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**HEALTH AND WELLBEING OF
FAMILIES DURING THE COVID-19
PANDEMIC IN FINLAND**

Positive and negative impacts on families' daily lives

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ABSTRACT

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Background

In 2019 a new Coronavirus Disease (COVID-19) was observed in Wuhan, China. COVID-19 was first declared as a local epidemic and due to fast spreading, it was soon stated a global pandemic. Families have been facing an exceptional situation due to the COVID-19 pandemic spreading around the world in 2019-2022. In Finland, large scale restrictions took place during the spring 2020. Mitigation actions and especially lockdowns meant difficulties to the families. While crises weaken some families, it is noteworthy that other families are getting stronger and inventing new ways to function.

Aim

The purpose of this thesis is to study and understand the health and wellbeing of families during the COVID-19 pandemic. The aim is to investigate the outcomes and impacts of the COVID-19 pandemic to the families' everyday lives. This thesis examines the positive and negative effects that these families confronted.

Methods

The research is based on a questionnaire by The Finnish Central Union for Child Welfare in cooperation with the Equal opportunities for life ('Kaikille Eväät Elämään') -program, the aim was to monitor the daily lives and state of the families in the time of the pandemic. The questionnaire included both open ended as well as close-ended questions. Qualitative content analysis has been used to analyze the data. This method enables the systematical and objective interpretations of the responses.

Results

The results showed that the exceptional circumstances caused by the restrictions and mitigation actions due to coronavirus influenced families mostly in negative manners. Thus, there were positive effects as well. This confirms the fact that people and families confront difficulties and crisis in different manners. The main categories were positive and negative impacts, and the sub-categories were formed by observing the data through the research question. Clear patterns and recurring matters were found, these sub-categories were emphasized in the words of the respondents.

Conclusions

These study results suggest that families' health and wellbeing is affected by unexpected crisis. This stresses the fact that it is necessary to invest in the health and wellbeing of families, and to prepare for situations alike. More research is needed to understand the adversities families confronted, and the capabilities they had to overcome these issues.

Key words

COVID-19 pandemic, coronavirus, restrictions, lockdowns, family wellbeing,

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1 INTRODUCTION

In December 2019, a new infectious virus causing pneumonia was observed in Wuhan, China. This New Coronavirus Disease (COVID-19) was first declared as a local epidemic and due to fast spreading, it was soon stated as a global pandemic. (WHO, 2020.) Families were facing an exceptional situation due to the COVID-19 pandemic spreading around the world in 2019-2022. In Finland, large scale restrictions took place during the spring 2020. This meant difficulties to the families. For instance, balancing between teleworking and lockdowns of schools, children's homecare as well as reduction of social contacts, made the situation very challenging. As recognized, the value of a family as an early childhood living environment is essential in many ways. The issue of well-being among families has been long established as important by health researchers. (Ristkari et al, 2018; Hilli et al, 2017). Therefore, it is important to study the relationship between the circumstances created by the COVID-19 and families health and wellbeing.

Much research has investigated the importance of families' health and wellbeing. There is correspondingly research discussing the health and wellbeing of families during the COVID-19 pandemic. The pandemic situation presents a unique context because it places families in a very tough settings, it is also a unique possibility for research as similar exceptional circumstances have not occurred in Finland in such scale. Families have faced a new situation because of the restrictions, lockdowns and social distancing caused by the new Corona virus pandemic.

It is well known that family and work are essential parts of human life. Employment is an important part of wellbeing, it provides relevance to life, a source of social relationships as well as an income. (THL, 2014.) In addition, most parents have encountered a totally new situation where they are working from a distance, they confront lay-offs or even termination of employment. At the same time, they are taking care of their children at home, due to social

distancing, home-school or strong recommendations to take the children out of the day-care.

Currently, there is data available on the COVID-19 pandemics influence on families with minor children. There are few studies (Pelastakaa Lapset, 2020; Paju, 2020) that have investigated the impact of the exceptional circumstances to the wellbeing of children in the Finnish context, and they outline the heavy burden on children, caused by the secondary effects of the pandemic. Secondary effects, such as loneliness, mental health issues or problems within the family are due to the restriction actions, for instance, gathering restrictions, closure of schools, hobby and gathering places, suspension of activities as well as the discontinuity of appointments or other contacts with healthcare professionals. (Pelastakaa Lapset, 2020.)

This present research is about to explore what kind of positive and negative impacts has the virus caused to families living in Finland with minor children. The United Nations Convention on the Rights of the Child states a child as anyone under the age of 18, this is also a definition for the term 'minor' (UN Convention on the Rights of the Child, 1989.) To analyse this problem, a questionnaire conducted by the Finnish Central Union for Child Welfare in cooperation with the Equal opportunities for life ('Kaikille Eväät Elämään') - program, in spring 2020, is used. The questionnaire consists of both open-ended as well as closed-ended questions. The answers will be analysed by using qualitative methods.

Previous research has discussed families health and wellbeing in very different settings (Ristkari et al, 2018; Hilli et al, 2017). These exceptional times, as a result of the COVID-19 pandemic, was new and unique, and there was a lack of former studies considering this particular situation, therefore the field of health sciences as well as other fields of sciences will benefit from the valuable data provided in this research. It will fill up a gap in the scientific research ground. There are multiple ways to utilize and develop the information gathered, for instance, it will benefit the preparations for future situations alike as well as to learn about the effects and impacts of crisis and exceptional circumstances.

COVID-19 pandemic has been a new and unprecedented crisis to everyone. The situation has been exceptional and there are few previous studies concerning the health and wellbeing of families in this particular situation. Little was known about the secondary effects of COVID-19 pandemic on people's daily lives. The present research explores the effects of corona pandemic on families with children under the age of 18 and who were living in Finland at the time of the pandemic. The timing of the questionnaire was relevant, as it was conducted at the time when the major lockdowns and restrictions took place. The outcomes of this study would most likely present valuable information about the pandemic related circumstances at home as well as information for the future to prepare for situations alike. In this thesis, aspects of the exceptional situation caused by the COVID-19 pandemic, that affected on the daily lives of the families will be examined. This study hypothesizes that pandemic control measures and actions had a great impact on the daily lives of families living in Finland. This thesis proceeds as follows; the first section of thesis provides background information and an overview of the specific literature. The second section concentrates on the methods and results of the research. The third part provides a discussion and conclusion section, which offers an area to have an overlook and discourse over the results and the whole thesis itself.

2 LITERATURE REVIEW

International databases such as PubMed and ScienceDirect were searched for retrieval of papers related to COVID-19, pandemics and family health. Use of keywords such as 'pandemic', 'family wellbeing', 'family health', 'COVID-19' and 'coronavirus' led to potentially eligible papers.

2.1 Coronavirus pandemic in Finland

The most important event of the year 2020 was the global outbreak of a new infectious virus causing pneumonia. The novel coronavirus, COVID-19, initiates to a large family of coronaviruses, which have been detected causing illnesses, both humans and animals. Several previously known coronaviruses have caused diseases on humans, such as the Middle East Respiratory Syndrome (MERS) in 2012 and Severe Acute Respiratory Syndrome (SARS) in 2003. These three diseases are defined as zoonotic diseases, which means virus transmission and integration from animals to humans. COVID-19 causes primarily mild respiratory infection symptoms, and some has the disease without any symptoms. One out of six will become seriously ill, having difficulties in breathing. The main concern was that the virus was spreading fast and the need for specialised and intensive care was needed. This generated an issue when the vast number of severe cases appeared at the same time. (WHO, 2020.)

The outbreak of the new coronavirus originated from Wuhan, China in December 2019. On 11th of March 2020, the World Health Organization announced COVID-19 a global pandemic. Global mitigation actions and pandemic control measures were put into practice soon after the understanding of the fast-spreading virus and the great and severe need for intensive care in the most severe cases. Hospitals were dealing with an unseen situation where countries were trying to gather as much supplies as possible. Due to the

pandemic situation, 16th of March Finnish government forced the Emergency Powers Act into practice, as Finland was in the state of an emergency. This exceptional period lasted for three months. (Government Communications Department, 2020.) According to the Finnish institute of health and welfare (THL, 2021), there was 60 200 confirmed cases in Finland by March 4th 2020 (see figure 1). Out of them, the share of children aged 0-19-year-old was 11 600 reported cases, which is 19,3 percent of all cases (see figure 2). Deaths associated with the disease was mainly occurring among the old and elderly, 87,4 percent were 70-80+ year-olds. There were no deaths associated with the coronavirus within the group of people under the age of 29 (THL, 2021. See figure 3). There had been variation in the incidence of the disease between different areas in Finland, and several larger outbreaks have occurred in different areas within the COVID-19 period. The area of greatest incidence has been the Helsinki district. (THL, 2021.)

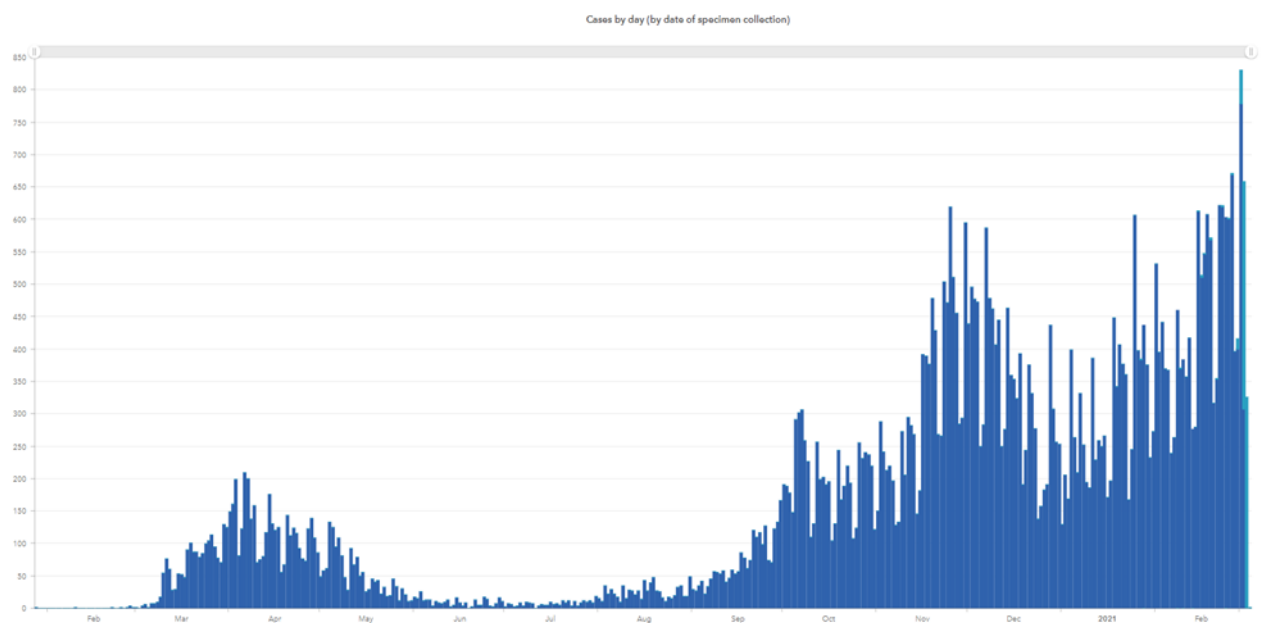


Figure 1. Cases by day 2020- 2021 (THL, 2021).

