What do we know about health and wellbeing of immigrant youth in Finland?

NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Research professor Tiina Laatikainen
## Immigrants in the Nordic countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Foreign born population</th>
<th>Foreign population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>5,544,000</td>
<td>7,5 %</td>
<td>6,0 %</td>
</tr>
<tr>
<td>Finland</td>
<td>5,363,000</td>
<td>4,4 %</td>
<td>2,9 %</td>
</tr>
<tr>
<td>Norway</td>
<td>4,889,000</td>
<td>10,9%</td>
<td>6,9 %</td>
</tr>
<tr>
<td>Sweden</td>
<td>9,379,000</td>
<td>14,4 %</td>
<td>6,4 %</td>
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</tbody>
</table>
Immigrants in Finland

- 266,148 foreign born persons in 2011
- 183,133 foreign citizens in 2011
- In 2011 about 30,000 immigrated to Finland, immigration has increased every year
- 39,300 refugees living in Finland (immigrated since 1973)
- Largest language groups: Russians, Estonians, Swedish, Somali
- Southern and southwestern Finland
- Employment and maintenance relation varies a lot between different immigrant groups
Why do we need information on health and wellbeing and follow-up indicators?

- Simple indicators needed to describe important phenomena
  - Estimate prevalences, follow trends
  - Interpretation of information
  - Use of research and register data for decision making, service planning etc.
- Comparable indicators enable benchmarking between areas, population groups, timepoints
Lots of information exist on health and wellbeing, but the use of it is challenging:

- **“Jungle” of indicator recommendations**: What are the key indicators?
- Indicator information covering the whole country and whole population exist, but less on regional or municipal level.
- Very little information on different population groups.
- Existing information in different registers and other data sources, the access often restricted.
Immigrant related indicators in Finland

  - Indicators (29)
  - Survey on services (municipalities)
  - Survey for immigrant adults (Maahanmuuttajabarometri)
  - Special surveys (can be conducted by different institutions)

General overview on situation
Child and youth related indicators in Finland

- Ministry of Education and Culture - National indicators of wellbeing of children (Lasten hyvinvoinnin kansalliset indikaattorit) - 2011
- Advisory council for youth affairs (Nuora) – indicators on young people’s living conditions – 2012
- Under preparation – indicators for health, wellbeing and acculturation of immigrant children and youth (project funded by SOLID-funds, National Institute for Health and Welfare)

Indicator recommendations
Health and wellbeing of immigrant youth in Finland?

- Very little analyses using existing register data - many times register linkages needed.

- Malin and Gissler. Maternal care and birth outcomes among ethnic minority women in Finland. Birth register studies.
  - Teenaged mothers
Health and wellbeing of immigrant youth in Finland?

Some surveys on immigrant health and wellbeing

- Pohjanpää, Paananen, Nieminen: Living conditions of immigrants in Finland (Adult Russians, Estonians, Somalis and Vietnamese in 2002)
- Health behavior among adolescents (Immigrant survey), 2011
  - About one half of refugee children had clinically relevant psychological symptoms
- Salmivalli et al. Risk factors for peer victimization in immigrant youth in Finland (KiVa –koulu)
  - First and second generation immigrants were more often targets of both peer and self-reported victimization
Health and wellbeing of immigrant youth in Finland?

Some surveys on immigrant health and wellbeing

  - Immigrant youth were reserved in health examinations, motivation to consultancies (via referrals) was challenging, language problems created challenges

- Liebkind and Jasinskaja-Lahti. Acculturation and Psychological Well-Being Among Immigrant Adolescents in Finland, late 1990s
  - Perceived discrimination was negatively and second language proficiency positively related to psychological well-being
  - Parental support and traditional family-related values promoted psychological well-being
What we would like to know – what information is needed?

- Health status
- Medical history
- Symptoms
- Mental health psychological wellbeing
- Language skills
- Performance
- Education
- Health behavior
- Use of health services, needs and satisfaction
- Discrimination
- Social relations and wellbeing
Health inequalities

- In Finland remarkable health inequalities
  - by socioeconomic position
  - between linguistic groups
  - by regions
- Research on children and youth scarce, especially children under 10 years
- Suggested causal and associated factors
  - Poverty
  - Parental lower education level
  - Poorer access to services
  - Differences in health behavior
  - Differences in psychosocial factors
  - Poor performance at school
  - Family type
Ethnic health discrepancies

• Known health differences among ethnic groups
• Refugees generally have poorer health
• On the other hand other immigrants when entering the country can be even healthier than the native population, but their health deterioriate faster
• Second generation immigrants are found to have more mental health problems
Social contexts of development

- Family, school, parenting
- Socio-economic differentials in child health – how ethnic origin, type of family and parenting are interconnected with the family’s economic, social and psychosocial resources
- Immigrant families fragile in terms of parenting, acculturation process modifies social relations between the generations
- Interaction between day care, school and home is a crucial juncture in child health and wellbeing
Health-related life-styles

- Health related life-styles as proximate determinants of health status are among the major explanations of health inequalities later in life.
- Life-styles are closely embedded in culture and social environment.
- Life-styles are adopted early in life resulting largely from social learning.
- How does the immigrant status or ethnic minority background modify the adoption of health related lifestyles among children and youth?
Disparities in health and wellbeing among children in Finland: Ethnic background, social contexts of development and health-related lifestyles (ETNOKIDS)

Consortium: Laatikainen-Söderling

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Suvi Parikka, MSocSc, PhD student
Lotta Haikkola, MSocSc, Post-doc researcher (THL/Helsinki University)

Family Federation in Finland

Ismo Söderling, PhD, Adjunct professor
Anne Alitolppa-Niitamo, PhD, Researcher
Minna Säävälä, PhD, Adjunct professor
Background

- Health inequalities begin in early childhood also in welfare societies
- Children are one of the most vulnerable population groups, being dependent on their parents and greatly under the influence of social contexts of development
Hypothesis

• In a society with well developed welfare and health service provision, parents’ socioeconomic and ethnic position affects children’s health and wellbeing mainly through differences in health related lifestyles and parental resources.

