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The gendered effects of the Covid-19 crisis in Finland

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About this publication

This report gives an overview of the gendered impacts of the Covid-19 crisis in Finland. The Covid-19 crisis highlighted many existing structural problems related to gender equality in Finland, such as strongly segregated labour markets and unequal division of care responsibilities between parents. However, most of the negative effects of the crisis were short-term. The report also provides policy recommendations for tackling gender inequalities in future.

About the author

Dr Merita Mesiäislehto is Senior Researcher at the Finnish Institute for Health and Welfare (THL). Her research interests include comparative welfare state mechanisms and social security systems, social and economic inequalities, gender equality and family policies and vulnerable groups and their situation on the labour market. She led the research project "The impact of the COVID-19 crisis on gender equality in Finland" (2020–2022) funded by the Prime Minister's Office in Finland.

Responsible for this publication within the FES

Kristina Birke Daniels, Director of the Nordic Office of the Friedrich-Ebert-Stiftung

1 The impact of the COVID-19 crisis on gender equality in Finland was a joint research project led by the Finnish Institute for Health and Welfare with collaboration from the University of Tampere, Statistics Finland and the Social Insurance Institution Finland (Kela). The project analyzed gendered effects of the Covid-19 crisis related to employment and working conditions, health, well-being and services, reconciliation of work and family life and families' wellbeing and income. It also examined how well the policy measures adopted during the crisis considered the gendered effects of the crisis.

The gendered effects of the Covid-19 crisis in Finland

1. THE FINNISH CONTEXT

By May 2022, around 1 million coronavirus cases had been diagnosed in Finland over the entire Covid-19 pandemic. The Covid-19 diagnoses are almost equally distributed between women and men (48 per cent women compared to 52 per cent men). However, men have been slightly more likely to be hospitalised due to coronavirus disease compared to women. By May 2022, 4,284 people (2,101 women and 2,183 men) died of diseases caused by the Covid-19 virus. Most of the deaths concerned people over 80. In May 2022, Covid-19 vaccination coverage among the over-18 population was 87.5 per cent for two vaccines and 64.4 per cent for three vaccines. For the 12–17 age group, the figures were 73 per cent and 2.7 per cent, respectively. (Finnish Institute for Health and Welfare 2022).

In Finland, restrictive measures to limit the spread of the Covid-19 virus started mid-March 2020. In contrast to many other countries in Europe, Finland did not impose a total lockdown at any point in the pandemic. For example, private businesses were not obliged to close their doors, only to limit their opening hours and number of clients. Thus, most of them i.e. shops and hairdressers kept their doors open throughout the pandemic, though, particularly in the first months of the pandemic, many suffered from decreased customer flow. Restrictions mainly targeted the restaurant industry, where most workers are women: restaurants and bars were forced to completely shut down twice (3.4.2020–31.5.2020 and 9.3.2021–18.4.2021). Their opening times and number of guests were limited for long periods of time. The culture industry was also severely affected due to limitations on public gatherings. In contrast, no restrictive measures were taken to limit the functioning of construction and manufacturing sectors, where most workers are men.

Restrictions did lead to the closure of most public facilities, including two months of school closures (distance learning) in spring 2020 (from March 14 until May 18). Since then, primary schools have mostly remained open. As for children aged 0–6 in early childhood education and care (ECEC), parents were recommended to care for their children at home during the first weeks of the pandemic, but after May 2020, ECEC facilities stayed open normally for all children during the entire pandemic. Thus, compared to many other European countries where ECEC facilities were closed and schools

operated remotely for months, in Finland the time that children stayed at home was very short. Normal quarantine rules in case of infection or exposure to Covid-19 (14 days quarantine in the first months of the pandemic that was later shortened to 5 days) applied for all children attending schools and ECEC facilities.

