



Well-being of families with babies – FinChildren survey 2020

Coronavirus epidemic has impaired the coping of families with babies – satisfaction with family life still high

MAIN FINDINGS

- Most of the parents of families with babies were satisfied with their life, parenthood and everyday life in the family.
- Their coping was challenged by symptoms of depression before and after childbirth, mild and severe symptoms of exhaustion, and an experience of loneliness.
- However, nearly all parents had someone with whom the parent was able to share joy and sadness, and nearly all respondents were able to get help from people close to them.
- Approximately one in ten parents reported having had to make compromises on food, medicines or doctor’s appointments over the past 12 months due to a lack of money.
- During the coronavirus epidemic, parents were generally worried about how childbirth and the time spent at the delivery hospital was going to go.
- The coronavirus epidemic particularly increased feelings of loneliness among the parents who gave birth.
- During the pandemic, there were deficiencies in the support provided by professionals of family services with children and, overall, just over half of the parents considered the appointments at child health clinics customer-oriented.

The most common worries caused by the coronavirus epidemic in families with babies were related to childbirth and the time spent at the delivery hospital. The coronavirus epidemic and the related restrictive measures had increased feelings of loneliness among the parents who gave birth. A large share of the parents had kept less in touch with grandparents and friends. On the other hand, many families were spending more time together. The majority of the respondents found that the coronavirus epidemic had not affected feelings of intimacy between the spouses or increased disagreements.

Despite the challenges caused by the coronavirus epidemic, the majority of the parents in families with babies were satisfied with their life and with themselves as a parent, and found that the family’s everyday life had been running smoothly after the baby was born.

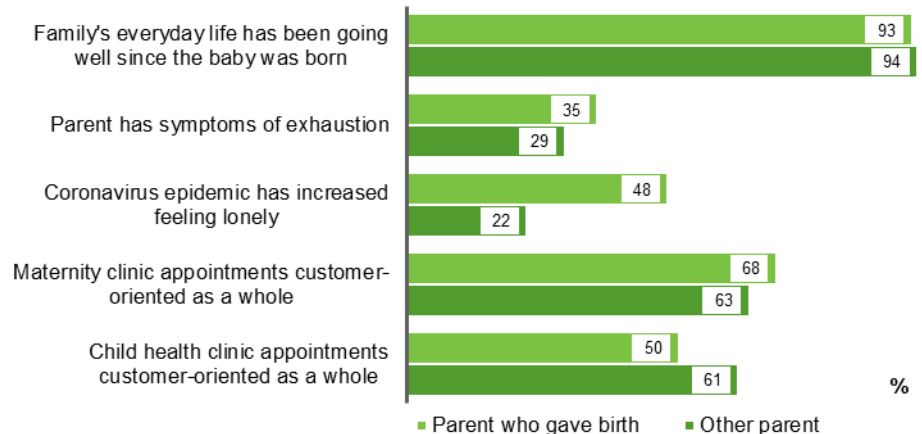
For most parents, the pregnancy and delivery had gone at least as well as expected. On the other hand, 29 per cent of the parents who gave birth and just over a tenth of the other parents had experienced symptoms of depression during the pregnancy. After the baby was born, 15 per cent of the parents who had given birth had symptoms of depression, and a larger share than before (12%) felt lonely.

One third of both parents had symptoms of exhaustion, and the symptoms were serious for eight per cent of the parents who gave birth and five per cent of the other parents. One third of the parents who gave birth and one fifth of the other parents needed support related to their mood from the professionals in the services for families with children. Half of the parents who gave birth and one quarter of the other parents needed professional support for their own coping, while one fifth of the parents who gave birth who needed support were left without sufficient support from professionals.

Overall, two thirds of both parents considered the maternity clinic appointments customer-oriented; half of those who gave birth to the child and 61 per cent of the other parents found the child welfare clinic appointments customer-oriented. After the birth of the baby, experiencing the support by professionals as insufficient and support needs not expressed to professionals were slightly more common than during the pregnancy.

The results of the statistical report are based on the data collection carried out in 2020 in the FinChildren survey. The target group was the parents of babies aged between 3 and 6 months. In total, 8,977 parents who gave birth (response rate 50%) and 5,843 other parents (response rate 36%) responded to the survey.

Figure 1. Parents’ welfare and experience of maternity and child health clinic services 2020, %



Reija Klemetti

Maaret Vuorenmaa

Satu Helakorpi

firstname.lastname@thl.fi

To be considered in the 2020 statistics:

The data collection started in March 2020 just before Finland declared a state of emergency due to the coronavirus epidemic.

The research sample consisted of six samples, each of which included the parents of babies born in a given four-week period.

Samples 1–3 (parents of babies born between 25 November 2019 and 16 February 2020) were carried out in the spring and summer, and 4–6 (parents of babies born between 20 April and 12 July 2020) in the autumn.

Starting in August 2020, the questionnaire also included questions related to the coronavirus epidemic and its effects.

The parents could fill out the questionnaire in the period between 12 March 2020 and 12 January 2021.

The survey was available in Finnish, Swedish, English, Russian, Somali, Arabic and Northern Sámi.

Some of the families included in the sample had already had their baby before the coronavirus outbreak, while some expected and had the baby during the epidemic.

The parents who responded to the survey were slightly older and more educated than those who did not.

Contents

Implementation.....	3
Parents’ health and well-being.....	3
Parenthood and family life.....	4
Early interaction.....	4
Positive experiences of parenthood and family life	4
Challenges to coping	5
Need for support provided by professionals.....	6
Pregnancy.....	6
Postpartum period.....	7
Adequacy of the support provided by professionals and unexpressed needs9	
Pregnancy.....	9
Postpartum period.....	10
Experiences of maternity and child health clinic services	12
Maternity clinic.....	12
Child health clinic	13
Coronavirus epidemic in the everyday life of families with babies	14
Concerns related to the coronavirus epidemic	14
Effects of the coronavirus epidemic on the lives of families with babies	15
Terms and definitions	17
References	17
Appendix tables.....	18
Quality description	19

Parenthood in the research sample

Each parent, i.e. the parent who gave birth and the other parent, was sent their own questionnaire form.

The forms were primarily identical.

The other parents were primarily men (> 99%).

All basic results from the data collection, indicator descriptions, detailed questions and calculations can be found in THL database reports and database system (TIKU): thl.fi/finlapsetkysely/tulokset.

The results of the parents who gave birth and the other parents can be viewed by region.

Previous data collections of the FinChildren survey

initially launched as the Children’s Health, Well-being and Services survey (LTH)

Pilot data collection for families with babies in 2017

- Implemented in the region of six counties, parents recruited to the study at a child health clinic
- Data obtained from a total of 657 families with babies
- The basic results of the study were published in a report: How are families with babies doing? (Klemetti et al. 2018)

Data collection on children aged 4 and their families in 2018

- 290 municipalities in mainland Finland took part in the study and parents were recruited to the study at child health clinics
- In total, data were obtained from 16,524 families with a four-year-old
- The results are available at the reporting system: thl.fi/finlapset
- The results have also been reported as a statistical report: The welfare of young children and their families 2018 (Vuorenmaa 2019)

As the data collection method used in 2017 and 2018 was different from the data collection in 2020, the comparability of the results is indicative only.

The results of the families with four-year-olds and families with babies are only compared when the wording of the questions and the calculation of the indicator are fully consistent.

Implementation

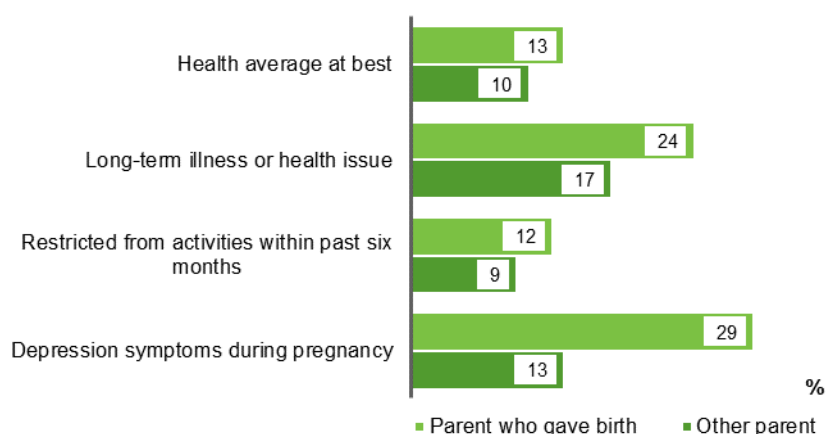
The target group of the data collection carried out in the FinChildren survey in 2020 was both parents of babies aged between 3 and 6 months. The study examined parents’ experiences of their family’s health, welfare and services as well as the effects of the coronavirus epidemic on family life. The parents’ contact details were obtained from the Digital and Population Data Services Agency’s (DVV) Population Information System. THL carried out the data collection as a postal survey. The parents could fill out the questionnaire in the period between 12 March 2020 and 12 January 2021. 8,977 parents who gave birth (response rate 50%) and 5,843 other parents (response rate 36%) responded to the 2020 data collection.

Parents’ health and well-being

The majority of the parents who gave birth (87%) and other parents (90%) felt that their health was at least fairly good. However, nearly a quarter of the parents who gave birth and 17% of the other parents reported that they had a long-term illness or health problem. During the past six months, more than one tenth of the parents who gave birth and just under one tenth of the other parents had been restricted from participating in activities due to a health issue. (Figure 2.) The results are in line with a 2017 pilot study on families with a baby (Klemetti et al. 2018).

29 per cent of the parents who gave birth and 13 per cent of the other parents reported that they had experienced symptoms of depression when expecting, i.e. at least one continuous two-week period during which they felt particularly concerned, unhappy or depressed (Figure 2). The majority of parents who gave birth had recovered from the labour at least fairly well (91%) and half (51%) very well.

Figure 2. Parents’ perceived health, health condition and symptoms of depression during the pregnancy 2020, %



15 per cent of the parents who gave birth and sever per cent of the other parents reported that the pregnancy had gone worse than the parent had expected or thought. Delivery had been worse than the parent had expected or thought for 23 per cent of the parents who gave birth and 15 per cent of the other parents. (Figure 3.)

Some of the respondents had had their baby before the coronavirus outbreak while others were expecting and had the child during the pandemic. There were no significant changes in the experiences compared to the results of the 2017 pilot study (Klemetti et al. 2018).

The Postpartum Bonding Questionnaire (PBQ, Brockington et al. 2006)

Describes the parent's tasks in the interaction with the baby (commitment and attachment to the baby) and how the parent can respond to the child's development needs in the interaction. The indicator contains questions measuring the emotional and psychological dimensions of interaction.

Question: Please indicate how often the following is true for you?

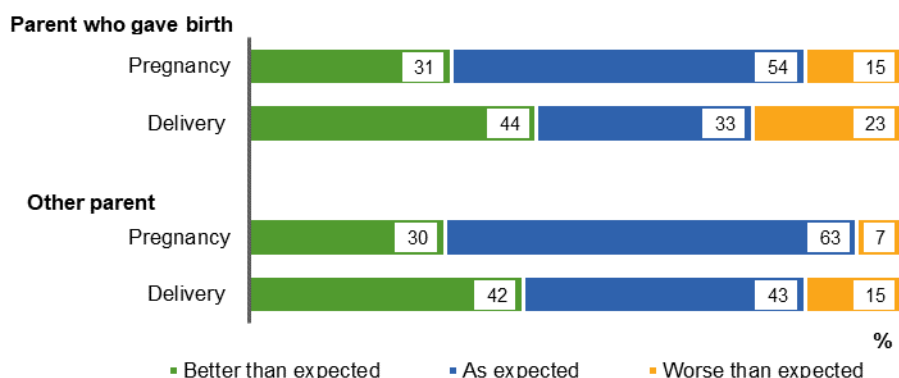
Summary of the question items: 1) feeling close to the baby, 2) a wish to go back to the time before having the baby, 3) feeling like the baby is not the parent's own child, 4) feeling annoyed by the baby, 5) loving the baby to bits, 6) feeling happy when the baby smiles or laughs, 7) finding the baby irritating, 8) finding that the baby cries too much, 9) feeling trapped as a parent, 10) feeling resentful towards the baby, 11) seeing the baby as the most beautiful baby in the world, 12) wishing that the baby would go away.

