

**Erja Forssas – Ilmo Keskimäki – Seppo Koskinen –
Eero Lahelma – Kristiina Manderbacka –
Ritva Prättälä – Marita Sihto – Tapani Valkonen**

**SOSIOEKONOMISTEN TERVEYSEROJEN SYYT JA
EROJEN SUPISTAMINEN
—
BIBLIOGRAFIA SUOMALAISISTA TUTKIMUKSISTA**

***EXPLAINING AND REDUCING SOCIOECONOMIC
HEALTH DIFFERENCES***

A BIBLIOGRAPHY OF FINNISH RESEARCH PUBLICATIONS

**AIHEITA
40/1999**

Stakes, Aiheita-sarja 40/1999
ISBN 951-33-0893-6
ISSN 1236-9845

Postimyynti — *Mail oder*
Stakes/Julkaisut — *STAKES/Publications*
PL 220
00351 Helsinki
Finland

puh — *tel* 358 9 39671, 3967 2190

Elektroninen versio — *on-line-publication*
ISBN 951-33-0928-2

Stakes/Terveystieteiden tutkimusyksikkö —
STAKES/Health Services Research Unit

Esipuhe

Vuonna 1998 käynnistyneen projektin ”Sosiaaliryhmien välisten terveydentilaerojen kaventamiseen tähtäävien toimintojen tutkimus Suomessa” tavoitteena on edistää alan tutkimusta ja arviointia Suomessa. Projektin yhtenä tavoitteena oli tuottaa bibliografia terveydentilan ja terveystalouden sosioekonomisia eroja ja niiden kaventamiskeinoja käsittelevistä suomalaisista tutkimuksista. Bibliografiaan on pyritty kokoamaan aihepiiriin julkaisut 1970-luvulta vuoteen 1999 ja sen tarkoituksena on tarjota valmiiksi kerätty tietopohja alan tutkijoiden, interventioiden suunnittelijoiden ja opiskelijoiden käyttöön.

Bibliografia valmistettiin työryhmässä, johon kuuluivat Erja Forssas, Ilmo Keskimäki, Kristiina Manderbacka ja Marita Sihto Stakesista, Seppo Koskinen ja Ritva Prättälä Kansanterveyslaitokselta sekä Eero Lahelma Helsingin yliopiston kansanterveystieteen laitokselta ja Tapani Valkonen Helsingin yliopiston sosiologian laitokselta. Erja Forssas on toiminut hankkeen tutkijana ja vastannut bibliografian valmistelun käytännöstä. Lisäksi bibliografiaan pyydettiin täydennyksiä 15 suomalaiselta alan asiantuntijalta, joita kiitämme yhteistyöstä ja arvokkaasta avusta hankkeen läpiviemisessä. Hanke sai rahoitusta STM:n terveyden edistämisen määrärahoista.

Bibliografia on saatavilla myös verkkojulkaisuna (avainsanojen ja osittain abstraktien kanssa) osoitteessa <http://www.stakes.fi/tietovarannot>.

Tekijät

Foreword

The project 'Reducing socioeconomic health differences – Evaluation of research and intervention projects in Finland' started in 1998. The purpose of the project is to support and evaluate Finnish health promotion and research activities that aim to explain and reduce socioeconomic health differences. One goal of the project was to compile a bibliography on Finnish research publications on studies that explain socioeconomic health patterns, and that report on the effects of health promotion interventions and health policy measures on the health status of different socioeconomic groups. We aimed to collect relevant literature published between 1970s and 1999 in order to create a database for the use of researchers, students and those who are planning health promotion interventions in the field.

The bibliography was prepared by a research group which was comprised of Erja Forssas, Ilmo Keskimäki, Kristiina Manderbacka and Marita Sihto from STAKES, Seppo Koskinen and Ritva Prättälä from the National Public Health Institute, and Eero Lahelma (Department of Public Health) and Tapani Valkonen (Department of Sociology) from the University of Helsinki. Erja Forssas worked as a project researcher and was responsible for the practical aspects of preparing the bibliography. Furthermore, complementary information was asked for from 15 Finnish experts, whom we wish to acknowledge for their co-operation and valuable help in carrying out the project. The project was financed by the Ministry of Social Affairs and Health.

An Internet publication (with keywords and partly with abstracts) of the bibliography will be available in address: <http://www.stakes.fi/tietovarannot>.

Authors

Sisällys

1	Tausta	7
2	Bibliografian kokoaminen	9
3	Bibliografiassa mukana olevien julkaisujen kuvaus	15
4	Bibliografian rakenne	17
5	Bibliografia	19
6	Hakuluettelot	175
6.1	Kirjoittajaindeksi	175
6.2	Avainsanaindeksi	179
6.2.1	Englanninkieliset avainsanat	179
6.2.2	Suomenkieliset avainsanat	190
6.3	Lehti-indeksi	201

Contents

1	<i>Background</i>	7
2	<i>Compiling the bibliography</i>	9
3	<i>Description of the publications included in the bibliography</i>	15
4	<i>Structure of the bibliography</i>	17
5	<i>Bibliography</i>	19
6	<i>Indices</i>	175
6.1	<i>Author index</i>	175
6.2	<i>Keyword index</i>	179
6.2.1	<i>English keywords</i>	179
6.2.2	<i>Finnish keywords</i>	190
6.3	<i>Journals cited</i>	201

1 Tausta

Background

Tasa-arvotavoite on ollut keskeisessä asemassa Suomen terveystaloudessa viime vuosikymmeninä. Tavoitetta on toteutettu muun muassa tasaamalla eri tavoin sairaudesta aiheutuvia kustannuksia ja edistämällä terveyspalvelujen saatavuutta eri väestöryhmissä. Tämän lisäksi väestön terveystottumuksiin on pyritty vaikuttamaan erilaisilla yhteiskuntapolitiittisilla keinoilla kuten ravintopolitiikalla ja tupakkalainsäädännöllä. Väestöryhmien väliset terveyspalvelujen käytön erot ovatkin pienentyneet 1960-luvun jälkeen ja väestön terveydentila on kokonaisuudessaan parantunut. Väestöryhmien väliset terveyserot eivät ole kuitenkaan Suomessa kaventuneet. Osa eroista on jopa kasvanut ja ne ovat moniin muihin Länsi-Euroopan maihin verrattuna keskimääräistä jyrkemmät. Ongelmaan on kiinnitetty huomiota ”Terveyttä kaikille vuoteen 2000 mennessä”-ohjelmassa (1986) sekä sen uudistetussa yhteistyöohjelmassa (1993), jossa terveyserojen kaventaminen nostettiin ohjelman keskeiseksi tavoitteeksi. Myös kansanterveyden neuvottelukunnan parhaillaan valmistelemissa uudessa kansallisessa terveystaloudellisessa ohjelmassa ”Terveyttä kaikille 21. vuosisadalla” erääksi keskeiseksi tavoitteeksi on asetettu väestöryhmien välisten terveyserojen kaventaminen.

Terveyserojen kaventamisen tärkeyttä korostetaan myös tässä hankkeessa tuotetulla bibliografialla, jonka tavoitteena on kartoittaa sosiaali-ryhmien välisten terveyserojen supistamisen kanalta keskeistä suomalaista tutkimusta. Tarkoituksena on tuottaa aineistoa terveyseroihin liittyvien tutkimusten ja interventioiden suunnitteluun sekä opiskelijoiden käyttöön. Bibliografiaan pyrittiin löytämään suomalainen tai Suomea koskeva tutkimuskirjallisuus kirjallisuustietokantojen sekä alan asiantuntijoiden avulla.

Equity has been considered a central objective in Finnish health policy during recent decades. Attempts to reach this objective have included first equalizing health care costs and secondly equalizing the availability of health care services across different population groups. In addition, several interventions in social policy have been targeted to influence the health habits of the population. One of these interventions has been the Finnish legislation on smoking, concerning, for example, indoor smoking at the workplace. Due to these interventions, inequities in health care usage have diminished after the 1960s and the overall health of the population has improved. However, the reduction of socioeconomic health differences has seen less success in Finland. In some instances, discrepancies have even increased, and they are greater than in many other European countries. This problem was addressed in the Finnish ’Health for All by the Year 2000’ programme (1986) and its revised co-operation programme (1993) where reducing health inequalities was the first objective of the programme. Also in the next national health policy programme ’Health for All in the 21st Century’, which is currently being prepared by the Public Health Committee of the Ministry of Social Affairs and Health, the reduction of health differences between population groups has been raised as one of the central objectives.

The current project will also point out the importance of reducing health inequalities, and the bibliography was created in order to identify relevant Finnish research on reducing social health differences. The aim of the project was to compile information on health inequalities for researchers, students and those who are planning interventions. We tried to identify all relevant Finnish research literature by using international and national research databases and contacting national experts in the field.

2 Bibliografian kokoaminen *Compiling the bibliography*

Tutkimuskirjallisuutta etsittiin kolmella tavalla. Aluksi tehtiin kirjallisuushakuja yhdestätoista lääketieteellisestä ja sosiaalitieteellisestä kirjallisuustietokannasta vuodesta 1966 alkaen. Hauissa käytetyt tietokannat on esitelty tarkemmin taulukossa 1. Löydettyä kirjallisuutta täydennettiin tämän jälkeen alan asiantuntijoiden avulla sekä käymällä läpi jo löydettyjen artikkeleiden lähdeluetteloita.

Tietokantahauissa käytettiin laajaa hakusanastoa ja käsiteltäväksi hyväksyttiin kaikki julkaisut, joilla katsottiin olevan merkitystä sosiaaliryhmien välisten terveyserojen supistamisen kannalta. Koska tietokantahakujen tavoitteena oli löytää kaikki tämän aihepiirin suomalainen tai Suomea koskeva kirjallisuus, kaikissa kansainvälisissä tietokantahauissa oli hakusanana 'Finland'. Muut hauissa käytetyt hakusanat voidaan jakaa viiteen alaryhmään (taulukko 2), joita yhdisteltiin seuraavasti: sosioekonomista asemaa kuvaavat hakusanat yhdistettiin muihin alaryhmiin eli sairauksia ja terveystalvelujen käyttöä, terveydentilaa määrittäviä ja selittäviä tekijöitä sekä terveystalvelitiikkaa ja interventioita kuvaaviin sanoihin. Lisäksi joitakin terveystalvelitiikkaa ja interventioita kuvaavia sanoja käytettiin hauissa samanaikaisesti vain 'Finland' -hakusanan kanssa, sillä sosioekonomista asemaa kuvaavien hakusanojen lisääminen ei juurikaan enää tuonut tulosta. Suomalaisista tietokannoista haut tehtiin vastaavalla tavalla (taulukko 3). Lisäksi hakuja tehtiin myös yksittäisillä hakusanoilla, koska suomalainen hakusanavalikoima ja aineiston koko oli huomattavasti kansainvälistä suppeampi.

Suurin osa tietokantahauista (Medline-haut) voitiin tehdä bibliografioiden tekoon tarkoitettulla EndNote-ohjelmalla, jolloin viite-, avainsana- ja abstraktitiedot olivat helposti siirrettävissä tekstinkäsittelyohjelmaan. Muut tietokannat eivät olleet suoraan haettavissa EndNote-ohjelman avulla, vaan haut tehtiin erikseen tietokannoittain ja

Three sources were used for the literature search. First, literature searches in eleven international and national research databases were performed for literature dating from the year 1966 onwards. The databases searched are presented in Table 1. However, also reference lists in the articles found were examined, and researchers who have investigated socioeconomic health differences were contacted in order to complete the searches.

In the literature search a broad list of keywords were used to find relevant publications on reducing inequities in health. Thus, because the aim of the literature searches was to find all Finnish literature in the field, the keyword 'Finland' was used in all international literature searches. Otherwise the following search profile was used to recover relevant literature from international journals. The keywords used can be classified in five subgroups (Table 2), and in the searches they were combined as follows: keywords illustrating socioeconomic status were combined with other subgroups of keywords. The other subgroups consisted of keywords concerning diseases and use of health services, words referring to health determinants and other explanatory factors, and words illustrating health policy and intervention. In addition, some keywords for health policy and interventions were combined only with the keyword 'Finland' because the number of references was already low before adding socioeconomic keywords. In the Finnish databases literature was searched for in the same way (Table 3). However, also single keywords were used in the searches because the size of the Finnish databases and the range of choice of keywords were smaller than in the international cases.

All Medline searches were performed using the computer program EndNote (through the PubMed search system). The EndNote program is especially developed for bibliographic use. In

tiedot vietiin EndNote-ohjelmaan käsin. Monessa tietokannassa (Fennica, ArbSpriSwe, Assia ja PrettyLib) julkaisuista oli saatavilla vain viitetiedot sekä mahdollisesti muutaman rivin kuvaus sisällöstä ja avainsanat. Myös nämä julkaisut sekä tietokantahakujen ulkopuolelta löydetyt julkaisut vietiin EndNote –ohjelmaan käsin.

Kirjallisuushakuja tehtiin 30.9.1998 saakka, jonka jälkeen mukaan otettiin enää 31.5.1999 mennessä tulleet täydennykset tutkimusryhmän jäseniltä sekä 15 suomalaiselta alan asiantuntijalta.¹ Tutkimuskirjallisuutta täydennettiin lisäksi käymällä läpi jo löydettyjen artikkeleiden lähdeluettelot, joista poimittiin otsikoiden perusteella mahdollisesti aihealueeseen kuuluvat julkaisut.

the program there was no direct link to the other 10 databases and therefore these searches were done separately and were manually recorded in the EndNote database. In many databases (Fennica, ArbSpriSwe, Assia, PrettyLib) no complete abstracts were available, rather only a few lines described the studies. Also these publications and those found outside the databases were manually recorded in the EndNote database.

The computerized database literature searches were carried out until September 30, 1998. After that 15 Finnish experts¹ were contacted and all relevant references received from them and from the research group up until May 31, 1999 were included in the bibliography. In addition, reference lists of identified studies were examined; those articles that had relevant titles were then checked for their content, and appropriate articles were then included in the database.

1

Ari Haukkala, VTM, Kansanterveyslaitos, epidemiologian ja terveyden edistämisen osasto (National Public Health Institute, Department of Epidemiology and Health Promotion)

Unto Häkkinen, FT, dos., Stakes, terveydenhuollon tutkimusyksikkö (STAKES, Health Services Research Unit)

Marja Jylhä, LT, professori, Tampereen yliopisto, terveystieteen laitos (University of Tampere, Tampere School of Public Health)

Marjo-Riitta Järvelin, LT, professori, Oulun yliopisto, kansanterveys- ja yleislääketieteen laitos (University of Oulu, Department of Public Health and General Practice)

Lasse Kannas, professori, Jyväskylän yliopisto, terveystieteiden laitos (University of Jyväskylä, Department of Health Sciences)

Sakari Karvonen, VTT, Helsingin yliopisto, kansanterveystieteen laitos (University of Helsinki, Department of Public Health)

Markku Koskenvuo, LKT, prof. Turun yliopisto, kansanterveystieteen laitos (University of Turku, Department of Public Health)

Päivi Leino-Arjas, LT, dos., Työterveyslaitos (Finnish Institute of Occupational Health)

Anneli Milén, HLT, dos., Stakes, Ulkomaanavun yksikkö/HEDEC (STAKES, International Development Collaboration/HEDEC)

Veijo Notkola, PhD, dos., Tilastokeskus (Statistics Finland)

Juha Pekkanen, LT, dos., Kansanterveyslaitos, ympäristöepidemiologian yksikkö (National Public Health Institute, Unit of Environmental Epidemiology)

Eero Pukkala, FT, dos., Suomen Syöpärekisteri (Finnish Cancer Registry)

Ossi Rahkonen, VTT, dos., Helsingin yliopisto, sosiaalipolitiikan laitos (University of Helsinki, Department of Social Policy)

Sakari Suominen, LT, Turun yliopisto, kansanterveystieteen laitos (University of Turku, Department of Public Health)

Erkki Vartiainen, LKT, dos., Kansanterveyslaitos, epidemiologian ja terveyden edistämisen osasto (National Public Health Institution, Department of Epidemiology and Health Promotion)

Taulukko 1. Viitetietokannat, joista kirjallisuushaut tehtiin.

Table 1. Databases used for literature searches.

1. Medline	
Terveystieteiden keskeinen, kansainvälinen kirjallisuustietokanta (National Library of Medicine), joka sisältää viitteet ja tiivistelmät noin 3 900 lehden 70 maassa julkaistuista artikkeleista vuodesta 1966.	<i>The main bibliographic database in the health sciences maintained by the National Library of Medicine (NLM). It contains bibliographic citations and abstracts from approximately 3 900 current biomedical journals published in 70 countries since 1966.</i>
2. Sociofile	
Kansainvälinen sosiologian, sosiaalipolitiikan ym. yhteiskuntatieteiden tietokanta, joka sisältää artikkele- ja kirjaviitteitä tiivistelmineen vuodesta 1974. Tuottajana Cambridge Scientific Abstracts.	<i>An international database covering the fields of theoretical and applied sociology, social science and policy science. The database contains journal citations and abstracts, and book, chapter and association paper abstracts. Produced by Cambridge Scientific Abstracts.</i>
3. Cinahl	
(Cumulative Index to Nursing & Allied Health) Hoitotieteen kansainvälinen tietokanta, jossa artikkeliviitteitä yli 500 englanninkieliseen hoitotieteen ja lähi-alojen lehteen sekä alan amerikkalaisiin kirjoihin ja väitöskirjoihin vuodesta 1982.	<i>The Cumulative Index to Nursing & Allied Health database. It covers literature related to nursing and allied health fields from over 500 English-language journals since 1982.</i>
4. ArbSprisWeMed	
Lääketieteen, terveydenhuollon ja työympäristöalan pohjoismaainen tietopankki, joka sisältää eri organisaatioiden tuottamia useita viitetietokantoja <ul style="list-style-type: none">• Spriline (terveydenhuollon kirjallisuutta ja artikkeleita), Spriline Projekt (terveydenhuollon tutkimus- ja kehittämisprojekteja), Patrix (potilas-tiedottaminen; tiedontuottajina mm. Spri, Folkhälsoinstitutet, Handikappinstitutet, Äldrecentrum); vuodesta 1983• Swemed (ruotsalaiset ja norjalaiset lääketieteen artikkelit, raportit ja väitöskirjat vuodesta 1982; tiedontuottajana Karolinska institutets bibliotek• DSI-bib; tiedontuottajana DSI-institut för Sundhedsvaesen• Arblin (työympäristöala); tiedontuottajana Arbetslivsbiblioteket.	<i>A Nordic database covering the fields of medicine, health care and occupational health. It contains several bibliographic databases produced by different organizations:</i> <ul style="list-style-type: none">• <i>Spriline (healthcare literature and articles), Spriline Projekt (research and development projects in health care), Patrix (patient information; produced by Spri, Folkhälsoinstitutet, Handikappinstitutet, Äldrecentrum); since 1983</i>• <i>Swemed (Swedish and Norwegian articles, reports and doctoral dissertations in medicine); produced by Karolinska institutets bibliotek since 1982</i>• <i>DSI-bib; produced by DSI-institut för Sundhedsvaesen</i>• <i>Arblin (occupational health studies); produced by Arbetslivsbiblioteket.</i>
5. Medic	
Suomalainen lääketieteen ja terveydenhuollon viitetietokanta vuodesta 1978, joka koostuu kansainvälisten tietokantojen ulkopuolelle jäävistä, kotimaisista kirjallisuusviitteistä, väitöskirjoista, kokousjulkaisuista ja raporteista. Artikkeliviitteitä noin 60 suomalaisesta lääketieteen ja terveydenhuollon kausijulkaisusta. Tiedontuottajana Terveystieteiden keskus kirjasto (Terikko).	<i>A Finnish reference database covering the fields of medicine and health care that contains literature references, doctoral dissertations, conference proceedings and reports which have not been included in international databases. It consists of article references from about 60 Finnish periodicals in medicine and health care since 1978. Produced by Terveystieteiden keskus kirjasto (National Library of Health Sciences) (Terikko).</i>
6. Assia Plus	
(Applied Social Sciences Index and Abstracts) Kansainvälinen yhteiskuntatieteen ja hoitotieteen viitetietokanta vuodesta 1987, jossa artikkeliviitteitä yli 600 englanninkielisestä tieteellisestä lehdestä. Tiedon-tuottajana Reed/Bowker.	<i>Applied Social Sciences Index and Abstracts is an international bibliographic database covering the fields of social science and nursing science. It contains article references from over 600 English-language scientific journals since 1987. Produced by Reed/Bowker.</i>

7. Fennica

Suomalaisten kirjojen ja kausijulkaisujen kansallisbibliografiatietokanta, joka sisältää viitteet Suomessa julkaistuista ja Suomea koskevasta kirjallisuudesta 1960-luvulta lähtien. Tuottajana Helsingin yliopisto.

A Finnish National Bibliography database covering literature and serials either published in Finland or concerning Finland from the 1960s onwards. Produced by the University of Helsinki.

8. Caredata

(The Social and Community Care Database) Englanninkielinen sosiaalialaan, erityisesti sosiaali- ja hoitotyöhön liittyvä viitetietokanta, viitteitä ainakin vuodesta 1982. Tuottajana National Institute for Social Work (NISW).

The Social and Community Care Database covers relevant English-language social work and social care literature at least since 1982. Produced by the National Institute for Social Work (NISW).

9. PrettyLib

- StakesLib kokoelmätietokanta on viitetietokanta Stakesille hankituista tai vaihtoina ja lahjoituksina saaduista julkaisuista vuodesta 1991. Tietoja kaikkiaan yli 20 000 julkaisusta.
- PäihdeLib sisältää Päihdekirjaston aineiston vuosilta 1978–1995.

- *StakesLib is a bibliographic database containing all publications in the STAKES library since 1991 (consists of over 20 000 publications).*
- *PäihdeLib contains data from the Päihdekirjasto (Alcohol and Drug Library) from 1978 to 1995.*

10. MHC

(Mental Health Collection) Artikkeliviitteitä kymmenestä englanninkielisestä mielenterveysalan tieteellisestä lehdestä vuodesta 1995.

Mental Health Collection is a database containing article references from ten English-language scientific journals in the field of mental health since 1995.

11. NURC

(Nursing Health Collection) Artikkeliviitteitä 16 englanninkielisestä hoitotieteen tieteellisestä lehdestä vuodesta 1995.

Nursing Health Collection is a database containing article references from 16 English-language scientific journals in the field of nursing science.

Taulukko 2. Kansainvälisissä tietokannoissa käytetyt hakusanat.

Table 2. Keywords used in international databases.

Keywords illustrating socioeconomic status — Sosioekonomista asemaa kuvaavat hakusanat <i>Equity</i> — Oikeudenmukaisuus <i>Educational status</i> — Koulutustaso <i>Income</i> — Tulot <i>Inequalities in health</i> — Terveiden eriarvoisuus <i>Occupation/s</i> — Ammatit <i>Poverty</i> — Köyhyys <i>Social class</i> — Sosiaaliluokka <i>Social environment</i> — Sosiaalinen ympäristö <i>Social status</i> — Sosiaalinen asema <i>Socioeconomic factors</i> — Sosioekonomiset tekijät <i>Unemployment</i> — Työttömyys	Keywords illustrating explaining factors — Selittäviä tekijöitä kuvaavat hakusanat <i>Explanation</i> — Selittäminen <i>Explanatory factors</i> — Selittävät tekijät <i>Intervening factors</i> — Väliin tulevat tekijät <i>Risk factors</i> — Riskitekijät
Keywords illustrating diseases and use of health services — Sairauksia ja terveyspalvelujen käyttöä kuvaavat hakusanat <i>Affective disorders</i> — Mielialahäiriöt <i>Complications</i> — Komplikaatiot <i>Depression</i> — Masennus <i>Disease/s</i> — Sairaudet <i>Exertion</i> — Rasittuneisuus <i>Health behavior</i> — Terveyskäyttäytyminen <i>Health related lifestyle</i> — Terveysteen liittyvä elämäntapa <i>Health services</i> — Terveyspalvelut <i>Health status</i> — Terveystila <i>Hospitalization</i> — Sairaalaan joutuminen <i>Life expectancy</i> — Elinajanodote <i>Mental disorders</i> — Mielenterveyden häiriöt <i>Mental health</i> — Mielenterveys <i>Morbidity</i> — Sairastavuus <i>Mortality</i> — Kuolleisuus <i>Outcome</i> — Lopputulos <i>Survival rate</i> — Eloönjäämisluku	Keywords illustrating health policy and intervention — Terveyspolitiikkaa ja interventioita kuvaavat hakusanat <i>Disease prevention</i> — Sairauksien ennaltaehkäisy <i>Health education</i> — Terveyskasvatus <i>Health planning</i> — Terveys suunnittelu <i>Health promotion</i> — Terveysteen edistäminen <i>Intervention/s</i> — Interventiot <i>Law</i> — Laki <i>Policy/ies</i> — Poliittikat
	Keywords illustrating health determinants — Terveysteen determinantteja kuvaavat hakusanat <i>Alcohol drinking</i> — Alkoholinkäyttö <i>Alcoholism</i> — Alkoholismi <i>Attitude to health</i> — Terveystasenteet <i>Diet</i> — Ruokavalio <i>Exercise</i> — Liikunta <i>Food habits</i> — Ruokatottumukset <i>Leisure activities</i> — Vapaa-ajan toiminta <i>Life Style</i> — Elämäntyyli <i>Nutrition</i> — Ravitsemus <i>Nutritional status</i> — Ravitsemustila <i>Obesity</i> — Lihavuus <i>Physical activity</i> — Fyysinen aktiivisuus <i>Sense of coherence</i> — Koherenssin tunne <i>Smoking</i> — Tupakointi <i>Social relation/s</i> — Sosiaaliset suhteet <i>Social support</i> — Sosiaalinen tuki <i>Stress</i> — Stressi

Taulukko 3. Suomalaisissa tietokannoissa käytetyt hakusanat.

Table 3. Keywords used in Finnish databases.

Sosioekonomista asemaa kuvaavat hakusanat — Keywords illustrating socioeconomic status Ammattiryhmät — <i>Occupational groups</i> Eriarvoisuus — <i>Inequality</i> Koulutus — <i>Education</i> Köyhyys — <i>Poverty</i> Oikeudenmukaisuus — <i>Equity</i> Sosiaaliluokka — <i>Social class</i> Sosiaalinen — <i>Social</i> Sosiaaliryhmä — <i>Social group</i> Sosioekonominen — <i>Socioeconomic</i> Terveystilamerkit — <i>Health status differences</i> Terveyserot — <i>Health differences</i> Työttömyys — <i>Unemployment</i> Väestöryhmät — <i>Population groups</i>	Sairauksia ja terveyspalvelujen käyttöä kuvaavat hakusanat — Keywords illustrating diseases and use of health services Depressio — <i>Depression</i> Elinajanodote — <i>Life expectancy</i> Elämänhallinta — <i>Life control</i> Komplikaatiot — <i>Complications</i> Kuolleisuus — <i>Mortality</i> Masennus — <i>Depression</i> Mielenterveys — <i>Mental health</i> Sairaalahoido — <i>Hospital inpatient care</i> Sairastavuus — <i>Morbidity</i> Sairaus — <i>Disease</i> Terveystila — <i>Health status</i> Terveys — <i>Health</i> Terveyspalvelut — <i>Health services</i> Terveysvaikutukset — <i>Health impacts</i> Toimintakyky — <i>Functional ability</i>
Terveyden determinantteja kuvaavat hakusanat — Keywords illustrating health determinants Alkoholinkäyttö — <i>Alcohol drinking</i> Elintavat — <i>Living habits</i> Päihteet — <i>Intoxicants</i> Ravitsemuskäyttäytyminen — <i>Nutritional behavior</i> Ruokatottumukset — <i>Food habits</i> Terveyskäyttäytyminen — <i>Health behavior</i> Tupakointi — <i>Smoking</i>	Terveyspolitiikkaa ja interventioita kuvaavat hakusanat — Keywords illustrating health policy and intervention Interventio — <i>Intervention</i> Terveyspolitiikka — <i>Health policy</i>

3 Bibliografiassa mukana olevien julkaisujen kuvaus

Description of the publications included in the bibliography

Kirjallisuushaut tuottivat yhteensä noin 1 300 julkaisua, joista bibliografiaan valittiin aluksi otsikon ja abstraktin sekä myöhemmin myös itse artikkelin tai kirjan perusteella hieman yli 200 julkaisua. Noin kolmasosa mukaan otetuista julkaisuista löydettiin hakujen ulkopuolelta. Kaikkiaan bibliografia koostuu 351 julkaisusta, joista suurin osa on englanninkielisiä (205). Ruotsin- ja saksankielisiä oli molempia yksi ja loput 144 olivat suomenkielisiä. Kansainvälisissä lehdissä julkaistuja artikkeleita bibliografiassa on mukana 161 ja väitöskirjoja 24.

Sisällön perusteella julkaisut voitiin luokitella neljään ryhmään (taulukko 4), joista suurimmat olivat terveydentilan sosioekonomisia eroja selittävät (167) sekä sosiaaliseen asemaan kytkeytyvät terveyden determinantteja kuvailevat tutkimukset (150). Terveyden edistämishankkeet jaettiin kahteen alaryhmään: a) hankkeisiin jotka

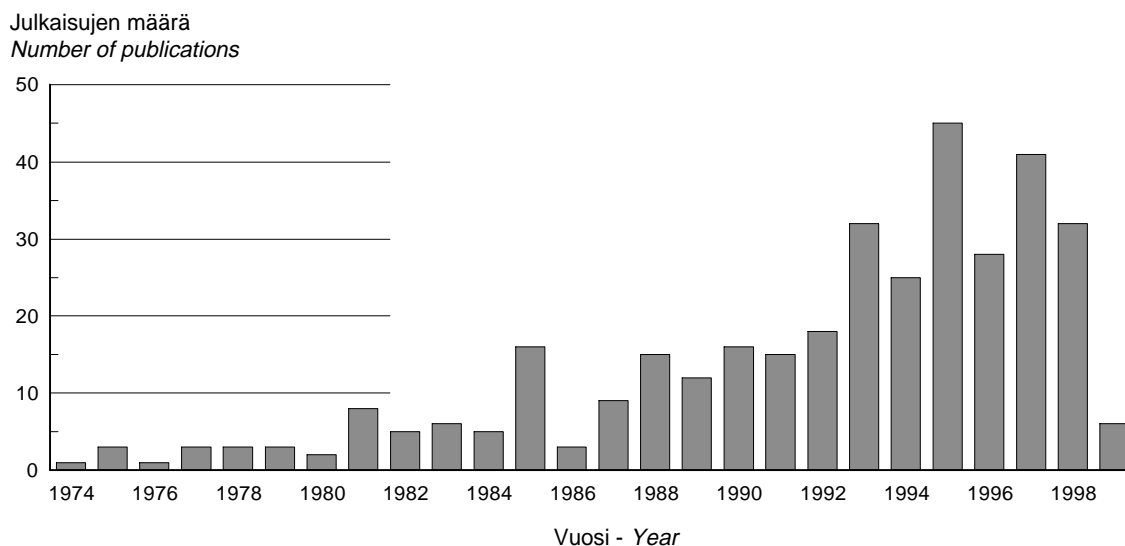
The computerized database literature searches produced a total of 1 300 publications, of which about 200 publications were selected for the bibliography first according to titles and abstracts and later according to the article or book itself. About a third of the publications in the bibliography were found outside the computerized database literature searches. Overall, the bibliography consists of 351 publications, which are mostly published in English (205). One publication is published in Swedish and one in German, and the remainder are in Finnish (144). The bibliography contains 161 articles published in international journals and 24 doctoral dissertations.

The publications were divided according to their contents into four broad categories (Table 4). The largest groups were studies explaining health inequalities (167) and studies on inequality in determinants of health (150). Publications

Taulukko 4. Julkaisujen sisällön perusteella tehty luokittelu

Table 4. Categories according the contents of the publications

Luokat — Categories	n	%
I Terveydentilan sosioekonomisia eroja selittävät tutkimukset <i>Studies explaining health inequalities</i>	167	47
II Terveyden (sosiaaliseen asemaan kytkeytyviä) determinantteja kuvailevat tutkimukset <i>Studies on inequality in determinants of health</i>	150	43
IIIa Koko väestöön suunnatut terveyden edistämishankkeet, joissa tarkasteltu hankkeen vaikutuksia sosioekonomisten ryhmien terveydentilaan <i>Interventions targeted at the whole population that also report effects on socioeconomic health inequalities</i>	6	2
IIIb Erityisryhmiin esim. ammatillisiin ryhmiin suunnatut terveyden edistämishankkeet <i>Interventions targeted at specific groups such as occupational groups</i>	22	6
IV Sosiaali- ja terveystoimien toimien vaikutusten arviointi <i>Studies evaluating the impacts of social and health policy actions</i>	6	2
Yhteensä — Total	351	100



Kuvio 1. Julkaisujen jakautuminen ilmestymisvuoden mukaan.

Figure 1. Number of publications in the bibliography by the year of publication.

on suunnattu koko väestöön, mutta joissa on tarkasteltu hankkeen vaikutuksia eri sosioekonomisten ryhmien terveydentilaan sekä b) erityisryhmiin suunnattuihin terveyden edistämishankkeisiin. Neljäs ryhmä muodostettiin julkaisuista, joissa käsiteltiin sosiaali- ja terveystieteiden toimien vaikutusten arviointia.

Kaikki bibliografiaan otetut julkaisut eivät olleet alkuperäistutkimuksia, vaan mukana on myös esimerkiksi katsauksia, terveydenhuollon erityispalvelujärjestelmien kuvauksia ja interventioiden suunnitelmia. Mukaan ei otettu julkaisuja, joissa pelkästään kuvattiin sosiaaliryhmien välisiä terveyseroja, koska niiden ei katsottu olevan bibliografian tavoitteiden kannalta keskeisiä. Artikkeliväitöskirjat, joissa yksikin artikkeli käsittelee aihealuetta, otettiin mukaan.

Yli 70 % bibliografiaan mukaan otetuista julkaisuista on ilmestynyt 1990-luvulla ja vain 4 % 1970-luvulla (kuviot 1). Vaikka alan tutkimus onkin voimakkaasti lisääntynyt juuri 1990-luvulla, vanhempien tutkimusten vähäinen osuus selittyy myös niiden huonolla saatavuudella kirjallisuustietokannoissa. Bibliografiasta puuttuu myös ns. harmaata kirjallisuutta, joka on julkaistu esimerkiksi raporteina, mutta jota ei ole viety rekistereihin eikä tietokantoihin. Osa bibliografian aihepiiriin kuuluvista hankkeista on jäänyt ulkopuolelle, koska niitä ei ole raportoitu eikä arvioitu. Tällaisia saattavat olla mm. kunnissa tehdyt erilaiset selvitykset sekä sosiaali- ja terveystieteelliset interventiot, joista ei ole julkaistu materiaalia. Myöskään kaikkia opinnäytetöitä ei ole systemaattisesti etsitty eri yliopistoista vaan mukaan ovat tulleet vain ne julkaisut, jotka on viety kirjallisuustietokantoihin tai joista työryhmän jäsenillä tai asiantuntijoilla oli tietoa.

reporting health promotion interventions were divided into two subgroups: a) interventions targeting the whole population that also reported effects on socioeconomic health inequalities and b) interventions targeted at specific population groups. The fourth group consisted of publications dealing with the impact of social and health policy actions.

Besides original studies, also reviews, descriptions of targeted health care programmes and reports on intervention plans are included in the bibliography. Papers only describing health inequalities were excluded because they were not central considering the objectives of the bibliography. Doctoral dissertations were included when at least one of the articles addressed relevant topics.

Over 70% of the 351 publications were published in the 1990s and only 4% in the 1970s (Figure 1). Although research in the field has strongly increased in the 1990s, another reason for the small proportion of earlier studies is that they are not as well covered by literature databases as those published recently. The bibliography also poorly covers so-called 'grey literature', which has been reported outside publication services and is not recorded in registers or databases. Furthermore, some relevant but unreported or unevaluated projects may have been excluded. These kinds of projects include, for example, research projects and social and health policy interventions carried out by municipal organizations. Doctoral dissertations and other academic theses were not systematically searched for from the universities. Therefore only those which were noted in literature databases or known by experts in the field were included.

4 Bibliografian rakenne

Structure of bibliography

Bibliografian julkaisut on numeroitu aakkosjärjestyksessä siten, että jokaisessa julkaisussa on mukana kaikkien kirjoittajien nimet, julkaisun otsikko sekä muut viitetiedot. Otsikot ovat bibliografiassa englanniksi ja suomeksi. Alkuperäinen otsikko on ensimmäisenä ja sen jälkeen suluissa nimi käännettynä.

Bibliografian lopussa ovat indeksit kirjoittajien, avainsanojen ja lehtien nimien mukaan siten, että indeksissä viitataan aina julkaisun järjestysnumeroon bibliografiassa. Julkaisuihin, joista valmiit avainsanat puuttuivat, työryhmä lisäsi avainsanat julkaisun sisällön perusteella.

Sisällön perusteella tehty neljän ryhmän luokittelu (taulukko 4) on haettavissa avainsaindeksistä, jossa ryhmät on jaoteltu seuraavasti: I = terveydentilan sosioekonomisia eroja selittävät tutkimukset, II = terveyden (sosiaaliseen asemaan kytkeytyviä) determinantteja kuvailevat tutkimukset, IIIa = terveyden edistämishankkeista seläiset koko väestöön suunnatut hankkeet, joissa on tarkasteltu hankkeen vaikutuksia sosioekonomisten ryhmien terveydentilaan, IIIb = terveyden edistämishankkeista erityisryhmiin, esimerkiksi ammatillisiin ryhmiin suunnatut hankkeet ja IV = sosiaali- ja terveystoimien vaikutusten arviointi.

The references in the bibliography are numbered in alphabetical order and the authors, title and other bibliographical data are provided for all of them. The references are provided with a title in the original language as well as in English or Finnish. The original title is first and after that the translated name is in parentheses.

At the end of the bibliography there is an author index together with a keyword index and an index of the journals cited. The indices refer to the running number in the reference list. For those publications without any keywords, the research group supplemented the keywords according to the contents of the publication. The category assigned according to the contents of the study (Table 4) is provided in the keyword index. The four categories are: I = studies explaining health inequalities, II = studies on inequality in determinants of health, IIIa = interventions targeting the whole population that also report effects on socioeconomic health inequalities, IIIb = interventions targeted at specific groups such as occupational groups, IV = studies evaluating the impacts of social and health policy actions.

5 Bibliografia *Bibliography*

- 1 Ahola A.
Naiset oireilevat – miehet katkeavat. Sukupuoli, sosiaalinen asema ja psyykinen oireilu (Gender, social position and psychological symptoms).
Tasa-arvojulkaissu. Sarja A: Tutkimuksia 1/1992. Helsinki, Sosiaali- ja terveysministeriö, 1992

Psyykkiset oireet	Gender
Sosiaalinen asema	Psychological Symptoms
Sukupuoli	Social Status
II	II

- 2 Arber S, Lahelma E.
Inequalities in women's and men's ill-health: Britain and Finland compared (Naisten ja miesten terveyserot: Britannian ja Suomen vertailu).
Social Science & Medicine 1993; 37(8): 1055–68

This paper examines inequalities in ill-health among men and women in Britain and Finland, using national survey data from the mid-1980s. Age-standardised illness ratios are compared followed by multivariate logistic regression analyses. The degree of social inequality in ill-health for women and men is greater in Finland than in Britain. British employed women in each class report less limiting long-standing illness than their Finnish counterparts. A major difference between the two countries is the poor health of British housewives. We relate these differences to societal variations in the participation of women in paid employment. In Finland women participate fully in paid work, whereas in Britain women are more likely to be full-time housewives or part-time employees. Unlike Finland, state provisions do not support the economic independence of British women. Structural variables, encapsulated by occupational class and employment status' are the primary factors associated with men's ill-health in Britain and Finland and also with Finnish women's ill-health. The difference between British and Finnish women is striking: class is associated with ill-health amongst women in both countries, but housing tenure and family roles are additional factors only among British women. In Britain, previously married women have particularly poor health. Our findings suggest that in a society such as Britain where paid employment is not universal for women, women's family roles and housing quality are associated with ill-health, but this is not the case in Finland, where women's participation in the labour market is near universal.