2. CHANGES IN THE LABOUR MARKET

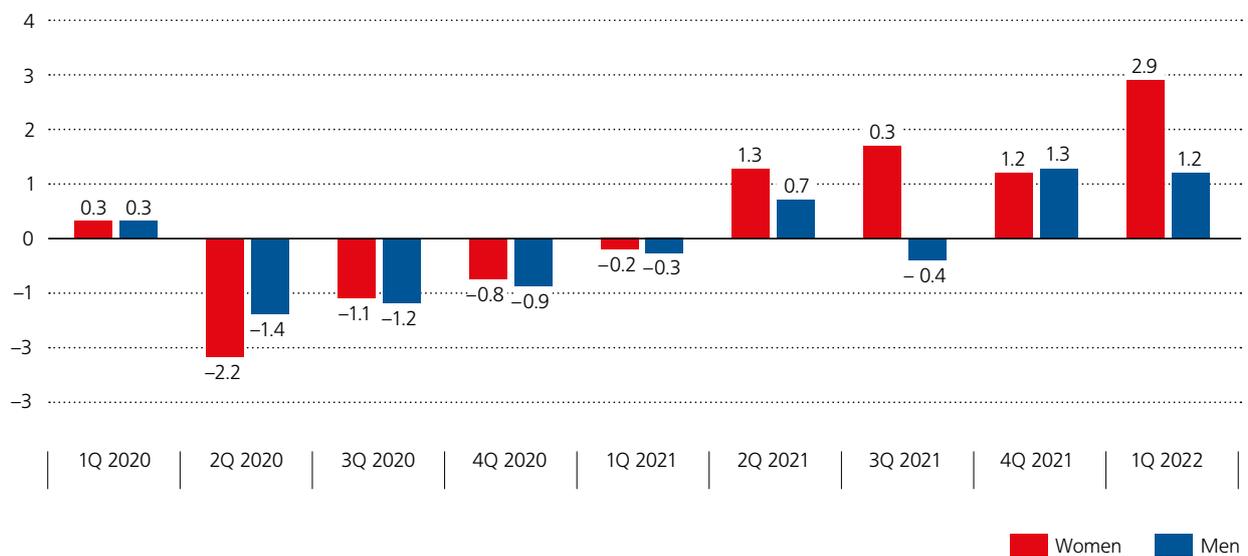
The restrictions that were put in force in March 2020 led to a rapid rise in furloughs and unemployment. Not all occupational categories were equally affected: employment declined mostly in female-dominated sectors, such as accommodation and food service. In the second quarter of 2020, female employment decreased by 2.2 percentage points and male employment by 1.4 percentage points (Figure 1), meaning that 46,000 fewer women were employed compared to 29,000 fewer men.

In February 2020, approximately 18,000 workers were furloughed² from their jobs, while by the end of April 2020, over 150,000 workers had been furloughed (Ministry of Economic Affairs and Employment of Finland 2020). In 2020, the number of furloughed male employees was around five times higher (53,693 vs. 243,529) and the number of furloughed female employees eleven times higher (19,402 vs. 207,097) compared to the previous year. The number of unemployment benefit recipients had been fairly stable before the pandemic. In April 2020, over 510,000 people received unemployment benefits, meaning a 59 per cent increase over the same time the previous year.

The effects of the crisis on employment were different among women and men. Among women, the groups hit hardest by the crisis were young women, typically students, who worked part-time and on temporary contracts. For men, decreases in employment affected a larger age group (25–54) and mostly full-time workers. Generally, it may be said that female students served as a buffer work force during the pandemic by moving temporarily outside the labour market (e.g. to become full-time students) (Sutela & Sirniö 2022).

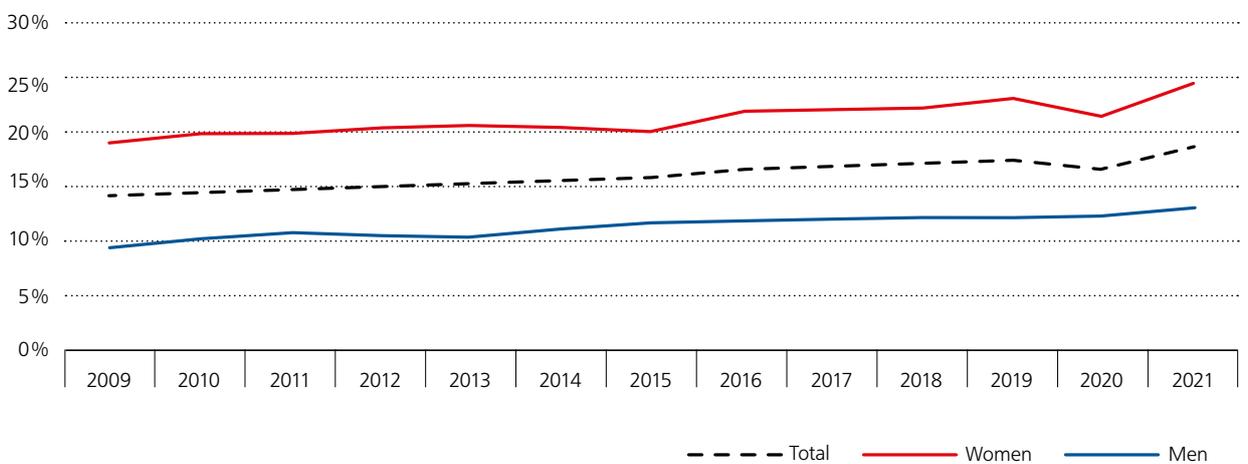
² Furlough refers to a full- or part-time temporary lay-off during which work and salary payments are terminated, but employment relationships remain in effect.

