



# Well-being of children and young people – School Health Promotion study 2023

## More than one third of girls and one in five boys consider their health average or poor

### MAIN FINDINGS

- The majority of children and young people are satisfied with their lives.
- Between 31 and 40 per cent of girl students in grades 8 and 9 of basic education, general upper secondary schools and vocational institutions and 16–20 per cent of boys considered their health average or poor.
- Approximately one third of girls and 7–8 per cent of boys in grades 8 and 9 of basic education, in general upper secondary schools and in vocational institutions reported moderate to severe anxiety.
- Bullying at least on a weekly basis had been experienced by a larger proportion of pupils and students than in previous years at all the school levels.
- Experiences of physical threat were most common among boys in grades 8 and 9 (21%).
- Experiences of loneliness were almost as common as in 2021.

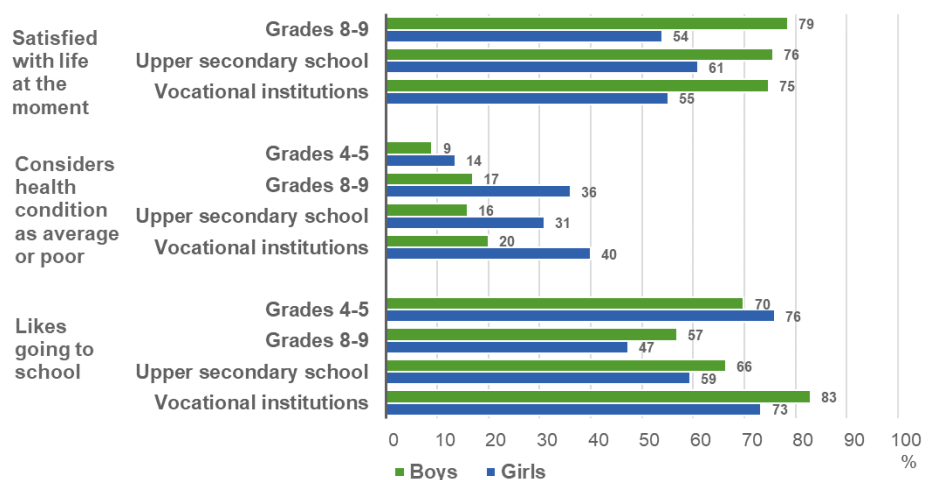
The majority of the children and young people who responded to the School Health Promotion survey said they were satisfied with their lives (Figure 1.). Pupils in grades 4 and 5 of basic education were more commonly satisfied with their lives than pupils in grades 8 and 9 of basic education and 1st and 2nd-year students in general upper secondary schools and vocational institutions. The proportions of pupils in grades 8 and 9 of basic education and students in general upper secondary schools and vocational institutions who were satisfied with their lives had decreased slightly from 2021.

Approximately one third of girls in grades 8 and 9 of basic education, in general upper secondary schools and in vocational institutions found their health average or poor (Figure 1.). The corresponding proportions for boys were 16–20 percent. Fourteen per cent of girls and nine per cent of boys in grades 4 and 5 of basic education considered their health average or poor. The proportions of those who found their health average or poor in 2023 were almost unchanged compared with the year 2021.

It was most common for pupils in grades 4 and 5 of basic education (boys 70% and girls 76%) and 1st and 2nd-year students of vocational institutions (boys 83% and girls 73%) to enjoy going to school. Approximately one half of pupils in grades 8 and 9 of basic education and about two thirds of 1st and 2nd-year students in general upper secondary schools enjoyed going to school. (Figure 1.). In 2023, the proportion of those who enjoyed going to school had decreased from 2021 among everyone except for students in vocational education and training.

The School Health Promotion study produces monitoring data on the health and welfare of children and young people and the services provided for them. This statistical report discusses the main results related to health and well-being for the year 2023, based on the responses of 246,747 children and young people. The results are examined in relation to the previous data collection year (2021), during which the COVID-19 pandemic was still ongoing. Longer-term changes are reported when at least three measurement points show a direction in the development of the phenomenon. More results are presented on page [thl.fi/kouluterveyskysely/tulokset](https://thl.fi/kouluterveyskysely/tulokset) (in Finnish and Swedish).

**Figure 1. Indicators describing the well-being experienced by children and young people by gender and school level in 2023, %. THL, School Health Promotion study.**



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### To be considered in the 2023 statistic:

Data was collected between 1 March and 12 May 2023.

The data collection dates at the different school levels were:

- pupils in grades 4 and 5 of basic education 1 March–14 April 2023
- pupils in grades 8 and 9 of basic education 3 April–12 May 2023
- 1st and 2nd-year students in general upper secondary schools 3 April–12 May 2023
- 1st and 2nd-year students in vocational institutions 1 March–12 May 2023

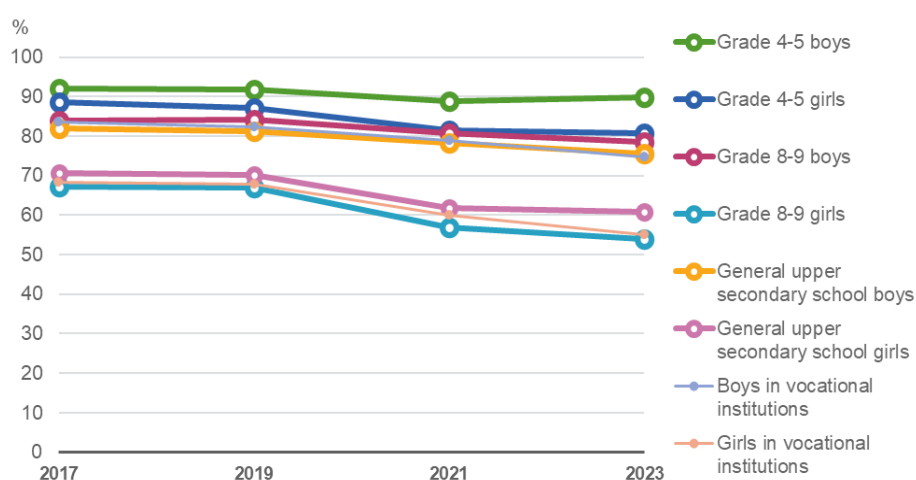
The number of respondents (n) and coverage (%) in statistics at the examined school levels:

- grades 4 and 5 of basic education n=95,523 (77%)
- grades 8 and 9 of basic education n=87,147 (70 %)
- 1st and 2nd-year students in general upper secondary schools n=44,862 (68%)
- 1st and 2nd-year students of vocational institutions n=19,215 (28%).

## Experiences of health and well-being

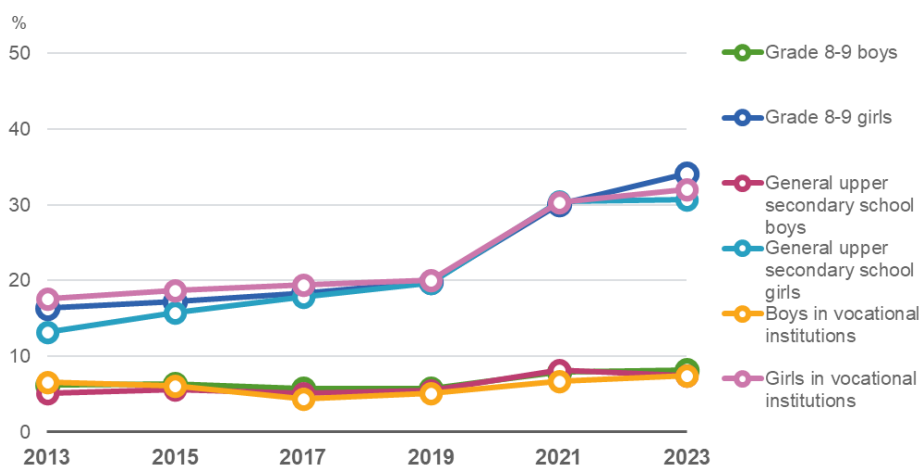
In 2023, the proportion of those satisfied with their life was the largest among pupils in grades 4 and 5 of basic education: 90 per cent of boys and 81 per cent of girls said they were satisfied with their lives. Approximately three quarters of boys in grades 8 and 9 of basic education (79%), in general upper secondary schools (76%) and in vocational institutions (75%) were satisfied with life. The corresponding percentages for girls were 54, 61 and 55 percent. The proportions of children and young people satisfied with their lives decreased between 2019 and 2021, and the proportions of young people continued to decrease slightly in 2023. (Figure 2.)

**Figure 2. The proportion of children and young people satisfied with their lives by gender and school level in 2017–2023, %. THL, School Health Promotion study.**



In 2023, moderate or severe anxiety<sup>1</sup> was experienced by 31–34 percent of girls in grades 8 and 9 of basic education and in the 1st and 2nd year of general upper secondary schools and vocational institutions, and by 7–8 per cent of boys (Figure 3.). The proportion of girls experiencing anxiety increased moderately until 2019, after which it increased considerably in 2021, and the increase continued among girls in grades 8 and 9 of basic education in 2023. For other girls, the situation seems to have stabilised to the level of 2021.

**Figure 3. The proportion of young people who had experienced moderate or severe anxiety in the last two weeks by gender and school level in 2013–2023, %. THL, School Health Promotion study.**



<sup>1</sup> The indicator is based on the GAD7 meter (Generalised anxiety disorder).

