lähes 30 000 (The name of the Maternity Package stays unchanged—Kela survey

received almost 30,000 responses). https://yle.fi/uutiset/3-10025179/. Accessed 2 December 2021.

Hannikainen, M. 2019. 'Valtio, sosiaalivakuutuksen suunnittelu ja yhteiskunnan muutoskyky' (The State, the Mapping of Social Insurance and the Society's Adaptability). In *Nälkämaasta hyvinvointivaltioksi: Suomi kehityksen kiinniottajana (From a Land of Hunger to a Welfare State: How Finland Caught up with Development)*, edited by J. Koponen and S. Saaritsa, pp. 313–328. Tallinna: Gaudeamus.

Hjerppe, R. 1990. *Kasvun vuosisata (The Century of Growth)*. Helsinki: Govt. Print. Centre.

Hjerppe, R. 2008. 'An economic history of Finland'. *EH.Net Encyclopedia*, edited by R. Whaples. http://eh.net/encyclopedia/an-economic-history-of-finland/. Accessed 15 December 2021.

Horta, B. L., C. Loret de Mola and C. G. Victora. 2015. 'Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: A systematic review and meta-analysis'. *Acta Paediatrica*, 104: pp. 30–37.

Kangas, O. 2006. 'Pensions and Pension Funds in the Making of a Nation-State and a National Economy. The Case of Finland'. Social Policy and Development Programme Paper, 25. Switzerland: The United Nations Research Institute for Social Development. https://www.unrisd.org/80256B3C005BCCF9%2F(httpAuxPages)%2FBD28FF70A11F370AC125715C002B40BD%2F$file%2FKangas-pp.pdf/. Accessed 2 December 2021.

Kela. 2021a. 'History of the maternity grant'. The Social Insurance Institution of Finland. https://www.kela.fi/web/en/maternity-grant-history/. Accessed 2 December 2021.

Kela. 2021b. 'Äitiyspakkauksen tuotteiden hankinta' (The Procurement of Items for the Maternity Package). The Social Insurance Institution of Finland. https://www.kela.fi/aitiyspakkaus-tuotteiden-hankinta/. Accessed 2 December 2021.

Kela. 2021c. 'Customer wishes for sustainability show in the new maternity package'. Press release 12 March. https://www.kela.fi/web/en/press-releases-media/-/asset_publisher/iOlErAd3fOTY/content/customer-wishes-for-sustainability-show-in-the-new-maternity-package/. Accessed 2 December 2021.

Kirjallinen kysymys. 69/2017. 'Kirjallinen kysymys äitiyspakkauksen nimen päivittämisestä eduskunnalle 7.3.2017' (Written question to Parliament about updating the name of the Maternity Package). by Emma Kari. https://www.eduskunta.fi/FI/vaski/Kysymys/Documents/KK_69+2017.pdf. Accessed 2 December 2021.

Klemetti, R. and T. Hakulinen-Viitanen. 2013. 'Äitiysneuvolaopas: Suosituksia äitiysneuvolatoimintaan. Kansallinen äitiyshuollon asiantuntijaryhmä, 2013' (Guidelines for Maternal Health Clinics. National Maternity Care Expert Group, 2013). Tampere: THL. https://www.julkari.fi/handle/10024/110521. Accessed 2 December 2021.

Koivu, A., Y.T.H. Phan, E. Näsi, J. Abuhamed, B.L. Perry, S. Atkins, M. Perkiö and M. Koivusalo. 2020. 'The baby box. Enhancing the wellbeing of babies and mothers around the world'. Helsinki: Kelan erillisjulkaisu. http://urn.fi/URN:NBN:fi-fe2020081360377. Accessed 2 December 2021.

Kokkinen, A. 2019. 'Kasvuteoriat, koulutus ja Suomen talouskasvu 1900-luvulla' (Growth theories, education and Finland's economic growth in the 1990s). In *Nälkämaasta hyvinvointivaltioksi: Suomi kehityksen kiinniottajana (From a Land*

of Hunger to a Welfare State: How Finland Caught up with Development), edited by J. Koponen and S. Saaritsa, pp. 257–274. Tallinna: Gaudeamus.