Figure 1
Employment rate by gender in 2009–2022



Source: Statistics Finland.

Figure 2
Proportion of workers aged 15–74 working part-time by gender in Finland in 2009–2021



Source: Statistics Finland.

Despite the drastic fall in employment at the outbreak of the pandemic, the effect of the crisis on employment was generally short-term. By 2021, employment rates for both women and men recovered to the same level as before the pandemic. However, increases in employment for both women and men were mainly due to an increase in part-time and temporary employment (Figure 2).

In the industries that suffered most during the pandemic, such as accommodation and food service activities, arts, entertainment and recreation and transport and storage, some long-term consequences of the crisis may already be noted. In the spring 2022, both the employment rate and average working hours in these industries remained below 2019 levels. Moreover, in the male-dominated industries of transport and

storage and construction, employment has decreased and remains below pre-pandemic levels (Sutela & Sirniö 2022).

3. GENDER-SPECIFIC POVERTY AND INCOME INEQUALITY

Generally, it may be stated that the Covid-19 pandemic did not have any significant effect on the overall poverty rate in Finland. The poverty rate increased by less than one percentage point in 2020 compared to the previous year (Räsänen & Simanainen 2021). Disposable income decreased slightly more among men than among women. This is because, on average, men's earnings were higher before the pandemic compared to women's. The existing social security system in Finland already covered

risks typically caused by the Covid-19 crisis, such as income loss due to a furlough, unemployment, sickness or contraction of an infectious disease. Thus, the policy measures taken to protect citizens from the economic shocks were rather modest compared to many other countries. In addition to benefits for individuals, support for small and medium sized companies was offered from March 2020 through several channels.

Temporary changes in the social security system were applied to unemployment benefits. These included higher benefit levels and simplifying the eligibility criteria by removing the five-day self-payment period and reducing the condition of having been in employment prior to unemployment (13 weeks instead of 26 weeks) to be eligible for the earnings-related unemployment allowance or a labour market subsidy. In addition, new temporary social benefits were introduced for the self-employed and freelancers. Usually, self-employed people need to cease their business activities to be eligible for any unemployment benefit. In addition, people who were temporarily laid off were eligible for unemployment benefit while studying. (Social Insurance Institution of Finland, 2020). The application process for social assistance was simplified during the first months of the crisis and temporary support (75 euros per person per month) was offered to families receiving social assistance in autumn 2020. In spring 2020, the number of applications sent to the Social Insurance Institution (Kela) for basic unemployment benefits doubled, and applications for housing benefits increased by more than a third (Kangas 2020). In 2020, because of the restrictions applied to restaurants, hotels and other businesses in the service sector, the number of people receiving social benefits increased in 2020 particularly among young women (Mesiäislehto et al. 2022c).

ECONOMIC IMPACT OF THE TEMPORARY BENEFITS

On a general level, the policy measures, including temporary benefits and adjustments to the existing benefit system, mitigated the negative effects equally for men and women (Räsänen & Simanainen 2022). Among households, those who benefited most from the temporary benefits were single parents and people living alone.

A study of the economic impacts of the Covid-19 pandemic on families with children (Kärkkäinen et al forthcoming) shows that while the overall impact of the temporary benefits was rather small, the social security system succeeded in mitigating income losses particularly for economically vulnerable groups, such as single parents and families from migrant backgrounds. In fact, the study shows that single-parent families' earned income declined less compared to two-parent families, and when transfers were considered, single parents' income had not decreased in 2020 compared to 2019.

Survey data on people's financial situation during the first months of the pandemic shows that in Finland, 17 per cent of women compared to 9 per cent of men felt that their household had difficulties making ends meet. At the same time, 29 per cent of women and 26 per cent of men found that the

financial situation of their household had become worse during the last three months (Eurofond 2020).

