



Anni Matikka
Pauliina Luopa
Hanne Kivimäki
Jukka Jokela
Reija Paananen

The well-being of eight-year and ninth-year pupils with an immigrant background

School Health Promotion study 2013

DISCUSSION PAPER 6/2015

Anni Matikka, Pauliina Luopa, Hanne Kivimäki, Jukka Jokela, Reija Paananen

The well-being of eight-year and ninth-year pupils with an immigrant background

School Health Promotion study 2013



**NATIONAL INSTITUTE
FOR HEALTH AND WELFARE**

© Authors and National Institute for Health and Welfare

Translation: Semantix

ISBN 978-952-302-434-2 (online publication)

ISSN 2323-363X (online publication)

<http://urn.fi/URN:ISBN:978-952-302-434-2>

Juvenes Print – Finnish University Print Ltd
Tampere, Finland 2015

Abstract

Anni Matikka, Pauliina Luopa, Hanne Kivimäki, Jukka Jokela, Reija Paananen. The well-being of eight-year and ninth-year pupils with an immigrant background. School Health Promotion study 2013. National Institute for Health and Welfare (THL). Discussion paper 006/2015. 44 pages. Helsinki, Finland 2015. ISBN 978-952-302-434-2 (online publication)

Scant information is currently available on health and well-being of children and young people in Finland who have an immigrant background. National surveys conducted to date have not allowed for the analysis, as a separate group, of young people with an immigrant background. School Health Promotion study conducted in 2013 was the first in Finland to provide comprehensive and extensive information on the health and well-being of young people with an immigrant background. This report examines the responses given by eighth-year and ninth-year pupils in comprehensive school in 2013. The material was classified into four categories according to the country of birth of the respondent and his or her parents: native-born Finns (n=86065), children from multicultural families (n=5972), second-generation immigrants (n=1641) and first-generation immigrants (n=2784).

Young people representing first-generation immigrants stood out from the other groups. Their parents were more likely than the others to be unemployed. Young, first-generation immigrants experienced poorer communication with their parents compared to the other groups. However, sharing a meal in the evening was equally common in all groups. Young first-generation immigrants were more likely than the other groups to have no close friends. They were also more often bullied, physically threatened and subjected to sexual violence.

First-generation young people with an immigrant background perceived their health to be poorer than other young people, they were more often tired and reported health-related symptoms (with the exception of neck and shoulder pain) more frequently. They also experienced anxiety and school burn-out more often than the other groups. Young first-generation immigrants smoked, used alcohol and experimented with drugs more often than other youngsters.

Pupils from the different groups felt that they had equal possibilities to influence school matters. First-generation immigrant pupils found the the working climate at school to be poorer than other groups, and were also more likely than the others to experience difficulties in studying. They felt that, when facing difficulties in their school work, they received support less often than other pupils. These pupils also reported that, with the exception of appointments to see the school doctor, they experienced trouble accessing pupil welfare services.

The replies of first-generation immigrants who had lived in Finland for less than a year stood out from those of first-generation immigrants who had lived in the country longer. Young people with an immigrant background are a heterogeneous group. While not all of them need assistance, some need special support.

Key words: young people, adolescents, immigrants, health, lifestyle, living conditions, school conditions

Contents

Abstract 3

Introduction 7

Materials and methods 8

 Collection of material 10

 Methods..... 10

Results 11

 Living conditions 11

 School conditions..... 17

 Perceived health 20

 Health-related behaviour..... 24

 Experiences of the support provided by pupil welfare services 28

Discussion 31

References 34

Appendices 35

 APPENDIX 1. Formulation of indicators 35

 APPENDIX 2. Appendix Table 1 44

Introduction

Since 1990, the number of people living in Finland but born outside the country has grown fourfold, while the number of people whose main language is not Finnish or Swedish has increased tenfold. In 2013, the number of people whose native language was not Finnish or Swedish grew by 22,119, with children accounting for a fifth of the total. The largest groups of foreign-language speaking children are Russian, Estonian and Somali speakers. (Finland's official statistics 2014).

So far, very little information has been available about the health and well-being of children and young people with immigrant backgrounds. National surveys conducted to date have not allowed for the analysis, as a separate group, of young people with an immigrant background. However, some sampling-based studies have been conducted.

A survey conducted in comprehensive schools in the Metropolitan Helsinki (MetrOP) assessed the learning results and wellbeing of 695 seventh-grade pupils who spoke a language other than Finnish or Swedish as their native language (Malin et al. 2014). The Health and Wellbeing of Young People with an Immigrant Background survey, conducted jointly by the National Institute for Health and Welfare and the Family Federation, included 380 young people with Somali and Kurdish backgrounds living in the Metropolitan Helsinki region (Wikström et al. 2014).

The School Health Promotion study conducted in 2013 was the first such survey to provide information on the native countries of the respondents and their parents. 95 per cent of the respondents and 92 per cent of their parents were born in Finland. The other most common native countries included Russia or the former Soviet Union, and Sweden in the case of the parents. The School Health Promotion Study, carried out by the National Institute for Health and Welfare (THL), enabled for the first time a separate wide-ranging and comprehensive analysis of the health and well-being of young people with immigrant backgrounds in Finland.

Materials and methods

The School Health Promotion study is carried out every second year, and involves pupils filling in the survey anonymously under the supervision of a teacher. Respondents include pupils in their 8th and 9th year of comprehensive school and 1st-year and 2nd-year students in upper secondary schools and vocational education institutions in mainland Finland and the Åland Islands.

This report discusses the results achieved by comprehensive school pupils in the 2013 study. The School Health Promotion study performed in 2013 was the first to ask pupils to indicate their own and their parents' native countries. The alternatives provided were Finland, Sweden, Russia or the former Soviet Union, Estonia, another European country, Somalia, Iraq, China, Thailand or another country. (Table 1).

The material was divided into four groups on the basis of native country. *Native-born Finns* refer to young people born in Finland or in some other country to parents who were born in Finland. This group also includes young people who were born in Finland but had not indicated the country of birth of one of their parents. Young people from a *multicultural family* had one parent who was born in Finland and one who was born in another country. This group also included young people who were not born in Finland themselves, but who had one parent who was born in Finland and one whose country of origin was not indicated. Young people *with an immigrant background* included those who were born outside Finland or to parents who had immigrated to Finland. To enable a more detailed analysis, young people with an immigrant background were divided into first- and second-generation immigrants. *Second-generation immigrants* included young people who were born in Finland to parents born outside Finland. This group also included young people who had one parent who was born outside Finland, whereas the country of birth of the other parent was not indicated. *First-generation immigrants* included young people who were born abroad and whose parents were born outside Finland, or who had one parent who was born outside Finland, while the country of birth of the other parent was not indicated. Of all respondents, 2,784 were first-generation immigrants, 1,641 were second-generation immigrants, and 5,972 were from multicultural families. (Table 2).

Table 1. Country of birth of the respondents and their parents in the School Health Promotion study conducted in 2013.

	Own country of birth		Mother's country of birth		Father's country of birth	
	Boys	Girls	Boys	Girls	Boys	Girls
Finland	45691	46430	44078	44843	43876	44542
Sweden	178	144	632	757	494	683
Russia or the former Soviet Union	357	297	708	621	472	390
Estonia	243	245	381	387	290	292
Other European country	263	272	259	265	453	442
Somalia	427	93	507	227	496	246
Iraq	184	90	232	124	280	137
China	103	84	167	77	187	71
Thailand	161	125	207	168	130	63
Other country	541	574	811	832	1200	1227
N	48148	48354	47982	48301	47878	48093

Table 2. Background classification based on country of birth. Pupils in 8th and 9th year of comprehensive school.

Pupil's own and parents' country of birth	N
Native-born Finns	86065
- Pupil and both parents born in Finland	84045
- Pupil born outside Finland or his/her own country of birth unidentified, both parents born in Finland	1056
- Pupil and the only parent born in Finland	964
Children from multicultural families	5972
- Pupil born in Finland, one parent born in Finland and the other parent born in some other country	5129
- Pupil born outside Finland, one parent born in Finland and the other parent born in some other country	744
- Pupil's country of birth not indicated, one parent born in Finland and the other parent born in some other country	72
- Pupil born outside Finland, the only parent born in Finland	27
Second-generation immigrants	1641
- Pupil born in Finland, both parents born in some other country	1563
- Pupil born in Finland, the only parent born in some other country	78
First-generation immigrants	2784
- Pupil and both parents born outside Finland	2689
- Pupil and the only parent born outside Finland	95
Total	96462

Collection of material

The material consisted of classroom-administered questionnaires completed in April 2013. Pupils had one lesson in which to complete the questionnaire under a teacher's supervision. The questionnaire was anonymous, and participation was voluntary. The paper questionnaire included 105 questions. The questionnaire can be found online at <http://www.thl.fi/fi/web/thlfi-en/research-and-expertwork/population-studies/school-health-promotion-study>

More detailed information on the process and material compilation is provided in Luopa et al. (2014): Nuorten hyvinvointi Suomessa 2000–2013. Kouluterveyskyselyn tulokset. [Wellbeing of Adolescents in Finland 2000–2013. The Results of the School Health Promotion study].

Methods

The results are shown as 42 indicators based on five topics: living conditions, school conditions, perceived health, health-related behaviour and experiences of the support provided by pupil welfare services. Some of the indicators are based on individual questions and others on additive variables. The indicators are described in more detail in Appendix 1.

The differences referred to herein are χ^2 tested and statistically significant ($p < 0.05$). If the differences are not statistically significant, this is separately mentioned in connection with the results.

Results

This report examines the responses given by eighth-year and ninth-year pupils in comprehensive school in 2013. The results are divided into five topics: living conditions, school conditions, perceived health, health-related behaviour and experiences of the support provided by pupil welfare services.

Living conditions

First-generation immigrants clearly had poorer lines of communication with their parents than other young people. One in four first-generation immigrant boys and nearly one in five girls said they were hardly ever able to discuss issues that concern them with their parents. 6–12 per cent of other young people felt they had problems communicating with their parents. (Figure 1; Appendix Table 1.)

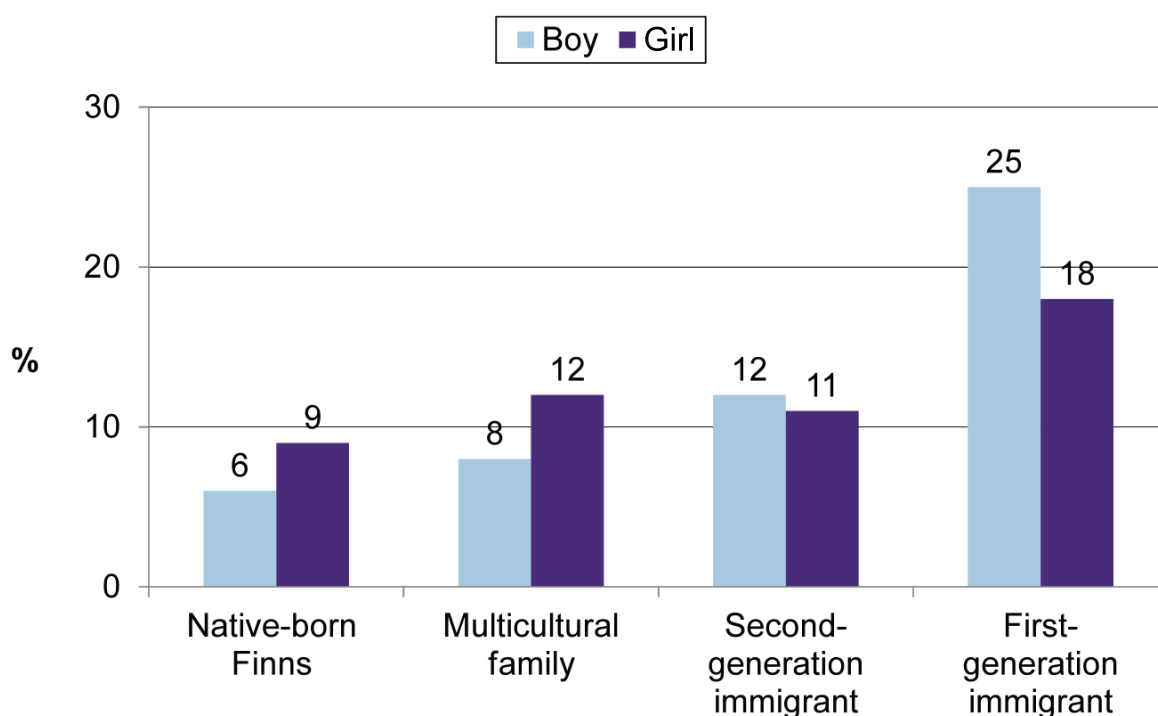


Figure 1. Communication problems with parents.

Sharing a meal in the evening was almost equally common in all groups. 55 per cent of native-born Finns, young people from multicultural families and second-generation immigrants, and 57 per cent of first-generation immigrants said their family did not share an afternoon or evening meal. (Appendix Table 1.)

Parental smoking was more common in immigrant and multicultural families than in native-born Finnish families. Smoking by at least one parent was reported by 37 per cent of young people from multicultural families, 34–36 per cent of first and second generation immigrants, and 33 per cent of native-born Finns. (Appendix Table 1.)

Parental unemployment was significantly more common in immigrant and multicultural families than in native-born Finnish families. Unemployment or the lay-off of at least one parent during the past year was

reported by 46 per cent of first-generation immigrants, 41 per cent of second generation immigrants, 35 per cent of young people from multicultural families and 28 per cent of native Finns. (Appendix Table 1.)

Having no friends was reported most often by first-generation immigrants. 29 per cent of boys and 16 per cent of girls said they had no close friends they could talk to in confidence about things concerning themselves. In other groups, 10–15 per cent of boys and 5–9 per cent of girls had no close friends. (Figure 2; Appendix Table 1.)

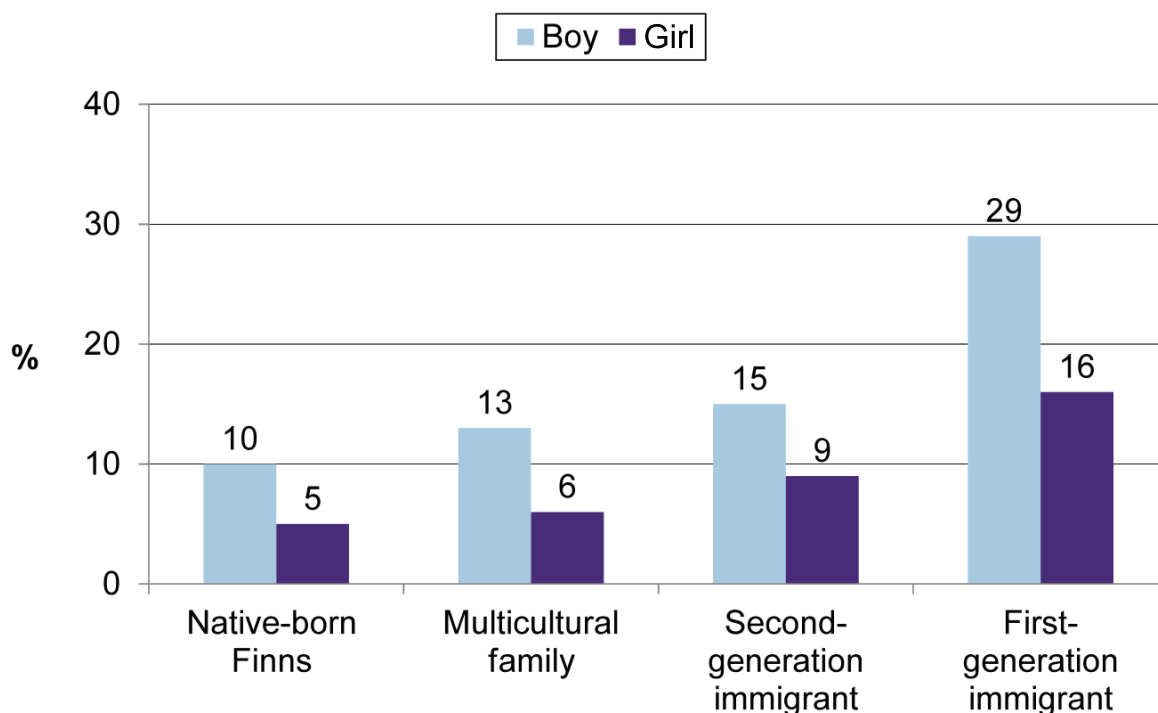


Figure 2. No close friends.