Response alternatives: 1) never (0 points), 2) rarely (1 p.), 3) sometimes (2 p.), 4) quite often (3 p.), 5) very often (4 p.), 6) always (5 p.).

The scores for items 1, 5, 6, and 11 are reversed, and then the scores for sections are summed up (sum total 0-60).

A total score of the responses of at least 12 indicates significant difficulties in the interaction between the parent and the baby.

Figure 3. Pregnancy and delivery went as the parents expected and thought 2020, %



Parenthood and family life

Early interaction

The parents assess their interaction with the baby using the Postpartum Bonding Questionnaire (PBQ, Brockington et al. 2006). The questionnaire uses 12 statements for assessing the parent-baby interaction. Six per cent of those who gave birth to the child and nine per cent of the other parents had significant difficulties in the parent-baby interaction, which is slightly more often than in the 2017 pilot study (3% and 7%, Klemetti et al. 2018). Significant difficulties in interaction increase the risk of developing an attachment disorder.

Seven per cent of the parents who gave birth and six per cent of the other parents reported that they that their baby was more difficult than on average. The results are very similar to those of the 2017 study (Klemetti et al. 2018).

Positive experiences of parenthood and family life

The majority (> 90%) of the parents who gave birth and the other parents were satisfied with their life and themselves as parents and felt that the family's daily life had been running smoothly after the baby was born. The results are very similar to that of the pilot study on families with babies (Klemetti et al. 2018) and the study on families with four-year-olds (Vuorenmaa 2019).

Nearly all of the parents of the families with babies received help from their loved ones when necessary, as only less than one per cent of the respondents reported that they had no social support network. Just over one tenth of the parents who had given birth and the other parents received practical help and child care assistance only from their spouse, more than one third from the baby's grandparents or other close relatives in addition to their spouse, and more than one third also from friends or other loved ones in addition to their spouse and close relatives. (Figure 4.)

The parents who gave birth reported having a more extensive support network with which they could share their joys and sorrow and who they could trust would always care than the other parents. The parents who gave birth had to rely on the support by their spouse alone less often than other parents, and reported that their social support network included close relatives and close friends more often than the other spouses. (Figure 4.)

Center for Epidemiologic Studies Depression Scale (CES-D-10, Radloff 1977)

Describes symptoms of depression in the past month.

Question: The following 10 questions are about how you have felt and what you have done in the last month.

Summary of the question items: 1) felt depressed, 2) felt that everything they did required effort, 3) sleep was restless, 4) felt happy, 5) felt lonely, 6) found that people were unfriendly, 7) enjoyed life, 8) felt sad, 9) felt that others disliked them, 10) found it difficult to get going.

Response alternatives: 1) seldom or never (0 p.), 2) sometimes (1 p.), 3) often (2 p.), 3) all of the time (3 p.).

The scores for items 4, and 7 are reversed, after which the scores for sections are summed up (sum 0–30).

The parent is considered to have symptoms of depression when the total score of the responses is 10 or more.

Mental Health Inventory (MHI-5 scale, Berwick et al. 1991)

Describes mental strain in the past four weeks.

Question: Over the past 4 weeks, for how much of the time have you felt?

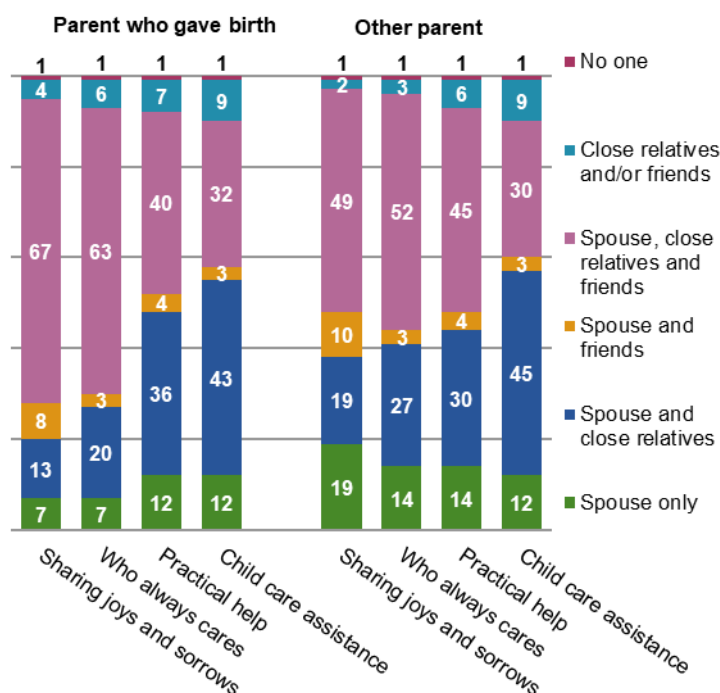
Summary of the question items: 1) felt very nervous, 2) had such a low mood that nothing could cheer them up, 3) felt calm and peaceful, 4) has felt downhearted and sad, 5) has been happy.

Response alternatives: 1) all of the time, 2) most of the time, 3) a good bit of the time, 4) some of the time, 5) a little of the time and 6) none of the time.

The scores for items 3, and 5 are reversed, after which the scores for sections are summed up (sum 5–30) and converted to a scale of 0 to 100.

Parents are considered to be significantly mentally strained when the total score of the responses is 52 or less.

Figure 4. Extent of the parent’s social support network 2020, %



Challenges to coping

Postpartum depression in the parents was measured using the Center for Epidemiologic Studies Depression Scale (CES-D-10). The scale uses ten statements to measure the respondent’s possible depression symptoms (Radloff 1977) and has also been found suitable for women who have recently given birth (Pietikäinen et al 2019). According to the responses, 15 per cent of the parents who had given birth had experienced symptoms of depression in the previous month, which is slightly more than in 2017 (13%, Klemetti et al. 2018).

The mental strain of the other parents was investigated using the Mental Health Inventory (MHI-5, Berwick et al., 1991, Cuijpers et al. 2009) comprising five questions. According to its results, four per cent of the other parents had experienced significant mental strain in the past four weeks. In 2017, three per cent of the other parents of families with babies and in 2018, five per cent of the fathers of children aged four were under significant mental strain (Klemetti et al. 2018, Vuorenmaa 2019).

The coping of both parents was measured by five statements, which can be used to screen the risk of exhaustion (VAU screening, Aunola et al. 2020). According to the screening, just over one third of the parents who gave birth and less than one third of the other parents had symptoms of exhaustion. The symptoms were serious in less than one tenth of the respondents. (Figure 5.)

Two thirds of the parents who gave birth and half of the other parents reported that they felt they were not getting enough sleep, and more than one tenth reported that they could not sleep more even if given a chance (Figure 5). The results of the 2017 pilot study are very similar (Klemetti et al. 2018). 12 per cent of those who gave birth and two per cent of the other parents felt lonely (Figure 5). Feeling lonely was more common among the parents who gave birth than in 2017 (8%, Klemetti et al. 2018). There was no increase in feeling lonely among the other parents compared to the pilot study.

More than a tenth of the parents who had given birth and less than a tenth of the other parents reported having had to compromise on food, medicines or doctor’s appointments within the past 12 months (Figure 5). This was slightly more common among the parents of four-year-old children in the 2018 study (14%, Vuorenmaa 2019).

Parental burnout screen (VAU screening, Aunola et al. 2020)

Describes the symptoms of exhaustion in parents.

Question: When you think about your role as a parent, how often do you experience any of the following feelings?

Summary of the question items: 1) so tired in their role as a parent that even sleeping does not help, 2) feeling completely worn out as a parent, 3) feeling that they are looking after their child(ren) on autopilot, 4) no longer able to show their child(ren) how much they love them, 5) cannot take any more as a parent.

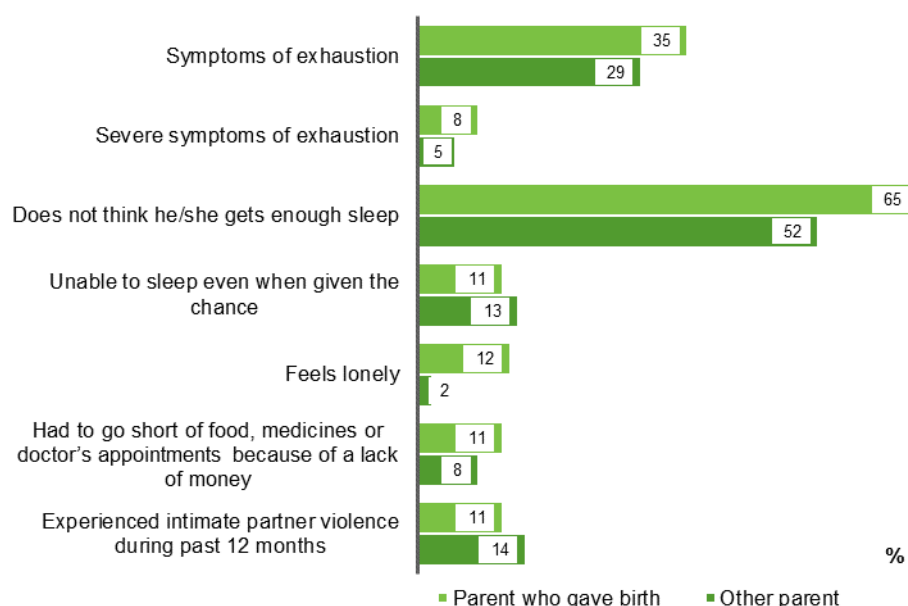
Response alternatives: 1) daily, 2) once or twice a week, 3) more seldom or never.

Parents are considered to have symptoms of exhaustion when they select alternative 1 or 2 to at least one of the items.

Parents are considered to have severe symptoms of exhaustion when they select option 1 to at least one and/or option 2 for at least three items.

Both parents were asked about their experiences of mental, physical, financial and sexual violence within the previous 12 months with eight questions. 11 per cent of the parents who gave birth and 14 per cent of the other parents had experienced at least one type of domestic violence at least once within the past year. (Figure 5.) The clearly most commonly experienced form of violence was being called names by the spouse, which was reported by eight per cent of the parents who gave birth and 10 per cent of the other parents. Seven per cent of the parents who gave birth and eight per cent of the other parents reported having experienced only one form of violence. Three per cent of both parents reported having experienced two forms of violence and two per cent of at least three forms of violence. In the 2017 and 2018 data, violence was measured slightly differently, so the results are not comparable.

Figure 5. Symptoms of exhaustion and factors putting a strain on coping in parents 2020, %



Need for support provided by professionals

Both parents were asked about the issues for which they had needed support from different professionals during pregnancy and after the baby was born, whether they had expressed their need for support to a professional and whether they had received sufficient support when necessary. The professionals were not further specified in the question as parents should be able to receive low-threshold support from the professionals representing various fields in all services for families with children. (Figures 6–8.)

This section describes the distribution of the share of needs for professional support among the **parents who answered all the questions**, the sufficiency of the received support and expressing the need for support (Figures 6–8). The following section examines only the parents who needed support from professionals and describes how many of them felt they had received sufficient support and how many of those who needed support failed to express this need to professionals.

Pregnancy

Of the parents who gave birth, 42 per cent had needed professional support for their mood swings and one fifth for depression when expecting. Of the other parents, 28 per

Intimate partner violence

Describes the intimate partner violence experienced by parents during 12 months.

Question: Has your spouse or ex-spouse done any of the following in the last 12 months?

Summary of the question items: 1) threatened with physical violence, 2) called names with the intention to subdue or humiliate, 3) stopped the respondent from moving, or grabbed, pushed, shoved or slapped them, 4) hit the respondent with a fist or a hard object, kicked them, strangled them or used a weapon, 5) harassed the respondent with sexually offensive words or actions, 6) forced or tried to force the respondent to have sex or perform sexual acts, 7) stopped the respondent from making decisions about money or shopping independently, 8) tried to limit contact with family or friends.