4. COVID AND HEALTH ISSUES

CLEAR EFFECTS OF A SEGREGATED LABOUR MARKET

The Finnish labour market is strongly segregated between women and men: over 70 per cent of public sector jobs are occupied by women while men hold around 60 per cent of private sector jobs (Statistics Finland, 2018). The division between women's and men's jobs is even more pronounced when looking only at the social and health care sector: nearly 90 per cent of the 183,000 personal care workers (e.g. child care workers, health care assistants and home-based care workers) and 75 per cent of the 133,000 teachers are women. Moreover, women occupy 70 per cent of the nearly half million retail jobs. All of these professions and jobs normally require working face-to-face with people – patients, children, customers. Therefore, the risk of infection during the pandemic was significantly higher for women compared to men. In 2021, the occupations with the highest number of registered infections were health care workers, home care workers and retail workers (Helsinki GSE 2021).

A survey on the impact of Covid-19 crisis on working life from 2021 (Sutela et al. 2021; Mesiäislehto et al. 2022b) shows that compared to men, women who were not able to work remotely were more likely to find that the effects of the pandemic on their working conditions were only negative. The negative effects were particularly pronounced among health care professionals and teachers. Professions that not only had a high risk of infection but also experienced a significant increase in workload during the pandemic due to the increased number of patients to be taken care of and changing work environment. For example, when pupils were in distance learning for several weeks and then returned to school, many of them suffered from problems related to their well-being and mental health. Around 40 per cent of employees in female-dominated occupations such as teachers, health care professionals, care workers and retail workers experienced difficulties in coping with their workload.

One of the central long-term negative effects of the Covid-19 pandemic is the increase in mental health problems particularly among young people. Among Finnish youth, anxiety and depression increased among both girls and boys, but the increase was greater among girls. Thirty per cent of girls and 8 per cent of boys reported feelings of anxiety in spring 2021. In 2019, the proportions were 20 per cent and 6 per cent, respectively (Suvisaari et al. 2022). In addition, girls reported an increase in eating disorders.

5. COVID, SCHOOLS AND THE DIVISION OF CARE

At the start of the Covid-19 crisis, many feared that the crisis would mean a return to traditional gender roles. This was of particular concern in countries where schools and day care

facilities for small children were closed for several months and the care burden was shifted predominantly to mothers. One of the fears related to the Covid-19 pandemic and gender equality concerned the distribution of parental leave between parents that was assumed to be set back as mothers would take more responsibility in taking care of children. However, as Närvi et al. (2022) show, fathers' use of parental leave did not decrease in Finland during the pandemic, nor did it increase. The study found that the use of childcare leave increased both among mothers and fathers during the first wave of the pandemic.

More generally, it seems that the Covid-19 crisis influenced the division of care responsibilities, but the effect was rather short-term. Temporary school closures and recommendations to keep small children at home seemed to have shifted the increased care burden predominantly to mothers in the first wave of the pandemic. Surveys of parents with small children (Närvi & Lammi-Taskula 2021) shows that during the state of emergency in spring 2020, working mothers experienced more changes in their workload compared to working fathers. One third of mothers as opposed to one fourth of fathers reported of an increased workload. Fathers (57 per cent) had more commonly than mothers (42 per cent) experienced no change at all in their workload.

For many parents, combining paid work with the care of their under-school-aged children, especially during the first wave of the pandemic, was difficult (Figure 3). Before the pandemic, less than 10 per cent of mothers or fathers found that reconciling paid work and childcare was fairly or very difficult. In spring 2020, the proportions were already 29 per cent of fathers and 43 per cent of mothers. This was even more true for those who exclusively or mostly did remote work but also those who reported that their workload had increased. Interestingly, by the end of 2020, experiences on reconciling paid work and childcare returned to pre-pandemic levels among both mothers and fathers. In the case of mothers, those who still mostly worked from home experienced the reconciliation

between paid work and care as being easy even more frequently than other mothers. Among fathers, a difference between those working remotely or at the workplace was no longer found. (Närvi & Lammi-Taskula 2021).

