

Health, Well-being and Welfare in Youth (Finland)

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Current data about youth health and well-being

Finland as a Nordic welfare state with a high income ([Organisation for Economic Co-operation and Development \[OECD\] 2018](#); [United Nations Educational, Scientific and Cultural Organization \[UNESCO\] 2016](#)) aims to provide all inhabitants tax-funded basic care services and social assistance in times of need ([Nordic Council of Ministers 2017](#)). The concept of well-being is considered holistic, as the implications, both in terms of political decisions and practical actions, are aimed at providing [comprehensive well-being](#) for all (see [Kivimäki et al. 2019](#)).

Free healthcare counselling and health examinations are available to all students, at all levels of formal education. The structure of supporting health and well-being is organized in the educational system according to legislation, and collaboration among students, parents, and multi-professional [pupil welfare teams](#) is required in schools ([Health Care Act 1326/2010](#); [Student Welfare Act 1287/2013](#)). According to this legislation, the focus is on preventive activities, such as developing a school culture that enhances well-being, and supporting parents in developing the well-being of families. When needed, also intensive interventions with multi-professional cooperation are offered for primary and secondary level education. Oral health care is free of charge for children until the age of eighteen. Vaccinations are given with parental consent within school health care ([World Health Organization \[WHO\] 2013](#)). In higher education, health services are provided by the Finnish Student Health Service (FSHS) ([Finnish Government 2018](#)).

On a daily basis, the Finnish school system offers free school meals until the end of secondary education for all students ([UNESCO 2016](#)). In higher education, a meal subsidy is paid to student restaurants, providing the students with meals at a discounted price ([Kela 2019b](#)). Free, healthy meals are about supporting learning capacity, learning about healthy nutrition, and balancing the gap between students from different socio-economic backgrounds ([Sarlio-Lähteenkorva and Manninen 2010](#)).

Education in Finland is free of charge on all levels. After basic education, the students in secondary and tertiary education receive financial aid consisting of a study grant, a government guarantee for a student loan, and a housing supplement ([Kela 2019a](#)).

School and education form the main context in which to improve health and well-being among youth in Finland. Therefore, it is crucial to encourage adolescents to take part in compulsory and secondary education. However, although the legislation is equal for all students and a majority of students consider access to school health services either easy or fairly easy, the variation in accessing the services between schools is significant ([Kivimäki et al. 2019](#)). Male students and students from a lower socio-economic background reported difficulties in accessing school health services more often ([Kivimäki et al. 2019](#)).

Research on youth health and well-being

Since 1996, the data concerning health and welfare among students have been collected from students by the National Institute for Health and Welfare with the ongoing [School Health Promotion \(SHP\) study](#). The data collected are comprehensive (including different fields such as health, participation, family relations, living conditions, and so forth) and aim at strengthening the planning and evaluation of health promotion activities at school, in municipalities, and on a national level ([National Institute for Health and Welfare 2019](#)).

Most adolescents attending compulsory education in Finland considered themselves healthy, and almost all their parents considered the health of their child to be either good or very good ([WHO 2013](#)). However, according to the SHP statistics, there are differences between the levels of education: lower secondary students are not as satisfied with their health and well-being as primary school children. In secondary education, school well-being is considered better in vocational colleges than in high schools. A healthy lifestyle is more common among high school students. Although students mainly considered themselves healthy, some students reported having health issues such as obesity, neck pain, and abdominal pain, female students more often than male students ([National Institute for Health and Welfare 2017](#); [Wiss et al. 2017](#)). Furthermore, in vocational colleges, disparities between different fields exist ([Jaakkola et al. 2019](#)).

According to the SHP study, adolescents who are living but were not born in Finland consider their health to be worse, they experience more anxiety and bullying, and they feel lonelier than their peers born in Finland ([Halme et al. 2018](#)).

The basis of well-being seems multifaceted. In addition to the socio-economic status of the family, there are other mediating factors that affect well-being among youth, such as healthy eating habits of the family ([Kivimäki et al. 2019](#)). Interaction within the family is also important, as discussing personal issues with parents can help to prevent problems (see, e.g., [Mason et al. 2016](#)).

Key challenges of health and well-being for youth

In spite of the vast amount of health information offered to youth, an unhealthy lifestyle (including the lack of physical exercise) is becoming more common, which results in obesity. The older the student is, the more likely they are to have problems with being overweight. Both obesity and screen time are increasing, and at the same time, physical activity is decreasing ([WHO 2013](#)). Approximately a quarter of the students in vocational college are overweight and a fifth of the students in high school are overweight ([WHO 2013](#)).