Aikuiset	Adult
Ammatit	Chronic Disease
Epidemiologia	Comparative Study
Iso-Britannia	Employment
Keski-ikäiset	Female

Krooniset sairaudet	Finland
Sairastavuus	Great Britain
Sosiaaliluokka	Health Surveys
Sukupuolitekiäjät	Male
Suomi	Middle Age
Terveystutkimukset	Morbidity
Työ	Occupations
Vertaileva tutkimus	Sex Factors
I	Social Class
	I

3

Arber S, Lahelma E.

Women, paid employment and ill-health in Britain and Finland (Naiset, palkkatyö ja terveys Britanniassa ja Suomessa).

Acta Sociologica 1993; 36: 121–38

Eriarvoisuus	Comparative Study
Naisten terveys	Health Inequalities
Palkkatyö	Morbidity
Sairastavuus	Paid Employment
Vertaileva tutkimus	Women's Health
I	I

4

Arinen S, Häkkinen U, Klaukka T, Klavus J, Lehtonen R, Aro S.

Suomalaisten terveys ja terveystalvelujen käyttö. Terveystahuollon väestötutkimuksen 1995/96 päätulokset ja muutokset vuodesta 1987 (Health and the use of health services in Finland. Main findings of the Finnish Health Care Survey 1995/96 and changes from 1987).

SVT Terveys 1998:5. Helsinki, Stakes/KELA, 1998

Elämäntyyli	Health Services
Terveystentila	Health Status
Terveystalvelut	Life Style
II	II

5

Aro S.

Stress, morbidity, and health-related behaviour. A five-year follow-up study among metal industry employees (Stressi, sairastavuus ja terveystkäyttäytyminen).

Metalliteollisuuden työntekijöiden viiden vuoden seurantatutkimus).

Scandinavian Journal of Social Medicine. Supplementum 1981; 25: 1–130

Ammatit	Dissertation, Academic
Seurantatutkimukset	Follow-Up Studies
Sairastavuus	Health Behavior
Stressi	Morbidity
Terveystkäyttäytyminen	Occupations
Väitöskirjat	Stress
I	I

6

Aro S, Aro H, Keskimäki I.

Socio-economic mobility among patients with schizophrenia or major affective disorder. A 17-year retrospective follow-up (Skitsofreniapotilaiden ja vaikeaa mielialahäiriötä sairastavien sosioekonominen liikkuvuus. 17-vuoden retrospektiivinen seuranta).

British Journal of Psychiatry 1995; 166: 759–67

Seurantatutkimukset	Follow-Up Studies
Skitsofrenia	Major Affective Disorder
Sosioekonominen asema	Schizophrenia
Sosiaalinen liikkuvuus	Social Mobility
Vaikeat mielialahäiriöt	Socioeconomic Status
I	I

7

Aro S, Aro H, Salinto M, Keskimäki I.

Educational level and hospital use in mental disorders. A population-based study (Koulutustaso ja sairaalahoito mielenterveyden häiriöissä. Väestötutkimus).

Acta Psychiatrica Scandinavica 1995; 91(5): 305–12

This population-based study presents socioeconomic differences in psychiatric inpatient care by diagnosis. Inpatient care among the Finnish population aged 25–64 years was studied using data from the Finnish National Hospital Discharge Register. All major mental disorders in the ICD-9 were included in the study. The socioeconomic status of individual patients was defined by years of education in the population census. Discharge rates, first-time admission rates and hospitalization risk were usually 2- to 4-fold higher in the low educational group compared with the highly educated population. The socioeconomic gradient was steepest for schizophrenia. No gradient was observed for major affective disorders. However, bipolar disorder was most common in the highest educational category. For most conditions, the socioeconomic gradient among women was lower than among men. In Finland hospitalization was more common among low than high socioeconomic groups for most mental disorders and most indicators of inpatient care. Most of these differences are fairly consistent with previous data on socioeconomic gradients in the prevalence of mental disorders.

Aikuiset	Adult
Epidemiologia	Educational Status
Epidemiologiset menetelmät	Epidemiologic Methods
Keski-ikäiset	Female
Koulutustaso	Finland
Mielenterveyshäiriöt	Hospitalization
Sairaalahoito	Male
Sosioekonomiset tekijät	Mental Disorders
II	Middle Age
	Socioeconomic Factors
	II

8

Aro S, Hasan J.

Occupational class, psychosocial stress and morbidity (Ammattiasema, psykososiaalinen stressi ja sairastavuus).

Annals of Clinical Research 1987; 19(2): 62–8

The association between stress and morbidity was studied in an industrial population, which consisted of both white-collar and blue-collar workers (n = 902). Information about living and working conditions, health behaviour, mental well-being and morbidity were obtained by questionnaires, interviews, clinical examinations, and physiological and biochemical measurements. The same cohort was re-examined after five and ten years. Comparison of occupational classes showed consistently that living and working conditions, psychosocial stress, and health and sickness behaviour were more deleterious among blue-collar workers and their morbidity and mortality rates were higher than among white-collar workers. The effect of stress on health was examined both cross-sectionally and longitudinally. Psychosocial stressors at work were related to mental strain, perceived health, and absenteeism. Stress symptoms were strongly associated with perceived health, locomotor symptoms, smoking, drinking, and absenteeism. None of the stress indicators were related to blood pressure. In the follow-up the baseline indicators of stress predicted future chronic illness and angina pectoris, but not hypertension or myocardial infarction. Blood pressure changes were not related to psychosocial factors. Stress did not predict mortality in the ten year follow-up. The study suggests that psychosocial stress is mostly related and may be causally linked to such indicators of morbidity as perceived health, bodily symptoms and sickness behaviour. The aetiological contribution of stress to biologically defined morbidity may be weak.

Ammatit	Attitude to Health
Ammatilliset sairaudet	Complications
Terveysasenteet	Finland
Epidemiologia	Follow-Up Studies
Sairaan rooli	Occupational Diseases
Seurantatutkimukset	Occupations
Sosiaaliluokka	Psychological Stress
Stressi	Sick Role
I	Social Class
	Stress
	I

9

Aro S, Räsänen L.

Ravintorasvojen ja sokerin käytön muutokset teollisuuden toimihenkilöillä ja työntekijöillä 1973–83 (In Finnish with an English abstract) (Changes in use of dietary fats and sugar among white-collar and blue-collar workers in 1973–83).

Sosiaalilääketieteellinen Aikakauslehti 1985; 22: 173–83

Ammattiryhmät	Follow-Up Studies
Ruokatottumukset	Food Habits
Seurantatutkimukset	Occupational Groups
II	II

10

Aro S, Räsänen L, Telama R.

Social class and changes in health-related habits in Finland in 1973-1983
(Sosiaaliluokka ja terveyskäyttäytyminen Suomessa 1973–1983).
Scandinavian Journal of Social Medicine 1986; 14(1): 39–47

The aim of this project was to study social class differences with respect to various health-related habits and especially to note the changes in these habits after a 10-year follow-up period. From this study conclusions can be drawn as to whether health education efforts and increased interest in personal health has been more widely adopted by the more educated groups than the less educated groups, whose morbidity and mortality rates are higher. The sample consisted of 902 white-collar and blue-collar workers. Smoking was found to be more common among blue-collar workers in both years. Smoking rates had declined in all groups except female blue-collar workers. Occasions of drinking were more frequent among white-collar than blue-collar workers. However, heavier forms of drinking were more common in male blue-collar than white-collar groups, while the opposite was true among women. Dietary habits in white-collar groups were closer to the “official” recommendations than in the respective blue-collar groups in both years. White-collar men were physically more active at the time of the first investigation, and even more so ten years later. Among women, social class differences were in the same direction, but less marked. In conclusion, in the early 1970s the health-related habits examined were, in most instances, less favourable among blue-collar than white-collar workers. No consistent pattern of change in these habits was observed in the 10-year follow-up. At the end of the follow-up, many of the “inequalities” still persisted.

Aikuiset	Adult
Alkoholinkäyttö	Alcohol Drinking
Ammatit	Dietary Fats
Elämäntyyli	Exertion
Keski-ikäiset	Female
Ravintorasvat	Finland
Seurantatutkimukset	Follow-Up Studies
Sosiaaliluokka	Health
Terveydentila	Health Education
Terveys	Health Status
Terveyskasvatus	Life Style
Tupakointi	Male
II	Middle Age
	Occupations
	Smoking
	Social Class
	Time Factors
	II

11

Aromaa A.

Sosioekonomiset tekijät ja verenkiertoelinten sairaudet (In Finnish with an English abstract) (Socioeconomic factors and cardiovascular diseases).
Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 329–39

Katsaukset	Cardiovascular Diseases
Sepelvaltimotaudin riskitekijät	Coronary Risk Factors
Sosioekonominen asema	Reviews
Sydän- ja verisuonitaudit	Socioeconomic Factors
I	I

12

Aromaa A, Reunanen A, Knekt P, Pyörälä K.

Sosioekonomiset tekijät, sepelvaltimotaudin vaaratekijät ja sepelvaltimotauti.

Tutkimus ja kansanterveys 1980, symposiumiraportti, osa II: Sydän- ja verisuonitutkimus ja ravitsemustutkimus (Socioeconomic factors, coronary risk factors and coronary heart disease. Symposium Report).

In: Suomen Akatemian julkaisuja 1981:4. Helsinki, Suomen Akatemia, 1980: 66–99

Ammatit	Coronary Disease
Koulutustaso	Coronary Risk Factors
Perheen ominaispiirteet	Educational Status
Riskit	Family Characteristics
Sepelvaltimotaudin riskitekijät	Occupations
Sepelvaltimotauti	Social Class
Sosiaaliluokka	Risk
Sosioekonomiset tekijät	Socioeconomic Factors
I	I

13

Aromaa A, Reunanen A, Knekt P, Pyörälä K.

Sosioekonomiset tekijät, sepelvaltimotaudin vaaratekijät ja sepelvaltimotauti (Socioeconomic factors, coronary risk factors and coronary heart disease).

Helsingin Lääkärilehti 1981; 38(6): 30–5

Sepelvaltimotaudin riskitekijät	Coronary Disease
Sepelvaltimotauti	Coronary Risk Factors
Sosioekonominen asema	Socioeconomic Factors
I	I

14

Aukee R, Rauhala P-L, Rimpelä U.

Sosiaalinen asema, terveydentila ja terveystottumukset. Empiirinen tutkimus 20-, 30-, ja 40-vuotiaista tamperelaisista naisista (In Finnish with an English abstract)

(Social status, health and health behaviour. An empirical study of 20, 30 and 40 year-old female residents of Tampere).

Kansanterveystieteen julkaisuja M 1985:88. Tampere, Tampereen yliopisto, Kansanterveystieteen laitos, 1985

Naisten terveys	Health Behavior
Sosiaalinen asema	Social Status
Terveyskäyttäytyminen	Women's Health
I	I

15

Auvinen A.

Social class and colon cancer survival in Finland (Sosiaaliluokka ja paksusuolensyöpää sairastaneiden eloonjääminen Suomessa).
Cancer 1992; 70(2): 402–9

METHODS. Social class differences in colon cancer survival were studied in 3147 patients with colon cancer diagnosed in Finland from 1979-1982. Of these patients, 2969 were eligible for survival analysis. RESULTS. A clear social class gradient in colon cancer survival was detected. The difference in the age-adjusted relative risk of death due to colon cancer between the highest (I) and lowest (IV) social class was 19%. Stage of disease at diagnosis accounted for a substantial proportion of differences in survival, and treatment accounted for the rest of them. Differences in treatment by social class were most apparent among patients with advanced or unknown stage of disease at diagnosis. Controlling for the place of residence had little effect on the survival differences. Delay in diagnosis did not account for the observed differences in survival by social class.

Eloonjääminen	Aged
Ennuste	Colonic Neoplasms
Henkilövuositaulukot	Female
Ikääntyneet	Finland
Keski-ikäiset	Life Tables
Kuolleisuus	Male
Leikkaukset	Middle Age
Monimuuttuja-analyysit	Mortality
Paksusuolikasvaimet	Multivariate Analysis
Regressioanalyysi	Prevalence
Riskit	Prognosis
Sosiaaliluokka	Regression Analysis
Vallitsevuus	Risk
Vanhukset	Social Class
I	Surgery
	Survival Rate
	I

16

Auvinen A, Karjalainen S.

Sosiaaliluokka ja syöpäpotilaan eloonjääminen (In Finnish with an English abstract)
(Social class and cancer patient survival).
Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 341–8

Eloonjääminen	Health Inequalities
Kasvaimet	Neoplasms
Katsaukset	Reviews
Sosiaaliluokka	Social Class
Terveyden eriarvoisuus	Survival
I	I

Bardy AH, Seppälä T, Lillsunde P, Koskela P, Gref CG.

Objectively measured tobacco exposure among pregnant women in Finland in 1986 and 1990 (Raskaana olevien naisten objektiivisesti mitattu altistuminen tupakalle Suomessa 1986 ja 1990).

Acta Obstetricia & Gynecologica Scandinavica 1994; 73(1): 30–4

OBJECTIVE. First, to study tobacco exposure among pregnant Finnish women in 1986 and 1990. Second, to study the objectively measured exposure in different socio-economic classes and in different geographical regions. Third, to assess the value of serum thiocyanate concentrations in estimating fetal tobacco exposure. **DESIGN.** Tobacco exposure was measured from maternal and umbilical serum samples by measuring the concentration of nicotine metabolite, cotinine. In addition, the concentrations of thiocyanate were measured from umbilical serum samples. The occupations of the mothers were obtained from the Finnish Birth Registry, and the area of residence from laboratory records. **SETTING.** Finland. **SUBJECTS.** 1323 infants born in late February-early March in 1991, 1263 mothers of these infants during antenatal visits in Autumn 1990, and 976 pregnant mothers during antenatal visits in Autumn 1986. The mothers and infants studied represented all newborn infants and their mothers during one week in one country. **MEASUREMENTS AND MAIN RESULTS.** In 1986, 21.3% of Finnish mothers and in 1990 21.2% were exposed to tobacco. In 1986, exposed mothers were on average 1.4 (95% confidence interval 0.9–1.8) years younger than nonexposed mothers, and in 1990, exposed mothers were on average 1.6 years (95% confidence interval 1.1–2.3) younger than nonexposed mothers. 28.5% of mothers classified as unskilled workers were exposed, but only 9.1% of those classified as upper white-collar. There were no significant geographical differences in exposure. Although umbilical serum thiocyanate levels were always elevated in exposed infants, high serum thiocyanate concentrations were detected in infants not exposed to tobacco. **CONCLUSIONS.** More than 20% of pregnant Finnish mothers and their fetuses were exposed to tobacco in 1986 and 1990. Young women and women in low socioeconomic classes were the most seriously exposed. Measurement of serum thiocyanate concentrations did not yield reliable estimates of exposure.

Aikuiset	Adolescence
Haittavaikutukset	Adult
Nikotiini	Cotinine/blood
Nuoret	Female
Raskauden aikainen altistuminen	Fetal Blood
Raskaus	Finland
Raskauskomplikaatiot	Infant, Newborn
Riskitekijät	Nicotine
Sikiöveri	Pregnancy
Sosioekonomiset tekijät	Pregnancy Complications
Tupakointi	Prenatal Exposure Delayed Effects
Vastasyntyneet	Risk Factors
II	Smoking
	Socioeconomic Factors
	Thiocyanates/blood
	II

- 18** Berg M-A, Karjalainen V, Puska P.
Suomalaisen aikuisväestön terveystyytyminen: kevät 1992
(Health behaviour among Finnish adult population: Spring 1992).
Kansanterveyslaitoksen julkaisuja b 1993:5. Helsinki, Kansanterveyslaitos, 1993

Kansanterveys	Finland
Suomi	Health Behavior
Terveystyytyminen	Public Health
Tilastot	Statistics
II	II

- 19** Byckling T, Åkerblom HK, Viikari J, Louhivuori K, Uhari M, Räsänen L, Suoninen P, Pietikäinen M, Pesonen E, Lähde PL, Dahl M, Dahlström S, Aromaa A, Pyörälä K.

Atherosclerosis precursors in Finnish children and adolescents. IX. Socioeconomic status and risk factors of coronary heart disease (Ateroskleroosia ennustavat tekijät suomalaisilla lapsilla ja nuorilla. IX. Sosioekonominen asema ja sepelvaltimotaudin riskitekijät).

Acta Paediatrica Scandinavica. Supplementum 1985; 318: 155–67

Relationships between parental socioeconomic status and CHD risk factors were examined in the Finnish Multicentre Study on Atherosclerosis Precursors comprising a material of 3,596 study subjects aged 3–18 years in five university cities and 12 rural communes. The work is based on the hypothesis that socioeconomic status has associations with important lifestyle factors related to the evolution of CHD risk factors. Although there is some indication that parental status variables correlate with CHD risk factors, the majority of the data point to the conclusion that socioeconomic status indicators have little relevance for children's CHD risk factor levels. The main exceptions to the above stated were the lower P/S ratio of the diet in farmers' children compared to the other socioeconomic groups in all age cohorts, and the higher serum total and LDL-cholesterol levels in the farmers' children as compared to the others in some age cohorts. The explanation to these findings is the dietary practice in farmers' households, full milk and butter being favoured instead of other milk types and vegetable margarine, respectively. Our findings illustrate the importance of the families' dietary habits with regard to certain CHD risk factors.

Insuliini	Adolescence
Lapset	Blood Pressure
Nuoret	Child
Rasva-arvot	Child, Preschool
Ravintorasvat	Coronary Disease
Riskit	Dietary Fats
Sepelvaltimotauti	Exertion
Sosiaaliluokka	Female
Sosioekonomiset tekijät	Finland
Tupakointi	Insulin
Verenpaine	Lipids
II	Male
	Risk
	Smoking
	Social Class
	Socioeconomic Factors
	II

Cavelaars AE, Kunst AE, Geurts JJ, Crialesi R, Grotvedt L, Helmert U, Lahelma E, Lundberg O, Matheson J, Mielck A, Mizrahi A, Rasmussen NK, Regidor E, Spuhler T, Mackenbach JP.

Differences in self reported morbidity by educational level: a comparison of 11 western European countries (Itseilmoitetun sairastavuuden erot koulutustason mukaan: 11 Euroopan maan välinen vertailu).

Journal of Epidemiology and Community Health 1998; 52(4): 219–27

STUDY OBJECTIVE: To assess whether there are variations between 11 Western European countries with respect to the size of differences in self reported morbidity between people with high and low educational levels. **DESIGN AND METHODS:** National representative data on morbidity by educational level were obtained from health interview surveys, level of living surveys or other similar surveys carried out between 1985 and 1993. Four morbidity indicators were included and a considerable effort was made to maximise the comparability of these indicators. A standardised scheme of educational levels was applied to each survey. The study included men and women aged 25 to 69 years. The size of morbidity differences was measured by means of the regression based Relative Index of Inequality. **MAIN RESULTS:** The size of inequalities in health was found to vary between countries. In general, there was a tendency for inequalities to be relatively large in Sweden, Norway, and Denmark and to be relatively small in Spain, Switzerland, and West Germany. Intermediate positions were observed for Finland, Great Britain, France, and Italy. The position of the Netherlands strongly varied according to sex: relatively large inequalities were found for men whereas relatively small inequalities were found for women. The relative position of some countries, for example, West Germany, varied according to the morbidity indicator. **CONCLUSIONS:** Because of a number of unresolved problems with the precision and the international comparability of the data, the margins of uncertainty for the inequality estimates are somewhat wide. However, these problems are unlikely to explain the overall pattern. It is remarkable that health inequalities are not necessarily smaller in countries with more egalitarian policies such as the Netherlands and the Scandinavian countries. Possible explanations are discussed.

Eurooppa	Adult
Ikääntyneet	Aged
Keski-ikäiset	Educational Status
Koulutustaso	Europe
Regressioanalyysi	Female
Retrospektiiviset tutkimukset	Health Status Indicators
Sairastavuus	Health Surveys
Sosioekonomiset tekijät	Male
Terveydentilaindikaattorit	Middle Age
Terveystutkimukset	Morbidity
I	Regression Analysis
	Retrospective Studies
	Socioeconomic Factors
	I

Elo J, Björkqvist S, Tupi K, Virolainen R, Vohlonen I.

Terveyspalveluauton käyttö viljelijöiden työterveyshuollossa (In Finnish with an English abstract) (Mobile Service Unit in Occupational Health Care for Farmers).

Kansaneläkelaitoksen julkaisu M: 50. Helsinki, Kansaneläkelaitos, 1985

Liikkuvat terveyspalveluyksiköt	Farmers
Maanviljelijät	Mobile Units
Maaseudun terveydenhuolto	Occupational Health Care
Työterveyshuolto	Rural Health Care
IIIb	IIIb

Gissler M, Rahkonen O, Järvelin MR, Hemminki E.

Social class differences in health until the age of seven years among the Finnish 1987 birth cohort (Sosiaaliluokkien väliset erot terveydessä seitsemän vuoden ikään mennessä Suomessa vuoden 1987 syntymäkohortissa).

Social Science & Medicine 1998; 46(12): 1543–52

Studies on social class differences in childhood health are controversial partly because of different data collection methods, limited sample sizes and the use of limited numbers of health indicators. The increasing collection of health register data enables the use of such data in social class studies. Our purpose was to investigate social class differences in mortality and morbidity among all children born in Finland in 1987 (N=59,865 liveborns) until the age of seven by using several national health registers, and to study whether perinatal health explains these differences. The follow-up was based on data linkage with six national health registers, with 18 regional registers of mentally disabled children, covering the whole country, and with 38 educational registers of the largest county. Morbidity was measured in terms of a cumulative disease index, the cumulative incidence of asthma, diabetes, epilepsy and intellectual disability, hospitalisations, disease-related welfare benefits and special education. Social class, divided in four groups (I–III, Others) was defined by using the mother's occupation at the time the child was seven years old. Our study showed that register-based data collection is a feasible method for studying social class differences in health. In the unadjusted analysis, social class differences were found for all indicators except mortality after the age of one year and for the cumulative incidence of asthma and diabetes. After adjusting for confounders, the children in the lowest social class had the highest risk for poor health outcome both in the perinatal period and in childhood, and had the most intellectual disabilities, the highest mean of hospitalisation days, and received the most special education. The differences were not explained by perinatal health. The health of the children in the lowest social class was poorer, especially regarding mental indicators.

Epidemiologia	Chi-Square Distribution
Koulutus	Child
Krooniset sairaudet	Child Health Services
Kuolleisuus	Child Welfare
Lapset	Chronic Disease
Lapsikuolleisuus	Confidence Intervals
Lasten hyvinvointitilastot	Education, Special
Lasten terveystilastot	Finland
Logistiset mallit	Follow-Up Studies
Luottamusvälit	Health Status Indicators
Rekisterit	Infant Mortality
Seurantatutkimukset	Infant, Newborn
Sosiaaliluokka	Logistic Models
Terveydentilaindikaattorit	Mortality
Vastasyntyneet	Mothers
Äidit	Odds Ratio
I	Registries
	Social Class
	I

Gästrin G, Miller AB, To T, Aronson KJ, Wall C, Hakama M, Louhivuori K, Pukkala E. Incidence and mortality from breast cancer in the Mama Program for Breast Screening in Finland, 1973–1986 (Rintasyövän ilmaantuvuus ja kuolleisuus rintojen seulontaohjelmassa Suomessa 1973–1986). *Cancer* 1994; 73(8): 2168–74

BACKGROUND. A cohort of women enrolled in the Mama breast self-examination (BSE) containing breast screening program in Finland from 1973 through 1975 (with BSE used for screening and mammography for diagnosis) was studied. **METHODS.** Twenty-eight thousand seven hundred eighty-five women who returned calendars recording their practice of BSE over a 2-year period have been followed by linkage with the records of the Finnish Cancer Registry through 1986. The incidence of and mortality from breast cancer was compared with that expected in the Finnish population based on a model incorporating Finnish national data for breast cancer incidence and case fatality. **RESULTS.** Breast cancer incidence was higher than expected (a rate ratio of 1.19 over all ages). The stage distribution of cases was not different from that expected from Finnish cancer registry data for 1980, but the breast cancer mortality was lower than expected (a rate ratio of 0.75). The latter difference occurred mainly in Years 3–6 of the follow-up period. The effect seemed similar in women under and over the age of 50 years. The cohort was of higher educational status than the Finnish population, and the mortality from all causes was lower than the general Finnish population, an effect seen in previous studies of compliers with breast screening. **CONCLUSIONS.** The reduction in mortality from breast cancer in the study cohort is consistent with an effect of the BSE-containing Mama program, though selection bias, inherent in any observational study of screening, provided an alternative explanation for the findings.

Aikuiset	Adult
Ikääntyneet	Aged
Ilmaantuvuus	Breast Neoplasms
Joukkotutkimukset	Breast Self-Examination
Keski-ikäiset	Cohort Studies
Kohorttitutkimukset	Comparative Study
Koulutustaso	Educational Status
Mammografia	Female
Naiset	Finland
Rintakasvaimet	Incidence
Rintojen itsetarkkailu	Mammography
Vertaileva tutkimus	Mass Screening
IIIa	Middle Age
	Mortality
	IIIa

Haavio-Mannila E. Impact of co-workers on female alcohol use (Työtovereiden vaikutus naisten alkoholinkäyttöön). *Contemporary Drug Problems* 1991; 18(4): 597–627

Aikuiset	Adult
Alkoholikäyttäytyminen	Drinking Behavior
Alkoholinkäyttö	Drinking Habits
Helsinki-Suomi	Female
Kyselyaineisto	Helsinki-Finland
Naiset	Peer-Influence
Sosioekonomiset tekijät	Socioeconomic Factors
Vertaisvaikutus	Questionnaire Data
II	II

- 25** Haavio-Mannila E, Kauppinen-Toropainen K, Kandolin I.
Naisten juomatavat mies- ja naisvaltaisilla aloilla (In Finnish with an English abstract) (Women's drinking patterns in male- and female-dominated occupations).
Alkoholipolitiikka 1989; 54(6): 280–96

Alkoholinkäyttö	Alcohol Drinking
Epätraditionaaliset ammatit	Drinking Behavior
Naiset	Female
Naisten juomatavat	Finland
Mies- ja naisvaltaiset ammatit	Male- vs Female-Dominated Occupations
Postikyselyaineistot	Mail Questionnaire Data
Suomi	Nontraditional Occupations
Työssäkäyvät naiset	Sexual Division of Labor
Työvoiman sukupuolijakauma	Women's Drinking Patterns
II	Working Women
	II

- 26** Halmesmäki E, Kinnunen K.
Raskaudenaikaisen alkoholinkäytön yleisyys ja taustatekijät (Frequency and factors affecting alcohol use during pregnancy).
Duodecim 1993; 109(12): 1070–4

Aikuiset	Adolescence
Alkoholinkäyttö	Adult
Koulutustaso	Alcohol Drinking
Naiset	Educational Status
Nuoret	Female
Raskaus	Finland
Suomi	Pregnancy
II	II

- 27** Harju E.
Food energy and nutrient intake by some groups of Finnish population (Energian ja ravintoaineiden saanti joissakin suomalaisissa väestöryhmissä).
Nutrition and Metabolism 1977; 21(Suppl 1): 13–5

Aikuiset	Adolescence
Ammatit	Adult
Energiansaanti	Diet
Nuoret	Dietary Carbohydrates
Ravinnon hiilihydraatit	Dietary Fats
Ravinnon proteiinit	Dietary Proteins
Ravintorasvat	Energy Intake
Ravitsemustutkimukset	Female
Ruokavalio	Finland
Suomi	Male
II	Nutrition Surveys
	Occupations
	II

- 28** Hasan J.
Social class, disease and death (Sosiaaliluokka, sairaus ja kuolema).
Proceedings of the Society for Hornphysiology No.6. Tampere, Institute of Public Health, University of Tampere, 1988
- | | |
|---------------------|------------------------|
| Kuolleisuus | Dissertation, Academic |
| Sairastavuus | Follow-Up Studies |
| Seurantatutkimukset | Morbidity |
| Sosiaaliluokka | Mortality |
| Työolot | Social Class |
| Väitöskirjat | Working Conditions |
| I | I |
- 29** Hasan J.
Way-of-life, stress, and differences in morbidity between occupational classes
(Elämäntapa, stressi ja sairastavuuserot eri ammattiryhmien välillä).
In: Fox J, Ed. Health inequalities in European countries. Aldershot, Gower, 1989: 372–85
- | | |
|---------------------|--------------------|
| Sairastavuus | Follow-Up Studies |
| Seurantatutkimukset | Morbidity |
| Sosiaaliluokka | Social Class |
| Stressi | Stress |
| Työolot | Working Conditions |
| I | I |
- 30** Haukkala A, Uutela A.
Cynical hostility, depression and obesity: a moderating role of SES and gender
(Kyyninen vihamielisyys, depressio ja lihavuus: sosioekonomisen aseman ja sukupuolen vaikutus yhteyteen).
International Journal of Eating Disorders 1999; 24: in press
- | | |
|------------------------|----------------------|
| Kyyninen vihamielisyys | Cynical Hostility |
| Lihavuus | Depression |
| Masennus | Gender |
| Sosioekonominen asema | Obesity |
| Sukupuoli | Socioeconomic Status |
| II | II |
- 31** Haukkala A, Uutela A, Vartiainen E, McAlister A, Knekt P.
Depression and smoking cessation: The role of motivation and self-efficacy
(Masennus ja tupakoinnin lopettaminen: motivaation ja omien voimavarojen merkitys).
Addictive Behaviors 1999; 24: in press
- | | |
|--------------------------|-------------------|
| Masennus | Depression |
| Motivaatio | Motivation |
| Tupakoinnin lopettaminen | Self-Efficacy |
| I | Smoking Cessation |
| | I |

Heikkinen E, Arajärvi R-L, Era P, Jylhä M, Kinnunen V, Leskinen A-L, Leskinen E, Masseli E, Pohjolainen P, Rahkila P, et al.

Functional capacity of men born in 1906–10, 1926–30 and 1946–50. A basic report (Vuosina 1906–10, 1926–30 sekä 1946–50 syntyneiden miesten toimintakyky. Perusraportti).

Scandinavian Journal of Social Medicine. Supplementum 1984; 33

This interdisciplinary study aims at describing the functional capacity of men belonging to different generation cohorts. The development of methods for the assessment of functional capacity is also the purpose of the study. Functional capacity is defined as a hierarchy comprising physical, mental and social areas into which individuals can be placed depending on the levels of the assessed functions. The study also aims at analyzing environmental and individual factors which are assumed to cause variation in the levels of functions. The purpose of this first report is to describe the framework of the study, the methods and main results concerning differences between cohorts and occupational groups. The sampling frame consisted of the population register of Jyväskylä town in January 1981. The basic populations were men in three age groups, born in 1946–50, 1926–30 and 1906–10. From each age group a systematic random sample of 250 men was made. Persons who had moved or died by the end of August 1981 or were living in institutions (6 men) were removed from the samples. The sample sizes were further randomly reduced so that the final samples consisted of 183, 188 and 176 men. At the time of the study the ages of the cohorts were 31–35, 51–55 and 71–75. The study included postal questionnaires, interviews and laboratory examinations. The basic questionnaire dealt with the background information, living conditions, life history, occupational history, social contacts and social participation, close human relations, use of time, health status and living habits. The second postal questionnaire dealing with psychic capacity included the following main items: life changes, self-realisation, personal trait anxiety, social fears, coping, self-respect, and the purpose of life. The basic questionnaire was checked in an interview when the subjects came for the laboratory examinations. The entrance interview also included questions about the most important events of previous 24 hours. In addition the subjects filled in a questionnaire on situational anxiety. The laboratory examinations included the following tests: cognitive capacity (4 tests), audiometry, speech understanding, visual tests, vibration threshold, posture control, reaction and movement time, tapping rate, leg extension velocity, anthropometric measurements, skin measurements, bone mineral density, physiotherapist's examination, physician's examination, blood analyses, isometric strength of muscles (5 muscles), anaerobic power, aerobic power and anaerobic threshold.(ABSTRACT TRUNCATED AT 400 WORDS)

Aikuiset	Adult
Elämäntyyli	Aged
Fyysiset tutkimukset	Aging
Ikääntyneet	Anthropometry
Keski-ikäiset	Cognition
Kuuleminen	Comparative Study
Kyselylomakkeet	Finland
Käsityskyky	Health Status
Miehet	Health Surveys
Näkö	Hearing
Sosiaalinen käyttäytyminen	Life Style
Sosioekonomiset tekijät	Male
Terveystutkimukset	Middle Age
Vertaileva tutkimus	Physical Examination
II	Questionnaires
	Social Behavior
	Socioeconomic Factors
	Vision
	II

- 33** Heikkinen E, Arajärvi R-L, Jylhä M, Koskinen S, Pekurinen M, Pohjolainen P. Eläkeikäiset Tampereella. Haastattelututkimus 60–89-vuotiaiden tamperelaisten terveydentilasta, toimintakykyisyydestä, palvelujen käytöstä ja elintavoista (The elderly in the city of Tampere. A study on health status, functional ability, use of services and individual way of life of the 60–89 years old people in Tampere). Kansanterveystieteen julkaisuja M 65/81. Tampere, Kansanterveystieteen laitos, 1981

Elintavat	Aged
Ikääntyneet	Functional Capacity
Terveydentila	Health Services
Terveyspalveluiden käyttö	Health Status
Toimintakyky	Life Style
II	II

- 34** Heikkinen E, Era P, Jokela J, Jylhä M, Lyyra A-L, Pohjolainen P. Socioeconomic and life-style factors as modulators of health and functional capacity with age (Sosioekonomisten tekijöiden ja elintapojen vaikutus terveyteen ja toimintakykyyn iän mukaan). In: Schroots JFF, Ed. Aging, health and competence. Elsevier Science Publishers B.V.,1993

Elintavat	Aged
Ikääntyminen	Aging
Ikääntyneet	Functional Capacity
Sairastavuus	Health Status
Sosioekonominen asema	Life Style
Terveydentila	Morbidity
Toimintakyky	Socioeconomic Status
II	II

- 35** Heikkinen E, Käyhty-Seppänen B, Pohjolainen P. Health situation and related social conditions among 66-year-old Finnish men (Terveydentilaan liittyvät sosiaaliset tekijät 66-vuotiailla suomalaisilla miehillä). Scandinavian Journal of Social Medicine 1976; 4(2): 71–4

The aims of the study were to reveal the extent of physical activity, nutritional habits, smoking and alcohol consumption and the relation of these to previous occupation among recently retired men. The number of men belonging to various health risk groups was estimated on the basis of the results. About 10% had inadequate nutritional habits as judged from their food expenses and number of daily hot meals and about 20% practised physical exercise in the way which is considered necessary for the improvement of cardiovascular performance and maximal oxygen uptake. Only a small minority had been requested to undertake physical exercise. About 18% lived alone. The problems were more pronounced among the men retired from manual occupations compared with men whose main occupation had been of a sedentary nature. The results indicate that a considerable proportion of elderly men would need more advice and more adequate services in order to improve their daily living habits. Any such measures should preferably be started before retirement as the living habits adopted during the earlier periods of life seem to remain unchanged in old age. The results are based on an interview study carried out among 137 66-year-old men representing about 90% of the men of that age group living in Jyväskylä, a town of 60,000 inhabitants in Central Finland.

Alkoholinkäyttö	Aged
Ammatit	Alcohol Drinking
Eläkkeelle jääminen	Finland
Elämäntyyli	Food Habits
Ikääntyneet	Health Surveys
Miehet	Life Style
Ravitsemus	Male
Riskit	Nutrition
Ruokatottumukset	Occupations
Sosiaaliset olosuhteet	Retirement
Suomi	Risk
Terveystutkimukset	Smoking
Tupakointi	Social Conditions
Urheilu	Sports
II	II

36

Helakorpi S, Uutela A, Prättälä R, Berg M-A, Puska P.
Suomalaisen aikuisväestön terveystutkimus, kevät 1997 (In Finnish with an English abstract) (Health Behaviour among Finnish Adult Population, Spring 1997). Kansanterveyslaitoksen julkaisuja B, 1997:10. Helsinki, Kansanterveyslaitos, 1997

Alkoholinkäyttö	Alcohol Drinking
Elämäntyyli	Employment
Kyselytutkimukset	Exercise
Lihavuus	Food Habits
Liikunta	Health Behavior
Ravitsemuskäyttäytyminen	Health Promotion
Ruokatottumukset	Life Style
Terveyden edistäminen	Nutritional Behavior
Terveystutkimukset	Obesity
Tilastot	Population
Tupakointi	Smoking
Työ	Statistics
Työttömyys	Survey
Väestö	Unemployment
II	II

37

Helakorpi S, Uutela A, Prättälä R, Puska P.
Suomalaisen aikuisväestön terveystutkimus, kevät 1998 (In Finnish with an English abstract) (Health Behaviour among Finnish Adult Population, Spring 1998). Kansanterveyslaitoksen julkaisuja B10/1998. Helsinki, Kansanterveyslaitos, 1998

Alkoholinkäyttö	Alcohol Drinking
Elämäntyyli	Employment
Kyselytutkimukset	Exercise
Lihavuus	Food Habits
Liikunta	Health Behavior
Ravitsemuskäyttäytyminen	Health Promotion
Ruokatottumukset	Life Style
Terveyden edistäminen	Nutritional Behavior
Terveystutkimukset	Obesity
Tilastot	Population
Tupakointi	Smoking
Työ	Statistics
Työttömyys	Survey
Väestö	Unemployment
II	II

38

Helminen P, Prättälä R.

The food choices, meal patterns and life style of Finnish dairy farmers (Suomalaisten maidontuottajien ruokavalinnat, ateriointi ja elämäntyyli).
 Näringsforskning 1991; 35(1): 31–5

Elämäntyyli	Agriculture
Maanviljely	Dairying
Maitotalous	Diet Surveys
Ravintotutkimukset	Female
Ruokatottumukset	Finland
Suomi	Food habits
II	Male
	Life style
	II

39

Hemminki E, Meriläinen J, Malin M, Rahkonen O, Teperi J.

Mother's education and perinatal problems in Finland (Äidin koulutus ja perinataaliongelmät Suomessa).

International Journal of Epidemiology 1992; 21(4): 720–4

This study using nationwide data expands a previous study from one area in Finland. The purpose was to study how perinatal problems (mortality, short gestation, low birthweight and low Apgar scores) vary by mother's social class, which is measured by level of education. Outcomes of all births in the 1987 Medical Birth Register were linked to the 1988 National Education Register with gives the estimated number of years of completed education. In unadjusted analyses, the lowest educational groups (less than 9 years) had the worst results for outcomes other than neonatal mortality. Results in the two highest educational groups (greater than or equal to 13 and 12 years of education) were similar and if anything, better in the second highest group. Excluding twins and adjusting for confounding variables (age, parity, county, urbanization of residence) by logistic regression analysis did not alter the results much. Adjustment for possible mechanisms correlated with social class (marital status, smoking, time of first antenatal visit) decreased the higher occurrence of low birthweight infants in the low educational groups. Reported previous miscarriages were more common in the higher educational groups. Based on the available background characteristics one would expect to have found the usual social gradient in perinatal problems to have persisted between the two highest educational groups. Further studies on factors causing the plateau in the gradient between these groups might be useful.