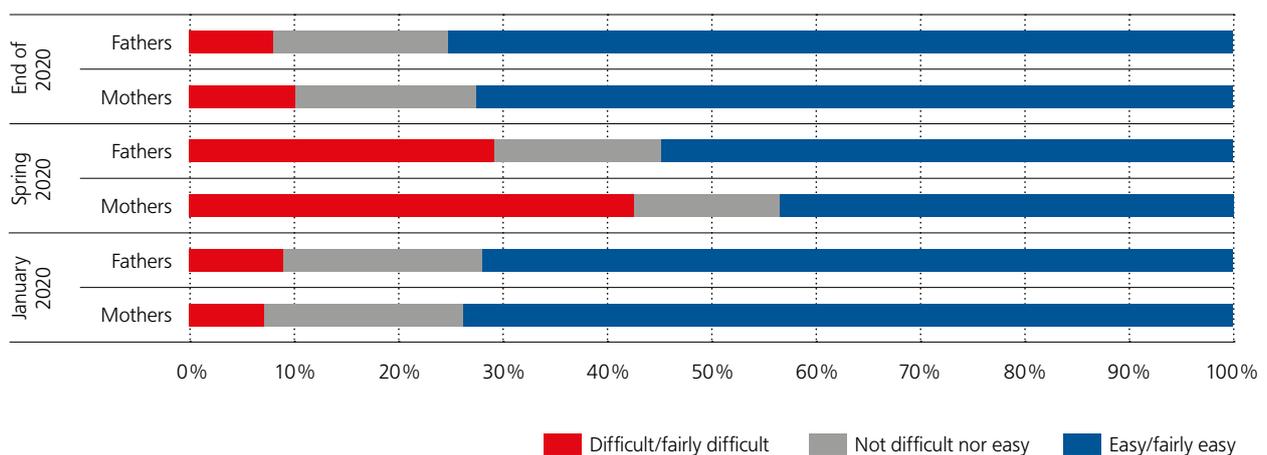
Another study (Yerkes et al. 2022) on Finland and the Netherlands suggests that in Finland mothers experienced the increase in their workload more negatively compared to Dutch mothers because in Finland mothers mostly work full-time, and they are used to having their children in full-time care. By contrast, in the Netherlands mothers typically work part-time and thus they were able to adjust to the changed situation better than their Finnish peers.

According to Närvi and Lammi-Taskula (2021), the restrictive measures of the Covid-19 pandemic during the first wave of the pandemic led to less equal distribution of housework and childcare responsibilities between parents. However, it seems that in Finland it was not only mothers but also fathers who experienced an increased workload at home. When small children attending ECEC were recommended to stay at home, care responsibilities were shifted to the parent who was not employed. Fathers took a greater or equal role compared to mothers if they worked from home or if mothers had to go to their workplace.

COMPARATIVELY MINOR EFFECT ON FINNISH FAMILIES

In Finland, the comparatively minor effects of the crisis on families are due to several factors (Närvi et al. 2022; Elomäki & Mesäislehto forthcoming). First, restrictive measures applied to schools and ECEC were modest compared to in many other countries. Schools were in distance learning only for a short period and day care centres were not closed at any point during the pandemic (in March-May 2020 it was only recommended that parents should care for their children at home). Thus, it was never assumed that parents (mothers) would stop working and take care of the children

Figure 3
Mothers' and fathers' experiences about reconciling paid work and childcare before and during the pandemic, in %



Source: Early Childhood Education and Care and the Covid-19 Pandemic survey.

at home for a longer period. Also, it should be noted that in Finland, social distancing measures were mostly determined by local authorities, which means that in regions with low infection rates families were able to live with relatively small adjustments in their everyday lives.

Second, Finland has a low-cost public early childhood education system with wide coverage and a subjective right to childcare. This ensured that parents, both fathers and mothers, could continue working during the pandemic without the need to stay at home or find outside help. Still, quarantine rules (14 days at the start of the pandemic) kept children at home more than usual and caused uncertainty in many families' daily lives. However, unlike in many other countries, no additional financial support was targeted towards families (e.g. increases in family allowances) to compensate for lost income in case parents were unable to work because they were taking care of their children. A temporary flat-rate benefit was introduced in April 2020 but it was only in force for two months.

A third factor that may explain the relatively minor negative effects on the well-being of families and the division of care is that in Finland a large proportion of workers hold professions that may be easily carried out from home. In these families, parents were able to share care responsibilities more easily. Most people to whom it was possible to work remotely only returned to their offices in spring 2022. Many continue to work remotely. This may be seen as a positive effect on the reconciliation of work and care responsibilities between women and men. Restrictive measures due to the pandemic not only normalised remote work but also enhanced the digitalisation of work. Working from home may ease the conflicts related to time use among parents and it may also enhance a more equal division of care responsibilities between parents.