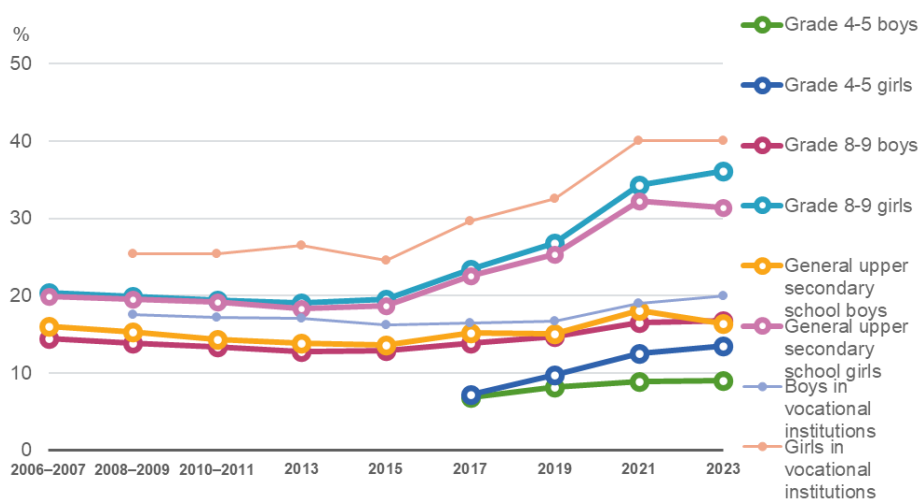
## Results of the 2023 data collection

The regional and municipality-specific results of the School Health Promotion Study are published as indicators in the interactive the Health and well-being of children and adolescents environment (Tableau) and in the THL statistical cubes ([thl.fi/kou-luterveyskysely/tulokset](https://thl.fi/kou-luterveyskysely/tulokset), in Finnish and Swedish).

Also the distribution of responses for questions used in calculating indicators are published in the data cubes. The results can also be examined by educational institution factors, i.e. the educational institution's official language (Swedish, Finnish or other) or the pupil's or student's origin.

During the monitoring period, the proportions of those who considered their health average or poor increased from 2015 onwards. In 2023, the proportions were almost unchanged when compared to the figures from 2021. Pupils in grades 4 and 5 of basic education had the most positive perception of their health (boys 9% and girls 14%). Thirty-six per cent of girls in grades 8 and 9 of basic education, 31 per cent of girls studying in general upper secondary schools and 40 per cent of girls studying in vocational institutions reported average or poor health. In 2023, the corresponding percentages for boys were 17, 16 and 20. (Figure 4.)

**Figure 4. The proportion of children and young people considering their health as average or poor by gender and school level in 2006–2023, %. THL, School Health Promotion study.**

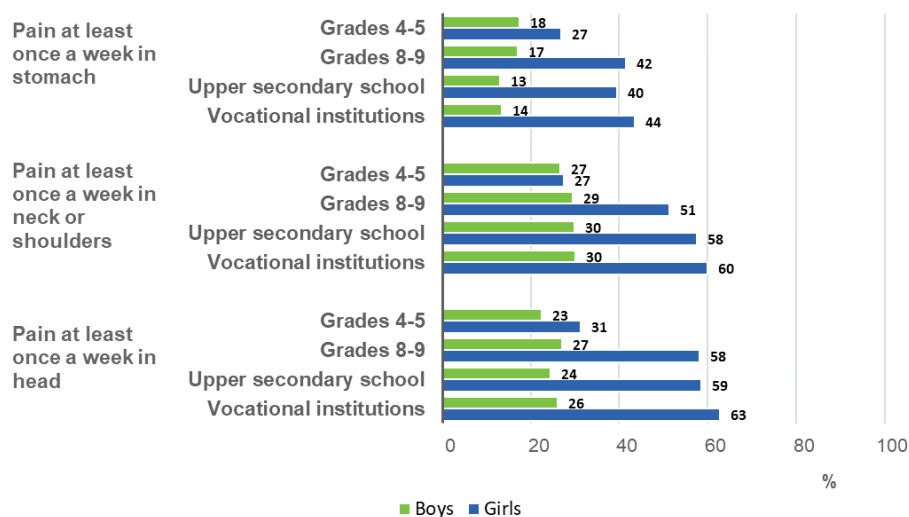


In the School Health Promotion study 2023, a new question was added to examine multi-site pain, i.e. feeling pain recurrently in several different parts of the body. Pupils in grades 4 and 5 of basic education experienced pain at least once a week mostly in their legs or feet (40%), head (27%) or neck or shoulders (27%). Pupils in grades 8 and 9 of basic education and 1st and 2nd-year students in general upper secondary schools and vocational institutions experienced pain on a weekly basis mostly in their neck or shoulders (41–46%), head (42–45%), stomach (26–30%) or legs or feet (25–34%). It was less common for children and young people to experience pain at least once a week in the region of the arms or hands, the back, the buttocks or the chest.

Pain in at least three of the above-mentioned parts of the body was experienced at least once a week by 50 per cent of girls in grades 8 and 9 of basic education and in general upper secondary schools, and by 55 per cent of girls in vocational institutions, while 23–29 per cent of boys of the corresponding ages and of pupils in grades 4 and 5 of basic education gave similar accounts. Similarly, pain was experienced in at least three parts of the body on a daily or on an almost daily basis by 4–6 per cent of pupils in grades 4 and 5 of basic education and boys in grades 8 and 9 of basic education, in general upper secondary schools and in vocational institutions. Daily or almost daily pain in at least three parts of the body was experienced by 12–17 per cent of girls in grades 8 and 9 of basic education and in general upper secondary schools and vocational institutions.

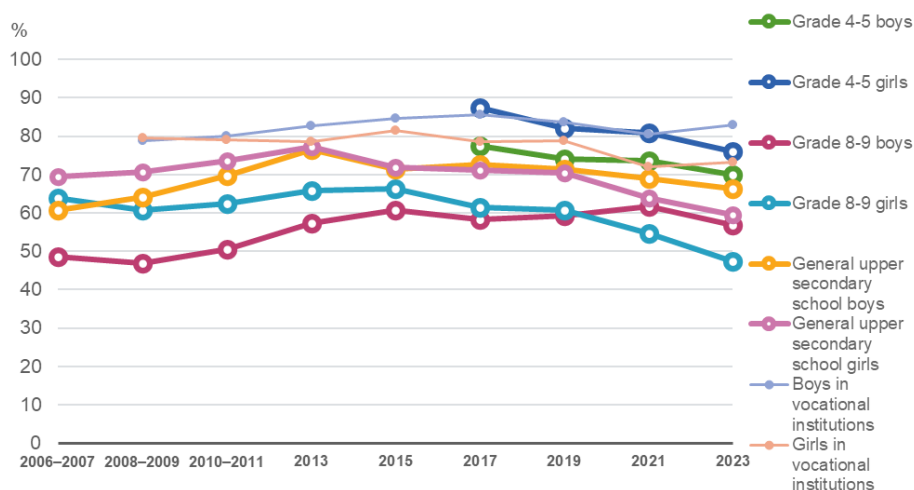
There were differences by gender especially among young people in how they experienced pain (Figure 5). Pain at least once a week was experienced in their head, neck or shoulders by 51–63 per cent of girls and 24–30 per cent of boys in grades 8 and 9 of basic education, in general upper secondary schools and in vocational institutions. Of young girls, stomach pain was experienced on a weekly basis by 40–44 per cent and of boys, by 13–17 per cent. Of pupils in grades 4 and 5 of basic education, 17–31 per cent experienced pain in the areas concerned on a weekly basis.

**Figure 5. The proportion of children and young people who had experienced pain at least once a week by gender and school level in 2023, %. THL, School Health Promotion study.**



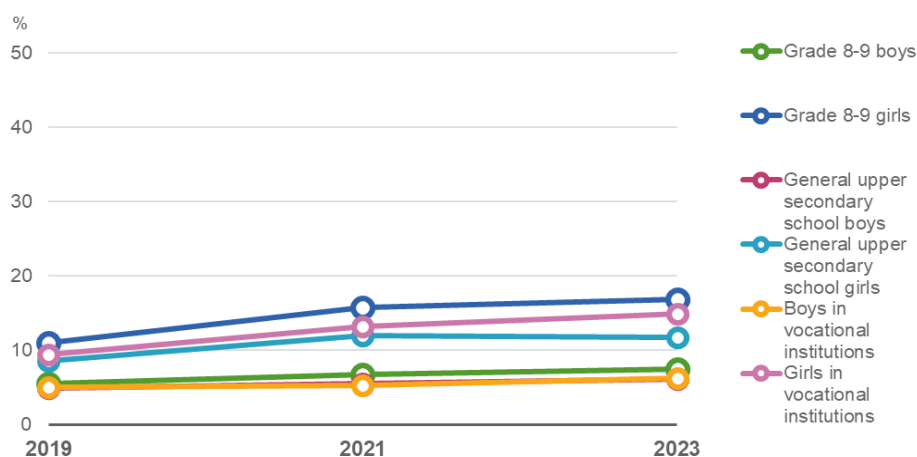
The proportions of those enjoying going to school increased at the beginning of the monitoring period since 2006–2008 and began to decrease at almost all the school levels as from 2019. In 2023, the proportion of those enjoying going to school had further decreased among everyone except for students in vocational education and training. More than one half of children and young people enjoyed going to school in 2023 (Figure 6). Enjoying going to school was most common among boys (83 %) and girls (73%) studying in vocational institutions as well as among girls (76%) and boys (70%) in grades 4 and 5 of basic education. It was less common among boys (57%) and girls (47%) in grades 8 and 9 of basic education and among boys (66%) and girls (59%) studying in general upper secondary schools.

**Figure 6. The proportion of children and young people who enjoyed going to school by gender and school level in 2006–2023, %. THL, School Health Promotion study.**



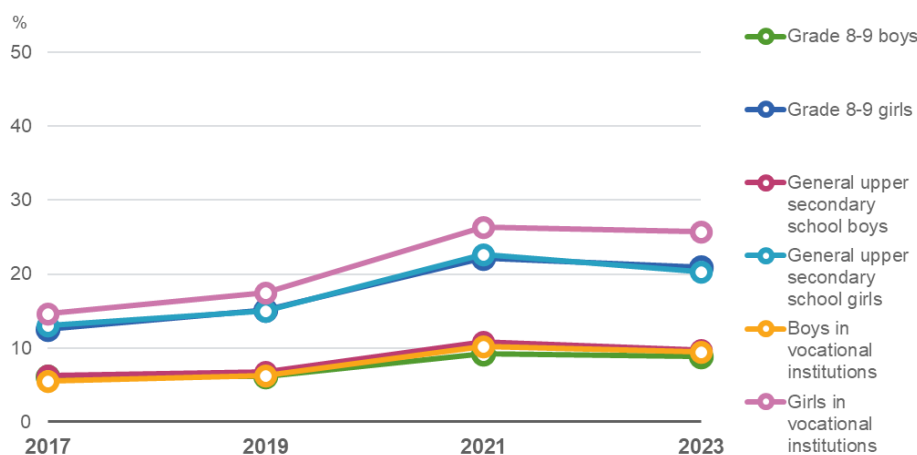
Inclusion was measured in the School Health Promotion study by means of ten statements<sup>2</sup>. It was clearly more common for girls to experience poor social inclusion than for boys. Seventeen per cent of girls in grades 8 and 9 of basic education, 12 per cent of girls in the 1st and 2nd year of general upper secondary education, and 15 per cent of girls in the 1st and 2nd year of vocational education and training experienced extremely poor social inclusion in 2023. Between 6 and 8 per cent of boys felt this way. The proportion of those experiencing extremely poor social inclusion had remained at almost the same level as in 2021. (Figure 7.)

