

Perceptions of a Pandemic

Perceptions of a Pandemic is a thorough and systematic exploration, rooted in data, of the events during the first pandemic of the social media era. This book highlights how the internet and social media have changed how a pandemic can be managed and how essential they have become in our daily lives during crises.

—**Pasi Moisio, Research Professor,
National Institute for Health and Welfare, Finland**

Perceptions of a Pandemic provides a unique look at how the COVID-19 pandemic unfolded during its early months. The wide-ranging analyses offer us insights into how two cultures handled the pandemic, and the results provide guidance for how to manage health emergencies. The authors manage to say something new about the pandemic, which is hard to do at this point. *Perceptions of a Pandemic* is a must read for scholars, policy makers, and anyone who is interested in being better prepared for coping with or managing crises.

—**Matthew Costello, Associate Professor, Clemson University, USA**

This work illustrates the enduring value of cross-national comparative sociological analysis. It highlights the similarities and differences between the United States and Finland and then leverages these to examine how the structural features of each country are related to their response to a common exogenous shock: the COVID-19 pandemic. This approach makes a valuable contribution to the literature that goes beyond a single historical event to demonstrate the importance of comparative work for a wide range of topics.

—**James Witte, Professor, George Mason University, USA**

Perceptions of a Pandemic: A Cross-Continental Comparison of Citizen Perceptions, Attitudes, and Behaviors During COVID-19

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INVESTOR IN PEOPLE

We dedicate this book to the over 7 million people who lost their lives to COVID-19, their families, and their loved ones.

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Section 1

Understanding COVID-19: Behaviors, Perceptions, and Solutions

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Chapter 1

Perceptions of a Pandemic: The Impact of COVID-19 on American and Finnish Societies

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and Pekka Räsänen^b*

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Abstract

The introduction provides an overview of the book and explains what the book adds to the literature on the COVID-19 pandemic. It describes the cross-national surveys used for the analyses and the types of questions that are asked in the book. We also explain why the United States and Finland were selected as our comparative cases and detail how this comparison provides a valuable lens for understanding the pandemic. Both nations are liberal democracies with highly developed economies, both score high in terms of compliance with the rule of law, both constitutionally guarantee freedom of speech and a free press, and both share similar cultural factors such as high levels of secularism, self-expression, happiness, social capital, and individualism. Both nations also have well-developed healthcare systems, and both nations were in similar economic positions that positioned them well to pivot to an online economy. Despite these similarities, the nations differ dramatically in size and position in the world system. They also differ with respect to their welfare systems and political systems. Finns also trust their government more than Americans trust theirs, and Finns have historically supported an interventionist state while Americans have always been anti-statism. Finally, another cross-national difference that likely influenced how people perceived the pandemic is the relative levels of security in each nation. With its more generous welfare system, Finns would be more

Perceptions of a Pandemic: A Cross-Continental Comparison of Citizen Perceptions, Attitudes, and Behaviors During COVID-19, 3–14

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confident about successfully navigating the pandemic than would Americans. The chapter ends with a brief description of how each substantive chapter is outlined.

Keywords: Finland; United States; COVID-19; cross-national comparisons; survey data

Introduction

The first cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or COVID-19 as it came to be called, were reported in Wuhan, China, in December 2019. Shortly thereafter, China began to report thousands of new cases. Despite efforts to contain the virus, including shutting down travel into and out of the city of Wuhan, other countries began reporting cases ([Taylor, 2021](#)). Japan, South Korea, Thailand, and the United States reported cases by late January 2020, and the World Health Organization (WHO) declared a “public health emergency of international concern” on January 30, 2020.

From there, the situation quickly grew worse as the virus’s deadly seriousness became fully understood. News of COVID-19 deaths outside of China, including the Philippines in early February and France in mid-February, demonstrated the virus had spread across the globe. Then truly horrific scenes from areas hit particularly hard, such as in the Lombardy region of northern Italy, proved sobering. Even well-equipped hospitals were struggling to care for a seemingly endless supply of very sick patients, and the forecasted future became increasingly grim. Images of exhausted healthcare workers donning full personal protective equipment (PPE) caring for patients on respirators started to dominate the news while the virus continued its deadly spread to Iran, Brazil, India, South Africa, Israel; indeed, it was spreading throughout Europe, Asia, Africa, Oceania, and the Americas. On March 11, 2020, the WHO identified COVID-19 as a pandemic ([WHO, 2020](#)), and by April 1, 2020, the pandemic had infected more than one million people in 171 countries and had killed at least 51,000 ([Taylor, 2021](#)).