However, the potential positive impacts related to reconciliation of work and family mostly apply to white collar workers while many other female-dominated professions, such as care workers, teachers and retail workers continue working on-site.

More generally, Närvi et al. (2022) show that families' experiences of the Covid-19 crisis and its effects on well-being and work and family life are strongly polarised. For some families, social distancing measures enabled them to more freely organise their work and spend more time with family. For other families where one or both parents worked on-site, the periods of social distancing measures meant increased pressure to manage both work and family life.

In most countries and particularly those that suffered most from the Covid-19 virus, birth rates decreased during the pandemic. This was explained by the economic insecurities and stress caused by the pandemic. Interestingly, Finland was an exception, as the birth rate rose over pre-pandemic levels (Nisén et al. 2022; Sobotka et al. 2022). However, like other changes that happened among families during the pandemic, it seems that the increase in birth rate was only a temporary phenomenon. In spring 2022, birth rates were already lower compared to the previous year.

6. COVID AND VIOLENCE AGAINST WOMEN

The evidence on the possible increase in gendered and domestic violence during the Covid-19 pandemic in Finland is ambiguous (for an overview, see Pietiläinen et al. 2022). At the population level, no increase can be found in domestic violence or violence against women. For example, police statistics do not indicate any increase in domestic violence. However, according to national surveys, experiences of violence became more frequent or took new forms in some groups of the population: 15 per cent of women who had experienced domestic violence found that their partner's verbal abuse had become more frequent compared to the time before the pandemic compared to 6 per cent of men (Näsi & Koltola 2021).

According to the Gender-Based Violence survey collected in 2021–2022 (see Pietiläinen et al. 2022), both women and men felt that physical violence had become less frequent while experiences of mental violence had increased, according to 17 per cent of women and 27 per cent of men.

Moreover, due to the restrictive measures, violence became concentrated in homes and thus may have become more severe and invisible. Reports on violence caused by partners increased by 6 per cent in 2020 compared to the previous year. The numbers peaked in June 2020, three months after restrictive measures were put in place.

What is evident is that the need for support among victims of violence increased significantly during the pandemic. Calls to helplines multiplied and physical violence was reported more frequently than before the pandemic. At the same time, the use of shelters decreased slightly in 2020. This is a worrisome trend as shelters should be accessible for victims of violence in any situation. However, as the restrictive measures limited access to social and health care services, professionals in these services were unable to identify victims of violence and to direct them to shelters. (Hietamäki et al. 2022.) Women staying in shelters often reported worsened situations during the pandemic.

7. COVID AND COMBATING THE SOCIAL EFFECTS OF THE CRISIS

POLICY MEASURES DESIGNED WITHOUT A GENDER PERSPECTIVE.

The Finnish government is committed to gender mainstreaming, and during the law drafting process, the government administration should assess new policy proposals and their gender impacts (Elomäki and Ylöstalo 2021). However, despite the Finnish government's commitment to gender equality, the policies related to the Covid-19 crisis did not consider the gendered nature of the crisis, such as the disproportionate employment effects on women, unequal distribution of care responsibilities between women and men and the increased workload in the social and health care sector. An analysis on the gender-responsiveness of Covid-19 policy re-

sponses (Elomäki and Koskinen Sandberg 2022) shows that only 12.5 per cent of the law proposals submitted to the parliament with the aim of tackling the Covid-19 crisis included assessment related to gender equality. As in many other countries, the study argues, policy measures were designed without a gender perspective and the previous commitments to gender equality and gender mainstreaming were pushed aside. Furthermore, an intersectional gender perspective was nearly absent in the decision-making as only few measures were implemented to support gender equality and vulnerable groups.

Moreover, despite the significant negative effects on the care sector and working conditions of care workers, investments in care have not been the focus of the policy measures taken to plan the Covid-19 recovery. Another peculiarity of the policy responses to the crisis was that the financial support mechanisms established during the first year of the pandemic for private businesses to a large extent targeted male-dominated industries. This is surprising, considering the fact that female-dominated industries were primarily the ones that were more severely hit by the crisis. In fact, Elomäki and Koskinen Sandberg found that of the financial instruments covered in their analysis, 38 per cent (604 million euros) were channelled into male-dominated industries while only 14 per cent (225 million euros) were directed to businesses in female-dominated industries (Elomäki & Koskinen Sandberg 2022).