**Figure 7. The proportion of young people who experienced extremely poor social inclusion by gender and school level 2019–2023, %. THL, School Health Promotion study.**



In 2023, five per cent of girls and three per cent of boys in grades 4 and 5 of basic education reported that they often felt lonely. Approximately one fifth of girls in grades 8 and 9 of basic education (21%) and in general upper secondary schools (20%) and one quarter of girls in vocational institutions (26%) felt lonely fairly often or all the time in 2023 (Figure 8). The experience of loneliness was more common among them than among boys of the corresponding ages (9–10%). During the monitoring period, young people’s experience of loneliness became more common between 2019 and 2021 and has since then remained at almost the same level.

**Figure 8. The proportion of children and young people who felt lonely by gender and school level in 2017–2023, %. THL, School Health Promotion study.**

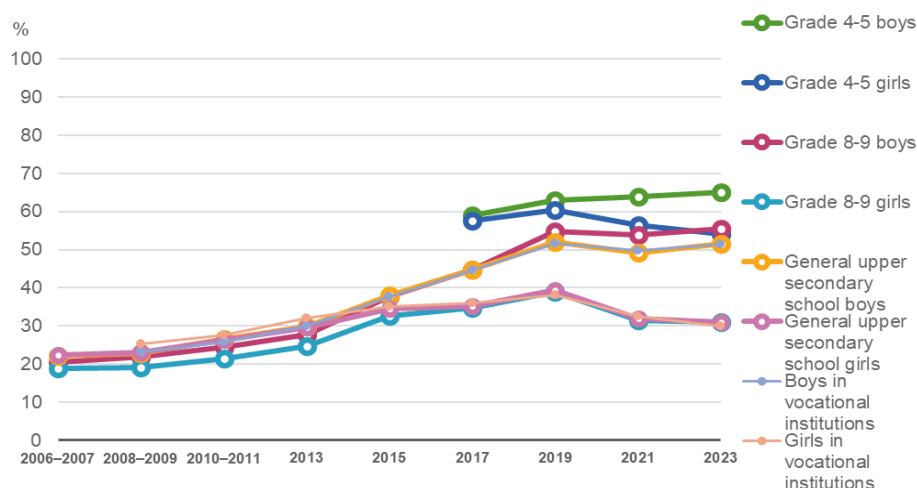


In 2023, more than one half of boys (65%) and girls (54%) in grade 4 and 5 of basic education experienced good communication with their parents. Boys in grades 8 and 9 of basic education (56%), in general upper secondary schools (52%) and in vocational institutions (52%) reported good communication more commonly than girls (31, 31 and 30%). The proportion of those who reported good communication increased clearly at all the school

<sup>2</sup> Social inclusion is described with THL’s inclusion indicator (Experiences of Social Inclusion Scale, ESIS).

levels during the monitoring period until 2019. In 2023, the proportion increased slightly among boys and decreased slightly among girls compared with 2021. (Figure 9.)

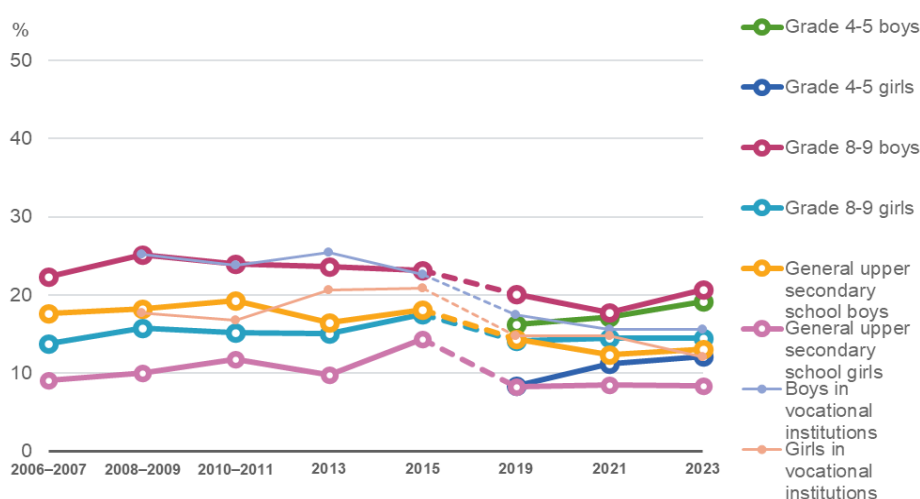
**Figure 9. The proportion of children and young people experiencing good communications with their parents by gender and school level in 2006–2023, %. THL, School Health Promotion study.**



### Experiences of physical threats and bullying

According to the 2023 results, boys had experienced physical threats<sup>3</sup> more commonly during the past year than girls. Experiences of physical threat were also more common among pupils in grades 8 and 9 of basic education (boys 21%, girls 15%) than among pupils in grades 4 and 5 of basic education (boys 19%, girls 12%), 1st and 2nd-year students in general upper secondary schools (boys 13%, girls 8%) or 1st and 2nd-year students in vocational institutions (boys 16%, girls 12%). Compared with 2021, experiences of physical threat were more common among boys in grades 4 and 5 and grades 8 and 9 of basic education. (Figure 10.)

**Figure 10. The proportion of children and young people who had experienced a physical threat by gender and school level in 2006–2023, %. Data not available for 2017. THL, School Health Promotion study.**



Bullying<sup>4</sup> on a weekly basis has been experienced by just under one in ten pupils in grades 4 and 5 (boys 8%, girls 9%) and grades 8 and 9 (boys 8%, girls 7%) of basic education. Among students in general upper secondary schools (boys 2%, girls 1%) and students in

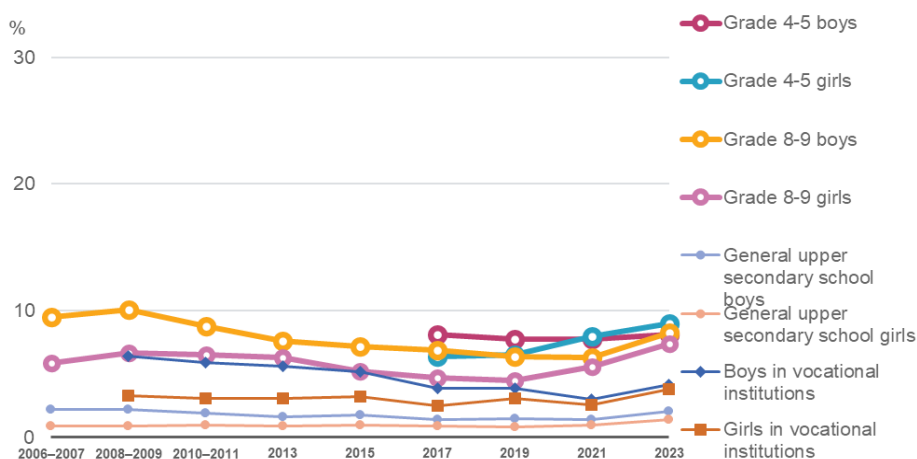
<sup>3</sup> Physical threats included stealing or attempted stealing using violence or a threat thereof, a threat of causing physical harm, or physically attacking someone.

<sup>4</sup> In this context, bullying refers to the harassment of a pupil by another pupil or a group of pupils either verbally or physically. Teasing a pupil repeatedly in ways he or she does not like is also considered bullying. An argument between two roughly equal pupils is not considered bullying.



vocational institutions (boys and girls 4%), experiences of bullying on a weekly basis were not as common. Although experiences of bullying at school had mostly become more common in grades 8 and 9 of basic education when compared to the year 2021, the trend in the number of those who have experienced bullying at least once a week has begun to rise. (Figure 11.)

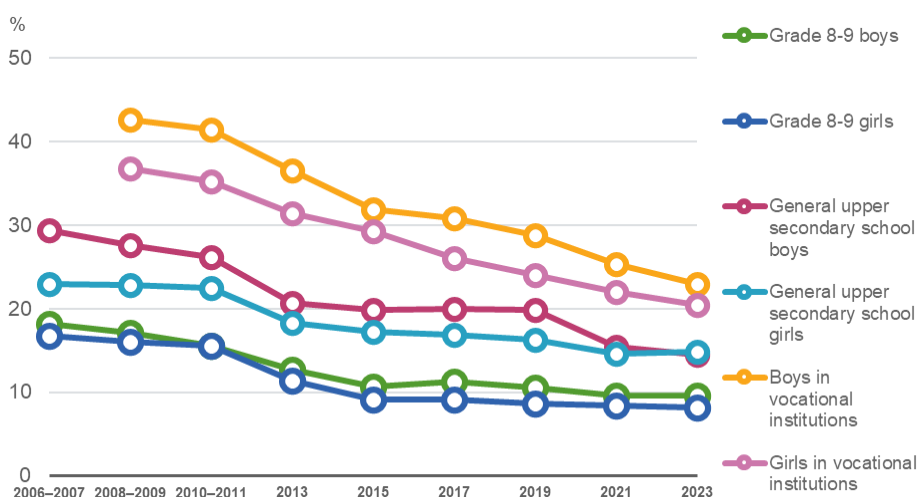
**Figure 11. The proportion of children and young people who had been bullied at least once a week by gender and school level in 2006–2023, %. THL, School Health Promotion study.**



### Drinking alcohol, use of cannabis and tobacco products, and gambling

In 2023, consuming alcohol until heavily drunk at least once a month was more common among students in vocational institutions (boys 23%, girls 20%) than among students in general upper secondary schools (boys and girls 15%) and pupils in grades 8 and 9 of basic education (boys 10%, girls 8%). During the monitoring period, the proportion of those who had been heavily drunk decreased at all school levels until 2015. The clear declining trend has continued in vocational institutions, while it has levelled out in the other educational institutions after 2015. In 2023, the proportion remained almost unchanged in grades 8 and 9 of basic education and decreased in vocational institutions when compared to 2021. (Figure 12.)