Response alternatives: 1) never, 2) once, 3) occasionally, 4) often.

Parents are considered to have experienced intimate partner violence when they select option 2, 3 or 4 to at least one of the items.

Need for support provided by professionals.

Question during the pregnancy: Did you receive adequate support from various professionals (including the maternity clinic) during the pregnancy for the following issues?

Question after the birth of the baby: After the baby's birth, have you received adequate support from professionals of different fields (including the child health clinic) for the following issues?

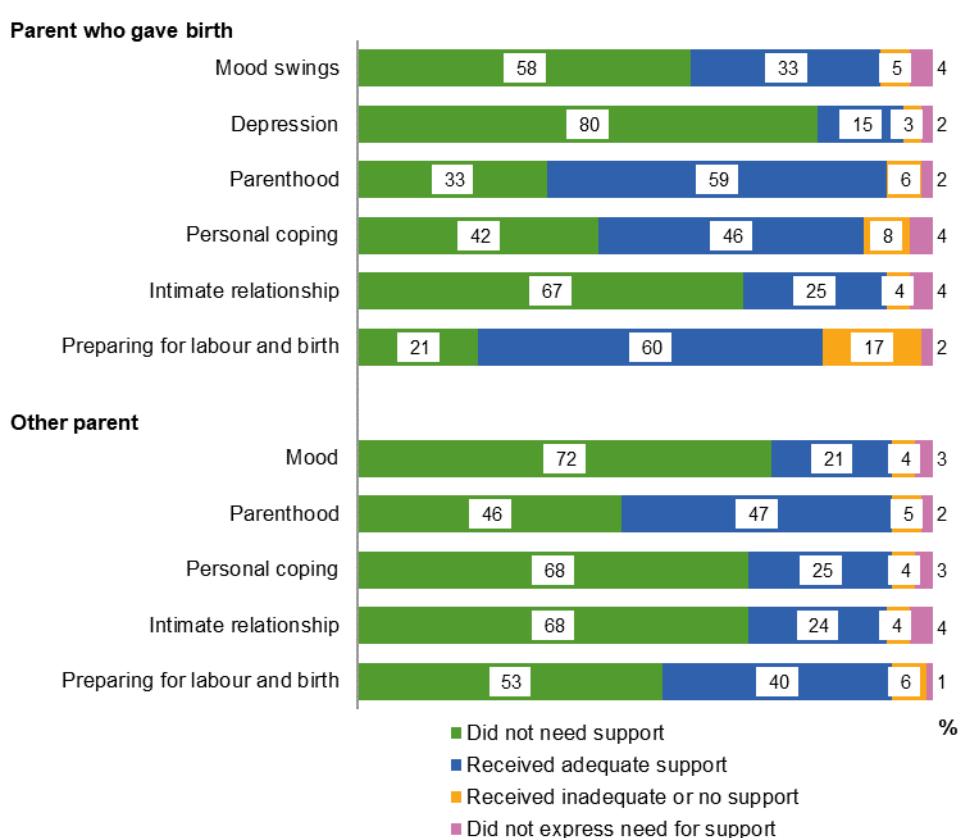
Response alternatives: 1) did not need support, 2) I received adequate support, 3) I received support but it was not adequate, 4) I would have needed support but did not get it, 5) I would have needed support but I did not bring it up.

cent had needed professional support for their mood swings when expecting. (Figure 6, Table 1.)

67 per cent of the parents who gave birth and 54 per cent of the other parents had needed professional support for parenthood during the pregnancy. 58 per cent of the parents who gave birth and 32 per cent of the other parents had needed support from professionals for their own coping. One third of the parents had needed professional support for their relationship during the pregnancy. (Figure 6, Table 1.)

79 per cent of the parents who gave birth and 47 per cent of the other parents had needed support from professionals for preparing for childbirth (Figure 6, Table 1.)

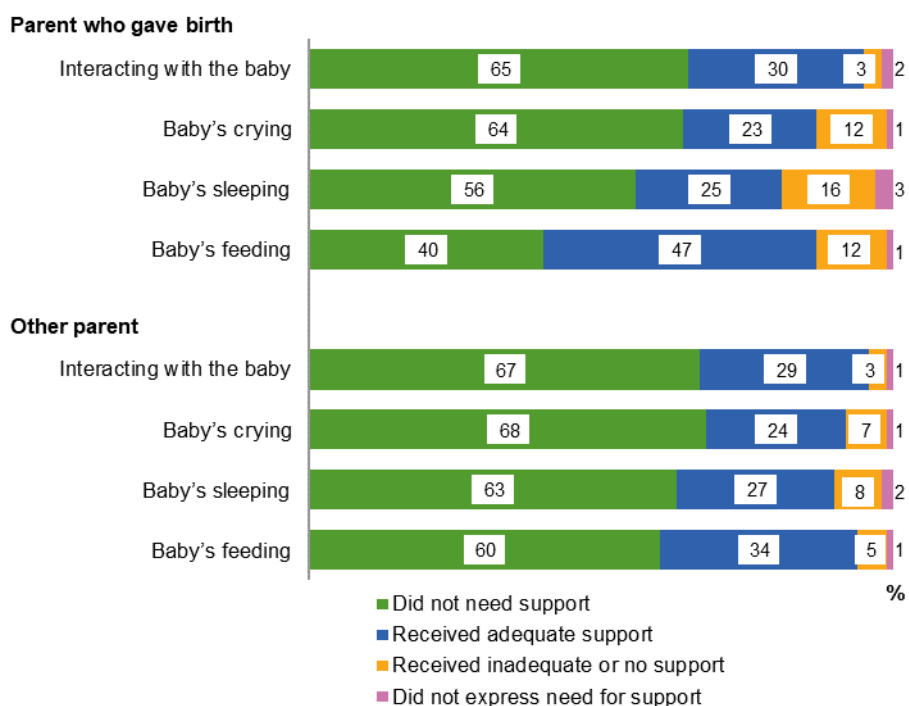
Figure 6. Parents' assessment of the need for and adequacy of support provided by professionals during pregnancy 2020, %



Postpartum period

Approximately one third of the parents had needed professional support in interacting with the baby (35% of those who gave birth and 33% of the other parents). 36 per cent of the parents who gave birth and 32 per cent of the other parents had needed support from professionals for their baby's crying. Meanwhile, 44 per cent of the parents who gave birth to the child and 37 per cent of the other parents needed support related to the baby's sleeping. 60 per cent of the parents who gave birth and 40 per cent of the other parents had needed support related to feeding the baby. (Figure 7, Table 2.)

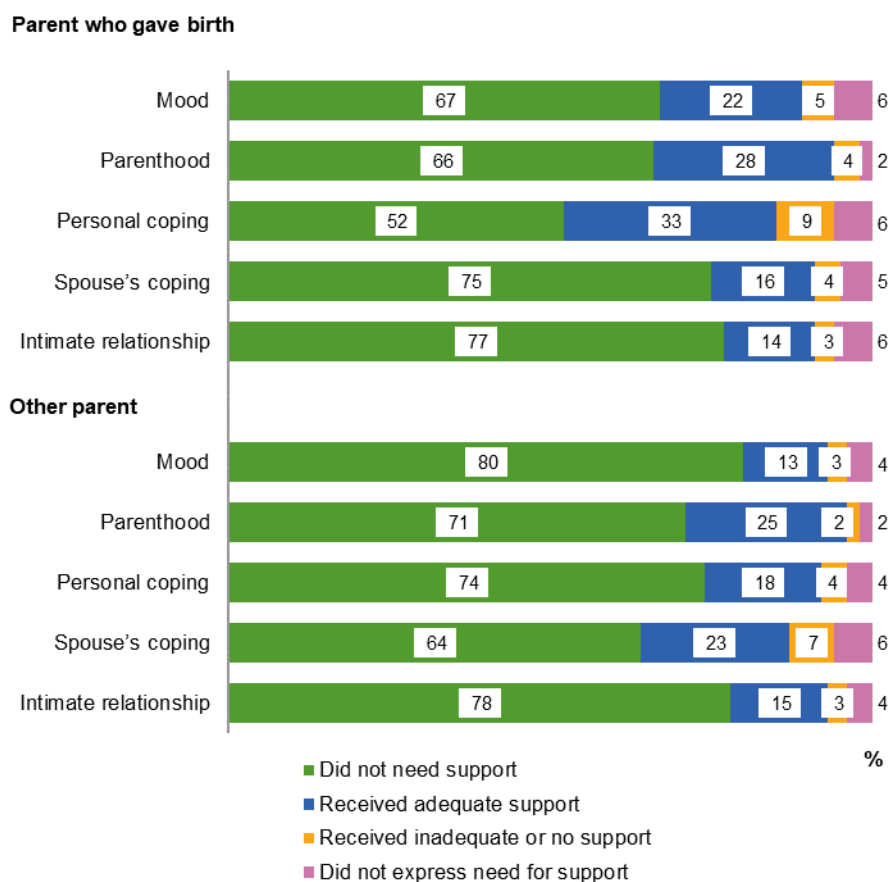
Figure 7. Parents’ assessment of the need and adequacy of support provided by professionals for parent–baby interaction and for caring for the baby 2020, %



One third of the parents who gave birth and one fifth of the other parents had needed professional support related to mood in the postpartum period (Figure 8, Table 3).

34 per cent of the parents who gave birth and 29 per cent of the other parents had needed support from professionals for their parenthood after the child had been born. 48 per cent of the parents who gave birth and 26 per cent of the other parents had needed support from professionals for their own coping after the baby had been born. 25 per cent of the parents who gave birth and 36 per cent of the other parents had needed professional support for their partner's coping. Around one out of five parents (23% of the parents who gave birth and 22% of the other parents) had needed professional support for their relationship after the baby was born (Figure 8, Table 3).

Figure 8. Parents’ assessment of the need for and adequacy of support provided by professionals for their own and their spouse’s welfare after the birth of the baby 2020, %



Overall, the parents who gave birth reported a need for professional support more frequently than the other parents.

Adequacy of the support provided by professionals and unexpressed needs

This section discusses **separately the parents who needed support from professionals**. The section describes the share of parents who received adequate support and those who did not express their support needs. (Tables 1–3.)

Pregnancy

The majority of the parents who gave birth who needed support from professionals related to mood swings (79%) had received sufficient support from professionals; however, about one out of ten (8%) had not expressed their need for support to professionals. While the majority of parents who had given birth with a need for professional support due to depression had received sufficient support (72%), 12% had not expressed this support need to a professional. 77 per cent of the other parents had received sufficient support from professionals related to their mood, but one out of ten had not expressed the need for support to professionals. (Table 1.)

During pregnancy, almost all of the parents who needed support from professionals (89% of the parents who gave birth and 88% of the other parents) had received sufficient

support and only a very small proportion (2% and 3%) had not expressed their support need to professionals. The majority (80% and 77%) of parents who needed professional support for their own coping had received adequate support, but seven per cent of the parents who gave birth and 10 per cent of the other parents had not expressed their need for support. Of the parents who had needed professional support for their relationship during the pregnancy, 76 per cent had received adequate support. However, slightly more than one out of ten (13% and 12%) had not expressed their need for support to professionals (Table 1).

The majority (76% of parents who gave birth and 84% of the other parents) of parents who needed support related to preparing for childbirth had received sufficient support, and only two per cent had not expressed the need for support to professionals (Table 1).