16 per cent of first-generation immigrants reported that the consumption of alcohol by someone close to them had caused problems or had a harmful effect on their lives. Harm of this kind was reported by 12 per cent of second-generation immigrant girls, 18 per cent of girls from multicultural families, and 17 per cent of girls from native Finnish families. Among boys, the corresponding figure was 8–10 per cent. The results should be interpreted bearing in mind that a close person could refer to family members, relatives, friends and boyfriends or girlfriends. (Figure 3; Appendix Table 1.)

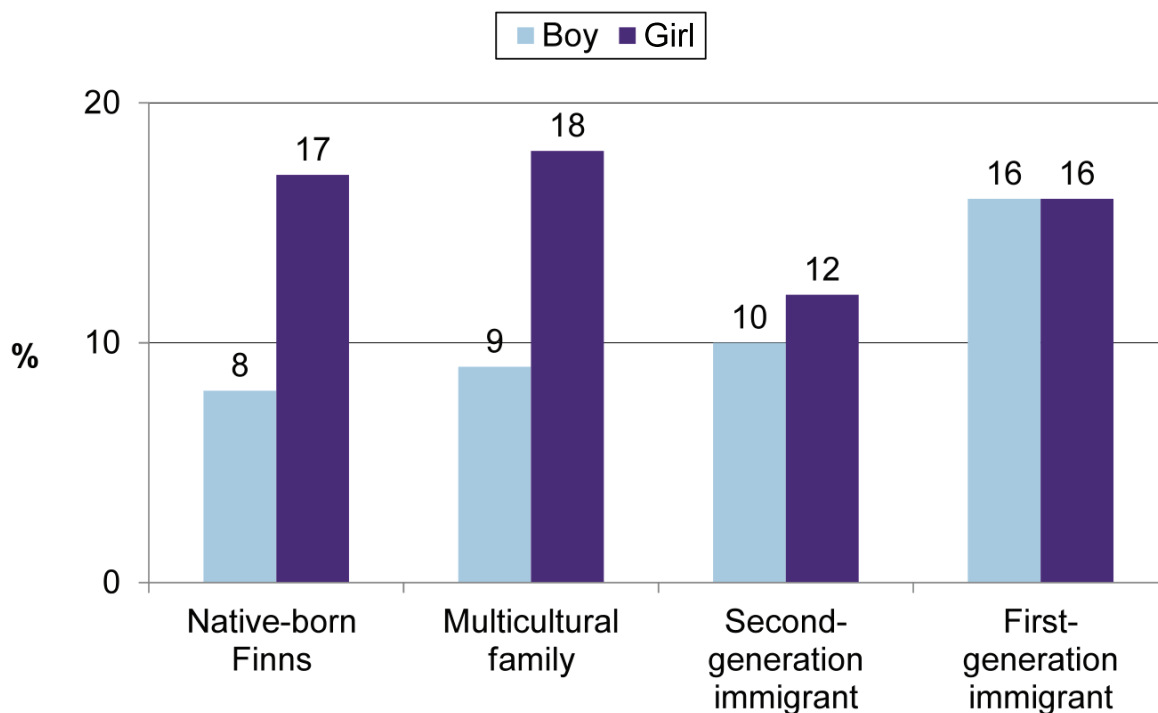


Figure 3. Consumption of alcohol by a close person has caused problems.

Compared to native Finnish young people, young people with an immigrant background and from multicultural families more often said that their parents did not always know where they spent their weekend evenings. 42 per cent of first-generation immigrants, 37 per cent of second generation immigrants and young people from multicultural families, and 33 per cent of native-born Finns said their parents did not always know where they spent their evenings at weekends. (Appendix Table 1.)

Threats of physical violence were experienced more often by first-generation immigrant boys than any other groups. Threat of physical violence means that someone stole or attempted to steal something from the young person in question by using violence or threats of violence, had threatened to harm them physically, or had physically attacked them. 42 per cent of first-generation immigrant boys had experienced threats of physical violence in the past year. 22–33 per cent of boys in the other groups had experienced such threats. Threats of physical violence were reported by 22–26 per cent of first and second-generation immigrant girls, 19 per cent of girls from multicultural families, and 14 per cent of native-born Finnish girls. (Figure 4; Appendix Table 1.)

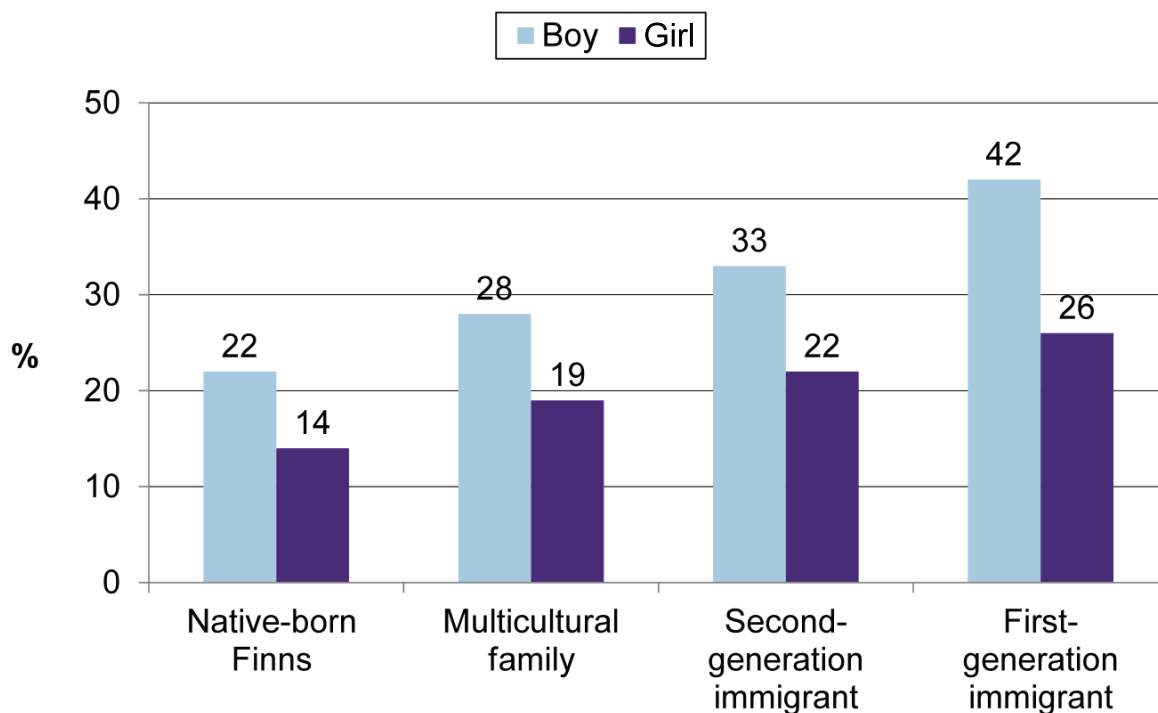


Figure 4. Experienced threats of physical violence during the year.

First-generation immigrant boys had experienced sexual violence more often than others, in other words unwanted touching of intimate parts of the body, being coerced into sexual acts, or being offered payment in exchange for sex. In contrast to other groups in which experiences of sexual violence were more common among girls than boys, these experiences were more common among boys in the first-generation immigrant group. 32 per cent of first-generation immigrant boys and 28 per cent of girls had experienced sexual violence. 19 per cent of second-generation immigrant boys and 7–10 per cent of boys from multicultural or native Finnish families, and 23–25 per cent of second-generation immigrant girls and girls from multicultural families and 19 per cent of native Finnish girls had experienced sexual violence. (Figure 5; Appendix Table 1.)

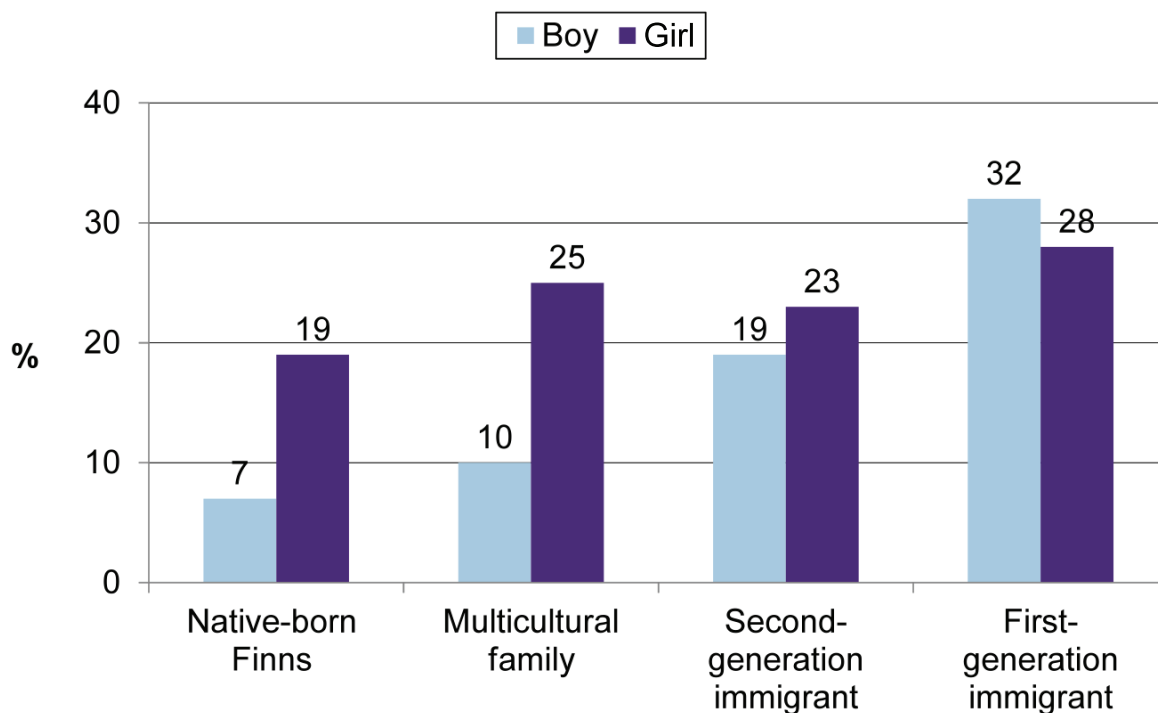


Figure 5. Experienced sexual violence sometimes or repeatedly.

Compared to other young people, immigrant boys more often reported having committed minor offences in the past year. Minor offences were most commonly committed by first-generation immigrant boys (49 %). 34 per cent of second-generation immigrant boys had committed repeated minor offences, as had 26 per cent of boys from multicultural families, and 21 per cent of native-born Finnish boys. Among girls, minor offences were more commonly committed by first-generation immigrants. 24 per cent of first-generation immigrant girls said they had repeatedly committed minor offences. Similar actions were reported by 19–21 per cent of second-generation immigrant girls and girls from multicultural families, and 15 per cent of native Finnish girls. (Figure 6; Appendix Table 1.)

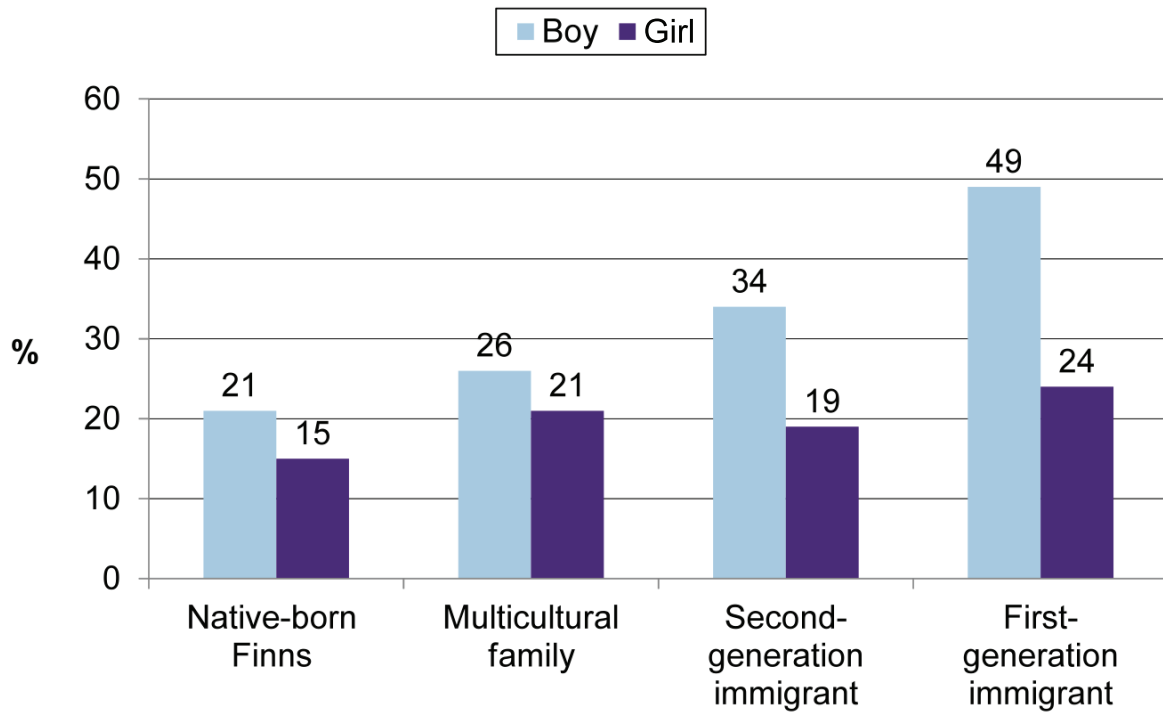


Figure 6. Repeated minor offences during the year.

School conditions

Deficiencies in school conditions were more commonly experienced by young people with an immigrant background than young people from multicultural or native Finnish families. Of all first- and second-generation immigrants, 60–61 per cent felt that working conditions in school were poor. 56 per cent of young people from multicultural families and 53 per cent from native Finnish families experienced deficiencies that affected studying within the school working environment. (Appendix Table 1.)