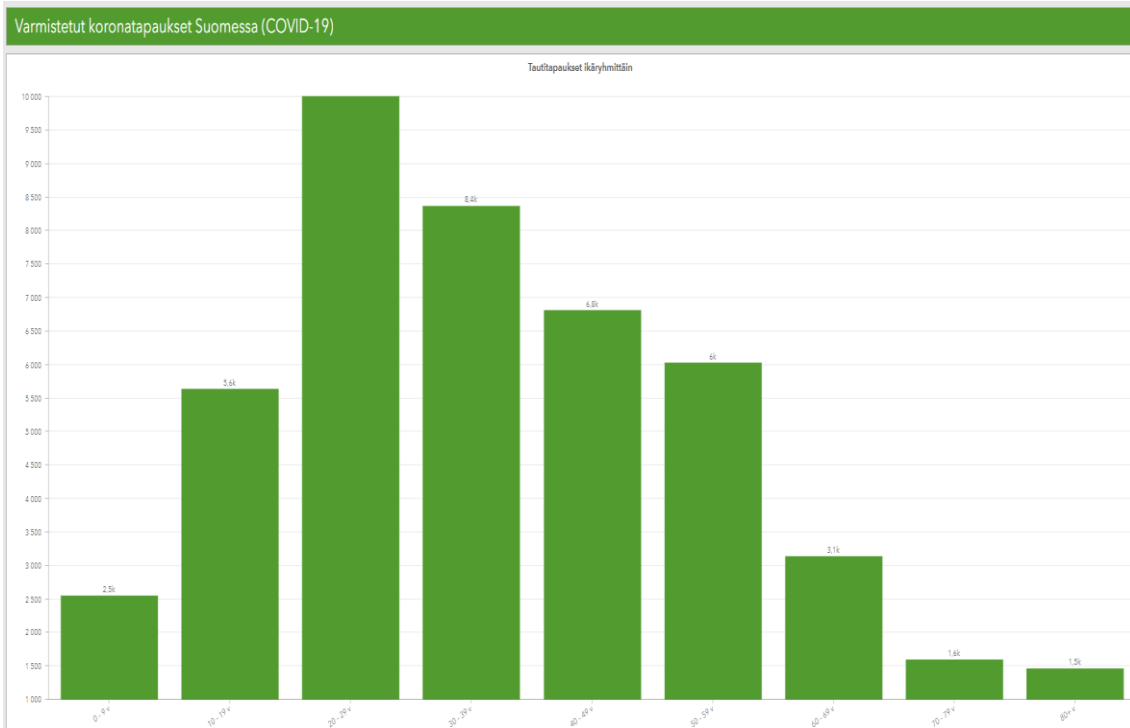


Figure 2. Confirmed corona cases in Finland (COVID-19). Cases by age group in spring 2020 (THL, 2021).

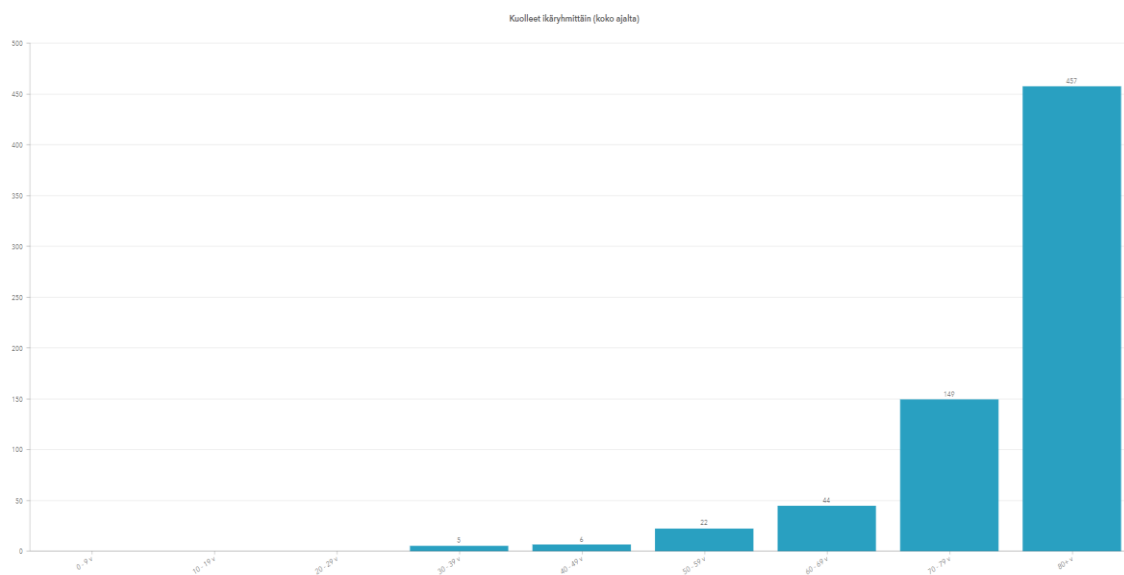


Figure 3. Deaths by age group in spring 2020 (THL, 2021).

The virus was spreading rather rapidly and the evidence from other countries showed that strong and uniform actions to prevent the disease from spreading were needed. Therefore, restrictions and lockdowns took place in Finland during the spring 2020. Schools were closed and the teaching moved to distance learning. Families were recommended to take children out of day-care

to homecare. (Valtioneuvosto, 2020.) Employees were suggested to work remotely, some faced lay-offs and some even became unemployed because of the coronavirus crisis and the mitigation actions. The number of furloughs increased rapidly since the corona outbreak in March 2020, the highest peak was experienced in April 2020, when a total of 164, 000 people were full-time furloughed. (Tilastokeskus, 2021.)

2.2 Threat of infectious diseases - Earlier pandemics

This section has been included for several reasons: it is an important part of understanding COVID-19 pandemic situation via earlier pandemics; it illustrates previous globally witnessed infectious crisis, the preparations, and actions to overcome; and it describes their impacts to the whole society. There has always been infectious diseases, epidemics, and pandemics. The circulating diseases and pandemics are normal cirque of life. They emerge from time to time and are somewhat predictable. Even before the novel coronavirus pandemic, the global public health experts and researchers were worried about the unpreparedness towards upcoming pandemics (Osterholm, 2005). Within the past decades it has been obvious that zoonotic diseases would appear even with greater impact on the whole global society, as the living environments as well as population growth encourages and forces interactions between humans and animals. This is a way for viruses to become tolerated and spread from species to another. (Morse, 1995.) Furthermore, it is important to understand beyond the rapid health impacts of COVID-19. There are numerous secondary effects of this current coronavirus pandemic. As presented earlier, secondary effects are due to the actions taken to reduce the spread of the disease within the society locally or globally.

The circumstances and premises are always unique and different in each time period and in a certain pandemic crisis. The diseases transition from a local contagion to a global and widespread pandemic is very often associated with the environmental changes, demographics and behaviour of people, travel and

trade, changes in technology and food industry, microbial adaptation, as well as failure in public health procedures (Morse, 1995). It is obvious that the attention is mainly drawn to the lines of the disease; spreading, care and prevention. The secondary effects of a pandemic might persist inessential in an acute situation.

Historically, the term pandemic has been used to describe a widespread epidemic. According to A Dictionary of Epidemiology (2014), the definition of a pandemic includes a widespread, international boundaries breaking epidemic which has ability to spread among humans usually in large numbers. In contrast to this definition, as it is criticized to be too narrow and lacking important content, virologists say that an epidemic must meet two conditions in order to be classified as a pandemic. Firstly, the epidemic starts in a certain area and spreads rapidly globally, and secondly, the virus is completely new and lacks immunity against. (Madhav, et all, 2017.)

The outbreak of an avian influenza A (H5N1) in Hong Kong in 1997 is one of the most important milestones in the history of pandemic management. At the time H5N1 was the first detected avian influenza virus transmitted from animals to humans, causing severe and serious disease. The virus was mainly infecting birds. Therefore, vast amounts of birds, including poultry, were slaughtered. This resulted in agricultural and economic issues and problems, and thereafter made the secondary effects of a pandemic visible. The local, national and global network on public health was alerted due to the unprecedented consequences of the H5N1 and the possibility of a spreading pandemic, thereafter, more attention was put on pandemic prevention, preparedness and response. As the virus was zoonotic, it strengthened the collaboration of public health and animal health areas. (WHO, 2011.)

Another notable global situation was when the novel influenza A (H1N1) was declared as a pandemic in 2009. It caused similar symptoms that annual influenza A, but it had new combination of influenza viruses that had not been detected in humans nor animals before. Therefore, the seasonal influenza vaccinations did not have any or far little protection for the virus. The virus was

also different in a means that it was spreading mainly among people under the age of 65, probably because of earlier H1N1 exposures. (CDC, 2019.)

The outbreak of H1N1 pandemic made the governments and health authorities to pay more attention and put more effort towards advanced influenza research as well as preparedness for forthcoming influenza pandemics. Surveillance systems and methods were improved as part of the enhancing of the monitoring and detection. Risk assessment, prevention actions and treatment as well as international co-operation were developed further. (CDC, 2019.)

Sprang & Silman (2013) conducted a mixed method study in the United States in 2009, concerning the impact of health-related disasters on posttraumatic stress disorder in parents and youths. The data was collected in 2009 during the avian influenza A (H1N1) pandemic. Participants were selected from the most sturdily hit states, in addition to Mexico, where the virus originated from, and Canada to add some comparative data from the Severe Acute Respiratory Syndrome (SARS) pandemic circumstances. The evidence indicates that during and after these pandemic situations symptoms of posttraumatic stress disorder amplified. The research presents that actions made to prevent disease from spreading has negative impacts on both parents' and children's mental health and it also suggests that mental health observation should be in a high importance after the pandemic crisis. (Sprang & Silman, 2013)

What is the unifying factor in all these epidemics or pandemics? First of all, there are a number of similarities between the H5N1 and COVID-19 pandemic. In 1997, the consequences of the H5N1 disease prevention actions had a far-reaching negative impact on the community and the economy negatively in a wide aspect. Even though, the spreading of the disease within humans was infrequent, the actions to prevent the disease from spreading caused even larger problems to the citizens, via its secondary effects. (WHO, 2011.) Both SARS and COVID-19 pandemic share a number of key features. They both have the same virus etiology, are zoonotic and cause respiratory symptoms. While there are a number of important differences between these two diseases,

both have had significant secondary effects on humans and the economics. (WHO, 2011.)

