

Regional differences in health and health behaviour among young adults in Finland

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Introduction

Upcoming social welfare and health care reform will allocate related services among five powerful regional actors: the proposed Helsinki, Turku, Tampere, Kuopio and Oulu regions.

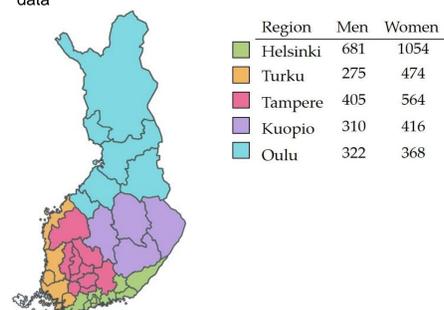
This study examines regional and socio-demographic differences in the health and health behaviour of young adults in the proposed regions.

Materials and methods

Data for the 2012-2013 Regional Health and Well-being Study (ATH) includes 4,869 young adults aged 20-34 (Figure 1).

Analysis methods included cross tabulation and confidence intervals. Age standardization and sample weights were applied.

Figure 1. The proposed social welfare and health care regions and the number of young adults aged 20-34 from each region included in the data



Conclusions

Self-rated health was at its lowest level among men in the Turku Region. Conditions diagnosed or treated by a doctor were most common among women in the Kuopio Region. The health behaviour of young adults in the five regions differed.

In all five regions, experiencing financial difficulties appears to be associated with both health problems and risky health behaviour. A shorter period of education appears to have similar but less pronounced effects.

Socio-demographic differences between the proposed social welfare and health care regions do not fully explain regional differences in the health and health behaviour of young adults.

Further information

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Results

Self-rated health at its lowest level in the Turku Region

The proportion of respondents estimating their state of health to be moderate or worse was 22%.

Among men, self-rated health was at its lowest level in the Turku Region (30% moderate or worse) and at its highest level in the Tampere Region (18% moderate or worse).

Differences between the regions remained even after controlling for educational level or financial situation (Figure 2).

Among women, variation between the regions was smaller, but variation between educational groups was more pronounced than among men.

Figure 2. Self-rated health moderate or worse (% and 95% CI) by length of education and region, age-standardised

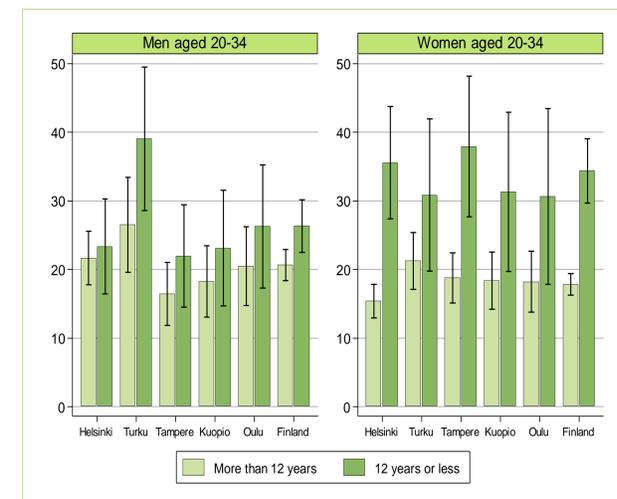
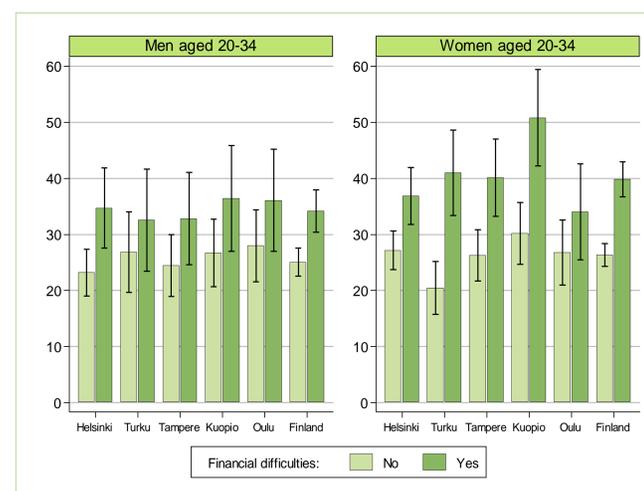


Figure 3. Young adults having a condition diagnosed or treated by a doctor in the preceding 12 months (% and 95% CI) by financial situation and region, age-standardised



Conditions diagnosed or treated by a doctor most common among women in the Kuopio Region

The proportion of respondents having a condition diagnosed or treated by a doctor in the preceding 12 months was 28% among men and 31% among women.

Among women, mental health problems or other conditions were most common in the Kuopio Region across all educational or financial situation groups (Figure 3). Self-reported symptoms of depression were most common in the Helsinki Region.

Regional differences were smaller among men than among women.

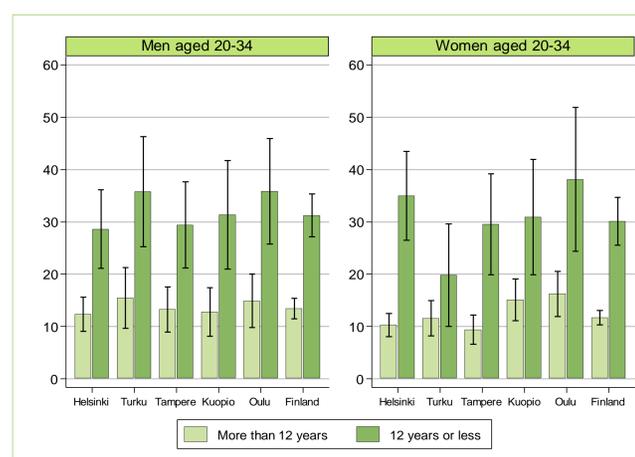
Experiencing financial difficulties was strongly associated with health problems, especially among women.

Among women, daily smoking most common in the Oulu Region

Among women, daily smoking was most common in the Oulu Region (20% cf. Finland 15%) and hazardous drinking (AUDIT-C) was most common in the Helsinki Region (34%).

These variations remained even after controlling for educational level or financial situation (Figures 4 and 5).

Figure 4. Daily smokers (% and 95% CI) by length of education and region, age-standardised



Among men, the Turku (23%) and Oulu (22%) regions featured the highest proportions of daily smokers. Hazardous drinking was most common in the Oulu Region (47%).

In all five regions, a shorter period of education and financial difficulties appeared to be strongly associated with risky health behaviour, especially daily smoking.

Figure 5. Hazardous drinkers (% and 95% CI) by financial situation and region, age-standardised