Table 1. Parents who needed support from professionals during pregnancy (n and% of all respondents), parents who received adequate and inadequate support, and all who did not express their need for support (n and % of those who needed support) 2020

	Parents who needed support		Percentage of parents who needed support					
	n	%	Received adequate support		Received inadequate or no support		Did not express need for support	
			n	%	n	%	n	%
Parent who gave birth								
Mood swings	3,749	42%	2,955	79%	484	13%	310	8%
Depression	1,809	20%	1,305	72%	284	16%	220	12%
Parenthood	5,932	67%	5,273	89%	512	9%	147	2%
Personal coping	5,179	58%	4,129	80%	695	13%	355	7%
Intimate relationship	2,948	33%	2,228	76%	330	11%	390	13%
Preparing for labour and birth	6,994	79%	5,307	76%	1,528	22%	159	2%
Other parent								
Mood	1,559	28%	1,194	77%	203	13%	162	10%
Parenthood	3,061	54%	2,683	88%	288	9%	90	3%
Personal coping	1,785	32%	1,376	77%	227	13%	182	10%
Intimate relationship	1,808	32%	1,370	76%	228	13%	210	12%
Preparing for labour and birth	2,671	47%	2,248	84%	363	14%	60	2%

Postpartum period

Almost all parents (86% of the parents who gave birth and 89% of the other parents) had received sufficient professional support for the parent–baby interaction, and only a small proportion (4% and 3%) had not expressed the need for support (Table 2).

Although a large proportion of the parents who needed support related to the baby's crying (63% and 75%) had received adequate support, one third (34%) of the parents who gave birth to the baby and one fifth (21%) of the other parents had not received adequate support. Only a small proportion of parents did not express the need for support to a professional (3% and 4%) (Table 2).

Of the parents who needed professional support related to the baby's sleeping, the parents who gave birth (37%) had more frequently been left without adequate than other parents (22%). A small share of the parents (6% and 4%) had not expressed their support needs to a professional. The majority of parents (78% of parents who gave birth and 87% of the other parents) who had needed professional support related to feeding the baby had received sufficient support, and only a fraction (2% and 1%) had not expressed the need for support to professionals. (Table 2.)

Table 2. Parents who needed support from professionals for the parent–baby interaction (n and% of all respondents), parents who received adequate and inadequate support, and all who did not express their need for support (n and% of those who needed support) 2020

	Parents who needed support		Percentage of parents who needed support					
	n	%	Received adequate support		Received inadequate or no support		Did not express need for support	
	n	%	n	%	n	%	n	%
Parent who gave birth								
Interacting with the baby	3,138	35%	2,702	86%	304	10%	132	4%
Baby's crying	3,172	36%	1,988	63%	1,075	34%	109	3%
Baby's sleeping	3,885	44%	2,218	57%	1,429	37%	238	6%
Baby's feeding	5,314	60%	4,142	78%	1,085	20%	87	2%
Other parent								
Interacting with the baby	1,882	33%	1,671	89%	163	9%	48	3%
Baby's crying	1,815	32%	1,364	75%	383	21%	68	4%
Baby's sleeping	2,082	37%	1,545	74%	462	22%	75	4%
Baby's feeding	2,263	40%	1,968	87%	266	12%	29	1%

While 67 per cent of the parents who had needed professional support related to their mood after the birth of their baby had received adequate support, nearly one fifth had not addressed their need for support with a professional (17% and 18%) (Table 3).

The majority of the parents who needed professional support for their parenthood after the birth of the baby (84% of parents who gave birth and 88% of the other parents) had received adequate support. Of those who felt they needed support, six per cent of the parents who gave birth and five per cent of the other parents had not expressed their need for support for a professional. (Table 3.)

Of all parents who had needed professional support for their own coping after the baby was born, 69 per cent had received sufficient support; however, 13 per cent of the parents who gave birth and 16 per cent of the other parents had not expressed the need for support to the professional. Up to one in five parents who gave birth were left without support. Two out of three parents who had needed support related to their spouse's coping had received adequate support from professionals (63% of parents who gave birth and 64% of the other parents), but as much as 20 per cent of the parents who gave birth and 16 per cent of the other parents had not expressed their support need to a professional. (Table 3.)

Of those with a need for support related to their relationship after childbirth, 58 per cent of the parents who gave birth and 67 per cent of the other parents had received adequate support, but many had also failed to address the need with a professional (26% and 18%). (Table 3.)

Table 3. Parents who needed support from professionals for their own and their spouse's welfare (n and% of all respondents), parents who received adequate and inadequate support, and all who did not express their need for support (n and% of those who needed support) 2020

	Parents who needed support		Percentage of parents who needed support					
	n	%	Received adequate support		Received inadequate or no support		Did not express need for support	
			n	%	n	%	n	%
Parent who gave birth								
Mood	2,909	33%	1,958	67%	461	16%	490	17%
Parenthood	3,011	34%	2,519	84%	310	10%	182	6%
Personal coping	4,205	48%	2,892	69%	776	18%	537	13%
Spouse's coping	2,204	25%	1,379	63%	395	18%	430	20%
Intimate relationship	2,074	23%	1,212	58%	329	16%	533	26%
Other parent								
Mood	1,103	20%	737	67%	168	15%	198	18%
Parenthood	1,614	29%	1,417	88%	123	8%	74	5%
Personal coping	1,458	26%	1,009	69%	218	15%	231	16%
Spouse's coping	2,021	36%	1,286	64%	421	21%	314	16%
Intimate relationship	1,251	22%	839	67%	184	15%	228	18%

Implementation of maternity clinic appointments with a customer-oriented approach as a whole

Describes the parents' view of the realisation of maternity clinic appointments, referred to as a customer-oriented approach in this context.

Question: How did you find the monitoring of the pregnancy at the maternity clinic regarding this baby?

Question sections: 1) the pregnancy was monitored competently and with expertise, 2) the parents felt they were listened to, 3) issues important to the parent were discussed, 4) the whole family's well-being was asked about, 5) received adequate support for parenthood, 6) the parents felt they could talk honestly about their life.

Response alternatives: 1) fully agree, 2) agree, 3) neither agree nor disagree, 4) disagree, 5) fully disagree.

Sum indicator is defined in such a way that the parents are considered to find the maternity clinic appointments customer-oriented as a whole, when they have selected response alternative 1 or 2 to all items. Consequently, the overall assessment is clearly lower than the assessment of the implementation of an individual area.

All in all, both parents were more likely to ignore the need for support when the need was related to their own needs and not to the needs of the baby. There were more unexpressed support needs after the birth of the baby than during the pregnancy. The parents of families with babies left their support needs unaddressed with a professional less often than the parents of four-year-old children in the 2018 study (Vuorenmaa 2019).

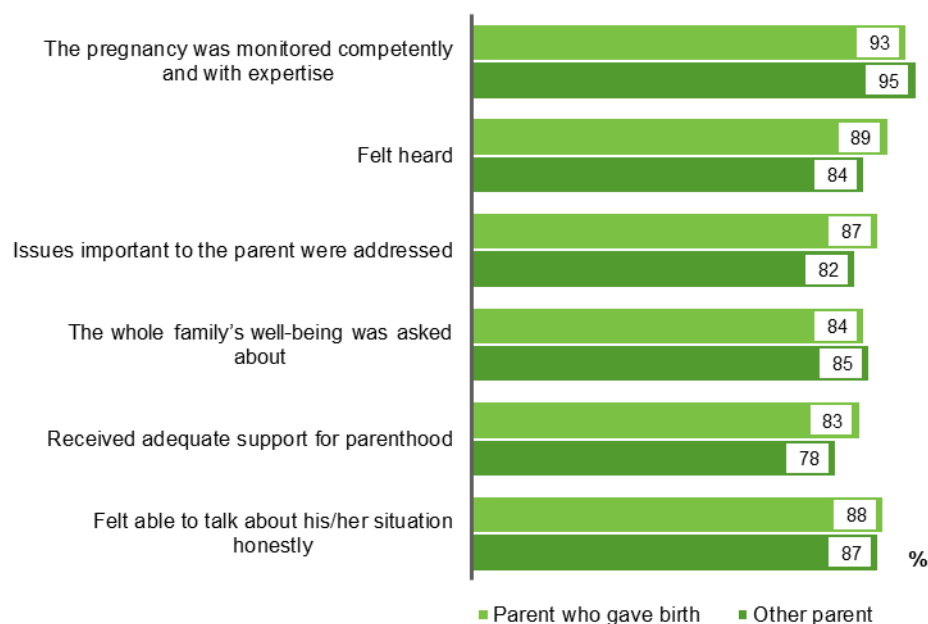
Experiences of maternity and child health clinic services

Maternity clinic

While 79 per cent of the parents who gave birth reported that their appointments at the maternity clinic had been mostly with the same public health nurse or midwife, 10 per cent felt that the public health nurse had changed too often. Only eight per cent of the parents who had given birth had been offered a home appointment during their pregnancy: this was the case with four per cent of those with other children and 12 per cent of those expecting their first child. On the other hand, as many as 89 per cent of the parents who gave birth replied that while no home appointment had been offered to them, the parent did not feel a need for one anyway. 84 per cent of the other parents had participated in at least one maternity clinic appointment.

Both parents were asked about how they felt about the realisation of customer-orientation at the maternity clinic during the pregnancy. Both parents who participated in maternity clinic visits were fairly satisfied with the different areas. The parents were most frequently satisfied with the monitoring of pregnancy, as 93 per cent of the parents who gave birth and 95 per cent of the other parents agreed partly or fully that the monitoring was competent. Although support for parenthood was evaluated as the poorest area, 83 per cent of the parents who gave birth and 77 per cent of the other parents fully agreed or agreed with the statement that they had received adequate support for their parenthood. (Figure 9.) 63 per cent of the parents who gave birth and 68 per cent of the other parents felt that, overall, the maternity clinic visits had been implemented in a customer-oriented manner (Figure 1). Compared to the 2017 pilot study, considering the clinic service customer-oriented had somewhat declined with the exception of the evaluation of pregnancy monitoring (Klemetti et al. 2018).

Figure 9. Parents’ view of the realisation of a customer-orientated approach at the maternity clinic during pregnancy 2020, %



Implementation of child health clinic appointments with a customer-oriented approach as a whole

Describes the parents’ view of the realisation of child health clinic appointments, referred to as a customer-oriented approach in this context.

Question: To what extent are the following true for the baby’s child health clinic visits?

Question sections: 1) the baby’s health, growth and development have been monitored competently and with expertise, 2) enough information was provided about vaccinations, 3) enough information was provided about diseases which are preventable by vaccination, 4) issues that are important for the parent were discussed, 5) things the parent wanted to say were listened to carefully, 6) the whole family’s well-being was enquired about, 7) the parent received adequate support for her/his? parenthood, 8) the parent felt she/he could talk honestly about her/his life.

Response alternatives: 1) fully agree, 2) agree, 3) neither agree nor disagree, 4) disagree, 5) fully disagree.

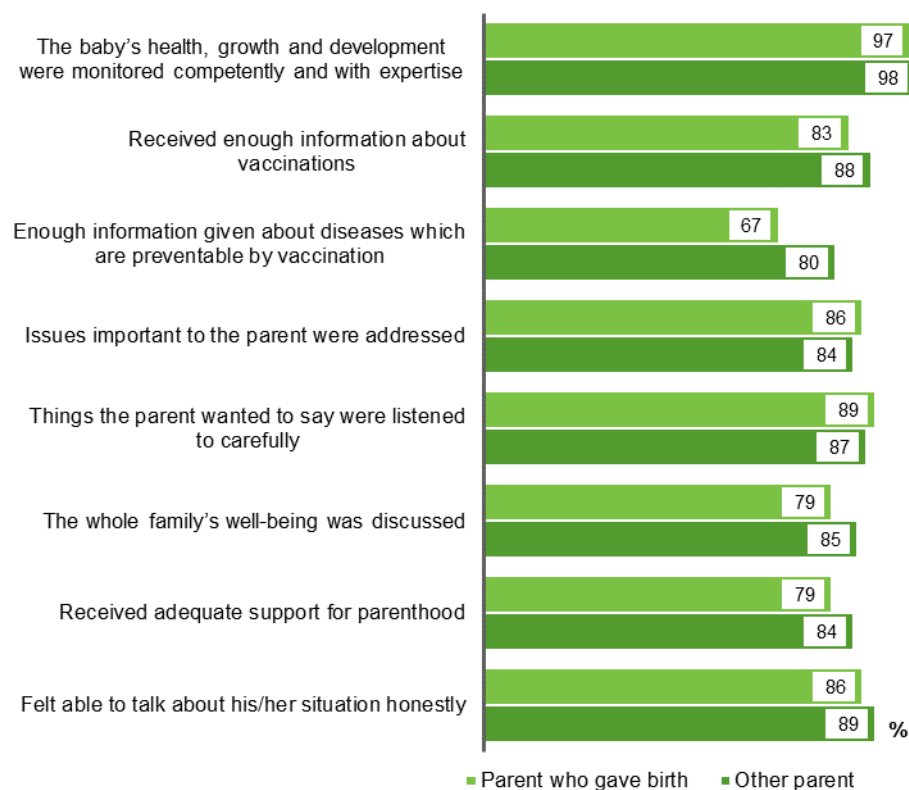
Sum indicator is defined in such a way that the parents are considered to find the child health clinic appointments customer-oriented as a whole, when they have selected response alternative 1 or 2 to all items. Consequently, the overall assessment is clearly lower than the assessment of the implementation of an individual area.