2.3 Families health and wellbeing

When researching families' health and wellbeing, it is important to determine the terms of health and wellbeing. WHO's definition of health declares that: "*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*" (WHO, 1948). Nevertheless, wellbeing is a wider concept; including the material base for a human being, health, social relationships and social identity. Experienced wellbeing includes all these previous matters experienced by the individual himself or herself, these factors create the satisfaction in life and happiness. Wellbeing is dependent from the living conditions, environment as well as individual factors. (Karvonen, 2019.) In the aspect of the research, it is important to understand the factors that contribute to health and wellbeing.

The base for life, coping in life and possibilities are affected by the social determinants of health. Health, wellbeing or possibilities are not equally distributed, and therefore the impact of crisis on individuals vary. The World Health Organization (WHO) describes the social determinants of health as the environments and conditions where people are born, raised, live, work and age. The outlying components behind these conditions are the distribution of money, power, and resources. These can be seen in local, national, and global levels. (WHO, 2022.)

The figure 4. represents the main determinants of health (Dahlgren & Whitehead, 1991). In the centre of the layers are the individuals. Age, gender and constitutional factors, people themselves have rather no control on. Instead, what a person can do, is to make decisions and take actions on their daily lives, such as eating and lifestyle habits. On top of individual lifestyle factors are the social and community networks, which are created by the people

close to you, for example family, relatives, friends and community members. Above these networks are the social and material environments where people live and work. This includes the housing, education, employment, health care and many other factors. Surrounding the whole layers underneath, there are the general socio-economic, cultural and environmental conditions. All these factors can be either; threatening, promoting or protecting health of individuals as well as the whole communities. (Dahlgren & Whitehead, 1991.) These different level factors can influence in many ways and create multiple effects with each other. Health is a consequence of these factors and on the other side a major factor in obtaining these other resources (Palosuo, Sihto, Lahelma, Lammi-Taskula & Karvonen, 2013). Health is a base for wellbeing and happiness. Health is a human right. Good health enables and creates possibilities to pursue persons full potential, goals and position in the society. (Leppo et al., 2013.)

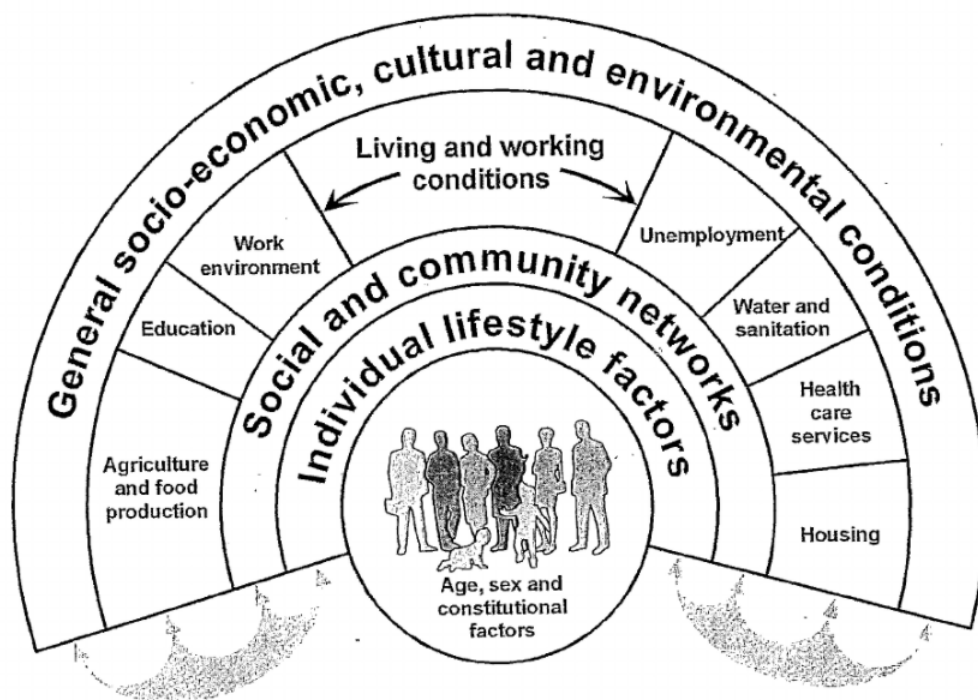


Figure 4. The main determinants of health (Dahlgren & Whitehead, 1991).

Family is defined as a group of people, and family consists of people who are connected by blood, kinship, legal measures, or other connecting factors (Porta, 2018). Family with children usually consist of guardian or guardians, as well as child or children, adolescents, adult children, all ages. At its best, family works as a unit, where family members are being loved, supported and encouraged. According to the THL School Health Promotion study 2019; 75,2 percent of Finnish students at 4th and 5th grade think that the interaction with their parents is open (THL Kouluterveyskysely, 2019).

2.3.1 Importance of family wellbeing

“The family is the most central and enduring influence on children. Families, regardless of their composition, are themselves subject to a variety of social forces that influence how well they are able to meet children’s needs.” (Schor, 1995.)

Supporting the health and wellbeing of families leads to an increase in the wellbeing of children, it is also one of the best ways to protect the children in the family (Newland, 2015). The early years of life are an important stage of life, and it determines many things in the life of an individual later on. For instance, the importance of an early interaction between the caregiver and the baby is well recognized. There are multiple studies presenting the results, that if a mother is depressed and the interaction is incomplete, the baby shows emotional and behavioural symptoms (Korhonen & Luoma, 2017). Since children’s development is an outcome of individual as well as environmental factors, it is essential to support and strengthen the positive environments the children are living in.

Parents wellbeing is a significant factor in children’s health and wellbeing, families’ wellbeing predicts children’s wellbeing. Correspondingly, positive interaction between parent and child, provides better circumstances for child development. Among other things, the physical and mental wellbeing of the parents as well as the resilience of the family are central to the wellbeing of the

whole family. Physically, emotionally, and socially healthy families are also more flexible and resilient. (Newland, 2015.) This is an important issue also in the context of COVID-19 restrictions, when studying the wellbeing of families during the crisis. Those families that had better resilience even before the COVID-19 crisis, most likely were able to cope with the situation better.

2.3.2 Children, the hidden victims of the COVID-19 crisis

There are several reasons for children being affected by the COVID-19, and one main factor is how their parents are managing with the situation. The Finnish Save the Children organization arranged a questionnaire for 13-17-year-old children, to find out their thoughts about the COVID-19 situation and its impacts to their daily lives, free time, school, mental wellbeing, future sights and the situation in their families. The children felt that the exceptional situation had changed their lives dramatically. Many experienced that their mental health had declined and more than one in three were worried about their guardian's wellbeing and its effects to the atmosphere at home. More stress and anxiety were formed by insufficient support. There was more loneliness than before due to the social distancing and challenges to maintain social relationships. According to the responses, bigger impact on children from low-income families can be observed. Compared to the other children, the children from low-income families reported more often about their weakening mental wellbeing, challenges in school and an increased need for family support. Due to the COVID-19 circumstances more than one in ten children in a low-income family reported that they did not get any warm and nutritious lunch during the day when school meals were temporarily on a break. (Pelastakaa Lapset, 2020.)

Those families who have already had psychosocial or economic problems previously, will most likely have a bigger impact due to the COVID-19 circumstances. Research conducted in the United States by Gassman-Pines, Oltmans Ananat, & Fitz-Henley (2020): "COVID-19 and Parent-Child Psychological Well-being", shows that those families who had mental health issues before the COVID-19 crisis were more likely to have deteriorating mental health, compared to those who did not have mental health issues before.

Altogether, the coronavirus crisis has significantly reduced the psychological wellbeing of adults and children. Families were facing hardships, such as job or income losses, health issues and burden of children's homecare, during the pandemic crisis. These were strongly related to the psychological wellbeing of adults and children after the crisis. (Gassman-Pines, Oltmans Ananat, & Fitz-Henley, 2020.) The Finnish Institute for Health and Welfare (2020) announced in their report that Coronavirus epidemic has weakened the economic status of working people and the periods of layoffs have clearly increased during the corona epidemic. This is important when studying the family's health and wellbeing, as the difficult and stressful financial situation is a burden to the whole family. The report also shows that the crisis seems to have hit most sturdily young people. Rising unemployment rates and layoffs are expected to increase economic problems as the epidemic continues and the need for income support for the population will increase. Income problems are also increasing the risk of other social problems. (THL, 2020.)

2.3.3 Coronavirus affects on families

Despite of the low incidence and mortality rates of COVID-19 within children and young people, the restrictions and mitigation actions have hit this particular age group fairly hard. In the publications of the Finnish Government 2021:2, the working group stated that: *"The corona crisis has had a significant impact on the well-being and rights of children and young people. It also has serious global implications for the realization of children's rights. Corona crisis affects all children and young people, but the duration and extent of the effects vary. The threat is that the crisis will increase inequality between children and young people."* (Finnish Government, 2021.) It is essential to reconsider the family and community response approaches during a pandemic, since the actions taken will have significant impact on the health and wellbeing of families. (Sprang & Silman, 2013.)

Various studies represent that the key elements influencing on families' health and wellbeing have been the due to the secondary effects of the pandemic.

These factors were formed by reason of the restrictive measures and recommendations, which resulted in the transition to distance education in schools and in early childhood education, the recommendation of social distancing and restrictions on gatherings, as well as the telecommuting recommendation. (Härmä, Kestilä & Rissanen, 2020.) Similar outcomes were noticed correspondingly in a Swiss study, which presents that the COVID-19 pandemic situation has had an impact on the primary school children's emotional wellbeing (Bringolf-Isler, Hänggi, Kayser, Suggs, Dössegger & Probst-Hensch, 2021).

While crises weaken some families, it is noteworthy that other families are getting stronger and inventing new ways to function. Walsh presents the family resilience framework; family resilience is a key factor in coping and surviving from crisis. (Walsh, 2003). The COVID-19 pandemic is not an exception from this perspective either. There have been both positive and negative developments in the wellbeing of families. For some families the positive elements have been for instance increased family time. (Härmä, Kestilä & Rissanen, 2020.)