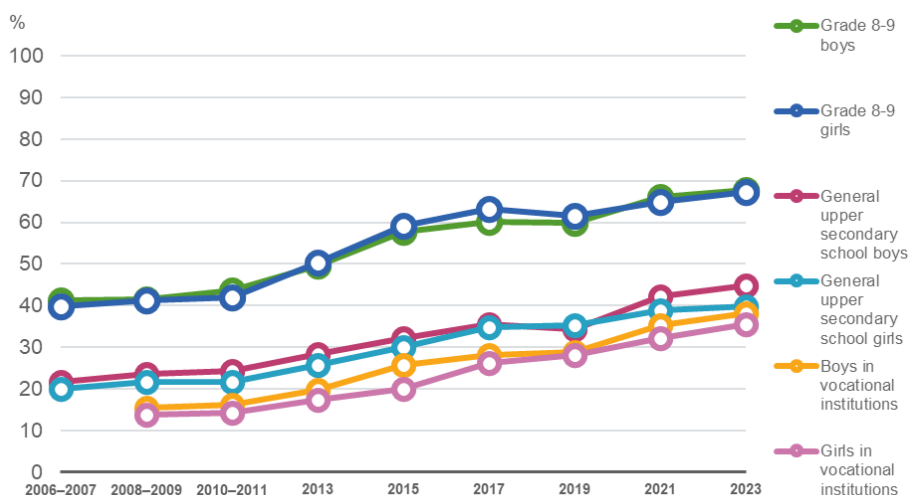
**Figure 12. The proportion of young people who was heavily drunk at least once a month by gender and school level in 2006–2023, %. THL, School Health Promotion study.**





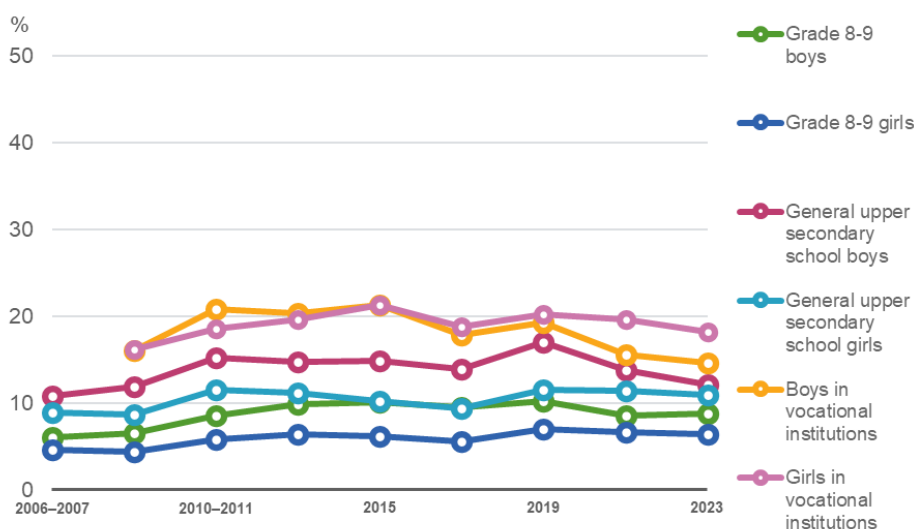
In 2023, the proportion of those abstaining from alcohol use increased slightly at all the school levels compared with 2021. Two thirds of pupils in grades 8 and 9 of basic education (boys 67%, girls 68%) reported that they did not drink alcoholic beverages. Forty-five per cent of boys and 40 per cent of girls in general upper secondary schools reported the same. In vocational institutions, the proportion of those abstaining from alcohol use was approximately one third (boys 38%, girls 36%). The proportion of young people who do not consume alcohol has increased for almost the entire monitoring period since 2006. (Figure 13).

**Figure 13. The proportion of young people abstaining from alcohol use by gender and school level 2006–2023, %. THL, School Health Promotion study.**



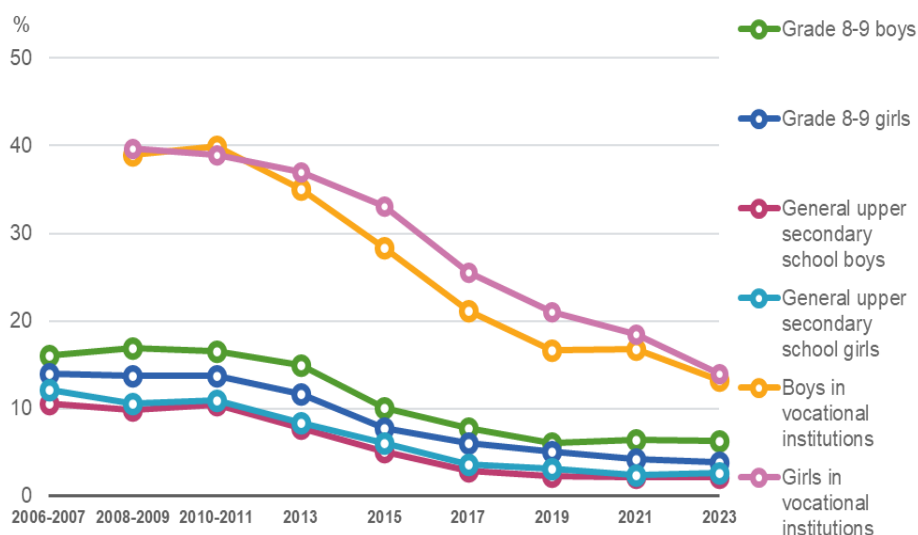
In 2023, cannabis had been tried at least once by nine per cent of boys and six per cent of girls in grades 8 and 9 of basic education, 12 per cent of boys and 11 per cent of girls in general upper secondary schools, and 15 per cent of boys and 18 per cent of girls in vocational institutions. During the monitoring period, the proportion of those who have tried cannabis has remained at almost the same level. Compared with 2021, the proportion of those who had tried cannabis at least once remained unchanged in grades 8 and 9 of basic education and decreased slightly in upper secondary education. (Figure 14.)

**Figure 14. The proportion of young people who had experimented with cannabis at least once by gender and school level in 2006–2023, %. THL, School Health Promotion study.**



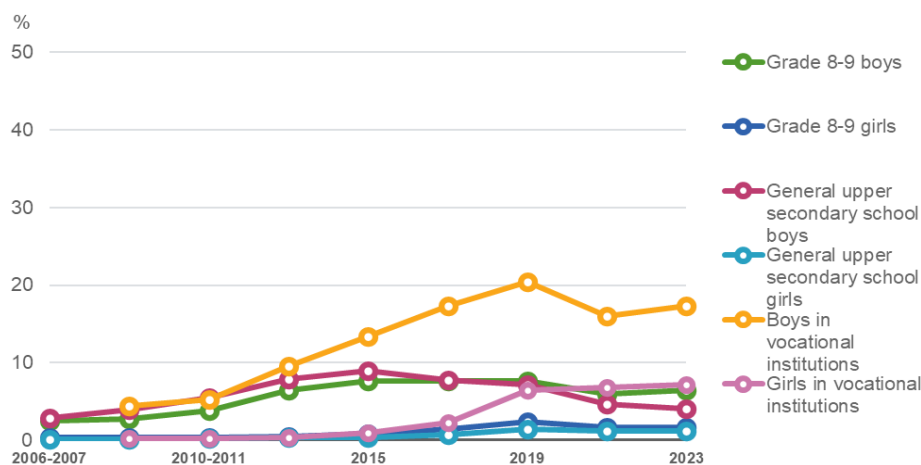
Smoking has declined among young people since the beginning of the 21st century. Smoking is most common among students of vocational institutions, but the proportion of those smoking on a daily basis has been declining throughout the monitoring period. In 2023, 13 per cent of boys and 14 per cent of girls among 1st and 2nd-year students of vocational institutions smoked on a daily basis. In 2021, the proportion was slightly larger (17% and 19%). In 2023, the proportion of pupils smoking on a daily basis in grades 8 and 9 of basic education (boys 6%, girls 4%) and students in the 1st and 2nd year of general upper secondary school (boys 2%, girls 3%) was at almost the same level as in 2021. (Figure 15.)

**Figure 15. The proportion of young people who smoke daily by gender and school level 2006–2023, %. THL, School Health Promotion study.**



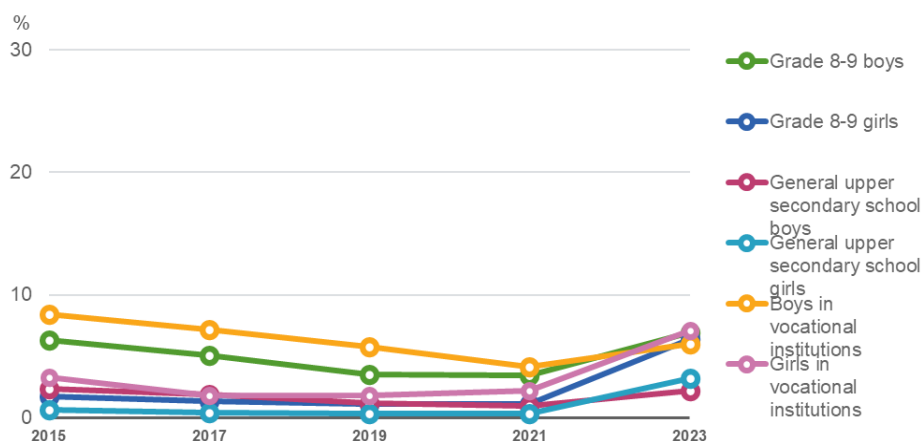
In 2023, snuff was used daily by six per cent of boys and two per cent of girls in grades 8 and 9 of basic education, by four per cent of boys and one per cent of girls studying in general upper secondary schools, and by 17 per cent of boys and 7 per cent of girls studying in vocational institutions. Compared with 2021, the proportions of young people using snuff on a daily basis were at almost the same level in 2023. During the monitoring period, the daily use of snuff became more common among boys studying in vocational education from 2010 until 2019. (Figure 16.)