Young people with an immigrant background experienced accidental injuries at school more often than young people from multicultural or native Finnish families. Accidental injuries at school were most common among first-generation immigrant boys. In the last school year, 43 per cent of them had had at least one accidental injury at school or on the way to school that required a visit to health care. 35 per cent of first-generation immigrant girls had had an accidental injury in the past school year. 38 per cent of second-generation immigrant boys and 28 per cent of girls, and 28 per cent of boys from multicultural families and 26 per cent of girls had had an accidental injury at school. 22 per cent of native Finns had had an accidental injury in the last school year. (Appendix Table 1.)

First-generation immigrants had more negative experiences than the other groups of working climate at school. 45 per cent of first-generation immigrant boys and 36 per cent of girls experienced problems with the working climate. The corresponding figures for second-generation immigrants were 33 and 30 per cent. Problems in the working climate were experienced by 29–30 per cent of young people from multicultural families and 24–26 per cent of native Finnish young people. (Appendix Table 1.)

Young people with an immigrant background and from multicultural families more commonly had difficulties with school work than native-born Finns. Difficulties with school work were most commonly experienced by first-generation immigrants. 46 per cent of first-generation immigrant boys and 42 per cent of girls experienced difficulties with school work, while the figures for second-generation immigrants and young people from multicultural families were 37–40 per cent and for native Finns 31–33 per cent. This indicator includes the following areas: following teaching in class, doing homework, preparing for exams, finding the most suitable study method, completing tasks that require initiative, and performing reading and writing tasks. (Appendix Table 1.)

On average, compared to native-born Finnish young people, young people with an immigrant background and those from multicultural families more often felt that their opinions were not taken into account at school. However, among girls the differences between the groups were not statistically significant: 22–25 per cent of girls felt that their opinions were not taken into account. This feeling was strongest among first-generation immigrant boys, 36 per cent of whom felt that their opinions were not taken into account. Of all second-generation immigrant boys, 25 per cent felt their opinions were not taken into consideration, as did 27 per cent of boys from multicultural families, and 24 per cent of native Finnish boys. (Figure 7; Appendix Table 1.)

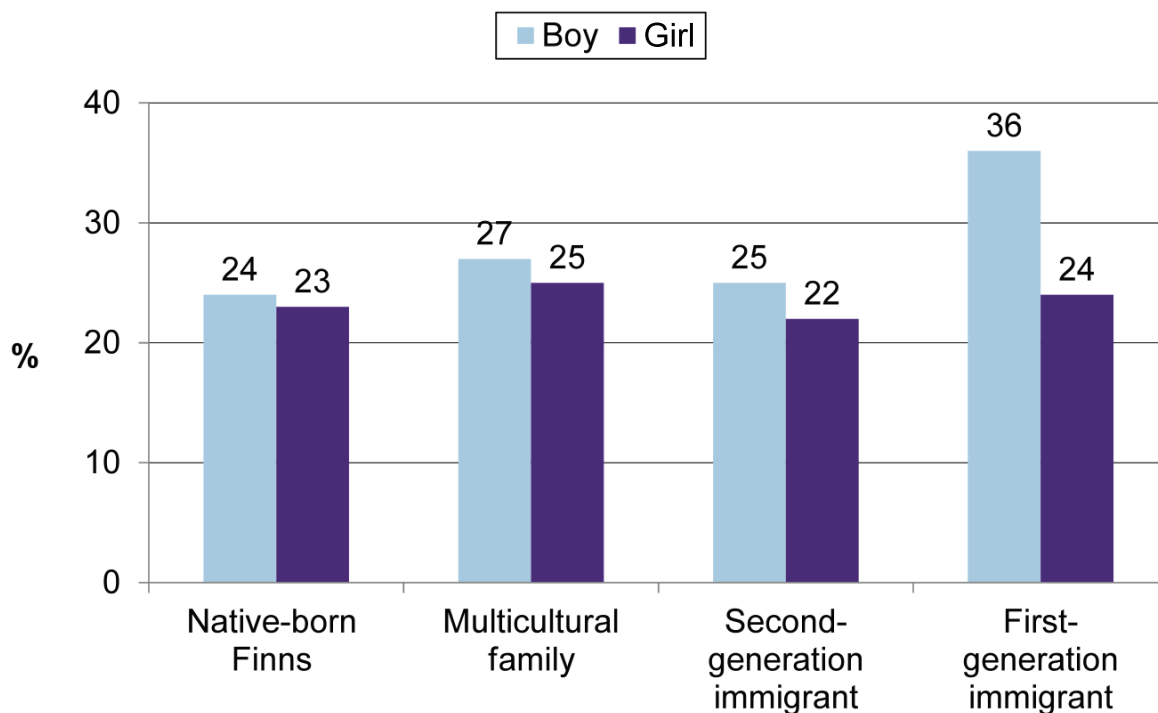


Figure 7. Feel their opinion is not taken into account at school.

NB: No statistically significant difference between different groups of girls.

Native Finnish boys felt that the volume of school work was too great less commonly than others, with 36 per cent considering the work load too heavy. In other groups, 40–44 per cent of young people felt the volume of school work was too much for them. (Appendix Table 1.)

Bullying at school was most frequent among first-generation immigrant boys, with one in five reporting weekly bullying. Of all first-generation immigrant girls, 14 per cent reported weekly bullying. The corresponding figures for second-generation immigrants were 12 per cent for boys and 7 per cent for girls. Repeated bullying was experienced by 8 per cent of young people from multicultural families and 6–7 per cent of native Finns. (Figure 8; Appendix Table 1.)

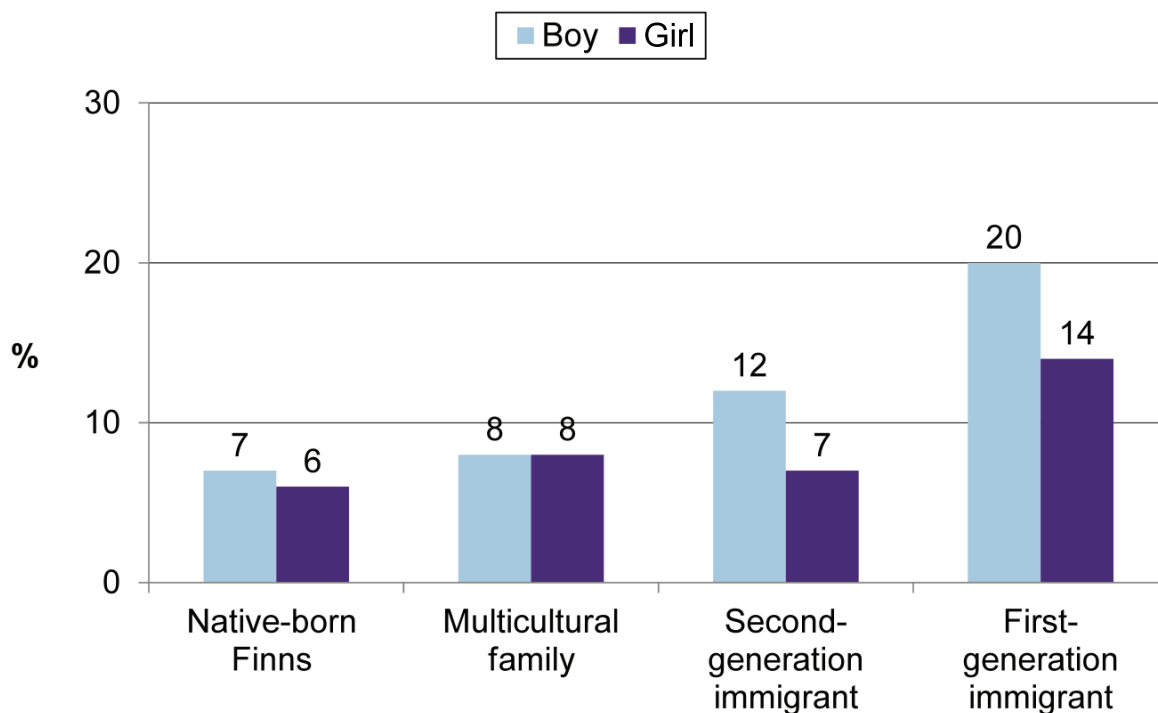


Figure 8. Bullied at school at least once a week.

Pupils with an immigrant background skipped school more frequently than other pupils. Of all first-generation immigrants, 24 per cent of boys and 18 per cent of girls said they had skipped at least two days of school in the last month. The figures for other groups were 13–15 per cent of second-generation immigrants, 10–12 per cent of young people from multicultural families and 7–8 per cent from native Finnish families. (Appendix Table 1.)

There were no major differences in the way pupils felt they were able to influence school matters (the differences were not statistically significant). (Appendix Table 1.)

Perceived health

First-generation immigrant girls perceived their health to be poorer than that of other young people, with 26 per cent perceiving their health to be moderate or poor. Second-generation immigrant girls and girls from multicultural families shared similar views regarding their health: 23 per cent perceived their health to be moderate or poor. The corresponding share among native Finnish girls was 19 per cent. Of all first-generation immigrant boys, 21 per cent perceived their health to be moderate or poor, compared to 11–16 per cent of other boys. (Figure 9; Appendix Table 1.)

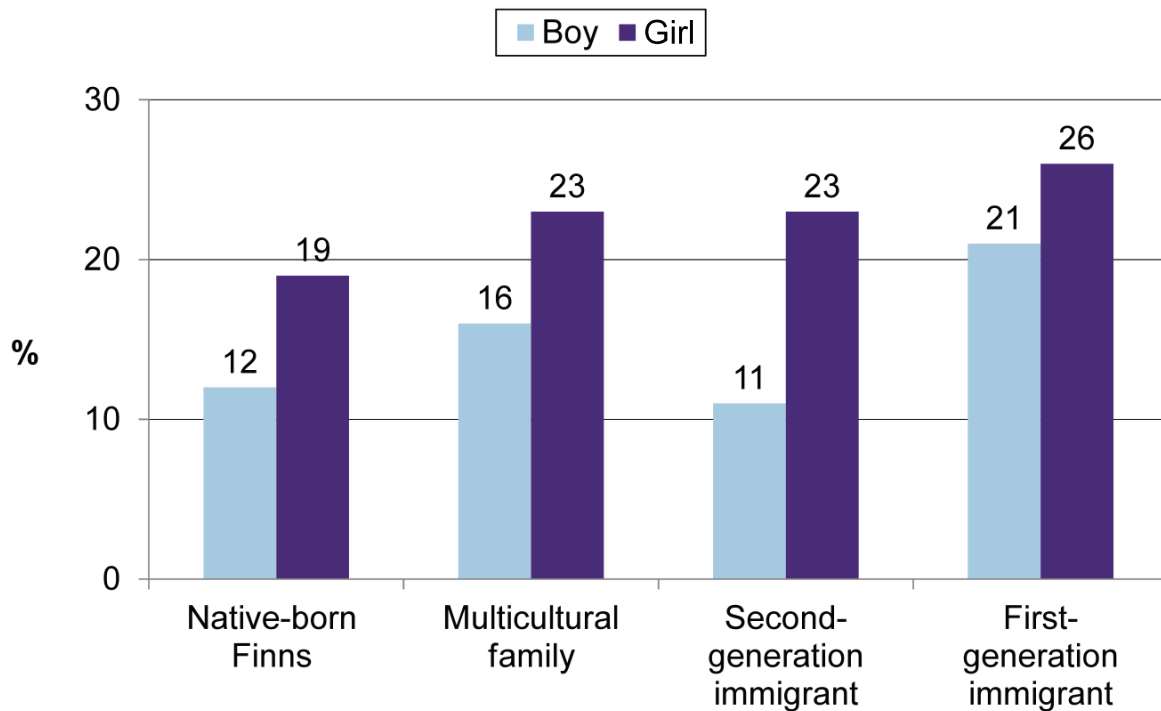


Figure 9. Perceive their health to be moderate or poor.

Experiencing various symptoms on a daily basis was more common among young people with an immigrant background or from multicultural families than among native Finnish young people. Experiencing symptoms on a daily basis was clearly more common among first-generation immigrant boys than among other boys (23 per cent vs. 9–14 per cent). Girls had very few background-linked differences. 29–30 per cent of girls from multicultural families and first-generation immigrant girls experienced symptoms daily, as did 24–25 per cent of second-generation immigrant and native-born Finnish girls. (Figure 10; Appendix Table 1.)

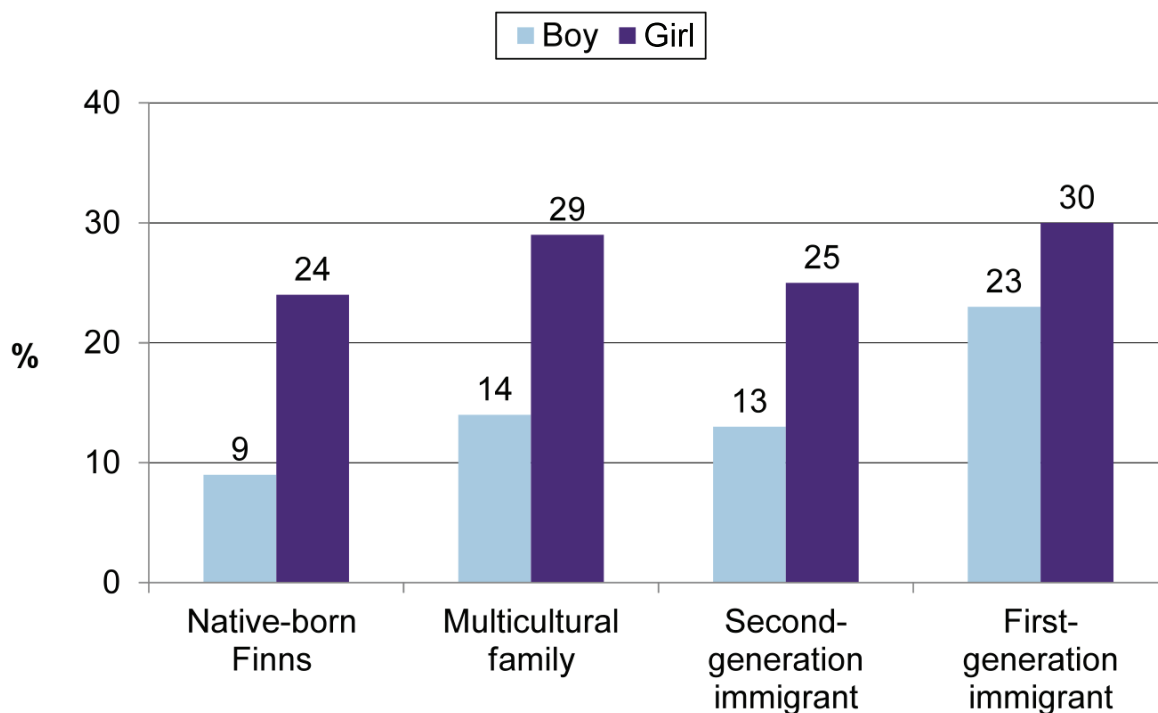


Figure 10. At least two symptoms daily.