Health impacts

The outbreak of the New Coronavirus changed societies in multiple ways, it has had multiple negative consequences, and it most likely will have long-term impacts on citizens. Families with minor children have been struggling with the situation. Even though children are having milder symptoms or no symptoms at all, they are at the risk of being among the hidden victims of the COVID-19 pandemic. This global pandemic is having an impact on all the people around the world, especially due to socioeconomic influences, and specifically by the mitigation actions, that may unintentionally do more harm than benefit. To some families and especially children the impacts of this crisis may be lifelong, and what is more important the negative outcomes are not equally distributed. It is expected that the unprecedented situation will be causing most harm to the children living in the poorest countries, the poorest neighborhoods and

situations already difficult and vulnerable. The effects of this crisis to the children are multidimensional. First of all, the coronavirus itself is directly affecting the children's health and wellbeing. Secondly, there are multiple immediate socio-economic effects, which are formed from attempts to stop the virus from spreading, and last of all, the potential long-term effects of the pandemic situation. (UN, 2020.)

Psychosocial impacts

Coronavirus itself has brought health issues to concern. The Finnish government had to take action to reduce the spreading of the disease. Therefore, the mitigation actions took place. That meant lockdowns of the whole society, schools were closed, and the students were doing distance learning, there was a hard command to move towards telecommuting, hobbies and other social gatherings were prohibited, and restaurants and other cultural places were closed. All these mitigation actions forced people to stay at home, not being able to proceed with their previously normal lives. Even though the virus has had more severe impact on the elderly and sick people, the restrictions and mitigation actions have hit most sturdily on the young and working people. *“As with most other stressors, resilience and coping are bound to play their role for most individuals. Special attention is needed for those who were already struggling or unwell before home quarantine.”* (Clements et al. 2020.)

Economic impacts

The research on COVID-19 pandemics impact on the health and wellbeing of families and children has yet been explored and studied. However, as well known, family's wellbeing has great impact on their children's wellbeing. Economic research provides evidence that negative crisis to the parents, like job loss, have a damaging causal effect, for example on children's school success. Likewise, there is evidence that later in life experienced large negative

shocks have long-lasting effects. For example, income stays lower in the long run for the workers unemployed or employed during the crisis. Interrupted studies, complications to move into working life and termination of own or parents' careers have parallel consequences, as in the unprecedented time of the corona circumstances. (OKM, 2020.)

2.4 The previous knowledge and the current study

This chapter has provided a brief compendium of the literature relating to the previous pandemics as well as the current corona pandemic, families' health and wellbeing and the impact of exceptional circumstances to families' daily lives. The health and wellbeing are undeniable factors and important enablers in families' capabilities to cope with difficult situations (Leppo et al., 2013). Considering the literature, the data reveals that the impacts of COVID-19 have been significant on families (UN, 2020). It is essential to understand the secondary outcomes of unprecedented circumstances and to develop future preparedness for situations alike. There are questionnaires and inquiries conducted for different populations affected by the COVID-19 pandemic (Pelastakaa Lapset, 2020). In this study, the data reflects the side of parents with children under the age of 18 and concentrates especially on the impacts of the COVID-19 mitigating actions, such as school lockdowns, strong guidance to take children to homecare and shifting to remote work, as well as their influence on families coping, health and wellbeing.

3 RESEARCH AIM AND QUESTION

The overall purpose of my thesis is to study the health and wellbeing of families during the COVID-19 pandemic. The aim of my thesis is to investigate the outcomes and impacts of the COVID-19 pandemic to the families' everyday lives. Since the research is based on a ready-made questionnaire which aims to monitor the daily lives and state of the families in the time of the pandemic, studying the data provides valuable information to achieve the aims of my thesis and provides answers to my research questions.

The research question:

- How families describe their everyday lives during the exceptional circumstances caused by the COVID-19 pandemic from a positive or negative perspective?

4 MATERIALS AND METHODS

4.1 Source of the data

The research is based on a questionnaire conducted by The Finnish Central Union for Child Welfare in cooperation with the *Equal opportunities for life* ('Kaikille Eväät Elämään') -program. The questionnaire was intent for parents with children under the age of 18 and who were living in Finland at that very moment, during the COVID-19 pandemic. The aim of the questionnaire was to monitor the lives and state of the families in the time of the pandemic. Its purpose was to evaluate the changes in the daily lives and how they have been affecting the families or parents. The questionnaire also aims to find out how families or parents are coping with the home-school or taking care of under-school-aged children at home besides work and during the time of social distancing. (Paju, 2020.) There were also questions about the financial situation of the family. The questionnaire seeks answer to the question how the exceptional situation has influenced on the daily lives of these families. The questionnaire included both open ended as well as close-ended questions.

4.2 Data collection and study population

The same questionnaire with small variations was repeated twice after the first one. The first questionnaire was open for any parent to answer between 9.-19.4.2020 and the second repeated questionnaire was open for answers between 6.-17.5.2020. The third questionnaire was open during the second wave 23.11.-11.12.2020. The first questionnaire received a total of 2509 answers, the second one total of 1450 answers and the third 782. There were no specifically chosen target groups, instead the questionnaires were open for all parents with minor children living in Finland. There was no follow up and the repeated questionnaires were open for all parents, therefore there are no possibilities to investigate any specific group or individuals. Meanwhile the study

population presents that the female respondents were emphasized as survey respondents in all questionnaires, as the gender division was over 90 % female participants in all data collections (Paju, 2020). Some of the characteristics of the respondent population as well as some background information of the respondents is presented in the figure 5 below. From the table can be seen that the majority (68 %) responded that they had participants in distance learning (Figure 5). The percentage of children in early childhood education was 50 %. (Paju, 2020.)

<i>% share of the respondents</i>	<i>%</i>
<i>Women</i>	<i>95</i>
<i>Two parent families</i>	<i>80</i>
<i>Participants in distance learning</i>	<i>68</i>
<i>Children in early childhood education</i>	<i>50</i>
<i>→ of which in day-care during the lockdown</i>	<i>25</i>
<i>No immediate threat of layoffs</i>	<i>66</i>
<i>Business significantly disrupted</i>	<i>9,3</i>
<i>Possibility for distance work/studying entirely</i>	<i>36</i>
<i>Possibility for distance work/studying partly</i>	<i>33</i>
<i>Perceived livelihood good or fairly good before the crisis</i>	<i>80</i>
<i>Perceived livelihood good or fairly good during the data collection</i>	<i>68</i>

Figure 5. Information of the study population (Paju, 2020).

Participants who answered in the first questionnaire were asked to leave their e-mail addresses to get an invitation to the second questionnaire. That was also encouraged with free movie tickets. The questionnaires were found from the webpages of The Central Union for Child Welfare and *Equal opportunities for life* ('Kaikille Eväät Elämään')- program as well as on their social media. (LSKL, 2020.)

The questionnaire was only in Finnish, mainly due to scheduling reasons (LSKL, 2020). It included both closed and open-ended questions. There were

questions about the background information of the family, such as gender of the respondent, area of living, economic situation of the family, or whether being a two-parent family. The questionnaire conducted both qualitative and quantitative data. The qualitative question studied in my research is: *“How would you describe in your own words the impact of the exceptional period on your family's daily life?”*

4.3 Access to the data

To receive the data to be analysed in my research, I contacted the project manager, Petri Paju, from the Equal opportunities for life (‘Kaikille Eväät Elämään’) -program. I presented my interest towards the subject, questionnaires, and data for my thesis in mid-April 2020. We agreed with the project manager that I could use the material and data for my master’s thesis research. At the end of May 2020, I received some of the data, but the data in whole was available later and the data-analysing process began after that. The data was gathered by using webropol survey. The aim of this thesis was to study the first questionnaire, since the participation number was sufficient and great.

4.4 Data analysis methods

The questionnaire is rather short, nevertheless, the ambition to analyse the whole questionnaire could be suitable for a larger study. Therefore, I am concentrating only on the impacts of the pandemic to specifically on the everyday lives of these families. The questionnaires included both open-ended and closed-ended questions. In this thesis only the qualitative data is studied, and especially concentrating on the open-end question: *“How would you describe in your own words the impact of the exceptional period on your family's daily life?”*

4.4.1 Qualitative content analysis

The method of analysing is qualitative. Qualitative analysing method is about construing the data, it is inductive and flexible (Schreier, 2012). The qualitative data in the chosen question will be analysed using textual data analysing methods, in this case qualitative content analysis (QCA). This approach allows to study the huge data as well as systematically and objectively interpretate the studied matter. It requires a pre-determined research question. The method enables to search for various categories and themes within the responses, and to use coding frame in the process. The QCA leads the researcher to trace the key aspects and to select the issues most interesting or relevant. These factors create the base for the coding, and they later form groups, which are called the sub-categories. The main categories or themes are formed when sub-categories are united into larger categories. (Schreier, 2012.)

Process in material-based content analysis is inductive and follows the data, compared to the theory-based content analysis, which progress is based on a theory (Tuomi & Sarajärvi, 2019). The progress involves three stages: the reduction of material, clustering the material and abstraction (Miles & Huberman, 1994; Tuomi & Sarajärvi, 2019). The following figure (figure 6.) presents the way the content analysis proceeded in this particular study. The order of movement is from a larger perspective to a precise understanding, still beginning from a smaller detail. When conducting the analysis, the purpose is to understand the respondents in every stage of the process. Content analysis is very flexible and thereafter the process is always kind of a unique. (Tuomi & Sarajärvi, 2019.)

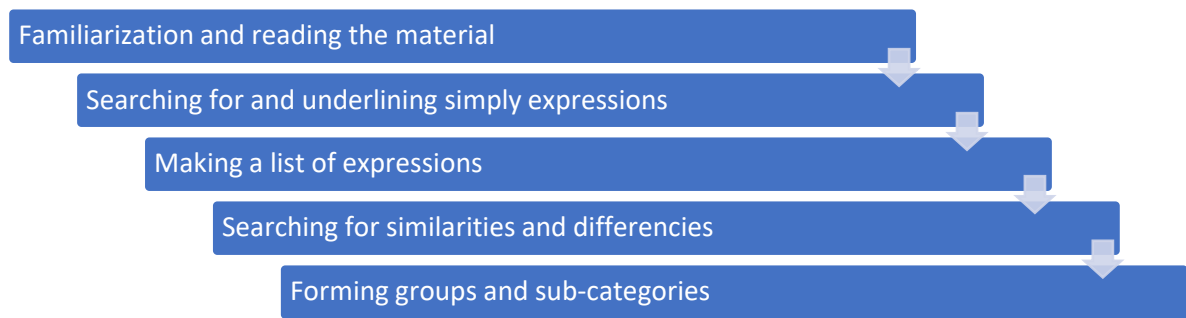


Figure 6. Progress in material-based content analysis (Tuomi & Sarajärvi, 2019).