Abortit	Abortion, Spontaneous
Koulutustaso	Analysis of Variance
Naiset	Educational Status
Raskaus	Female
Raskauden lopputulos	Finland
Regressioanalyysi	Mothers
Rekisterit	Pregnancy
Sosiaaliluokka	Pregnancy Outcome
Suomi	Registries
Varianssianalyysi	Regression Analysis
Äidit	Social Class
I	I

Hemminki E, Rahkonen O, Rimpelä A, Rimpelä M.

Coffee drinking among Finnish youth (Suomalaisten nuorten kahvinjuonti).
Social Science & Medicine 1988; 26(2): 259–64

The suggestion that coffee may have negative health effects has made coffee-drinking habits medically interesting. This paper reports upon coffee use among young people and describes how coffee-users differ from non-users. Data comes from questionnaires from representative nationwide samples of 12–18-year-old Finnish youth in 1977–1985. Their coffee use decreased from 1977 to 1985, and the decrease could be seen in all age and socio-demographic groups studied. In 1981, 35% of the girls and 45% of the 12-year-old boys drank coffee daily. For 18-year-olds the corresponding percentages were 67 and 75, and the mean number of cups consumed per day was 2.3 and 3.1. Compared to the non-users, the coffee-users were from lower social classes, lived more often in the countryside, and had poorer school achievement. Health-damaging habits such as smoking were more common among the coffee-users, their perceived health was somewhat poorer, and they seemed to mature earlier. The difference in regard to health disappeared after adjusting for differences in socio-demographic background and health habits. The heavy users (four cups or more a day) usually differed more from the non-users than did the moderate users (one to three cups daily).

Kahvi	Adolescence
Lapset	Adverse Effects
Nuoret	Attitude to Health
Riskitekijät	Child
Sosiaaliluokka	Coffee
Sosioekonomiset tekijät	Female
Terveysasenteet	Finland
II	Male
	Risk Factors
	Social Class
	Socioeconomic Factors
	II

Holmila M.

Community action on alcohol: experiences of the Lahti Project in Finland
(Paikallinen toiminta alkoholihaittojen ehkäisemiseksi: kokemuksia Lahti-projektista Suomessa).

Health Promotion International 1995; 10(4): 283–91

Alkoholihaitat	Adolescence
Alkoholiongelmat	Alcohol Drinking
Alkoholipolitiikka	Alcohol Problems
Alueellinen terveydenhuolto	Alcohol Policy
Anniskelu	Community
Arviointi	Effectiveness
Ennaltaehkäisy	Evaluation
Evaluaatiotutkimus	Family
Haastattelututkimus	Health Policy
Interventiot	Health Promotion
Kansalaiset	Health Services
Laatu	Intervention
Lahti	Primary Health Care
Lehdistö	Prevention
Nuoret	Regional Health Care
Omaisot	Social Policy
Perheet	IIIb

Perusterveydenhuolto
Projektit
Sosiaalinen rakenne
Sosiaalipolitiikka
Sosiaalipsykologia
Sosiaalitutkimus
Tehokkuus
Terveysten edistäminen
Terveyspalvelut
Terveyspolitiikka
Tutkimustyö
Tuloksellisuus
Vaikuttavuus
Vapaaehtoistyö
WHO
Yhteisöt
IIIb

42

Holmila M, Campling J, Sulkunen P, Simpura J, Törrönen J, Haavisto K.
Community prevention of alcohol problems (Alkoholihaittojen paikallinen ehkäisy).
Basingstoke, MacMillan Press Ltd, 1997

Alkoholihaitat	Adolescence
Alkoholiongelmat	Alcohol Drinking
Alkoholipolitiikka	Alcohol Problems
Alueellinen terveydenhuolto	Alcohol Policy
Anniskelu	Community
Arviointi	Effectiveness
Ennaltaehkäisy	Evaluation
Evaluaatiotutkimus	Family
Haastattelututkimus	Health Policy
Interventiot	Health Promotion
Kansalaiset	Health Services
Laatu	Intervention
Lahti	Primary Health Care
Lehdistö	Prevention
Nuoret	Regional Health Care
Omaiset	Social Policy
Perheet	IIIb
Perusterveydenhuolto	
Projektit	
Sosiaalinen rakenne	
Sosiaalipolitiikka	
Sosiaalipsykologia	
Sosiaalitutkimus	
Tehokkuus	
Terveysten edistäminen	
Terveyspalvelut	
Terveyspolitiikka	
Tutkimustyö	
Tuloksellisuus	
Vaikuttavuus	
Vapaaehtoistyö	
WHO	
Yhteisöt	
IIIb	

Holmila M, Sulkunen P, Simpura J, Törrönen J, Haavisto K, et al.
 Yhteisö ja interventio. Alkoholihaittojen paikallinen ehkäisy (Community and
 intervention. Community prevention of alcohol problems).
 Helsinki, Stakes, 1997

Alkoholihaitat	Adolescence
Alkoholiongelmat	Alcohol Drinking
Alkoholipolitiikka	Alcohol Problems
Alueellinen terveydenhuolto	Alcohol Policy
Anniskelu	Community
Arviointi	Effectiveness
Ennaltaehkäisy	Evaluation
Evaluaatiotutkimus	Family
Haastattelututkimus	Health Policy
Interventiot	Health Promotion
Kansalaiset	Health Services
Laatu	Intervention
Lahti	Primary Health Care
Lehdistö	Prevention
Nuoret	Regional Health Care
Omaiset	Social Policy
Perheet	IIIb
Perusterveydenhuolto	
Projektit	
Sosiaalinen rakenne	
Sosiaalipolitiikka	
Sosiaalipsykologia	
Sosiaalitutkimus	
Tehokkuus	
Terveyden edistäminen	
Terveyspalvelut	
Terveyspolitiikka	
Tutkimustyö	
Tuloksellisuus	
Vaikuttavuus	
Vapaaehtoistyö	
WHO	
Yhteisöt	
IIIb	

Honkala E, Eskola A, Rimpelä M, Rajala M.

Consumption of sweet foods among adolescents in Finland (Suomalaisten nuorten makean kulutus).

Community Dentistry and Oral Epidemiology 1982; 10(3): 103–10

The importance of sugar in the etiology and dental caries is well known but only a few representative studies at population level have been carried out to analyze nutritional factors related to dentistry. As the main exposure to caries the frequency of the use of sugar-products should be known more exactly than we do. The purpose of this study was to analyze the frequency of consumption of sugar-containing products among Finnish adolescents. A representative sample of 3209 Finnish adolescents between the ages of 13 and 19 was drawn. The data were obtained by mail questionnaire in February and September 1977, and in February and September 1979. The separate sample was drawn in February 1978 to analyze the changes with time during 1977–79. The response rate to all the mailed questionnaires was close to 90%. The sugar-containing foods included in the study were sugar in coffee or tea, hot chocolate, pastries and cookies, soft drinks, chewing gums, sweets and pastries. In addition, the data on the consumption of artificial sweeteners were collected. According to current health behavior dogma, girls behaved better than boys. A clear relationship was observed between a householder's educational and occupational status and the children's sugar consumption. Children from homes of low social status consumed more sugar than others. The percentage of children frequently consuming sugary products decreased with improved school success. It can be concluded that the use of sugar-containing products is especially frequent among young age groups, particularly among boys from low social background and children with poor school success. Health education should be especially directed towards them.

Aikuiset	Achievement
Asuinolosuhteet	Administration & Dosage
Koulutustaso	Adolescence
Nuoret	Adolescent Behavior
Nuorten käyttäytyminen	Adult
Ravinnon hiilihydraatit	Comparative Study
Ruokatottumukset	Dietary Carbohydrates
Ruokosokerin käyttö	Educational Status
Seurantatutkimukset	Female
Vertaileva tutkimus	Finland
II	Follow-Up Studies
	Food Habits
	Male
	Residence Characteristics
	Sucrose
	II

Honkala E, Karvonen S, Rimpelä A, Rajala M, Rimpelä M, Prättälä R.

Oral health promotion among Finnish adolescents between 1977 and 1989 (Suomalaisten nuorten suunterveyden edistäminen 1977–1989).

Health Promotion International 1991; 6(1): 21–30

Nuoret	Dental Health
Suomi	Finland
Suunterveys	Health Promotion
Terveyden edistäminen	Young People
IIIa	IIIa

Honkala E, Kuusela S, Rimpelä A, Rimpelä M, Jokela J.

Dental services utilization between 1977 and 1995 by Finnish adolescents of different socioeconomic levels (Nuorten suomalaisten hammasterveyspalvelujen käyttö sosioekonomisen aseman mukaan 1977–1995).

Community Dentistry and Oral Epidemiology 1997; 25(6): 385–90

Equal distribution of health care services has long been a major goal of health policy in the Nordic countries. According to these guidelines, every child is expected to have an examination and treatment at least every second year. The aim of this study was to analyze the trends and, in particular, the socioeconomic differences in dental visits between 1977 and 1995. The data were collected as part of a nationwide research program, the Adolescent Health and Lifestyle Survey, which began in 1977. Every second year a self-administered questionnaire was mailed to a representative sample of 14-, 16- and 18- year-old Finns. The sample sizes in the surveys varied from 2422 to 9556, making a total of 56,605 subjects in the whole study. The response rates in different years varied from 77% to 88%. The percentage of adolescents visiting a dentist increased between 1977 and 1981 and thereafter remained stable. Dental visits seemed to correlate with the occupational and educational status of the parents up to 1983, but not after that. The Finnish primary oral health care policy seems to have gained a major objective by eliminating social inequality in dental service utilization among adolescents.

Ammatit	Adolescence
Elämäntyyli	Adolescent Behavior
Hammashoito	Cohort Studies
Hampaiden harjaus	Dental Care
Kohorttitutkimukset	Educational Status
Koulutustaso	Female
Nuoret	Finland
Nuorten käyttäytyminen	Health Behavior
Sosiaaliluokka	Health Policy
Sukupuolitekiijät	Life Style
Suunterveys	Likelihood Functions
Terveyskäyttäytyminen	Male
Terveyspolitiikka	Occupations
Vanhemmat	Oral Health
II	Parents
	Questionnaires
	Rural Health
	Sex Factors
	Social Class
	Toothbrushing
	Urban Health
	II

Honkala E, Rajala M, Rimpelä M.

Oral hygiene habits among adolescents in Finland (Suomalaisten nuorten terveystottumukset suunhoidossa).

Community Dentistry and Oral Epidemiology 1981; 9(2): 61–8

The aim of this study was to analyze oral hygiene habits among Finnish adolescents with regard to age, sex, residence, socioeconomic factors, school career and success. A representative sample of 3209 Finnish adolescents, 13–19 years of age, was drawn. The data were collected by mail surveys in February and September 1977. Participation percentages were 88 and 79. The proportions of daily brushers were 89% in girls and 57% in boys. Toothpicks were used sporadically by every second adolescent but daily by 3% only. Dental floss was used sporadically by 10% of the adolescents but daily by 1% only. In this respect girls were more assiduous than boys. Frequency of toothbrushing clearly increased with age. Girls brushed their teeth significantly more often than boys. The influence of socioeconomic factors was consistent in boys but almost nonexistent in girls. Children of white-collar workers reported better oral hygiene habits than children of blue-collar workers and farmers. Urban adolescents reported better habits than rural adolescents. School success correlated positively with toothbrushing frequency in the younger age groups. Dental health education given by a dentist, a teacher, a hygienist or a nurse had poor correlation with the oral hygiene habits of Finnish adolescents. It was concluded that dental health education should be more directed towards boys, especially at ages 13–15. The education should be planned so that the dental health education better reaches youth of rural areas and lower social classes.

Asuinolosuhteet

Ikätekijät

Nuoret

Nuorten käyttäytyminen

Sosioekonomiset tekijät

Sukupuolitekijät

Suunhoito

Terveyskasvatus

Vertaileva tutkimus

II

Achievement

Adolescence

Adolescent Behavior

Age Factors

Comparative Study

Female

Finland

Health Education, Dental

Male

Oral Hygiene

Residence Characteristics

Sex Factors

Socioeconomic Factors

II

Honkala E, Rimpelä A, Karvonen S, Rimpelä M.

Chewing of xylitol gum – a well adopted practice among Finnish adolescents (Ksylimul-purukumin pureskelu – hyvin omaksuttu tapa suomalaisten nuorten keskuudessa).

Caries Research 1996; 30(1): 34–9

The adoption of xylitol chewing gum in Finland was studied using data from two comparable postal surveys for national samples of 12- to 18- year-olds in 1977 (response rate 79%, n = 2,528) and 1991 (77%, n = 7,672). In 1977 only 12% of this age group used xylitol chewing gum but, by 1991 it had become common (64% of boys, 81% of girls). Daily use increased from 1 to 15% among boys and from 1 to 32% among girls. Use of sucrose chewing gum decreased; in 1991 only 2% used it daily. Daily use of xylitol chewing gum did not vary according to socioeconomic status or

level of urbanization. The increase in use of xylitol chewing gum is an example of the positive effect of health education given by a comprehensive, preventively oriented system of dental health care in association with commercial interests.

Ennaltaehkäisevä hammaslääketiede	Abdominal Pain
Hampaiden harjaus	Adolescence
Kariesta aiheuttavat tekijät	Adolescent Behavior
Ksylitoli	Adverse Effects
Lapset	Attitude to Health
Logistiset mallit	Cariostatic Agents
Monimuuttuja-analyysit	Chewing Gum
Nuoret	Child
Nuorten käyttäytyminen	Comparative Study
Ruokosokeri	Female
Sosiaaliluokka	Finland
Terveysasenteet	Health Behavior
Terveyskasvatus	Health Education, Dental
Vatsakivut	Logistic Models
Vertaileva tutkimus	Male
IV	Multivariate Analysis
	Preventive Dentistry
	Social Class
	Sucrose
	Toothbrushing
	Urban Health
	Xylitol
	IV

49

Honkasalo M-L.

“Have the wives over for a sauna when I go out with the men!” (Sosiaaliryhmien väliset erot naisten alkoholinkäyttöasenteissa).

In: Haavio-Mannila E, Ed. Women, alcohol and drugs in the Nordic countries. Helsinki, NAD Publication, 1989. 16: 76–96

Alkoholinkäyttö	Alcohol Drinking
Naiset	Factory Workers
Osallistuva havainnointi	Female
Sairaanhoitajat	Finland
Sosiaaliluokka	Finnish Women’s Alcohol Usage
Sosiaaliset asenteet	Nurses
Sosiodemografiset tekijät	Participant Observation
Suomalaisten naisten alkoholinkäyttö	Questionnaires
Suomi	Social Attitude
Tehdastyöläiset	Social Class
II	Sociodemographic Factors
	II

- 50** Husman K, Penttinen J, Nuutinen J, Tupi K, Virolainen R, Notkola V, Heikkonen J. Farmers' occupational health program in Finland, 1979–1988: from research to practice (Maanviljelijöiden työterveysohjelma Suomessa 1979–1988, tutkimuksesta käytäntöön). Scandinavian Journal of Work, Environment & Health 1988; 14(Suppt 1): 118–20

Ammatillinen terveyden edistäminen	Farmers
Maanviljelijät	Finland
Suomi	Occupational Health Promotion
IIIb	IIIb

- 51** Huuskonen MS, Karjalainen A, Tossavainen A, Rantanen J. Asbestos and cancer in Finland (Asbestoosi ja syöpä Suomessa). Med Lav 1995; 86(5): 426–34

Primary prevention carried out today can reduce the disease incidence in the future decades. The present disease panorama is the consequence of past asbestos exposure mainly before the 1970s. The peak incidence of asbestos-induced diseases will be reached around 2010 in Finland. The number of asbestos-related premature deaths is at present annually about 150 which exceeds the figure of fatal work accidents. Asbestos-related cancer will increase still for 15–20 years and reach its maximum, about 300 cases, in 2010, and will start to decrease after that. More than 20,000 asbestos-exposed workers have participated in the medical screening and follow-up. The termination of exposure, antismoking campaigns, improved diagnostics and careful attention to compensation issues, as well as other potentials for prevention, were the central issue of the Asbestos Program of the Finnish Institute of Occupational Health. An important objective of research work is to improve early diagnostics, and thereby treatment prospects, in case of asbestos-induced cancers.

Ammatillinen terveys	Adverse Effects
Ammatit	Age Factors
Asbestoosi	Aged
Ennuste	Asbestos
Ikätekijät	Asbestos, Amosite
Ikääntyneet	Asbestos, Amphibole
Keski-ikäiset	Asbestos, Crocidolite
Keuhkokasvaimet	Asbestos, Serpentine
Keuhkopussin kasvaimet	Asbestosis
Vatsakalvon kasvaimet	Comparative Study
Vertaileva tutkimus	Female
IIIb	Finland
	Forecasting
	Lung Neoplasms
	Male
	Mesothelioma
	Middle Age
	Occupational Health
	Occupations
	Peritoneal Neoplasms
	Pleural Neoplasms
	IIIb

Huuskonen MS, Koskinen K, Tossavainen A, Karjalainen A, Rinne J-P, Rantanen J. Finnish Institute of Occupational Health Asbestos Program 1987–1992 (Työterveyslaitoksen Asbestoosi-ohjelma 1987–1992). *American Journal of Industrial Medicine* 1995; 28(1): 123–42

In 1987–1992, the Finnish Institute of Occupational Health (FIOH) implemented a nationwide asbestos program aimed at preventing asbestos-related risks in good cooperation with governmental authorities, industry, trade unions, the health care and insurance systems, and mass media. The goals were to minimize all exposure to asbestos, identify people exposed at work, and improve the diagnostics of asbestos diseases, especially cancers. The program entailed several concrete actions and extensive dissemination of information, training, services, and scientific research. As proposed by the State Asbestos Committee, new use of asbestos products was banned and strict regulations were applied to renovation and inspection of old buildings. The screening study of asbestos-induced diseases included 18,943 current and retired workers from house building, shipyard, and asbestos industries. Pleural and parenchymal changes were found in 4,133 persons (22%), who were referred to further clinical examinations as suspected cases of an occupational disease. It was estimated that past exposure of asbestos among the Finnish population of 5 million causes > 150 mesotheliomas and lung cancers annually, totalling > 2,000 asbestos-induced cancer deaths by the year 2010. Although several major control actions were made or started during the program, the bulk of the preventive work still lies ahead.

Ammatillinen terveys	Asbestosis
Asbestoosi	Environmental Monitoring
Joukkoseulonnat	Finland
Kansalliset terveysohjelmat	Health Plan Implementation
Keuhkokasvaimet	Health Policy
Mesothelioma	Lung Neoplasms
Terveyspolitiikka	Mass Screening
Terveyssuunnitelmien toimeenpano	Mesothelioma
Ympäristön tarkkailu	National Health Programs
IIIb	Occupational Health
	Population Surveillance
	Research
	IIIb

Hyssälä L, Rautava P, Helenius H, Sillanpää M. Fathers' smoking and use of alcohol – the viewpoint of maternity health care clinics and well-baby clinics (Isän tupakointi ja alkoholin käyttö äitiys- ja lastenneuvoloiden näkökulmasta). *Family Practice* 1995; 12(1): 22–7

The study population consists of the fathers of the families which took part in the project 'The Finnish Family Competence Study', conducted by the Department of Public Health, University of Turku. The initial phase of the study included 1279 men. At the onset of the study project their families were expecting their first baby. When examining the fathers' use of alcohol, it was found that those with the highest level of basic education and those in professional occupations had the highest frequency of alcohol use, but they only consumed small amounts of alcohol at a time. In contrast, industrial employees and those with a lower level of education used alcohol less frequently, but they used larger amounts at a time. Thirty-two per cent of the respondents reduced their drinking after the onset of the wife's pregnancy. Of the respondents 43.7% were smokers, 8.4% of whom stopped smoking after the onset of the wife's

pregnancy. Smoking cessation by the father was statistically significantly explained by the fact that the wife had not smoked before pregnancy or that she had stopped smoking after the onset of pregnancy, in which case the father did the same. When the fathers were divided into two categories according to their alcohol use, i.e. lighter and heavier users, it was found that the latter group had a more negative attitude towards their children. Similarly, smoking fathers were found to have a more negative attitude towards their children than the non-smoking ones. (ABSTRACT TRUNCATED AT 250 WORDS)

Alkoholinkäyttö	Adolescence
Ammatit	Adult
Isät	Alcohol Drinking
Koulutustaso	Attitude to Health
Terveysasenteet	Educational Status
Terveyskäyttäytyminen	Fathers
Tupakointi	Finland
Vastasyntyneet	Health Behavior
Äitiys- ja lastenneuvolat	Infant, Newborn
II	Male
	Maternal-Child Health Centers
	Middle Age
	Occupations
	Questionnaires
	Smoking

54

Hytti H.

Ammatilliset työkyvyttömyysriskit 1976–80 (Occupational risks of disability 1976–80).

Kansaneläkelaitoksen julkaisuja T9, 1988:32. Helsinki, Kansaneläkelaitos, 1988

Ammattiryhmät	Disability
Sairastavuus	Morbidity
Työkyvyttömyys	Occupational Groups
Työkyvyttömyyseläkkeet	II
II	

55

Hytti H.

Työkyvyttömyyseläkkeelle siirtymisen yhteiskunnalliset taustatekijät (In Finnish with an English abstract) (Social and societal determinants of disability pension incidence).

Kansaneläkelaitoksen julkaisuja M: 87. Helsinki, Kansaneläkelaitos, 1993

Sairauspäiväraha	Disability Pension
Työkyvyttömyyseläke	Dissertation, Academic
Työttömyys	Sickness Benefit
Väitöskirjat	Unemployment
II	II

56

Häkkinen U.

Terveyspalvelujen käyttö, terveydentila ja sosioekonominen tasa-arvo Suomessa (In Finnish with an English abstract) (Health care utilization, health and socioeconomic equality in Finland).

Sosiaali- ja terveyshallitus, Tutkimuksia 1992:20. Helsinki, Sosiaali- ja terveyshallitus, 1992

Ekonometria	Demand
Eriarvoisuus	Dissertation, Academic
Kysyntä	Econometrics
Oikeudenmukaisuus	Equality
Sosioekonominen asema	Equity
Tarjonta	Health Economics
Tasa-arvo	Health Services
Teoriat	Health Status
Terveys	Inequalities
Terveyspalvelut	Socioeconomic Status
Terveystaloustiede	Supply
Väitöskirjat	II
II	

57

Hämynen H, Vartiainen E, Sahi T, Pallonen U, Salonen JT.

Social, personality and environmental determinants of smoking in young Finnish men (Tupakointi ja siihen liittyvät sosiaaliset, persoonalliset ja ympäristötekijät nuorilla suomalaisilla miehillä).

Scandinavian Journal of Social Medicine 1987; 15(4): 219–24

Miehet	Finland
Psykologia	Male
Sosioekonomiset tekijät	Psychology
Tupakointi	Smoking
II	Socioeconomic factors
	II

58

Ilmarinen J.

Work and cardiovascular health: viewpoint of occupational physiology (Työ ja sydän- ja verisuoniterveys: työfysiologian näkökulma).

Annals of Medicine 1989; 21(3): 209–14

The work-related aspects of coronary heart disease have been studied from the viewpoint of work physiology. The purpose of the following three studies has been to clarify how physical load at work and at leisure affects the risk of developing coronary heart disease. The first study included 120 men, mean age 41 years. They were intensively studied in the laboratory and field conditions, and were classified into four activity categories according to their work and leisure time activities. The results indicated that the highest prevalence rates of obesity, hypertension and angina pectoris symptoms were found among men doing heavy physical work and having no sporting leisure activities. The second study included a postal questionnaire to Finnish municipal employees in 1981 and 1985. Altogether 1999 women and 1419 men responded in both years. Their mean ages at the two survey times were 50.5 and 54.7 years, respectively. The 4-year incidence rates of coronary heart diseases diagnosed by the doctor (myocardial infarction, angina pectoris, coronary insufficiency, hypertension) were the highest in occupations with physical demands, both among women and especially among the men. The incidence rate of hypertension was commonest (greater than

7.0%). Among men doing physical work the incidence rate of coronary artery disease was 5.0%. The risk ratios for muscular work among men were 5.8 in the 44—49 year age group and 2.2 in the 50—58 year age group. The third project was a case-control study.(ABSTRACT TRUNCATED AT 250 WORDS)

Ammatilliset sairaudet	Adult
Kohorttitutkimukset	Cohort Studies
Riskitekijät	Comparative Study
Sepelvaltimotauti	Coronary Disease
Terveystutkimukset	Exertion
Tupakointi	Female
Työ	Finland
Vapaa-ajan toiminta	Health Surveys
Vertaileva tutkimus	Leisure Activities
I	Male
	Occupational Diseases
	Risk Factors
	Smoking
	Work
	I

59

Isohanni M.

Coping with institutional life at the old people's therapeutic community (Laitoselämässä selviytyminen vanhusten terapeuttisessa yhteisössä). *Psychiatry* 1990; 53(2): 148–57

A research project at a Finnish old people's home was carried out in 1983-1989, its aim being to explore whether therapeutic community principles can be applied to the institutional care of the elderly. Some aged seemed to adapt better to the community than others. In 1987 the group "excellent coping in institution" (N = 14) was formulated for this study, on the basis of favorable outcome, good adaptation to aging, non-problematic behavior and a high subjective satisfaction with life. Using logistic regression analysis, the properties of this group were compared with the group "problem coping in institution" (N = 32). The following variables discriminated the excellent coping group best: therapeutic community activity, current mental health, and a socio-economically deprived childhood. This result suggested that active and mentally strong elderly coped better with the "homelike" therapeutic community method executed between 1983-87, which focused only on a pleasant atmosphere in which the old people could live together. Therefore the treatment policy has been partially reorganized since 1987, so as to include special attention for passive and mentally fragile residents. The modified therapeutic community that was developed seems to help coping in geriatric institutions if its working methods permit 1) active participation, 2) passive rest and reminiscence, and 3) support, holding, and even psychiatric intervention.

Dementia	Adaptation, Psychological
Elämäntyyli	Aged
Ikääntyneet	Combined Modality Therapy
Lähetteet ja konsultaatiot	Dementia
Mukautuminen	Finland
Sosiaalinen tuki	Homes for the Aged
Sosiaalinen ympäristö	Life Style
Terapeuttinen yhteisö	Referral and Consultation
Vanhainkodit	Social Environment
IIIb	Social Support
	Therapeutic Community
	IIIb

Isohanni M, Oja H, Moilanen I, Koironen M, Rantakallio P.

Smoking or quitting during pregnancy: associations with background and future social factors (Tupakointi ja sen lopettaminen raskauden aikana: yhteys taustatekijöihin ja tuleviin sosiaalisiin tekijöihin).

Scandinavian Journal of Social Medicine 1995; 23(1): 32–8

Current and future social factors associated with smoking habits during pregnancy were assessed. Data on maternal smoking, social background and the family's development during the 21 years after delivery were gathered for a prospective longitudinal cohort study of 12,068 pregnant women and their children in Northern Finland in 1966 and for a second birth cohort of 9,362 mothers in 1985–86. The prevalence of smoking before pregnancy was 22% in the 1966 cohort (29% in 1985–86). 12% (18%) of the women continued smoking throughout their pregnancy. The following background factors were mainly associated with the mother's smoking and/or continuing during pregnancy in both cohorts when mother's age, parity, place of residence and social class were standardized: mother's age under 23, parity two or more, low social class, urban dwelling, unmarried, gainful employment and heavy smoking. The follow-up responses after 14 and 21 years, respectively, were mostly more favourable among the non-smoking mothers and those who quit smoking during pregnancy-e.g. stable family structure, child's smoking and drinking habits and application for intermediate education. Smoking throughout pregnancy or quitting of smoking late in pregnancy were associated with undesirable future development of the child and family in most of these aspects.

Prospektiiviset tutkimukset	Female
Raskaus	Finland
Raskauskomplikaatiot	Population Surveillance
Sosioekonomiset tekijät	Pregnancy
Tupakoinnin lopettaminen	Pregnancy Complications
Tupakointi	Prevalence
Vallitsevuus	Prospective Studies
II	Smoking
	Smoking Cessation
	Socioeconomic Factors
	II

Jaakkola N, Ruotsalainen R, Jaakkola JJ.

What are the determinants of children's exposure to environmental tobacco smoke at home? (Mitkä tekijät altistavat lapsia tupakansavulle kotona?).

Scandinavian Journal of Social Medicine 1994; 22(2): 107–12

The objective of the study was to assess the role of smoking parents' education, socioeconomic status and knowledge of the child's health as determinants of the child's exposure to environmental tobacco smoke (ETS) at home. A population-based cross-sectional study was carried out by mailing a parent-administered questionnaire (response rate 80.3%) to a random sample of children aged 1 to 6 years, in Espoo. The present analyses focused on the 1003 children at whom one or both parents or guardians were currently smokers. A total of 253 children (25.2%) of smoking parents were reported to be exposed to ETS at home at the time when the questionnaire was filled in, while 750 (74.8%) children were not. Adjusted odds ratios (OR) for being exposed to ETS were assessed in the logistic regression. The risk of exposure to ETS was significantly higher when the parents had no professional education, compared to university or college education (OR 2.42, 95% Confidence Interval (CI) 1.43–4.11), but socioeconomic status was not associated with exposure. The risk was higher with a sin-

gle parent or guardian than in families with two parents (2.17, 1.36–3.44). The risk decreased significantly for atopic children (0.61, 0.38–0.98), indicating that knowledge of the child’s illness affects the smoking behavior of the parents.

Astma	Air Pollution, Indoor
Asuminen	Asthma
Ilmansaasteet	Child
Koulutustaso	Child, Preschool
Lapset	Cross-Sectional Studies
Poikkileikkaustutkimukset	Educational Status
Sosiaaliluokka	Environmental Exposure
Terveyskasvatus	Female
Tupakansavu	Finland
Tupakointi	Health Education
Vanhemmat	Housing
Vastasyntyneet	Hypersensitivity
Yliherkkyys	Infant
Ympäristöaltistus	Male
II	Parents
	Population Surveillance
	Smoking
	Social Class
	Tobacco Smoke Pollution
	II

62

Juustila H.

Medical, occupational and smoking characteristics related to ischemic heart disease in men and women. Field survey of age group 40–59 in a rural population at Haapavesi, Northern Finland (Sepelvaltimotautiin yhteydessä olevat lääketieteelliset, ammatilliset ja tupakointiin liittyvät tekijät maaseudulla asuvilla miehillä ja naisilla. Pohjois-Suomessa Haapavedellä asuville 40–50-vuotiaille tehty kenttätutkimus). *Acta Medica Scandinavica. Supplementum* 1977; 613: 1–120

Ammatit	Adult
Diabetes Mellitus	Aged
Elektrokardiografia	Body Height
Glukoositoleranssi-testi	Body Weight
Ikääntyneet	Cholesterol/blood
Keski-ikäiset	Complications
Kolesteroli	Coronary Disease
Komplikaatiot	Diabetes Mellitus
Lihavuus	Dissertation, Academic
Maaseudun väestö	Electrocardiography
Paino	Female
Pituus	Finland
Sepelvaltimotauti	Glucose Tolerance Test
Triglyseridit	Hypertension
Tupakointi	Male
Verenpaine	Middle Age
Väitöskirjat	Obesity
I	Occupations
	Risk
	Rural Population
	Smoking
	Triglycerides/blood

63

Jylhä M.

Oman terveyden kokeminen eläkeiässä (Self-perceived health of the elderly).

Acta Universitatis Tamperensis; ser A, vol 195. Tampere, Tampereen yliopisto, 1985

Ikääntyneet	Aged
Itsearviointi	Health Status
Terveydentila	Health Surveys
Terveytutkimukset	Self Assessment
I	I

64

Jylhä M.

Ten-year change in the use of medical drugs among the elderly – a longitudinal study and cohort comparison (Kymmenessä vuodessa tapahtuneet muutokset eläkeikäisten lääkkeiden käytössä – pitkittäistutkimus ja kohorttivertailu).

Journal of Clinical Epidemiology 1994; 47(1): 69–79

Longitudinal changes and cohort differences from 1979 to 1989 in the use of prescribed and non-prescribed medical drugs were examined and the connections of drug use to various background variables were analysed in the framework of the Tampere Longitudinal Study of Ageing. In the longitudinal study random samples of men and women born in 1900–09 and 1910–19 (738 persons) were interviewed in 1979 and the survivors (62%) were interviewed again in 1989. In the cohort comparison the 60- 69-year-olds studied in 1979 (364 persons) were compared with the 60–69- year-olds in 1989 (395 persons). In the longitudinal setting the number of prescribed drugs increased. In 1989 2 or 3 in 10 persons used at least five prescribed drugs simultaneously. In the cohort comparison there were no differences in the number of prescribed drugs between the two groups of 60–69-year-olds. Use was connected with multimorbidity and poor self-rated health. Both the longitudinal comparison in the group born in 1910–19 and the cohort comparison revealed a significant increase in the use of non-prescribed drugs. The use of analgesics was connected with sex, occupational class, self-rated health and feelings of loneliness. In the use of vitamins, no connection was found with health variables, but they were mostly used by white-collar employees and women. However, when all these variables were controlled for, both analgesics and, in particular, vitamins were used more in 1989 than in 1979. The results suggest that the increase in the use of non- prescribed drugs is mainly due to social and historical factors, by changes both in drug policies, health culture and health behaviour of elderly persons.

Ammatit	Age Factors
Analgeetit	Aged
Haastattelut	Analgesics
Ikätekijät	Cohort Studies
Ikääntyneet	Confidence Intervals
Kohorttitutkimukset	Drug Therapy
Liikunta	Drugs, Non-Prescription
Lääkehoito	Exercise
Lääkkeet	Female
Pitkittäistutkimukset	Health Status
Sukupuolitekijät	Interviews
Terapeuttinen käyttö	Loneliness
Terveydentila	Longitudinal Studies
Vitamiinit	Male
Yksinäisyys	Occupations
II	Odds Ratio
	Sex Factors
	Therapeutic Use
	Vitamins
	II

65

Jyrkämä J.

Työttömyys ja nuorten alkoholinkäyttö: tutkimus työttömyydestä, 156 tamperelaisesta ammattikoulun käyneestä pojasta ja alkoholinkäytöstä (Unemployment and alcohol use among adolescents).

Tampere, Tampereen yliopisto, Sosiologian ja sosiaalipsykologian laitos, 1981

Alkoholinkäyttö	Adolescence
Miehet	Alcohol Drinking
Nuoret	Follow-Up Studies
Seurantatutkimukset	Male
Työttömyys	Unemployment
II	II

66

Järvinen R, Knekt P, Seppänen R, Reunanen A, Heliövaara M, Maatela J, Aromaa A.

Antioxidant vitamins in the diet: relationships with other personal characteristics in Finland (Ruokavalion antioksidantit ja niiden yhteys henkilön muihin ominaisuuksiin Suomessa).

Journal of Epidemiology and Community Health 1994; 48(6): 549–54

STUDY OBJECTIVE—The study aimed to reveal associations between dietary antioxidant vitamins and other personal characteristics. DESIGN—Population based, cross sectional survey. SETTING—Twenty seven rural, industrial, and semiurban communities in six different regions of Finland. PARTICIPANTS—Subjects included 5304 men and 4750 women aged 15 years or older, who were interviewed about their dietary habits at the baseline study of the Finnish Mobile Clinic Health Examination Survey, 1967-72. MAIN RESULTS—Intakes of carotenoids and vitamins A, E, and C were estimated from dietary history interviews covering the subjects' food consumption in the preceding year. In older age groups intakes of all the vitamins studied were low. Occupation had a profound effect on dietary antioxidant vitamins: intakes were highest in white collar workers and lowest in farmers; those classified as service workers, industrial workers, or housewives came in between. Current smoking was inversely associated with dietary carotenoids and vitamin C, especially in men. The vitamin intakes of ex-smokers were equal to or even slightly higher than those of never smokers. Married men had higher intakes of carotenoids and vitamin C than men living alone. Body mass index was not an important determinant of the intake of antioxidant vitamins. CONCLUSIONS—The associations of dietary antioxidant vitamins with sociodemographic characteristics and smoking were strong enough to exert a confounding or modifying effect in studies on diet and diseases.

Askorbiinihappo	Administration & Dosage
Ikätekijät	Adolescence
Karotiini	Adult
Poikkileikkaustutkimukset	Age Factors
Ravitsemustutkimukset	Aged
Ruokatottumukset	Ascorbic Acid
Sekoittavat tekijät	Carotenoids
Siviilisäätö	Confounding Factors
Sukupuolitekijät	Cross-Sectional Studies
Tupakointi	Diet Surveys
Työ	Employment
Vitamiini A	Female
Vitamiini E	Finland
II	Food Habits
	Male
	Marital Status
	Middle Age

Rural Health
Sex Factors
Smoking
Urban Health
Vitamin A
Vitamin E
II

- 67** Kalimo E, Klaukka T, Lehtonen R, Nyman K.
Suomalaisten terveysturva ja sen kehitystarpeet. Terveysturvan väestötutkimuksen 1987 päätulokset (In Finnish with an English abstract) (Health security in Finland and needs for development. Main results of a nationwide health security survey conducted in 1987).
Kansaneläkelaitoksen julkaisuja M: 81. Sosiaaliturvan tutkimuslaitos. Helsinki, Kansaneläkelaitos, 1992

Terveydentila	Health Behavior
Terveyskäyttäytyminen	Health Services
Terveyspalveluiden käyttö	Health Status
Terveystutkimukset	Health Surveys
II	II

- 68** Kalimo R, Vuori J.
Työttömyys ja terveys: tutkimuskatsaus (Unemployment and health: a research review).
Helsinki, Työterveyslaitos, 1992

Mielenterveys	Health Effects
Terveys	Health Status
Terveysvaikutukset	Mental Health
Työkyky	Unemployed
Työttömyys	Unemployment
Työttömät	Working Capacity
I	I

- 69** Kaplan GA, Salonen JT.
Socioeconomic conditions in childhood and ischaemic heart disease during middle age (Lapsuuden sosioekonomiset olosuhteet ja iskeeminen sydänsairaus keski-iässä).
British Medical Journal 1990; 301(6761): 1121–3

OBJECTIVE—To examine the association between socioeconomic conditions in childhood and ischaemic heart disease in middle aged men, including the role of physiological and behavioural risk factors. DESIGN—Prevalence study with extensive examination and testing and with recall of childhood conditions. SETTING—Population based study in Kuopio, Finland. SUBJECTS—Representative sample of 2679 men aged 42, 48, 54, and 60. MAIN OUTCOME MEASURES—Ischaemic findings on progressive maximal exercise test. RESULTS—Low socioeconomic style in childhood was associated with significantly higher prevalence of findings indicating ischaemias. Compared with those in the highest tertile of childhood socioeconomic conditions, the age adjusted odds ratio for subjects in the lowest tertile was 1.44 and for those in the middle tertile 1.35. Adjustment for years of cigarette smoking times the average number of cigarettes smoked, ratio of high density lipoprotein to low density lipoprotein cholesterol, fibrinogen and serum selenium concentrations, and adult height did not appreciably weaken the association. Adjustment for adult socioeconom-

ic state resulted in a 16% decline in the association. The association was reduced to non-significance by adjustment for measures of prevalent cardiovascular illness. CONCLUSIONS—Socioeconomic state in childhood was significantly associated with ischaemic heart disease in middle aged men. Levels of risk factors measured at middle age did not account for this association, nor did adult height. Because childhood socioeconomic conditions precede the development of ischaemic heart disease the substantial impact of prevalent illness on the observed association suggests that ischaemic heart disease develops earlier in those with lower socioeconomic state during childhood.