Daily tiredness was most common among first-generation immigrant girls, with 30 per cent saying they felt tired almost daily. Of other girls, 20–25 per cent reported feeling tired daily. 21 per cent of first-generation immigrant boys felt tired almost daily, while among other groups of boys the figures were 9–13 per cent. (Appendix Table 1.)

Girls with an immigrant background experienced neck or shoulder pain less frequently than others. 33–34 per cent of first- and second-generation immigrant girls said they had neck and shoulder pain once a week or more often, compared with 38 per cent of girls from native Finnish and multicultural families. Neck and shoulder pains were least common among second-generation immigrant boys, of whom 17 per cent reported pains. 21–24 per cent of boys from native Finnish and multicultural families reported neck and shoulder pains compared to 27 per cent among first-generation immigrant boys. (Appendix Table 1.)

Headaches were most common among first-generation immigrant girls, of whom 45 per cent had a headache at least once a week. 37–41 per cent of other girls reported weekly headaches. Among boys, headaches were similarly most common among first-generation immigrants. Of all first-generation immigrant boys, 33 per cent had a headache at least once a week, compared to 23–25 per cent of other boys. (Appendix Table 1.)

Anxiety was most common among first-generation immigrants. 26 per cent of first-generation immigrant girls and 21 per cent of boys experienced moderate or severe anxiety. The corresponding figures for second-generation immigrants were 18 and 11 per cent. 21 per cent of girls from multicultural families and 9 per cent of boys experienced anxiety. The corresponding figures for native-born Finns were 16 and 5 per cent. (Figure 11; Appendix Table 1.)

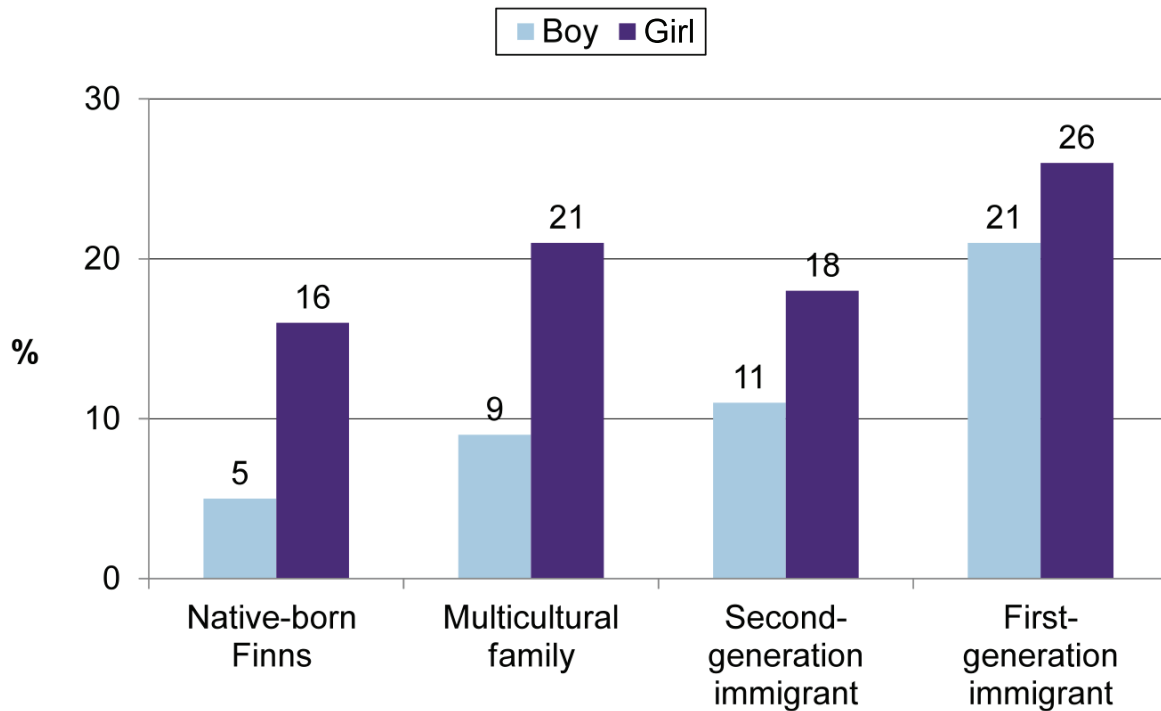


Figure 11. Moderate or severe anxiety.

School fatigue was most common among first-generation immigrants. One in four first-generation immigrant boys and one in five girls suffered from school fatigue. School fatigue was equally common among second-generation immigrant girls and boys (16 per cent). In other groups, school fatigue was more common among girls than boys (14–18 per cent vs. 10–14 per cent). (Figure 12; Appendix Table 1.)

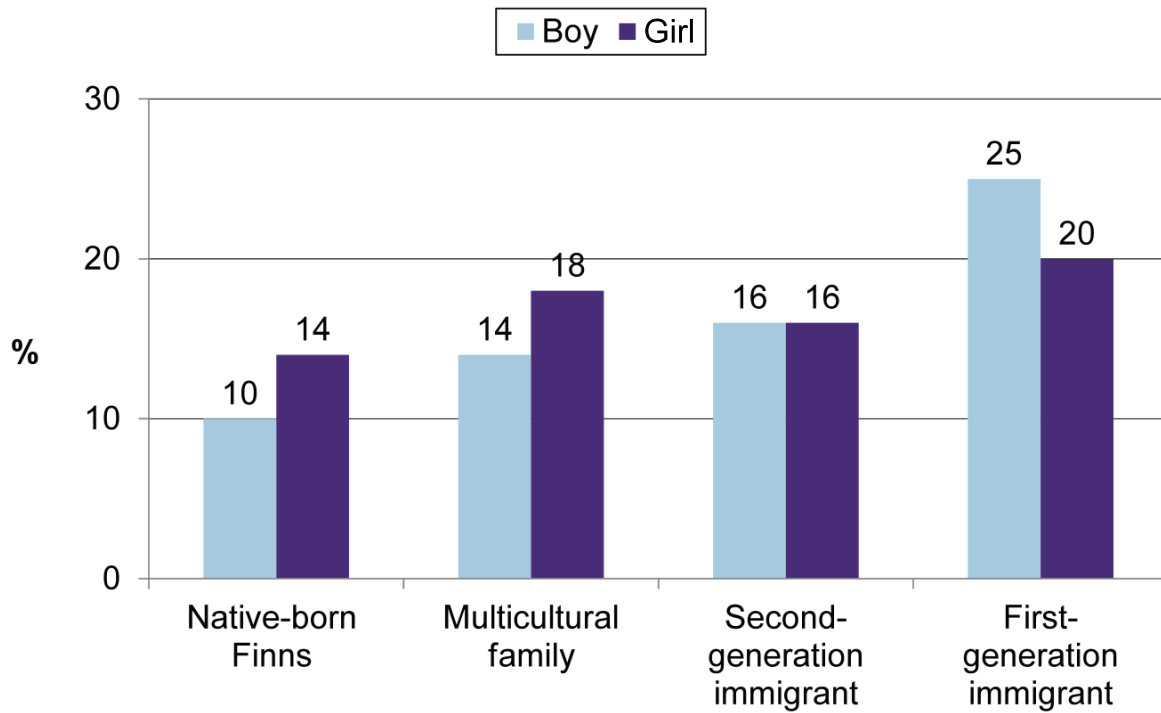


Figure 12. School fatigue.

25 per cent of first-generation immigrant boys were overweight. Of other boys, 20 per cent were overweight. In terms of the prevalence of obesity, there were no statistically significant differences between different groups of girls. 13 per cent of girls were overweight. (Appendix Table 1.)

Health-related behaviour

Second-generation immigrants scored the best result for brushing their teeth. 30 per cent of second-generation immigrant girls and 50 per cent of boys brushed their teeth less than twice a day. The corresponding proportion of first-generation girls was 40 per cent and for boys it was 65 per cent. In multicultural families, 33 per cent of girls and 57 per cent of boys neglected the recommendation that their teeth be brushed at least twice a day. The corresponding figures for native Finns were 34 per cent for girls and 60 per cent for boys. (Figure 13; Appendix Table 1.)

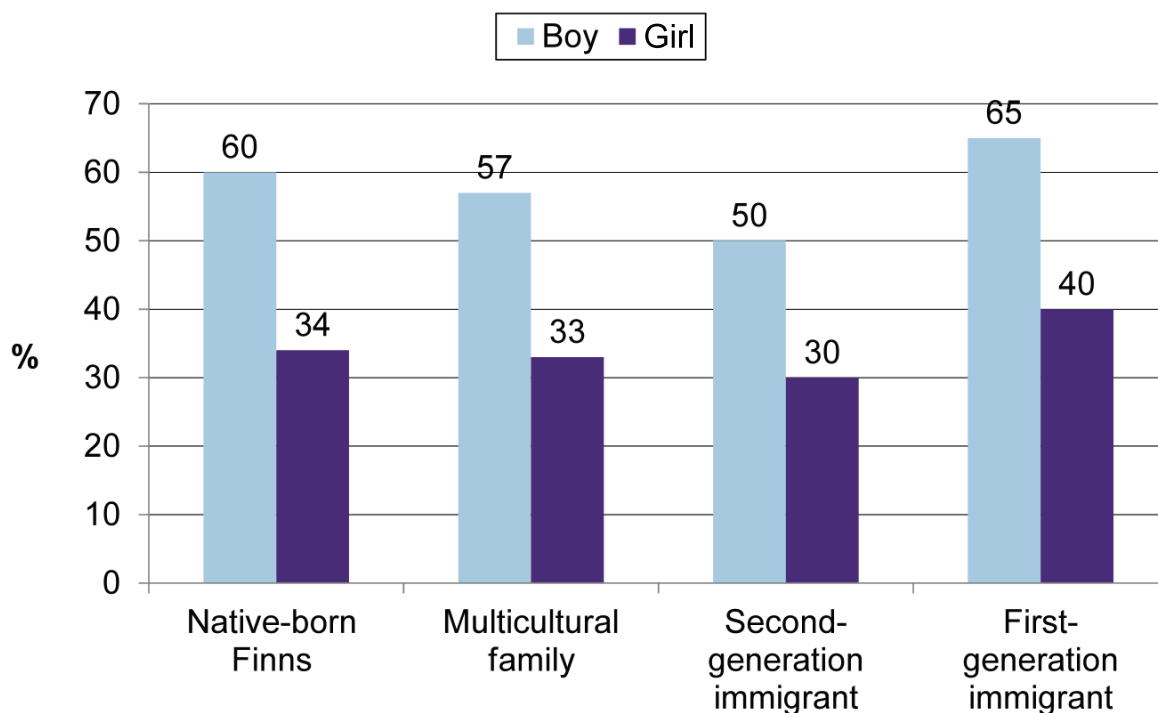


Figure 13. Brushing teeth less than twice a day.

Girls with an immigrant background engaged less in physical exercise than other girls. 53 per cent of first-generation immigrant girls and 46 per cent of second-generation immigrant girls engaged in exercise that caused shortness of breath and sweating for no more than one hour a week. The corresponding proportion of first-generation immigrant boys was 38 per cent and that of second-generation immigrant boys was 33 per cent. 33–36 per cent of young people from multicultural families and 31–32 per cent of native Finnish young people reported that they engaged in physical exercise for no more than an hour a week. (Appendix Table 1.)

First-generation immigrants spent more time enjoying screen media than other young people. 44 per cent of first-generation immigrant boys and 34 per cent of girls spent at least four hours each weekday engaged with various screen media, compared to 30 per cent of second-generation immigrant boys and girls. 31 per cent of boys and 24 per cent of girls from multicultural families and 25 per cent of boys and 21 per cent of girls from native Finnish families spent at least four hours engaged with screen media on weekdays. (Appendix Table 1.)

One half of first-generation immigrant boys and 43 per cent of girls slept less than eight hours on weekdays. 31 per cent of second-generation immigrant boys and boys from multicultural families slept less than

eight hours on weekdays, compared with 36–39 per cent of girls. Of native-born Finns, 28 per cent of boys and 30 per cent of girls slept less than eight hours a night. (Appendix Table 1.)

Smoking was more common among boys with an immigrant background than in other young people. 34 per cent of first-generation immigrant boys smoked daily. 18 per cent of second-generation immigrant boys and 14–15 per cent of boys from multicultural and native Finnish families smoked daily. Among girls, smoking was also most common among first-generation immigrants. 19 per cent of first-generation immigrant girls smoked daily compared to 10–14 per cent of other girls. (Figure 14; Appendix Table 1.)

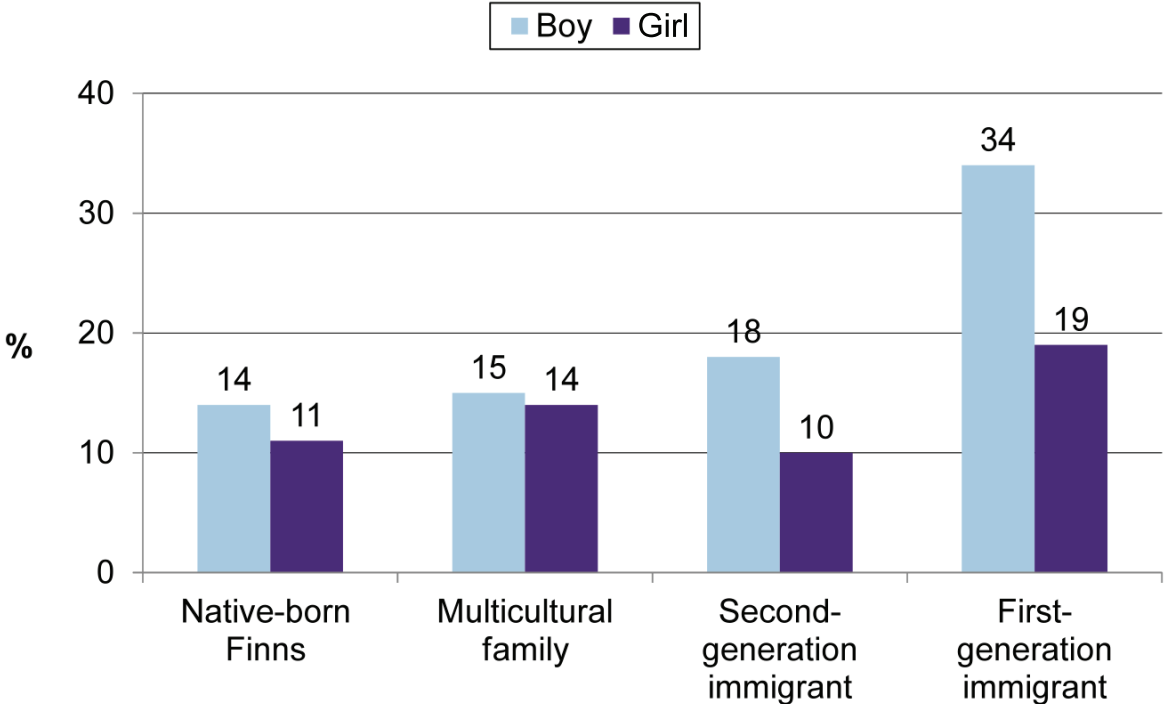


Figure 14. Smoke daily.