4.5 Data analysis

This study is carried out by using qualitative research and more explicitly qualitative content analysis. The method is data-driven and inductive, which enables to search for patterns, similarities or differences, categories or themes, by means of coding (Tuomi & Sarajärvi, 2019). The qualitative content analysis (QCA) aims to find meanings in the data studied and to look for answers to my research question. Thereafter the data can be also quantified by calculating the total amount of different words, codes, themes and matters within the dataset. This action will justify and highlight the relevance of the chosen categories.

The premise was 1371 open ended answers to the question: *“In your own words, how would you describe the impact of the exception period on your family’s daily life?”* (Finnish; *Miten omin sanoin kuvaisitte poikkeusajan vaikutusta perheenne arkeen?*) The answers were in Finnish as was the whole questionnaire. The replies vary from few words to a longer 29 sentence explanatory reply. The data was on a PDF file and a platform of Microsoft Edge and its tools were used to analyse the data. As the data was in Finnish, the analysing process was conducted in Finnish and thereafter the analysing process and results were translated into English.

Firstly, I became familiar with the data, glanced the material several times and decided which themes to follow and how to proceed with the coding. The research question was already decided at this point. As the data in this research is so wide, it is not possible to study all the meanings or to reveal the full

meaning of the contents. I thereafter generated the initial coding system to bring up the matters that were interesting and important features of the data and especially relevant to my research question. Positive and negative aspects were thus selected as the two main themes, since the research question aims to find an answer considering those two features. The data was read carefully. Thereafter, the research material was coded by following closely the chosen interest with selected coding and note-system. All the data was precisely coded. The greater picture of the data was formed as a result of coding of small details and mentions.

I used coloured highlighting, notes, letters, marks and underlining to separate and to detect the codes (see figure 7 in chapter 5). I also used separate Word file to write notes and to pick up suitable quotations. To the word file I also did parts of the analysing. Codes formed groups and categories with similar contents. Similarities were looked from these sub-categories as well, and they were then collected together forming categories. As the research question contained division into positive and negative outcomes, these two formed the main categories at the end.

After finishing with the coding and forming of categories, I commenced by counting the mentions each code or category got out of all responses. The answers were individually coded and only one code per item and per answer was selected to the analysing process. Majority of the responses included one or more codes. This method then allowed to calculate these codes or categories in quantitative manners and thereafter to compare with each other.

4.6 Ethical considerations

When conducting qualitative research several ethical considerations must be taken into account. The same applies in this study as well. This study has followed good ethical and scientific practise in line with the Finnish Advisory Board on Research (TENK, 2012). The basic values and respect of human

dignity, cultural immunity and unharmed people are self-evident ethics when conducting research, and they were closely obeyed in this study (TENK, 2019). The Finnish Advisory Board on Research states that the researcher must follow the mutual agreements to be able to conduct good scientific practice (TENK, 2012). These agreements are included within the whole process of this study. Honesty and careful research methods have been an important part of the work. The data collection was completed formerly, and the participation was voluntary and anonymous. The participants were aware of the usage and purpose of the collected material. With participating they gave their permission to use the data for research purposes. Since the data already existed, there was no need for other permissions than what agreed with the Finnish Central Union for Child Welfare project manager. The sources are properly cited as well. There were no funding nor other commitments included in this study. The purpose of this study is to openly produce information to support the existing knowledge and to add data for common good. (TENK, 2012.)

5 RESULTS

In this section I am going to present the results theme by theme. In addition, I am introducing the sub-categories as well as other significant issues risen from the data. Once analysing themes, persistent and significant patterns in the data set were discovered. These themes are categorized as positive and negative effects of the exceptional circumstances caused by the COVID-19 pandemic. The sub-categories overlap in a way of being either positive or negative, or both. They overlap also partially with each other. The main categories: positive and negative as well as the sub-categories can be found from the figure 7. below. The main categories are in bold, and the rest are the sub-categories. The areas of emerging issues were shaped from the ideas and understandings of the respondents.

In addition, the content analysis method allows to calculate the units or for instance single words. In this study the mentions were also calculated and the total amount of these categories or sub-categories can be found from the figure below (figure 7.).

	Mentions	/1371 = %
Negative	1032 (781)	75,30 % (57 %)
Positive	433 (182)	31,60 % (13,3 %)
Positive and negative	251	18,3 %
Distance	413	30,1 %
Social relationships	311	22,7 %
Hobbies	224	16,3 %
Sickness / difficulties	178	13 %
Responsibility not equal, single parent	65	4,7 %
Money / economic	61	4,4 %
Screentime	48	3,5 %
Too tightly together	35	2,6 %
No impact	25	1,8 %
Support measures	20	1,5 %
Domestic violence	2	1,14 %
“Stress” mentions	206	

Figure 7. Coding table and quantification; mentions per item.

Most of the respondents experienced the pandemic circumstances negatively (57 %). After purely negative responses, the second largest group of answers on behalf of negative and positive aspects were those who said the circumstances has had both positive and negative consequences. There were 18,3 % out of all responses, which said that the exceptional period has had both positive and negative effects (Figure 7). Mainly the responses were referring to the positive aspects of spending more time together or the lack of stress and at the same time the negative consequences of the difficulty of combining work and childcare.

On the other hand - situation. Everyday life and scheduling and the variation of childcare shifts are tightening the atmosphere, but on the other hand, there has been more time with the family. (Answer 1340)

Positive: Can see the development of a small child better and has more time with him. Negative: Time is limited when both are working remotely and finding a stimulus for the child feels challenging. The child accidentally gets more shouted at when trying to cope with an everyday puzzle and has a bad conscience. A lot of ready-made food has been eaten to save time. There is less time for exercise on weekdays and after a busy day, there is no more endurance, for example, to call friends. Fortunately, communication with grandparents via videocalls is successful. (Answer 42)

Even though a large group had experienced the exceptional period in both positively and negatively, there were parents who felt that the situation had had only positive impact and it had advanced their family's situation. Purely positive answers were 13,3 % of the responses, forming kind of the third group of these themes (Figure 7). On one hand, we could also add the neutral "No effects" group into positive effects, as the daily lives had remained the same. At least the exceptional period did not change anything into worse.

There were sub-categories which were mentioned in both positive and negative way. First, distance learning or working was mentioned in 413 responses, some of which in a positive or negative manner (Figure 7). This equals a total of 30,1 % and creates the biggest sub-category group. Second largest group, social relationships, were mentioned in 22,7 % of the responses. The third group that received attention was hobbies. Hobbies were mentioned in 16,3 % out of all the replies. Out of all responses there were 13 % share of a mention about

health-related issues, sickness or some difficulties in the family that needed care and attention. Majority were related to some sort of disability or neurodevelopmental disorders, such as ADHD or special needs with education. In 4,7 % of the responses there was a mention of a single parent or that the responsibilities between the parents were not equally distributed. Money or the economic situation of the family was mentioned in 4,4 % of the answers (Figure 7). The other sub-categories not mentioned now were mainly referred in a negative way.

One major word that was repeated answer after answer was “stress”. “Stress” was mentioned 206 times (Figure 7). Stress was experienced negatively due to the disease itself, restrictions, and lockdowns. Some were stressed because they were scared to get sick or their closed ones would get the disease, especially people were scared for those in the risk groups. A lot of stress was also caused by home-school and distance work, especially when combined. Stressful for the family members was similarly the intensive time spend together and very closely with each other. Some stress factors were due to financial reasons.

*Increased work stress for both parents. The child does not meet other children, so parents must "entertain" more than usual, so there is practically no time for yourself / relationship.
(Answer 116)*

In some answers “stress” was referred positively when the restrictions had erased all the stress factors or at least diminished them. Before the exceptional time caused by the COVID-19 pandemic and its restrictions, stress was caused by for instance hectic lifestyle, hobbies, arrangements, going to places, too little time, and work. When the restrictions took place, they also eased these families’ daily lives.

The feeling of urgency and stress has decreased due to remote work. The children manage their school well and relatively independently. The use of media has increased. (Answer 1324)

5.1 Negative effects of the exceptional period

The study revealed that the exceptional time due to the COVID-19 pandemic and its restrictions were mainly and mostly experienced in a negative way. Out of all responses (1371) there were 1032 negatively coloured answers. Therefore, it makes a total of 75,30 % negative comments. This percentage also includes those answers which had positive mentions at the same time. If calculated only negative comments, the percentage is 57 %, which is still over half of the responses. There were multiple negative causes and effects due to the exceptional time. The categories of negative effects can be seen in the figure 8.