Koponen, J. and S. Saaritsa. 2019. 'Tie Suomeen: toinen kertomus' (The Path to Finland: An Alternative Narrative). In *Nälkämaasta hyvinvointivaltioksi: Suomi kehityksen kiinniottajana (From a Land of Hunger to a Welfare State: How Finland Caught up with Development)*, edited by J. Koponen and S. Saaritsa, pp. 347–383. Tallinn: Gaudeamus.

Korpi, Helena. 2010. 'Lapsikuolleisuuden väheneminen ilmentää yhteiskunnan muutosta ja kehitystasoa, Hyvinvointikatsaus 2/2010' (Decrease in child mortality reflects societal change and development, Wellbeing Report 2/2010). Statistics Finland. https://www.stat.fi/artikkelit/2010/art_2010-06-07_007.html/. Accessed 2 December 2021.

Korppi-Tommola, A. 1990. *Terve lapsi—Kansan huomen: Mannerheimin lastensuojeluliitto yhteiskunnan rakentajana 1920-1990 (A Healthy Child—The Nation's Dawn: The Role of The Mannerheim League of Child Welfare in Building the Society 1920-1990)*. Helsinki: The Mannerheim League of Child Welfare.

Korppi-Tommola, A. 1997. 'Ylppö, Arvo (1887–1992. Kansallisbiografia-verkkojulkaisu' (Ylppö, Arvo (1887-1992). Online National Biograpy) [Online article]. https://kansallisbiografia.fi/kansallisbiografia/henkilo/6543/. Accessed 2 December 2021.

Koskenvuo, K. 2017. 'The role of the Finnish maternity package in the promotion of public health'. [Blog post 31.3.2017]. https://tutkimusblogi.kela.fi/arkisto/3830/ . Accessed 2 December 2021.

Kulhia, A. 2011. *Uutta, vanhaa ja lainattua: Tampereen Kaupunkilähetyksen kristillissosiaalisen työn asemoituminen hyvinvointivaltion rakentumisessa vuosina 1939–1973 (Something New, Something Old, Something Borrowed: The Role of Tampere City Mission's Christian Social Work in Building the Welfare State 1939-1973)*. Helsinki: University of Helsinki.

Lee, H. 2013. 'Why Finnish babies sleep in cardboard boxes'. BBC News 4 June 2013. https://www.bbc.com/news/magazine-22751415/. Accessed 2 December 2021.

Markkola, P., and A.C. Östman. 2019. 'Ei vain ahkeruudesta: naiset, työ ja tasa-arvo *(Not Only Due to Diligence: Women, Work and Equality)*'. In *Nälkämaasta hyvinvointivaltioksi: Suomi kehityksen kiinniottajana (From a Land of Hunger to a Welfare State: How Finland Caught up with Development)*, edited by J. Koponen and S. Saaritsa, pp. 167–182. Tallinn: Gaudeamus.

Niemelä, H. and K. Salminen. 2006. 'Social Security in Finland'. Helsinki: Social Insurance Institution, Finnish Centre for Pensions, the Finnish Pension Alliance, the Ministry of Social Affairs and Health. https://www.kela.fi/documents/12099/12170/socialsecurity.pdf/. Accessed 2 December 2021.

Paiva, L.H., T.C. Cotta and A. Barrientos. 2019. 'Brazil's Bolsa Familia Programme'. In *Great Policy Successes*, edited by M.E. Compton and P. 'T Hart, pp. 21–41. Oxford: Oxford University Press.

Riihinen, O. 2008. 'Kansaneläkkeen hyväksyttävyys tulevaisuudessa *(The Acceptability of National Pension in the Future)*'. In *Suomen kansan eläke (Finland's National Pension)*, edited by R. Hagfors, K. Hellsten and M. Sakslin, pp. 226–261. Helsinki: Kelan tutkimusosasto.