Getting drunk was most common among first-generation immigrant boys. Of all first-generation immigrant boys, 31 per cent got drunk at least once a month, compared with 11–15 per cent of other boys. Similarly, getting drunk was more common among first-generation immigrant girls than among other girls. Of all first-generation immigrant girls, 17 per cent got drunk at least once a month, compared to 9–14 per cent of other girls. Getting drunk was least common among second-generation immigrant girls. (Figure 15; Appendix Table 1.)

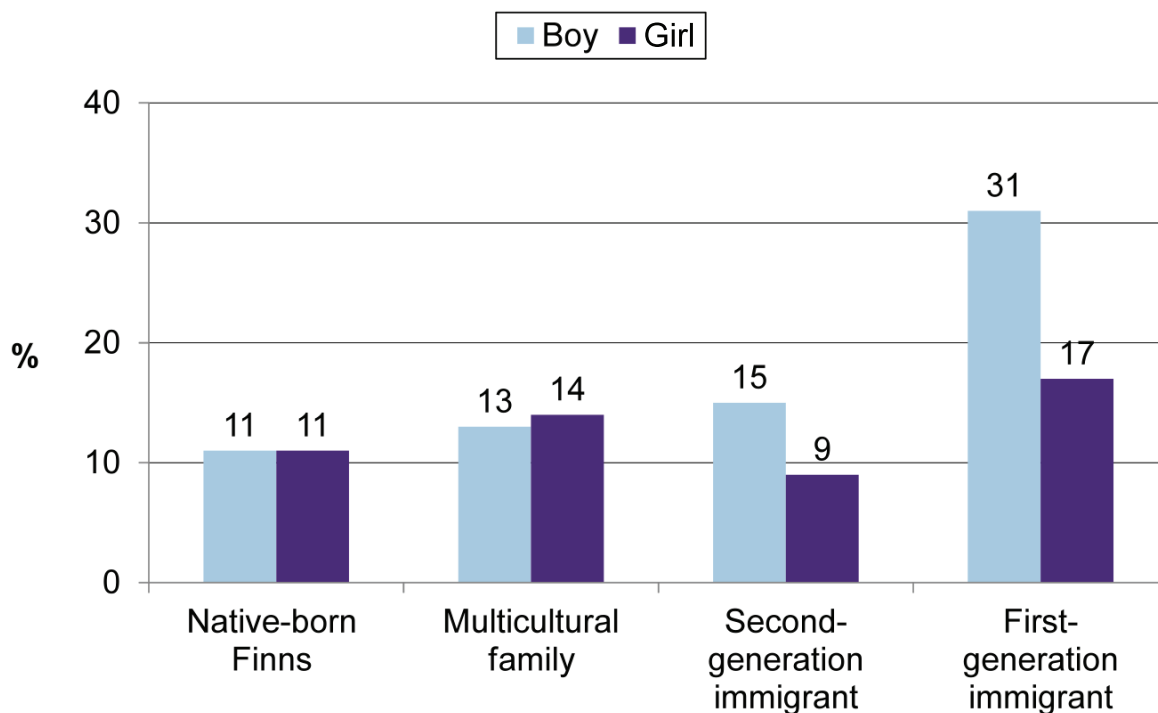


Figure 15. Heavy drinking at least once a month.

Experimenting with drugs was also more common among first-generation immigrant boys, of whom 37 per cent reported having tried an illegal substance. The corresponding share of second-generation immigrant boys and boys from multicultural families was 17–21 per cent. 9 per cent of native Finnish boys reported having tried an illegal substance. Among girls, experimenting with drugs was also more common among first-generation immigrants, of whom 20 per cent reported having tried an illegal substance. 6–11 per cent of other girls reported having tried a narcotic substance. (Figure 16; Appendix Table 1.)

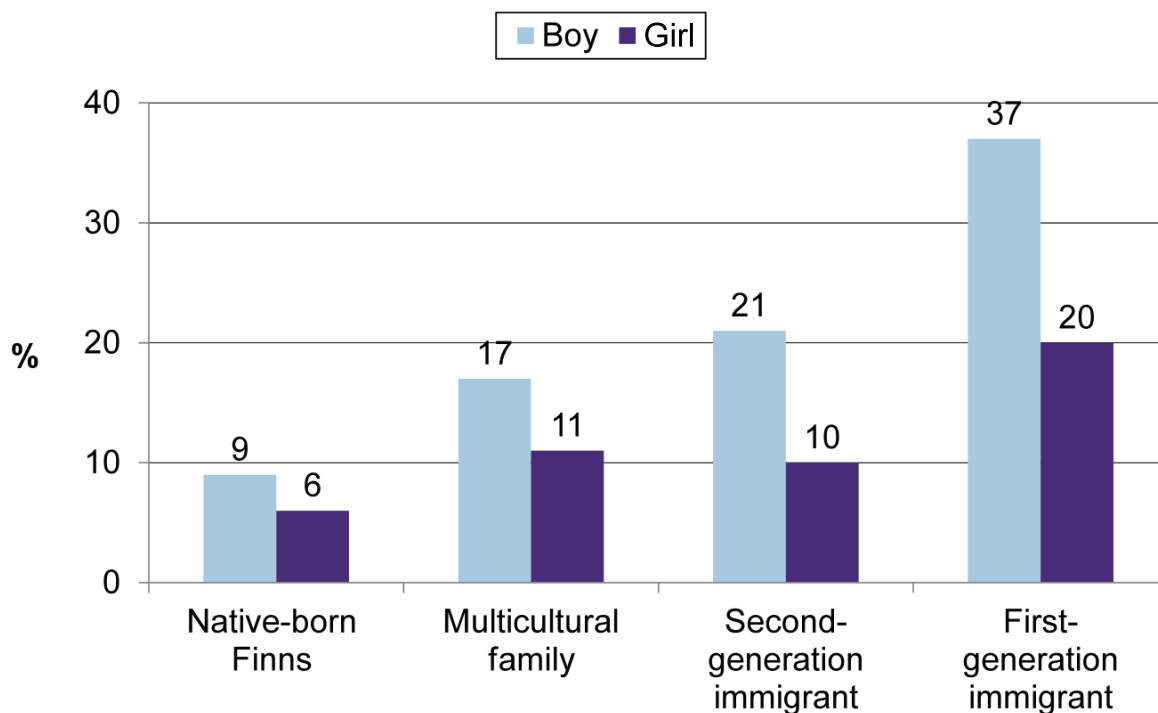


Figure 16. Tried illegal substances at least once.

Young people with immigrant backgrounds and from multicultural families had breakfast less frequently than native Finnish youth. 64 per cent of first- and second-generation immigrant girls said they did not have breakfast every morning on weekdays. Among first- and second-generation immigrant boys, the figure was 55–58 per cent. 44 per cent of boys and 51 per cent of girls from multicultural families and 39 per cent of boys and 44 per cent of girls from native Finnish families skipped breakfast occasionally. (Appendix Table 1.)

Boys with an immigrant background had school lunch less frequently than other young people. 45–46 per cent of first- and second-generation immigrant boys said they did not have school lunch every day. Among first- and second-generation immigrant girls, the figure was 40–42 per cent. 37–38 per cent of boys and girls from multicultural families and 31–35 per cent of native Finnish boys and girls skipped school lunch occasionally. (Appendix Table 1.)

Experiences of the support provided by pupil welfare services

First-generation immigrants experienced more difficulties in getting an appointment with the school health nurse than other young people. 23 per cent of first-generation immigrant boys and 21 per cent of girls, 17 per cent of second-generation immigrant girls and girls from multicultural families, and 13–15 per cent of second-generation immigrant boys and boys from multicultural families experienced difficulties in gaining access to the school health nurse. The corresponding proportion of native Finnish girls was 15 per cent and of boys 10 per cent. (Figure 17; Appendix Table 1.)

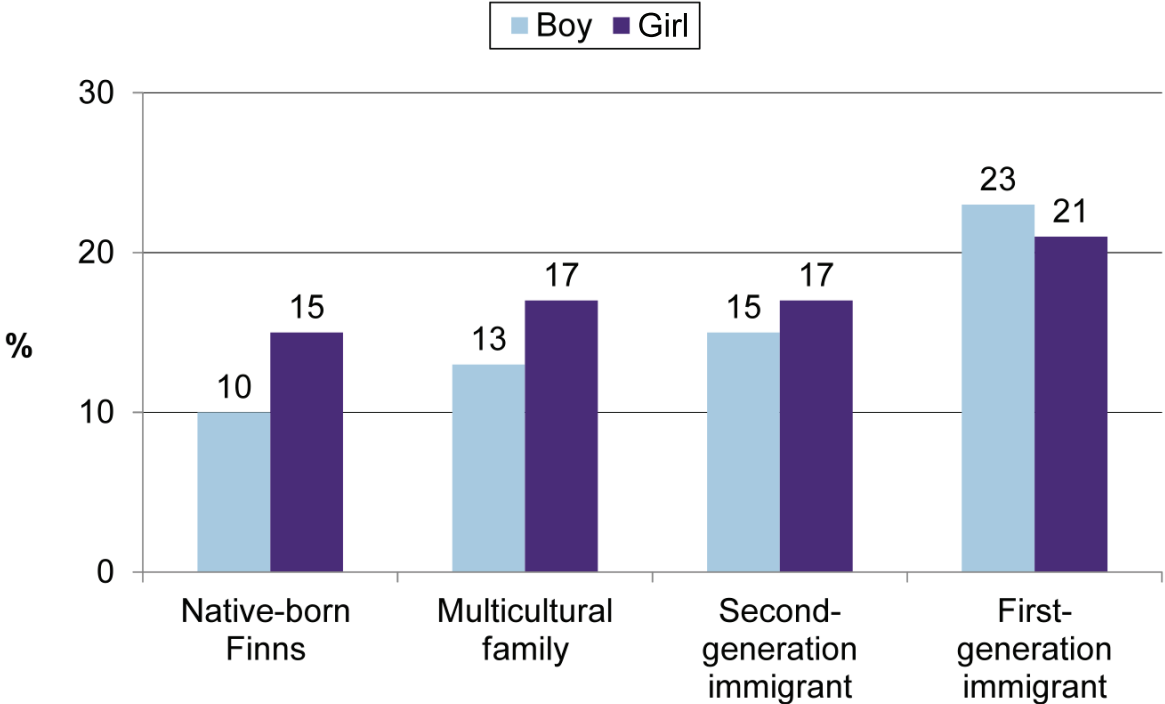


Figure 17. Difficulties with access to the school health nurse.

Groups experiencing the greatest difficulties with access to the school physician were girls from multicultural and native Finnish families. 46 per cent of them felt making an appointment was difficult, compared with 41 per cent of first- and second-generation immigrant girls. 29 per cent of native Finnish boys, 32 per cent of boys from multicultural families, 30 per cent of second-generation and 36 per cent of first-generation immigrant boys considered accessing the school physician to be difficult. (Appendix Table 1.)

First-generation immigrants experienced the greatest difficulties in making an appointment with a school social worker. 27–32 per cent of them felt gaining access to the social worker's services was difficult, compared to 21–23 per cent of second-generation immigrants and young people from multicultural families. The corresponding figure for native Finnish youth was 18–21 per cent. (Figure 18; Appendix Table 1.)

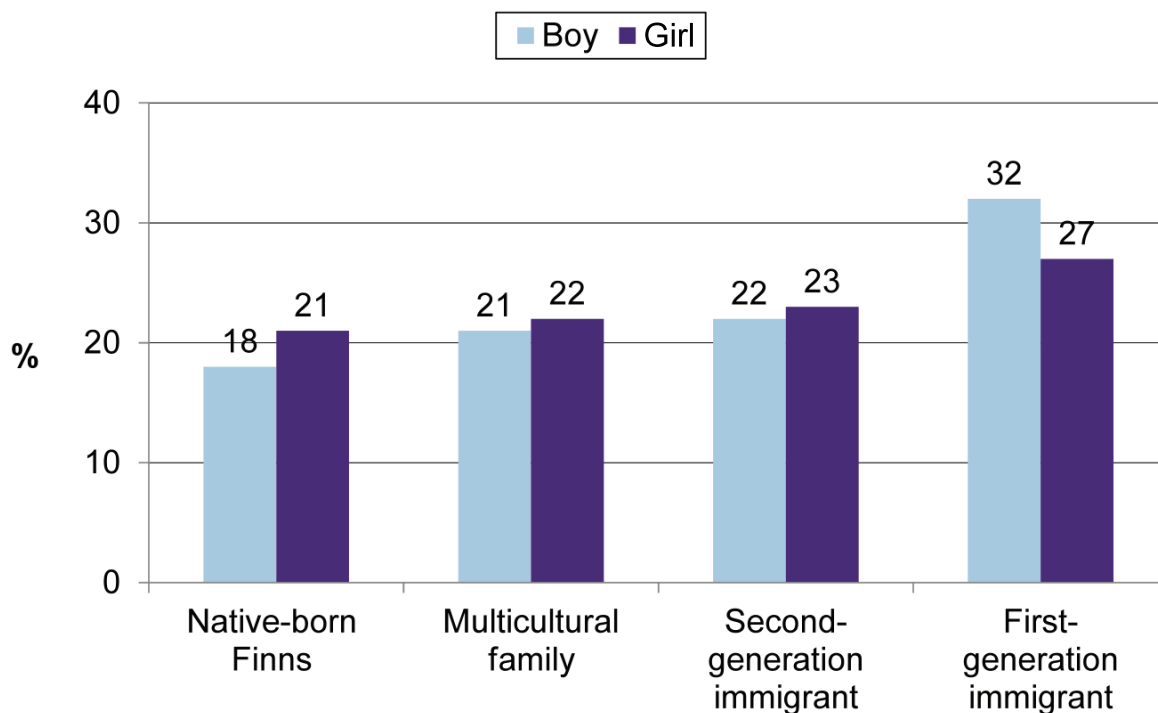


Figure 18. Difficulties with access to the school social worker.

Making an appointment with the school psychologist was considered easiest by second-generation immigrants. 32 per cent of them had experienced difficulties in making an appointment with the school psychologist. 37–43 per cent of young people in other groups felt it was difficult to see the school psychologist. (Appendix Table 1.)

First-generation immigrants also felt that they received support less often than others if they had problems at school or with school work. 17 per cent of first-generation immigrant boys and 13 per cent of girls felt they rarely or hardly ever received support if they had problems at school or with school work. The figures for second-generation immigrants and young people from multicultural families were 8–11 per cent and for native Finnish youth 7–8 per cent. (Figure 19; Appendix Table 1.)