**Figure 16. The proportion of young people who used snuff daily by gender and school level 2006–2023, %. THL, School Health Promotion study.**



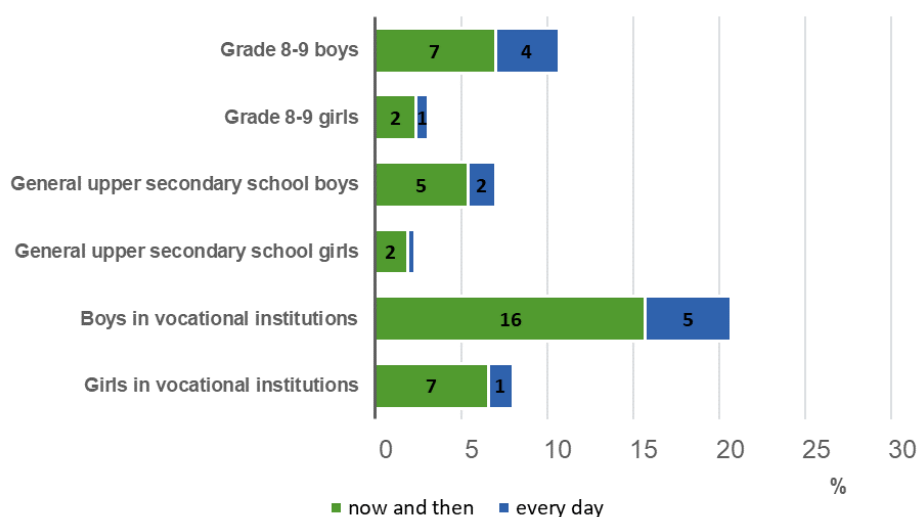
The proportion of young people who smoked e-cigarettes every day increased slightly from 2021 in all the age groups. In 2023, e-cigarettes were smoked every day by seven per cent of boys and six per cent of girls in grades 8 and 9 of basic education, by two per cent of boys and three per cent of girls studying in general upper secondary schools, and six by per cent of boys and seven per cent of girls studying in vocational institutions. (Figure 17.)

**Figure 17. The proportion of young people who smoke e-cigarettes daily by gender and school level 2015–2023, %.** THL, School Health Promotion study.



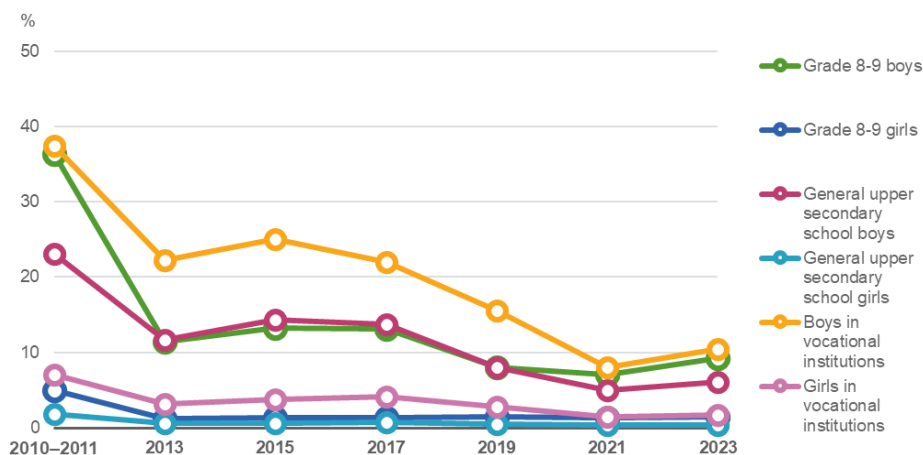
In the 2023 School Health Promotion study, young people were for the first time asked about using a nicotine pouch. The use of nicotine pouches is more common among boys than among girls. Occasional or daily use of nicotine pouches was reported by a total of 11 per cent of boys and three per cent of girls in grades 8 and 9 of basic education, by seven per cent of boys and two per cent of girls in the 1st and 2nd year of general upper secondary education and by 21 per cent of boys and eight per cent of girls in the 1st and 2nd year of vocational education and training. (Figure 18.)

**Figure 18. The proportion of young people who reported that they use nicotine pouches now and then or every day by gender and school level 2023, %.** THL, School Health Promotion study.



In 2023, nine per cent of boys in grades 8 and 9 of basic education, six per cent of boys in general upper secondary schools and 11 per cent of boys in vocational institutions gambled on a weekly basis. Gambling was less common among girls than among boys (2; 0,4; 2%). The proportions of boys who gamble have declined during the monitoring period since 2010–2011 but in 2023, the proportions increased slightly from 2021. (Figure 19.)

**Figure 19. The proportion of young people who gamble on a weekly basis by gender and school level 2010–2023, %. THL, School Health Promotion study.**



## Terms and definitions

**Descriptions of indicators:** The questions formulated as a basis for the indicators used in the statistical report and the definitions and calculation methods of the indicators are available in the Health and well-being of children and adolescents environment (Tableau) and in the THL User Interface for Database Cubes and Reports (TIKU): [thl.fi/kouluterveyskysely/tulokset](https://thl.fi/kouluterveyskysely/tulokset) (in Finnish and Swedish)

**Child and young person:** In the text, the word “child” refers to pupils in grades 4 and 5 of basic education. The word “young person” refers to those in grades 8 and 9 of basic education as well as the students in the 1st and 2nd years of general upper secondary education and vocational education and training. At the general upper secondary level, the survey is intended for students completing a curriculum for young people, and in vocational education, for students under the age of 21 who are completing a vocational upper secondary qualification.

**Gender:** The School Health Promotion study has taken into account gender diversity with two questions concerning gender. The first question was "What is your official gender?", where the alternatives were: 1) boy and 2) girl. The second question was "Do you feel you are a...?", where the answer options are: 1) a boy, 2) a girl, 3) both, 4) neither and 5) it varies. The second question has been included in the survey questionnaires for grades 8 and 9 of basic education, general upper secondary schools and vocational institutions since 2019 and in the questionnaire for grades 4 and 5 since 2023. In the results, the information on gender is based on the first question. If the respondent has failed to answer the question of official gender, their answer is included in the results in total.

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## Symbols used in the tables

.. Data not available

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[thl.fi/statistics/shpstudy](https://thl.fi/statistics/shpstudy)



**Finnish institute for health and welfare**

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## Quality description

### Well-being of children and young people – School Health Promotion study

#### Relevance of statistical data

The statistics published by the Finnish Institute for Health and Welfare (THL) provide information on the well-being and health of children and young people, their experiences of school attendance and studies, their participation, access to help and how well services respond to their needs by region. The statistics are based on an overall sample produced from the School Health Promotion study covering all of Finland. The first data collection for the School Health Promotion study conducted by the Finnish Institute for Health and Welfare every two years was in 1996. The results of the Well-being of children and young people – School Health Promotion study 2023 statistical report are based on data collection carried out in the School Health Promotion study in the period 2006–2023.

The role of the Finnish Institute for Health and Welfare is to follow the health and welfare of the population. The School Health Promotion study implements this task among children and young people. The data are utilised at the Finnish Institute for Health and Welfare in developing school and student health care, for instance. Educational institutions utilise the data produced by the School Health Promotion study in the evaluation and development of the promotion of welfare at the school community and pupil and student welfare, and in the instruction of health education. Municipalities utilise the results in welfare management, for instance, in the context of preparing a welfare strategy, a child and youth policy programme or a child welfare plan. At the national level, the results of the School Health Promotion study are used for purposes such as the monitoring and assessment of the implementation of policy programmes, strategies and different laws.

#### Methodology

The statistics are based on a biennial School Health Promotion study. The School Health Promotion study is implemented as a census survey whose target group comprises pupils in grades 4 and 5 (since 2017), and pupils in grades 8 and 9 (since 2006), and 1st and 2nd year students in upper secondary schools (since 2006) and 1st and 2nd year students in vocational institutions (since 2008). At the general upper secondary level, the survey is intended for students completing a curriculum for young people, and in vocational upper secondary education, for students under the age of 21 who are completing a vocational upper secondary qualification.

In 2023, the School Health Promotion study was carried out in educational institutions as an anonymous, independently completed online survey. Pupils and students filled out the survey in classes or groups during the school day. The teacher handed out the answer IDs to the pupils or students and supervised as they answered the survey. One lesson period had been scheduled for responding. Responding to the survey was voluntary for pupils and students. The study included separate survey forms for four different school levels, which could be answered in Finnish, Swedish, English, Russian or Northern Sámi. Short forms in plain language were also available in Finnish and Swedish and these were used both for grades 4 and 5 and for grades 8 and 9 of basic education and for students in vocational education and training. The educational institution decided who would respond to the form in plain language. The educational institutions informed the guardians in advance of the survey, and they were given the opportunity to prohibit the participation of their child if they were under the age of 15.

In 2023, the data for the School Health Promotion study were collected from grades 4 and 5 of basic education during the period 1 March–14 April, from grades 8 and 9 of basic education and from general upper secondary schools during the period 3 April–12 May and from vocational institutions during the period 1 March–12 May.

In 2023, there were 95,523 respondents from grades 4 and 5 of basic education, 87,147 from grades 8 and 9 of basic education, 44,862 from upper secondary schools and 19,215 from vocational institutions (Appendix table 1). Respondents to the form in plain language (n = 13,335) are not included in the data presented in this statistical report, as the form in

plain language was very short and the format of the questions was slightly different from the forms in standard language.

In the data for 2023, 48.9 per cent of the respondents in grades 8 and 9 of basic education were aged 15, 32.2 per cent 14, and 17.7 per cent 16 years. Of the upper secondary school students, 17-year-olds formed the largest group (48.4 %) and were followed by 16-year-olds (34.5 %) and 18-year-olds (16.0 %). Of students in vocational education and training, 42.7 per cent were aged 17, 36.0 per cent 16, and 15.3 per cent 18 years. The age is based on the year and month of birth reported by the respondents. The students in grades 4 and 5 of basic education were not asked about their year of birth.