Child health clinic

In some families, the first appointment at a child health clinic took place before the coronavirus epidemic. As a result, the parents who responded to the first survey had little experience of appointments during the coronavirus epidemic.

After delivery, 72 per cent of the parents who gave birth were offered a home visits by the child health clinic: this was the case with 63 per cent of those who had other children and 82 per cent of first-time parents. 20 per cent of the parents who gave birth replied that while no home appointment had been offered to them, the parent did not see a need for one anyway. 99 per cent of the parents who gave birth and 74 per cent of the other parents had participated in a child health clinic appointment with their baby.

Both parents participating in the clinic appointments were asked about the customer-orientation of the baby’s child health clinic appointments. The parents were most frequently satisfied with the monitoring of the baby’s health, growth and development, as 97 per cent of the parents who gave birth and 98 per cent of the other parents fully agreed or agreed with the statement that the monitoring was competent. The parents assessed the provision of information about the diseases prevented by vaccination: 67 per cent of the parents who gave birth and 80 per cent of the other parents either fully agree or agree with the statement that sufficient information was provided about the issue. (Figure 10.) Overall, 50 per cent of the parents who gave birth and 61 per cent of the other parents found the child welfare clinic appointments customer-oriented (Figure 1). Compared to the 2017 pilot study of families with babies, there was a slight decline in finding the clinic appointments customer oriented in some of the question items among the parents who gave birth. The differences between the other parents were rather small. (Klemetti et al. 2018.) In 2018, the parents of four-year-old children were more likely to either fully agree or agree that the child health clinic had talked about matters that were important to them and less likely to find that the welfare of the entire family had been examined and parenthood supported during the child health clinic appointments.

Figure 10. Parents' view of the customer-orientation of child health clinic appointments 2020, %

Coronavirus epidemic in the everyday life of families with babies

Questions concerning the coronavirus epidemic and the effects of the related restrictive measures were added to the questionnaire on 31 July 2020. 4,574 parents who gave birth and 2,996 other parents responded to these questions (7,570 parents in total). Response rates were 49.6 per cent for the parents who gave birth and 35.7 per cent for the other parents.

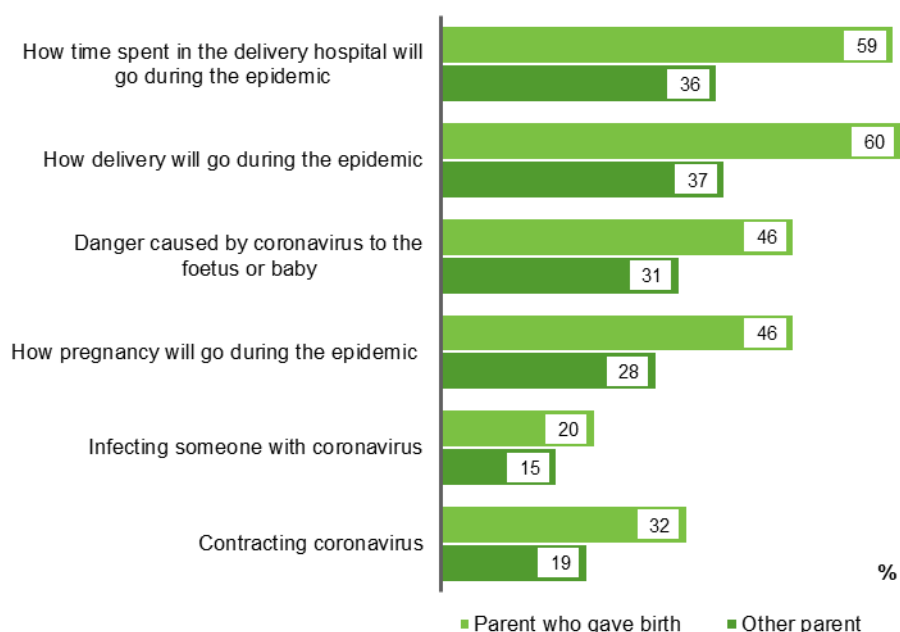
Concerns related to the coronavirus epidemic

In families with babies, the most common concerns related to the coronavirus epidemic concerned delivery and the stay at the delivery hospital during the outbreak. 60 per cent of the parents who gave birth and 37 per cent of the other parents expressed concern about how delivery was going to go. Nearly as many were worried about how their stay in the delivery hospital was going to go: 59 per cent of the parents who gave birth and 36 per cent of the other parents were concerned about this. (Figure 11.)

The parents were also worried about the danger caused by the virus to the foetus or baby (46% of parents who gave birth and 31% of the other parents) and how the pregnancy was going to go during the coronavirus epidemic (46% and 28%). (Figure 11.)

32 per cent of the parents who gave birth and 19 per cent of the other parents expressed concern about contracting the virus. 20 per cent of the parents who gave birth and 15 per cent of the other parents were worried about infecting others with coronavirus. (Figure 11.) According to a serological study conducted by the Finnish Institute for Health and Welfare, 46 per cent of respondents to the survey in September and October 2020 were concerned that someone close to them would be infected with coronavirus and 33 per cent that they themselves would contract the disease (Suvisaari et al. 2020).

Figure 11. Concerns related to the coronavirus epidemic 2020, %

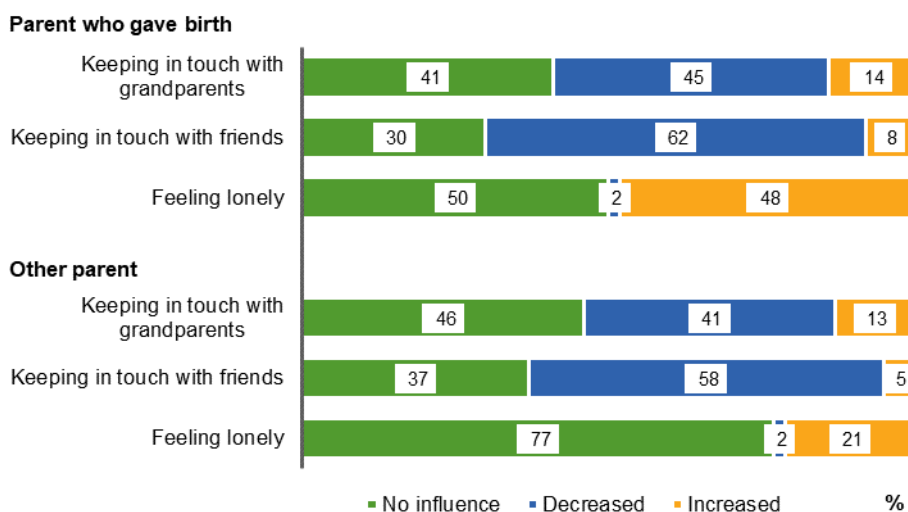


Effects of the coronavirus epidemic on the lives of families with babies

The coronavirus epidemic had resulted in reducing contact with the baby’s grandparents for 45 per cent of the parents who gave birth and 41 per cent of the other parents. 62 per cent of the parents who gave birth and 58 per cent of the other parents kept less in touch with friends. (Figure 12.) According to the THL’s serological study, respondents’ contact with friends and relatives decreased by 57 per cent in September and October 2020 (Lundqvist et al. 2020).

Feeling lonely had become increasingly commonplace in 48 per cent of the parents who gave birth and 21 per cent of the other parents. (Figure 12.) According to preliminary data from the Finnish Institute for Health and Welfare’s FinSote study, feeling lonely increased by 32 per cent (Parikka et al. 2020) and, according to the serological study, by 26 per cent in respondents in September and October 2020 (Lundqvist et al. 2020).

Figure 12. The effects of the coronavirus epidemic on social relationships and feeling lonely in 2020, %



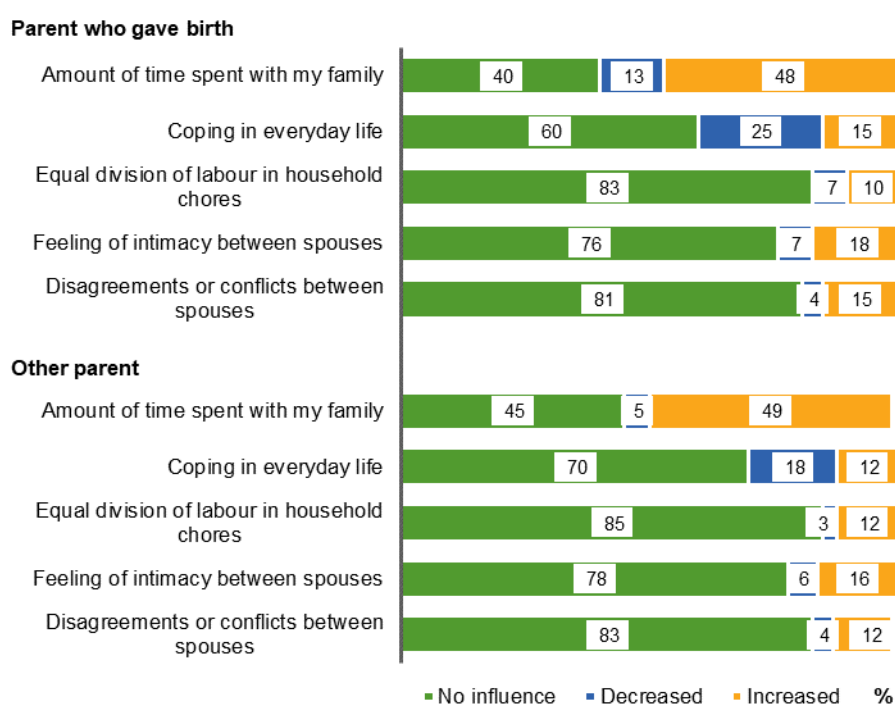
According to both parents, the coronavirus epidemic increased the amount of time spent with family in nearly one in two families: this was the case with 48 per cent of the parents who gave birth and 49 per cent of the other parents. (Figure 13.) According to the THL’s serological study aimed at people of working age, 40 per cent of the respondents to the study in September and October 2020 reported spending more time with their family (Lundqvist et al. 2020).

Most of the parents felt that coronavirus epidemic had no impact on their coping in everyday life (60% of parents who gave birth and 70% of other parents). On the other hand, 25 per cent of those who gave birth and 18 per cent of the other parents felt that their coping had declined. Meanwhile, a share of respondents (15% and 12%) found that their coping had increased. (Figure 13.)

The majority of the respondents did not find that the epidemic had affected the equal division of labour in household chores: this was the case with 83 per cent of the parents who gave birth and 85 per cent of the other parents. (Figure 13.)

The majority of the parents felt that the coronavirus epidemic had no effect on the feeling of intimacy between the spouses (76% of those who gave birth and 78% of the other parents) or disagreements or conflicts (81% and 83%). Seven per cent of the parents who gave birth and six per cent of the other parents felt that the feeling of intimacy had decreased due to the coronavirus epidemic. On the other hand, 18 per cent of the parents who gave birth and 16 per cent of the other parents felt that the feeling of intimacy had increased. Disagreements and conflicts between spouses had decreased by four percent and increased slightly more often based on the view of the parents who gave birth (15%) than the other parents (12%). (Figure 13.) According to the THL’s serological study aimed at people of working age, 21 per cent of the respondents to the study in September and October 2020 reported feeling less of a sense of closeness with other people. There was a 14-per-cent increase and nine-per-cent decrease in inter-family conflicts. (Lundqvist et al. 2020.)