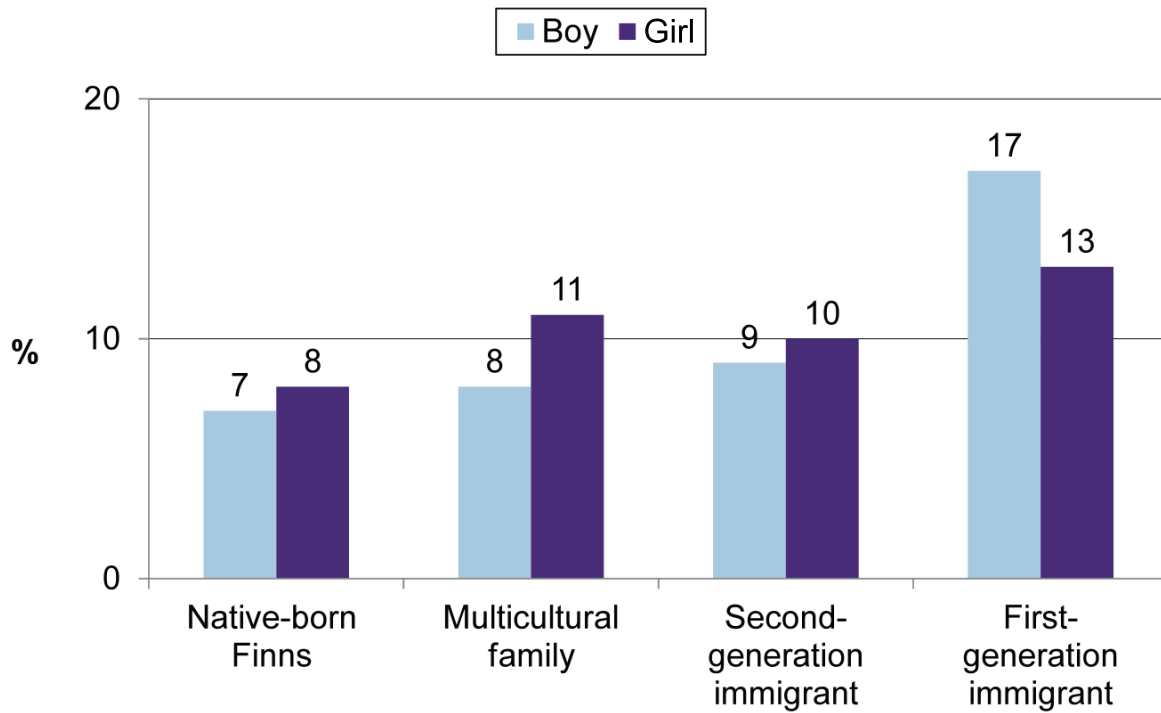


Figure 19. Not enough support for school work.

Seeking professional help for depressive symptoms or anxiety was most common among first-generation immigrant girls and girls from multicultural families. 31–32 per cent of them reported having sought help for depressive symptoms, compared to 24 per cent of second-generation immigrants and native Finnish girls. 25 per cent of first-generation immigrant boys, 15–16 per cent of second-generation immigrant boys and boys from multicultural families, and 9 per cent of native Finnish boys reported having sought help. (Appendix Table 1.)

Discussion

Due to the brisk growth in immigration, in just over a decade one in ten Finns will have a non-Finnish background. Information readily available in a number of other countries indicates that a significant proportion of immigrants experience problems with their health, wellbeing and integration. In Finland, however, very little research data is available on this subject (Koskinen et al. 2012). With regard to the health and wellbeing of children and young people with an immigrant background in particular, very little information is available. However, studies addressing the health of immigrant young people have recently been begun (e.g. Malin et al. 2014, Wikström et al. 2014).

In terms of health and wellbeing, the native Finnish population is far from homogeneous, prompting the question of whether it is plausible to study people with an immigrant background as a group, or whether attention should instead be paid to the actual, underlying causes. It is individuals that need support, not categorised groups. Nevertheless, it could be argued that examining people with an immigrant background as a separate group would make sense due to the assumed link between factors associated with an immigrant background, various components of health and wellbeing, and the use of health services. Such factors include the length of stay in Finland, whether or not the young person was born in Finland, whether one or both of the young person's parents were born outside Finland, the age at which the person immigrated, and any refugee background. These factors contribute to health differences among various immigrant groups. Similarly, the notion of health and illness as well as ways of expressing symptoms may be bound to a person's culture and affect the way in which young people with an immigrant background experience their health, their health-related behaviour, and the ability of the health care system to identify their needs (Sainola-Rodriguez & Koehn 2006). Other factors contributing to the wellbeing of young people include the family's socio-economic status and parental wellbeing; these result in health disparities within immigrant groups.

Just over half of foreign citizens living in Finland live in the Uusimaa province (Finland's official statistics 2014). The Migrant Health and Wellbeing Study conducted by the National Institute for Health and Welfare revealed differences in the wellbeing of adults living in Metropolitan Helsinki and those who lived elsewhere in Finland. Koskinen et al. (2012) believe this is due to there being more people in Metropolitan Helsinki who speak languages other than Finnish, and people are more used to non-Finnish people than elsewhere. At the same time, however, people with a Somali background living in Metropolitan Helsinki had experienced more violence than those living elsewhere.

The word "immigrant" is often associated with negative stereotypes, and we would like to underline that not all immigrants are the same; they form a heterogeneous group. Due to such diversity and differences, it was difficult to define a young person with an immigrant background and to distinguish such people within the available material. In addition to actual immigrants, the number of so-called second-generation immigrants who were born in Finland and the number of young people from multicultural families is growing quickly. Among these young people in particular, the term "immigrant" as a whole should be questioned.

When examining the results of our survey, the reader should bear in mind that only those with sufficient Finnish or Swedish language skills were able to fill in the School Health Promotion study with any reliability. It is possible that language skills were a determining factor among the respondents, and that the results therefore only reflect the health and wellbeing of young people with sufficient skills in the Finnish or Swedish language. However, the respondents included 544 young people with an immigrant background who reported having lived in Finland for less than a year. 24 of these were from multicultural families, 27 were second-generation immigrants, and 493 were first-generation immigrants. The second-generation immigrants who reported having lived in Finland for less than a year were apparently born in Finland, then had lived somewhere else and recently had returned to Finland.

The responses of first-generation immigrants who had lived in Finland for less than one year clearly diverged from those of first-generation immigrants who had lived in Finland for a longer pe-

riod. This could be attributed to the impact of having lived for longer in Finland, but we cannot rule out the possibility that some replied without having fully understood the questions or the alternative responses, or that they did not take the survey seriously. Some young people may have been afraid of being recognised and have therefore intentionally answered some questions incorrectly. Although this could lead to some distortion, the proportion of distorted responses is relatively small.

The responses of young first-generation immigrants stood out from the others. At the time of filling in the survey, they were a few months older than the others, which may affect their responses to questions on intoxicants, for instance.

More often than others, young first-generation immigrants reported that they had no close friends. They also suffered from bullying and physical threats more often than other young people. Similarly, Malin et al. (2014) and Wikström et al. (2014) also found that young people with an immigrant background are more commonly bullied than others. Lack of friends and being bullied and threatened with violence can have a negative impact on a young person's health and result in other difficulties. The school community plays a major role in preventing bullying and in promoting inclusion and participation.

Young first-generation immigrants more commonly had problems in communicating with their parents. This may be partly attributable to different patterns of adaptation within a family – a process also known as acculturation – which, according to Johansson and Sundquist (2002), refers to the process of adaptation and the changes that take place at individual and group level when two cultures meet. According to Martikainen et al. (2006), young immigrants are often able to modify their culturally-defined ideas and behaviours in order to adapt to the new society more quickly than the adult population. Differences in the acculturation process between generations can result in a reversal of roles, with young people providing advice and guidance to their parents in the new society. This disruption of traditional family roles and hierarchical power structures can create a great deal of pressure within families.

The family is the most important development environment for young people, including young people with an immigrant background. Provided that the family remains sufficiently intact and functional despite the stressful changes associated with immigration, it can be the most important resource in an immigrant's integration, act as a buffer during change, provide emotional support and function as a mirror for the young person's identity (Alitolppa-Niitamo 2005). According to Lommi (2009), young first-generation immigrants from single-parent or blended families are particularly susceptible to mental health problems, while a healthy, intact family protects the young person's mental health. The results of a sampling survey conducted in Vantaa during the school year 2007–2008 showed that young first-generation immigrants from single-parent or blended families typically exhibited mental health related symptoms. At the same time, no mental health related symptoms were diagnosed in young immigrants from nuclear families.

Our study showed that the use of intoxicants such as cigarettes, alcohol and drugs was most common among first-generation immigrants. Malin et al. (2014) also found that the use of intoxicants was more common particularly among Estonian-speaking young people. Conversely, according to Wikström et al. (2014), Somali and Kurdish young people barely used intoxicants. However, they emphasise that due to the limited language groups and research areas investigated, the results cannot be generalised nor considered applicable to the entire country or to other groups of young people with an immigrant background. The alcohol consumption patterns of young immigrants reflect the customs of the (parental) native country (Haikkola 2013).

Young first-generation immigrants experienced more difficulties in gaining access to pupil welfare services than others (with the exception of making an appointment with the school physician). Seeking professional help for depression was most common among first-generation immigrant girls. Alitolppa-Niitamo et al. (2005) have identified three obstacles to adequate service provision for immigrants: 1. Immigrants have no knowledge of the existing service or the service system. 2. Immigrants may not wish to use the service they need. The problem with which they need help and assistance may be perceived as extremely shameful. Many immigrants may also fear or distrust the authorities. The complete lack or very low quality of a service in the immigrant's native country may enhance suspicion of the service provided in Finland. 3. The service system provides inadequate support or service for the immigrant. Although the customer is aware of services and is motivated to apply for assistance

from them, the service system fails to identify the customer's needs sufficiently well, or those needs are misinterpreted.

Schools should make more determined efforts to ensure that young people with an immigrant background and their families are familiar with the support and services provided through school and pupil welfare services. The fact that these services are also used by the native Finnish population, and that using the services is nothing to be ashamed of, should be emphasised. Support to school personnel should be provided in encountering young immigrants by reserving a sufficient amount of time for building mutual trust and understanding (Hermanson & Lommi 2009).

The Government Decree on school health services (338/2011) states that the whole family is invited to attend the extensive health examination performed in schools. Extensive health examinations provide an opportunity to offer support to the whole family and to promote a healthy lifestyle. However, according to Wikström et al. (2014), families may not always know that the invitation to attend the health examination applies to all families, not just immigrant families. Families should be offered the opportunity to use an interpreter, especially in extensive health examinations.

In this study, pupils from different groups felt that they had equal opportunities to influence school matters. This indicates that schools have been successful in offering equal opportunities to all pupils. However, first-generation immigrants are more likely to consider the working atmosphere at school to be poor, and are also more likely than others to experience difficulties in school work. Malin et al. (2014) also found that experiencing difficulties with school work was more common among pupils with an immigrant background. However, very few of the respondents to the Health and Well-being of Young People with an Immigrant Background survey said they had experienced a fair amount or a great deal of difficulty at school or with school work (Wikström et al. 2014). Since this study was conducted among young people with a Somali or Kurdish background living in Metropolitan Helsinki, its findings cannot be generalised to apply to all Finnish regions or all groups of youths with an immigrant background.

Besides having difficulties with school work more often than other young people, first-generation immigrants also felt that they did not receive as much help and support as others with school issues and school work. Some immigrant parents learn the local language much later than their children, which makes it difficult for them to help with homework, to participate in teacher-parent meetings, and to maintain contact with school personnel (Malin et al. 2002). Schools should therefore assume special responsibility for offering assistance if immigrant pupils have problems at school or with school work, and for maintaining an open line of communication between home and school. Schools come into contact with all young people with immigrant backgrounds, and the school community is in a position to provide equal opportunities and positive experiences regardless of the pupil's background.

In this study, young first-generation immigrants clearly stood out from other young people. However, before any conclusions are formed on this basis, more research will be required in order to identify the impact of the length of stay in Finland and any other possible reasons for the differences in the results.

References

- Alitolppa-Niitamo, Anne: Maahanmuuttajataustaiset perheet ja hyvinvoinnin edellytykset. Teoksessa Alitolppa-Niitamo, Anne & Söderling, Ismo & Fågel, Stina (toim.): Olemme muuttaneet. Näkökulmia maahanmuuttoon, perheiden kotoutumiseen ja ammatillisen työn käytäntöihin. Helsinki: Väestöliitto, 2005.
- Alitolppa-Niitamo, Anne & Moallin, Mohamed & Novitsky Anita: Välittävä perhetyö – kokemuksia ja ajatuksia Väestöliiton Kotipuu-projektista. Teoksessa Alitolppa-Niitamo, Anne & Söderling, Ismo & Fågel, Stina (toim.): Olemme muuttaneet. Näkökulmia maahanmuuttoon, perheiden kotoutumiseen ja ammatillisen työn käytäntöihin. Helsinki: Väestöliitto, 2005.
- Finland's official statistics 2014. Suomen virallinen tilasto (SVT): Väestörakenne [verkkojulkaisu]. Helsinki: Tilastokeskus Viitattu: 30.7.2014. <http://www.stat.fi/til/vaerak/index.html>
- Finland's official statistics 2014. Suomen virallinen tilasto (SVT): Väestörakenne. Vuosikatsaus 2011. Helsinki: Tilastokeskus Viitattu 29.4.2014. http://tilastokeskus.fi/til/vaerak/2011/01/vaerak_2011_01_2012-11-30_tie_001_fi.html?ad=notify.
- Haikkola, Lotta: Nuorten alkoholinkäytön etniset erot. Laadullinen tutkimuskatsaus maahanmuuttajataustaisten nuorten alkoholinkäyttötäpoihin. Yhteiskuntapolitiikka 2013; 78(5):554–561.
- Hermanson Elina & Lommi Anni: Maahanmuuttajataustaiset nuoret haaste kouluterveydenhuollolle. Suomen Lääkärelehti 2009; 64(11):1009–1015.
- Johansson, Leena Maria & Sundquist Jan: Psykisk hälsa. Teoksessa Födelselandets betydelse. En rapport om hälsan hos olika invandrargrupper i Sverige. Statens folkhälsoinstitut 2002; 29:67–90.
- Koskinen, Seppo & Castaneda, Anu E & Rask, Shadia & Koponen, Päivikki & Mölsä, Mulki: Johdanto. Teoksessa Castaneda, Anu E & Rask, Shadia & Koponen, Päivikki & Mölsä, Mulki & Koskinen, Seppo (toim.) (Migrant health and wellbeing. A study on persons of Russian, Somali and Kurdish origin in Finland.) Maahanmuuttajien terveys ja hyvinvointi. Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa. Raportti 61/2012. Tampere: Kirjoittajat ja Terveiden ja hyvinvoinnin laitos, 2012.
- Koskinen, Seppo & Castaneda, Anu E & Koponen, Päivikki & Rask, Shadia: Koulutustaso ja asuinalue artikkelissa Maahanmuuttotilastustaan ja koulutuksen yhteydet terveyden ja hyvinvoinnin tekijöihin. Teoksessa Castaneda, Anu E & Rask, Shadia & Koponen, Päivikki & Mölsä, Mulki & Koskinen, Seppo (toim.) (Migrant health and wellbeing. A study on persons of Russian, Somali and Kurdish origin in Finland.) Maahanmuuttajien terveys ja hyvinvointi. Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa. Raportti 61/2012. Tampere: Kirjoittajat ja Terveiden ja hyvinvoinnin laitos, 2012.
- Lommi, Anni: Uussuomalaisia kouluterveydenhuollossa. Maahanmuuttajataustaisten nuorten psyykinen hyvinvointi kouluterveydenhuollon silmin. Pro Gradu-tutkielma. Jyväskylän yliopisto, 2009.
- Luopa, Pauliina & Kivimäki, Hanne & Matikka, Anni & Vilkki, Suvi & Jokela, Jukka & Laukkarinen, Essi & Paananen, Reija: Nuorten hyvinvointi Suomessa 2000–2013. Kouluterveyskyselyn tulokset. Raportti 25/2014. Tampere: Kirjoittajat ja Terveiden ja hyvinvoinnin laitos, 2014.
- Malin, Maili & Kinnunen, Jaana M & Rimpelä, Arja: Maahanmuuttajataustaisten oppilaiden elinolot, hyvinvointi ja koulumenestys. Teoksessa Vainikainen, Mari-Pauliina & Rimpelä, Arja (toim.): (tulossa 2014) Nuorten kehitysympäristö muutoksessa – Peruskoulujen oppimistulokset ja oppilaiden hyvinvointi eriytyvällä Helsingin seudulla. Helsingin yliopiston opettajakoulutuslaitoksen julkaisuja. Helsingin yliopiston opettajakoulutuslaitoksen julkaisuja, painossa 2014.
- Malin, Maili & Sarlio-Lähteenkorva, Sirpa & Joronen, Tuula: Maahanmuuttajien terveyttä ja hyvinvointia käsitteleviä tutkimuksia käynnistymässä myös Suomessa. Sosiaalilääketieteellinen aikakauslehti 2002; 39:153–156.
- Martikainen, Tuomas & Sintonen, Teppo & Pitkänen, Pirkko: Ylirajainen liikkuvuus ja etniset vähemmistöt. Teoksessa Martikainen, Tuomas (toim.): Ylirajainen kulttuuri. Etnisyys Suomessa 2000-luvulla. Helsinki: Suomalaisen Kirjallisuuden Seura 2006, 9-41.
- Sainola-Rodriguez Kirsti & Koehn Peter H: Turvapaikanhakijoiden ja pysyvästi Suomessa asuvien maahanmuuttajien mielenterveyteen liittyvien tarpeiden tunnistaminen. Sosiaalilääketieteellinen Aikakauslehti 2006;43(1):47–59.
- VNA 338/2011: Valtioneuvoston asetus neuvolatoiminnasta, koulu- ja opiskeluterveydenhuollosta sekä lasten ja nuorten ehkäisevästä suun terveydenhuollosta. Finlex. <http://www.finlex.fi/fi/laki/alkup/2011/20110338>
- Wikström, Katja & Haikkola, Lotta & Laatikainen, Tiina (toim.): Maahanmuuttajataustaisten nuorten terveys ja hyvinvointi. Tutkimus pääkaupunkiseudun somali- ja kurditaustaisista nuorista. Työpaperi 17/2014. Helsinki: Terveiden ja hyvinvoinnin laitos, 2014.