There have of course been prior global health crises. The Influenza Pandemic of 1918 or “Spanish Flu” infected approximately one-third of the world’s population and killed approximately 50 million people ([Center for Disease Control \(CDC\), 2018](#)).¹ The 1968 H₃N₂ pandemic killed over 1 million worldwide ([Center for Disease Control \(CDC\), 2019](#)). SARS-CoV-1 ravaged south China between November 2002 and July 2003, and over 8,000 people became sick and more than 700 died before the WHO declared the outbreak as being over ([Center for Disease Control \(CDC\), 2022](#)). MERS-CoV, which was first reported in Saudi Arabia in

¹Some estimates suggest even 100 million died of the 1918 pandemic as numbers were difficult to track given that nations involved in WWI tried to downplay the toll the disease was having on their soldiers and home fronts.

2012, has now spread to people in 27 countries, and over 2.6 million have become ill and nearly 900 have died of MERS since ([European Centre for Disease Prevention and Control, 2022](#)). So, humans have dealt with pandemics before, and despite the awful suffering these have caused, the species survived and those who did went on with their lives. This will be the likely outcome of the COVID-19 pandemic as well; however, there is an important difference between the current pandemic and those of our past. The social world is a far smaller place today than it was in 1918, 1969, 2003, and even 2012. As such, our mitigation strategies had far more profound consequences.

As it became obvious that COVID-19 was a deadly and highly contagious disease, healthcare providers and government officials called on citizens to practice health-protective behaviors to quell the pandemic. We were informed of the need to “flatten the curve” to prevent our healthcare systems from being overwhelmed. We were told not only to practice typical preventative behaviors, such as handwashing and covering coughs, but also to adopt behaviors more specific to COVID-19. In many places, these calls for health-protective behaviors included stay-at-home orders, maintaining 6 ft (2 m) social distance from non-family members, and wearing a face covering when in public ([Finnish Government, 2020](#); [Sedgwick et al., 2022](#); [Welker et al., 2020](#)). Similar measures were taken in the past as well, but never to the extent that we witnessed in 2020. Our truly global, truly interdependent economy ground to a crawl. Between 2019 and 2020, the world’s real GDP fell by 3.6%, the volume of trade declined by over 5%, and foreign direct investment dropped by 42% ([Zhang, 2021](#); also see [Oum et al., 2022](#)). This was unquestionably the worst economic downturn since the Great Depression. Moreover, as we were told to stay home and avoid public places, our work behaviors, our leisure behaviors, our religious behaviors, our consuming behaviors, and a variety of other behaviors changed. Indeed, it seemed like everything changed!

While it is undeniable that COVID-19 dramatically affected our behaviors, exactly which behaviors – from teleworking to media consumption to mask wearing and handwashing – changed because of the pandemic? What perceptions and attitudes, such as trust in institutions (e.g., government, universities, and hospitals) and attitudes toward science, patterned these behaviors and any changes that occurred in them? How do these factors relate to opinions of policy, such as how we should be spending money during a pandemic and who (e.g., government, universities, and hospitals) is best suited to get us out of the pandemic? And did any of our changed behaviors or attitudes affect the likelihood of us or our loved ones getting sick? Our research aims to answer these questions by examining survey data collected at two time points during the early stages of the COVID-19 pandemic – March/April and October 2020 – in the United States and Finland. Social science plays a pivotal role in understanding health-related topics, particularly when trying to understand disease spread during global pandemics and the behaviors individuals do – and do not do – when trying to mitigate that spread. In the earliest stages of a pandemic, having citizens comply with health-protective behaviors is critical in slowing the viruses’ spread as compliance can provide medical institutions time to develop effective treatment protocols and the scientific community time to develop vaccines and treatment drugs ([Bish &](#)

Michie, 2010). Thus, understanding the perception, attitudes, and behaviors that pattern compliance is vital for advancing effective policies that are well informed by social science.