Figure 13. Impacts of the coronavirus epidemic on the family’s daily life and the parent’s intimate relationship 2020, %



Terms and definitions

Parent who gave birth: A woman whose baby's other parent is male in the DVV sample data or for whose baby no other parent is given in the sample data. If the sample file indicated that there are two female parents in the family, both of the forms for parents were sent to the family, and the recipients were asked to answer the questions that best suit them.

Other parent: All men in the DVV sample file, regardless of data concerning the baby's other parents in the file. If the sample file indicated that there are two female parents in the family, both of the forms for parents were sent to the family, and the recipients were asked to answer the questions that best suit them.

www.thl.fi/fi/tilastot-ja-data/tilastot-aiheittain/lapset-nuoret-ja-perheet/vauvaperheiden-hyvinvointi

References

- Aunola K, Sorkkila M, Tolvanen A, Tassoul A, Mikolajzak M & Roskam I. (2020). Development and Validation of the Brief Parental Burnout scale (BPBs). Manuscript under review.
- Berwick D, Murphy J, Goldman P, Ware J, Barsky A & Weinstein M. 1991. Performance of a five-item mental health screening test. *Medical Care*, 29, 169-17. [Referred to on 22 Feb 2021.] Available at: <http://dx.doi.org/10.1097/00005650-199102000-00008>
- Brockington I, Fraser C & Wilson D. 2006. The Postpartum Bonding Questionnaire: a validation. *Arch Womens Ment Health* 9, 233-242. [Referred to on 22 Feb 2021.] Available at: <https://doi.org/10.1007/s00737-006-0132-1>
- Cuijpers P, Smits N, Donker T, ten Have M & de Graaf R. 2009. Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. *Psychiatry Res*, 168(3), 250-255. [Referred to on 22 Feb 2021.] Available at: <https://doi.org/10.1016/j.psychres.2008.05.012>
- Klemetti R, Vuorenmaa M, Ikonen R, Hedman L, Ruuska T, Kivimäki H, Rajala R. How are families with babies doing? Basic report of a pilot study on 3-4-month-old babies and their families participating in the LTH survey. Finnish Institute for Health and Welfare (THL). Working paper: 2018_018. <http://urn.fi/URN:ISBN:978-952-343-121-8>
- Lundqvist AM, Haario P, Härkänen T, Koponen P, Koskinen S, Männistö S, Kaartinen N, Partonen T. Daily life and lifestyles. In: Effects of the COVID-19 epidemic on well-being, the service system, and the national economy Expert evaluation, autumn 2020. Kestilä L, Härmä V ja Rissanen P (eds.). Finnish Institute for Health and Welfare. Report 14/2020. <http://urn.fi/URN:ISBN:978-952-343-578-0>
- Parikka S, Ikonen J, Koskela T, Hedman L, Kilpeläinen H, Aalto A-M, Sainio P, Ilmarinen K, Holm M & Lundqvist A. Koronan vaikutukset vaihtelevat alueittain - eroja myös ikääntyneillä sekä toimintarajoitteisilla verrattuna muuhun väestöön. Preliminary results of the national FinSote survey in autumn 2020. Online publication: thl.fi/finsote
- Pietikäinen JT, Polo-Kantola P, Pölkki P, Saarenpää-Heikkilä O, Paunio T & Paavonen EJ. 2019. Sleeping problems during pregnancy a risk factor for postnatal depressiveness. *Arch Womens Ment Health*, 22, 327-337 [Referred to on 22 Feb 2021] Available at: <https://doi.org/10.1007/s00737-018-0903-5>
- Radloff LS. 1977. CES-D scale: A self report depression scale for research in the general populations. *Applied Psychological Measurement*, 1, 385-401. [Referred to on 22 Feb 2021.] Available at: <https://doi.org/10.1177%2F014662167700100306>

Suvisaari J, Lundqvist AM, Linnaranta O, Haravuori H, Lukkala T, Winter S, Sarajärvi K. Mood and concerns related to the epidemic. In: Effects of the COVID-19 epidemic on well-being, the service system, and the national economy Expert evaluation, autumn 2020. Kestilä L, Härmä V ja Rissanen P (eds.). Finnish Institute for Health and Welfare. Report 14/2020. . <http://urn.fi/URN:ISBN:978-952-343-578-0>

Vuorenmaa M. Pienten lasten ja heidän perheidensä hyvinvointi 2018, [Statistical report 10/2019](#) 7 May 2019. THL.

Appendix tables

Appendix table 1a:

Separate data from Statistics Finland and a sample obtained from the Digital and Population Data Services Agency (DVV), parents who had a baby between 25 November 2019 and 16 February 2020 and between 20 April and 12 July 2020, divided by gender.

Appendix table 1b:

Separate data from Statistics Finland and a sample obtained from the Digital and Population Data Services Agency (DVV), parents who had a baby between 25 November 2019 and 16 February 2020 and between 20 April and 12 July 2020, in total.

Appendix table 2a:

Response rate divided by response type and background factors in the FinChildren 2020 survey, parents who gave birth

Appendix table 2b:

Response rate divided by response type and background factors in the FinChildren 2020 survey, other parents

Appendix table 2c:

Response rate divided by response type and background factors in the FinChildren 2020 survey, parents in total

Appendix table 3:

Parents who responded to the FinChildren 2020 survey divided by education and comparison with the educational distribution in the separate data obtained from Statistics Finland.

Appendix table 4a:

Responding and non-responding parents in the FinChildren 2020 survey, parents who gave birth and other parents

Appendix table 4b:

Responding and non-responding parents in the FinChildren 2020 survey, parents in total

Quality description

Well-being of families with babies – FinChildren 2020

Relevance of statistical data

The results of the statistical report of the Well-being of families with babies – FinChildren 2020 survey are based on the data collection carried out in 2020 in the FinChildren survey. The examination concerns the parents of babies aged between 3 and 6 months. The Finnish Institute for Health and Welfare implements the FinChildren survey.

The role of the Finnish Institute for Health and Welfare is to follow the health and welfare of the population. The FinChildren survey implements this task for children under school age and their families. The data collection comprises the welfare, health and functional capacity and lifestyles of families with children, the safety of the growth environment as well as the need, availability and adequacy of services and support.

The data can be utilised in the planning, implementation, assessment and reporting of welfare and health promotion activities for families with children as well as the planning, assessment and development of the services for families with children in municipalities, counties, and the national level. The results can also be used in the monitoring included in national steering and the assessment of political decisions.

Methodology

The FinChildren survey was carried out nationwide and concerned babies aged 3–6 months and children aged 4 and their families.

The FinChildren survey was launched under the name Children's Health, Well-being and Services survey (LTH). In 2017, a pilot study on the health, well-being and services of families with babies was carried out in the region of six counties. In 2018, the first national data collection on 4-year-olds and their families was carried out, and a statistical report focusing on this age group was published in 2019. In 2018, families were asked to participate in the study in connection with their child's health examination at the child health clinic, and data were also collected from the public health nurses at the child health clinic.

Since 2020, data collection has only been carried out as a postal survey aimed at parents. In the future, the aim is to carry out data collection for babies and families of 4-year-olds once every four years, next time in 2024.

The personal data of the parents of babies belonging to the target group of the 2020 data collection were extracted from the Digital and Population Data Services Agency's (DVV) Population Information System. The sampling criteria was defined as the data of the guardians of all babies born during the examined periods with a permanent address. The data included the baby's personal identity code and the parents' names and address, the year and country of birth, gender, marital status and mother tongue, and, starting with sample number four, also the language of service. The data did not contain the parent's personal identity code.

Six separate total samples were collected in 2020: Three in spring and three in autumn 2020. Each sample included the data of the parents of babies born in a given four-week period. The babies had been born in the periods: 25 November 2019–16 February 2020 (spring samples) and 20 April–12 July 2020 (autumn samples). The parents were first approached when the youngest baby in the sample was 12 weeks and the oldest 16 weeks old.

All research material was sent to both of the baby's parents by post addressed to the recipient. First, an invitation letter was sent to the parents, which included an address to an online form and a personal ID and password for logging into the form. The invitation also mentioned the purpose, content and data protection of the study and an opportunity for participating in a prize draw when responding to the survey.

If necessary, three reminders for filling out the survey were sent to the parents. A paper questionnaire was sent in connection with the first and third reminders. Each reminder contained the IDs for responding to the online form.

The data collection started on 12 March 2020, at which point an invitation letter was sent to the parents in the first sample. The parents were approached between 12 March and 8 July 2020 (total spring samples) and between 5 August and 8 December 2020 (total autumn samples). All responses returned by 12 January 2021 were included in the research data. At this point, the oldest baby in the sample was six months old.

A prize draw was held where respondents could win Finnish babies' clothes received as donations. The prize draw aimed at improving the response rate. Permission for the prize draw was sought and obtained from the Finnish Institute for Health and Welfare's working group on research ethics and the institute's management. The prize draw was carried out in six parts: the first occurred on 27 April 2020 and the last on 2 February 2021.

The content of the questionnaire forms for both parents was largely identical. The form for the parent who gave birth also contained questions about breastfeeding and contraception, while the form for the other parent included questions about the reconciliation of work and family life. On 31 July 2020, questions about the coronavirus epidemic were added to both parents' questionnaires (in total 7,570 respondents, including 4,574 parents who gave birth and 2,996 other parents). The parents had the opportunity to reply to the questionnaire in Finnish, Swedish, Northern Sámi, English, Russian, Somali or Arabic. The questionnaire forms can be viewed on the THL website at thl.fi/finlapset.

The returned paper questionnaires were stored optically. The optical data storage process included logical checks to the responses as well as standardisation based on previously given instructions, for instance, regarding incorrectly answering questions. The research data were checked for possible errors, deficiencies and illogicalness. Responses to online forms were collected through the THL form service.

To expand the data contents, the data collected from parents will be connected to register data obtained using the child's personal identity code as soon as these registers are completed and permits are obtained from register keepers. The used registers include the Medical Birth Register (children aged 3–6 months), register of health care notifications, the Register of Congenital Malformations (4-year-olds), child welfare register (4-year-olds) and Information on care allowances, purchases of pharmaceuticals and reimbursements for medicine expenses granted to the child by Kela and family leaves granted because of the child, and data concerning the child in the MyKanta service (entries made on the child in the MyKanta service). The combined results of the survey and register data will be published in separate publications. The privacy notice can be accessed on the THL website at thl.fi/finlapset.

In addition to THL, the data collection has been financed through funding coordinated by THL allocated for research in Covid-19 in the supplementary budget.

Correctness and accuracy of data

The appendix tables 1a and 1b illustrate the coverage of the total samples obtained from DVV using the separate data ordered from Statistics Finland. The separate data from Statistics Finland contains the number of parents of the babies born in the time periods corresponding to the 2020 research samples and age-group specific data on the parents' education at the national and regional level. As a result of a legislative amendment, the processing of children's care data in the Population Information System changed, and introducing the change was still underway at DVV at the time of data extraction. As a result, direct marketing ban and the parent's housing arrangements affected the sampling. Based on the comparison, the coverage of the data concerning women in the DVV sample was 87 per cent, and varied from 84 to 99 per cent between counties. The corresponding share was 81 per cent for men with regional variation ranging from 77 to 90 per cent.

The six total samples of the FinLapset 2020 survey consisted of the data provided by DVV on the parents of babies born in a given four-week period. Of these data, guardians without a direct marketing ban living in the same address as the child were extracted. After taking the data of parents of multiple birth families contained by the DVV total sample into

consideration in that the parent was included in the data only once, the resulting research sample included 17,964 (53%) parents who gave birth and 16,112 (47%) other parents. Response rates were 50 per cent for the parents who gave birth and 36 per cent for the other parents. Appendix tables 2a, 2b and 2c describe the response rates according to parenthood, response type and background factors. Appendix table 3 compares the education of the responding parents with the educational structure in separate data obtained from Statistics Finland.