Appendices

APPENDIX 1. Formulation of indicators

Living conditions

At least one parent smokes

Description: At least one parent currently smokes.

Formulation of the indicator:

Have your parents smoked at any time during your life?

- Mother (Score: Has never smoked, Has smoked, but stopped = 0; Currently smokes = 1; Don't know = 0)

- Father (Score: Has never smoked, Has smoked, but stopped = 0; Currently smokes = 1; Don't know = 0)

Respondents scoring 1–2 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008. In 2004, questions concerning maternal and paternal smoking were merged to form the subsections of a single question. Despite this change, the result is considered comparable with the results for previous years.

At least one parent unemployed during the year

Description: At least one of the parents was unemployed or laid off during the year.

Formulation of the indicator:

Have your parents been unemployed or laid off in the last year? (Score: Neither = 0; One parent, Both parents = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Parents do not always know where their child spends weekend evenings

Description: Parents do not always know where their child spends weekend evenings.

Formulation of the indicator:

Do your parents know where you spend your Friday and Saturday nights? (Score: Yes, always = 0; Yes, sometimes, Most of the time they don't know = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Communication problems with parents

Description: A young person can hardly ever talk to their parents about the things that concern him or her.

Formulation of the indicator:

Can you talk with your parents about the things that concern you? (Score: Hardly ever = 1; Once in a while, Fairly often, Often = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

The family does not share an afternoon or evening meal

Description: The family does not share a meal in the afternoon or evening, with everyone sitting at the table.

Formulation of the indicator:

Which of the following alternatives best describes your family's eating habits in the afternoon or evening? (Score: We do not have a proper meal, everyone grabs something to eat; We have a proper meal, but we do not all eat at the same time = 1; We enjoy a meal together and everyone is usually at the table = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

No close friends

Description: The young person has no close friends with whom he or she can talk confidentially about issues concerning him or herself.

Formulation of the indicator:

At the moment, do you have a close friend with whom you can talk confidentially about almost everything concerning yourself? (Score:

No close friends = 1; One close friend, Two close friends, Several close friends = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Consumption of alcohol by a close person has caused problems

Description: Excessive consumption of alcohol by someone close to the young person has caused him or her problems.

Formulation of the indicator:

In your opinion, does someone close to you consume too much alcohol? (Score: No = 0; Yes = 1)

- Has it caused problems or had a harmful effect on your life? (Score: No = 0; Yes = 1)

Respondents scoring 2 were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from the year 2008 onwards.

Experienced threats of physical violence during the year

Description: The indicator was formulated on the basis of three factors: someone had stolen or attempted to steal something from the young person by using violence or the threat of violence, someone had threatened to cause physical harm to the young person, or someone had attacked them physically some time in the last year.

Formulation of the indicator:

During the last 12 months, have you experienced any of the following?

- Someone stole or attempted to steal something from you by using violence or the threats of violence (Score: Yes = 1; No = 0)

- Someone threatened to cause you physical harm (Score: Yes = 1; No = 0)

- Someone attacked you physically by hitting or kicking you, or with a weapon (Score: Yes = 1; No = 0)

Respondents scoring 1–3 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2002 onwards, and on vocational institution students from 2008 onwards.

Experienced sexual violence occasionally or repeatedly

Description: This indicator was formulated on the basis of three factors: unwanted touching of intimate parts of the body, being pressured or coerced into sexual intercourse, being offered payment in exchange for sex.

Formulation of the indicator:

Have you ever experienced any of the following?

- Unwanted touching of intimate parts of the body (Score: Yes, repeatedly; Yes, sometimes = 1; No = 0)

- Being pressured or coerced into sexual intercourse or other sexual acts (Score: Yes, repeatedly; Yes, sometimes = 1; No = 0)

- Being offered money, goods or intoxicants in exchange for sex (Score: Yes, repeatedly; Yes, sometimes = 1; No = 0)

Respondents scoring 1–3 were included.

Further information: Information dating back to 2013 is available on comprehensive school pupils, senior secondary school students and vocational institution students.

Repeated minor offences during the year

Description: This indicator was formulated on the basis of five factors: writing or painting texts or graffiti in public places, damaging school property or other property, stealing, assaulting someone.

Formulation of the indicator:

During the last 12 months, have you engaged in any of the following?

- Written or painted texts or graffiti on walls, buses, bus stops, windows or other similar places (Score: No, I have not = 0; Once = 1; 2–4 times = 2; Over 4 times = 3)

- Deliberately damaged or destroyed school property or a school building (Score: No, I have not = 0; Once = 1; 2–4 times = 2; Over 4 times = 3)

- Deliberately damaged or destroyed property other than school property (Score: No, I have not = 0; Once = 1; 2–4 times = 2; Over 4 times = 3)

- Stolen something from a store or mini market (Score: No, I have not = 0; Once = 1; 2–4 times = 2; Over 4 times = 3)

- Assaulted someone (Score: No, I have not = 0; Once = 1; 2–4 times = 2; Over 4 times = 3)

Respondents scoring 2–15 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2002 onwards, and on vocational institution students from 2008 onwards.

School conditions

Deficiencies in the physical working environment of the school

Description: This indicator was formulated on the basis of the following factors that disturb school work: crowded teaching spaces, noise, inappropriate lighting, insufficient ventilation, temperature, dirt, uncomfortable chairs or desks, inadequate facilities, risk of accident.

Formulation of the indicator:

In your school, do the following conditions disturb your school work?

- Crowded teaching spaces (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Noise, echoes (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Inappropriate lighting (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Insufficient ventilation or bad indoor air (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Temperature (hot, cold, draft) (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Dirt, dust (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Uncomfortable chairs or desks (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Inadequate facilities (toilets, changing rooms, showers) (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Risk of accident (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)

Respondents scoring 10–27 were included.

Further information: Information is available on comprehensive school pupils from 1997 onwards, on senior secondary school students from 1999 onwards and on vocational institution students from 2008 onwards.

Accidental injury at school during the year

Description: In the past school year, the pupil had at least one accident at school or on the way to school that required a visit to school health care.

Formulation of the indicator:

During this school year, have you experienced an accident at school or on the way to or from school that has required medical attention of a physician or a nurse?

- During recess (Score: Never = 0; Once, Twice or more often = 1)
- During PE class (Score: Never = 0; Once, Twice or more often = 1)
- During some other class (Score: Never = 0; Once, Twice or more often = 1)
- On my way to or from school (Score: Never = 0; Once, Twice or more often = 1)

Respondents scoring 1–4 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards, and on vocational institution students from 2008 onwards. In 2010, the alternative “During textile work or crafts class” was removed. Despite the change, this result is considered comparable with the results for previous years.

Problems in the working climate of the school

Description: This indicator was formulated on the basis of the following nine factors that affect the working environment: teachers' expectations and fairness, getting along with other pupils and teachers, working in groups, restlessness of the working environment, hurry, classroom discipline, and a good team spirit among the pupils.

Formulation of the indicator:

Please read each of the following statements carefully. Select the alternative that best describes your opinion.

- My teachers expect too much from me (at school) (Score: Fully agree = 3; Agree = 2; Disagree, Fully disagree = 0)
- Teachers treat us pupils fairly (Score: Fully agree, Agree = 0; Disagree = 2; Fully disagree = 3)
- The pupils in my class get along well (Score: Fully agree, Agree = 0; Disagree = 2, Fully disagree = 3)
- The classroom discipline in my class is good (Score: Fully agree, Agree = 0; Disagree = 2; Fully disagree = 3)

Do the following disturb your school work?

- Restlessness of the working environment (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Hurry (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)

How are you doing at school? Are you experiencing difficulties in any of the following?

- Working in groups (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Getting along with school mates (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)
- Getting along with the teachers (Score: Not at all = 0; Rather little = 1; Rather much = 2; Very much = 3)

Respondents scoring 10–27 were included.

Further information: Information is available on comprehensive school pupils from 1998 onwards, on senior secondary school students from 1999 onwards and on vocational institution students from 2008 onwards.

Thinks that the opinions of pupils are not taken into consideration in school

Description: This indicator was formulated on the basis of the following three factors regarding interaction between teachers and pupils: encouraging pupils to express their opinions, taking pupils' opinions into consideration in the development of school work and being interested in how pupils are doing.

Formulation of the indicator:

Please read each of the following statements carefully. Select the alternative that best describes your opinion.

- Teachers encourage me to express my opinions in class (Score: Fully agree, Agree = 0; Disagree = 1; Fully disagree = 2)
- Teachers are interested in how I am doing (Score: Fully agree, Agree = 0; Disagree = 1; Fully disagree = 2)
- The opinions of pupils are taken into consideration in the development of school work (Score: Fully agree, Agree = 0; Disagree = 1; Fully disagree = 2)

Respondents scoring 3–6 were included.

Further information: Information is available on comprehensive school pupils from 1998 onwards, on senior secondary school students from 1999 onwards and on vocational institution students from 2008 onwards.

Volume of school work is too great

Description: Quite often, or all of the time, the pupil feels that the volume of school work is too much.

Formulation of the indicator:

During this school year, how are you finding the volume of school work? (Score: Too much work all the time; Quite often too much work = 1; Appropriate amount of work; Quite often too little work; Too little work all the time = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Difficulties with school work

Description: This indicator was formulated on the basis of the following factors: doing homework, preparing for exams, finding the most suitable study method, completing tasks that require own initiative, performing tasks that require writing, performing tasks that require reading, following teaching in class.

Formulation of the indicator:

How are you doing at school? Are you experiencing difficulties in any of the following?

- Following teaching in class (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Doing homework or other school tasks (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Preparing for exams (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Finding the study method that suits me best (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Beginning or completing tasks requiring own initiative (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Performing tasks that require writing (Score: Not at all, Rather little = 0; Rather much = 1; Very much = 3)
 - Performing tasks that require reading (e.g. from a book) (Score: Not at all = 0; Rather little = 0; Rather much = 1; Very much = 3)
- Respondents scoring 3–21 were included.

Further information: Information is available on comprehensive school pupils from 1998 onwards, on senior secondary school students from 1999 onwards and on vocational institution students from 2008 onwards. NOTE! This indicator is not comparable with the indicator “Difficulties with school work”.

Bullied at school at least once a week

Description: Pupil has been bullied at school around once a week or more often during a semester.

Formulation of the indicator:

How often have you been bullied at school during this semester? (Score: Several times a week, About once a week = 1; Rarely, Not at all = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Skipped at least 2 school days in the last month

Description: Pupil/student has skipped at least two whole school days in the last month.

Formulation of the indicator:

During the last 30 days, how many whole school days have you been absent from school for the following reasons?

- Skipping school or truancy (Score: None, One day = 0; 2 to 3 days, More than 3 days = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2002 onwards, and on vocational institution students from 2008 onwards.

Does not know how to influence school matters

Description: The pupil does not know how to influence school matters.

Formulation of the indicator:

Please read each of the following statements carefully. Select the alternative that best describes your opinion.

- I know how to influence school matters in my school (Scores: Fully agree, Agree = 0; Disagree, Fully disagree = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards, and on vocational institution students from 2008 onwards.

Perceived health

Perceives health as moderate or poor

Description: Personal health is perceived by the young person as moderate, fairly poor or very poor.

Formulation of the indicator:

How is your health in general? Is it (Score: Very good, Fairly good = 0; Moderate, Fairly or very poor = 1)
Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008. NOTE! Until 2009, the indicator was named "Health moderate or poor".

At least two symptoms daily

Description: This indicator was formulated on the basis of the following eight factors: neck or shoulder pain, lower back pain, abdominal pain, tenseness or anxiety, irritability or bouts of anger, trouble falling asleep or waking up during the night, headache, tiredness or dizziness.

Formulation of the indicator:

In the last six months, have you experienced any of the following symptoms, and how often?

- Neck or shoulder pain (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Lower back pain (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Abdominal pain (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Tension or anxiety (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Irritability or bouts of anger (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Trouble falling asleep or waking up during the night (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Headache (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
 - Tiredness or dizziness (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)
- Respondents scoring 2–8 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008. NOTE! This indicator is not comparable with the indicator "At least two symptoms a day".

Tiredness almost daily

Description: The young person has experienced tiredness or dizziness almost every day during the last six months.

Formulation of the indicator:

In the last six months, have you experienced any of the following symptoms, and how often?

- Tiredness or dizziness (Score: Seldom or never, About once a month, About once a week = 0; Almost every day = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Neck or shoulder pain every week

Description: The young person has had neck or shoulder pain at least once a week in the last six months.