Keski-ikäiset	Adult
Lapset	Child
Liikuntatesti	Coronary Disease
Poikkileikkaustutkimukset	Cross-Sectional Studies
Riskitekijät	Exercise Test
Sepelvaltimotauti	Finland
Sosioekonomiset tekijät	Male
Vallitsevuus	Middle Age
I	Prevalence
	Risk Factors
	Socioeconomic Factors
	I

70

Kaprio J, Koskenvuo M.

A prospective study of psychological and socioeconomic characteristics, health behavior and morbidity in cigarette smokers prior to quitting compared to persistent smokers and non-smokers (Prospektiivinen tutkimus tupakoinnin lopettaneiden psykologisista ja sosioekonomisista ominaisuuksista, terveystäytymisestä ja sairastavuudesta verrattuna edelleen tupakoiviin ja tupakoimattomiin). *Journal of Clinical Epidemiology* 1988; 41(2): 139–50

Psychosocial factors influencing smoking cessation were studied in current smokers prior to quitting. Two questionnaires were sent in 1975 and 1981 to adult members of the Finnish Twin Cohort. The 1975 response rate was 89%, and 89% of those eligible replied again in 1981. Analysis was done on data from one twin pair member only. Three groups were identified: 3617 never smokers, 2654 persistent smokers, and 823 quitters (i.e. current smokers in 1975, former smokers in 1981). Univariate and multivariate comparisons of baseline psychosocial variables for quitters and persistent smokers were performed in men aged 20–34 and 35–54 and women aged 20–39. Among women and young men quitters were better educated and scored lower on neuroticism. Young male quitters also slept longer, had been less often unemployed and drank less alcohol and coffee. Among middle-aged men quitters were more often married, slept longer, and had higher life satisfaction. The possibility that the influence of psychosocial factors on chronic disease may be mediated in part through changes in smoking behavior is discussed.

Alkoholinkäyttö	Adult
Kaksoiset	Alcohol Drinking
Koulutustaso	Comparative Study
Prospektiiviset tutkimukset	Educational Status
Sosioekonomiset tekijät	Employment
Terveys	Female
Terveydentila	Health
Tupakointi	Health Status
Vertaileva tutkimus	Male
II	Middle Age
	Prospective Studies

Kaprio J, Sarna SJ, Fogelholm M, Koskenvuo M.

Total and occupationally active life expectancies in relation to social class and marital status in men classified as healthy at 20 in Finland (20-vuotiaana terveiksi todettujen suomalaismiesten kokonais- ja ammatillisesti aktiivinen elinajanodote sosiaaliluokan ja siviilisäädyn mukaan.

Journal of Epidemiology and Community Health 1996; 50(6): 653–60

STUDY OBJECTIVE: To study differences in total life expectancy and in occupationally active life expectancy in relation to social class and marital status in men classified as healthy as young adults. **DESIGN:** Historical cohort study. **SETTING:** Finland. **PARTICIPANTS:** Altogether 1662 men classified as completely healthy at the time of induction to military service (mean birth year 1923), who had been selected as referents for a study of former athletes. Mean follow up time was 46 years. **MEASUREMENTS:** Vital status was determined by follow up through local parish data up to 1990. Mortality data were obtained from the Cause of Death bureau of the Central Statistical Office of Finland. Occurrence of work disability was assessed from nationwide disability pension register data. Mean total life expectancy and mean occupationally active life expectancy (end points disability pension or death before age 65 years) were estimated. Social class was based on the major lifetime occupation, while marital status was classified as “never married” or “ever married” at the end of follow up. **MAIN RESULTS:** Mean total life expectancy was highest among executives and managers (73.2 (95% confidence interval (CI): 70.3, 76.1) years), next highest in clerical (white collar) workers (72.0 (70.0, 74.1) years), and lowest in unskilled blue collar workers (63.65 (61.1, 66.2) years). Skilled workers and farmers were intermediate. For the occupationally active life expectancy estimates, a similar gradient was observed: highest for executives (61.9 (60.7, 63.1) years) and lowest for the unskilled (52.2 (50.2, 54.2) years). The ratio of occupationally active life expectancy to total life expectancy was highest for executives (85%) and lowest for farmers (81%) and unskilled workers (82%). **CONCLUSIONS:** The social class gradient known to exist for mortality is also present for occupational disability. Social class and marital status differences in mortality are already evident in early adulthood and continue into old age. Those with the highest life expectancy also have the largest proportion of their life span free of occupationally incapacitating disability.

Elinajanodote	Adult
Eloojäämisanalyysit	Aged
Ikääntyneet	Cause of Death
Keski-ikäiset	Cohort Studies
Kohorttitutkimukset	Finland
Kuolemansyyt	Follow-Up Studies
Miehet	Life Expectancy
Proportional Hazards-mallit	Male
Regressioanalyysi	Marital Status
Retrospektiiviset tutkimukset	Middle Age
Sairastavuus	Morbidity
Seurantatutkimukset	Proportional Hazards Models
Siviilisäätty	Regression Analysis
Sosiaaliluokka	Retrospective Studies
I	Social Class
	Survival Analysis
	I

- 72** Karisto A.
Hyvinvointi ja sairauden ongelma. Suomea ja muita Pohjoismaita vertaileva tutkimus sairastavuuden väestöryhmittäisistä eroista ja sairaudesta hyvinvoinnin vajeena (In Finnish with an English abstract (Welfare and the problem of illness. A comparative study of differences in morbidity by population group and of illness as ad welfare deficit in Finland and other Nordic countries).
Kansaneläkelaitoksen julkaisu M: 46. Helsinki, Kansaneläkelaitos, 1984
- | | |
|--------------------|------------------------|
| Elämänlaatu | Concepts |
| Hyvinvointiteoria | Dissertation, Academic |
| Käsitteet | Health |
| Sairastavuus | Health Interview |
| Terveys | Morbidity |
| Terveyshaastattelu | Quality of Life |
| Väitöskirjat | Welfare Theory |
| I | I |
- 73** Karisto A.
Tylsät hampaat vai sitkeä liha? Terveyskasvatuksen perillemenon esteistä (Obstacles for health education).
In: Tylsät hampaat vai sitkeä liha? Terveellisten elintapojen edistäminen riskialtteinmissä väestöryhmissä. Sosiaali- ja terveyshallitus, Raportteja 1991:3. Helsinki, Sosiaali- ja terveyshallitus, 1991: 13–80
- | | |
|-----------------|------------------|
| Elämäntyyli | Health |
| Ravitseminen | Health Promotion |
| Riskiryhmät | Life Style |
| Terveys | Nutrition |
| Terveyskasvatus | Risk Groups |
| II | II |
- 74** Karisto A.
Class and health: the development of the class pattern of morbidity in Finland, 1964–87 (Luokka ja terveys: sairastavuuden luokkajakauman muutos Suomessa 1964–87).
International Journal of Sociology 1993; 23(1): 75–92
- | | |
|------------------------|---------------------|
| Sosiaaliluokka | Factors |
| Suomi | Finland |
| Terveyden eriarvoisuus | Health inequalities |
| I | Social Class |
| | I |
- 75** Karisto A, Prättälä R, Berg M-A.
Hyvät, pahat ja rumat? Epäterveellisten elämäntapojen kasautumisesta (The good, the bad and the ugly? On the accumulation of unhealthy life styles).
In: Karisto A, Lahelma E, Rahkonen O, Eds. Terveys sosiologia. Helsinki, WSOY, 1992: 121–39
- | | |
|-----------------------|-----------------|
| Elämäntyyli | Health Behavior |
| Sosiaaliluokka | Life Style |
| Terveyskäyttäytyminen | Social Class |
| II | II |

76 Karjalainen S.
Equity and cancer patient survival (In English with an Finnish abstract)
(Oikeudenmukaisuus ja syöpään sairastuneiden eloonjääminen).
Acta Universitatis Tamperensis. Ser A, 1991:316. Tampere, University of Tampere,
1991

Hoito	Breast Cancer
Oikeudenmukaisuus	Cancer Diseases
Rintasyöpä	Care
Sosioekonominen asema	Dissertation, Academic
Suomi	Equity
Syöpätaudit	Esthonia
Tasa-arvo	Finland
Terveyspalvelut	Health Services
Tuloksellisuus	Productivity
Viro	Socioeconomic Status
Väitöskirjat	I
I	

77 Karvonen S.
Kaupungistuminen ja nautintoaineiden käyttö nuorilla (In Finnish with an English
Abstract) (Urbanization and the use of tobacco and alcohol among Finnish
adolescents).
In: Kannas L, Miilunpalo S, Eds. Terveyskasvatustutkimuksen vuosikirja 1988.
Lääkintöhallituksen julkaisuja, Tutkimukset 8/1988. Helsinki, Lääkintöhallitus, 1988:
103–11

Alkoholinkäyttö	Adolescence
Kaupungistuminen	Alcohol Drinking
Kyselytutkimukset	Smoking
Nuoret	Socioeconomic Factors
Sosioekonomiset tekijät	Survey Studies
Tupakointi	Urbanisation
II	II

78 Karvonen S.
Nuorten tupakointi – miehistä kansanperinnettä? (Smoking among adolescents – a
male tradition?).
Nuorisotutkimus 1993; 11(1): 19–25

Katsaukset	Adolescence
Nuoret	Gender
Sosioekonomiset tekijät	Reviews
Sukupuoli	Smoking
Tupakointi	Socioeconomic Factors
II	II

Karvonen S.

Regional differences in drinking among Finnish adolescents (Alueelliset erot suomalaisten nuorten alkoholinkäytössä).

Addiction 1995; 90(1): 57–64

Regional variation in health behaviour can be explained either by differences in the socio-demographic characteristics of population or can be based on some other differences, such as cultural traditions. The purpose of this study was to find out the extent to which provincial differences in adolescents' alcohol use can be reduced to socio-demographic differences between adolescent populations of the provinces. A cross-sectional postal survey data from the Adolescent Health and Lifestyle Survey was used. In 1991, the sample was weighted according to the size of the province. It represented 16- and 18-year-old Finns in each province (n = 6600). Provincial variation in weekly alcohol use was reduced for about one quarter and the ordering of the provinces in drinking changed when the differences in urbanization level between provinces were adjusted. When socio-demographic factors were adjusted two provinces still differed significantly from the other provinces. Our study shows that variation in alcohol use among Finnish adolescents is related to where they live, and not simply to demographics.

Alkoholinkäyttö	Adolescence
Alkoholismi	Alcohol Drinking
Elämäntyyli	Alcoholism
Ilmaantuvuus	Cross-Cultural Comparison
Kulttuurien välinen vertailu	Cross-Sectional Studies
Nuoret	Female
Poikkileikkaustutkimukset	Finland
Sosiaalinen ympäristö	Health Behavior
Sosioekonomiset tekijät	Incidence
Terveyskäyttäytyminen	Life Style
II	Male
	Social Environment
	Socioeconomic Factors
	II

Karvonen S, Rimpelä A.

Socio-regional context as a determinant of adolescents' health behaviour in Finland (Sosio-alueellinen konteksti suomalaisten nuorten terveystyttäytymistä määrävänä tekijänä).

Social Science & Medicine 1996; 43(10): 1467–74

Until recently, the role of socio-regional context as a determinant of adolescents' health behaviour has been largely neglected in health studies. Usually the focus is on characteristics of individuals, while the potentially equally strong effect of the context is left unanalysed. Using multi-level data we studied whether socio-regional context influences health behaviour and whether it modifies differences by socio-economic background of adolescents. The individual level data derive from the (Finnish) Adolescent Health and Lifestyle Survey. In the survey, nationally representative data of 16- and 18-year old Finns were collected in 1991 and 1993 by mailed questionnaires (total n = 9121, response rate = 76%). These data were linked with a database that included socio-economic characteristics of municipalities. Three dimensions of the socio-regional context were measured: level of services, occupational structure and self-sufficiency of employment. In a series of logistic regression models, factors related to daily smoking, weekly alcohol use, use of high milk fat products and frequent physical activity were analysed. Socio-economic background of the adolescent was a strong determinant of all four health behaviours. Drinking and use of high milk fat

products were, however, also related to the socio-regional context. The relationship between socio-regional context and these behaviours was dissimilar, so that the dimensions of the socio-regional context that were related to the behaviours were different among boys than among girls. Our study shows that socio-regional context associates with adolescents' alcohol use and use of high milk fat products, while the more detailed nature of this relationship remains unclear.

Asuinolosuhteet	Adolescence
Maito	Adolescent Behavior
Nuoret	Adult
Nuorten käyttäytyminen	Animal
Ruokailu	Dietary Fats
Ruokavalion rasvat	Eating
Sosioekonomiset tekijät	Finland
Terveyskäyttäytyminen	Health Behavior
Tupakointi	Milk
II	Residence Characteristics
	Smoking
	Socioeconomic Factors
	II

81

Karvonen S, Rimpelä A.

Urban small area variation in adolescents' health behaviour (Nuorten terveystietämisen pienaluevaihtelu kaupungeissa).

Social Science & Medicine 1997; 45(7): 1089–98

Our previous study indicated that region plays a relatively small role in adolescents' health behaviour. Here, the regional patterning of health behaviour is studied further by shifting the focus to small areas. First, we test whether small area socioeconomic, demographic and housing characteristics correlate with health behaviour. The analysis then turns to the relationship between these characteristics and their individual level correlates. We wish to ascertain if behaviour is related to small area characteristics similarly for both genders and for adolescents' socioeconomic characteristics. The Adolescent Health and Lifestyle Survey data from 1989-1995 (16- and 18-year-olds, n = 1048, response rate 71%) were linked with data describing 33 subareas of Helsinki, the capital of Finland. Smoking, alcohol use, abstention from dietary fat and physical activity were used as lifestyle indicators. Gender apparently influences the extent to which the area plays a role. Logistic regression demonstrated that prolonged unemployment predicted low prevalence of abstention from dietary fat (traditional dietary patterns) among girls and heavy drinking among boys. High total rate of unemployment predicted lower physical activity among girls. Also owner-occupied housing correlated positively with girls' physical activity. Although the individual level socioeconomic characteristics were not as strongly related to health behaviour as the small area factors, a low level of education predicted smoking and alcohol use and, among girls, decreased physical activity. We conclude that small area characteristics, especially the level of unemployment of the area, may be even more strongly related to health behaviour than individual socioeconomic characteristics.

Elämäntyyli	Adolescence
Kaupunkiväestö	Adolescent Behavior
Logistiset mallit	Finland
Nuoret	Health Behavior
Nuorten käyttäytyminen	Life Style
Pienalueanalyysit	Logistic Models
Sosioekonomiset tekijät	Small-Area Analysis
Terveyskäyttäytyminen	Socioeconomic Factors
II	Urban Population
	II

82

Keskimäki I.

Social equity in the use of hospital inpatient care in Finland (Sairaalapalvelujen käytön sosiaalinen oikeudenmukaisuus Suomessa).
Stakes, Tutkimuksia 84. Helsinki, Stakes, 1997

Arviointi	Accessibility
Erikoissairaanhoido	Care
Hoidontarve	Dissertation, Academic
Hoito	Effectiveness
Julkiset palvelut	Equity in Health Care
Kirurgia	Evaluation
Oikeudenmukaisuus	Health Care
Palvelurakenne	Health Care System
Psykiatrisen sairaanhoido	Health Policy
Saavutettavuus	Health Services
Sairaalahoito	Hospital Care
Sosioekonominen asema	Need for Care
Tasa-arvo	Population
Terveysthuolto	Private Sector
Terveysthuoltojärjestelmä	Public Hospitals
Terveystpalvelut	Socioeconomic Status
Terveystpolitiikka	Specialized Hospital Care
Tilastot	Surgery
Tuloksellisuus	IV
Vaikutavuus	
Väestö	
Väitöskirjat	
Yksityiset palvelut	
IV	

83

Keskimäki I.

Tuloryhmien väliset erot sairaalapalvelujen käytössä (In Finnish with an English abstract) (Disposable income and the use of hospital inpatient care in Finland).
Sosiaalilääketieteellinen Aikakauslehti 1997; 34: 213–22

Sairaalahoito	Equity in Health Care
Sosioekonomiset tekijät	Hospital Inpatient Care
Terveysthuollon tasa-arvo	Income
Tulot	Socioeconomic Factors
II	II

84

Keskimäki I, Koskinen S, Salinto M, Aro S.

Socioeconomic and gender inequities in access to coronary artery bypass grafting in Finland (Sosioekonominen ja sukupuoleen liittyvä eriarvoisuus sepelvaltimon ohitusleikkauksen saatavuudessa Suomessa).
European Journal of Public Health 1997; 7(4): 392–7

Sepelvaltimon ohitusleikkaus	Coronary Artery Bypass Grafting
Sepelvaltimotauti	Coronary Heart Disease
Sosioekonomiset tekijät	Equity in Health Care
Suomi	Finland
Terveysthuollon tasa-arvo	Socioeconomic Factors
II	II

Keskimäki I, Salinto M, Aro S.

Socioeconomic equity in Finnish hospital care in relation to need (Sosioekonominen tasa-arvo suomalaisessa sairaalahoidossa suhteessa tarpeeseen).

Social Science & Medicine 1995; 41(3): 425–31

The aim of the study was to evaluate the success of Finnish health care policy in establishing socioeconomic equity in the use of hospital inpatient care. We studied the use of short-term (30 days) care at Finnish general hospitals among those aged 25 or over, psychiatric and obstetric patients excluded. The data on service utilization were obtained from the 1988 Finnish Hospital Discharge Register. Patient data were linked with socioeconomic indicators from the 1970-1987 population censuses by personal identification number. The data on population at risk were obtained from the 1987 census. Hospital utilization was measured by annual risk of hospitalization, discharge rate, and inpatient days. The socioeconomic distribution of hospital utilization according to need was assessed by mortality and morbidity data. The same data were used to calculate inequity indices. Low socioeconomic groups used more hospital services than high in all age-groups and both genders. The socioeconomic differences in hospital utilization were similar to the gradients in death rate or to the prevalences of poor self-perceived health and limiting long-standing illness. In relation to need, the lower socioeconomic groups used at least as much inpatient care as the higher. The inequity index showed a neutral distribution of hospital services with respect to need. Finnish health care policy in the late 1980s seems to have been successful in providing hospital care equitably. This study compared overall hospital use with overall mortality and morbidity. It did not address possible socioeconomic differences in hospital use by causes of hospitalization or the quality of hospital services provided.

Eloonjäämisanalyysit	Adult
Kansalliset terveysohjelmat	Aged
Kuolleisuus	Female
Sairastavuus	Finland
Sosiaaliluokka	Health Services Accessibility
Sosioekonomiset tekijät	Health Services Needs and Demand
Terveyspalveluiden saavutettavuus	Male
Terveyspalveluiden tarve	Medical Indigency
II	Middle Age
	Morbidity
	Mortality
	National Health Programs
	Patient Admission
	Social Class
	Socioeconomic Factors
	Survival Analysis
	Utilization Review
	II

86

Keskimäki I, Salinto M, Aro S.

Private medicine and socioeconomic differences in the rates of common surgical procedures in Finland (Yksityinen terveydenhuolto ja sosioekonomiset erot leikkaustoimenpiteiden yleisyydessä Suomessa).
Health Policy 1996; 36(3): 245–59

Kirurgia	Equity in Health Care
Sosioekonomiset tekijät	Finland
Suomi	Private Sector
Terveydenhuollon tasa-arvo	Socioeconomic Factors
Yksityiset palvelut	Surgery
II	II

87

Kivelä S-L, Nissinen A, Punsar S, Puska P, Karvonen M.

Determinants and predictors of heavy alcohol consumption among aging Finnish men (Ikääntyneiden suomalaismiesten alkoholin suurkulutusta määrittävät tekijät).
Comprehensive Gerontology 1988; 2(3): 103–9

The aim was to identify socioeconomic, health behaviour, and health factors associated with or predicting heavy alcohol consumption in late middle age (55-74 years) or in old age (65-84 years). The material included a follow-up study of two cohorts of Finnish males resident either in eastern or south-western Finland. The main variables associated with heavy alcohol consumption in late middle age were: relatively young age and heavy smoking. The main associated variables in old age were good mental and physical capacity, occurrence of chronic bronchitis, the absence of certain cardiac diseases, and heavy smoking. Heavy smoking was the main predictor of heavy alcohol consumption 5-25 years later; alcohol consumption 10 years earlier was also an important predictor. Some regional differences were found in associated or predictive variables. The results suggest that, with the exception of alcohol consumption itself and heavy smoking, socioeconomic, health and other health behaviour factors are not very important in explaining or predicting heavy alcohol consumption among aging Finnish men. Drinking and smoking habits were closely related in these aging or aged men.

Alkoholinkäyttö	Age Factors
Alkoholismi	Aged
Ikätekijät	Alcohol Drinking
Ikääntyneet	Alcoholism
Kohorttitutkimukset	Cohort Studies
Seurantatutkimukset	Finland
Sosioekonomiset tekijät	Follow-Up Studies
Tupakointi	Male
II	Middle Age
	Predictive Value of Tests
	Smoking
	Socioeconomic Factors
	II

88

Klaukka T.

The relationship between use of psychotropic drugs and alcohol (Psykykenlääkkeiden ja alkoholinkäytön yhteys).

Social Pharmacology 1988; 2(3): 229–45

Alkoholinkäyttö
Lääkkeiden käyttö
Psykykenlääkkeet
Sukupuolierot
II

Alcohol Drinking
Drug Utilization
Gender Differences
Psychotropic Drugs
II

89

Klaukka T, Riska E, Kimmel UM.

Use of vitamin supplements in Finland (Vitamiinien käyttö Suomessa).

European Journal of Clinical Pharmacology 1985; 29(3): 355–61

Nationwide interview studies have shown that the use of non-prescribed vitamin supplements in Finland increased during the late 1970s, whereas the use of prescribed vitamins and other non-prescribed medicines did not change. Non-prescribed vitamins were taken by 11% of adults 30 years of age or older during the 2 days before the interview, i.e. by 14% of the women and 8% of the men. Prescribed vitamins were used by only 1% of the men and women. Users of non-prescribed vitamins were those who had a high education, metropolitan residency and who reported psychiatric symptoms. Amongst men use was related to a healthy life- style but amongst women with somewhat less healthy behaviour. Prescribed vitamins were taken by the elderly, the chronically ill, those who reported psychiatric symptoms and poor health status. Health behaviour was not associated with the use of prescribed vitamins. Two types of use of vitamin supplements were found: one was related to medical need, and another was inversely related to the medical need for these preparations.

Alkoholinkäyttö
Lääkkeet
Lääkkeiden käyttö
Sosioekonomiset tekijät
Terveyskasvatus
Tupakointi
Vitamiinit
II

Adult
Aged
Alcohol Drinking
Drug Utilization
Drugs, Non-Prescription
Female
Finland
Health Promotion

Male
Middle Age
Smoking
Socioeconomic Factors
Statistics
Vitamins
II

- 90** Koivusilta L, Rimpelä A, Rimpelä M.
Health status: does it predict choice in further education? (Ennustaako terveydentila tulevaa koulutusta?).
Journal of Epidemiology and Community Health 1995; 49: 131–8
- | | |
|---------------------------|-------------------------|
| Koulutus | Cross-Sectional Studies |
| Poikkileikkaustutkimukset | Education |
| Sosioekonominen asema | Health Status |
| Terveydentila | Socioeconomic Status |
| I | I |
- 91** Koivusilta L, Rimpelä A, Rimpelä M.
Health related lifestyle in adolescence predicts adult educational level: a longitudinal study from Finland (Terveyskäyttäytyminen nuoruudessa ennustaa koulutustasoa aikuisena: pitkäaikaisstudium Suomesta).
Journal of Epidemiology and Community Health 1998; 52: 794–801
- | | |
|-----------------------|--------------------|
| Elämäntyyli | Adolescence |
| Koulutustaso | Educational Status |
| Nuoret | Follow-Up Studies |
| Seurantatutkimukset | Health Behavior |
| Terveyskäyttäytyminen | Health Selection |
| I | Life Style |
| | I |
- 92** Kontula O, Haavio-Mannila E.
Suomalainen Seksi. Tietoa suomalaisten sukupuolielämän muutoksesta (Information of changes in Finnish sex-life).
Porvoo, WSOY, 1993
- | | |
|-------------------------|-----------------|
| Kyselytutkimukset | Sex Life |
| Seksuaalikäyttäytyminen | Sexual Behavior |
| Sosiaaliryhmät | Social Groups |
| Sukupuolielämä | Survey Studies |
| II | II |
- 93** Kontula O, Koskela K, Viinamäki H, Niskanen L, Tähhä V.
Taloudellisen laman terveysvaikutuksia 1992-1993 (Health consequences of the economic recession 1992–1993).
Sosiaali- ja terveysministeriön julkaisuja 1993:10. Helsinki, Sosiaali- ja terveysministeriö, 1993
- | | |
|-----------------------|------------------------|
| Hyvinvointi | Economic Recession |
| Köyhyys | Health Consequencies |
| Lama | Health Status |
| Mielenterveys | Long-term Unemployment |
| Nälkä | Mental Health |
| Pitkäaikaistyöttömyys | Poverty |
| Syrjäytyminen | Social Exclusion |
| Terveys | Unemployment |
| Terveysvaikutukset | Well-Being |
| Työttömyys | I |
| Työttömät | |
| Velkaantuminen | |
| I | |

- 94** Korpela K.
Iäkkäiden ravitseminen FINRISKI 1997 -tutkimuksessa (Food behaviour among the elderly in the FINRISKI 1997 study).
Bolus 1999; (1): 21–4

Ikääntyneet	Aged
Ravitsemustaso	Food Habits
Ruokatottumukset	Nutritional Status
Sosiaaliryhmät	Social Groups
II	II

- 95** Kortteinen M, Tuomikoski H.
Työtön. Tutkimus pitkäaikaistyöttömien selviytymisestä (A study of the coping of the long-term unemployed).
Helsinki, Tammi, 1998

Alkoholinkäyttö	Alcohol Drinking
Elämänhallinta	Coping
Haastattelututkimus	Economic Recession
Huono-osaisuus	Health Status
Hyvinvointi	Income
Ihmissuhteet	Interviews
Kertomukset	Life Control
Kokemukset	Long-term Unemployment
Kyselytutkimukset	Mental Health
Köyhyys	Morbidity
Lama	Poverty
Mielenterveys	Social Exclusion
Pitkäaikaistyöttömyys	Social Relations
Sairastavuus	Social Status
Selviytyminen	Survey Studies
Sosiaalinen asema	Unemployed
Sosiaaliset suhteet	Unemployment
Syrjäytyminen	Well-Being
Terveys	I
Toimeentulo	
Työttömyys	
Työttömät	
I	

- 96** Koskenvuo M, Kaprio J, Lönnqvist J, Sarna SJ.
Social factors and the gender difference in mortality (Sosiaaliset tekijät ja sukupuolierot kuolleisuudessa).
Social Science & Medicine 1986; 23(6): 605–9

Kuolintodistukset	Censuses
Kuolleisuusluvut	Death Certificates
Sosiaaliset tekijät	Finland
Sosiodemografiset tekijät	Gender
Sukupuoli	Mortality Rates
Sukupuolierot	Sex Differences
Väestölaskennat	Social Factors
I	Sociodemographic Factors
	I

- 97** Koskenvuo M, Romo M.
Psyykkiset ja sosiaaliset tekijät sepelvaltimotaudin taustalla (Psychic and social risk factors of coronary heart disease).
Duodecim 1991; 107: 1241–8
- | | |
|---------------------|------------------|
| Psyykkiset tekijät | Coronary Disease |
| Riskitekijät | Psychic Factors |
| Sepelvaltimotauti | Risk Factors |
| Sosiaaliset tekijät | Social Factors |
| I | I |
- 98** Koskenvuo M, Sarna SJ, Kaprio J, Lönnqvist J.
Cause specific mortality by marital status and social class in Finland during 1969–1971 (Kuolinsyyspesifinen kuolleisuus siviilisäädyn ja sosiaaliluokan mukaan Suomessa 1969–1971).
Social Science & Medicine 1979; 13A(6): 691–7
- | | |
|----------------|--------------------------|
| Avioliitto | Causes |
| Kuolemansyyt | Cause-Specific Mortality |
| Kuolleisuus | Finland |
| Siviilisääty | Marital Status |
| Sosiaaliluokka | Marriage |
| I | Mortality |
| | Status |
| | Social Class |
| | I |
- 99** Koskinen K, Rinne J-P, Kivekäs J, Zitting A, Tossavainen A, Roto P, Reijula K, Huuskonen MS.
Asbestisairauksien seulontatutkimus 1990–92. Loppuraportti (Screening for asbestine related diseases 1990-92. Final Report).
Helsinki, Työterveyslaitos, 1993
- | | |
|----------------------------|---------------------|
| Ammattiryhmät | Asbestos |
| Asbestoosi | Disease Prevention |
| Sairaudet | Diseases |
| Sairauksien ennaltaehkäisy | Occupational Groups |
| Seulonnat | Screening |
| IIIb | IIIb |
- 100** Koskinen S.
Origins of regional differences in mortality from ischaemic heart disease in Finland (Sepelvaltimotautikuolleisuuden alueellisten erojen syyt).
Stakes Tutkimuksia 1994:41. Helsinki, STAKES, 1994
- | | |
|-----------------------|-------------------------|
| Elämäntyyli | Cardiovascular Diseases |
| Katsaukset | Coronary Disease |
| Kuolleisuus | Dissertation, Academic |
| Perimä | Genotype |
| Pohjois-Karjala | Health Behavior |
| Sepelvaltimotauti | Health Risks |
| Sosioekonominen asema | Hypertension |

Sydän- ja verisuonitaudit	Life Style
Terveyskäyttäytyminen	Mortality
Terveysriskit	North Karelia
Tilastot	Population Structure
Verenpainetauti	Reviews
Väestörakenne	Socioeconomic Status
Väitöskirjat	I
I	

- 101** Koskinen S.
 Terveyden eriarvoisuus – haaste terveydenhuollolle (Health inequalities – a challenge to the health care system).
 Suomen Lääkärilehti 1995; 50(29): 3097–102

Eriarvoisuus	Health Inequalities
Terveyden eriarvoisuus	Health Care System
Terveydenhuoltojärjestelmä	Inequalities
I	I

- 102** Koskinen S.
 Finnish experiences from promoting research on inequality in health (Suomalaisia kokemuksia terveyden eriarvoisuustutkimuksen edistämisestä).
 In: Arve-Parés B, Ed. Promoting Research on Inequality in Health. Stockholm, Socialvetenskapliga forskningsrådet, 1998: 87–97

Terveyden edistäminen	Health Inequalities
Terveyden eriarvoisuus	Health Promotion
Tutkimus	Research
IV	IV

- 103** Koskinen S, Martelin T.
 Miksi naisten sosioekonomiset kuolleisuuserot ovat pienemmät kuin miesten? (In Finnish with an English abstract) (Why are socioeconomic mortality differences smaller among women than among men?).
 Sosiaalilääketieteellinen Aikakauslehti 1991; 28: 40–60

Ammatit	Cause of Death
Asuminen	Comparative Study
Koulutustaso	Confounding Factors
Kuolemansyyt	Death Certificates
Kuolintodistukset	Educational Status
Kuolleisuus	Housing
Lääketieteellisten rekistereiden yhdistäminen	Marital Status
Naisten terveys	Medical Record Linkage
Sekoittavat tekijät	Mortality
Siviilisäätö	Occupations
Sosioekonomiset tekijät	Sex Factors
Sukupuolitekijät	Socioeconomic Factors
Vertaileva tutkimus	Women's Health
I	I

Koskinen S, Martelin T.

Why are socioeconomic mortality differences smaller among women than among men? (Miksi naisten sosioekonomiset kuolleisuuserot ovat pienemmät kuin miesten?).
Social Science & Medicine 1994; 38(10): 1385–96

This study examines whether women's socioeconomic mortality differences appear to be smaller than those of men because of: (1) the choice of indicator used in measuring socioeconomic position; (2) the confounding influence of other sociodemographic variables, either masking women's inequities or accentuating them among men; or (3) differences in the cause of death structure between women and men. The data set is based on individual records of the 1980 census linked with death records for the period 1981–85 in the 35–64-year old population in Finland. According to each of the socioeconomic indicators applied in this study (level of education, occupational class, housing density and standard of equipment of the dwelling) the relative magnitude of inequalities among women is considerably smaller than among men. This result arises totally from the married subpopulation—in other marital status groups women's inequalities are at least as large as men's. In most causes of death the socioeconomic mortality gradient is as steep or even steeper among women in comparison with men. When the cause of death structure of men is applied to the cause-specific mortality differences of women, the socioeconomic gradient in total mortality is almost similar among both genders even in the married population.

Ammatit	Adult
Asuminen	Bias
Koulutustaso	Cause of Death
Kuolemansyyt	Comparative Study
Kuolintodistukset	Confounding Factors
Kuolleisuus	Death Certificates
Lääkietieteellisten rekistereiden yhdistäminen	Educational Status
Naisten terveys	Female
Sekoittavat tekijät	Finland
Siviilisäätö	Housing
Sosioekonomiset tekijät	Male
Sukupuolitekijät	Marital Status
Vertaileva tutkimus	Medical Record Linkage
I	Middle Age
	Mortality
	Occupations
	Population Surveillance
	Sex Factors
	Socioeconomic Factors
	Women's Health
	Women's Rights
	I

Koskinen S, Martelin T, Valkonen T.

Socioeconomic differences in mortality among diabetic people in Finland: five year follow up (Diabeetikoiden sosioekonomiset kuolleisuuserot Suomessa: viiden vuoden seurantatutkimus).
British Medical Journal 1996; 313(7063): 975–8

OBJECTIVE: To compare socioeconomic differences in mortality (by cause of death) among diabetic people with those in the rest of the population. DESIGN: Five year follow up of mortality in the population of Finland, comparing people with diabetes and those without diabetes. SETTING: Finland. SUBJECTS: All residents of Finland aged 30

to 74 included in the 1980 census. Subjects were classified as diabetic (230,000 person years) or other (12,400,000 person years) according to whether they were exempted from charges for medication for diabetes. During 1981-5 there were 114,058 deaths, of which 11,215 were in people with diabetes. MAIN OUTCOME MEASURES: Age standardised mortality by sex, social class, and cause of death for the diabetic and non-diabetic populations. RESULTS: No significant social class differences in mortality were found among women with diabetes. Among diabetic men there was a slight increasing trend in mortality from the upper white collar group to the unskilled blue collar workers but it was much less steep than that of non-diabetic men. CONCLUSIONS: Among people with diabetes in Finland the quality of treatment and compliance with treatment probably do not vary by socioeconomic status. Health education for diabetic people seems to be effective in all socioeconomic strata; in people from the lower strata this leads to greater changes because their health behavior was originally less good.

Diabetes Mellitus	Adult
Eloonjäämisanalyysit	Aged
Eloonjääminen	Cause of Death
Kuolemansyyt	Diabetes Mellitus
Kuolleisuus	Female
Seurantatutkimukset	Finland
Sosiaaliluokka	Follow-Up Studies
Sosioekonomiset tekijät	Male
I	Middle Age
	Mortality
	Social Class
	Socioeconomic Factors
	Survival Analysis
	Survival Rate
	I

106

Koskinen S, Melkas T, Vienonen M .

Inequalities in health and health care in Finland: a challenge for intersectoral action (Terveyden ja terveydenhuollon eriarvoisuus Suomessa: haaste intersektoraalisille toiminnoille).

Göteborg, The Nordic School of Public Health, NHV-Report 1985: 69–112

Eriarvoisuus	Inequalities
Intersektoraaliset toimintaohjelmat	Intersectoral Actions
Terveyden eriarvoisuus	Health Care
Terveydenhuolto	Health Inequalities
IV	IV

107

Koskinen S, Pekkanen J.

Sosioekonomiset tekijät ja terveys epidemiologisen tutkimuksen kohteena (In Finnish with an English abstract) (Epidemiological research on socioeconomic factors and health).

Sosiaalilääketieteellinen Aikakauslehti 1991; 28(5–6): 365–76

Epidemiologinen tutkimus	Epidemiological Research
Sosioekonomiset tekijät	Health
Terveys	Socioeconomic Factors
I	I

- 108** Koskinen S, Puska P, Valkonen T.
Terveyskäyttäytyminen keski-ikäisen väestön osaryhmissä 1978–80
(Health behaviour among subgroups of the middle-aged population in 1978–80).
Kansanterveyslaboratorion julkaisuja B, 1981:1. Helsinki, Kansanterveyslaboratorio,
1981
- | | |
|-----------------------|-----------------|
| Keski-ikäiset | Health Behavior |
| Terveyskäyttäytyminen | Middle Age |
| II | II |
- 109** Koskinen S, Valkonen T.
Miten vähennetään sydän- ja verisuonitautien sosiaalisia vaaratekijöitä? (How to reduce
social risk factors for cardiovascular diseases?).
In: Konsensuskokous suomalaisten sydän- ja verisuoniterveyden edistämiseksi 25.–
27.11.1997: asiantuntija-alustukset. Helsinki, Suomen Sydäntautiliitto ry:n julkaisuja
1,1998: 49–55
- | | |
|---------------------------|-------------------------|
| Riskitekijät | Cardiovascular Diseases |
| Sosiaaliset tekijät | Health Promotion |
| Sydän- ja verisuonitaudit | Risk Factors |
| Terveyden edistäminen | Social Factors |
| I | I |
- 110** Kumpusalo E, Pekkarinen H, Halonen P, Neittaanmäki L.
Finnish healthy village study: impact and outcomes of a low-cost local health promotion
programme (Suomalainen terve kylä -tutkimus: edullisen paikallisen terveyden
edistämishjelman vaikutukset ja tulokset).
Health Promotion International 1996; 11(2): 105–15
- | | |
|-----------------------|--------------------|
| Kylät | Cost Effectiveness |
| Kustannus-tehokkuus | Finland |
| Projektit | Health Promotion |
| Suomi | Projects |
| Terveyden edistäminen | Villages |
| IIIb | IIIb |
- 111** Kunttu K.
Korkeakouluopiskelijoiden terveystyttäytyminen ja sosiaaliset suhteet: tutkimus
turkulaisista ensimmäisen vuoden opiskelijoista (In Finnish with an English abstract)
(Health-related behaviour and social relationships among university students. A study on
first year students in Turku).
Sosiaali- ja terveysturvan tutkimuksia 1998:28. Helsinki, Kansaneläkelaitos, 1998
- | | |
|---------------------|------------------------|
| Alkoholinkäyttö | Alcohol Drinking |
| Asenteet | Attitudes |
| Huumeiden käyttö | Dissertation, Academic |
| Liikunta | Drug Use |
| Opiskelijat | Exercise |
| Ruokatottumukset | Food Habits |
| Sosiaaliset suhteet | Health Behavior |
| Terveys | Social Relations |

Terveyskäyttäytyminen	Smoking
Tupakointi	Students
Turvavarusteet	Traffic Safety Devices
Väitöskirjat	II
II	

112

Kuusela S, Honkala E, Rimpelä A, Karvonen S, Rimpelä M.

Trends in toothbrushing frequency among Finnish adolescents between 1977 and 1995 (Muutokset suomalaisten nuorten hampaidenharjauksen tiheydessä 1977–1995).