In total, 8,977 parents who gave birth and 5,843 other parents filled out the questionnaire. Appendix tables 4a and 4b describe the numbers and shares of the respondents and non-respondents according to background factors.

The parents included in the study sample had a total of 19,382 babies, 9,536 girls and 9,846 boys. The parents of multiple birth families were instructed to respond based on the baby that was born first. The register data on the child will be linked to the first-born baby. The sample contained two parents for 14,694 (76%), only the parent who gave birth for 3,270 (17%) and only the other parent for 1,418 (7%) of the babies.

Representativeness of data

A total of 14,820 parents responded to the survey (Appendix tables 2a, 2b, 2c, 4a and 4b). 10,088 (29.6%) parents filled out the online questionnaire and 4,732 (13.9%) the paper version. Response rates were 50.0 per cent for the parents who gave birth and 36.3 per cent for the other parents. The parents who gave birth were more active in participating in the study than the other parents (50.0% vs. 36.3%). Response rates varied based on age groups as those aged 30-39 participated in the study most actively. Response rates also varied between regions (40–49%). The rates were highest in South Karelia and Pirkanmaa (49%). The response rates were the lowest in South Ostrobothnia and Kainuu (40% and 41%). An examination of the response rates based on the respondents' country of origin revealed that the response rate of those born in Finland was 46 per cent and of those born abroad was 32 per cent. (Appendix tables 2a, 2b, 2c, 4a and 4b.)

The parents' education was compared to separate data ordered from Statistics Finland, which contained aggregate data of the parents of babies born in the time periods corresponding to the 2020 research samples. The parents of multiple birth families cause over-coverage in the data, as the parents of all babies born during the determined period were included in the sample regardless of whether the parents had had one or more babies. Parents with a basic or upper secondary degree responded less often than parents who had graduated from a university of applied sciences or higher education. (Appendix table 3.)

Of the non-responding parents who gave birth, 40 per cent were under 30, 54 per cent were between 30 and 39, and 6 per cent were at least 40 years old. The corresponding rates for the other parents were 26, 58 and 16 per cent. The average age of the non-responding parents was 31.0 (SD 5.5) for the parents who gave birth and 33.7 (SD 6.2) for the other parents. The rates of the non-respondents with a foreign background were 22 per cent for the parents who gave birth and 18 per cent for the other parents. While the average age of the non-respondents was not different from the average age of the respondents, the non-respondents included more parents representing younger age groups and those with a foreign background compared to the parents who responded to the survey. (Appendix tables 4a and 4b.)

Timeliness and promptness of published data

The basic results of the FinChildren survey will be completed within around two months after the end of the data collection.

Availability, transparency and clarity

The national, regional and municipal results of the FinLapset survey are published as data cubes and result summaries in the THL database reports and database system (TIKU) at: thl.fi/finlapsetkysely/tulokset. The distribution of responses of the question used in forming the indicator is also published in the data cubes and result summaries.

Comparability of statistical data

The results of the FinChildren survey are reported as indicators. Some of the indicators describing the well-being of families with babies are consistent with the data collection of the 2017 pilot study and some with the indicators used in the 2018 data collection concerning four-year-old children and their families. As the data collection methods were partly different, comparability can only be considered indicative.

Clarity, integrity and cohesion

The questionnaire forms used for data collection in the FinChildren survey include permanent sections which can be supplemented with modules for more rarely collected data. The permanent parts comprise questions on the welfare, health and availability of services for families with children. This enables forming time series in the future and examining changes occurring as time passes. The modules can be used to further explore a certain topic or include more questions dealing with topical phenomena as necessary.

Appendix table 1a. Separate data from Statistics Finland* and a sample obtained from the Digital and Population Data Services Agency (DVV), parents who had a baby between 25 November 2019 and 16 February 2020 and between 20 April and 12 July 2020, divided by gender

	Female				Male			
	Statistics Finland*, N	DVV, original sample, N	Difference ** resulting in under-coverage, N	DVV sample coverage,%	Statistics Finland*, N	DVV, original sample, N	Difference ** resulting in under-coverage, N	DVV sample coverage,%
Total data	20,982	18,214	2,768	86.8%	20,101	16,278	3,823	81.0
Spring (parents of babies born between 25 November 2019 and 16 February 2020)	10,180	8,927	1,253	87.7%	9,700	7,888	1,812	81.3
Autumn (parents of babies born between 20 April and 12 July 2020)	10,802	9,287	1,515	86.0%	10,401	8,390	2,011	80.7
Data per county***								
Åland	110	109	1	99.1%	109	97	12	89.0%
South Karelia	353	318	35	90.1%	342	277	65	81.0%
South Ostrobothnia	685	618	67	90.2%	666	567	99	85.1%
South Savo	358	302	56	84.4%	342	264	78	77.2%
Kainuu	212	187	25	88.2%	198	174	24	87.9%
Kanta-Häme	555	488	67	87.9%	544	429	115	78.9%
Central Ostrobothnia	307	288	19	93.8%	295	255	40	86.4%
Central Finland	994	877	117	88.2%	954	793	161	83.1%
Kymenlaakso	492	441	51	89.6%	478	381	97	79.7%
Lapland	593	524	69	88.4%	569	468	101	82.2%
Pirkanmaa	1,956	1,674	282	85.6%	1,877	1,520	357	81.0%
Ostrobothnia	761	723	38	95.0%	738	662	76	89.7%
North Karelia	521	455	66	87.3%	503	415	88	82.5%
North Ostrobothnia	1,894	1,676	218	88.5%	1,848	1,569	279	84.9%
North Savo	849	743	106	87.5%	817	661	156	80.9%
Päijät-Häme	654	546	108	83.5%	615	490	125	79.7%
Satakunta	660	569	91	86.2%	631	524	107	83.0%
Uusimaa	7,231	6,163	1,068	85.2%	6,772	5,377	1,395	79.4%
Southwest Finland	1,774	1,513	261	85.3%	1,695	1,355	340	79.9%

* Statistics Finland 2020, separate data set containing the numbers of parents of families with babies corresponding to the 2020 research samples and education information per age group. As a result of the sampling method, the parents of multiple birth families caused overcoverage.

** As a result of a legislative amendment, the processing of children's care data in the Population Information System changed, and introducing the change was still underway at DVV at the time of data extraction. As a result, direct marketing ban and the parent's housing arrangements affected the sampling.

*** Statistics Finland 2020, separate data, data on county missing for 23 women and 108 men.

Appendix table 1b. Separate data from Statistics Finland* and a sample obtained from the Digital and Population Data Services Agency (DVV), parents who had a baby between 25 November 2019 and 16 February 2020 and between 20 April and 12 July 2020, total

	Statistics Finland*, N	DVV, original sample, N	Total Difference ** resulting in under-coverage, N	DVV sample coverage, %
Total data	41,083	34,492	6,591	84.0%
Spring (parents of babies born between 25 November 2019 and 16 February 2020)	19,880	16,815	3,065	84.6%
Autumn (parents of babies born between 20 April and 12 July 2020)	21,203	17,677	3,526	83.4%
Data per county***				
Åland	219	206	13	94.1%
South Karelia	695	595	100	85.6%
South Ostrobothnia	1,351	1,185	166	87.7%
South Savo	700	566	134	80.9%
Kainuu	410	361	49	88.0%
Kanta-Häme	1,099	917	182	83.4%
Central Ostrobothnia	602	543	59	90.2%
Central Finland	1,948	1,670	278	85.7%
Kymenlaakso	970	822	148	84.7%
Lapland	1,162	992	170	85.4%
Pirkanmaa	3,833	3,194	639	83.3%
Ostrobothnia	1,499	1,385	114	92.4%
North Karelia	1,024	870	154	85.0%
North Ostrobothnia	3,742	3,245	497	86.7%
North Savo	1,666	1,404	262	84.3%
Päijät-Häme	1,269	1,036	233	81.6%
Satakunta	1,291	1,093	198	84.7%
Uusimaa	14,003	11,540	2,463	82.4%
Southwest Finland	3,469	2,868	601	82.7%

* Statistics Finland 2020, separate data set containing the numbers of parents of families with babies corresponding to the 2020 research samples and education information per age group. As a result of the sampling method, the parents of multiple birth families caused overcoverage.

** As a result of a legislative amendment, the processing of children's care data in the Population Information System changed, and introducing the change was still underway at DVV at the time of data extraction. As a result, direct marketing ban and the parent's housing arrangements affected the sampling.

*** Statistics Finland 2020, separate data, data on county missing for 131 people.

Appendix table 2a. Response rate divided by response type and background factors in the FinChildren 2020 survey, parents who gave birth

Region	Research sample n	Online form		Parent who gave birth Respondents Paper form		Total	
		n	%	n	%	n	%
All	17,964	6,066	33.8%	2,911	16.2%	8,977	50.0%
Spring (parents of babies born between 25 November 2019 and 16 February 2020)	8,791	3,021	34.4%	1,406	16.0%	4,427	50.4%
Autumn (parents of babies born between 20 April and 12 July 2020)	9,173	3,045	33.2%	1,505	16.4%	4,550	49.6%
Parent's age							
Under 30 years old	6,631	2,180	32.9%	855	12.9%	3,035	45.8%
30–39 years old	10,169	3,520	34.6%	1,831	18.0%	5,351	52.6%
40 years or older	1,164	366	31.4%	225	19.3%	591	50.8%
Parent's country of birth							
Born in Finland	14,974	5,398	36.0%	2,585	17.3%	7,983	53.3%
Born outside Finland	2,990	668	22.3%	326	10.9%	994	33.2%
Parent's mother tongue							
Finnish	14,124	5,066	35.9%	2,442	17.3%	7,508	53.2%
Swedish	938	348	37.1%	168	17.9%	516	55.0%
Russian	422	117	27.7%	63	14.9%	180	42.7%
Estonian	..	..	..	..	..	..	..
Somali	..	..	..	..	..	..	..
Arabic	251	50	19.9%	31	12.4%	81	32.3%
Other	1,778	436	24.5%	169	9.5%	605	34.0%
County							
Åland	109					54	49.5%
South Karelia	315					175	55.6%
South Ostrobothnia	613					296	48.3%
South Savo	298					143	48.0%
Kainuu	186					90	48.4%
Kanta-Häme	479					244	50.9%
Central Ostrobothnia	285					146	51.2%
Central Finland	862					437	50.7%
Kymenlaakso	431					209	48.5%
Lapland	517					265	51.3%
Pirkanmaa	1,638					904	55.2%
Ostrobothnia	717					365	50.9%
North Karelia	446					232	52.0%
North Ostrobothnia	1,656					792	47.8%
North Savo	733					393	53.6%
Päijät-Häme	540					275	50.9%
Satakunta	565					296	52.4%
Uusimaa	6,083					2,899	47.7%
Southwest Finland	1,491					762	51.1%

Refused to participate: 142 parents who gave birth (67 in spring and 75 in autumn) reported that they did not wish to participate in the study. No reminders were sent to them after they notified of their refusal, but they are included in the sample.

.. Only total results shown.