In 2023, 9.1 per cent of respondents in grades 4 and 5 of basic education, 6.7 per cent of respondents in grades 8 and 9 of basic education, 6.4 per cent in general upper secondary school and 6.1 per cent in vocational institutions were of foreign background (Appendix tables 2–5). The survey included questions on the respondent's country of birth and their mother's and father's country of birth. The respondents reporting that both their parents, or their only parent, were born abroad, were perceived as respondents with a foreign background.

Responses to online forms were collected through the THL form service. Only those who clicked the Submit button at the end of the questionnaire will be included in the data compiled. The survey data is enriched with sample data that provides information about the respondent's educational institution and the municipality where the educational institution is located.

Respondents to the School Health Promotion study had the opportunity to give feedback on the survey. The end of the form included the following section: "You may give feedback on the survey here if you wish:" (Open field with no character limit). 94,059 children and young people answered left feedback.

Feedback responses were viewed using natural language software. In the examination, the ten most frequently mentioned words were: hyvä, pitkä, kysely, kiva, kysymys, paska, tietää, tehdä, turha, vastata (translated: good, long, survey, nice, question, shit, know, do, unnecessary, answer). Correspondingly, the adjectives were: hyvä, pitkä, kiva, turha, huono, outo, mukava, tylsä, tärkeä, henkilökohtainen (good, long, nice, unnecessary, bad, strange, comfortable, boring, important, personal). The more detailed analysis of feedback responses will continue, and the results will be utilised in the development of forms.

The Finnish Institute for Health and Welfare undertakes as a public authority to store and process the data complying with its secrecy obligation and data protection legislation. All persons involved in collecting and processing the data have a duty of non-disclosure. Before data collection for the School Health Promotion study, the research plan is evaluated by the Finnish Institute for Health and Welfare's Ethics Committee.

During the period 2006—2011, data collections for the survey were conducted in even-numbered years in Southern Finland, Eastern Finland and Lapland and in odd-numbered years elsewhere in mainland Finland and in Åland. Since 2013, the School Health Promotion study has been implemented once every two years simultaneously across the entire country. Due to the data collection method, the examination of the results from the period 2006—2011 combines the research years 2006–2007, 2008–2009 and 2010—2011 to ensure that the results are as comparable as possible with research years 2013, 2015, 2017, 2019, 2021 and 2023.

### **Correctness and accuracy of data**

The statistics are based on the data reported by the respondents themselves. Some of the answers may have embellished, concealed or, on the other hand, exaggerated information, for example, in the case of sensitive questions. In a time series or a regional comparison, the significance of such error sources can be assumed to remain approximately similar.

There is also the possibility of answers that are not credible in the data collected from young people. In the 2023 data, attempts were also made to identify respondents who



select impossible extreme alternatives as answers to certain questions. Young people who reported that they cannot see, hear, walk, learn, remember or concentrate at all would not have been able to respond to the survey independently because of these limitations. Not having any breakfast, school lunch, supper, evening snack and snacks during school week was also not considered to be credible. Young people whose responses to both of the above-mentioned questions were not credible (n=419) were removed from the 2023 data used for grades 8 and 9 of basic education, general upper secondary schools and vocational institutions. Similar use of extreme alternatives as answers was not observed in the responses of pupils in grades 4 and 5 of basic education.

The quality of the data can also be assessed by examining the share of respondents who did not respond to individual questions. In 2023, pupils in grade 4 and 5 of basic education tended to leave 1-3% of the questions intended for everyone unanswered. The share of missing answers among pupils in grades 8 and 9 of basic education until halfway down the form, excluding individual questions, was 1-3% but increases to 4-6% after this and to 6-8% at the end of the form. The share of missing answers on the forms completed by general upper secondary school students was 1-2% all the way to the last quarter of the survey and then increases to 2-3%. As a rule, the share of missing answers among students in vocational institutions until halfway down the form is 1-3% but increases to 4-5% after this and to 6-7% at the end of the form. The number of missing answers in forms filled out by grades 4 and 5 of basic education and by students in general upper secondary school is relatively small on the form in its entirety, so these do not affect the quality of the data. On the other hand, respondents to the rest of the form in grades 8 and 9 of basic education and vocational institutions may be selected.

Groups that did not participate in the study include children and young people who were absent from school on the day of the survey due to such issues as illness, travel or unpermitted absence, who have severe functional disabilities or who are home-schooled, as well as young people in preparatory education for programmes leading to an upper secondary qualification.

As for grades 4 and 5 of basic education, there was one municipality that did not provide any responses in 2023. For grades 8 and 9 of basic education and for general upper secondary schools, responses were received from all municipalities that had pupils or students in the grades or years concerned. Eight of the municipalities that had been sent questionnaire materials aimed at vocational institutions provided no responses at all.

### **Coverage of the data**

The data for the School Health Promotion study 2023 covered 77% of all pupils in grades 4 and 5 of basic education, and 70% of the pupils in grades 8 and 9 of basic education in Mainland Finland and Åland. In general upper secondary schools, the data covered 68% of all students who started their studies in the general upper secondary education syllabus for young people or a foreign qualification in 2021 and 2022. In vocational institutions, the data covered 28 per cent of all students under the age of 21 who started their vocational upper secondary qualifications in 2021 and 2022. (Appendix tables 1-5.) The lower coverage of the data on vocational institutions should be taken into account when comparing the results.

When examined by wellbeing services counties, the coverage varied between 66% and 85% for pupils in grades 4 and 5, between 57% and 79% for pupils in grades 8 and 9, between 60% and 87% for general upper secondary school students, and between 15% and 57% for students in vocational education and training. (Appendix tables 1-5.)

### **Timeliness and promptness of published data**

The School Health Promotion study is carried out every two years. Total sampling enables information production at the level of wellbeing services counties and municipalities.

The data will be published within approximately four months of the end of data collection. The results are available to be used as support for decision-making immediately at the start of the school year.

### **Availability, transparency, and clarity of the data**

The regional and municipality-specific results of the School Health Promotion study are published as indicators in the interactive the Health and well-being of children and adolescents environment (Tableau) and in the THL statistical cubes ([thl.fi/kouluterveyskysely/tulokset](https://thl.fi/kouluterveyskysely/tulokset), in Finnish and Swedish). Also, the distribution of responses for questions used in calculating indicators are published in the data cubes. Some of the indicators are also published in the Finnish Institute for Health and Welfare 's statistics and indicator bank Sotkanet ([sotkanet.fi](https://sotkanet.fi)). Sotkanet provides information directly to welfare reports through an open interface. The results of an indicator will not be published in the Health and well-being of children and adolescents environment (Tableau), data cubes or Sotkanet, if the number of respondents is less than 30; for rare phenomena (less than five cases), there must be at least 60 respondents.

Results of School Health Promotion study are also reported in the Statistical yearbook on social welfare and health care, Tobacco statistics, and the Yearbook of Alcohol and Drug Statistics.

### **Comparability of statistical data**

The preparation of the School Health Promotion study takes into account comparability with national and international studies focused on children and young people as well as THL's other questionnaire surveys concerning population.

The results of the School Health Promotion study are reported as indicators. Some of the indicators are based on one and other on several questions. The development history of the questions is taken into account in forming time series of the indicators. The core questions included on the questionnaires remain unchanged. If there is cause to suspect that a change in the results has resulted from changes in the manner of measurement (such as the reformulation of a question or the place of a question on the form), the time series will be interrupted or this will be reported as a new indicator.

Starting from 2013, data collection for the School Health Promotion study has progressed from paper forms to online forms so that only online forms were used in 2021. This change has primarily not been observed to have a significant impact on the results of the indicators.

The 2023 results from the different wellbeing services counties can be considered comparable thanks to the high number of respondents. In 2015, the data collection conducted with the online questionnaires was plagued by technical problems, which resulted in an uncommonly small response rate. Therefore, the results per wellbeing services county and municipality for 2015 have been hidden in the electronic reporting system.

### **Clarity, integrity, and cohesion**

The School Health Promotion study questionnaires contain permanent and changing sections. Questions on the welfare and health of pupils and students and on the availability of services are permanent parts of the survey. Annually changing questions can be used to further explore a certain topic from topical phenomena.

Most of the questions in the permanent sections remained unchanged in the 2023 survey. In 2023, questions surveying symptoms and pains and questions related to social competence and free-of-charge contraception were added to the forms.

## **Appendix tables**

**Appendix table 1: The number of respondents and data coverage in grades 4–5 and 8–9 of basic education, and the 1st and 2nd year of upper secondary schools and vocational institutions in the data from the School Health Promotion study 2006–2023.**

**Appendix table 2: The number and proportion (%) of respondents by gender, and origin as well as the coverage of data for the pupils in grades 4 and 5 of basic education by wellbeing services county from the data for the 2023 School Health Promotion study.**

**Appendix table 3: The number and proportion (%) of respondents by gender, and origin as well as the coverage of data for the pupils in grades 8 and 9 of basic education by wellbeing services county from the data for the 2023 School Health Promotion study.**

**Appendix table 4: The number and proportion (%) of respondents by gender, and origin as well as the coverage of data for the 1st and 2nd students in upper secondary school by wellbeing services county from the data for the 2023 School Health Promotion study.**

**Appendix table 5: The number and proportion (%) of respondents by gender and origin for the 1st and 2nd year students in vocational institutions by wellbeing service county from the data for the 2023 School Health Promotion study.**

**Appendix table 1: The number of respondents and data coverage in grades 4–5 and 8–9 of basic education, and the 1st and 2nd year of upper secondary schools and vocational institutions in the data from the School Health Promotion study 2006–2023.**