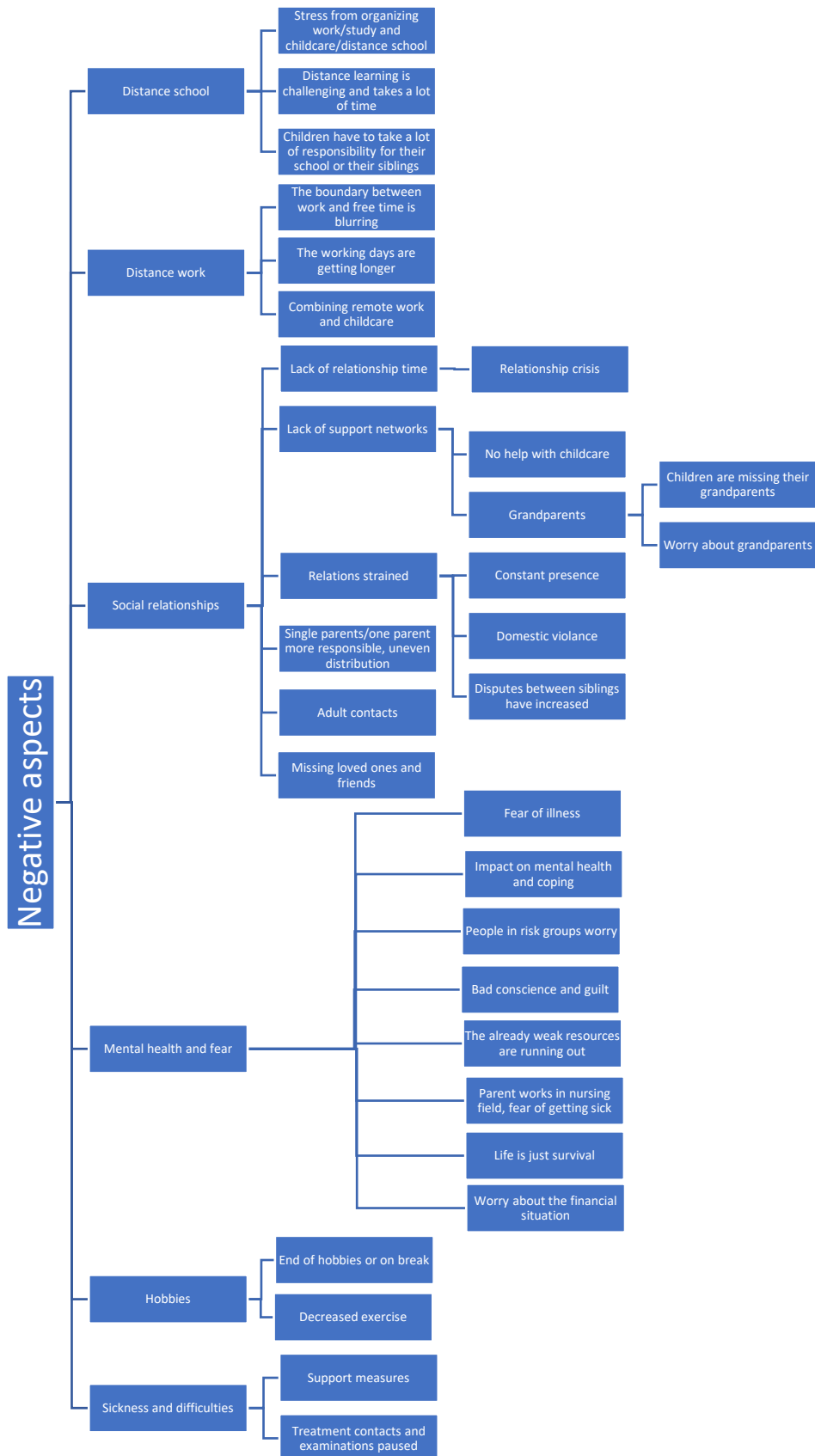


Figure 8. Coding process and a negative coding frame.

5.1.1 Home-school and remote working

The difficulty to combine home-school with working remotely was one major outcome. Parents felt it very difficult to manage with their own work remotely at the same time with children being at home. It felt overwhelming and caused a lot of stress. Many respondents emphasized that they could not be as effective, and the working days were prolonged, and they were working during the night hours to deal with the situation. Some guardians also stated that the children had to take a lot of responsibility for their school or their siblings, since parents had to do their work.

Some reported that home-school did not go well. There was not enough guidance or stimulation for the children provided on behalf of the school. Some replied that there was too much homework, and therefore the school children could not handle them all. Parents were not able to help their children with homework and they were left alone to survive with their tasks. This caused guilty conscience for the parents.

Combining distance schools, kindergarten and remote work is difficult. (Answer 479)

Both parents have found the situation very stressful, and it has even been considered whether it would be better to take the children to school / kindergarten when it is not forbidden. However, would it be better option than fighting here at home and everyone's mental health breaks down and family will break up? (Answer 1252)

5.1.2 Social relationships

In many responses the exceptional period and the restrictions, were the pure reason for troubles in the family and in their coping. The prolonged restrictions and spending a great deal of time together as a family caused intensified atmosphere and arguments. Siblings had more arguments with each other, and parents were missing their relationship time. Some guardians stated that they lost their temper more easily and that children got shouted at more often.

Maintaining routines is tricky when children are annoyed. Food needs to be prepared all the time. Tired. (Answer 136)

Prolongation causes unnecessary quarrel especially between adults. (Answer 420)

Boring, miserable, uncomfortable. There is not a moment of peace for the parent. (Answer 492)

Especially not being able to see face to face relatives or friends was experienced very hardly. Children felt sad when not being able to meet with their grandparents or friends. Expressively the lack of support networks was exhausting for parents. Because the lack of support with childcare, parent's felt like there was no free time, time for themselves or rest at all.

All help and support are on pause. I wish I could pause myself too. (Answer 358)

5.1.3 Mental health

Mental health was tested during the restrictions in many families and in many ways. The exceptional time caused fear especially due to the virus itself, and the possibility to fall ill. People were concerned for their relatives who were more likely to develop serious illness due to some underlying medical condition. Some parents were working in the health sector, which caused anxiety and fear of transmitting the virus. The secondary effects of the pandemic caused anxiety and discomfort for the whole family.

I feel anxious. The children must manage on weekdays alone with their studies. My anxiety is reflected in my sleep at night, I can't sleep properly. (Answer 769)

If the family had experienced difficulties already before the pandemic, the situation had gotten much worse in many cases. Some responded that life was all about survival.

...and what normally works still works now - grocery-homework. What has been difficult before is emphasized - dealing with emotional issues, sharing parenting. (Answer 1031)

Life is very stressful at the moment when everyone is there all the time. Nerves on edge and endurance. Our family's situation was not the best possible before the corona, so this situation has burdened us a lot. Only the other parent can be flexible and that is very harmful for coping. (Answer 1254)

5.1.4 Hobbies

Referring to the responses many children and adolescents had to give up their beloved hobby. Restriction of meeting assemblies, closing of hobby and gathering places and suspension of activities led to a pause of hobbies and an end to hobby opportunities. Hobbies were seen as a social event as well, and children were sad that they were not able to meet with their friends from hobbies either. The respondents said that their family's physical activity had decreased, and they had nothing to fill the gap left by their hobbies.

The regular hobbies were put on hold, which reduced the parents' own time and the exercise of the active child. The other parent works in shifts, so he gets to "rest" at work. The full-time Sunday feeling makes you lazy when it comes to exercise as well as a healthy diet. Constant monitoring of your own symptoms is starting to be tough, as well as not being able to see friends and relatives. (Answer 945)

5.1.5 Sickness and difficulties

For majority of families with disabilities, difficulties, sickness or special needs, the exceptional period was experienced very tough. First of all, 1,5 % of the respondents brought up that all or majority of the support measures were suspended.

The child's and own psychiatric treatment did not take place as agreed, and after a long wait, the examinations were stopped. We have not received the home service we requested, even though the situation is exceptional (the decision is based on an old assessment, and even then, the social worker has seen the need for the service). It is difficult for a child with special

support to tolerate everyday changes and go to school. The tantrums at home have increased, he throws things and breaks them. The professional support person was sick and said that they have been advised to hold meetings remotely. (Answer 247)

The daily routines of the neuropsychiatric child changed completely, and it has been very challenging to adapt the new routines. (Answer 347)

The burden of being a single parent or that the responsibilities in the family were not equally distributed between the guardians was brought up in 4,7 % of the answers. This stressed the family's coping even more and made the situation even worse.

As a single parent, taking care of a severely disabled child 24/7 has been very stressful. Working as a remote teacher (only assignments from school, no guidance or remote teaching), therapist, nurse, cook, cleaner, etc. has not left me a single moment of my own time. In addition, the letter from the city "use family care leave only if you have to" did not make me happy... (Answer 7)

Screen time was one thing, which was also mentioned many times. As calculated, screen time was mentioned in 3,5 % of the answers. Screen time in most of the cases was referred when explaining that the time spent next to a smart device had increased. And this was seen as a negatively mandatory consequence of the pandemic circumstances because there were not many other things to do.

At home, sometimes we're running out of things to do, it's boring. The screen time has increased considerably. (Answer 119)

There was only one answer which brought up that the consumption of alcohol had increased. I wanted to give attention to the domestic violence in this part as well, as even a single case is too many. There were two answers which presented that the domestic violence in the family had increased or returned as shown in the next quote:

Domestic violence has returned after many years. (Answer 594)

5.2 Positive effects of the exceptional period

Positive effects formed four main groups; home-school and distance work, social relationships, mental health, hobbies and sickness and difficulties (Figure 9). Despite of positive responds being in the minority, there were still multiple positive outcomes that the mitigating actions had had on the lives of these families. Positive categories can be seen in the figure 9 below.

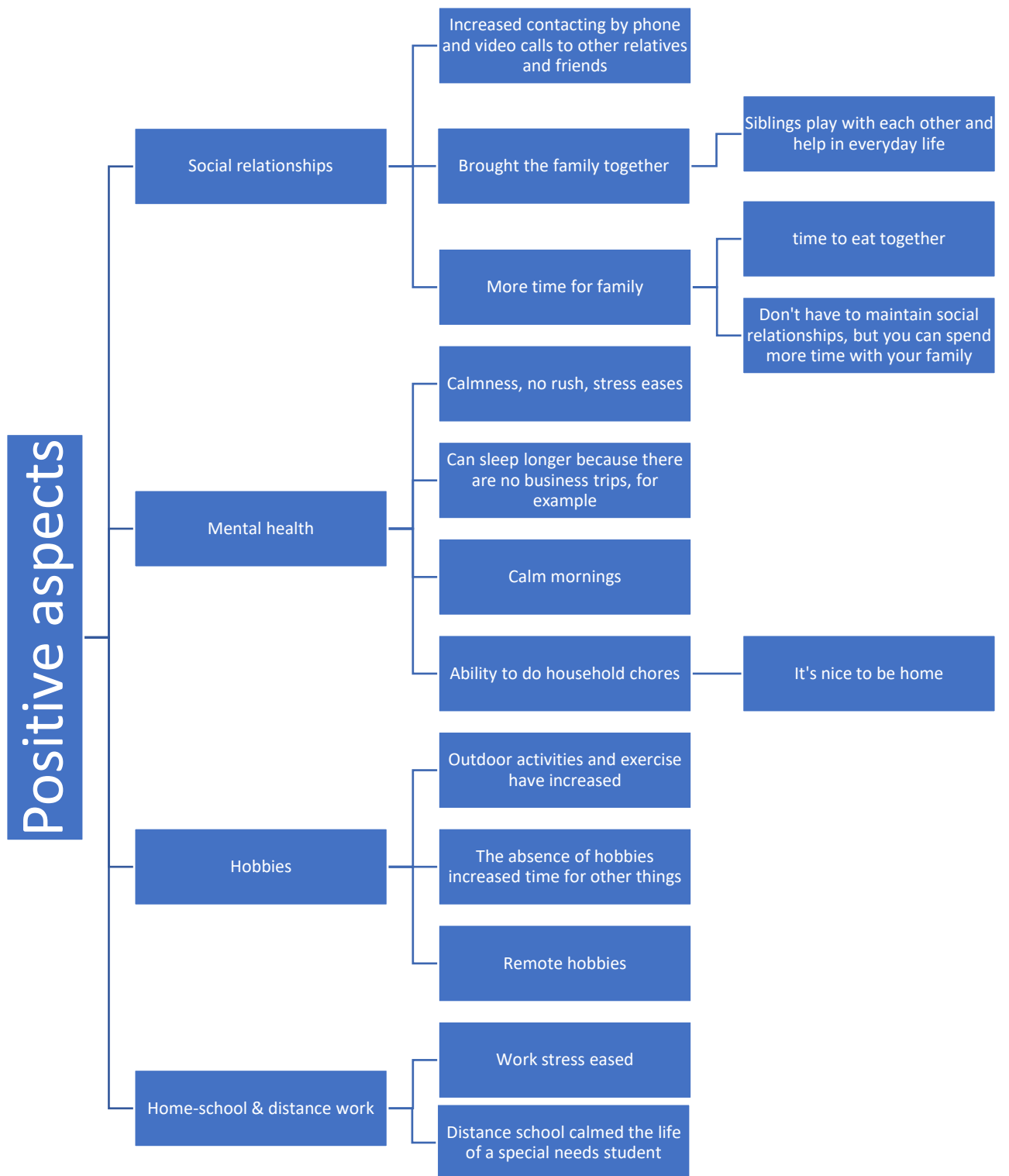


Figure 9. Coding process and a positive coding frame.