Community Dental Health 1997; 14(2): 84–8

OBJECTIVE: To analyse trends in development of the toothbrushing frequency of Finnish adolescents and the socio-economic factors associated with these trends between 1977 and 1995. **DESIGN:** The data were collected as part of a nation-wide research programme, the Adolescent Health and Lifestyle Survey, which started in 1977. Since then a 12-page questionnaire has been sent every other year. Dental health behaviour was studied from the outset. **SUBJECTS:** The sample represented 12-, 14-, 16- and 18-year-old children and adolescents in Finland. The sample size varied between 3,205-10,626, making a total of 66,687 participants. **OUTCOME MEASURES:** The recommended toothbrushing frequency, twice-a-day, was studied. The socio-economic factors included age, gender, self-assessed school performance, level of education, socio-economic status of the householder, and socio-economic category of the residential area. **RESULTS:** Among boys, daily toothbrushing increased from 1977 to 1995, but among girls it remained stable. Among boys, the prevalence of twice-a-day toothbrushing frequency varied from 13 per cent to 25 per cent between the ages of 12 and 18 years, and among girls from 32 per cent to 60 per cent, respectively. Among 12- to 14-year-old boys, the socio-economic differences almost disappeared. There were no changes among 12- to 14-year-old girls but there was an unexpected declining trend in toothbrushing among 16- to 18-year-old girls. Apparently further improvement in the toothbrushing frequency of girls had stopped. **CONCLUSIONS:** Although there was a clear trend towards improvement of toothbrushing frequency among boys, their toothbrushing frequency still lagged far behind that of girls.

Asuinolosuhteet	Achievement
Elämäntyyli	Adolescence
Suunterveys	Adolescent Behavior
Hampaiden harjaus	Age Factors
Ikätekijät	Analysis of Variance
Itsearviointi	Child
Koulutustaso	Educational Status
Nuoret	Female
Nuorten käyttäytyminen	Finland
Sosiaaliluokka	Health Behavior
Sukupuolitekijät	Life Style
Terveyskäyttäytyminen	Male
Vallitsevuus	Oral Health
Varianssianalyysi	Prevalence
II	Residence Characteristics
	Self Assessment
	Sex Factors
	Social Class
	Toothbrushing
	II

Laaksonen M, Rahkonen O, Prättälä R.

Smoking status and relative weight by educational level in Finland, 1978–1995
(Koulutus, tupakointi ja suhteellinen paino Suomessa 1978–1995).

Preventive Medicine 1998; 27(3): 431–7

BACKGROUND: The aim of the present study was to examine the association between smoking status and relative body weight at different educational levels in Finland during 1978-1995. **METHODS:** The data for the study were derived from separate cross-sectional health behavior surveys conducted annually by the National Public Health Institute (n = 3,418-5,037, response rate 68-84%). Relative weight was compared among current smokers, ex-smokers, and never smokers. Mean body mass index (BMI) was used as the measure of relative weight. Educational level was measured by the number of school years. **RESULTS:** During 1978-1995, relative weight increased in all smoking categories. Among men, ex-smokers weighed most, irrespective of study year or educational level, whereas among women ex-smokers showed a mean BMI comparable with that of never smokers. Among current and never smokers, both men and women, the association between smoking status and mean BMI varied according to educational level: current smokers weighed less than never smokers at the lowest educational level, whereas at the highest educational level they weighed more than never smokers. **CONCLUSIONS:** The association between smoking status and relative weight varied according to educational level. The finding suggests that the association between smoking status and relative weight is modified by social and behavioral factors.

Koulutus	Adolescence
Lihavuus	Adult
Luottamusvälit	Body Mass Index
Painoindeksi	Case-Control Studies
Poikkileikkaustutkimukset	Confidence Intervals
Sosioekonomiset tekijät	Cross-Sectional Studies
Tapaus-kontrolli tutkimukset	Education
Tupakoinnin lopettaminen	Female
Tupakointi	Finland
Vallitsevuus	Male
II	Middle Age
	Obesity
	Prevalence
	Smoking
	Smoking Cessation
	Socioeconomic Factors
	II

Lahelma E.

Hyvinvointivaltio, eriarvoisuus ja terveys (In Finnish with an English abstract) (Welfare state, inequalities and health).

Sosiaalilääketieteellinen Aikakauslehti 1987; 24: 141–51

Hyvinvointivaltio	Equity
Oikeudenmukaisuus	Health
Terveys	Welfare State
I	I

- 115** Lahelma E.
Unemployment, re-employment and mental well-being. A panel survey of industrial jobseekers in Finland (Työttömyys, uudelleen työllistyminen ja mielenterveys. Paneelitutkimus teollisuuden työnhakijoista Suomessa).
Scandinavian Journal of Social Medicine. Supplementum 1989; 43: 1–170

Aikuiset	Adult
Keski-ikäiset	Dissertation, Academic
Mielenterveys	Employment
Pitkittäistutkimukset	Female
Sairastavuus	Finland
Sosioekonomiset tekijät	Longitudinal Studies
Sukupuolitekijät	Male
Työ	Mental Health
Työttömyys	Middle Age
Väitöskirjat	Morbidity
I	Sex Factors
	Socioeconomic Factors
	Unemployment
	I

- 116** Lahelma E.
Sosiaaliluokan ja sairastavuuden suhde suomalaisilla miehillä ja naisilla (In Finnish with an English abstract) (The relationship between social class and morbidity among Finnish women and men).
Sosiaalilääketieteellinen Aikakauslehti 1991; 28: 29–39

Sosiaaliluokka	Health
Sukupuoli	Sex
Terveys	Social Class
I	I

- 117** Lahelma E.
Paid employment, unemployment and mental well-being (Palkkatyö, työttömyys ja mielenterveys).
Psychiatria Fennica 1992; 23: 131–44

Mielenterveys	Mental health
Työttömyys	Unemployment
I	I

- 118** Lahelma E.
Unemployment and mental well-being: elaboration of the relationship (Työttömyys ja mielenterveys: yhteyden elaboraatio).
International Journal of Health Services 1992; 22(2): 261–74

The relationship between unemployment and mental well-being was studied in 703 Finnish women and men who were originally employed in industry (manufacturing). A population survey with a follow-up measurement was carried out in 1983 and 1984. Mental well-being was measured by a 12- item version of the General Health Questionnaire. The association between unemployment and mental ill-health proved to be a strong one. Cross-sectional analyses and analyses on the improvement of mental well- being were made. The impact of employment status on mental ill-health, as well as

its improvement, was controlled for by means of logistic regression analysis (GLIM). Several variables included in the design did not alter the main result, apart from the fact that the impact of unemployment was stronger among men than among women. The impact of unemployment proved to be independent and direct. The author compares these results with other studies that have used a similar approach, and discusses the significance of paid work in developed capitalist societies in an understanding of the adverse impacts of unemployment.

Aikuiset	Adult
Keski-ikäiset	Comparative Study
Kyselylomakkeet	Cross-Sectional Studies
Mielenterveys	Employment
Mielenterveyshäiriöt	Female
Poikkileikkaustutkimukset	Finland
Seurantatutkimukset	Follow-Up Studies
Sukupuolitekiäjät	Male
Työ	Mental Disorders
Työttömyys	Mental Health
Vallitsevuus	Middle Age
Vertaileva tutkimus	Prevalence
I	Questionnaires
	Sex Factors
	Unemployment
	I

119

Lahelma E.

The patterning of responses to unemployment: deprivation and adaptation (Reaktiot työttömyyteen: kurjistuminen ja sopeutuminen).

In: Levin L, McMahon L, Ziglio E, Eds. Economic Change, Social Welfare and Health in Europe. WHO Regional Publications, European Series, No. 54. Copenhagen, 1994: 5–22

Huono-osaisuus	Deprivation
Työttömyys	Unemployment
I	I

120

Lahelma E.

Unemployment and health: Causes and consequences (Työttömyys ja terveys: syyt ja seuraukset).

In: Eriksson T, Leppänen S, Tossavainen P, Eds. . VATT Publications 14. Helsinki, Government Institute of Economic Research, 1994: 124–39

Terveys	Health
Työttömyys	Unemployment
I	I

121

Lahelma E.

Ikääntyminen, sosiaalinen rakenne ja terveys (Ageing, social structure and health).

In: Rahkonen O, Lahelma E, Eds. Elämänkaari ja terveys. Helsinki, Gaudeamus, 1998: 202–22

Ikääntyminen	Ageing
Sosiaalinen rakenne	Health
Terveys	Social Structure
I	I

122

Lahelma E, Arber S.

Health inequalities among men and women in contrasting welfare states: Britain and three Scandinavian countries compared (Miesten ja naisten terveyserot erilaisissa hyvinvointivaltioissa: Britannian ja kolmen Skandinavian maan vertailu).
European Journal of Public Health 1994; 4: 227–40

Britannia	Inequalities
Eriarvoisuus	Health
Pohjoismaat	Gender
Sukupuoli	Britain
Terveys	Nordic Countries
I	I

123

Lahelma E, Berg M-A, Helakorpi S, Prättälä R, Rahkonen O, Puska P.

Suomalaisten aikuisten koettu terveydentila ja terveystyytyminen 1978–93 (Self-perceived health and health behaviour among the adult population in Finland 1978–93).
Suomen Lääkärilehti 1994; 49: 2213–27

Aikuiset	Adult
Koettu terveys	Health Behavior
Terveystyytyminen	Self-Perceived Health
I	I

124

Lahelma E, Kangas R.

Loss of paid work – loss of psychic well-being: efforts to specify the relationship between unemployment and health (Palkkatyön menetys – psyykkisen hyvinvoinnin menetys: työttömyyden ja terveyden välisen yhteyden tarkennus).
Working papers 1987:1. Helsinki, Kuntoutussäätiö, 1987

Mielenterveys	Health
Terveys	Mental health
Työttömyys	Unemployment
I	I

125

Lahelma E, Kangas R.

Unemployment, re-employment and psychic well-being in Finland (Työttömyys, uudelleen työllistyminen ja psyykinen hyvinvointi Suomessa).
In: Starrin B, Svensson P-G, Wintersberger H, Eds. Unemployment, Poverty and Quality of Working Life. Some European Experiences. Berlin, Edition Sigma, 1989: 135–63

Mielenterveys	Health
Terveys	Mental health
Työttömyys	Unemployment
I	I

Lahelma E, Kangas R, Manderbacka K.

Drinking and unemployment: contrasting patterns among men and women (Juominen ja työttömyys: miesten ja naisten erilaiset käyttäytymismallit).

Drug and Alcohol Dependence 1995; 37(1): 71–82

Research on unemployment has paid only little attention to drinking and drinking problems. From the 1970s onwards the association of drinking and unemployment has come under systematic study. Contrasting tendencies emerge from this research. This paper distinguishes three instances of drinking and drinking problems and examines their association with employment status, i.e., (i) frequency of drinking, (ii) frequency of intoxication, and (iii) frequency of health problems due to drinking. A panel survey was conducted in 1983–1984, consisting of a sample of Finnish men and women, originally jobseekers in industry. Prevalence data and results of logistic regression analyses on the association of the three instances of drinking and drinking problems with employment status are presented. The frequency of drinking was unassociated with employment status for men and women at either of the two measurement points. Neither did the frequency of intoxication show any clear association with employment status. In contrast, the frequency of health problems due to drinking was associated in a statistically significant way with unemployment among men. Among women the association was rather the opposite, but it was not statistically significant. The paper concludes that it is important to distinguish between overall drinking and drinking problems, and between the determinants of male and female drinking problems. It is likely that selective processes at the labour market as well as social causation during unemployment lie behind the observed association of male unemployment and drinking problems.

Aikuiset	Adaptation, Psychological
Alkoholimyrkytys	Adult
Alkoholinkäyttö	Alcohol Drinking
Alkoholismi	Alcoholic Intoxication
Epidemiologia	Alcoholism
Haittavaikutukset	Comorbidity
Ilmaantuvuus	Comparative Study
Keski-ikäiset	Cross-Sectional Studies
Liitännäissairaudet	Female
Poikkileikkaustutkimukset	Finland
Sosioekonomiset tekijät	Incidence
Sukupuolitekijät	Male
Sopeutuminen	Middle Age
Työttömyys	Sex Factors
Vertaileva tutkimus	Socioeconomic Factors
II	Unemployment
	II

Lahelma E, Karisto A.

Morbidity and social structure: recent trends in Finland (Sairastavuus ja sosiaalinen rakenne: viimeaikaiset muutokset Suomessa).

European Journal of Public Health 1993; 3: 245–53

Muutos	Change
Sairastavuus	Finland
Sosiaalinen rakenne	Morbidity
Suomi	Social Structure
I	I

128

Lahelma E, Karisto A, Rahkonen O.

Analysing inequalities: The tradition of socioeconomic health research in Finland (Eriarvoisuuden analysointi: sosioekonomisen terveystutkimuksen perinne Suomessa). *European Journal of Public Health* 1996; 6: 87–93

Eriarvoisuus	Equity
Historia	Health Research
Oikeudenmukaisuus	History
Sosiaalinen oikeudenmukaisuus	Inequalities
Terveystutkimukset	Research
Tutkimus	Social Justice
	I

129

Lahelma E, Manderbacka K, Rahkonen O, Karisto A.

Comparisons of inequalities in health: evidence from national surveys in Finland, Norway and Sweden (Terveysten eriarvoisuuden vertailu: tutkimustuloksia Suomesta, Norjasta ja Ruotsista).

Social Science & Medicine 1994; 38(4): 517–24

Nationwide surveys from Finland, Norway and Sweden were analysed to examine socioeconomic inequalities in illness. This article first describes differentials in self-reported limiting long-standing illness and its distribution according to educational level. Age-standardized prevalence rates according to education are examined, and top and bottom prevalence ratios are compared between countries and genders. Secondly, the article attempts to assess the ‘global’ extent of inequalities in illness. This is made by calculating concentration indices for each country and gender. The description shows large illness differentials according to educational level in each country. A similar socioeconomic pattern emerges from all three countries and both genders; i.e. lower socioeconomic positions are associated with higher illness levels. This pattern is more distinct for men than for women. The gap in illness between top and bottom educational groups is widest for Norwegian men and smallest for Finnish women. However, top and bottom comparisons overlook other than the extreme groups, and give no information on the sizes of the groups. To avoid these problems concentration indices were calculated to assess the extent of inequalities in illness. According to these indices Norwegian men also show the highest extent of inequality, but differences to Swedish and Finnish men are small. The extent of inequality among women is smaller than among men; among Finnish and Norwegian women it is smaller than among their Swedish counterparts. Measures of inequalities such as the concentration index are useful tools, although complex inequalities cannot be captured by single measures. In the assessment of health inequalities not only relative but also absolute differentials need to be considered. (ABSTRACT TRUNCATED AT 250 WORDS)

Aikuiset	Adult
Epidemiologia	Age Factors
Ikätekijät	Aged
Ikääntyneet	Chronic Disease
Keski-ikäiset	Comparative Study
Krooniset sairaudet	Female
Norja	Finland
Ruotsi	Health Policy
Sosioekonomiset tekijät	Health Status Indicators
Suomi	Male
Terveystilaindikaattorit	Middle Age
Terveyspolitiikka	Norway
Vallitsevuus	Prevalence
Vertaileva tutkimus	Socioeconomic Factors
	Sweden
	I

130

Lahelma E, Manderbacka K, Rahkonen O, Sihvonen A-P.

Ill-health and its social patterning in Finland, Norway and Sweden (Terveys ja sosiaalinen asema Suomessa, Norjassa ja Ruotsissa).

Tutkimuksia 1993:27. Helsinki, STAKES, 1993

Elinikä	Cardiovascular Diseases
Elinolot	Depression
Eriarvoisuus	Finland
Hyvinvointivaltio	Functional Ability
Lama	Health
Norja	Health Behavior
Ruotsi	Health Statistics
Sairastavuus	Inequalities
Sosiaalinen asema	Life-Span
Suomi	Living Conditions
Sydän- ja verisuonitaudit	Morbidity
Terveys	Musculoskeletal Diseases
Terveyskäyttäytyminen	Norway
Terveystilastot	Social Status
Toimintakyky	Statistics
Tuki- ja liikuntaelinsairaudet	Sweden
I	Welfare State
	I

131

Lahelma E, Martikainen P, Rahkonen O, Silventoinen K.

Gender differences in illhealth in Finland: patterns, magnitude and change (Terveydentilan sukupuolierot Suomessa: erot, suuruus ja muutokset).

Social Science & Medicine 1999; 48(1): 7–19

The common wisdom about gender differences in illhealth has been encapsulated in the phrase “women are sicker, but men die quicker”. Recently this wisdom has been increasingly questioned. The purpose of this study is first to analyse the patterns and magnitude of gender differences across various indicators of illhealth; second to examine changes over time in these differences and third to assess whether sociodemographic and socioeconomic, family status and social network determinants have any bearing on the differences. The data derive from nationally representative 1986 and 1994 Surveys on Living Conditions in Finland. Women showed poorer health for five out of eight indicators analysed; that is somatic symptoms, mental symptoms, disability among those 50 years or older, long-standing illness and limiting long- standing illness were more prevalent among women than men. Male excess was found for perceived health below good and extremely limiting long- standing illness among those 50 years or older. However, the male excess was statistically significant only for poor perceived health among those 50 years or older. Adjusting for a number of suggested determinants of health had a negligible effect on gender differences. Further analyses showed that gender differences in illhealth remained largely stable over the eight year study period which saw a steep increase of unemployment for both genders. Only in the case of mental and somatic symptoms have gender differences declined, with a simultaneous increase in the prevalence of such symptoms. Otherwise gender differences in illhealth turned out to be resistant to the deep labour market crisis over this relatively short period of time. Although women had poorer health than men for a number of health indicators, we also find gender equality and even male excess for some indicators. Furthermore, the results suggest that a male excess in illhealth is likely to be found with more severe domains of illhealth among elderly people.

Sukupuoli	Gender
Suomi	Ill-health
Terveydentila	Finland
I	I

- 132** Lahelma E, Prättälä R, Roos E.
Työttömyys ja ateriointi (In Finnish with an English abstract) (Meal patterns and employment status).
Sosiaalilääketieteellinen Aikakauslehti 1990; 27: 384–91
- | | |
|-----------------------|-----------------|
| Ateriointi | Diet |
| Ruokavalio | Health Behavior |
| Terveyskäyttäytyminen | Meal Patterns |
| Työttömyys | Unemployment |
| II | II |
- 133** Lahelma E, Rahkonen O.
Health inequalities in modern societies and beyond. Introduction (Terveyden eriarvoisuus nyky-yhteiskunnissa ja muualla. Johdanto).
Social Science & Medicine 1997; 44(6): 721–2
- | | |
|-----------------------------------|-------------------------------|
| Sosiaaliluokka | Health Services Accessibility |
| Sosiaalinen oikeudenmukaisuus | Health Status |
| Sosioekonomiset tekijät | Social Class |
| Terveydentila | Social Justice |
| Terveyspalveluiden saavutettavuus | Socioeconomic Factors |
| I | I |
- 134** Lahelma E, Rahkonen O, Berg M-A, Helakorpi S, Prättälä R, Puska P, Uutela A.
Changes in health status and health behavior among Finnish adults 1978–1993 (Suomalaisten aikuisten terveydentilan ja terveystyöskäytännön muutokset 1978–1993).
Scandinavian Journal of Work, Environment & Health 1997; 23(Suppl 3): 85–90
- The patterning of trends in self-assessed health, and in the “Holy Four” of health-related behaviors, that is, smoking, drinking, the use of high-fat milk and butter, and physical exercise, was examined in the Finnish general population aged 25–64 years. There were considerable differences in the health status and health behavior by study year, gender, and educational attainment. The longer the education, the better the health and the more favorable the health behavior, except for the use of alcohol. From the late 1970s to the early 1990s smoking increased slightly among women but decreased among men. The use of alcohol increased, whereas the use of butter and high-fat milk decreased dramatically. Physical exercise during leisure time increased, especially among women. Unemployed men and women were more often smokers than employed persons.
- | | |
|----------------------------------|-----------------------|
| Aikuiset | Adolescence |
| Alkoholinkäyttö | Adult |
| Epidemiologia | Age Distribution |
| Ikäjakauma | Alcohol Drinking |
| Ilmaantuvuus | Dietary Fats |
| Keski-ikäiset | Educational Status |
| Koulutustaso | Exercise |
| Liikunta | Female |
| Nuoret | Finland |
| Rekisterit | Health Behavior |
| Riskinarviointi | Health Status |
| Riskitekijät | Incidence |
| Ruokavalion rasvat | Male |
| Sosioekonomiset tekijät | Middle Age |
| Sukupuolijakauma | Registries |
| Terveydentila | Risk Assessment |
| Terveystyöskäytännön muuttaminen | Risk Factors |
| Tupakointi | Sex Distribution |
| Työttömyys | Smoking |
| I | Socioeconomic Factors |
| | Unemployment |
| | I |

Lahelma E, Rahkonen O, Huuhka M.

Changes in the social patterning of health? The case of Finland 1986–1994
(Terveydentilan sosiaalisen jakautumisen muutokset? Suomi 1986–1994).
Social Science & Medicine 1997; 44(6): 789–99

This paper analyses the social patterning and change of health status among the Finnish population from the mid-1980s until the mid-1990s. A broad structural transformation has been going on in Finland including demographic, social structural and, in the early 1990s, particularly sudden and deep labour market changes. We first examine the patterning of health status and its change among the Finnish adult population by age; secondly by regional structure; thirdly by socioeconomic status, that is educational level; and fourthly by employment status, that is between the employed and the unemployed. Analyses were made separately for men and women. The data derive from two pooled nationwide “Surveys on Living Conditions” which were conducted in 1986 (N = 12,057) and in 1994 (N = 8650). Health status was measured by limiting long-standing illness (LLI) and self-assessed health (SAH) as below good. The overall trend shows that health status has remained stable or improved slightly among the Finnish adult population from 1986 to 1994. Age differences show leveling off as particularly men above age 45 in 1994 reported better health status than eight years before; those below age 45 tend to report somewhat poorer health. Also regional differences have declined; health in the East/North regions is approaching the level of the rest of the country, except the Helsinki Metropolitan region. Educational differences in health status continue to be clear; however, for men, differences in LLI between the two lower educational groups have levelled off by 1994. Also for men, employment status differences in LLI have declined by 1994; no corresponding levelling off was apparent for women. The health status and its social patterning among the Finnish adult population have remained rather stable during the recession and related social structural changes in the early 1990s. Certain levelling off has taken place among men. As a result men’s and women’s health inequalities now resemble each other more than eight years before. Adverse health consequences of the recession are supposed to take a longer time to show up.

Aikuiset	Adult
Demografiset tekijät	Aged
Ikääntyneet	Demography
Keski-ikäiset	Educational Status
Koulutustaso	Employment
Sosiaaliluokka	Female
Sosioekonomiset tekijät	Finland
Sukupuolitekijät	Health Status
Terveydentila	Male
Työ	Middle Age
I	Sex Factors
	Social Class
	Socioeconomic Factors
	I

Laiho M, Honkala E, Nyyssönen V.

Factors behind oral health behaviour (Suunhoidon taustalla olevat tekijät).
Health Education Research 1991; 6: 455–63

Hampaiden terveys	Finland
Nuoret	Health Behavior
Suomi	Dental Health
Terveyskäyttäytyminen	Young People
II	II

Laitinen S, Räsänen L, Viikari J, Åkerblom HK.

Diet of Finnish children in relation to the family's socio-economic status (Suomalaisten lasten ruokavalio ja perheen sosioekonominen asema).

Scandinavian Journal of Social Medicine 1995; 23(2): 88–94

The differences between higher and lower socio-economic groups in food consumption, energy intake and nutrient density of the diet of Finnish 9- to 15-year-old children were examined in a study performed within the project entitled Cardiovascular Risk in Young Finns. Data on food consumption were collected using the 48-hour recall method.

Family's socio-economic status was defined according to the father's educational level, his occupation, and family income. Children of families with higher socio-economic status used more fruit, low-fat milk, soft vegetable margarine and less high-fat milk, butter, rye products and coffee than did the children of families with lower socioeconomic status. Consequently, the main differences appeared in the fat, vitamin D, vitamin C and fatty acid content of the diet. Differences in energy intake and in mineral density of the diet were minor. If these childhood dietary differences remain in adulthood, it is possible that the present disparity between socio-economic groups in mortality from coronary heart disease will not disappear.

Aikuiset	Administration & Dosage
Ammatit	Adolescence
Askorbiinihappo	Adult
Eläimet	Animal
Energiansaanti	Ascorbic Acid
Hedelmät	Child
Koulutustaso	Diet
Lapset	Diet, Fat-Restricted
Maito	Dietary Fats
Margariini	Educational Status
Nuoret	Energy Intake
Perheet	Family
Ravintoarvo	Female
Ruoka	Finland
Ruokavalio	Food
Ruokavalion rasvat	Fruit
Sosiaaliluokka	Income
Tulot	Male
Vitamiinit	Margarine
II	Milk
	Nutritive Value
	Occupations
	Social Class
	Vitamin D
	II

Lakka TA, Kauhanen J, Salonen JT.

Conditioning leisure time physical activity and cardiorespiratory fitness in sociodemographic groups of middle-aged men in eastern Finland (Itä-suomalaisten keski-ikäisten miesten kuntoliikunta ja sydän- ja hengityselinten kunto eri sosiodemografisissa ryhmissä).

International Journal of Epidemiology 1996; 25(1): 86–93

BACKGROUND: Physical inactivity and poor cardiorespiratory fitness have been found to be associated with an increased risk of coronary heart disease, hypertension, stroke, non-insulin-dependent diabetes mellitus and cancer **METHODS:** To characterize the least active and the least fit sociodemographic groups of middle-aged males, we investigated conditioning leisure time physical activity and maximal oxygen uptake (VO₂max) in a population sample of 2589 men aged 42–60 years in Eastern Finland. **RESULTS:** In covariate models, younger (P = 0.004), rural (P 0.001), married or engaged (P = 0.04), lower income (P = 0.009), and employed men (P 0.001), as well as farmers (P 0.001) had a shorter duration of physical activity, whereas older (P 0.001), urban (P = 0.05), single (P 0.001), less educated (P 0.0001), lower income (P 0.001), and unemployed or retired men (P 0.001), as well as blue-collar workers (P 0.001) had a lower mean intensity of physical activity than others. Older (P 0.001), single (P 0.001), less educated (P 0.001), lower income (P 0.001), and unemployed or retired men (P 0.001), as well as blue-collar workers and farmers (P 0.001) had lower VO₂max than others. **CONCLUSION:** On the basis of our data, for health promotion regarding physical activity, special attention should be paid to people in a lower socioeconomic position.

Aikuiset	Adult
Fyysinen kunto	Coronary Disease
Hengityselinten toimintatestit	Exercise
Keski-ikäiset	Finland
Liikunta	Least-Squares Analysis
Miehet	Leisure Activities
Sepelvaltimotauti	Male
Sosioekonomiset tekijät	Middle Age
Vapaa-ajan toiminta	Physical Fitness
II	Respiratory Function Tests
	Socioeconomic Factors
	II

Leino M, Porkka KV, Raitakari OT, Laitinen S, Taimela S, Viikari J.

Influence of parental occupation on coronary heart disease risk factors in children. The Cardiovascular Risk in Young Finns Study (Vanhempien ammatin vaikutus lasten sepelvaltimotaudin riskitekijöihin).

International Journal of Epidemiology 1996; 25(6): 1189–95

BACKGROUND: The influence of parental occupation on selected coronary heart disease risk factors was studied in a cohort of Finnish children aged 9, 12 and 15 years (n = 1211) as part of the Cardiovascular Risk in Young Finns Study in 1986. **METHODS:** The relationships of parental occupation to serum lipid and apolipoprotein concentrations, blood pressure, obesity, smoking, physical activity, diet and birthweight were examined. The occupation of the parents was obtained by a questionnaire and classified as I: upper non-manual (22%), II: lower non-manual (26%), III: upper manual (32%), IV: lower manual (5%) and F: farmers (15%). **RESULTS:** Highest serum total and low density lipoprotein cholesterol concentrations were found in classes IV and F. Boys from class IV had 7.1% higher total cholesterol concentrations compared to class I (4.98 mmol/l versus 4.65 mmol/l, P = 0.0033), whereas farmers' girls had 10.4% higher concentrations than girls from class III (5.31 mmol/l versus 4.81 mmol/l, P = 0.0057).

Blood pressure was related to parental occupation only in boys, and the values were highest in class F. Boys from class IV smoked most often, and they also had lowest values for physical activity index and highest obesity indices. Farmers' children consumed significantly more saturated fat and cholesterol than children from other classes. In boys, the percentage of subjects with a low birthweight (or = 10th percentile) was smallest in class I and greatest in class IV (7.1% versus 20.7%, $P = 0.0330$). CONCLUSIONS: Socioeconomic status based on parental occupation is associated with several coronary heart disease risk factors already present in children. These differences should be taken into account in prevention programmes aimed at children at an increased risk for developing coronary heart disease as adults.

Aikuiset	Adolescence
Ammatit	Adult
Apolipoproteiinit	Apolipoproteins
Kohorttitutkimukset	Birth Weight
Lapset	Blood Pressure
Liikunta	Child
Nuoret	Cohort Studies
Rasva-arvot	Coronary Disease
Riskitekijät	Diet
Ruokavalio	Exercise
Seurantatutkimukset	Female
Sosiaaliluokka	Finland
Sepelvaltimotauti	Follow-Up Studies
Syntymäpaino	Lipids
Tupakointi	Male
Vanhemmat	Occupations
Verenpaine	Parents
II	Risk Factors
	Smoking
	Social Class
	II

140

Leino-Arjas P, Hänninen K, Puska P.
Socioeconomic variation in back and joint pain in Finland (Selkä- ja nivelkipujen sosioekonomiset vaihtelut Suomessa).
European Journal of Epidemiology 1998; 14(1): 79–87

Differences in the prevalence of back and joint pain by occupational class and education were studied in surveys representative of adult Finns. The effects of lifestyle factors and mental distress on these differences were also analysed. The material comprised 3915 women and 3629 men, all occupationally active. Occupational class and level of education were associated with back and joint pain; the associations were more obvious in men than in women. Among men, the age-adjusted odds ratio of joint pain in farmers was 3.2 (95% CI: 2.1–5.0), in manual workers 2.6 (1.9–3.6), in entrepreneurs 2.4 (1.5–3.7) and in lower white-collar workers 1.7 (1.1–2.4) as compared with upper white-collar employees. Similar odds ratios of back pain were 2.1 (1.6–2.9) in farmers, 1.8 (1.5–2.3) in manual workers, 1.7 (1.2–2.4) in entrepreneurs and 1.4 (1.1–1.7) in lower white-collar workers. Most of the associations persisted in multivariate analyses, in which height, marital status, lifestyle (smoking, leisure-time physical activity and body mass index (BMI)) and mental distress were considered; in these models, mental distress was consistently associated with pain. Back pain was associated with smoking in men and with BMI in women; BMI was also associated with joint pain in both sexes. In women, height showed an association with back pain for which a doctor had been consulted.

Marital status, alcohol consumption, leisure-time physical activity and the urbanization level of the community were not important as determinants of pain. CONCLUSION: Obvious differences occurred in back and joint pain by indicators of social class that were not due to socioeconomic differences in lifestyle, height or mental distress.

Aikuiset	Adult
Epidemiologia	Arthralgia
Keski-ikäiset	Back Pain
Nivelkipu	Comparative Study
Selkäkipu	Female
Sosioekonomiset tekijät	Finland
Vertaileva tutkimus	Male
I	Middle Age
	Socioeconomic Factors
	I

141

Leppo K, Uusitalo H.

Sosioekonomisten terveyserojen haasteet laman jälkeisessä Suomessa (In Finnish with an English abstract) (The challenges of socioeconomic differences in health in Finland).
 Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 321–8

Sosiaaliset tekijät	Economic recession
Taloudellinen lama	Health
Terveys	Health inequalities
Terveyserot	Health policy
Terveyspolitiikka	Social factors
I	I

142

Liimatainen-Lamberg A-E.

Ammatillisten oppilaitosten ja lukioiden opiskelijoiden tupakointia, alkoholinkäyttöä ja liikuntaa koskevat terveystottumukset (In Finnish with an English abstract) (Smoking habits, alcohol drinking and physical activity among students at upper secondary schools, commercial, general vocational and health care and health related institutions.
 In: Terveyskasvatustutkimuksen vuosikirja 1988. Tutkimukset 8/1988. Helsinki, Lääkintöhallitus, 1988: 85–101

Alkoholinkäyttö	Drinking
Liikunta	Exercise
Opiskelijat	Health Behavior
Terveyskäyttäytyminen	Smoking
Tupakointi	Students
II	II

143

Liinamo A, Rimpelä M, Kosunen E, Jokela J, Luopa P.

Kouluterveys 1995 -tutkimus Lappeenrannassa. Seksuaalikasvatus ja seurustelukokemukset (School health 1995 study in Lappeenranta. Sexual education and dating experiences).
 Lappeenranta, 1995

Koulut	Adolescence
Nuoret	Health
Seksuaalikäyttäytyminen	Health behavior
Terveys	School
Terveyskäyttäytyminen	Sexual behavior
II	II

Luoto R, Keskimäki I, Reunanen A.

Socioeconomic variations in hysterectomy: evidence from a linkage study of the Finnish hospital discharge register and population census (Kohdunpoiston sosioekonomiset vaihtelut: tuloksia suomalaisesta tutkimuksesta, jossa sairaaloiden poistoilmoitusrekisteri ja väestölaskennan tiedot yhdistettiin).

Journal of Epidemiology and Community Health 1997; 51(1): 67–73

STUDY OBJECTIVE: To explore variations in rates for hysterectomy in relation to social class, education, and family income. **DESIGN:** Retrospective analysis of the 1988 Finnish hospital discharge register linked individually to the 1987 population census. **SETTING:** Finland. **PARTICIPANTS:** All women living in Finland aged 35 and over were the denominator population. The numerators were the 8663 women who underwent hysterectomy in 1988. **MAIN RESULTS:** The overall rate for hysterectomy was 63.5/10,000 women aged 35 and over. There was a marked positive correlation between disposable family income and hysterectomy rates even after age, hospital catchment area, education, and occupational status were adjusted for. However, no linear trend for overall hysterectomy rates was observed in relation to social class or education. Procedures due to myomas, accounting for 48% of all hysterectomies, were more frequent among women of high socioeconomic status according to all socioeconomic indicators. Larger proportions of hysterectomies for myoma were also performed in patients in private hospitals and in pay beds in public hospitals than in women in worse off groups. **CONCLUSIONS:** Unlike the findings in earlier studies from other countries, there was a positive correlation between income and hysterectomy rates as a result of the high numbers of hysterectomies performed to treat myoma in the well off women. The findings are discussed in terms of socioeconomic differences in the use of private gynaecological services, and factors, such as parity and use of hormonal replacement therapy, that affect the growth of myomas.

Aikuiset	Adult
Ikätekijät	Age Factors
Keski-ikäiset	Catchment Area
Kohdunpoisto	Educational Status
Koulutustaso	Female
Leikkaukset	Finland
Myooma	Genital Diseases
Retrospektiiviset tutkimukset	Hysterectomy
Sosiaaliluokka	Income
Sosioekonomiset tekijät	Middle Age
Sukuelintaudit	Myoma
Tulot	Private Practice
Yksityiset palvelut	Retrospective Studies
II	Social Class
	Socioeconomic Factors
	Surgery
	II

Luoto R, Pekkanen J, Uutela A, Tuomilehto J.

Cardiovascular risks and socioeconomic status: differences between men and women in Finland (Sydän- ja verisuonitautien riskitekijät ja sosioekonominen asema: erot naisten ja miesten välillä Suomessa).

Journal of Epidemiology and Community Health 1994; 48(4): 348–54

STUDY OBJECTIVE—The study aimed to assess the association of different indicators of socioeconomic status with levels of cardiovascular disease risk factors in men and women aged 25–64 years. **DESIGN—**This was a cross sectional survey, using a

community based random sample. SETTING—The provinces of North Karelia and Kuopio in eastern Finland and the cities of Turku and Loimaa and surrounding communities in southwestern Finland in 1987. PARTICIPANTS—Altogether 2164 men and 2182 women aged 25-64 years took part. MEASUREMENTS AND MAIN RESULTS—Data were collected using self administered questionnaires and the measurement of height, body weight, and blood pressure and blood sampling for lipid determinations were done at the survey site. The risk of cardiovascular disease was determined by calculating a simple risk factor score based on the observed values of HDL and total cholesterol, leisure time, physical activity, blood pressure, medication for hypertension, body mass index, and smoking. Indicators of socioeconomic position used were years of education, family income, marital status, and the person's occupation. Lower levels of education, occupation, and income were all significantly associated with an unfavorable risk factor profile in men and women. Education and occupation showed the strongest associations with the risk factor score in both men and women. The results changed little when adjusting for income and marital status. Family income was more strongly associated with the risk factor score in women than men. When adjusting for occupation and education, income was no longer significantly associated with the risk factor score in men. Marital status was not significantly associated with the risk factor score in either sex. CONCLUSIONS—Using the strength of the association with the cardiovascular risk factor score as the criterion for a good socioeconomic indicator, the present study suggests that education and occupation may be equally good indicators in both men and women. Family income may have some additional importance, especially in women.

Aikuiset	Adult
Keski-ikäiset	Cardiovascular Diseases
Koulutustaso	Cross-Sectional Studies
Poikkileikkaustutkimukset	Educational Status
Riskitekijät	Employment
Satunnaistetut kokeet	Female
Siviilisäätty	Finland
Sosioekonomiset tekijät	Income
Sukupuolitekijät	Male
Sydän- ja verisuonitaudit	Marital Status
Tulot	Middle Age
Työ	Random Allocation
II	Risk Factors
	Sex Factors
	Socioeconomic Factors
	II

146

Luoto R, Poikolainen K, Uutela A.

Unemployment, sociodemographic background and consumption of alcohol before and during the economic recession of the 1990s in Finland (Työttömyys, sosiodemografiset tekijät ja alkoholinkulutus ennen 1990-luvun taloudellista lamaa ja sen aikana Suomessa).

International Journal of Epidemiology 1998; 27(4): 623–9

BACKGROUND: Some studies suggest that people's alcohol consumption increases during unemployment whereas others suggest the opposite. All studies, however, deal with situations marked by relatively low national unemployment rates. We studied alcohol use among individuals in relation to unemployment, education, marital status and sex during times of both low and high unemployment in Finland. METHODS: A group of 44391 respondents, aged 18-64 years, from nationally representative, consecutive annual samples of 5000 people from 1982 to 1995 was utilized. Overall response rate for

men was 77% and for women 80%. RESULTS: Univariate analyses indicated that unemployment was associated with the amount of reported alcohol use. However, when logistic regression was used to analyse interactions between alcohol consumption, unemployment, education and marital status, the picture changed. During a low unemployment period (e.g. 1982–1990), being unemployed was not associated with the upper consumption level of alcohol use (defined as > or = 8 drinks/week for men, > or = 5 for women); nor was it during a high unemployment period (1991–1995), except among single people. During a high unemployment period poorly educated, single, unemployed men (odds ratio [OR] = 1.6, 95% confidence interval [CI] : 1.1–2.4), showed a significantly higher risk of upper level of alcohol consumption than otherwise similar but employed men (OR = 0.8, 95% CI: 0.6–1.0). The reference group consisted of highly educated, married, employed men who did not exceed the upper drinking limit. Similarly, the risk of upper consumption level drinking was significantly higher among highly educated, unemployed single women (OR = 2.4, 95% CI: 1.388–4.3) than among otherwise similar but employed women (OR = 1.1, 95% CI: 1.0–1.386). CONCLUSION: Thus, unemployment was weakly but significantly related to the upper consumption level of alcohol use among single people during the recession but not in the preceding period of economic growth.