Respondents	2006– 2007	2008– 2009	2010– 2011	2013	2015	2017	2019	2021	2023
Grades 4 and 5, boys	..	..	..	..	..	47 576	49 695	51 393	47 050
Grades 4 and 5, girls	..	..	..	..	..	47 815	49 650	51 834	48 076
Grades 4 and 5, did not report gender	..	..	..	..	..	334	341	855	397
Grades 4 and 5, total	..	..	..	..	..	95 725	99 686	104 082	95 523
Grades 4 and 5, data coverage <sup>1</sup>	..	..	..	..	..	80 %	82 %	83 %	77 %
Grades 8 and 9, boys	54 841	54 433	51 329	50 223	25 147	36 276	42 965	44 624	42 844
Grades 8 and 9, girls	54 286	54 216	51 216	49 255	25 257	36 883	44 061	46 638	44 068
Grades 8 and 9, did not report gender	..	..	..	..	..	521	257	298	235
Grades 8 and 9, total	109 127	108 649	102 545	99 478	50 404	73 680	87 283	91 560	87 147
Grades 8 and 9, data coverage <sup>1</sup>	82 %	82 %	80 %	84 %	43 %	63 %	73 %	75 %	70 %
General upper secondary school, boys	22 553	21 181	20 588	20 839	15 976	14 323	18 257	19 130	18 576
General upper secondary school, girls	30 209	29 286	27 795	27 771	22 784	20 062	26 241	28 172	26 214
General upper secondary school, did not report gender	..	..	..	..	..	218	99	81	72
General upper secondary school, total	52 762	50 467	48 383	48 610	38 760	34 602	44 597	47 383	44 862
General upper secondary school, data coverage <sup>2</sup>	76 %	74 %	73 %	77 %	62 %	54 %	70 %	71 %	68 %
Vocational institutions, boys	..	22 964	23 537	19 336	17 255	15 801	14 002	12 660	11 022
Vocational institutions, girls	..	17 677	17 949	15 440	13 981	10 648	9 364	9 133	8 129
Vocational institutions, did not report gender	..	..	..	..	..	218	53	60	64
Vocational institutions, total	..	40 641	41 486	34 776	31 236	26 625	23 419	21 853	19 215
Vocational institutions, data coverage <sup>3</sup>	..	..	..	..	..	..	..	32 %	28 %
<b>DATA IN TOTAL</b>	<b>161 889</b>	<b>199 757</b>	<b>192 414</b>	<b>182 864</b>	<b>120 400</b>	<b>230 632</b>	<b>254 985</b>	<b>264 878</b>	<b>246 747</b>

<sup>1</sup>The coverage rates are based on the data on the numbers of pupils from Statistics Finland, 20 September. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.

<sup>2</sup>The coverage calculations are based on the annual student numbers in general upper secondary education intended for young people in 2006–2011. Source: Statistics Finland. Between 2013 and 2019, the coverage has been estimated on the basis of the number of new students studying in the general upper secondary education curriculum for young people. Source: Vipunen - Education Statistics Finland [referred on: 10 September 2019]. The coverages for the period 2021–2023 have been calculated on the basis of the number of young people who started their studies in the general upper secondary education syllabus for young people or a foreign qualification in the two preceding years. Statistical date 20 September. Source: Vipunen - Education Statistics Finland [referred on: 30 June 2021 and 28 June 2023]. The coverage calculated for Åland for the period 2021–2023 is based on new students aged 15–19 years in general upper secondary education in the preceding two years. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 30 June 2021 and 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.

<sup>3</sup>The coverage calculations are based on the number of new students under the age of 21 completing a vocational upper secondary qualification, who started their studies in the two preceding years. Source: Vipunen - Education Statistics Finland [referred on: 28 June 2023]. The coverage calculation for Åland is based on the number of new students aged 15–19 who started their studies in the two preceding years. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 1 July 2021 and 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.

**Appendix table 2: The number and share (%) of respondents by gender, and origin as well as the coverage of data for the pupils in grades 4 and 5 of basic education by wellbeing services county from the data for the 2023 School Health Promotion study.**

Area	Total, N	Boys, N	Girls, N	Did not report gender, N	Boys, %	Girls, %	Did not report gender %	Foreign background, N <sup>1</sup>	Foreign background, % <sup>1</sup>	Data coverage <sup>2</sup>
Wellbeing services county of East Uusimaa	1857	882	970	5	47,5 %	52,2 %	0,3 %	123	6,6 %	77 %
Wellbeing services county of Central Uusimaa	4173	2084	2070	19	49,9 %	49,6 %	0,5 %	274	6,6 %	81 %
Wellbeing services county of West Uusimaa	8874	4365	4468	41	49,2 %	50,3 %	0,5 %	1457	16,4 %	73 %
Wellbeing services county of Vantaa and Kerava	4575	2251	2304	20	49,2 %	50,4 %	0,4 %	1275	27,9 %	75 %
Wellbeing services county of Southwest Finland	7921	3964	3941	16	50,0 %	49,8 %	0,2 %	850	10,7 %	79 %
Wellbeing services county of Satakunta	3484	1736	1741	7	49,8 %	50,0 %	0,2 %	169	4,9 %	78 %
Wellbeing services county of Kanta-Häme	3035	1524	1504	7	50,2 %	49,6 %	0,2 %	155	5,1 %	83 %
Wellbeing services county of Pirkanmaa	9404	4660	4706	38	49,6 %	50,0 %	0,4 %	520	5,5 %	80 %
Wellbeing services county of Päijät-Häme	3157	1602	1543	12	50,7 %	48,9 %	0,4 %	214	6,8 %	73 %
Wellbeing services county of Kymenlaakso	2273	1113	1154	6	49,0 %	50,8 %	0,3 %	184	8,1 %	73 %
Wellbeing services county of South Karelia	1982	940	1038	4	47,4 %	52,4 %	0,2 %	137	6,9 %	79 %
Wellbeing services county of South Savo	1879	946	930	3	50,3 %	49,5 %	0,2 %	73	3,9 %	79 %
Wellbeing services county of North Savo	4104	2044	2048	12	49,8 %	49,9 %	0,3 %	158	3,8 %	78 %
Wellbeing services county of North Karelia	2767	1318	1444	5	47,6 %	52,2 %	0,2 %	141	5,1 %	82 %
Wellbeing services county of Central Finland	5057	2493	2543	21	49,3 %	50,3 %	0,4 %	199	3,9 %	80 %
Wellbeing services county of South Ostrobothnia	3816	1858	1951	7	48,7 %	51,1 %	0,2 %	93	2,4 %	81 %
Wellbeing services county of Ostrobothnia	3043	1435	1595	13	47,2 %	52,4 %	0,4 %	316	10,4 %	73 %
Wellbeing services county of Central Ostrobothnia	1466	717	743	6	48,9 %	50,7 %	0,4 %	47	3,2 %	79 %
Wellbeing services county of North Ostrobothnia	9522	4697	4799	26	49,3 %	50,4 %	0,3 %	299	3,1 %	82 %
Wellbeing services county of Kainuu	1200	598	596	6	49,8 %	49,7 %	0,5 %	54	4,5 %	85 %
Wellbeing services county of Lapland	3092	1499	1581	12	48,5 %	51,1 %	0,4 %	97	3,1 %	80 %
City of Helsinki	8327	4074	4145	108	48,9 %	49,8 %	1,3 %	1753	21,1 %	66 %
Province of Åland	515	250	262	3	48,5 %	50,9 %	0,6 %	103	20,0 %	75 %
<b>Whole country</b>	<b>95523</b>	<b>47050</b>	<b>48076</b>	<b>397</b>	<b>49,3 %</b>	<b>50,3 %</b>	<b>0,4 %</b>	<b>8691</b>	<b>9,1 %</b>	<b>77 %</b>

1 The respondents reporting that both their parents, or their only parent, were born abroad, were perceived as respondents of foreign origin.

2 The coverage calculations are based on the data on the numbers of pupils from Statistics Finland on 20 September 2022. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskit>.

**Appendix table 3: The number and share (%) of respondents by gender, and origin as well as the coverage of data for the pupils in grades 8 and 9 of basic education by wellbeing services county from the data for the 2023 School Health Promotion study**

Area	Total, N	Boys, N	Girls, N	Did not report gender, N	Boys, %	Girls, %	Did not report gender, %	Foreign background, N <sup>1</sup>	Foreign background, % <sup>1</sup>	Data coverage <sup>2</sup>
Wellbeing services county of East Uusimaa	1656	818	834	4	49,4 %	50,4 %	0,2 %	110	6,6 %	67 %
Wellbeing services county of Central Uusimaa	3833	1867	1955	11	48,7 %	51,0 %	0,3 %	240	6,3 %	70 %
Wellbeing services county of West Uusimaa	8108	3953	4130	25	48,8 %	50,9 %	0,3 %	805	9,9 %	67 %
Wellbeing services county of Vantaa and Kerava	3550	1779	1760	11	50,1 %	49,6 %	0,3 %	553	15,6 %	57 %
Wellbeing services county of Southwest Finland	7167	3471	3669	27	48,4 %	51,2 %	0,4 %	587	8,2 %	71 %
Wellbeing services county of Satakunta	3417	1656	1758	3	48,5 %	51,4 %	0,1 %	162	4,7 %	74 %
Wellbeing services county of Kanta-Häme	3060	1558	1495	7	50,9 %	48,9 %	0,2 %	156	5,1 %	79 %
Wellbeing services county of Pirkanmaa	8459	4159	4280	20	49,2 %	50,6 %	0,2 %	442	5,2 %	72 %
Wellbeing services county of Päijät-Häme	3190	1554	1630	6	48,7 %	51,1 %	0,2 %	206	6,5 %	70 %
Wellbeing services county of Ky-menlaakso	2188	1052	1132	4	48,1 %	51,7 %	0,2 %	140	6,4 %	67 %
Wellbeing services county of South Karelia	1869	919	945	5	49,2 %	50,6 %	0,3 %	102	5,5 %	71 %
Wellbeing services county of South Savo	1883	943	935	5	50,1 %	49,7 %	0,3 %	84	4,5 %	74 %
Wellbeing services county of North Savo	3656	1822	1826	8	49,8 %	49,9 %	0,2 %	126	3,4 %	72 %
Wellbeing services county of North Karelia	2363	1184	1175	4	50,1 %	49,7 %	0,2 %	109	4,6 %	74 %
Wellbeing services county of Central Finland	4557	2282	2263	12	50,1 %	49,7 %	0,3 %	165	3,6 %	72 %
Wellbeing services county of South Ostrobothnia	3490	1758	1727	5	50,4 %	49,5 %	0,1 %	105	3,0 %	75 %
Wellbeing services county of Ostrobothnia	3046	1546	1490	10	50,8 %	48,9 %	0,3 %	190	6,2 %	72 %
Wellbeing services county of Central Ostrobothnia	1287	640	645	2	49,7 %	50,1 %	0,2 %	32	2,5 %	71 %
Wellbeing services county of North Ostrobothnia	8553	4193	4343	17	49,0 %	50,8 %	0,2 %	244	2,9 %	73 %
Wellbeing services county of Kainuu	1063	481	578	4	45,2 %	54,4 %	0,4 %	37	3,5 %	71 %
Wellbeing services county of Lapland	2811	1404	1402	5	49,9 %	49,9 %	0,2 %	101	3,6 %	73 %
City of Helsinki	7425	3547	3840	38	47,8 %	51,7 %	0,5 %	1027	13,8 %	62 %
Province of Åland	516	258	256	2	50,0 %	49,6 %	0,4 %	76	14,7 %	71 %
<b>Whole country</b>	<b>87147</b>	<b>42844</b>	<b>44068</b>	<b>235</b>	<b>49,2 %</b>	<b>50,6 %</b>	<b>0,3 %</b>	<b>5799</b>	<b>6,7 %</b>	<b>69,8 %</b>

1 The respondents reporting that both their parents, or their only parent, were born abroad, were perceived as respondents of foreign origin.