5.2.1 Home-school and remote work

For some families home-school was a relief. For example, if the family's school-aged child had some sort of difficulties at school or in concentrating, home-school was a better option since there were not as much disturbing factors as at school. Home-school also allowed parents to follow more closely their children's schoolwork and attend to it.

All social relationships on pause (except remotely), the child doesn't even have remote friend contacts. It's just the two of us at home. There is good in this. The child's ADD has not shown any symptoms during this time. Studies go better without distractions, which there were a lot of in own class (noises, too many children, etc.) (Answer 70)

Telecommuting had relived stress since the pressure was milder and the long work trips were off the schedule. Time spent while travelling to and from work released time for other things in life such as spending quality time with the family. Some even felt relief since remote working had not been appropriate earlier.

Remote work has made it possible to prepare the food myself from the beginning, because the 2h 20 min commuting is partially eliminated, and there is more time for household chores. (Answer 920)

5.2.2 Social relationships

In 31,6 % of the responses were mentioned positive factors that the exceptional period had brought to the lives of the families. Many respondents referred to the positive side of increased family time. The time brought family members closer

together and even the siblings were now playing more with each other and enjoying the time spend together. The exceptional circumstances clearly clarified some basic values in life.

The understanding that someone can get sick has brought a certain closeness and we enjoy being together in different way. Our family feels closer than before Corona. (Answer 308)

There is more time together when there is no need to move from place to place and everything happens at home and in the vicinity. We sleep longer, eat, and go out together on weekdays as well. This feels like a more balanced life than before corona, when there was always a rush, too many departures and schedules. (Answer 550)

We all have it better when being all more together. ♥ (Answer 569)

It has had a positive impact to us. It is wonderful when there is family time together, there is time to play board games, etc. in the evenings. (Answer 79)

Pandemic circumstances had also a positive effect on some families eating habits and meal preparation. Some families had more time to eat together and prepare better meals.

The time together has increased, and schedule rushes have vanished. There are more meals together and more things are talked about than under normal circumstances. (Answer 184)

Everyday life has been calmer. The whole family has been more together. Everyone has enjoyed especially the common meals. (Answer 206)

As the social interaction and close contacts were prohibited, phone calls and videocalls with closed one's amplified their importance and therefore use of mobile calls had increased during the pandemic times. Some parents let their children play with one or few friends, this was experienced as a coping mechanism through the lockdowns. Some parents were relieved when they did not have to maintain social relationships.

5.2.3 Mental health

Due to the restrictions, avoidance of social contacts, and staying at home, people had possibility to spend more time at home, without stress of going from one place to another. Many answers referred to the peacefulness the exceptional period had brought to their lives, no rush, and no stress anymore. They had more time and endurance for the household chores, and some even said that they now had the time to do the chores and home renovation that had been left waiting.

Working or studying remotely from home decreased the time traveling to and from work, as well as too early or busy awakenings, therefore the respondents enjoyed the peaceful mornings and extra time for sleep. This also lowered stress, relaxed, and increased mental coping, and some even referred that their mental health had improved. The time released from work journeys was highly welcomed and transferred to more meaningful matters.

5.2.4 Hobbies

The exceptional period had an impact on families' hobbies as well. Most of the positive impacts were due to the interruption of hobbies, and thereafter there were excessive time spend to another things, the extra time led to further free time and less stress. From the positive perspective, families had more time to exercise together or do for example forest trips and overall spend more time outdoors. Some also got instructions from guided hobby to do distance training.

We are together more than usual. We even feel a little guilty about the fact that we even partially enjoy this time (if we didn't have to worry about the elderly people around us, etc.). We go outside together every day. We eat together twice a day, which is not normally possible. The hobbies are not on break either, because the child's scout group meets remotely every week, and the soccer club has given training instructions and the training is reported to the coach. (Answer 132)

5.2.5 Sickness and difficulties

As 13 % of the respondents mentioned the sickness or difficulties, which were affecting their lives already before the COVID-19 pandemic, there were some positive impacts of the pandemic circumstances that eased these families' daily lives. For instance, some children with special needs enjoyed the lack of interfering and disturbing class environment when studying or the absence of an active leisure time which included going here and there, for them the exceptional period brought peace and relief.

School-aged child from a special class stayed at home. The home school has somewhat tightened the relationships between people, but on the other hand, the boy's workload has

eased, the separation anxiety has eased, the boy is happier and gets along better with his brothers. He also wants to go outside, which he hasn't been able to do since last summer. Otherwise, it has been normal everyday life, but not been able to see grandparents and the clubs etc. have been left out. (Answer 551)

The family's everyday life has been less urgent. The only stress factor has been the difficulty of getting a remote job for a parent. Otherwise, the exceptional period has been peaceful and brought the family closer together. The children spend more time together and the teenager is also excited to play. A special child enjoys when there is no pressure to participate in any activity outside the home. (Answer 524)

6 DISCUSSION

This chapter reviews the key findings and results. In addition, there will be reflection between the main findings and the previous research as well as the literature review. The strengths, potential weaknesses and limitations of the study are also observed. Furthermore, the generalizability of the results is considered and how to utilize these findings.

6.1 Main findings

COVID-19 pandemic had a great impact on families' lives. The data studied in this research contains material from the questionnaire, which was implemented during the first massive lockdown. The first lockdown included closing schools and a strong recommendation to remote work. The major causes of discomfort for families were the consequences of the lockdown. The exceptional time had both positive and negative effects on families' daily lives. This study hypothesized that pandemic control measures and actions had a great impact on the daily lives of families living in Finland. Referring to previous research, it is well known that the main determinants of health define greatly our health and wellbeing (Dahlgren & Whitehead, 1991). The pandemical circumstances had a massive impact on them, thus it is obvious that there were consequences due to COVID-19 pandemic.

The study results show that parents experienced the circumstances differently, but still common patterns can be found from the data. This outlines the fact that family resilience is one key factor in coping and surviving from crisis (Walsh, 2003). Therefore, the most common question was, if there were differences between the experience of positive and negative outcomes. Hence, the research question: "How families describe their everyday lives during the exceptional circumstances caused by the COVID-19 pandemic from a positive or negative perspective?" was chosen.

The aim was to study the positive and negative impacts that the COVID-19 pandemic had on the families living in Finland. This to be analysed, a qualitative content analysis was used. The open-ended responses were analysed, and clear patterns were found. The positive and negative outcomes formed their own themes and within them multiple sub-categories were found. The results were clearly divided into negative, positive, and negative & positive responses.

The most significant discovery was that negative experiences were highlighted within the responses, majority of the respondents felt like the exceptional period had caused them a lot of harm and difficulties. 57 % of the responses were purely negatively shaded. 75,3 % of the responses had some negative mention. A number of studies have postulated a convergence between the wellbeing and the mitigating actions. A data collected during the H1N1 pandemic presents that actions made to prevent the disease from spreading has negative impacts on both parents' and children's mental health (Sprang & Silman, 2013). For instance, similar negative patterns and impacts were found in a Pelastakaa Lapset -study, conducted likewise during the strongest mitigating actions (Pelastakaa Lapset, 2020).

Positive mentions were in 31,6 % of the responses, but purely positive replies were only 13,3 %. The comments that included both negative and positive mentions, were 18,3 % of the responses. Within either positive or negative comments regular patterns and subject matters were found. These mostly mentioned and emerged to be the main sub-categories were home-school and remote working, social relationships, hobbies, and sickness and difficulties. Mental health was raised as a wider concept to the sub-categories as well. Also, the word "stress" was emphasised in the dataset and was mentioned in 15 % of the responses. Supplementary issues mentioned were economic, living too closely together, responsibilities not equally distributed or single parent, screentime and supportive measures, these especially experienced in negative manners.

The main negative impact was due to working remote and distance school, and especially when trying to combine these two together. Parents felt like they did

not have enough peace and quiet to do their work and they could not be as productive as before. It was similarly very difficult for the children and adolescents to continue with school when shifting suddenly to home-school. The second negative consequence was the burden of physical distancing and isolation. Social relationships were on hold and face-to-face encounters were avoided. Children were sad because they missed their friends and grandparents. Parents felt alone and the lack of support network or support measures increased stress and led to exhaustion.

Mental health was tested during the exceptional period. Because families were suddenly all by themselves and together all the time, arguments and irritation arose. Parents yelled at their children more easily and siblings were fighting with each other more often. Parents felt overwhelmed and exhausted since there was no help available for childcare. These outcomes seem to be global, as for example mental health impacts have been noticed in a Swiss study, which presents that the COVID-19 pandemic situation had an impact on the primary school children's emotional wellbeing (Bringolf-Isler, Hänggi, Kayser, Suggs, Dössegger & Probst-Hensch, 2021).

Positive impacts were in the minority, nevertheless some experienced the consequences of the restrictions relieving. The most important positive effects were because of the lockdowns there was more time to spend with the family, which was very much appreciated. The time brought family members closer to each other and even the siblings were playing more with each other and enjoying the time spend together. The exceptional circumstances clearly clarified some basic values in life. The time spared from work trips, other duties, hobbies as well as visiting other people and places relieved stress. For some children the home-school was a good option, since there was not as much noise or stimulus compared to school environment. Basically, the positive outcomes were due to the time spared of less important responsibilities and arrangements.