8. POLICY RECOMMENDATIONS

Tackling the consequences of the Covid-19 crisis requires gender-aware responses. So far, gender equality has not been specifically considered in the government's³ planning of recovery measures related to the Covid-19 pandemic. As suggested by Mesiäislehto et al. (2022a), measures should be taken to support particularly groups who were most affected by the crisis:

In Finland, shelters for victims of domestic violence were open throughout the pandemic but limited access to social and health care services prevented identification of those in need of help. Services targeting the victims of domestic violence need to be more visible and access to these services needs to be guaranteed even (or particularly) in times of crisis. This also requires cooperation between professionals.

Access to mental health services needs to be guaranteed to prevent long-term consequences of the crisis particularly among youth. In Finland, the Covid-19 pandemic increased the care load in mental health services. Problems related to mental health need to be identified and prevented in schools and young people who have dropped out of their studies are to be reached.

The Covid-19 crisis increased the workload in female-dominated social and health care services and the education sec-

tor. Care workers in public health care centres, hospitals and particularly in elderly care were already working under stressful conditions with relatively low salaries, and the crisis made the existing problems even more visible. In spring 2022, health care workers and workers in municipalities together with the unions went on strike to negotiate better working conditions. Working conditions of care workers should be improved and more resources should be deployed to support workers' well-being, in the care sector.

We need more information on the long-term consequences of the Covid-19 crisis on gender equality. For example, research is needed on the impact of remote work on reconciling work and family life, distribution of care responsibilities and well-being and on how the shortages in social and health care services affect health and well-being particularly among vulnerable groups.

³ The Finnish Government is a five-party coalition led by the Social Democratic Party (SDP).

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EUROPA

The gendered effects of the Covid-19 crisis in Finland Executive summary

- Covid-19 diagnoses in Finland are almost equally distributed between women and men (48 per cent women versus 52 per cent men). Men are slightly more likely to be hospitalised due to coronavirus disease compared to women.
- In Finland, the Covid-19 crisis highlighted many already existing structural problems related to gender equality, such as strongly segregated labour markets and unequal division of care responsibilities between parents.
- Since the majority of workers in the sectors affected by the crisis (accommodation and food services) were women, women's employment decreased more compared to men's employment at the outbreak of the pandemic. By 2021, employment rates for both women and men generally recovered to pre-pandemic levels.
- The risk of infection during the pandemic was significantly higher for female workers compared to male. In 2021, the occupations showing the highest number of registered infections were health care workers, home care workers and retail workers.
- Working mothers experienced more difficulties in combining work and family life and more changes in their workload compared to working fathers during spring 2020. However, by autumn 2020 experiences in reconciliation of work and family life returned to pre-pandemic levels.
- In Finland, early childhood education centres remained open (in spring 2020 it was only recommended to keep small children at home) and schools were only closed for short periods of time during the pandemic, which protected parents (particularly mothers) from a greater care burden.
- Families' experiences of the Covid-19 crisis and its effects on well-being, work and family life were strongly polarised. For some families, social distancing measures enabled them to organise their work more freely and spend more time with family. For others, the periods of social distancing measures meant increased pressure to manage both work and family life.
- One of the central long-term consequences of the crisis is an increase of mental health problems, such as anxiety, depression and eating disorders, particularly among girls and young women. In spring 2021, 30 per cent of the girls and 8 per cent of the boys reported feelings of anxiety.
- The existing social security system together with the temporary benefits introduced at the outbreak of the pandemic succeeded fairly well in protecting households against economic shocks caused by the crisis.
- The temporary policy measures mitigated the negative effects equally for men and women. Those who benefited most from the temporary benefits were single parents and people who live alone.
- Most of the gendered impacts of the Covid-19 crisis were short-term. Despite its weaknesses, the Finnish welfare state and society provided protection from long-term negative consequences on gender equality.
- Despite its gender equality goals, the government did not consider the gendered impacts of the Covid-19 crisis when designing policies to tackle the negative impacts of the crisis. For example, support for businesses was not targeted from a greater sectors that suffered from the crisis.
- Tackling the consequences of the Covid-19 crisis requires gender-aware responses. These include guaranteeing access to services for victims of domestic violence, improving support particularly for young people suffering from mental health problems and improving the working conditions of workers in the education and care sectors.