What Can We Add to the Conversation?

There are literally millions of academic books, book chapters, peer-reviewed journal articles, policy briefs, governmental white papers, and journalistic accounts related to COVID-19. A simple search in Google Scholar for “COVID-19” returns over 4.7 million results. It is undoubtedly difficult to say much of anything new on this topic; however, we are confident that our approach allows us to do so. We conducted a series of analyses that address these issues and contribute to the growing body of research aimed at mitigating the effects of the current and future health crises. The focus on how perceptions and behaviors changed *during the early stages of the pandemic* will allow us to capture peoples’ initial reactions, attitudes, beliefs, and fears. Moreover, our cross-national approach is relatively unique, even among the 4.7 million other works on the topic.

While existing work on COVID-19 is extremely valuable, our focus affords a broader perspective than the vast majority of these works by detailing how the pandemic differentially unfolded in two countries. As such, our approach has several unique strengths. First, it offers a comparative study about the societal effects of the pandemic between the United States and Finland – two countries with very different social welfare systems and relationships between citizens and government. Second, the study data are unique. The data were collected at three points of time, and the first two waves of data were collected from a panel of respondents. This design allows for analyses of the early and later responses to the pandemic. Third, the survey questions cover a wide-range of topics connected to the pandemic, including perceptions about well-being and the possible causes and solutions of COVID-19, and behaviors undertaken, such as mask wearing, consumption activities, and exposure to online hate. This range offers a broad understanding of how COVID-19 shaped citizens’ lives in both counties. Fourth, this book offers a unique methodological approach of investigating multiple issues connected to a phenomenon using one comparative data set (at two points in time). This allows readers to assess the quality of the information overall (rather than having to assess for each contributed chapter) and delve deeply into the topics and comparisons. Finally, as the pandemic unfolded, it became increasingly politicized as one’s willingness to wear masks and be vaccinated became strongly affiliated with political party. Our data capture the perceptions of the pandemic prior to it becoming intensely political. By focusing on early perceptions and how these changed, we capture peoples’ initial reactions and perceptions. This focus will not only allow us to consider the possible causes as to how the pandemic differentially unfolded in the two countries but also better inform future policymakers when new health crises emerge. By studying the early reactions to the pandemic, we will be able to highlight the issues and challenges future policymakers will need to consider if they are to successfully avoid the partisanship that has thwarted efforts to combat the COVID-19 pandemic.

Why Finland and the United States?

Although several books have been published on the many social facets of the COVID-19, to our knowledge, our book is unique in its cross-national focus on two comparable, yet diverging countries. But why, out of the 193 countries on earth, look at the United States and Finland?

First, Finland and the United States have many similarities. They are both liberal democracies with highly developed economies, with the United States having the 12th highest GDP per capita and Finland having the 21st ([World Bank, 2021](#)). Both nations score high in terms of compliance with the rule of law and the regulatory quality of a government, with Finland receiving a perfect score of 100 and the United States a score of 81 on a scale from 0 to 100 ([World-data, 2022](#)). Both nations also constitutionally guarantee freedom of speech and a free press. There are cultural similarities too. For example, both nations score high on the Inglehart–Welzel’s secularism and self-expression scales (see [Inglehart et al., 2014](#)). In fact, they have nearly identical scores on the self-expression scale, which reflects tolerance of diversity. They also have similar levels of expressed happiness, with over 92% of both Americans and Finns reporting that they are either “quite happy” or “very happy” ([Inglehart et al., 2014](#)). Both nations also enjoy among the highest levels of social capital and individualism in the world (see [Allik & Realo, 2004](#)).