Appendix table 2b. Response rate divided by response type and background factors in the FinChildren 2020 survey, other parents

Region	Research sample n	Online form n	%	Other parent Respondents		Total	
				Paper form n	%	n	%
All	16,112	4,022	25.0 %	1821	11.3 %	5843	36.3 %
Spring (parents of babies born between 25 November 2019 and 16 February 2020)	7,796	1,989	25.5%	887	11.4%	2,876	36.9%
Autumn (parents of babies born between 20 April and 12 July 2020)	8,316	2,033	24.4%	934	11.2%	2,967	35.7%
Parent's age							
Under 30 years old	3,921	893	22.8%	377	9.6%	1,270	32.4%
30–39 years old	9,666	2,547	26.4%	1,117	11.6%	3,664	37.9%
40 years or older	2,525	582	23.0%	327	13.0%	909	36.0%
Parent's country of birth							
Born in Finland	13,440	3,473	25.8%	1,577	11.7%	5,050	37.6%
Born outside Finland	2,672	549	20.5%	244	9.1%	793	29.7%
Parent's mother tongue							
Finnish	12,647	3,262	25.8%	1,477	11.7%	4,739	37.5%
Swedish	924	242	26.2%	129	14.0%	371	40.2%
Russian	263	59	22.4%	34	12.9%	93	35.4%
Estonian	..	..	..	..	..	..	..
Somali	..	..	..	..	..	..	..
Arabic	270	58	21.5%	20	7.4%	78	28.9%
Other	1,698	366	21.6%	141	8.3%	507	29.9%
County							
Åland	97					38	39.2%
South Karelia	274					113	41.2%
South Ostrobothnia	564					176	31.2%
South Savo	264					95	36.0%
Kainuu	173					56	32.4%
Kanta-Häme	425					157	36.9%
Central Ostrobothnia	254					84	33.1%
Central Finland	782					292	37.3%
Kymenlaakso	375					127	33.9%
Lapland	461					159	34.5%
Pirkanmaa	1,490					613	41.1%
Ostrobothnia	655					255	38.9%
North Karelia	413					156	37.8%
North Ostrobothnia	1,553					530	34.1%
North Savo	657					247	37.6%
Päijät-Häme	486					180	37.0%
Satakunta	522					175	33.5%
Uusimaa	5,329					1,906	35.8%
Southwest Finland	1,338					484	36.2%

Refused to participate: 142 other parents (70 in spring and 72 in autumn) reported that they did not wish to participate in the study. No reminders were sent to them after they notified of their refusal, but they are included in the sample.

.. Only total results shown.

Appendix table 2c. Response rate divided by response type and background factors in the FinChildren 2020 survey, parents in total

Region	Research sample n	Online form		Paper form		Total	
		n	%	n	%	n	%
All	34,076	10,088	29.6%	4,732	13.9%	14,820	43.5%
Spring (parents of babies born between 25 November 2019 and 16 February 2020)	16,587	5,010	30.2%	2,293	13.8%	7,303	44.0%
Autumn (parents of babies born between 20 April and 12 July 2020)	17,489	5,078	29.0%	2,439	13.9%	7,517	43.0%
Parent's age							
Under 30 years old	10,552	3,073	29.1%	1,232	11.7%	4,305	40.8%
30–39 years old	19,835	6,067	30.6%	2,948	14.9%	9,015	45.4%
40 years or older	3,689	948	25.7%	552	15.0%	1,500	40.7%
Parent's country of birth							
Born in Finland	28,414	8,871	31.2%	4,162	14.6%	13,033	45.9%
Born outside Finland	5,662	1,217	21.5%	570	10.1%	1,787	31.6%
Parent's mother tongue							
Finnish	26,771	8,328	31.1%	3,919	14.6%	12,247	45.7%
Swedish	1,862	590	31.7%	297	16.0%	887	47.6%
Russian	685	176	25.7%	97	14.2%	273	39.9%
Estonian	344	59	17.2%	35	10.2%	94	27.3%
Somali	417	25	6.0%	23	5.5%	48	11.5%
Arabic	521	108	20.7%	51	9.8%	159	30.5%
Other	3,476	802	23.1%	310	8.9%	1,112	32.0%
County							
Åland	206					92	44.7%
South Karelia	589					288	48.9%
South Ostrobothnia	1,177					472	40.1%
South Savo	562					238	42.3%
Kainuu	359					146	40.7%
Kanta-Häme	904					401	44.4%
Central Ostrobothnia	539					230	42.7%
Central Finland	1,644					729	44.3%
Kymenlaakso	806					336	41.7%
Lapland	978					424	43.4%
Pirkanmaa	3,128					1,517	48.5%
Ostrobothnia	1,372					620	45.2%
North Karelia	859					388	45.2%
North Ostrobothnia	3,209					1,322	41.2%
North Savo	1,390					640	46.0%
Päijät-Häme	1,026					455	44.3%
Satakunta	1,087					471	43.3%
Uusimaa	11,412					4,805	42.1%
Southwest Finland	2,829					1,246	44.0%

Refused to participate: 284 other parents (137 in spring and 147 in autumn) reported that they did not wish to participate in the study. No reminders were sent to them after they notified of their refusal, but they are included in the sample.

Appendix table 3. Parents who responded to the FinChildren 2020 survey divided by education and comparison with the educational distribution in the separate data obtained from Statistics Finland

	Female		Male		Total	
	SF*	FC survey	SF*	FC survey	SF*	FC survey
Education group** (21–35-year-olds)						
Comprehensive school or lower	13.6%	3.8%	15.0%	5.5%	14.2%	4.4%
At least upper secondary degree	43.2%	38.8%	53.4%	47.1%	47.7%	41.7%
Bachelor's degree	27.2%	34.2%	18.8%	26.3%	23.5%	31.4%
Master's degree	16.1%	23.2%	12.9%	21.2%	14.6%	22.5%
Education group** (36 years old and above)						
Comprehensive school or lower	9.0%	2.6%	14.6%	5.8%	12.4%	4.2%
At least upper secondary degree	30.4%	24.3%	43.6%	36.7%	38.4%	30.5%
Bachelor's degree	29.3%	32.4%	19.7%	26.9%	23.6%	29.7%
Master's degree	31.3%	40.7%	22.0%	30.6%	25.7%	35.6%
Education group ** (Total age categories)						
Comprehensive school or lower	12.5%	3.5%	14.8%	5.6%	13.6%	4.3%
At least upper secondary degree	40.1%	35.4%	49.7%	43.3%	44.8%	38.5%
Bachelor's degree	27.7%	33.8%	19.1%	26.5%	23.5%	30.9%
Master's degree	19.7%	27.3%	16.3%	24.6%	18.0%	26.3%

* Statistics Finland 2020, separate data, divided by the parents' gender, age limit of the examination of education groups 20-year-olds and older, parents of multi birth families cause overcoverage due to sampling method.

** Statistics Finland 2020, separate data, education data from statistical year 2019.

Appendix table 4a. Responding and non-responding parents in the FinChildren 2020 survey, parents who gave birth and other parents

	Parent who gave birth				Other parent			
	Non-respondents		Respondents		Non-respondents		Respondents	
	n	%	n	%	n	%	n	%
All	8,987		8,977		10,269		5,843	
Parent's age (average, SD)	31.0	5.5	31.6	5.2	33.7	6.2	33.9	5.8
Under 30 years old	3,596	40.0%	3,035	33.8%	2,651	25.8%	1,270	21.7%
30–39 years old	4,818	53.6%	5,351	59.6%	6,002	58.4%	3,664	62.7%
40 years or older	573	6.4%	591	6.6%	1,616	15.7%	909	15.6%
Parent's education (at least 20 years old)								
Comprehensive school or lower			339	3.8%			326	5.6%
At least upper secondary degree			3,154	35.5%			2,525	43.4%
Bachelor's degree			2,985	33.6%			1,539	26.4%
Master's degree			2,417	27.2%			1,430	24.6%
Number of children **								
Baby is the family's only child			4,142	46.3%			2,836	48.9%
Family has other children in addition to baby			4,795	53.7%			2,958	51.1%
Parent's country of birth								
Born in Finland	6,991	77.8%	7,983	88.9%	8,390	81.7%	5,050	86.4%
Born outside Finland	1,996	22.2%	994	11.1%	1,879	18.3%	793	13.6%
Parent's mother tongue								
Finnish	6,616	73.6%	7,508	83.6%	7,908	77.0%	4,739	81.1%
Swedish	422	4.7%	516	5.7%	553	5.4%	371	6.3%
Russian	242	2.7%	180	2.0%	170	1.7%	93	1.6%
Estonian	..	..	..	..	..	..	..	..
Somali	..	..	..	..	..	..	..	..
Arabic	170	1.9%	81	0.9%	192	1.9%	78	1.3%
Other	1,173	13.1%	605	6.7%	1,191	11.6%	507	8.7%
County								
Åland	55	0.6%	54	0.6%	59	0.6%	38	0.7%
South Karelia	140	1.6%	175	1.9%	161	1.6%	113	1.9%
South Ostrobothnia	317	3.5%	296	3.3%	388	3.8%	176	3.0%
South Savo	155	1.7%	143	1.6%	169	1.6%	95	1.6%
Kainuu	96	1.1%	90	1.0%	117	1.1%	56	1.0%
Kanta-Häme	235	2.6%	244	2.7%	268	2.6%	157	2.7%
Central Ostrobothnia	139	1.5%	146	1.6%	170	1.7%	84	1.4%
Central Finland	425	4.7%	437	4.9%	490	4.8%	292	5.0%
Kymenlaakso	222	2.5%	209	2.3%	248	2.4%	127	2.2%
Lapland	252	2.8%	265	3.0%	302	2.9%	159	2.7%
Pirkanmaa	734	8.2%	904	10.1%	877	8.5%	613	10.5%
Ostrobothnia	352	3.9%	365	4.1%	400	3.9%	255	4.4%
North Karelia	214	2.4%	232	2.6%	257	2.5%	156	2.7%
North Ostrobothnia	864	9.6%	792	8.8%	1,023	10.0%	530	9.1%
North Savo	340	3.8%	393	4.4%	410	4.0%	247	4.2%
Päijät-Häme	265	2.9%	275	3.1%	306	3.0%	180	3.1%
Satakunta	269	3.0%	296	3.3%	347	3.4%	175	3.0%
Uusimaa	3,184	35.4%	2,899	32.3%	3,423	33.3%	1,906	32.6%
Southwest Finland	729	8.1%	762	8.5%	854	8.3%	484	8.3%

*Comparison of education in appendix table 3.

**No comparison data available.

.. Only total results shown.

Appendix table 4b. Responding and non-responding parents in the FinChildren 2020 survey, parents in total

	All parents			
	Non-respondents		Respondents	
	n	%	n	%
All	19,256		14,820	
Parent's age (average, SD)	32.4	6.0	32.5	5.5
Under 30 years old	6,247	32.4%	4,305	29.0%
30–39 years old	10,820	56.2%	9015	60.8%
40 years or older	2,189	11.4%	1,500	10.1%
Parent's education (at least 20 years old)				
Comprehensive school or lower			665	4.5%
At least upper secondary degree			5,679	38.6%
Bachelor's degree			4,524	30.7%
Master's degree			3,847	26.1%
Number of children **				
Baby is the family's only child			6,978	47.4%
Family has other children in addition to baby			7,735	52.6%
Parent's country of birth				
Born in Finland	15,381	79.9%	13,033	87.9%
Born outside Finland	3,875	20.1%	1,787	12.1%
Parent's mother tongue				
Finnish	14,524	75.4%	12,247	82.6%
Swedish	975	5.1%	887	6.0%
Russian	412	2.1%	273	1.8%
Estonian	250	1.3%	94	0.6%
Somali	369	1.9%	48	0.3%
Arabic	362	1.9%	159	1.1%
Other	2,364	12.3%	1,112	7.5%
County				
Åland	114	0.6%	92	0.6%
South Karelia	301	1.6%	288	1.9%
South Ostrobothnia	705	3.7%	472	3.2%
South Savo	324	1.7%	238	1.6%
Kainuu	213	1.1%	146	1.0%
Kanta-Häme	503	2.6%	401	2.7%
Central Ostrobothnia	309	1.6%	230	1.6%
Central Finland	915	4.8%	729	4.9%
Kymenlaakso	470	2.4%	336	2.3%
Lapland	554	2.9%	424	2.9%
Pirkanmaa	1,611	8.4%	1,517	10.2%
Ostrobothnia	752	3.9%	620	4.2%
North Karelia	471	2.4%	388	2.6%
North Ostrobothnia	1,887	9.8%	1,322	8.9%
North Savo	750	3.9%	640	4.3%
Päijät-Häme	571	3.0%	455	3.1%
Satakunta	616	3.2%	471	3.2%
Uusimaa	6,607	34.3%	4,805	32.4%
Southwest Finland	1,583	8.2%	1,246	8.4%

*Comparison of education in appendix table 3.

** No comparison data available