2 The coverage calculations are based on the data on the numbers of pupils from Statistics Finland on 20 September 2022. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.

**Appendix table 4: The number and share (%) of respondents by gender, and origin as well as the coverage of data for the 1st and 2nd students in upper secondary school by wellbeing services county from the data for the 2023 School Health Promotion study.**

Area	Total, N	Boys, N	Girls, N	Did not report gender, N	Boys, %	Girls, %	Did not report gender, %	Foreign background, N <sup>1</sup>	Foreign background, % <sup>1</sup>	Data coverage <sup>2</sup>
Wellbeing services county of East Uusimaa	733	354	377	2	48,3 %	51,4 %	0,3 %	39	5,3 %	70 %
Wellbeing services county of Central Uusimaa	1672	700	971	1	41,9 %	58,1 %	0,1 %	36	2,2 %	72 %
Wellbeing services county of West Uusimaa	4441	2070	2364	7	46,6 %	53,2 %	0,2 %	293	6,6 %	66 %
Wellbeing services county of Vantaa and Kerava	1880	882	995	3	46,9 %	52,9 %	0,2 %	241	12,8 %	63 %
Wellbeing services county of Southwest Finland	3025	1243	1774	8	41,1 %	58,6 %	0,3 %	176	5,8 %	60 %
Wellbeing services county of Satakunta	1702	680	1021	1	40,0 %	60,0 %	0,1 %	65	3,8 %	77 %
Wellbeing services county of Kanta-Häme	1273	531	742	0	41,7 %	58,3 %	0,0 %	74	5,8 %	72 %
Wellbeing services county of Pirkanmaa	4524	1798	2716	10	39,7 %	60,0 %	0,2 %	207	4,6 %	72 %
Wellbeing services county of Päijät-Häme	1639	688	949	2	42,0 %	57,9 %	0,1 %	90	5,5 %	60 %
Wellbeing services county of Kymenlaakso	1009	415	594	0	41,1 %	58,9 %	0,0 %	69	6,8 %	69 %
Wellbeing services county of South Karelia	794	282	512	0	35,5 %	64,5 %	0,0 %	63	7,9 %	63 %
Wellbeing services county of South Savo	879	368	509	2	41,9 %	57,9 %	0,2 %	34	3,9 %	68 %
Wellbeing services county of North Savo	1878	751	1125	2	40,0 %	59,9 %	0,1 %	80	4,3 %	72 %
Wellbeing services county of North Karelia	1093	417	675	1	38,2 %	61,8 %	0,1 %	84	7,7 %	69 %
Wellbeing services county of Central Finland	2202	877	1323	2	39,8 %	60,1 %	0,1 %	76	3,5 %	74 %
Wellbeing services county of South Ostrobothnia	1493	601	891	1	40,3 %	59,7 %	0,1 %	31	2,1 %	70 %
Wellbeing services county of Ostrobothnia	1599	681	914	4	42,6 %	57,2 %	0,3 %	112	7,0 %	81 %
Wellbeing services county of Central Ostrobothnia	598	228	369	1	38,1 %	61,7 %	0,2 %	15	2,5 %	70 %
Wellbeing services county of North Ostrobothnia	3985	1602	2379	4	40,2 %	59,7 %	0,1 %	76	1,9 %	73 %
Wellbeing services county of Kainuu	454	176	278	0	38,8 %	61,2 %	0,0 %	7	1,5 %	65 %
Wellbeing services county of Lapland	1191	471	720	0	39,5 %	60,5 %	0,0 %	79	6,6 %	75 %
City of Helsinki	6543	2652	3872	19	40,5 %	59,2 %	0,3 %	877	13,4 %	64 %
Province of Åland	255	109	144	2	42,7 %	56,5 %	0,8 %	30	11,8 %	87 %
<b>Whole country</b>	<b>44862</b>	<b>18576</b>	<b>26214</b>	<b>72</b>	<b>41,4 %</b>	<b>58,4 %</b>	<b>0,2 %</b>	<b>2854</b>	<b>6,4 %</b>	<b>68 %</b>

1 The respondents reporting that both their parents, or their only parent, were born abroad, were perceived as respondents of foreign origin.

2 The coverage calculations are based on the number of young people who started their studies in the general upper secondary education syllabus for young people or a foreign qualification in 2021 and 2022. Statistical date 20 September 2022. Source: Vipunen - Education Statistics Finland [referred on: 28 June 2023]. The coverage calculation for Åland is based on the number of new students aged 15–19 who started their studies in 2021 and 2022. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.



**Appendix table 5: The number and share (%) of respondents by gender and origin for the 1st and 2nd year students in vocational institutions by wellbeing service county from the data for the 2023 School Health Promotion study.**

Alue	Total, N	Boys, N	Girls, N	Did not report gender, N	Boys, %	Girls, %	Did not report gender, %	Foreign back- ground, N <sup>1</sup>	Foreign back- ground, % <sup>1</sup>	Data cover- age <sup>2</sup>
Wellbeing services county of East Uusimaa	286	193	90	3	67,5 %	31,5 %	1,0 %	18	6,3 %	28 %
Wellbeing services county of Central Uusimaa	703	300	401	2	42,7 %	57,0 %	0,3 %	46	6,5 %	20 %
Wellbeing services county of West Uusimaa	1111	662	444	5	59,6 %	40,0 %	0,5 %	126	11,3 %	25 %
Wellbeing services county of Vantaa and Kerava	771	546	223	2	70,8 %	28,9 %	0,3 %	118	15,3 %	28 %
Wellbeing services county of Southwest Finland	1338	791	541	6	59,1 %	40,4 %	0,4 %	93	7,0 %	24 %
Wellbeing services county of Satakunta	964	568	391	5	58,9 %	40,6 %	0,5 %	27	2,8 %	35 %
Wellbeing services county of Kanta-Häme	619	352	266	1	56,9 %	43,0 %	0,2 %	33	5,3 %	24 %
Wellbeing services county of Pirkanmaa	1749	1078	665	6	61,6 %	38,0 %	0,3 %	76	4,3 %	27 %
Wellbeing services county of Päijät-Häme	593	259	332	2	43,7 %	56,0 %	0,3 %	22	3,7 %	21 %
Wellbeing services county of Kymenlaakso	520	273	247	0	52,5 %	47,5 %	0,0 %	23	4,4 %	24 %
Wellbeing services county of South Karelia	207	77	129	1	37,2 %	62,3 %	0,5 %	17	8,2 %	15 %
Wellbeing services county of South Savo	445	251	194	0	56,4 %	43,6 %	0,0 %	19	4,3 %	26 %
Wellbeing services county of North Savo	1167	774	391	2	66,3 %	33,5 %	0,2 %	51	4,4 %	36 %
Wellbeing services county of North Karelia	526	301	223	2	57,2 %	42,4 %	0,4 %	51	9,7 %	25 %
Wellbeing services county of Central Finland	827	510	317	0	61,7 %	38,3 %	0,0 %	15	1,8 %	22 %
Wellbeing services county of South Ostrobothnia	1419	830	586	3	58,5 %	41,3 %	0,2 %	31	2,2 %	45 %
Wellbeing services county of Ostrobothnia	706	383	321	2	54,2 %	45,5 %	0,3 %	48	6,8 %	31 %
Wellbeing services county of Central Ostrobothnia	447	276	168	3	61,7 %	37,6 %	0,7 %	11	2,5 %	32 %
Wellbeing services county of North Ostrobothnia	2389	1285	1099	5	53,8 %	46,0 %	0,2 %	51	2,1 %	37 %
Wellbeing services county of Kainuu	325	133	187	5	40,9 %	57,5 %	1,5 %	21	6,5 %	32 %
Wellbeing services county of Lapland	700	380	318	2	54,3 %	45,4 %	0,3 %	28	4,0 %	28 %
City of Helsinki	1207	680	521	6	56,3 %	43,2 %	0,5 %	223	18,5 %	21 %
Province of Åland	196	120	75	1	61,2 %	38,3 %	0,5 %	24	12,2 %	57 %
<b>Whole country</b>	<b>19215</b>	<b>11022</b>	<b>8129</b>	<b>64</b>	<b>57,4 %</b>	<b>42,3 %</b>	<b>0,3 %</b>	<b>1172</b>	<b>6,1 %</b>	<b>28 %</b>

1 The respondents reporting that both their parents, or their only parent, were born abroad, were perceived as respondents of foreign origin.

2 The coverage calculations are based on the number of new students under the age of 21 completing a vocational upper secondary qualification in the period 2021–2022. Source: Vipunen - Education Statistics Finland [referred on: 28 June 2023]. The coverage calculation for Åland is based on the number of new students aged 15–19 who started their studies in 2021 and 2022. Source: Official Statistics of Finland (OSF): Students and qualifications [online publication]. ISSN=1798-7644. Helsinki: Statistics Finland [referred on: 28 June 2023]. Accessed at: <https://stat.fi/tilasto/opiskt>.