Alkoholinkäyttö	Adult
Avoliitto	Age Factors
Ikätekijät	Alcohol Drinking
Keski-ikäiset	Educational Status
Koulutustaso	Female
Sosioekonomiset tekijät	Finland
Sukupuolitekijät	Male
Työttömyys	Marriage
II	Middle Age
	Sex Factors
	Socioeconomic Factors
	Unemployment
	II

147

Lynch JW, Kaplan GA, Cohen RD, Kauhanen J, Wilson TW, Smith NL, Salonen JT. Childhood and adult socioeconomic status as predictors of mortality in Finland (Lapsuuden ja aikuisiän sosioekonominen asema kuolleisuutta ennustavina tekijöinä Suomessa?). *Lancet* 1994; 343(8896): 524–7

Research has suggested that social-class differences in adult health may be at least partly determined by conditions earlier in life. In 2636 Finnish men, we assessed impact of childhood and adult socioeconomic conditions on adult mortality risk by examining whether differing socioeconomic life-courses from early childhood to adulthood were associated with different risks of all-cause and cardiovascular mortality. Compared with high-income adults, those with low income had increased relative risks of all-cause (2.54, 95% CI 1.83–3.53) and cardiovascular (2.37, 1.51–3.7) mortality, but these increased risks were not related in either adult group to childhood socioeconomic conditions. Men who went from low-income childhood to high-income adulthood had the same mortality risks as those whose socioeconomic circumstances were good in both childhood and adulthood (1.14, 0.56–2.31, all causes; 0.99, 0.39–2.51, cardiovascular). By contrast, men who experienced poor socioeconomic circumstances as both children and adults were about twice as likely to die as those whose position improved (2.39, 1.28–4.44, all causes; 2.02, 0.9–4.54, cardiovascular). Our findings suggest that socioeconomic conditions in childhood are not important determinants of adult health. We caution

against this interpretation—a life-course approach to socioeconomic differences in adult health requires understanding of the social and economic context in which individual life-courses are determined.

Aikuiset	Adult
Keski-ikäiset	Cardiovascular Diseases
Kuolemansyyt	Cause of Death
Kuolleisuus	Child
Lapset	Comparative Study
Miehet	Confounding Factors
Proportional Hazards-mallit	Finland
Sekoittavat tekijät	Follow-Up Studies
Seurantatutkimukset	Income
Sosiaaliluokka	Male
Sosiaalinen liikkuvuus	Middle Age
Sosioekonomiset tekijät	Mortality
Sydän- ja verisuonitaudit	Population Surveillance
Tulot	Proportional Hazards Models
Vertaileva tutkimus	Social Class
I	Social Mobility
	Socioeconomic Factors
	I

148

Lynch JW, Kaplan GA, Cohen RD, Tuomilehto J, Salonen JT.

Do cardiovascular risk factors explain the relation between socioeconomic status, risk of all-cause mortality, cardiovascular mortality, and acute myocardial infarction?

(Selittävätkö sepelvaltimotaudin riskitekijät sosioekonomisen aseman ja kokonaiskuolleisuuden, sydän- ja verisuonitautikuolleisuuden sekä akuutin sydäninfarktin yhteyden?).

American Journal of Epidemiology 1996; 144(10): 934–42

Much remains to be understood about how low socioeconomic status (SES) increases cardiovascular disease and mortality risk. Data from the Kuopio Ischemic Heart Disease Risk Factor Study (1984-1993) were used to estimate the associations between acute myocardial infarction and income, all-cause mortality, and cardiovascular mortality in a population-based sample of 2,272 Finnish men, with adjustment for 23 biologic, behavioral, psychologic, and social risk factors. Compared with the highest income quintile, those in the bottom quintile had age- adjusted relative hazards of 3.14 (95% confidence interval (CI) 1.77- 5.56), 2.66 (95% CI 1.25-5.66), and 4.34 (95% CI 1.95- 9.66) for all- cause mortality, cardiovascular mortality, and AMI, respectively. After adjustment for risk factors, the relative hazards for the same comparisons were 1.32 (95% CI 0.70-2.49), 0.70 (95% CI 0.29-1.69), and 2.83 (95% CI 1.14-7.00). In the lowest income quintile, adjustment for risk factors reduced the excess relative risk of all-cause mortality by 85%, that of cardiovascular mortality by 118%, and that of acute myocardial infarction by 45%. These data show how the association between SES and cardiovascular mortality and all-cause mortality is mediated by known risk factor pathways, but full “explanations” for these associations will need to encompass why these biologic, behavioral, psychologic, and social risk factors are differentially distributed by SES.

Aikuiset	Adult
Keski-ikäiset	Cardiovascular Diseases
Kuolleisuus	Confidence Intervals
Luottamusvälit	Finland
Miehet	Income
Proportional Hazards-mallit	Male

Prospektiiviset tutkimukset
Riskitekijät
Sosioekonomiset tekijät
Sydän- ja verisuonitaudit
Sydäninfarkti
Tulot
I

Middle Age
Mortality
Myocardial Infarction
Proportional Hazards Models
Prospective Studies
Risk Factors
Socioeconomic Factors
I

149

Lynch JW, Kaplan GA, Salonen JT.

Why do poor people behave poorly? Variation in adult health behaviours and psychosocial characteristics by stages of the socioeconomic lifecourse (Aikuisväestön terveystäytymisen ja psykososiaalisten tekijöiden vaihtelu sosioekonomisen elämänkulun eri vaiheissa).

Social Science & Medicine 1997; 44(6): 809–19

Attempts to explain socioeconomic inequalities in health have often made reference to the observation that poor health behaviours and psychosocial characteristics cluster in low socioeconomic status (SES) groups. Causal interpretation of the association between SES, health behaviour, psychosocial orientations, and health inequalities has been hampered because these factors and SES have usually been measured at the same point in time. Data from the Kuopio Ischaemic Heart Disease Risk Factor Study were used to examine the associations between measures of SES reflecting different stages of the lifecourse, health behaviours, and psychosocial characteristics in adulthood in a population-based study of 2674 middle-aged Finnish men. Results show that many adult behaviours and psychosocial dispositions detrimental to health are consistently related to poor childhood conditions, low levels of education, and blue-collar employment. Poor adult health behaviours and psychosocial characteristics were more prevalent among men whose parents were poor. Increases in income inequality which place children into low SES conditions may well produce a negative behavioural and psychosocial health dividend to be reaped in the future. Understanding that adult health behaviour and psychosocial orientations are associated with socioeconomic conditions throughout the lifecourse implies that efforts to reduce socioeconomic inequalities in health must recognize that economic policy is public health policy.

Aikuiset
Alkoholinkäyttö
Huono-osaisuus
Keski-ikäiset
Miehet
Sosiaaliluokka
Sosioekonomiset tekijät
Terveystäytyminen
I

Adult
Alcohol Drinking
Finland
Health Behavior
Male
Middle Age
Poverty
Social Class
Socioeconomic Factors
I

Lynch JW, Kaplan GA, Salonen R, Cohen RD, Salonen JT.

Socioeconomic status and carotid atherosclerosis (Sosioekonominen asema ja kaulavaltimon ateroskleroosi).

Circulation 1995; 92(7): 1786–92

BACKGROUND: There is a consistent body of evidence that socioeconomic status (SES) is importantly associated with cardiovascular morbidity and mortality. However, little information currently exists on the relationship between SES and early manifestations of atherosclerotic vascular disease. **METHODS AND RESULTS:** We investigated the association between education, income, and occupation and intima-media thickness (IMT) in a population-based sample of eastern Finnish men. Data from the Kuopio Ischemic Heart Disease Risk Factor Study were used to estimate mean IMT across levels of SES in 1140 men. The association between SES and IMT was examined in relation to atherosclerotic risk factors and was also stratified by degree of atherosclerotic progression and was also stratified by degree of atherosclerotic progression and prevalent cardiovascular disease. There were significant, inverse, graded differences between levels of SES and IMT. For education, the age-adjusted mean IMTs for those with primary schooling or less, some high school, and completed high school or more were 0.96, 0.94, and 0.82 mm, respectively. The difference in mean IMT between the most extreme categories of education corresponds to a 15.4% increase in the risk of myocardial infarction. Similar patterns were found for each measure of SES, although the differences between the highest and lowest levels of SES were attenuated by adjustment for risk factors. In men who had no carotid stenosis or nonstenotic plaque and in men who had no indication of prevalent cardiovascular disease, a graded, inverse association between SES and IMT persisted, even after risk factor adjustment. **CONCLUSIONS:** These findings demonstrate a strong association between SES and atherosclerosis in an unselected population. The results show that this association was mediated by known atherosclerotic risk factors, was evident in the early stages of atherosclerosis, and was apparent in a healthy subgroup. Our findings suggest that the impact of SES is evident early in the natural history of atherosclerotic vascular disease.

Aikuiset	Adult
Aivovaltimon ateroskleroosi	Cardiovascular Diseases
Ammatit	Carotid Artery Diseases
Epidemiologia	Carotid Artery, Common/ ultrasonography
Kaulavaltimon sairaudet	Cerebral Arteriosclerosis/ ultrasonography
Keski-ikäiset	Educational Status
Koulutustaso	Finland
Miehet	Income
Riskitekijät	Male
Sosioekonomiset tekijät	Middle Age
Sydän- ja verisuonitaudit	Occupations
Tulot	Prevalence
Vallitsevuus	Risk Factors
II	Sampling Studies
	Socioeconomic Factors
	II

Lynch JW, Kaplan GA, Salonen R, Salonen JT.

Socioeconomic status and progression of carotid atherosclerosis. Prospective evidence from the Kuopio Ischemic Heart Disease Risk Factor Study (Sosioekonominen asema ja kaulavaltimon ateroskleroosin eteneminen. Prospektiivisiä tuloksia Kuopion sepelvaltimotaudin riskitekijätutkimuksesta).

Arteriosclerosis and Thrombosis Vascular Biology 1997; 17(3): 513–9

Socioeconomic status (SES) is importantly associated with cardiovascular morbidity and mortality, but no information exists on the relationship between SES and progression of atherosclerotic vascular disease. We investigated the association between education and income and the 4-year progression of carotid atherosclerosis in a population-based sample of Finnish men. Data from the Kuopio Ischemic Heart Disease Risk Factor Study were used to estimate changes in maximum and mean intima-media thickness (IMT) and maximum plaque height across levels of SES in 1022 men. Associations between SES and atherosclerotic progression were examined in relation to risk factors and stratified by baseline levels of atherosclerosis and prevalent ischemic heart disease (IHD). There were significant, inverse, graded relationships between levels of education and income for all three progression measures, which were largely unaffected by risk factor adjustment. For education, the age- and baseline IMT-adjusted maximum progression for those with primary schooling or less was 0.28 mm and for those who graduated from high school, 0.24 mm ($P = .05$). Compared with the lowest SES group, men with the highest SES had 14% to 29% less atherosclerotic progression, depending on the measure used. Associations of the same magnitude were evident in subgroups without advanced baseline IMT and in men who were free of IHD. These results show that men with poor education and low income have significantly greater progression of carotid atherosclerosis than men with more advantages. The findings strengthen the contention that SES plays a significant role early in the atherosclerotic disease process and that reducing the burden of atherosclerotic vascular disease associated with lower SES will require approaches that focus on all stages of the life course.

Aikuiset	Adult
Ateroskleroosi	Atherosclerosis
Kaulavaltimon sairaudet	Carotid Artery Diseases
Keski-ikäiset	Educational Status
Koulutustaso	Finland
Miehet	Income
Prospektiiviset tutkimukset	Male
Riskitekijät	Middle Age
Tulot	Prospective Studies
I	Risk Factors
	I

Lynch JW, Krause N, Kaplan GA, Salonen R, Salonen JT.

Workplace demands, economic reward, and progression of carotid atherosclerosis (Työn vaatimukset, palkkataso ja kaulavaltimon ateroskleroosin eteneminen).

Circulation 1997; 96(1): 302–7

BACKGROUND: Characteristics of the work environment have been associated with cardiovascular morbidity and mortality, but it is unclear whether these factors are associated with preclinical manifestations of disease. METHODS AND RESULTS: We investigated the association between job demands, economic reward, and the 4-year progression of carotid atherosclerosis in a population-based sample of 940 Finnish men. Data from the Kuopio Ischemic Heart Disease Risk Factor Study were used to estimate changes in plaque height, maximum and mean intima-media thicknesses across combinations of job demands, and income. Associations were examined in relation to

atherosclerotic risk factors and were stratified by baseline levels of atherosclerosis and prevalent ischemic heart disease. Men who had jobs with high demands and low economic rewards had significantly greater 4-year progression of plaque height (0.33 mm, $P = .008$) and maximum intima-media thickness (0.32, $P = .03$) than men with low-demand, high-income jobs. The magnitude of these differences was not greatly attenuated by risk factor adjustment and did not differ when examined by the level of workplace resources, social support, or employment status. Larger differences were observed in a subsample of men who had more advanced atherosclerosis at baseline. **CONCLUSIONS:** These results show that men with demanding work that produces little economic reward have significantly greater progression of carotid atherosclerosis than more advantaged men. The relationship between job demands and health should be understood in a broad framework of interacting economic conditions, social circumstances, and behaviors that cascade over the life course and may ultimately contribute to socioeconomic inequalities in morbidity and mortality.

Ammatilliset sairaudet	Atherosclerosis
Ateroskleroosi	Carotid Artery Diseases
Epidemiologia	Disease Progression
Kaulavaltimon sairaudet	Employment
Keski-ikäiset	Finland
Miehet	Follow-Up Studies
Riskitekijät	Income
Sairauden eteneminen	Job Description
Seurantatutkimukset	Male
Sosiaalinen tuki	Middle Age
Sosioekonomiset tekijät	Occupational Diseases
Tulot	Prevalence
Työ	Risk Factors
Työnkuvaus	Social Support
Vallitsevuus	Socioeconomic Factors
I	I

153

Lynch JW, Krause N, Kaplan GA, Tuomilehto J, Salonen JT.

Workplace conditions, socioeconomic status, and the risk of mortality and acute myocardial infarction: the Kuopio Ischemic Heart Disease Risk Factor Study (Työolosuhteet, sosioekonominen asema sekä kuolleisuuden ja akuutin sydäninfarktin riski: Kuopion sepelvaltimotaudin riskitekijätutkimus). *American Journal of Public Health* 1997; 87(4): 617–22

OBJECTIVES: This study investigated whether the association between workplace conditions and the risk of all-cause and cardiovascular mortality and acute myocardial infarction differed by socioeconomic status. **METHODS:** Prospective data were used to examine these associations in 2297 Finnish men, with adjustment for prevalent diseases and biological, behavioral, and psychosocial covariates, and stratified by employment status and workplace social support. **RESULTS:** Elevated age-adjusted relative hazards for all-cause mortality were found for men who reported high demands, low resources, and low income; high demands, high resources, and low income; and low demands, high resources, and low income. Similar patterns were found for cardiovascular mortality. In contrast, elevated age-adjusted relative hazards for acute myocardial infarction were observed only in men who reported high demands, low resources, and low income. These results did not differ by level of workplace social support or employment status. **CONCLUSIONS:** The negative effects of workplace conditions on mortality and of myocardial infarction risk depended on income level and were largely mediated by known risk factors.

Aikuiset	Adult
Epidemiologia	Finland
Keski-ikäiset	Follow-Up Studies
Kuolleisuus	Income
Miehet	Male
Prospektiiviset tutkimukset	Middle Age
Riskitekijät	Mortality
Seurantatutkimukset	Myocardial Infarction
Sosioekonomiset tekijät	Prospective Studies
Stressi	Psychological Stress
Sydäninfarkti	Risk Factors
Tulot	Socioeconomic Factors
Työ	Stress
Työpaikka	Work
I	Workplace
	I

154

Mackenbach JP, Kunst AE, Cavelaars AE, Groenhof F, Geurts JJ. Socioeconomic inequalities in morbidity and mortality in western Europe. The EU Working Group on Socioeconomic Inequalities in Health (Sosioekonominen eriarvoisuus sairastavuudessa ja kuolleisuudessa Länsi-Euroopassa. EU:n terveyden sosioekonomista eriarvoisuutta selvittävä työryhmä). *Lancet* 1997; 349(9066): 1655–9

BACKGROUND: Previous studies of variation in the magnitude of socioeconomic inequalities in health between countries have methodological drawbacks. We tried to overcome these difficulties in a large study that compared inequalities in morbidity and mortality between different countries in western Europe. **METHODS:** Data on four indicators of self-reported morbidity by level of education, occupational class, and/or level of income were obtained for 11 countries, and years ranging from 1985 to 1992. Data on total mortality by level of education and/or occupational class were obtained for nine countries for about 1980 to about 1990. We calculated odds ratios or rate ratios to compare a broad lower with a broad upper socioeconomic group. We also calculated an absolute measure for inequalities in mortality, a risk difference, which takes into account differences between countries in average rates of illhealth. **FINDINGS:** Inequalities in health were found in all countries. Odds ratios for morbidity ranged between about 1.5 and 2.5, and rate ratios for mortality between about 1.3 and 1.7. For men's perceived general health, for instance, inequalities by level of education in Norway were larger than in Switzerland or Spain (odds ratios [95% CI]: 2.57 [2.07–3.18], 1.60 [1.30–1.96], 1.65 [1.44–1.88], respectively). For mortality by occupational class, in men aged 30–44, the rate ratio was highest in Finland (1.76 [1.69–1.83]), although there was no large difference in the size of the inequality in those countries with data. For men aged 45–59, for whom France did have data, this country had the largest inequality (1.71 [1.66–1.77]). In the age-group 45–64, the absolute risk difference ranked Finland second after France (9.8% [9.1–10.4], 11.5% [10.7–12.4]), with Sweden and Norway coming out more favourably than on the basis of rate ratios. In a scatter-plot of average rank scores for morbidity versus mortality. Sweden and Norway had larger relative inequalities in health than most other countries for both measures; France fared badly for mortality but was average for morbidity. **INTERPRETATION:** Our results challenge conventional views on the between-country pattern of inequalities in health in western European countries.

Aikuiset	Adult
Ammatit	Aged
Eurooppa	Cross-Sectional Studies
Ikääntyneet	Educational Status
Iso-Britannia	Europe
Keski-ikäiset	Great Britain

Koulutustaso	Health Status Indicators
Kuolleisuus	Longitudinal Studies
Miehet	Male
Pitkittäistutkimukset	Middle Age
Poikkileikkaustutkimukset	Morbidity
Sairastavuus	Mortality
Sosiaaliluokka	Occupations
Sosioekonomiset tekijät	Odds Ratio
Terveydentilaindikaattorit	Social Class
I	Socioeconomic Factors
	I

155

Mannila S.

Työhistoria ja syrjäytyminen. Vaikeasti työllistyvien terveysongelmaisten elämänculusta (Work career and and social marginalization. On the life course of jobseekers with health problems).

Kuntoutussäätiö, Tutkimuksia 41/1993. Helsinki, Kuntoutussäätiö, 1993

Sairaudet	Disability
Sukupuoli	Dissertation, Academic
Syrjäytyminen	Exclusion
Työhistoria	Health
Työttömyys	Sex
Vajaakuntoisuus	Unemployment
Väitöskirjat	Work History
I	I

156

Mannila S, Peltoniemi J.

Köyhiä ja kipeitä. Terveydentila ja syrjäytyminen (The poor and ill. Ill-health and deprivation in Finland 1986-94).

Tutkimuksia 1997:57. Helsinki, Kuntoutussäätiö, 1997

Alkoholinkäyttö	Alcohol Drinking
Asuminen	Comparative Study
Elinolot	Deprivation
Elämänculinta	Education
Harrastukset	Follow-Up Studies
Huono-osaisuus	Hobbies
Hyvinvointi	Housing
Indikaattorit	Income
Koulutus	Indicators
Köyhyys	Leisure Time
Mielenterveyshäiriöt	Living Conditions
Mittarit	Mental Disorders
Näkövammaiset	Population
Seurantatutkimukset	Poverty
Sosiaalinen tuki	Social Support
Sosioekonominen asema	Socioeconomic Status
Syrjäytyminen	Statistics
Terveys	Welfare
Tilastot	I
Toimeentulo	
Työ	
Vapaa-aika	
Vertaileva tutkimus	
Väestö	
I	

- 157** Mannila S, Peltoniemi J, Rissanen H.
 Terveystila ja syrjäytyminen. Suomi 1986 (Health and deprivation. Finland 1986).
 Tutkimuksia 52/1995. Helsinki, Kuntoutussäätiö, 1995
- | | |
|-----------------|--------------------|
| Huono-osaisuus | Deprivation |
| Syrjäytyminen | Disability |
| Terveys | Ill-health |
| Vajaakuntoisuus | Social Marginality |
| I | I |
- 158** Marin R.
 Ammattikuolleisuus 1971–80 (Occupational mortality 1971–80).
 Tutkimuksia 1987:129. Helsinki, Tilastokeskus, 1986
- | | |
|-------------------------|-----------------------|
| Ammatit | Mortality |
| Kuolleisuus | Occupations |
| Sosioekonomiset tekijät | Socioeconomic factors |
| I | I |
- 159** Martelin T.
 Differential Mortality at Older Ages. Sociodemographic Mortality Differences among the
 Finnish Elderly (Kuolleisuuserot iäkkäässä väestössä. Suomalaisten vanhusten
 sosiodemografiset kuolleisuuserot).
 Publications of the Finnish Demographic Society 16. Helsinki, 1994
- | | |
|---------------------------|--------------------------|
| Ikääntyneet | Aged |
| Kuolleisuus | Dissertation, Academic |
| Sosiodemografiset tekijät | Finland |
| Suomi | Mortality |
| Väitöskirjat | Sociodemographic factors |
| I | I |
- 160** Martelin T.
 Mortality by indicators of socioeconomic status among the Finnish elderly
 (Ikääntyneiden suomalaisten sosioekonomiset kuolleisuuserot eri osoittimien valossa).
 Social Science & Medicine 1994; 38(9): 1257–78
- Socioeconomic mortality differentials among the entire Finnish elderly population (those aged 60 years and over) during 1981–85 are examined on the basis of linked data, compiled by means of linking death records of 1981–85 to the 1980 census. Several indicators of socioeconomic position are used: own educational level and occupational class, spouse's education and class, household disposable income, and housing conditions. Marked differences are found according to each of the indicators. Mortality differentials tend to decrease with age and be more pronounced among men as compared to women. In most cases differences persist even when the other socioeconomic indicators are taken into account although they diminish. The interpretation of socioeconomic mortality differentials and the problems of measuring the socioeconomic status of the elderly are discussed.
- | | |
|-------------|--------------------|
| Ammatit | Aged |
| Asuminen | Death Certificates |
| Demografia | Demography |
| Ikääntyneet | Educational Status |

Keski-ikäiset	Female
Koulutustaso	Finland
Kuolintodistukset	Health Status Indicators
Kuolleisuus	Housing
Lääkietieteellisten rekistereiden yhdistäminen	Income
Siviilisäät	Male
Sosiaalinen asema	Marital Status
Sosioekonomiset tekijät	Medical Record Linkage
Sukupuolitekijät	Middle Age
Terveystilaindikaattorit	Mortality
Tulot	Occupations
I	Population Surveillance
	Sex Factors
	Social Class
	Socioeconomic Factors
	I

161

Martelin T.

Sociodemographic differentials in mortality at older ages in Finland

(Vanhempien ikäluokkien sosiodemografiset kuolleisuuserot Suomessa).

In: Caselli G, Lopez A, Eds. Health and Mortality Trends among Elderly Populations. Oxford, Clarendon Press, 1996: 112–34

	Aged
Ikääntyneet	Finland
Kuolleisuus	Mortality
Sosiodemografiset tekijät	Sociodemographic factors
Suomi	I
I	

162

Martelin T, Koskinen S, Valkonen T.

Sociodemographic mortality differences among the oldest old in Finland

(Sosiodemografiset kuolleisuuserot vanhimmissa ikäluokissa Suomessa).

Journal of Gerontology: Social Sciences 1998; 53B(2): S83–90

This study examined mortality differences and trends by several sociodemographic characteristics among the Finnish elderly aged 80 years or over during the period of 1971-90. The analyses were based on comprehensive data sets compiled by means of linking individual death records and census records for the entire population of Finland. Poisson regression was applied as the main statistical tool. For both sexes, life expectancy at age 80 was about 1 year longer among those with a higher education than among those with basic education. A similar difference was found between former upper nonmanual workers and manual workers. Slightly lower than average mortality was observed among the married, among those living in Western Finland, and among the Swedish-speaking population. Mortality declined during the study period in all subgroups, with no consistent signs of either convergence or divergence of mortality levels. The results suggest that at least some further decline of mortality even among the oldest old is possible.

Ikääntyneet	Aged
Kuolleisuus	Censuses
Siviilisäät	Demography
Sosiaaliluokka	Female
Väestölaskennat	Finland

Väestötiede
I

Male
Marital Status
Mortality
Social Class
I

163

Marti B, Salonen JT, Tuomilehto J, Puska P.

10-year trends in physical activity in the eastern Finnish adult population: relationship to socioeconomic and lifestyle characteristics (Itä-suomalaisen aikuisväestön fyysisen aktiivisuuden vaihtelut 10 vuodessa: sosioekonomisten ja elämäntapatekijöiden yhteys). *Acta Medica Scandinavica* 1988; 224(3): 195–203

In a large, community-based cardiovascular disease prevention study in Eastern Finland, independent random population samples were surveyed in 1972, 1977 and 1982. The leisure-time physical activity (LTPA), occupational physical activity (OPA), and socioeconomic and lifestyle characteristics were assessed. In men and women aged 30–59, the proportion with high LTPA increased from 1972 to 1982 by approximately one half (p less than 0.001), whereas that of high OPA decreased during the same period (p less than 0.001). In both sexes, high overall physical activity fell from 1972 to 1977 (p less than 0.001), but no more from 1977 to 1982. The proportion of entirely sedentary remained stable. Education, income and younger age showed a positive, body mass index, smoking and OPA a graded, negative association with high LTPA in 1972 and 1982. Significant (p less than 0.001) differences in 10-year trends of changes in LTPA were observed: men and women with low education or income increased LTPA more than those with high education and income. Socioeconomic factors, such as income and education, appear to have lost importance as determinants of population-wide exercise, whereas the clustering of low physical activity with overweight and smoking has increased.

Aikuiset
Elämäntyyli
Harjoittelu
Keski-ikäiset
Sosioekonomiset tekijät
Sydän- ja verisuonitaudit
Terveyskyselyt
Vapaa-ajan toiminta
IIIa

Adult
Cardiovascular Diseases
Exertion
Female
Finland
Health Surveys
Leisure Activities
Life Style
Male
Middle Age
Socioeconomic Factors
IIIa

164

Martikainen P.

Unemployment and mortality among Finnish men, 1981–5 (Suomalaisten miesten työttömyys ja kuolleisuus 1981–5). *British Medical Journal* 1990; 301(6749): 407–11

OBJECTIVE—To ascertain whether, after controlling for several relevant background variables simultaneously, unemployment is related to mortality and to assess whether this relation is causal or whether unhealthy people are more likely to become unemployed. DESIGN—Prospective study of mortality in Finland during 1981–5 based on 1980 census data on 30–54 year old wage earner men and with particular attention to unemployment in the year before the census. SETTING—Research project at the University of Helsinki. SUBJECTS—All wage earner men in Finland aged 30–54 at the 1980 census. MAIN OUTCOME MEASURES—Causes of death during 1981–5 and

duration of unemployment in the year before the census. Background variables controlled for were age, socioeconomic state, marital state, and health. The data were analysed by log linear regression models. RESULTS—During the study period 1981-5, which covered almost 2.7 million person years, there were 9810 deaths. After controlling for all background variables relative total mortality among unemployed versus employed men was 1.93 (95% confidence interval 1.82 to 2.05). The excess mortality was highest in accidental and violent causes of death (relative mortality 2.51; 95% confidence interval 2.28 to 2.76). For circulatory diseases the relative death rate was 1.54 (95% confidence interval 1.40 to 1.70), but among neoplasms only lung cancer was associated with excess mortality. Selection for unemployment based on age, socioeconomic state, and marital state was evident but no such selection was detected based on health. Effects of unemployment on mortality were more pronounced with increasing duration of unemployment. CONCLUSIONS—The relative excess mortality of unemployed men in Finland cannot fully be explained by demographic, social, and health variables preceding unemployment. Unemployment therefore seems to have an independent causal effect on male mortality. Further studies are needed to elucidate the mechanisms between unemployment and mortality.

Aikuiset	Adult
Keski-ikäiset	Cause of Death
Kuolemansyyt	Finland
Kuolleisuus	Healthy Worker Effect
Miehet	Male
Prospektiiviset tutkimukset	Middle Age
Regressioanalyysi	Mortality
Suomi	Prospective Studies
Terve-työntekijä vaikutus	Regression Analysis
Työttömyys	Time Factors
I	Unemployment
	I

165

Martikainen P.

Mortality and socioeconomic status among Finnish women (Suomalaisten naisten kuolleisuus ja sosioekonominen asema).
Population Studies 1995; 49: 71–90

Kuolleisuus	Female
Naiset	Mortality
Sosiaaliluokka	Social Class
Sosiaaliset tekijät	Social Factors
Sosioekonominen asema	Socioeconomic Status
I	I

166

Martikainen P.

Socioeconomic mortality differentials in men and women according to own and spouse's characteristics in Finland (Suomalaisten miesten ja naisten sosioekonomiset kuolleisuuserot oman ja puolison aseman mukaan).
Sociology of Health & Illness 1995; 17(3): 353–75

Compares the magnitude of differences in mortality according to own and spouse's socioeconomic characteristics and assesses the importance of cross-classifying these characteristics. The analysis covers all 35–64 year-old married Finnish men and women in the period 1981–1985.

Kuolleisuus	Finland
Naimisissa olevat parit	Gender Differences
Sosioekonomiset tekijät	Married Couples
Sukupuolierot	Mortality
Suomi	Socioeconomic Factors
I	I

167

Martikainen P.

Women's employment, marriage, motherhood and mortality: a test of the multiple role and role accumulation hypotheses (Naisten työssäkäynti, avioliitto, äitiys ja kuolleisuus: kaksoiskuormitushypoteesin ja roolikasaantumisen hypoteesin testaus). *Social Science & Medicine* 1995; 40(2): 199–212

Two contrasting hypotheses on the effects of combining marital, parental and work roles on mortality are analysed in this paper. The 'multiple role' hypothesis suggests that the effects are harmful, but the 'role accumulation' hypothesis argues that the benefits will outweigh the possible harmful effects. This paper uses record linkage data for all 35–64 year-old non-pensioned Finnish women to examine the two hypotheses. Women with all three roles of wife, mother and employee had low mortality. This, however, was a reflection of the main effects of these three variables. Only lone mothers with > 1 child—about 4% of the study population—were characterized as having a somewhat deviant mortality from what was to be expected on the basis of the main effects model. The high mortality in this group was mainly due to causes of death related to accidents and violence and circulatory diseases. Further analysis indicated that the excess mortality among lone mothers with two or more children and the lack of interactions for any other role constellation was similar in all age and educational groups. It is concluded that neither of the hypotheses on multiple roles are very relevant for the analysis of female mortality and that more attention should be devoted to understanding the contribution of possible selection effects leading to marriage and motherhood and the contribution of the 'healthy worker effect' in creating low mortality for the employed.

Aikuiset	Adult
Keski-ikäiset	Age Factors
Koulutustaso	Cause of Death
Kuolemansyyt	Educational Status
Kuolleisuus	Family Characteristics
Naiset	Female
Naisten terveys	Finland
Naisten työssäkäynti	Follow-Up Studies
Perheen ominaispiirteet	Health Status
Poisson-jakauma	Marital Status
Regressioanalyysi	Middle Age
Roolit	Mortality
Seurantatutkimukset	Mothers
Siviilisääty	Poisson Distribution
Sosiaaliluokka	Regression Analysis
Terveystila	Role
Yksinhuoltajat	Single Parent
Äidit	Social Class
I	Women's Health
	Working Women
	I

168

Martikainen P, Valkonen T.

Lama ja ennenaikainen kuolleisuus (Recession and premature mortality).

Väestö 1995:11. Helsinki, Tilastokeskus, 1995

Huono-osaisuus	Cause of Death
Hyvinvointi	Mortality
Kuolemansyyt	Population
Kuolleisuus	Poverty
Köyhyys	Recession
Lama	Socioeconomic Status
Sosioekonominen asema	Statistics
Tilastot	Unemployment
Työttömyys	Welfare
Väestö	IV
IV	

169

Martikainen P, Valkonen T.

Excess mortality of unemployed men and women during a period of rapidly increasing unemployment (Työttömien miesten ja naisten ylikuolleisuus nopeasti kasvaneen työttömyyden aikana).

Lancet 1996; 348(9032): 909–12

BACKGROUND: Previous studies have found evidence of higher mortality rates among unemployed people than among those in employment, but the effect of changes in national unemployment rates on this association is unclear. We studied mortality in both men and women during a period of rapidly increasing unemployment in Finland.

METHODS: In this prospective study of mortality in the Finnish population aged 25-59 years (2.5 million people), baseline sociodemographic data were obtained from the 1990 census and information on employment status in 1987-92 from Statistics Finland's labour force data files. Mortality follow-up was established by record linkage to death certificates from 1991 to 1993. FINDINGS: Individuals who experienced unemployment between 1987 and 1992 had greater mortality than those in employment after control for age, education, occupational class, and marital status. The mortality ratios for men and women unemployed for the first time in 1990, at a time of low national unemployment were 2.11 (95% CI 1.76-2.53) and 1.61 (1.09-2.36), respectively. These values were lower for those who were unemployed for the first time in 1992 when the national unemployment rate was very high (men 1.35 [1.16-1.56], women 1.30 [0.97-1.75]). The jobless who were re-employed had higher mortality than those who were continuously employed, but not as high as those who remained unemployed. INTERPRETATION: We have found that the association between unemployment and mortality weakens as the general unemployment rate increases. Studies that took place when the unemployment rate was low may thus overestimate the effect of unemployment on mortality because of unaccounted confounding.

Aikuiset	Adult
Keski-ikäiset	Confounding Factors
Kuolintodistukset	Death Certificates
Kuolleisuus	Female
Prospektiiviset tutkimukset	Finland
Sekoittavat tekijät	Health Status
Terveydentila	Male
Työttömyys	Middle Age
Valikoitumisharha	Mortality
I	Prospective Studies
	Selection Bias
	Time Factors
	Unemployment
	I

Martikainen P, Valkonen T.

The effects of differential unemployment rate increases of occupation groups on changes in mortality (Työttömyysasteen muutosten yhteys kuolleisuusmuutoksiin ammattiryhmittäin).

American Journal of Public Health 1998; 88(12): 1859–61

OBJECTIVES: This study estimated the effects of changes in unemployment rates of occupation groups on changes in mortality in a period of increasing unemployment.

METHODS: Census records for all 20- to 64-year- old economically active Finnish men in 1985 were linked to information on unemployment and deaths in 1987 through 1993.

RESULTS: Change in mortality was similar in occupation groups in which unemployment rates increased at a different pace. These relationships were similar for all age groups and for mortality from diseases as well as accidents and violence.

CONCLUSIONS: Unemployment does not seem to cause mortality in the short term.

Excess mortality rates among unemployed individuals observed in previous studies may have been due in part to selection.

Aikuiset	Adult
Ammatit	Age Distribution
Ikäjakauma	Causality
Kausaalisuus	Censuses
Keski-ikäiset	Finland
Kuolleisuus	Follow-Up Studies
Lääketieteellisten rekistereiden yhdistäminen	Healthy Worker Effect
Miehet	Male
Regressioanalyysi	Medical Record Linkage
Seurantatutkimukset	Middle Age
Terve-työntekijä vaikutus	Mortality
Työttömyys	Occupations
Väestölaskennat	Population Surveillance
I	Regression Analysis
	Unemployment
	I

Masalin K, Murtomaa H.

Work-related behavioral and dental risk factors among confectionery workers (Työperäiset käyttäytymis- ja hammasterveyden riskitekijät makeisalan työntekijöillä).

Scandinavian Journal of Work, Environment & Health 1992; 18(6): 388–92

Hampaat	Behavior
Käyttäytyminen	Finland
Ruokateollisuus	Food Industry
Sokeri ja sokerivalmisteet	Health Hazards
Suomi	Sugar and Sugar Products
Terveysriskit	Teeth
II	II

172

METELI.

Kolmen metallitehtaan henkilöstöjen elinolot ja elämäntapa (In Finnish with an English abstract) (The general life conditions and mode of living of employees in the machine industry).

Liikunnan ja Kansanterveyden julkaisuja 1/75. Jyväskylä, Liikunnan ja Kansanterveyden Edistämissäätiön Tutkimuslaitos, 1975

Ammatit	Employees
Elinolot	Life Style
Elämäntyyli	Living Conditions
Metalliteollisuus	Metal Industry
Työntekijät	Occupations
II	II

173

METELI.

Kolmen metallitehtaan henkilöstöjen liikuntakäyttäytyminen (In Finnish with an English abstract) (Leisure time sport and physical activity of employees in three plants of the machine industry).

Liikunnan ja kansanterveyden julkaisuja 11/75. Jyväskylä, Liikunnan ja Kansanterveyden Edistämissäätiön tutkimuslaitos, 1975

Ammatit	Employees
Liikuntakäyttäytyminen	Exercise Behavior
Metalliteollisuus	Metal Industry
Työntekijät	Occupations
II	II

174

METELI.

Ammattiasema, työolot ja sairastavuus metalliteollisuuden henkilöstöryhmissä (In Finnish with an English abstract) (Occupational position, working conditions and morbidity among employees of machine industry).

Liikunnan ja Kansanterveyden julkaisuja 18/77. Jyväskylä, Liikunnan ja Kansanterveyden Edistämissäätiön Tutkimuslaitos, 1977

Ammatit	Health
Metalliteollisuus	Metal Industry
Sairastavuus	Morbidity
Sosiaaliset tekijät	Occupations
Terveys	Social Factors
Työolot	Working Conditions
I	I

175

Milén A.

Lasten suun terveyden väestöryhmäerot ja niihin vaikuttaminen (In Finnish with an English abstract) (Differences in oral health among population groups of Finnish children and adolescents).

Sosiaalilääketieteellinen Aikakauslehti 1987; 24: 152–7

Interventiot	Child
Lapset	Oral Health
Sosiaalinen eriarvoisuus	Intervention
Sosiaaliset tekijät	Social Factors
Suunterveys	Social Inequalities
I	I

176

Milén A, Hausen H, Heinonen OP, Paunio I.

Caries in primary dentition related to age, sex, social status, and county of residence in Finland (Maitohampaiden karies iän, sukupuolen, sosiaalisen aseman ja asuinläänin mukaan Suomessa).

Community Dental Oral Epidemiology 1981; 9(2): 83–6

The study material consisted of 1417 children 6-8 years old representing 86% of a stratified random sample from the Finnish population. Data on caries and social class were obtained by questionnaire from the municipal dental clinics in 1978. Clinical findings for primary teeth were recorded by local dentists. Incisors were excluded from the study. 80% of the children had caries lesions, and 63% were in need of restorative care. Mean dmft value was 4.4 mean dt, ft, and mt values were 2.3, 2.6 and 0.3, respectively. Occurrence of untreated caries lesions did not vary according to age. Compared to the girls, boys had lost twice as many teeth due to caries. No other differences were observed between sexes. Both past caries experience and need of restorative care increased continuously from the highest social class to the lowest. Observed regional differences were explained mainly by variation in social stratification, except in an area with abundant natural fluoride. More active dental care is needed for children with primary teeth, especially in lower social class.