• Structural factors (ethnic background, socioeconomic status, family type) and social contexts of development interact in producing risks of poor health. Atypical families and poor parenting resources threaten children’s health and wellbeing particularly if they coincide with the parents’ and the child’s weak social networks.
Material and methods

- Development of child health monitoring, the LATE-project
  - 6500 children between 0 to 15 years studied in 2007-2008
  - Questionnaire and health examination
  - Physical and mental health and development, information on family

- MAAMU-project (Migrant health and wellbeing)
  - Data collection 2010-2012
  - Structured interview and health examination
  - Immigrant parents and their children
  - Russian, Somali and Kurdish

→ ETNOKIDS (children and youth)
Children’s and their families’ socioeconomic differences in health and wellbeing

- Mother’s education is strongly associated with health related lifestyles of children already from early childhood
- No association was found in morbidity to severe diseases or infectious diseases, use of public health services, vaccinations or use of medications
Home – school interaction and wellbeing of immigrant families

Minna Säävälä, Family Federation in Finland

• 1) Interviews of special education teachers, school nurses, school psychologists etc.

• 2) Interviews of mother tongue teachers

• 3) Interviews of immigrant parents
Data collection among youth, 13-16 years

- Children of adults studied in MAAMU – project in Helsinki, Vantaa and Espoo
- An additional sample of children to achieve enough observations
- Interview, self-administered questionnaire and restricted health examination (weight, height, waist, blood pressure, pulse)
- Data collection finished in the end of October 2012 – 380 adolescents
- An additional qualitative data collection by interviews (Family Federation in Finland)
- First results published spring 2013
Terveytemme - Lasten terveys

LATE-tutkimusaineisto

Raportin tiedot perustuvat Terveyden ja hyvinvoinnin laitoksen (THL) LATE-hankkeen vuosina 2007-2009 keräsiin tutkimusaineistoista. Lainasotan tarkempia tietoja LATE:n liitteen:
www.terveytemme.fi/lastenterveys

Tulokset väestöryhmiltä - päivitetty 25.05.2010

Aina oleva tulokset listataan siten, että tulos voi harkita tilanteen tai hankintaa. Lisäksi asetetaan uuteen kohdallean vaihtuneet. Koska algoritmit eivät kaikilla

<table>
<thead>
<tr>
<th>Lapsen ja perheen elinympäristö</th>
<th>%</th>
<th>koulutus ja suoritus</th>
<th>Palkkatulo</th>
<th>Liittoaidat</th>
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<tbody>
<tr>
<td>Perheessä soittaa rajo lapsen käyttäytymiselle (%)</td>
<td>koja ja sukupuoli</td>
<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<tr>
<td>Perheessä rikobei yhteisä aika (%)</td>
<td>koja ja sukupuoli</td>
<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<tr>
<td>Perheen yhteinen ilma-ala 4-5 aikapäivänä (%)</td>
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<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<tr>
<td>Perhe osa tarjottaa rikoböön apta uhesihteisittä (%)</td>
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<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<tr>
<td>Menon kattaminen toista häneltä (%)</td>
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<td>koostus ja sukupuoli</td>
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<td>Liittoaidat</td>
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<td>Lapsen kuussatu viime kuukausina (%)</td>
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<td>Liittoaidat</td>
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<tr>
<td>Lapsen kuussatu viime kuukausina (8-14) (%)</td>
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<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<td>Erityisopetuksessa (%)</td>
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<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
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<td>Tekopitäessä (%)</td>
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<td>koostus ja sukupuoli</td>
<td>Palkkatulo</td>
<td>Liittoaidat</td>
</tr>
</tbody>
</table>

Lapsen terveydentila

Terveydentila ettämä hyvin (%) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
| Terveydentila ettämä hyvin (8-14) (%) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
| Ympäristön osuus (pitoisuus) (%) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
| Ympäristön osuus (BMI) (%) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
| Sähköinen liiketo (L) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
| Lakiyhteisön entisyyssä (%) | koja ja sukupuoli | koostus ja sukupuoli | Palkkatulo | Liittoaidat |
Overweight among children according to the education of their mothers

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**Graph: Child health care**

- **Lower Education:** 15%
- **Higher Education:** 10%

**Graph: School health care**

- **Lower Education:** 20%
- **Higher Education:** 10%

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LATE tutkimusaineisto 2008, THL.
In Future

• Existing register data could be better used – more flexible data linkges
• Use of child, school and student health care data
• School health survey in future includes also questions concerning immigration
• Some special surveys and data collections still needed
Thank you!