Formulation of the indicator:

In the last six months, have you experienced any of the following symptoms, and how often?

- Neck or shoulder pain (Score: Seldom or never, About once a month = 0, About once a week, Almost every day = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Headache every week

Description: The young person has had a headache at least once a week in the last six months.

Formulation of the indicator:

In the last six months, have you experienced any of the following symptoms, and how often?

- Headache (Score: Seldom or never, About once a month = 0, About once a week, Almost every day = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Moderate or severe anxiety

Description: The young person has experienced moderate or severe anxiety in the last two weeks. The indicator is based on the GAD-7 scale.

Formulation of the indicator:

How often have you experienced the following problems during the two weeks preceding this questionnaire?

- Feeling nervous, anxious or on edge (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Not being able to stop or control worrying (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Worrying too much about all sorts of things (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Trouble relaxing (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Being so restless that it is hard to sit still (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Becoming easily annoyed or irritable (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)
- Feeling afraid that something awful might happen (Score: Not at all = 0; Several days = 1; Most days = 2; Nearly every day = 3)

Respondents scoring 10–21 were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from 2013 onwards.

School fatigue

Description: This indicator is formulated on the basis of three school fatigue factors identified by Salmela-Aro and Näätänen: exhausting fatigue, cynical attitude towards work and reduced meaningfulness of studies, and feeling inadequate with respect to studies.

Formulation of the indicator:

- Have you had any of the following feelings relating to school work? I feel overwhelmed by school work (Score: Hardly ever, A few times a month = 0; A few days a week = 1; Almost daily = 2)
 - I feel that there is no point in studying (Score: Hardly ever, A few times a month = 0; A few days a week = 1; Almost daily = 2)
 - I feel inadequate with respect to my studies (Score: Hardly ever, A few times a month = 0; A few days a week = 1; Almost daily = 2)
- Respondents scoring 3–6 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards, and on vocational institution students from 2008 onwards.

Overweight

Description: Based on the body mass index (BMI), the young person is overweight.

Formulation of the indicator:

Height and weight. To calculate the Body Mass Index (BMI), weight (kg) is divided by height (m) squared. The limit for obesity depends on age and gender: For 18-year-olds, the limit is 25, but it is lower for younger people (see Cole et al. BMJ 2000:320). (Score: BMI below the overweight limit = 0; BMI the limit or higher = 1)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Health-related behaviour

Does not eat breakfast every morning on weekdays

Description: The young person does not eat breakfast (other than just coffee, juice or other drinks) every school morning.

Formulation of the indicator:

How often do you have breakfast (other than just coffee, juice or other drinks) during the school week? (Score: On 5 mornings = 0; On 3–4 mornings, On 1–2 mornings, Less frequently = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards and on vocational institution students from 2008 onwards.

Does not eat school lunch every day

Description: The young person does not eat school lunch on every school day.

Formulation of the indicator:

How often do you eat a school lunch during the school week? (Score: On 5 days = 0; On 3–4 days, On 1–2 days, Less frequently = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from 2010 onwards.

Brushing teeth less than twice a day

Description: The young person brushes his or her teeth less often than twice a day.

Formulation of the indicator:

How often do you brush your teeth? (Score: Never, Less often than once a week, At least once a week, but not every day; Once a day = 1; More than once a day = 0)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from 2010 onwards. The response options were modified in 2010. As a result, the indicator percentages are not comparable with the percentages reported for previous years.

Engages in vigorous physical exercise for no more than one hour per week during spare time

Description: In his or her spare time, the young person engages in no more than one hour per week of physical exercise that causes shortness of breath and sweating.

Formulation of the indicator:

During your spare time, how many hours per week do you usually engage in physical exercise that causes shortness of breath and sweating? (Score: None, About ½ an hour, About 1 hour, About 2–3 hours, About 4–6 hours, About 7 hours or more = 0)

Respondents scoring 1 were included.

Further information: Information on comprehensive school pupils reaches back to 1996, in the case of senior secondary school students it stretches back to 1999, and with respect to vocational institution students it has been collected since 2008.

Screen time 4 hours or more on weekdays

Description: The young person spends at least four hours a day on school days watching TV, using a computer, and playing mobile and console games.

Formulation of the indicator:

How many hours per day altogether do you spend watching TV, using a computer (both entertainment and study) and playing mobile and console games?

- On school days (Score: Not at all, Two hours at the most, More than 2 hours but less than 4 hours = 0; More than 4 hours but less than 6 hours, 6 hours or more = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from 2010 onwards.

Sleeps less than 8 hours on weekdays

Description: The young person usually sleeps less than eight hours on weekdays. The length of sleep refers to the time between going to bed and waking up.

Formulation of the indicator:

At what time do you usually go to bed?

- On weekdays (At about 21.00 or earlier, At about 21.30, At about 22, At about 22.30, At about 23, At about 23.30, At about 24, At about 00.30, At about 01, At about 01.30 or later)

At what time do you usually wake up?

- On weekdays (At about 6.00 or earlier, At about 6.30, At about 7.00, At about 7.30, At about 8.00, At about 8.30, At about 9.00 or later). The length of sleep refers to the time between going to bed and waking up.

Respondents sleeping less than 8 hours a night on weekdays were included.

Further information: Information is available on comprehensive school pupils, senior secondary school students and vocational institution students from 2013 onwards.

Smokes daily

Description: The young person smokes once a day or more frequently.

Formulation of the indicator:

Which of the following alternatives best describes your current smoking habits? (Score: I smoke once a day or more often = 1; I smoke once a week or more often, but not every day; I smoke less often than once a week; I have quit smoking (temporarily or permanently) = 0; and an additional question based on the information provided above: Has not smoked more than one cigarette, pipeful or cigar = 0)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils from 1996 onwards, on senior secondary school students from 1999 onwards and vocational institution students from 2008 onwards.

Heavy drinking at least once a month

Description: The young person consumes alcohol to become heavily drunk at least once a month.

Formulation of the indicator:

How often do you consume alcohol in order to get heavily drunk? (Score: Once a week or more often, About 1-2 times a month = 1; Not very often, Never = 0; and an additional question based on the information provided above: I do not consume alcoholic beverages = 0)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2002 onwards and on vocational institution students from 2008 onwards.

Tried illegal substances at least once

Description: The young person has tried some of the following at least once: marijuana, hashish, ecstasy, Subutex, heroin, cocaine, amphetamine, LSD, gamma or other similar narcotic substances.

Formulation of the indicator:

Have you ever tried or used the following substances?

- Marijuana or hashish (Score: Never = 0; Once, 2–4 times, 5 times or more = 1)

- Ecstasy (Score: Never = 0; Once, 2–4 times, 5 times or more = 1)

- Subutex (Score: Never = 0; Once, 2–4 times, 5 times or more = 1)

- Heroin, cocaine, amphetamines, LSD, gamma or similar narcotic substances (Score: Never = 0; Once, 2–4 times, 5 times or more = 1)

Respondents scoring 1–4 were included.

Further information: Information is available on comprehensive school pupils from 1996 onwards, on senior secondary school students from 1999 onwards and on vocational institution students from 2008 onwards. Experimenting with ecstasy has been a separate item since 2002 and with Subutex since 2003. In 2010, gamma was incorporated into the list of so-called hard drugs. Despite this change, the results are considered comparable with the results for previous years.

Experiences of the support provided by pupil welfare services

Difficulties with access to the school health nurse

Description: The young person feels that getting an appointment with the school health nurse is fairly or very difficult.

Formulation of the indicator:

If you wanted to visit your school nurse, physician, social worker or psychologist, how easy would it be to get an appointment?

- Nurse (Score: Very easy, Fairly easy = 0; Fairly difficult, Very difficult = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards and on vocational institution students from 2008 onwards. The formulation of the question was simplified in 2010. Despite the change, the result is considered comparable with the results for previous years.

Difficulties with access to the school physician

Description: The young person feels that getting an appointment with the school physician is fairly or very difficult.

Formulation of the indicator:

If you wanted to visit your school nurse, physician, social worker or psychologist, how easy would it be to get an appointment?

- Physician (Score: Very easy, Fairly easy = 0; Fairly difficult, Very difficult = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards and on vocational institution students from 2008 onwards. The formulation of the question was simplified in 2010. Despite the change, the result is considered comparable with the results for previous years.

Difficulties with access to the school social worker

Description: The young person feels that getting an appointment with the school social worker is fairly or very difficult.

Formulation of the indicator:

If you wanted to visit your school nurse, physician, social worker or psychologist, how easy would it be to get an appointment?

- Social worker (Score: Very easy, Fairly easy = 0; Fairly difficult, Very difficult = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards, and on vocational institution students from 2008 onwards. The formulation of the question was simplified in 2010. Despite the change, the result is considered comparable with the results for previous years.

Difficulties with access to the school psychologist

Description: The young person feels that getting an appointment with the school psychologist is fairly or very difficult.

Formulation of the indicator:

If you wanted to visit your school nurse, physician, social worker or psychologist, how easy would it be to get an appointment?

- Psychologist (Score: Very easy, Fairly easy = 0; Fairly difficult, Very difficult = 1)

Respondents scoring 1 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2006 onwards and on vocational institution students from 2008 onwards. The formulation of the question was simplified in 2010. Despite this change, the result is considered comparable with the results for previous years.

Lack of support with school and school work

Description: The young person rarely or hardly ever gets help from school or from home with difficulties at school or with school work.

Formulation of the indicator:

If you have difficulties at school or with your school work, how often do you get help?

- At school (Score: Whenever I need, On most occasions = 0; Rarely, Hardly ever = 1)

- At home (Score: Whenever I need, On most occasions = 0; Rarely, Hardly ever = 1)

Respondents scoring 2 were included.

Further information: Information is available on comprehensive school pupils and senior secondary school students from 2002 onwards, and on vocational institution students from 2008 onwards. NOTE! This indicator is not comparable with the indicator "Does not get help from school or home with difficulties at school"

Sought professional help for depressive symptoms

Description: At some point, the young person has sought professional help for depressive symptoms or anxiety.

Formulation of the indicator:

Have you ever sought help from a professional because you feel depressed or anxious?

- Physician (Score: Yes = 1; No = 0)

- Nurse (Score: Yes = 1; No = 0)

- Psychologist (Score: Yes = 1; No = 0)

- School social worker (Score: Yes = 1; No = 0)

- Other health care professional (Score: Yes = 1; No = 0)

- Teacher/Study counsellor (Score: Yes = 1; No = 0)

- Other professional (Score: Yes = 1; No = 0)

Respondents scoring 1–7 were included.

Further information: The indicator is available on comprehensive school pupils and senior secondary school students for 2004–2009 and from 2013 onwards, and on vocational institution students from 2013 onwards.

APPENDIX 2. Appendix Table 1

School Health Promotion study 2013. Comprehensive school

	Native-born Finns			Multicultural family			Second-generation immigrant			First-generation immigrant		
	Boy	Girl	Tot	Boy	Girl	Tot	Boy	Girl	Tot	Boy	Girl	Tot
At least one parent smokes	33	33	33	36	38	37	33	35	34	37	35	36
At least one parent unemployed during the year	27	29	28	33	36	35	39	44	41	46	47	46
Parents do not always know where their child spends weekend evenings	36	30	33	39	34	37	42	30	37	49	33	42
Communication problems with parents	6	9	7	8	12	10	12	11	12	25	18	22
The family does not share an afternoon or evening meal	52	58	55	52	58	55	54	56	55	58	55	57
No close friends	10	5	8	12	6	9	15	9	12	29	16	24
Consumption of alcohol by a close person has caused problems	8	17	12	9	18	14	10	12	10	16	16	16
Experienced threats of physical violence during the year	22	14	18	28	19	23	33	22	28	42	26	35
Experienced sexual violence occasionally or repeatedly	7	19	13	10	25	18	19	23	21	32	28	30
Repeated minor offences during the year	21	15	18	26	21	23	34	19	27	49	24	39
Deficiencies in the physical working environment of the school	50	57	53	53	58	56	57	66	61	61	57	60
Accidental injury at school during the year	22	22	22	28	26	27	38	28	33	43	35	40
Problems in the working climate of the school	24	26	25	29	30	29	33	30	32	45	36	41
Thinks that the opinions of pupils are not taken into consideration in school	24	23	24	27	25	26	25	22	24	36	24	31
Volume of school work is too great	36	40	38	40	43	42	44	43	44	43	40	42
Difficulties with school work	33	31	32	39	40	40	40	37	38	46	42	44
Bullied at school at least once a week	7	6	6	8	8	8	12	7	9	20	14	18
Skipped at least 2 school days in the last month	7	8	7	10	12	11	15	13	14	24	18	22
Does not know how to influence school matters	44	42	43	44	42	43	37	38	37	46	40	43
Perceives health as moderate or poor	12	19	15	16	23	20	11	23	17	21	26	23
At least two symptoms daily	9	24	17	14	29	22	13	25	19	23	30	26
Tiredness almost daily	9	20	14	12	25	19	13	22	17	21	30	25
Neck or shoulder pain every week	21	38	29	24	38	31	17	34	25	27	33	29
Headache every week	23	40	31	25	41	33	23	37	30	33	45	38
Moderate or severe anxiety	5	16	11	9	21	15	11	18	14	21	26	23
School fatigue	10	14	12	14	18	16	16	16	16	25	20	23
Overweight	20	13	16	20	13	16	20	13	17	25	13	19
Does not eat breakfast every morning on weekdays	39	44	42	44	51	48	55	64	59	58	64	61
Does not eat school lunch every day	31	35	33	37	38	38	45	40	43	46	42	45
Brushing teeth less than twice a day	60	34	47	57	33	44	50	30	40	65	40	55
Engages in vigorous physical exercise for no more than one hour per week during spare time	31	32	31	33	36	34	33	46	39	38	53	45
Screen time 4 hours or more on weekdays	25	21	23	31	24	27	30	30	30	44	34	39
Sleeps less than 8 hours on weekdays	28	30	29	31	36	34	31	39	34	50	43	47
Smokes daily	14	11	12	15	14	15	18	10	14	34	19	28
Heavy drinking at least once a month	11	11	11	13	14	13	15	9	12	31	17	25
Tried illegal substances at least once	9	6	7	17	11	14	21	10	15	37	20	30
Difficulties with access to the school health nurse	10	15	12	13	17	15	15	17	16	23	21	22
Difficulties with access to the school physician	29	46	37	32	46	39	30	41	35	36	41	38
Difficulties with access to the school social worker	18	21	20	21	22	22	22	23	22	32	27	30
Difficulties with access to the school psychologist	37	43	40	38	42	40	32	32	32	43	38	41
Lack of support with school and school work	7	8	8	8	11	10	9	10	10	17	13	15
Sought professional help for depressive symptoms	9	24	17	15	31	24	16	24	19	25	32	28

Anni Matikka, Pauliina Luopa
Hanne Kivimäki, Jukka Jokela
Reija Paananen

The well-being of eight-year and ninth-year pupils with an immigrant background

School Health Promotion study 2013



NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

National Institute for Health and Welfare
P.O. Box 30 (Mannerheimintie 166), FI-00271 Helsinki, Finland
Telephone: 358 29 524 6000
www.thl.fi