Asuinolosuhteet	Age Factors
DMF-indeksi	Child
Epidemiologia	Comparative Study
Hampaat	Dental Caries
Hammaskaries	DMF Index
Ikätekijät	Female
Lapset	Finland
Sosiaaliluokka	Male
Sukupuolitekijät	Residence Characteristics
Vertaileva tutkimus	Sex Factors
I	Social Class
	Tooth, Deciduous/pathology
	I

177

Murtomaa H, Turtola L, Vuopio T.

The use of xylitol chewing gum in oral health promotion for Finnish students (Ksylimulipurukumin käyttö suunterveyden edistämiseksi suomalaisilla opiskelijoilla).

Health Promotion International 1993; 8(4): 271–4

Terveyden edistäminen	Chewing Gum
Hampaiden terveys	Dental Health
Opiskelijat	Finland
Purukumi	Promotion
Suomi	Students
Yliopistot	Universities
IIIb	IIIb

178

Mustonen H, Paakkanen P, Simpura J.

Työllisten ja työttömien juomatavat (Drinking habits among the employed and the unemployed).

Alkoholipolitiikka 1993; 58(6): 422–35

Alkoholinkäyttö	Alcohol Drinking
Terveyskäyttäytyminen	Health behavior
Työttömyys	Unemployment
II	II

Myllykangas M, Pekkanen J, Rasi V, Haukkala A, Vahtera E, Salomaa VV.

Haemostatic and other cardiovascular risk factors, and socioeconomic status among middle-aged Finnish men and women (Hemostaattiset ja muut sydän- ja verisuonitautien riskitekijät sekä sosioekonominen asema keski-ikäisillä suomalaisilla miehillä ja naisilla).

International Journal of Epidemiology 1995; 24(6): 1110–6

BACKGROUND: The higher morbidity and mortality due to cardiovascular diseases (CVD) in lower social classes has been shown repeatedly in Finland. Lower socioeconomic groups also have a more adverse CVD risk factor profile. The association between socioeconomic factors and risk of CVD is only partly explained by the traditional risk factors. Fibrinogen may be of particular importance as an underlying mechanism that mediates this association. **MATERIAL AND METHODS:** The association of socioeconomic status (SES), as measured by years of education and family income with coronary risk factors was studied among a random population-based sample (N = 2365) of Finnish men and women aged 45 to 64. Subjects were studied in three parts of Finland; North Karelia, the Helsinki area, and South-West Finland, in connection with a larger cardiovascular monitoring programme. Years of education was divided into four categories (or = 13) and family income into quartiles. The coronary risk factors studied were serum total cholesterol, HDL-cholesterol, triglycerides, blood pressure, prevalence of hypertension, smoking, body mass index (BMI), waist-to- hip ratio, prevalence of obesity, alcohol use and the following haemostatic factors: plasma fibrinogen, factor VII coagulant activity (factor VII:C), factor VII antigen (factor VII:Ag) and plasminogen. **RESULTS:** Adjusting for age and area of residence, both men and women of low SES tended either to have more adverse risk factor levels or there was no association. The only exception was proportion of heavy drinkers, which was higher among higher social class women. The inverse association of SES were especially strong and consistent with smoking among men, and with BMI in both sexes. Of the haemostatic factors studied, plasma fibrinogen was inversely associated with SES in both sexes. The association disappeared after adjustment for smoking among men but not among women. Among women, plasma factor VII:Ag was inversely associated with income. No other statistically significant associations of haemostatic factors with SES were observed. **CONCLUSIONS:** Low SES groups had more adverse levels of most of the CVD risk factors. Haemostatic factors appeared to be associated with SES especially among women.

Keski-ikäiset	Blood Proteins
Kyselylomakkeet	Cardiovascular Diseases
Poikkileikkaustutkimukset	Comparative Study
Riskitekijät	Cross-Sectional Studies
Sosiaaliluokka	Female
Sosioekonomiset tekijät	Finland
Sydän- ja verisuonitaudit	Male
Veren proteiinit	Middle Age
Vertaileva tutkimus	Questionnaires
I	Risk Factors
	Social Class
	Socioeconomic Factors
	I

Mäkelä P, Valkonen T, Martelin T.

Contribution of deaths related to alcohol use to socioeconomic variation in mortality: register based follow up study (Alkoholinkäyttöön liittyvien kuolemien merkitys sosioekonomisten kuolleisuuserojen syynä: rekistereihin perustuva seurantatutkimus). *British Medical Journal* 1997; 315(7102): 211–6

OBJECTIVE: To estimate the contribution of excessive alcohol use to socioeconomic variation in mortality among men and women in Finland. **DESIGN:** Register based follow up study. **SUBJECTS:** The population covered by the 1985 and 1990 censuses, aged > or = 20 in the follow up period 1987–93. **MAIN OUTCOME MEASURES:** Total mortality and alcohol related mortality from all causes, from diseases, and from accidents and violence according to socioeconomic position. The excess mortality among other classes compared with upper non-manual employees and differences in life expectancy between the classes were used to measure mortality differentials. **RESULTS:** Alcohol related mortality constituted 11% of all mortality among men aged > or = 20 and 2% among women and was higher among manual workers than among other classes. It accounted for 14% of the excess all cause mortality among manual workers over upper non-manual employees among men and 4% among women and for 24% and 9% of the differences in life expectancy, respectively. Half of the excess mortality from accidents and violence among male manual workers and 38% among female manual workers was accounted for by alcohol related deaths, whereas in diseases the role of alcohol was modest. The contribution of alcohol related deaths to relative mortality differentials weakened with age. **CONCLUSIONS:** Class differentials in alcohol related mortality are an important factor in the socioeconomic mortality differentials in Finland, especially among men, among younger age groups, and in mortality from accidents and violence.

Aikuiset	Adult
Alkoholinkäyttö	Aged
Elinajanodote	Alcohol Drinking
Ikääntyneet	Cause of Death
Keski-ikäiset	Female
Kuolemansyyt	Finland
Rekisterit	Follow-Up Studies
Sensitiivisyys ja spesifisyys	Life Expectancy
Seurantatutkimukset	Male
Sosiaaliluokka	Middle Age
Sosioekonomiset tekijät	Registries
Sukupuolitekijät	Sensitivity and Specificity
I	Sex Factors
	Social Class
	Socioeconomic Factors
	I

Mäntymaa L.

Työttömien terveystarkastustoiminta Kemissä (Health examinations of the unemployed in Kemi).

Terveydenhoitaja 1995; 27(3): 25

Suomi	Finland
Terveyskäyttäytyminen	Health behavior
Terveystarkastus	Health surveys
Terveystutkimukset	Physical examination
Työttömät	Unemployment
IIIb	IIIb

Naukkarinen VA, Strandberg TE, Vanhanen HT, Salomaa VV, Sarna SJ, Miettinen TA.

Mortality rates after multifactorial primary prevention of cardiovascular diseases (Kuolleisuusluvut sydän- ja verisuonitautien monitekijäisen ennaltaehkäisyohjelman jälkeen).

Annals of Medicine 1989; 21(6): 441–6

Eleven-year mortality rates were studied in middle aged men who had participated in a randomised 5-year multifactorial primary prevention trial on cardiovascular diseases during 1974-1980. The men were given health education advice before the study. The 5-year trial markedly improved the risk factor status in the men in the intervention group (n = 612), but their 5-year incidence of total coronary events tended to be higher than in the randomised non-treated control group (n = 610) and significantly higher than in a non-randomised, non-treated low risk group (n = 593). During the six years following the discontinuation of the trial, 11 deaths from cardiovascular disease occurred both in the intervention and in the control groups and three in the non-randomised low risk group. Thus, the cumulative eleven-year cardiovascular mortality rates and their 95% confidence intervals (CI95) were 2.45% (CI95: 1.38, 3.67) in the intervention group and 1.97% (CI95: 1.01, 3.34) in the randomised high risk control group. In the non-randomised low risk group the mortality rate was 0.51 (CI95: 0.01, 1.46). Multiple logistic regression analysis showed that overweight and hypercholesterolaemia, and smoking in the high risk controls, were the initial risk factors associated with the 11-year cardiovascular mortality. The latter was not accumulated in any treatment measure during the prevention period. Furthermore, despite the unfavourable effect of beta-blocking agents on total cardiac events during the intervention, beta-blockers were not associated with cardiac deaths in the 11-year follow up. (ABSTRACT TRUNCATED AT 250 WORDS)

Ennuste	Cardiovascular Diseases
Keski-ikäiset	Finland
Kuolleisuus	Follow-Up Studies
Miehet	Male
Riskitekijät	Middle Age
Satunnaistetut kokeet	Mortality
Seurantatutkimukset	Prognosis
Sydän- ja verisuonitaudit	Randomized Controlled Trials
IIIb	Risk Factors
	IIIb

Notkola V.

Lapsuuden elinolosuhteet ja kuolleisuus aikuisiässä (Living conditions in childhood and mortality in adulthood).

Sosiaalilääketieteellinen Aikakauslehti 1985; (3): 121–5

Aikuiset	Adult
Elinolot	Child
Kuolleisuus	Living Conditions
Lapset	Mortality
I	I

184

Notkola V.

Living conditions in childhood and coronary heart disease in adulthood. A mortality and morbidity study in two areas of Finland (Lapsuuden elinolosuhteet ja sepelvaltimotauti aikuisiässä. Kuolleisuus- ja sairastavuustutkimus kahdella alueella Suomessa). Commentationes Scientiarum Socialium 29/1985. Helsinki, The Finnish Society of Sciences and Letters, 1985

Aikuiset	Adult
Elinolot	Child
Kuolleisuus	Coronary Heart Disease
Lapset	Dissertation, Academic
Sairastavuus	Living Conditions
Sepelvaltimotauti	Morbidity
Väitöskirjat	Mortality
I	I

185

Notkola V.

Socioeconomic conditions in childhood and mortality in adulthood (Lapsuuden sosioekonomiset olosuhteet ja kuolleisuus aikuisiässä).

In: Yearbook of Population Research in Finland. 1985: (b)23: 149–56

Aikuiset	Adult
Lapset	Child
Kuolleisuus	Socioeconomic Conditions
Sosioekonomiset tekijät	Mortality
I	I

186

Notkola V, Husman K.

Mortality among female farmers in Finland in 1979–1985 (Maanviljelijänaisten kuolleisuus Suomessa 1979–1985).

Scandinavian Journal of Social Medicine 1988; 16(3): 187–91

In this study cause-specific mortality of female farmers in Finland was examined by size of farm, by type of farm production, and by geographic area. It was shown that mortality of female farmers was higher for those with small farms. In particular, mortality due to cardiovascular diseases, diseases of the respiratory system and mortality due to accidents, poisonings and violence was slightly increased (statistically not significantly) among those with small farms. Assessed by type of farm production, the differences in mortality were small. Mortality differences among female farmers were smaller than among male farmers.

Kuolleisuus	Agricultural Workers' Diseases
Maanviljelijät	Agriculture
Maanviljely	Female
Naiset	Finland
Sairaudet	Mortality
Suomi	I
I	

- 187** Notkola V, Husman K.
Socioeconomic and occupational differences in respiratory mortality and disability in Finland (Sosioekonomiset ja ammatilliset erot hengityselinten sairauksien aiheuttamassa kuolleisuudessa ja työkyvyttömyydessä Suomessa).
In: Jantunen M, Ed. Socioeconomic and cultural factors in air pollution epidemiology. Air pollution epidemiology report series. Report Nu. 8. Brussels, European Commission, 1997

Ammatit	Air Pollution
Epidemiologia	Disability
Hengityselinsairaudet	Epidemiology
Ilman saastuminen	Finland
Kuolleisuus	Mortality
Sosioekonomiset tekijät	Occupations
Suomi	Respiratory Diseases
Työkyvyttömyys	Socioeconomic Factors
I	I

- 188** Notkola V, Husman K, Laukkanen V.
Mortality among male farmers in Finland during 1979–1983 (Maanviljelijämiesten kuolleisuus Suomessa 1979–1983).
Scandinavian Journal of Work, Environment & Health 1987; 13: 124–8

Kuolleisuus	Finland
Maanviljelijät	Male
Miehet	Mortality
Suomi	Farmers
I	I

- 189** Notkola V, Husman K, Susitaival P, Taattola K.
Morbidity and risk factors of Finnish farmers (Suomalaisten maanviljelijöiden sairastavuus ja vaaratekijät).
Scandinavian Journal of Work, Environment & Health 1992; 18(Suppl 2): 51–4

Aikuiset	Accidents, Occupational
Ammatilliset sairaudet	Adult
Epidemiologia	Agriculture
Krooniset sairaudet	Chronic Disease
Kuolleisuus	Comparative Study
Maanviljely	Female
Onnettomuudet	Finland
Riskitekijät	Male
Sairastavuus	Morbidity
Sosioekonomiset tekijät	Mortality
Vallitsevuus	Occupational Diseases
Vertaileva tutkimus	Prevalence
I	Risk Factors
	Socioeconomic Factors
	I

Notkola V, Martikainen P, Leino P.

Time trends in mortality in forestry and construction workers in Finland 1970–85 and impact of adjustment for socioeconomic variables (Muutokset suomalaisten metsätyömiesten ja rakennusmiesten kuolleisuudessa 1970–85 sekä sosioekonomisten tekijöiden vaikutus).

Journal of Epidemiology and Community Health 1993; 47(3): 186–91

STUDY OBJECTIVE—This study aimed firstly to describe the development of cause-specific mortality in forestry workers, farmer/forestry workers, and skilled and semiskilled construction workers between 1970 and 1985 in Finland, and to compare this with mortality in the total working male population. The second aim was to evaluate how well the cause-specific mortality differences between the occupations could be explained by differences in socioeconomic status, marital status, or in the region of residence.

DESIGN AND SETTING—This is a follow up study based on the 1970, 1975, and 1980 census records in Finland linked with all death certificates for 1971–75, 1976–80, and 1981–85 respectively. Log-linear regression analysis was used.

SUBJECTS—All economically active men in Finland aged between 35 and 64 years in 1971–85 were studied. The number of person-years in the period totals about 10 million.

MAIN RESULTS—Semiskilled construction workers had the highest mortality rate almost independent of the cause of death. The mortality of forestry workers was the second highest. Compared with the reference population, however, the differences were small with regard to neoplasms and cardiovascular diseases. With regard to other diseases, only the mortality of semiskilled workers was fairly high. Differences in mortality as a result of accidents were the highest. Both suicide and accidental death rates were high in semiskilled construction workers and forestry workers. During the study total mortality fell by about 30% but mortality differences between groups did not decline.

CONCLUSIONS—The high mortality of forestry and semiskilled construction workers is partly explained by socioeconomic factors such as marital status and housing conditions. These factors do not, however, explain the high suicide and accident mortality rates of forestry workers or semiskilled construction workers. More research is needed to explain these findings.

Aikuiset	Adult
Ammatilliset sairaudet	Aged
Asuinolosuhteet	Educational Status
Asuminen	Finland
Avioliitto	Follow-Up Studies
Ikääntyneet	Forestry
Keski-ikäiset	Housing
Koulutustaso	Industry
Kuolleisuus	Male
Metsäteollisuus	Marriage
Miehet	Middle Age
Riskitekijät	Mortality
Seurantatutkimukset	Occupational Diseases
Sosioekonomiset tekijät	Residence Characteristics
Teollisuus	Risk Factors
I	Socioeconomic Factors
	Time Factors
	I

191

Notkola V, Pajunen A.

Ammatillinen liikkuvuus ja kuolleisuus -tutkimus metsätyöntekijöiden, maanviljelijöiden ja rakennustyöntekijöiden kuolleisuudesta Suomessa 1986-1990 (Occupational mobility and mortality – a study on mortality among forest workers, farmers and construction workers in Finland in 1986–1990).

Sosiologia 1994; (2)

Ammatit	Construction Workers
Ammatillinen kuolleisuus	Farmers
Kuolleisuus	Forestry Workers
Maanviljelijät	Mortality
Metsätyöntekijät	Occupations
Rakennustyöntekijät	Occupational Mortality
I	I

192

Notkola V, Pajunen A.

Sosiodemografiset tekijät, työolot ja ammattiryhmien väliset kuolleisuus- ja työkyvyttömyyserot Suomessa 1981–1994. Työsuojelurahaston loppuraportti projektista “Ammattiryhmittäinen kuolleisuus, työkyvyttömyys, ammatissa pysyminen ja altistuminen työperäisille riskeille Suomessa (Sociodemographic factors, work conditions and mortality and disability differences among occupational groups in Finland 1981–1994. Final report of the Occupational Health and Safety Fund’s project: Occupational mortality, disability and staying in one occupation and exposing to work-related risks in Finland).

Helsinki, Helsingin yliopiston sosiologian laitos ja Työterveyslaitos, 1996

Ammattiryhmät	Disability
Kuolleisuus	Mortality
Sosiodemografiset tekijät	Occupational Groups
Työkyvyttömyys	Sociodemographic Factors
Työolot	Work-Related Risks
Työperäiset riskit	Working Conditions
I	I

193

Notkola V, Pajunen A, Leino-Arjas P.

Telineet, tehdas vai toimisto – tutkimus ammattiryhmittäisestä kuolleisuudesta ja työkyvyttömyydestä (Occupational mortality and disability differences in Finland).

SVT. Terveys 1995:4. Helsinki, Tilastokeskus, 1995

Ammatillinen kuolleisuus	Mortality
Ammatillinen työkyvyttömyys	Occupations
Ammatit	Occupational Disability
Kuolleisuus	Occupational Mortality
Sosiaaliset tekijät	Social Factors
I	I

194

Notkola V, Pajunen A, Leino-Arjas P.

Occupational mortality by cause in Finland 1971–1991 and occupational mobility (Ammattiryhmittäinen kuolleisuus kuolinsyyn mukaan Suomessa 1971–1991 sekä ammatillinen liikkuvuus).

SVT. Health 1997:1. Helsinki, Statistics Finland, 1997

Ammatillinen liikkuvuus	Cause of Death
Ammatit	Mortality
Kuolemansyyt	Occupations
Kuolleisuus	Occupational Mobility
I	I

195

Notkola V, Punsar S, Karvonen M, Haapakoski J.

Socio-economic conditions in childhood and mortality and morbidity caused by coronary heart disease in adulthood in rural Finland (Maaseudulla asuvien suomalaisten lapsuuden sosioekonominen asema ja sepelvaltimotautikuolleisuus ja -sairastavuus aikuisiässä).

Social Science & Medicine 1985; 21(5): 517–23

In this study, the hypothesis that bad socio-economic conditions in childhood may increase the probability of coronary heart disease in adulthood is examined. The study is based partly on the data of the East-West Study in Finland, which is part of the Seven Countries Study. The study began with 823 men in Eastern Finland and 888 men in Western Finland in 1959. The mortality and morbidity of the cohorts were followed from 1959 to 1974. Risk factors were measured in medical examinations in 1959, 1964, 1969 and 1974. Parents of those included in the sample were traced by using parish registers from 1900 to 1919. Over 90% of those in the East-West Study were found. The parents' socio-economic position (socio-economic conditions in childhood) was determined. According to our findings, the relative risks of coronary death, myocardial infarction and ischemic heart disease are systematically increased for those born landless in East Finland. Variables partly explaining the increased risk were body height and smoking. The effect of cholesterol was negligible.

Aikuiset	Adult
Keski-ikäiset	Blood Pressure
Kolesteroli	Body Height
Kuolleisuus	Cholesterol/blood
Köyhyys	Coronary Disease
Maaseudun väestö	Finland
Miehet	Male
Pituus	Middle Age
Riskit	Mortality
Sepelvaltimotauti	Poverty
Sosioekonomiset tekijät	Risk
Tupakointi	Rural Population
Verenpaine	Smoking
I	Socioeconomic Factors
	I

- 196** Notkola V, Valkonen T.
Socioeconomic differences in stillbirths and infant mortality in Finland 1976–1982 (Kuolleena syntyneiden sekä imeväiskuolleisuuden sosioekonomiset erot Suomessa 1976–1982).
In: Yearbook of Population Research in Finland, XXVII. 1989: 5–15
- | | |
|--------------------------|---------------------|
| Imeväiskuolleisuus | Infant Mortality |
| Kuolleena syntyneet | Stillbirths |
| Sosiaalinen eriarvoisuus | Social Factors |
| Sosiaaliset tekijät | Social Inequalities |
| I | I |
- 197** Notkola V, Valkonen T.
Kuolleena syntyneiden sekä imeväiskuolleisuuden sosioekonomiset erot Suomessa 1976–1982 (Socioeconomic differences in stillbirths and infant mortality in Finland 1976–1982).
Sosiaalilääketieteellinen Aikakauslehti 1990; 27: 17–22
- | | |
|--------------------------|---------------------|
| Imeväiskuolleisuus | Infant Mortality |
| Kuolleena syntyneet | Social Factors |
| Sosiaalinen eriarvoisuus | Social Inequalities |
| Sosiaaliset tekijät | Stillbirths |
| I | I |
- 198** Notkola V, Virolainen R, Tupi K, Husman K, Nuutinen J.
Farmers' occupational health programme in Finland, 1979–1987 (Maanviljelijöiden työterveysohjelma Suomessa 1979–1987).
Social Science & Medicine 1990; 30(9): 1035–40
- | | |
|----------------------|---------------------|
| Ammatillinen terveys | Farmers |
| Maanviljelijät | Finland |
| Suomi | Health education |
| Terveyskasvatus | Occupational health |
| IIIb | IIIb |
- 199** Notkola V, Virolainen R, Tupi K, Louhelainen K, Husman K, Nuutinen J, Raitasalo R, Terho EO, Penttinen J, Kalimo E, Kankaanpää E.
Viljelijöiden työterveyshuollon seuranta- ja kehittämistutkimus 1985–1987 (In Finnish with an English abstract) (Farmers' occupational health programme in Finland, 1985–1987: a follow-up study based on experiment).
Kansaneläkelaitoksen julkaisuja A:25. Helsinki, Kansaneläkelaitos, 1990
- | | |
|-------------------|---------------------|
| Arviointitutkimus | Agriculture |
| Kokeilu | Evaluation |
| Maanviljely | Experiment |
| Työterveyshuolto | Occupational health |
| IIIb | IIIb |

200

Notkola V, Virtanen S.

Occupational mortality differences among women and the role of work (Ammatilliset kuolleisuuserot naisilla sekä työn rooli).

International Expert Meeting 10–12.11.1997, Espoo, Finland. 1998. Institute of Occupational Health.

Ammatit	Female
Kuolleisuus	Mortality
Naiset	Occupations
I	I

201

Nurminen M, Hernberg S.

Effects of intervention on the cardiovascular mortality of workers exposed to carbon disulphide: a 15 year follow up (Interventioiden vaikutukset sydän- ja verisuonitautikuolleisuuteen rikkihiilelle altistuneilla työntekijöillä: 15-vuoden seurantatutkimus).

British Journal of Industrial Medicine 1985; 42(1): 32–5

The cardiovascular mortality of a cohort of 343 Finnish men exposed for at least five years to carbon disulphide (CS₂) in a viscose rayon plant has been monitored prospectively from 1967 to 1982. The results from the first five years of follow up in 1972 showed a 4.7-fold excess mortality for ischaemic and other heart diseases (ICD A83–A84) compared with a comparable reference cohort of paper mill workers. After 1972 a preventive intervention programme instituted at the rayon plant included removing all workers with coronary risk factors from exposure. Thus only 19% of the exposed cohort continued to be exposed in 1977 compared with 53% in 1972. Moreover, exposure levels were reduced after 1972 in compliance with the set hygienic standard of 10 ppm. These measures were reflected in a normalisation of the risk of cardiovascular death; the relative risk was 1.0 in the period after the intervention (1 July 1974 to 30 June 1982), whereas it had previously been 3.2 (from 1 July 1972 to 30 June 1974). The risk of a fatal heart attack remained at 11.6% throughout the 15 year follow up period (95% confidence limits 8.5%–15.4%) among the exposed compared with 7.8% (5.3%–11.2%) among the unexposed. The entire risk difference of 3.8% was accumulated during the first seven years of follow up. Thus we can estimate that 59 CS₂-related cardiovascular deaths would have occurred during the next eight years (instead of the actual 19 deaths) had there been no preventive action. Calculations yielded a preventive fraction of 68%.

Ammatilliset sairaudet	Adverse Effects
Kuolleisuus	Carbon Disulfide
Miehet	Cardiovascular Diseases
Prospektiiviset tutkimukset	Cellulose
Rikkihiilen hättävvaikutukset	Finland
Selluloosa	Follow-Up Studies
Seurantatutkimukset	Male
Suomi	Mortality
Sydän- ja verisuonitaudit	Occupational Diseases
Tekstiiliteollisuus	Prospective Studies
IIIb	Textile Industry

- 202** Nyman K.
Hammashoitopalvelujen käyttö eri väestöryhmissä (In Finnish with an English abstract) (Use of dental services by various population groups).
Sosiaalilääketieteellinen Aikakauslehti 1987; 24: 196–203
- | | |
|--------------------------|---------------------|
| Hammashoito | Dental Services |
| Sosiaalinen eriarvoisuus | Population Groups |
| Väestöryhmät | Social Inequalities |
| I | I |
- 203** Nyman K.
Tasa-arvo suomalaisessa terveydenhuollossa. Valtakunnallinen arviointitutkimus terveyspalvelujen käytön eroista (In Finnish with an English abstract) (Equity in Finnish health care. A nationwide survey of differences in the utilization of health services).
Kansaneläkelaitoksen julkaisuja M 1993:88. Helsinki, Kansaneläkelaitos, 1993
- | | |
|-----------------|-------------------|
| Tasa-arvo | Equity |
| Terveyspalvelut | Health Needs |
| Terveystarpeet | Health Services |
| Väestöryhmät | Population Groups |
| II | II |
- 204** Näyhä S.
Low mortality from ischaemic heart disease in the Sami district of Finland (Matala sepevaltimitautikuolleisuus Suomen saamelaisalueilla).
Social Science & Medicine 1997; 44(1): 123–31
- Concludes that the epidemic wave of IHD in Finland, which culminated in the early 1970s, showed a time lag in the north, especially in the Finnish and predominantly Finnish areas, while there is no indication that this epidemic ever reached Utsjoki, the core Sami area. The reasons for the anomalous trends in IHD in the far north of Finland remain unknown, but the local diet may play a role in them.
- | | |
|-------------------------|--------------------------|
| Iskeeminen sydänsairaus | Finland |
| Kuolleisuus | Ischaemic Heart Diseases |
| Suomi | Mortality |
| I | I |
- 205** Näyhä S, Hassi J.
Poronhoitajien elintavat, työ ja terveys (Health behaviour, work and health among reindeer herders).
Kansaneläkelaitoksen julkaisuja ML:127. Helsinki, Kansaneläkelaitos, 1993
- | | |
|--------------|------------------|
| Elintavat | Health |
| Poromiehet | Health Behavior |
| Poronhoito | Living Patterns |
| Sairastavuus | Morbidity |
| Työterveys | Reindeer Herders |
| I | I |

Olkinuora M.

Alcoholism and occupation (Alkoholismi ja ammatti).

Scandinavian Journal of Work, Environment & Health 1984; 10(6 Spec No): 511–5

Occupational roles are a dominant force in many aspects of social life. Occupation signifies a complex of social and psychological factors that reflect intelligence, education, personality, ambition, social status, and life-style. The consumption of alcohol and alcoholism have many correlations with occupational roles. Mortality from cirrhosis of the liver reflects the per capita consumption of alcohol. In certain occupations such mortality rates are clearly above average. The highest risk is found in occupations associated with the serving of food and beverages. A Finnish study has shown that the alcohol-related use of health services among males is the highest among unskilled workers, painters, seamen, and construction workers and the lowest among executives and farmers. Many population studies have shown that blue-collar workers and laborers have the highest level of drinking. This pattern is not necessarily true among females. The risk factors associated with occupation include the availability of alcohol at work, social pressure to drink on the job, separation from normal social relationships, and freedom from supervision. The opportunity to obtain alcoholic beverages relatively inexpensively, when combined with social pressure by peers to drink heavily, is an especially powerful explanation for high rates of alcoholism within an occupation.

Alkoholismi	Alcoholism
Ammatit	Female
Ammatilliset sairaudet	Finland
Epidemiologia	Health Services
Kuolleisuus	Liver Cirrhosis
Maksakirroosi	Male
Riskit	Mortality
Sosiaaliluokka	Occupational Diseases
Suomi	Occupations
Terveyspalveluiden käyttö	Risk
Yhdysvallat	Social Class
I	United States
	I

Pajunen A, Notkola V.

Ammattiryhmittäiset kuolleisuus- ja työkyvyttömyyserot (Occupational differences in mortality and disability).

In: Valkonen T, Koskinen S, Martelin T, Eds. Rekisteriaineistot yhteiskunta- ja terveystutkimuksessa. Helsinki, Gaudeamus, 1998

Ammatit	Mortality
Ammatillinen työkyvyttömyys	Occupations
Ammatillinen kuolleisuus	Occupational Disability
Kuolleisuus	Occupational Mortality
Sosiaaliset tekijät	Social Factors
I	I

Palojoki P.

The relationship between nutrition knowledge and food behaviour among Finnish homemakers (Suomalaisten perheenemäntien ravitsemustietous ja ruokakäyttäytyminen). *Journal of Consumer Studies and Home Economics* 1996; 20(4): 327–38

Perheenemäntä	Finland
Ravitsemus	Food
Ruoka	Health Behavior
Suomi	Homemakers
Terveyskäyttäytyminen	Knowledge
Yhteys	Nutrition
II	Relationship
	II

Palosuo H, Uutela A, Zhuravleva I, Lakomova N.

Social patterning of ill health in Helsinki and Moscow: results from a comparative survey in 1991 (Sosiaalinen asema ja terveydentila Helsingissä ja Moskovassa: tuloksia vertailevasta tutkimuksesta vuodelta 1991). *Social Science & Medicine* 1998; 46(9): 1121–36

Social inequalities in health are widely documented in the western countries including Finland, but research on Russia has so far been scarce. This article compares self-reported ill health of men and women and its social patterning in Helsinki and Moscow on the basis of a survey. The data (Helsinki N = 824, Moscow N = 545) were collected by mailed questionnaires in 1991. The Muscovites fared more poorly on perceived and psychological health, but the differences in self-reported morbidity (prevalence of chronic illnesses) between the cities were quite small. The sex differentials were greater in Moscow and Muscovite women had the poorest health of all. Education, family income and occupation had the most consistent associations with perceived health and morbidity among Helsinki women and the weakest among Muscovite women. With few exceptions, men of both cities fell between these groups. The differences in health between the cities were smaller in groups with low education. Thus, the role of education as a protective resource was more pronounced in Helsinki, and more notably among women. The possibility of a different impact of social stratification on health in a transitional socialist society compared to a western market economy is discussed.

Aikuiset	Adult
Ikätekijät	Age Factors
Keski-ikäiset	Analysis of Variance
Koulutus	Comparative Study
Kulttuurien välinen vertailu	Cross-Cultural Comparison
Moskova	Cross-Sectional Studies
Poikkileikkaustutkimukset	Education
Sosiaaliluokka	Female
Sukupuolitekiijät	Finland
Terveydentila	Health Status
Terveydentilaindikaattorit	Health Status Indicators
Tulot	Income
Varianssianalyysi	Least-Squares Analysis
Vertaileva tutkimus	Male
I	Middle Age
	Moscow
	Sex Factors
	Social Class
	I

- 210** Pekkanen J, Rahkonen O, Prättälä R.
Elintapojen ja riskitekijöiden sosiaaliryhmittäiset erot ja niiden muutokset (In Finnish with an English abstract) (Socioeconomic differentials in health behaviour and risk factors).
Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 349–55

Aikavaihtelut	Health Behavior
Riskitekijät	Risk Factors
Sosiaalinen eriarvoisuus	Social Factors
Sosiaaliset tekijät	Social Inequalities
Terveyskäyttäytyminen	Time Trends
II	II

- 211** Pekkanen J, Tuomilehto J, Uutela A, Vartiainen E, Nissinen A.
Sosiaaliryhmä, sepelvaltimotaudin riskitekijät ja kuolleisuus itäsuomalaisilla miehillä ja naisilla (Social class, cardiovascular risk factors and mortality among men and women in eastern Finland).
Duodecim 1992; 108: 1395–402

Kuolleisuus	Cardiovascular risk factors
Sepelvaltimotaudin riskitekijät	Female
Sosiaaliluokka	Male
I	Mortality
	Social Class
	I

- 212** Pekkanen J, Tuomilehto J, Uutela A, Vartiainen E, Nissinen A.
Social class, health behaviour, and mortality among men and women in eastern Finland (Miesten ja naisten sosiaaliluokka, terveyskäyttäytyminen ja kuolleisuus Itä-Suomessa).
British Medical Journal 1995; 311(7005): 589–93

OBJECTIVE—To evaluate the associations between social class as defined by occupation, health behaviour, and mortality from all causes and coronary heart disease among middle aged men and women in eastern Finland. DESIGN—Prospective observational study of two independent, random population samples examined in 1972 and 1977. SETTING—North Karelia and Kuopio, Finland. SUBJECTS—8967 men and 9694 women aged 30- 64 years at the beginning of the follow up study. The subjects were followed up for mortality up till 1987 by using the National Death Registry. MEASUREMENTS AND MAIN RESULTS—Altogether 1429 men and 620 women died during the follow up, 603 men and 164 women of coronary heart disease. Among both sexes, compared with white collar workers unskilled blue collar workers had more adverse risk factors and also higher mortality due to coronary heart disease, other cardiovascular diseases, cancer, violent causes, and all other causes. Among men the age adjusted relative risk for all cause mortality in unskilled blue collar workers v white collar workers was reduced from 1.86 (95% confidence interval 1.55 to 2.22) to 1.47 (1.23 to 1.77) when adjusted for smoking, serum cholesterol concentration, hypertension, body mass index, and physical activity in leisure time. Among women the corresponding reduction in hazard ratio was from 1.49 (1.15 to 1.92) to 1.39 (1.07 to 1.81). The respective hazard ratios for coronary heart disease were 1.54 (1.16 to 2.02) and 1.22 (0.92 to 1.61) among men and 1.74 (1.05 to 2.90) and 1.66 (0.99 to 2.79) among women. CONCLUSIONS— Unfavourable cardiovascular risk factors and high mortality are concentrated among lower social classes in Finland. Among men about half of the excess coronary and all cause mortality among unskilled blue collar workers was associated with their unfavourable risk factor profile. The association was smaller in women.

Aikuiset	Adult
Ikääntyneet	Aged
Keski-ikäiset	Cardiovascular Diseases
Kuolemansyyt	Cause of Death
Kuolleisuus	Employment
Prospektiiviset tutkimukset	Female
Riskitekijät	Finland
Seurantatutkimukset	Follow-Up Studies
Sosiaaliluokka	Health Behavior
Sukupuolitekijät	Male
Sydän- ja verisuonitaudit	Middle Age
Terveyskäyttäytyminen	Mortality
Työ	Prospective Studies
I	Risk Factors
	Sex Factors
	Social Class
	I

213

Pekkanen J, Uutela A, Kartovaara L, Tuomilehto J, Nissinen A.

Keski-ikäisten suomalaismiesten koulutus ja sydän- ja verisuonitautien riskitekijät vuosina 1972–1987 (In Finnish with an English abstract) (Level of education and cardiovascular risk factors in middle aged Finnish men 1972–1987).
 Sosiaalilääketieteellinen Aikakauslehti 1990; 27: 61–9

Koulutus	Cardiovascular Risk Factors
Keski-ikäiset	Education
Riskitekijät	Middle Age
Sosiaaliset tekijät	Risk Factors
Sydän- ja verisuonitaudit	Social Factors
II	II

214

Pekkanen J, Uutela A, Valkonen T, Vartiainen E, Tuomilehto J, Puska P.

Socioeconomic differences in trends in coronary heart disease mortality and risk factors in Finland (Sepelvaltimotautikuolleisuuden ja riskitekijöiden muutosten sosioekonomiset erot Suomessa).

In: Toshima H, Koga Y, Blackburn H, Keys A, Eds. Lessons for Science from the Seven Countries Study. A 35-year collaborative experience in cardiovascular disease epidemiology. Tokyo, Springer-Verlag, 1994: 163–75

Aikavaihtelut	Coronary Heart Disease
Koulutus	Education
Kuolleisuus	Mortality
Riskitekijät	Risk factors
Sepelvaltimotauti	Time Trends
I	I

Pekkanen J, Uutela A, Valkonen T, Vartiainen E, Tuomilehto J, Puska P.

Coronary risk factor levels: differences between educational groups in 1972–87 in eastern Finland (Sepelvaltimotaudin riskitekijöiden tasot: koulutusryhmien erot Itä-Suomessa vuosina 1972–87).

Journal of Epidemiology and Community Health 1995; 49(2): 144–9

STUDY OBJECTIVE—To compare differences in coronary heart disease (CHD) risk factor levels between educational groups in the 1970s and 1980s in eastern Finland.

DESIGN AND PARTICIPANTS—Independent, cross sectional population surveys were undertaken in 1972, 1977, 1982, and 1987 of randomly selected men and women aged 30–59 living in two provinces in eastern Finland. Altogether 20,096 subjects participated. The lowest observed level of participation in either sex or province in any year was 77%. Serum cholesterol values and blood pressure measurements, body mass index, smoking, and the level of education were determined in each survey using comparable methodology. **MAIN RESULTS**—More poorly educated men and women had higher levels of all risk factors at the end of the study period (1987). There was no change between 1972 and 1987 in differences between educational groups in mean serum cholesterol values and the diastolic blood pressure level in either sex, and in smoking in men. In women, the proportion of smokers was highest in the better educated in the 1970s but lowest in this group in the 1980s (interaction between year of examination and educational level $p < 0.01$). Differences between educational groups in mean body mass index increased with time in both men ($p < 0.001$) and women ($p = 0.06$).

CONCLUSIONS—Relative differences between socioeconomic groups in CHD mortality have increased in Finland in the 1970s and 1980s. Present results from eastern Finland show no reduction in differences between educational groups in risk factor levels, and even some evidence of increasing differences. Although a comparison between mortality trends and risk factor trends is problematic, trends in the risk factors analysed do not seem to be a major cause for the increasing differences in CHD mortality in Finland, at least in men. On the other hand, the risk factor trends analysed show no progress towards reducing inequalities in health, a major goal of public health policy.

