

Perceived changes in capability during the COVID-19 pandemic: A Swedish cross-sectional study from June 2020

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Associated documentation

questions.txt (6.52 KB)

readme.txt (5.58 KB)

Citation

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Description

Covid-19 has affected people in various ways, directly through disease and death, and indirectly through disease containment measures. Understanding how the pandemic and countermeasures against it impacted quality of life is valuable for policy makers.

To address and compare the various components of quality of life, a suitable framework is needed, which the capability approach provides. This approach measures quality of life as opportunities, compared to traditional welfarist economics that defines wellbeing as utility.

For this study, we used a capability list from a Swedish governmental investigation (SOU 2015:56) that suggested relevant capabilities for the Swedish situation: Financial situation, Social relations, Health, Housing, Living environment, Occupation, Knowledge, Security, Time balance, and Political and civil rights.

The study was performed in June 2020. In an internet-based survey, we quota-sampled 500 Swedish residents from a commercial web-panel, after population proportions of age, region of residence, education, gender.

The survey started with the informed consent statement, followed by questions on participants' current baseline capability levels in the ten capability dimensions (Low, Medium, Complete). Next followed questions about perceived changes in capability during 2020 in the ten dimensions on a five-item Likert scale (Much less, Less, Equal, Higher, Much higher). The survey ended with a number of background questions on socio-economic and demographic conditions.

Sampling large numbers of participants using a commercial web panel is administratively more feasible and quicker than other sampling methods, such as for example direct sampling from the general population. Also, the response rate may be higher and data handling easier. On the other hand, it is less transparent how recruitment into the study was performed and web panel participants may not be representative of the population. Those limitations should be kept in mind when analysing the data and interpreting results.

Data were collected with a PHP-based web application for surveys (limesurvey version 4.2.2, <https://www.limesurvey.org>) hosted on a Umeå university server. The data was collected anonymously.

Data contains personal data

Yes

Type of personal data

Indirect identification potentially possible.

Language

[English](#)

Unit of analysis

[Individual](#)

Population

Swedish quota-stratified web panel sample of participants provided by Cint. Cint combines different web panels. Age 18-99, living in Sweden.

Time Method

[Cross-section](#)

Sampling procedure

[Probability: Stratified: Proportional](#)

Web panel sample from Cint. Quota-stratified to represent Swedish population after gender, region, and age.

Time period(s) investigated

2020-01-01 – 2020-07-06

Variables

43

Number of individuals/objects

498

Response rate/participation rate

40.8%

According to the webpanel company. Correspond to 560 registered answers. This dataset corresponds

to 498 answers with valid age and consent to participate.

Data format / data structure

[Numeric](#)

[Text](#)

Data collection 1

- Mode of collection: Self-administered questionnaire: web based
- Time period(s) for data collection: 2020-06-22 – 2020-07-06
- Source of the data: Population group

Geographic spread

Geographic location: [Sweden](#)

Geographic description: Lowest geographical unit is national areas according to NUTS-2.

Lowest geographic unit

National area (NUTS2)

Highest geographic unit

Country

Responsible department/unit

Department of Epidemiology and Global Health

Contributor(s)

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Funding

- Funding agency: Swedish Research Council for Health Working Life and Welfare
- Funding agency's reference number: 2018-00143

Ethics Review

Swedish Ethical Review Authority - Ref. 2019-02848

Research area

[Health care service and management, health policy and services and health economy](#) (Standard för svensk indelning av forskningsämnen 2011)

[Public health, global health, social medicine and epidemiology](#) (Standard för svensk indelning av forskningsämnen 2011)

[Economics](#) (Standard för svensk indelning av forskningsämnen 2011)

[Social sciences interdisciplinary](#) (Standard för svensk indelning av forskningsämnen 2011)

[Philosophy](#) (Standard för svensk indelning av forskningsämnen 2011)

[General health and well-being](#) (CESSDA Topic Classification)

[Social conditions and indicators](#) (CESSDA Topic Classification)

Keywords

[Economics](#), [Health](#), [Welfare economics](#), [Public health](#), [Social welfare philosophy](#), [Covid-19](#), [Extra-welfarism](#), [Capability approach](#), [Health economics](#)

Publications

Meili, K. W., Jonsson, H., Lindholm, L., & Månsdotter, A. (2021). Perceived changes in capability during the COVID-19 pandemic: A Swedish cross-sectional study from June 2020. Scandinavian Journal of Public Health. Epub ahead of print. <https://doi.org/10.1177/14034948211023633>

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Accessibility level

Access to data through SND

Access to data is restricted

Use of data

[Things to consider when using data shared through SND](#)

Versions

Version 2. 2023-11-29

[Version 1](#). 2021-05-06

Related research data in SND's catalogue

[Capability ranking among health care related researchers and students at 5 Swedish universities](#)

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