6.2 Resources and ethics

The resources available helped and guided through the research process. The good questionnaire data as well as background information and knowledge concerning the studied matter were relevant and available. For me, this thesis is the very first research conducted, therefore it was a new and challenging task. Nevertheless, the project was feasible with an ambition to succeed and with the help and guidance from the university of Tampere as well as from the *Equal opportunities for life* ('Kaikille Eväät Elämään') -project manager Petri Paju. The main supervisors of the thesis were in the beginning professor Clas-Håkan Nygård and until the end professor Eija Paavilainen. There was no funding provided for the research, since the data was previously collected and was provided free of charge.

The questionnaires were anonymous, it is impossible to identify people behind the answers. Therefore, privacy and confidentiality are highly respected. Participants who answered in this questionnaire did it on pure will, voluntarily, and were aware that the results will be used in some way in the following research. They agreed to that by participating in the questionnaire. Impartiality is ensured in study methods. Honesty and openness are an important part of the research (TENK, 2012). Ethical commitment on behalf of the researcher is a driving factor in the whole research process (Tuomi & Sarajärvi, 2019). The research integrity was maintained throughout the whole research process. Parents have participated the questionnaires voluntarily so for the research an ethical approval from the ethics committee was not needed. All data was treated in confidence and the answers of individual respondents were anonymous in the data and thus in the research. If the answers were presented in the text as direct citates, they were marked with numbers and no individual cannot be identified. The responses were numbered in order to be able to locate them from the whole data later on.

6.3 Limitations, strengths and weaknesses of the study

For this master's thesis, I also have to consider the possible limitations of this research. The questionnaire procedure and the data collection were arranged by The Central Union for Child Welfare and *Equal opportunities for life* ('Kaikille Eväät Elämään') - program. They manufactured the questionnaires and implemented them on their webpages. From the webropol questionnaire the data was gathered to forms that can be used in the analysing process. The reader should bear in mind that the study is based on a questionnaire that has been formed and conducted before hand, and the data was already available. Therefore, there was no possibility to influence on them neither rearrange the questionnaire or participants more suitable for my research. There will be minor chance for errors in the matter of forming the questionnaires and arranging the study population. Thus, the questionnaires have been created by someone else and the intent is for their purposes, there might be a slight possibility to misunderstand the original idea of the questions.

The reliability and the validity of the study can be explored in few ways. The purpose was to conduct the study as objective and truthful as possible. The researcher is always a human, therefore being totally objective is impossible. But what is more to it, is that the researcher strives to put presumptions aside and try to understand the respondent's profound meanings. Being an impartial researcher also increases the reliability. The similarity with other studies supports the idea of truthful, as the results of this study are in line with other studies as well as with the previous knowledge. (Tuomi & Sarajärvi, 2019.)

The sample size and the data are large and there are lots of qualitative material to analyse. This may increase the statistical significance. The voices of the respondents are heard. The respondents had possibility to use their own words and they were able to say as much as they wanted considering the whole area of their daily lives during the pandemic. This offers an opportunity to reach further and deeper with the understanding of the real meanings and intentions. The participants were selected by their own will, which increases the impartiality. Since the data was collected during the intense moment of the

pandemic, it provides valuable information from the very moment of the COVID-19 pandemic's early stages. Together this study and other studies provide important insights into the pandemical situation. As they outline similar outcomes, it supports the strengths and reliability of this study.

However, this approach presents some challenges. The challenge may be situated in the analysing process, when analysing another person's thoughts (Wisdom & Creswell, 2013). The study population may pose a threat to the research, because the distribution and background factors of the participants in the study population may not be equal. As presented in the background information, the majority of the respondents were female. Therefore, the results represent only a part of the studied group, and the material was a sample of a particular context, in a Finnish framework. Therefore, the sample size does not represent the whole family context and no generalization can be made to the whole population. It is beyond the scope of this study to examine the whole picture of the impacts of COVID-19 pandemic to the Finnish families.

6.4 Utilization of the results and future research possibilities

The results provide supplementary data for existing knowledge about the impacts of the pandemic on families' wellbeing and can be used to support the present understanding. The study can also be seen as a momentary look at the study populations lives at that particular and exceptional moment. The study was based on a questionnaire, which intention was to quickly collect information about the real situation within families during the lockdowns in spring 2020 (LSKL, 2020). Therefore, the data provided gives outlook on how families experienced the situation right at that specific time. The question analysed in this thesis provided information about families' daily lives and whether the pandemic had positive or negative impacts on their lives. All of the studies reviewed in this thesis support the hypothesis that COVID-19 mitigating actions had mainly negative effects on families.

As the study area being very important, it is significant to continue studying the wellbeing of families. Family as a unit is important growing and developing environment for children as well as an important living environment for the adults in the family. Family has the most central influencing role for children. Several social forces influence on families, and they directly or indirectly affect on how well families can meet the needs of the children. (Schor, 1995.) After analysing the data clear connection between parents coping and the way they were interacting with their children, could be found. Children need a predicted, safe daily routines, which creates a safe and sound environment. Supporting families is the best prevention of inequality and exclusion. The adversities families confronted, and the capabilities they had to overcome these issues, are worth to study more. Information concerned is very important, since the society is more ready to help and assists in situations alike. If families are struggling and not coping, also the burden to the society is huge as well.

The questionnaire had three follow up questionnaires, but the study population was not necessarily the same, therefore the follow-up is not totally possible. Nevertheless, it would be very interesting and important to know how these families survived and what where the coping mechanisms they had. In addition, it would be interesting to analyse the background information combined with the experiences, as according to the other studies, bigger impact on children from low-income families was observed (Pelastakaa lapset, 2020).

7 CONCLUSION

One of the most important events of the 2020 was the COVID-19 pandemic. A lot has changed since the questionnaire was open. In year 2022 the COVID-19 is still here. During 2020 first wave of corona, everything was new, unexpected, uncertain, and frightening. People had just faced huge restrictions and lockdowns, and were forced to follow the strict instructions, since no-one knew what was about to happen or how dangerous the virus exactly was. Today the situation is different. Now we know that the restrictions and mitigating actions reduced the virus from spreading, but we also know that the virus spread despite the corona vaccinations and recommendations. People got drained with mitigating actions and were not willing to stay away from the “normal” life forever.

As this paper presents, it is distinct that the corona mitigating actions had negative impact on families’ wellbeing. It was not the coronavirus itself, but rather the actions taken to protect people and to stop the virus from spreading. Families were in distress due to avoiding the virus. During the time of the questionnaire, there were not many people who had had the virus yet. People followed the orders faithfully. The outcomes were confronted in different ways, this is obvious since people face crisis and difficulties in different ways. Some felt the occasions overwhelming and chaotic, some enjoyed the situation and the pause it brought to the normal busy life. The crisis changed and undermined people’s social determinants of health, which influenced on people’s wellbeing either in a positive or negative manners. Health is an outcome of these factors, and health is a base for wellbeing and happiness. Good health and wellbeing enables and creates possibilities to pursue persons full potential. (Leppo et al. 2013.)

7.1 Research objectives and conclusions of the added knowledge

The aim of this thesis was to search for outcomes and impacts of the COVID-19 pandemic to the families' everyday lives. To do that the data from The Central Union for Child Welfare questionnaire's specific question concerning the families' daily lives during the pandemic was studied. This research uses a qualitative study approach to investigate the data. Qualitative content analysis was a flexible and practical tool to fulfil the ambitions of the research objectives. In conclusion, using qualitative research method there are things that cannot fully be understood, and our own assumptions about the respondents' real experiences must be made in order to proceed with the interpretation of the data. Therefore, the categories and codes generated represent parent's thoughts, via the researchers own interpretation of the situation, even though trying to stay as objective as possible.

This study has provided understanding about the impacts of the exceptional period on Finnish families' daily lives. Especially the mitigating actions and secondary effects of the pandemic were the most important causes of distress, and on the other hand relief for some families. The Literature review provided in the beginning of this thesis generated understanding about the previous pandemics and they also emphasized the meaning of the secondary effects to people. This study confirms and verifies the existence of those secondary effects. Due to other studies, more stress and anxiety were formed by insufficient support and there was more loneliness than before (Pelastakaa Lapset, 2020). This study aimed to contribute to this growing area of research by exploring the wellbeing of families during the global pandemic. And by far, it has validated the previous studies and added knowledge to it.

7.2 Self-reflection

The COVID-19 has changed everything permanently. It has been a new and unprecedented event. The timely global issue added together with families' wellbeing created a perfect combination for a study. My main reason for choosing this topic was personal interest towards family's wellbeing. Since the amount of the data was huge, there were few times when I was overwhelmed, and it was near I got lost in the data. The data was vast and there were so many matters I wanted to study more and in details, but it was worthwhile to delimit the studied matters as well as to figure out the themes and interests in advance. Therefore, the method of qualitative content analysis was the best option for the data analyzing.

Apart from doing such research for the first time, it was fun and educating experience. It was not easy, since I had no previous experience of conducting a master's Thesis. There were times I had no idea what to do next, there were times when I had no idea am I doing the right things and there were times, I was not sure when I am going to finish with this project. I assume these are the same issues nearly all master's students are experiencing. Yet I never lost hope, I knew I was going to do it and I did it.

The journey of my master's thesis took a while, since I could not concentrate purely on conducting the study. I began by searching for the research topic and ended up with this, since it was very timely, and I had my interests in family wellbeing. I had the access to the data quite soon and began to do the literature review. Since it was a beginning of the pandemic in 2020, many things, knowledge and circumstances have changed. Thereafter I had to go thru the earlier written texts several times. For next time, I should have the courage to continue and to proceed faster and in time. Implementing a master's thesis does not feel that big nor overwhelming barrier any longer.

On the other hand, it was a unique situation, to hear the voices of these families and how they had experienced the new, unpredictable, and intimidating situation in that very moment. I feel happy, that the questionnaire gave these

families possibility to kind of relieve one's feelings, someone is interested and listening.

During the process of my thesis and especially when conducting the analyzing part and coding, I kept in mind my own presumptions and my own interests. I am aware that it is not possible to be totally objective, and there is always a voice of the researcher, and the research is conducted subjectively from his or her own perspective and own way. Nevertheless, I am sure that the voices of the respondents have been heard.

I feel lucky that I was able to use the data conducted by the Finnish Central Union for Child Welfare. The response rate was spectacular, even if there were no invitations for the questionnaire, it was open for all. This aspect presents how important the studied matter was and is. It is very important that we talk about families' wellbeing in the future as well, to be better prepared for the situations alike.

Even though there were a load of material to be analyzed, and there was already a report conducted over the whole questionnaire, I still think I brought more to the table with my thesis. I went in-depth with the data, and combined things together, analyzed matters in qualitative and quantitative ways, as well as examined the thoughts of these parents. I also provided literature review to create base for the study, and to produce better understanding of the aspects within the study topics.

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If you can dream it, you can do it!

lina Maria Ranta

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