Finland and the United States also have important similarities with respect to factors that relate to how COVID-19 was handled. For example, both countries have well-developed healthcare systems. Based on the CEOWORLD Magazine’s Health Care Index, Finland has the fifth best healthcare system and the United States has the 18th best ([World Population Review, 2022](#)). Importantly for handling the COVID-19 crises, Finland has approximately 3.6 hospital beds per 1,000 population and the United States has 2.9 hospital beds per 1,000 population. As such, both nations were reasonably well positioned to cope with the burden COVID-19 placed on their healthcare systems. The nations also were in similar positions with respect to economic factors. Both nations are dominated by the service sector, with 79.1% of American laborers and 78.4% of Finnish laborers working in the service sector ([Central Intelligence Agency \(CIA\), 2022](#)). Moreover, they were both well positioned to pivot to an online economy since both are among the world’s leading nations in term of internet penetration with over 90% of the population having internet access ([International Telecommunication Union \(ITU\), 2021](#)).

Second, while the two nations have numerous similarities that make them comparable in many ways, they also have important differences that make the comparison interesting and informative. First and foremost, the two nations differ dramatically with respect to their size and position in the world system. Finland is a small nation of approximately 5.6 million people. The United States is nearly 60 times larger at 333.3 million people. The United States is the third most populous nation while Finland is the 118th. Moreover, while both nations are considered “core” nations ([Babones, 2005](#); [Chase-Dunn et al., 2000](#)), the United States is the most dominant nation in the world system.

Next, the two nations have very different welfare systems. Finland is a classic Nordic welfare state (e.g., [Esping-Andersen, 1990](#); [Räsänen, 2006](#)) where the state provides its citizens with universal coverage of old age pensions, sickness insurance, occupational injury insurance, child allowance, and parental leave (see [Greve, 2007](#); [Lin, 2004](#)). This system has extensive fiscal intervention in the labor market, and the marginal tax rates are high ([Alesina & Glaeser, 2006](#)). By comparison, the American welfare model is based on “minimal state interference” ([Hass, 2006](#), p. 69), and the government in the United States becomes involved in welfare provision only when the market, voluntary organizations, and the family fail to provide services (see [Gilbert, 2002](#)). As an “enabling state” ([Gilbert, 2002](#)), the US state mandates private social welfare expenditures or finance services either directly through contracts or vouchers or indirectly through tax incentives ([Gilbert, 2002](#); [Katz, 2002](#)). As a result, the US social safety net is comparatively limited.

A third major difference between the nations that likely influenced the perceptions of the pandemic is the political system. While both are representative democracies, the United States is for all intents and purposes a two-party system while Finland is a multi-party system. In the United States, despite having parties such as the Green Party, the Socialist Party, the Libertarian Party, and Independents, only the Democratic and Republican parties offer viable candidates, especially at the federal level. For example, in the 2020 presidential election, Democrat Joe Biden received approximately 81.3 million votes, Republican Donald Trump received slightly over 74.2 million votes, and Libertarian Jo Jorgensen received a mere 1.9 million votes. In 2016, Green Party candidate Jill Stein received 1.4 million votes and Independent Evan McMullin received 731,911 while Democratic candidate Hillary Clinton received 65.8 million and Republican Donald Trump 62.9 million votes. By contrast, Finland’s multi-party system makes it nearly impossible for any one party to win a majority, thereby leading to a coalition government where several political parties are forced to cooperate to form the government. Those parties not in the ruling coalition are “opposition parties.” To be recognized as a party, the association must be recorded in the Ministry of Justice’s party register. Currently, Finland has 10 Parliamentary parties and 14 non-Parliamentary Parties that are registered but that have not received a seat in the Parliament of Finland nor in the European Parliament.²

Next, Finns trust their government far more than Americans trust theirs, which may be related to the party system in each nation that was just discussed. According to [Eurostat \(2021\)](#), Finns express the second highest level of trust in their political system in Europe, following only Switzerland (also see [Marien & Hooghe, 2011](#)). By comparison, Americans express far lower levels of trust. Based on recent PEW data, only 17% of Americans say they can trust the government

²The current Parliamentary parties are Social Democratic Party, the Finns Party, the National Coalition Party, the Centre Party, the Green League, the Left Alliance, the Swedish People’s Party, the Christian Democrats, the Movement Now, and the Power Belongs to the People.