Adverse lifestyle patterns can be discovered when scrutinizing adolescents in subgroups according to health-related behavior and psychosocial symptoms. Levels of physical activity, a high body mass index (BMI), and smoking tend to persist between the ages sixteen and eighteen. Differences between genders have been found. Among girls, psychosocial symptoms accumulate while among boys, sleep deprivation is experienced more often. A subgroup with a high BMI includes both genders. No significant differences between socio-economic status, an adverse lifestyle, or emotional and behavioral problems have been reported ([Heikkala et al. 2014](#)).

In general, alcohol consumption among youth is decreasing ([Raitasalo et al. 2018](#); [WHO 2013](#)), and at the lower secondary level, over 60 percent of students report not using any alcohol, in high school it is 35 percent, and in vocational college it is 26 percent. The number of students using illicit drugs has increased in recent years among older adolescents. Students in vocational colleges have experimented with drugs more often than students in high schools. Furthermore, girls in vocational education report more drug experiences than boys ([Varjonen 2015](#)). Approximately 19 percent of Finnish adolescents smoke daily, and 15 percent consider

themselves occasional smokers. The use of snus is reported by 18 percent of Finnish adolescents ([Tseveenjav, Pesonen, and Virtanen 2015](#)).

Almost a quarter of the students of vocational schools in Finland do not live with their parents ([Halme et al. 2018](#)). This can be considered one reason for the significant difference between the health and well-being of students in vocational and high school studies (see, e.g., [Raitasalo et al. 2018](#); [Varjonen 2015](#)).

Violence, the threat of violence, and bullying have not declined. Furthermore, accidents, even in schools, are common in this age group ([WHO 2013](#)). Bullying is a recognized phenomenon in higher education ([Sinkkonen, Puhakka, and Meriläinen 2014](#)). Bullying at school is reported by 24 percent of the students in lower secondary education, by 11 percent in high school, and by 13 percent in vocational college. At risk are students who live in foster care, students with disabilities, and students with a migrant background. These students also have notable challenges outside school contexts, such as discriminative bullying, loneliness, and mental health issues ([National Institute for Health and Welfare 2017](#)).

Problems with mental health are on the rise in Finland ([WHO 2013](#)). Depending on the age category, 22 to 38 percent of students reported the need for more comprehensive support from school social workers and school psychologists ([Halme et al. 2018](#)).

Human trafficking among minors and young adults up to the age of twenty-one in Finland is related to sexual abuse, forced marriages, and criminal activity. Many cases remain unidentified by the authorities and therefore are not shown in the statistics ([Kervinen and Ollus 2019](#)).

Youth agency in health and well-being

School and education have a strong pedagogical role in health-promoting actions on all levels. [Health education](#) is included in the curricula, integrated with other subjects on the primary level and appearing in lower secondary and secondary education as a separate subject. The students mostly perceive health education positively, and the role of it in enhancing the students' health literacy is recognized ([Aira et al. 2014](#)).

Comprehensive health examinations are organized three times during basic education, of which the last one is in the eighth grade (ages fourteen to fifteen). In the examination, a teachers' assessment of the student is also taken into account. The attendance of a guardian is expected in the examination ([Kivimäki et al. 2019](#)).

On the one hand, optimism concerning the future among Finnish youth has grown during the past decade but, on the other hand, there are young people who feel uncertainty because of the future of the welfare services, the growing inequality of Finns, the social exclusion of young people, and the increasing number of immigrants ([Myllyniemi and Kiilakoski 2019](#)).

Indigenous and tribal youth

The Sámi people are the indigenous inhabitants of northern Scandinavia and the Kola Peninsula. In Finland, there are about 10,000 Sámi. Since 1996, the Sámi have had constitutional self-government in the Sámi homeland ([Sámediggi 2019](#)). The Sámi youth living in Finland consider themselves healthy and satisfied with the socio-economic status of their families, expressing the importance of family relations and nature ([Rasmus 2008](#)).

Sámi girls express more anxiety over alcohol consumption at home than boys. Furthermore, excessive alcohol consumption at home is mentioned by 9 percent of the youth who participated in the study. The lack of communication at home is considered a problem by many Sámi adolescents. In particular, girls reported hoping for more open communication with their parents ([Rasmus 2008](#)).

Problems with school well-being for Sámi youth are mostly related to school buildings, which have moisture and mold problems, as well as long-distance school journeys, which can take up

to three hours per day ([Rasmus 2008](#)). However, with online Arctic pedagogy, social connections in learning among Indigenous people are further developed and studied ([Laiti and Frangou 2019](#)). The findings by Laiti and Frangou ([2019](#)) suggest that new media platforms and online learning, especially when using the Sámi languages, can help revitalizing both the Sámi languages and culture.

Further reading and online resources

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