Riihola, M. 2010. '"Äidin sydäntä ja maitoa ei mikään voi korvata". Lastenhoitokäytännöt ja -suositukset neuvolajärjestelmän kehittymisen valossa 1920–1930-lukujen Helsingissä' (Nothing supersedes a Mother's Heart and

Milk. Childcare practices and recommendations in light of the development of the maternal and child health clinic system in Helsinki in the 1920s and 1930s. Master's Thesis. University of Helsinki. https://helda.helsinki.fi/bitstream/handle/10138/18264/aidinsyd.pdf?sequence=3/. Accessed 2 December 2021.

Ritamies, Marketta. 2006. 'Sinappikylvystä ehkäisypilleriin. Suomalaisen perhesuunnittelun historia' (From Mustard Bath to Contraceptive Pill. A History of Finnish Family Planning). Helsinki: Väestöliitto. https://www.vaestoliitto.fi/uploads/2020/12/40915a62-suomal-perhesuunnittelun-historia_pdf-kirja.pdf. Accessed 2 December 2021.

Saarikko, Annika 2017. 'Kruununjalokivi kiillotettava—äitiyspakkaus päivitettävä' (Polishing the Crown Jewel—Upgrading the Maternity Package)'. *Uusi Suomi*. https://puheenvuoro.uusisuomi.fi/annikasaarikko/233027-kruununjalokivi-kiillotettava-aitiyspakkaus-paivitettava/. Accessed 2 December 2021.

Särkelä, S. 2013. 'Vaippoja ja valistusta: Äitiyspakkauksen näkyvä ja näkymätön sisältö (Diapers and Education: The Tangible and Intangible Contents of the Maternity Package'). Master's thesis, University of Helsinki. https://urn.fi/URN:NBN:fi-fe2014091244640. Accessed 2 December 2021.

Sidney, K., R. Tolhurst, K. Jehan, V. Diwan and A. De Costa. 2016. '"The money is important but all women anyway go to hospital for childbirth nowadays"—A qualitative exploration of why women participate in a conditional cash transfer program to promote institutional deliveries in Madhya Pradesh, India. *BMC Pregnancy and Childbirth*, 16(47): pp. 1–14. https://doi.org/10.1186/s12884-016-0834-y

Siipi, J., 1967 *Ryysyrannasta hyvinvointivaltioon (From Rags to Welfare)*. Helsinki: Tammi.

Smirnova, O. 2018. 'Why this country parcels babies in boxes'. BBC Worklife. http://www.bbc.com/capital/story/20181130-why-this-country-parcels-babies-in-boxes/. Accessed 2 December 2021.

Statistics Finland. 2021. 'Infant mortality'. https://pxweb2.stat.fi/PXWeb/pxweb/en/StatFin/StatFin__kuol/statfin_kuol_pxt_12aq.px. Accessed 2 December 2021.

Tarsalainen, O. 2017. 'Finland's maternity package'. Presentation at the event 'Socially Innovative Finland—Spotlight on the basic income experiment and the Finnish maternity package'. Helsinki: Kela. 12 January. https://www.slideshare.net/kelantutkimus/finlands-maternity-package/. Accessed 2 December 2021.

Taskinen, S. 2014. 'Maternity Pack'. In *100 Social innovations from Finland*, edited by Ilkka Taipale, pp. 101–103. 4th edition. Finnish Literature Society. Falun: Scandbook.

Valkama, V., M. Saarikallio-Torp and H.-M. Heinonen. 2020. 'Äitiyspakkaus käyttäjien puntarissa X' (Users' Appraisal of the Maternity Package X). *Kela research*. Working papers 159. https://helda.helsinki.fi/bitstream/handle/10138/323321/Tyopapereita159_saavutettava.pdf?sequence=1&isAllowed=y/. Accessed 2 December 2021.

Vuorenkoski, L., P. Mladovsky and E. Mossialos. 2008. 'Finland: Health system review'. *Health Systems in Transition*, 10(4): pp. 1–168. https://www.euro.who.int/__data/assets/pdf_file/0007/80692/E91937.pdf/. Accessed 2 December 2021.