Aikuiset	Adult
Ikäjakauma	Age Distribution
Keski-ikäiset	Blood Pressure
Kolesteroli	Cholesterol/blood
Koulutustaso	Comparative Study
Kuolleisuus	Coronary Disease
Poikkileikkaustutkimukset	Cross-Sectional Studies
Riskitekijät	Educational Status
Sepelvaltimotauti	Female
Tupakointi	Finland
Verenpaine	Male
Vertaileva tutkimus	Middle Age
I	Mortality
	Population Surveillance
	Risk Factors
	Smoking
	I

- 216** Pekkanen J, Vartiainen E, Tuomilehto J, Puska P.
Differences between educational groups in risk factor trends (Koulutusryhmien erot riskitekijöiden muutoksissa).
In: Puska P, Tuomilehto J, Nissinen A, Vartiainen E, Eds. The North Karelia Project. 20 Year Results and Experiences. Helsinki, The National Public Health Institute, 1995: 131–40

Aikavaihtelut	Education
Koulutus	Risk Factors
Riskitekijät	Time Trends
II	II

- 217** Peltonen R.
Sosiaalinen tuki, elämänhallinta ja koettu terveys keski-ikäisillä naisilla (Social support, life control and self perceived health among middle-aged women).
Åbo, Åbo Akademi, Socialpolitiska institutet, 1994

Elämänhallinta	Dissertation, Academic
Elämäntyyli	Female
Kyselytutkimukset	Life control
Naiset	Life style
Psykosomatiikka	Menopause
Sairastavuus	Middle age
Sosiaalinen tuki	Morbidity
Sosioekonominen asema	Psychosomatic
Stressi	Social support
Terveys	Socioeconomic status
Turku	Stress
Vaihdevuodet	Survey
Väitöskirjat	Turku
II	II

- 218** Pietilä AM, Hentinen M, Myhrman A.
The health behaviour of northern Finnish men in adolescence and adulthood (Pohjois-suomalaisten miesten terveystyöttyminen nuorina ja aikuisina).
International Journal of Nursing Studies 1995; 32(3): 325–38

The aim of the study was to produce data about health behaviour among men born in Northern Finland in 1966. A particular concern was to find out how well health behaviour in adolescence predicts health behaviour in adulthood. The family questionnaire on health and development was submitted in 1980 when the subjects were 14 years of age. The response rate was 97%. The second questionnaire survey was carried out 10 years later with 2500 respondents. The final response rate was 60%. The results indicated that health behaviour in adolescence predicted health behaviour in adulthood as far as smoking and physical exercise were concerned. Over half (65%) of those who were non-smokers in their youth did not smoke as adults. Similarly the majority (71%) of those who had taken physical exercise at least once a week in their youth continued to do so in adulthood. Most of the subjects (85%) used alcohol in adulthood. A good family situation was connected with healthy habits. In the case of drinking, however, the subjects whose fathers belonged to social classes I–II used alcohol to a somewhat greater extent than others. It is important to conceive of health behaviour as an element connected with a person's life situation. Health research should be incorporated into cultural research and should have closer co-operation with other disciplines.

Aikuiset	Adolescence
Alkoholinkäyttö	Adult
Kyselylomakkeet	Alcohol Drinking
Liikunta	Exercise
Miehet	Finland
Nuoret	Health Behavior
Riskitekijät	Male
Sosiaaliluokka	Predictive Value of Tests
Sosioekonomiset tekijät	Questionnaires
Terveyskäyttäytyminen	Risk Factors
Tupakointi	Smoking
II	Social Class
	Socioeconomic Factors
	II

219

Pietilä AM, Järvelin MR.

Health and social standing of young men viewed in light of information on their childhood and adolescence (Nuorten miesten terveys ja sosiaalinen asema lapsuuden ja nuoruuden tietojen valossa).

International Journal of Nursing Studies 1995; 32(6): 545–55

The purpose of the present study was to examine the relationship of social status in early childhood and adolescence with present health and well-being and to identify factors predicting good health and social status. The study is part of a health survey of young Northern Finnish men and uses longitudinal questionnaire data. The results indicated that background variables in adolescence predicted health and the social index in adulthood as far as physical exercise and school performance were concerned. Good school performance was associated with a good health index and a good social index. Regular physical exercise in adolescence is extremely important when considering the state of health in adulthood. The family background predicted the development of health. The mother's high educational level was associated with good health and social indices. The results also showed that living in a farming family and having mothers working at home seemed to be protective factors for good health. The binary regression model was applied to the factors predicting the health index and the social index in adulthood. A major concern in future research is how to explore factors which affect the abilities of individuals to reach sensible decisions regarding their own health and lives overall, and how families can promote this process.

Aikuiset	Achievement
Ihmisen kehittyminen	Adolescence
Koulutustaso	Adult
Lapset	Child
Liikunta	Educational Status
Miehet	Exercise
Nuoret	Family Health
Perheen terveys	Finland
Pitkittäistutkimukset	Health Behavior
Regressioanalyysi	Health Status
Saavutukset	Human Development
Sosiaaliluokka	Longitudinal Studies
Suomi	Male
Terveydentila	Regression Analysis
Terveyskäyttäytyminen	Social Class
I	I

Pietinen P, Nissinen A, Vartiainen E, Tuomilehto A, Uusitalo U, Ketola A, Moisiö S, Puska P.

Dietary changes in the North Karelia Project 1972–1982) (Ravitsemusmuutokset Pohjois-Karjala projektissa 1972–1982).

Preventive Medicine 1988; 17(2): 183–93

The North Karelia Project is a community-based program to reduce the high cardiovascular disease rates in the province of North Karelia in eastern Finland. Dietary changes aimed at reducing serum cholesterol levels were among the main objectives. The evaluation of the program was based on examinations of independent cross-sectional population samples in 1972, 1977, and 1982 in North Karelia and in a matched reference area. A questionnaire was used to measure changes in dietary habits during the program. A major shift from whole to low-fat milk took place in both areas as well as a reduction in the amount of butter used on bread. The net reduction in North Karelia (difference in change compared with the reference area) in the intake of saturated fatty acids from milk and fat spreads used on bread was 20% in men and 14% in women. This reduction was similar in different age, education, and occupational groups suggesting that the dietary intervention had reached the whole community. The validity of the reported dietary changes was confirmed by parallel changes in serum cholesterol levels.

Aikuiset	Adult
Ammatit	Analysis of Variance
Kolesteroli	Cardiovascular Diseases
Koulutus	Cholesterol/blood
Koulutustaso	Dietary Fats
Ravitsemus	Eating
Ruokailu	Educational Status
Ruokatottumukset	Female
Ruokavalion rasvat	Finland
Sydän- ja verisuonitaudit	Food Habits
Varianssianalyysi	Male
IIIa	Middle Age
	Nutrition
	Occupations
	IIIa

Pietinen P, Uusitalo U, Vartiainen E, Tuomilehto J.

Dietary survey of the FINMONICA project in 1982 (FINMONICA-projektin ravitsemustutkimus vuonna 1982).

Acta Medica Scandinavica. Supplementum 1988; 728: 169–77

A dietary survey concerning 1348 persons aged 25–64 was carried out in connection with the first FINMONICA risk factor survey in the three monitoring areas, North Karelia and Kuopio in the east, and Turku-Loimaa in the south-west in 1982. Three-day food records were used in the dietary assessment. The fat content of the diet in men was 38–39% of energy in all areas, whereas in women it was about 36% in the east compared to 38% in the south-west. The ratio of polyunsaturated to saturated fat of the diet was lower in the east than in the south-west in both sexes (0.25 vs. 0.31). This seemed to be the result of higher milk and butter consumption in the east. The regional differences in the quality of dietary fats seemed to be the result of both different occupational structures and different dietary habits within each occupational group, especially among women.

Aikuiset	Adult
Ammatit	Comparative Study
Energia-aineenvaihdunta	Diet Surveys
Energiansaanti	Dietary Fats

Keski-ikäiset	Energy Intake
Näytetutkimukset	Energy Metabolism
Rasvat, tyydyttämättömät	Fats, Unsaturated
Ravitsemustutkimukset	Female
Ruokavalion rasvat	Finland
Ruokavaliotutkimukset	Male
Vertaileva tutkimus	Middle Age
II	Nutrition Surveys
	Occupations
	Sampling Studies

222

Pietinen P, Vartiainen E, Männistö S. II

Trends in body mass index and obesity among adults in Finland from 1972 to 1992 (Aikuisten painoindeksin ja lihavuuden muutokset Suomessa vuosina 1972–1992). *International Journal of Obesity Related Metabolic Disorders* 1996; 20(2): 114–20

OBJECTIVE: To investigate trends in body mass index (BMI) and prevalence of obesity in different areas and educational groups in Finland. DESIGN: Cardiovascular risk factor surveys carried out at five- year intervals among men and women aged 30 to 59 years from 1972 to 1992. MEASUREMENTS: Body mass index and educational level have been measured in each survey. RESULTS: BMI increased in men over 40 years of age until 1987 and then levelled off. BMI decreased in women in all age groups until 1982 and then levelled off. Even though all men have become heavier, the change has been smallest in the highest educated group. This difference is even more pronounced in women. The prevalence of obesity (BMI over 30 kg²) was 19% in men and 18% in women in 1992. The prevalence of overweight (BMI over 25 kg/m²) was 63% in men and 49% in women. The prevalence of obesity among men with the lowest educational level was 27% and in women 26%. CONCLUSION: The differences in BMI between educational groups have become wider in both genders during 1972-1992.

Aikuiset	Adult
Epidemiologia	Aging
Ikääntyminen	Body Mass Index
Keski-ikäiset	Cardiovascular Diseases
Koulutustaso	Educational Status
Lihavuus	Female
Painoindeksi	Finland
Riskitekijät	Male
Sukupuolitekijät	Middle Age
Sydän- ja verisuonitaudit	Obesity
II	Risk Factors
	Sex Characteristics
	II

223

Pohjolainen P.

Vanhusten sosiaalinen tausta ja liikunnanharrastus (Social background and physical exercise among the elderly). *Stadion* 1975; (4): 136–9

Liikunta	Aged
Sosiaaliset tekijät	Exercise
Terveyskäyttäytyminen	Health Behavior
Vanhukset	Social Factors
II	II

224

Pohjolainen P, Heikkinen E, Lyyra A-L, Helin S, Tyrkkö K.

Socio-economic status, health and life-style in two elderly cohorts in Jyväskylä (Sosioekonominen asema, terveys ja elämäntyyli kahdessa vanhuskohortissa Jyväskylässä).

Scandinavian Journal of Social Medicine. Supplementum 1997; 52: 1–65

Asumistaso	Activities of Daily Living
Eloojääminen	Aged
Elämäntyyli	Epidemiologic Factors
Epidemiologiset tekijät	Female
Ikääntyneet	Finland
Lineaariset mallit	Follow-Up Studies
Seurantatutkimukset	Health Services for the Aged
Sosiaaliluokka	Health Services Accessibility
Terveydentila	Health Status
Terveyspalveluiden saavutettavuus	Life Style
Terveyspalveluiden käyttö	Linear Models
Vanhukset	Male
Päivittäiset toiminnot	Residence Characteristics
I	Social Class
	Survival Rate
	I

225

Poikolainen K.

Risk of alcohol-related hospital admission in men as predicted by marital status and social class (Miten siviilisäätö ja sosiaaliluokka ennustavat miesten riskiä joutua alkoholiin liittyvien syiden vuoksi sairaalaan?).

Journal of Studies on Alcohol 1983; 44(6): 986–95

Alkoholismi	Alcoholism
Avioliitto	Alcohol-Related Hospital
Poistoilmoitustiedot	Admissions Risks
Sairaalahoido	Discharge Data
Sairaalaan joutuminen	Finland
Siviilisäätö	Finnish Males
Sosiaaliluokka	Health Problems
Terveysongelmat	Hospitalization
I	Marital Status
	Marriage
	Social Class
	I

226

Poikolainen K.

Heikentääkö työttömyys terveyttä? (In Finnish with an English abstract) (Does unemployment impair health?).

Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 367–71

Katsaukset	Causal Factors
Syy-yhteydet	Health
Terveys	Reviews
Työttömyys	Unemployment
I	I

227

Poikolainen K, Näyhä S, Hassi J.

Alcohol consumption among male reindeer herders of Lappish and Finnish origin (Suomalaista ja saamelaista alkuperää olevien poromiesten alkoholin kulutus). *Social Science & Medicine* 1992; 35(5): 735–8

Ethnic differences in alcohol intake among male reindeer herders were studied, since historical evidence suggests that Lapps drink more than Finns and since the considerable freedom of the herding occupation may imply a high risk for alcohol problems. In 1988, 2001 men answered a mail questionnaire including questions on alcohol intake over the past 12 months. The mean alcohol intake was 22.3 g/day among the Lapps and 13.2g/day among the Finns (P less than 0.001). The percentage of heavy drinkers (20 g or more daily) was 33.9 among the Lapps and 19.1 among the Finns. The mean frequency of getting drunk was 35 occasions/year among both Lapps and Finns. An analysis of variance showed that alcohol intake was significantly related to age, marital status, region and being of Lappish origin, but not to being a full-time reindeer herder. A significant interaction between region and marital status was also detected. The Lappish reindeer herders drink more than their Finnish counterparts. The ethnic difference is not, however, very large when compared with the stereotypic view of the drunken Lapp.

Alkoholimyrykytys	Adult
Alkoholinkäyttö	Age Factors
Ammatit	Alcohol Drinking
Ammatilliset sairaudet	Alcoholic Intoxication
Avioliitto	Animal
Poromiehet	Finland
II	Male
	Marriage
	Middle Age
	Occupational Diseases
	Occupations
	Questionnaires
	Reindeer
	Scandinavia
	II

228

Prättälä R.

Young people and food: socio-cultural studies of food consumption patterns (Nuoret ja ruoka: sosio-kulttuurisia tutkimuksia ruuankäyttötavoista).

Helsinki, University of Helsinki, Department of Nutrition, 1989

Nuoret	Dissertation, Academic
Ravitsemuskäyttäytyminen	Food Consumption
Ruokatottumukset	Food Habits
Sosiaaliset tekijät	Nutritional Behavior
Väitöskirjat	Social Factors
II	Young People
	II

229

Prättälä R.

Ravinto ja eriarvoisuus (In Finnish with an English abstract) (Food and inequity).

Sosiaalilääketieteellinen Aikakauslehti 1990; 27: 71–8

Eriarvoisuus	Food Habits
Ravinto	Inequity
Ruokatottumukset	Nutrition
Sosioekonominen asema	Socioeconomic Status
II	II

- 230** Prättälä R.
Asbestityöntekijät tupakoinnin lopettajina (Smoking cessation among asbestine workers).
Helsinki, LEL Työeläkekassa, 1993

Altistuminen	Asbestine
Asbesti	Exposure
Keuhkosairaudet	Lung Diseases
Tupakointi	Smoking
IIIb	IIIb

- 231** Prättälä R.
Puun ja kuoren välissä. Metsurit ja kirvesmiehet puhuvat terveellisistä elintavoista
(Between a rock and a hard place – loggers and carpenters talking about healthy
lifestyles).
LEL Työeläkekassan julkaisuja 32:1997. Helsinki, Kansanterveyslaitos, 1998

II
Metsurit
Kirvesmiehet
Elintavat
Terveys

- 232** Prättälä R, Berg M-A, Leino P, Puska P.
Raskas työ – raskaat tavat. Suomalaismiesten elintavat eri ammattiryhmissä 1978–1990
(Lifestyles in different occupational groups among Finnish men in 1978–1990).
LEL Työeläkekassan julkaisuja 20:1992. Helsinki, LEL Työeläkekassa, 1992

Ammattiasema	Blue-Collar Workers
Ammatissa toimiva väestö	Employees
Elintavat	Health Behavior
Terveyskäyttäytyminen	Living Patterns
Toimihenkilöt	Occupational Class
Työntekijät	White-Collar Employees
II	II

- 233** Prättälä R, Berg M-A, Puska P.
Diminishing or increasing contrasts? Social class variation in Finnish food consumption
patterns, 1979–1990 (Vähenevätkö vai kasvavatko erot? Sosiaaliluokkaerot suomalaisissa
ruuankäyttötavoissa, 1979–1990).
European Journal of Clinical Nutrition 1992; 46(4): 279–87

The study examines whether social-class-based food consumption patterns changed in Finland during 1979-1990. The data were compiled by the National Public Health Institute in connection with a programme entitled 'Monitoring Health Behaviour among the Finnish Adult Population'. A questionnaire was sent annually to a random sample of Finns (N = 3400–5100, response rate 68–86%). This study was restricted to respondents 25–54 years old. Social class was defined by level of education (low, middle, high). Trends and variations in consumption patterns were studied by cross-tabulations and by fitting logistic regression models. The results show that the proportions of users of butter, high-fat milk and coffee sugar decreased during the study eriod whereas that of regular users of vegetables increased. Since the mid- 1980s the shift towards 'healthier' food choices has accelerated among men, yet women are consistently more health-oriented.

Social class appears to be a significant determinant of food consumption patterns. Men and women of lower social class follow trends set by upper social classes with a time lag of about ten years. Along with an overall shift towards observance of dietary recommendations, social class differences in Finnish food consumption patterns have diminished, without, however, disappearing altogether.

Koulutustaso	Adult
Logistiset mallit	Attitude to Health
Ruokatottumukset	Educational Status
Sosiaaliluokka	Female
Terveysasenteet	Finland
Terveyskäyttäytyminen	Food Habits
II	Health Behavior
	Logistic Models
	Male
	Middle Age
	Social Class
	Time Factors
	II

234 Prättälä R, Berg M-A, Puska P.

Työntekijä- ja toimihenkilömiesten elintavat 1978–1990 (In Finnish with an English abstract) (Lifestyles of blue-collar and white-collar men in 1978–1990).
 Sosiaalilääketieteellinen Aikakauslehti 1993; 30: 122–33

Elintavat	Blue-Collar Workers
Miehet	Living Patterns
Toimihenkilöt	Male
Työntekijät	White-Collar Employees
II	II

235 Prättälä R, Helminen P.

Finnish meal patterns (Suomalainen ateriointi).
 Bibliotheca Nutritio et Dieta 1990; 45: 80–91

Ateriointitavat	Diet
Energiansaanti	Energy Intake
Ruokalistan suunnittelu	Finland
Ruokapreferenssit	Food Preferences
Ruokavalio	Meal Patterns
Sosiaaliluokka	Menu Planning
Sosioekonomiset tekijät	Social Class
II	Socioeconomic Factors
	II

236 Prättälä R, Karisto A, Berg M-A.

Consistency and variation in unhealthy behaviour among Finnish men, 1982-1990 (Suomalaisten miesten epäterveellisen käyttäytymisen johdonmukaisuus ja vaihtelu 1982–1990).
 Social Science & Medicine 1994; 39(1): 115–22

The aim of the study was to describe four health related lifestyle characteristics—smoking, exercise, alcohol and food consumption—among Finnish men in 1982-1990.

How do unhealthy patterns of behaviour vary according to socio-demographic factors, and do they aggregate or accumulate? The data was compiled in connection with a larger programme entitled 'Monitoring Health Behaviour among the Finnish Adult Population' and conducted by the National Public Health Institute. In the programme a postal questionnaire has been sent annually to a random sample of Finns (N = 5000, resp. rate 70–85%). In this paper, food consumption patterns are described by the use of butter, high-fat milk, coffee sugar and vegetables. The other patterns of behaviour are each measured by one variable. The degree of accumulation is analyzed by comparing the observed and expected (assuming independent occurrence) proportions for simultaneous occurrence of 3–4 unhealthy behaviour patterns. The proportion of men displaying 3–4 unhealthy behaviour patterns has decreased, mostly because of dietary changes. The majority of the men belonged to the intermediate group of 1–2 unhealthy behaviour patterns, and their proportion remained practically unchanged throughout the study period. Unhealthy behaviour was more common in lower educational groups, especially among middle-aged (30–49) and divorced men with a low educational level. Despite the decreasing prevalence of unhealthy behaviour, the degree of accumulation did not change. Accumulation of unhealthy behaviour was much less pronounced among non-smokers than among smokers. This implies that smokers are consistent in their unhealthy behaviour. Smoking might be the gateway to an unhealthy lifestyle in general.

Alkoholinkäyttö	Adult
Elämäntyyli	Age Factors
Ikätekijät	Alcohol Drinking
Koulutustaso	Diet
Liikunta	Diet Surveys
Ruokavalio	Educational Status
Ruokavaliotutkimukset	Exercise
Siviilisäät	Finland
Sosioekonomiset tekijät	Health Behavior
Terveyskäyttäytyminen	Life Style
Tupakointi	Male
II	Marital Status
	Middle Age
	Sampling Studies
	Smoking
	Socioeconomic Factors
	Time Factors
	II

237

Pukkala E.
 Cancer risk by social class and occupation: a survey of 109,000 cancer cases among Finns of working age (Sosiaaliluokka, ammatti ja syöpäriski: tutkimus 109 000 syöpätapauksesta suomalaisilla työikäisillä).
 Basel, Karger, 1995

Syöpä	Cancer Diseases
Tilastot	Dissertation, Academic
Suomi	Epidemiology
Sosioekonominen asema	Socioeconomic Status
Epidemiologia	Statistics
Väitöskirjat	I
I	

- 238** Puska P, Berg M-A, Korhonen HJ, Vartiainen E.
Aikuisten tupakointi Suomessa viime vuosina (Smoking among adults in Finland in the recent years).
Suomen Lääkärilehti 1991; 46(25): 2332–5

Aikuiset	Adult
Tupakointi	Smoking
II	II

- 239** Puska P, Helakorpi S, Prättälä R, Uutela A.
Suomalaisten painokäyrä noususuunnassa – aikuisväestön terveystietäytymisseurannan tuloksia (Finns' weigh curve turning upward – results of the health behaviour survey among adult population).
Suomen Lääkärilehti 1996; 51(30): 3123–8

Aikuiset	Adult
Lihavuus	Health Behavior
Paino	Obesity
Terveystietäytyminen	Weight
II	II

- 240** Puska P, Niemensivu H, Puhakka P, Alhainen L, Koskela K, Moisio S, Viri L.
Results of a one-year worksite and mass media based intervention on health behaviour and chronic disease risk factors (Tuloksia terveystietäytymiseen ja kroonisten sairauksien riskitekijöihin vaikuttamisesta: vuoden kestänyt interventio työpaikoilla ja tiedotusvälineissä).
Scandinavian Journal of Social Medicine 1988; 16(4): 241–50

The North Karelia Worksite Intervention Study was carried out to assess the effectiveness of worksite-based innovative intervention on chronic disease risk factors. The one-year intervention combined use of mass media, worksite opinion leaders, risk assessment and counselling and other health education measures. The study used eight medium sized intervention worksites (IW) and eight matched reference worksites (RW). Of the 715 workers 91% participated in the initial survey, and out of these 89% in the one-year follow-up survey. The proportion of current smokers changed from 39% to 30% (p less than 0.05) at the IWs while no change took place at the RWs (33%). The effect on smoking was confirmed by serum thiocyanate analyses. An additive score of the three main CHD risk factors changed from 3.1 to 2.7 at the IWs and from 3.2 to 3.0 at the RWs (p less than 0.05 for the net change). The results and experiences showed the feasibility of the intervention and significant, although modest, effects on risk factors and health behaviour, notably smoking.

Ammatilliset terveystoimet	Chronic Disease
Krooniset sairaudet	Comparative Study
Ohjelman arviointi	Finland
Riskitekijät	Health Behavior
Televisio	Health Promotion
Terveyden edistäminen	Occupational Health Services
Terveystietäytyminen	Program Evaluation
Vertaileva tutkimus	Risk Factors
IIIb	Television
	IIIb

241

Pötsönen R.

Naiseksi, mieheksi, tietoiseksi. Koululaisten seksuaalinen kokeneisuus, HIV/AIDS-tiedot, -asenteet ja tiedonlähteet (In Finnish with an English abstract) (Growing as a woman, growing as a man, growing as a conscious citizen. Adolescents' sexual experiences, HIV/AIDS knowledge, attitudes and the sources of information). Studies in Sport, Physical Education and Health. Research Series 59. Jyväskylä, University of Jyväskylä, 1998

AIDS	AIDS
Asenteet	Adolescence
HIV	Attitudes
Koululaiset	Contraception
Nuoret	Dissertation, Academic
Seksuaalikäyttäytyminen	Gender
Seksikokemukset	Health Education
Sukupuoli	HIV
Sukupuolielämä	Schoolchildren
Väitöskirjat	Sexual Behavior
II	Sex Life
	Sexual Experiences
	Sources of Information
	II

242

Pötsönen R, Kannas L, Välimaa R.

Teiniseksiä heinäladosta porttikongiin (In Finnish with an English abstract) (The relation of social background to biologic maturation and sexual behavior of Finnish teenagers). In: Shemeikka S, Nissinen A, Eds. Terveyskasvatustutkimuksen vuosikirja 1992. Sosiaali- ja terveysministeriön selvityksiä 1/1993. Helsinki, Valtion painatuskeskus, 1993: 81–98

Biologinen kypsyminen	Adolescence
Nuoret	Biologic Maturation
Seksuaalikäyttäytyminen	Sexual Behavior
Sosiaaliset tekijät	Social Factors
II	Young People
	II

243

Rahkonen O.

Terveystila ja terveyskäyttäytyminen: Sukupuoli ja sosiaaliluokkaerot nuorissa ikäryhmissä (In Finnish with an english abstract) (Health status and health behavior: Gender and social class differences among young people). Tutkimuksia 36/1994. Helsinki, Stakes, 1994

Luokkaerot	Adolescence
Nuoret	Class Differences
Sosiaaliluokka	Dissertation, Academic
Sukupuoli	Finland
Sukupuolierot	Gender
Terveystila	Health
Terveys	Health Behavior
Terveyskäyttäytyminen	Health Status
Väitöskirjat	Questionnaires
II	Sex
	Sex Differences
	Social Class
	II

Rahkonen O, Arber S, Lahelma E.

Health-related social mobility: a comparison of currently employed men and women in Britain and Finland (Terveysteen liittyvä sosiaalinen liikkuvuus: työssäkäyvien miesten ja naisten vertailu Britanniassa ja Suomessa).

Scandinavian Journal of Social Medicine 1997; 25(2): 83–92

Selective health-related social mobility has been suggested as one possible explanation for health inequalities. The aim of this paper is to examine the size and significance of the contribution which health-related social mobility makes to social class differences in health. We do this by examining the association between intergenerational social mobility and health among currently employed men and women in Britain and Finland. We used comparable nationally representative interview surveys from Britain and Finland. The British data is derived from the General Household Survey for 1988 and 1989, and the Finnish data from the 1986 Survey on Living Conditions. Health measures included limiting long-standing illness and self-assessed health as below good. Social mobility was measured comparing the respondent's class of origin (father's occupation) with his/her class of destination (own current occupation). Social structural changes and related social mobility have been more dramatic in Finland than in Britain during the last few decades. Downward mobility has been relatively rare, and mobility has taken place predominantly upwards. In Finland downward mobility from upper non-manual to manual worker was associated with a somewhat higher risk of limiting long-standing illness than expected among men as well as women. However, there was no statistically significant interaction effect on health between the respondent's father's occupational class and his/her own current class. In Britain, neither self-assessed health nor limiting long-standing illness were related to social mobility. Some weak evidence for health-related downward social mobility was found for currently employed Finnish men and women, but not for their British counterparts. Moreover, the evidence is weaker for self-assessed health than for limiting long-standing illness. Where social mobility may have been health-related, it concerns very rare and small groups; therefore health inequalities among the currently employed cannot be explained by intergenerational health-related social mobility.

Iso-Britannia	Adult
Krooniset sairaudet	Chronic Disease
Kulttuurien välinen vertailu	Comparative Study
Logistiset mallit	Cross-Cultural Comparison
Sosiaaliluokka	Disabled Persons
Sosiaalinen liikkuvuus	Female
Suomi	Finland
Terveystila	Great Britain
Työkyvyttömät henkilöt	Health Status
Vertaileva tutkimus	Logistic Models
I	Male
	Middle Age
	Odds Ratio
	Social Class
	Social Mobility
	I

- 245** Rahkonen O, Berg M-A, Puska P.
Koulutusryhmien väliset erot tupakoinnissa 1978–1992 (Smoking differences between educational groups 1978–1992).
Suomen Lääkärilehti 1993; 48(25): 2345–48

Koulutus	Educational Status
Tupakointi	Smoking
II	II

- 246** Rahkonen O, Helakorpi S, Berg M-A, Puska P.
Nuorten aikuisten tupakointi 1978–1993 (Smoking among young adults in 1978–1993).
Suomen Lääkärilehti 1994; 49(1–2): 63–7

Nuoret aikuiset	Smoking
Tupakointi	Young People
II	II

- 247** Rahkonen O, Lahelma E.
Gender, social class and illness among young people (Sukupuoli, sosiaaliluokka ja sairastavuus nuorilla).
Social Science & Medicine 1992; 34(6): 649–56

Gender and social class differences in illness among young people have been a neglected area in research on social inequities in health. It has been assumed that the illness differentials among adults persist throughout their lives. Only recently have social class health differentials among young people become a topic for research. The aim of this study is, first, to examine gender and social class differences in self-reported illness among young Finns; secondly, to determine whether the relationship between social class and limiting long-standing illness is similar among young men and women. In addition to the two main aims, we also examined whether several background variables have any impact on the relationship between class and illness or, directly, on illness. The data were derived from a nationwide Finnish 'Level of Living Survey', which was carried out by the Central Statistical Office of Finland in 1986. This interview material represents the noninstitutional Finnish population aged 15 years old or older. The number of respondents were 12,057, and the response rate was 87%. In the present study we only examined those who were 15–24-year-olds (N = 2238); i.e. 1101 men and 1137 women; the response rates were 91% and 92% respectively. Young women reported a limiting long-standing illness more often than young men. The prevalence of limiting long-standing illness increased with age. Cross-tabulation analyses showed virtually no relationship between social class and limiting long-standing illness. This held true irrespective of the various measures of social class that were used. Controlling the impact of several background variables in the logistic regression analyses did not alter this general result.

Aikuiset	Adolescence
Ammatit	Adult
Asuinolosuhteet	Age Factors
Avoliitto	Chronic Disease
Ikätekijät	Educational Status
Koulutustaso	Employment
Krooniset sairaudet	Female
Köyhyys	Finland
Logistiset mallit	Logistic Models

Nuoret	Male
Sosiaaliluokka	Marriage
Sukupuolitekijät	Occupations
Työ	Poverty
Vallitsevuus	Prevalence
I	Residence Characteristics
	Sex Factors
	Social Class
	I

248 Rahkonen O, Lahelma E.
Elämänkaari ja terveys (Life course and health).
Tampere, Gaudeamus, 1998

Elämänkaari	Health
Terveys	Life Course
I	I

249 Rahkonen O, Lahelma E, Huuhka M.
Past or present? Childhood living conditions and current socioeconomic status as determinants of adult health (Menneisyys vai nykyisyys? Lapsuuden elinolot ja nykyinen sosioekonominen asema aikuisiän terveyden määrittäjinä).
Social Science & Medicine 1997; 44(3): 327–36

The aim was to study the associations of childhood living conditions, together with past and present socioeconomic status, with adult health among Finnish men and women. The data were derived from a nationwide interview Survey on Living Conditions collected by Statistics Finland in 1986. The sample represents the non-institutional Finnish population aged 15 years or older. The number of respondents was 12,057 and the response rate 87%. In this study we analysed 30-year-old and older subjects. Two health indicators were analysed: first, limiting long- standing illness; and second, self-assessed health as “below good”. Four different indicators of childhood living conditions were included: one concerning economic problems, and three concerning family related social problems during childhood. Additionally, the degree of urbanisation of the childhood living area was examined. Past and present socioeconomic status were measured by the status of origin, i.e. the respondent’s father’s and mother’s education, and the status of destination, i.e. the respondent’s own current education. Economic problems during childhood were associated with current health. The association of childhood social problems with health was somewhat weaker and less consistent than that of economic problems. A comparison of the mutual impacts of economic and social problems, respectively, shows that economic problems are stronger and more independent determinants of adult health than social problems. According to multivariate logistic regression analysis, past and, particularly, present socioeconomic status are both important determinants of adult health. Current socioeconomic status showed strongest associations with adult health, but living conditions during upbringing, particularly economic problems and status of origin, were also significant predictors.

Aikuiset	Adolescence
Ikääntyneet	Adult
Krooniset sairaudet	Aged
Lapset	Child
Nuoret	Child, Preschool
Riskitekijät	Chronic Disease
Sosiaalinen ympäristö	Disability Evaluation
Sosioekonomiset tekijät	Female

Terveydentila	Finland
Työkyvyttömyyden arviointi	Health Status
Vastasyntyneet	Infant
I	Male
	Middle Age
	Risk Factors
	Social Environment
	Socioeconomic Factors
	I

- 250** Rahkonen O, Lahelma E, Silventoinen K.
 Terveydentila ja kotitalouden tulot (Health status and household income).
 Suomen Lääkärilehti 1998; 53(8): 843–8

Kotitalous	Income
Terveydentila	Health Status
Tulot	Household
I	I

- 251** Rahkonen O, Lundberg O, Lahelma E, Huuhka M.
 Painoindeksi ja sosiaalinen asema Suomessa ja Ruotsissa (Body Mass Index and social class in Finland and Sweden).
 Suomen Lääkärilehti 1997; 52: 1807–15

Epidemiologia	Body Mass Index
Lihavuus	Comparative Study
Painoindeksi	Epidemiology
Ruotsi	Finland
Sairastavuus	Health Status Indicators
Sosiaaliluokka	Morbidity
Sukupuolijakauma	Obesity
Suomi	Prevalence
Terveydentilaindikaattorit	Sex Distribution
Vallitsevuus	Social Class
Vertaileva tutkimus	Sweden
II	II

- 252** Rahkonen O, Lundberg O, Lahelma E, Huuhka M.
 Body mass and social class: a comparison of Finland and Sweden in the 1990s
 (Suhteellinen paino ja sosiaaliluokka: Suomen ja Ruotsin välinen vertailu 1990-luvulla).
 Journal of Public Health Policy 1998; 19(1): 88–105

High physical weight affects public health as well as people's social relations. This study seeks to examine the distribution of physical weight across the social structure in Finland and Sweden in the early 1990s. We compare physical weight, classified by overweight and obesity, 1) between men and women, 2) between different age groups, and 3) between social classes in these two countries. Comparable interview surveys were conducted in Finland 1994 (N = 8,650, response rate 73%) and in Sweden 1991 (N = 5,306, response rate 79%). Physical weight, overweight and obesity of populations are described in terms of body mass index (BMI = weight (kg)/height (m²)). The average BMI is higher in Finnish men (25.6) and women (24.6) than in their Swedish counterparts (24.6 and 23.2, respectively). In both countries, the average BMI is higher in

men than in women below the age of about 55-64 years. In both countries and in both genders the average BMI is higher, the higher the age. The level of overweight as well as obesity is lower in Sweden than in Finland. Social class differences can be found in both countries. The odds ratio for overweight is higher in Finnish male and female farmers (OR = 1.57 and 1.94, respectively) as compared to upper white collars (OR = 1.0). In Sweden, high odds ratio for overweight can be found among male entrepreneurs (OR = 1.80) and female unskilled manuals (OR = 2.65). Obesity varies by social class in Swedish men and women as well as in Finnish women, but not in Finnish men. The results show that Finnish men and women are more often overweight and obese than their Swedish counterparts, but social class differences in overweight and obesity are larger in Sweden than in Finland.

Epidemiologia	Adult
Lihavuus	Age Distribution
Painoindeksi	Aged
Ruotsi	Body Mass Index
Sairastavuus	Comparative Study
Sosiaaliluokka	Female
Sukupuolijakauma	Finland
Suomi	Health Status Indicators
Terveydentilaindikaattorit	Male
Vallitsevuus	Middle Age
Vertaileva tutkimus	Morbidity
II	Obesity
	Population Surveillance
	Prevalence
	Sex Distribution
	Social Class
	Sweden
	II

253

Rahkonen O, Puska P, Berg M-A.

Relationship between educational status, gender and smoking in Finland, 1978-1992 (Suomalaisten koulutustason ja sukupuolen yhteys tupakointiin 1978-1992). Health Promotion International 1995; 10(2): 115-20

Koulutus	Finland
Sukupuolierot	Gender differences
Tupakointi	Education
II	Factors
	Smoking
	II

254

Rantakallio P.

Social background of mothers who smoke during pregnancy and influence of these factors on the offspring (Äidin raskaudenaikaisen tupakoinnin sosiaaliset taustatekijät ja niiden vaikutus lapseen). Social Science & Medicine 1979; 13A(4): 423-9

Koulutustaso	Birth Weight
Lapset	Child, Preschool
Lapsikuolleisuus	Educational Status
Raskaus	Employment
Sairastavuus	Female
Sosiaaliluokka	Finland

Sosioekonomiset tekijät	Infant
Syntymäpaineo	Infant Mortality
Tupakointi	Infant, Newborn
Työ	Morbidity
Vastasyntyneet	Pregnancy
I	Smoking
	Social Class
	Socioeconomic Factors
	I

255

Rimpelä A, Karvonen S, Rimpelä M, Siivola M.

Nuorten terveystottumusten väestöryhmittäiset erot ja elinolot 1977–1987: toteutuiko terveystoimittinen jakaumataavoite? (In Finnish with an English abstract) (Socio-economic and regional differences in health habits of young people in Finland in 1977–1987 — the attainment of the Health for All by the Year 2000 target “equal distribution of health”). Tutkimukset 1990:1. Helsinki, Lääkintöhallitus, 1990

Elinolot	Adolescence
Nuoret	Health
Sosioekonominen asema	Health Behavior
Terveys	Health Policy
Terveyskäyttäytyminen	Living Conditions
Terveystoimittinen	Population Structure
Tilastot	Socioeconomic Status
Väestörakenne	II
II	

256

Rimpelä A, Rimpelä M, Karvonen S, Ahlström S.

Rauch- und Trinkgewohnheiten der Jugendlichen in Finnland in den Jahren 1977–1987 (Nuorten tupakointi- ja alkoholitottumukset Suomessa 1977–1987) (In German with an English abstract) (Smoking and drinking habits among Finnish youths from 1977 to 1987).

Drogalcohol 1989; 13: 187–200

Alkoholinkäyttö	Adolescence
Nuoret	Alcohol Drinking
Tupakointi	Smoking
II	II

257

Rimpelä M.

Aikuisväestön tupakointitavat Suomessa 1950–1970-luvuilla (In Finnish with English summary) (Adult use of tobacco in Finland in the 1950’s to 1970’s).

Kansanterveystieteen julkaisuja M 40/78. Tampere, Tampereen yliopiston kansanterveystieteen laitos, 1978

Aikuiset	Adult
Tupakointi	Smoking
II	II

258

Rimpelä M.

Tupakoinnin alkaminen (In Finnish with an English abstract) (Incidence of smoking among Finnish youth – a follow up study).

Kansanterveystieteen julkaisuja M 56/80. Tampere, Tampereen yliopiston kansanterveystieteen julkaisuja, 1980

Ilmaantuvuus	Adolescence
Nuoret	Dissertation, Academic
Seurantatutkimukset	Incidence
Tupakointi	Follow-Up Studies
Väitöskirjat	Smoking
II	II

259

Rimpelä M, Eskola A.

Nuorten tupakointitapojen muutokset III (In Finnish with an English abstract) (The follow-up on smoking habits among Finns born in 1958–59 III).

Sosiaalilääketieteellinen Aikakauslehti 1978; 15: 245–61

Nuoret	Adolescence
Seurantatutkimukset	Follow-Up Studies
Tupakointi	Smoking
II	II

260

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1997 -tutkimus. Päähteet ja nuoret Oulun seudulla. Tutkimus peruskoulujen, lukioiden ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä tupakoinnista huhtikuussa 1997 (School Health 1997 Study: Intoxicants and young people in Oulu district. Study on the use of alcohol, drugs and smoking among students in upper level comprehensive school, upper secondary schools and vocational schools in April 1997).

Oulu, 1997

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level
Päähteet	Comprehensive
Tupakointi	Schools
II	Upper Secondary
	Schools
	Vocational Schools
	II

261

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1997 -tutkimus: Koulukokemukset, terveys ja tottumukset Lohjan seudulla. Tutkimus peruskoulujen, lukioiden ja ammattioppilaitosten oppilaiden terveydestä ja hyvinvoinnista huhtikuussa 1997 (School Health 1997 Study: School experiences, health and habits in Lohja district. A study on health and well-being among students in upper level comprehensive school, upper secondary schools and vocational schools, April 1997).

Tutkimus ja kehittäminen A 1. Lohja, Lohjan terveydenhuolto-oppilaitos, 1997

Ammattikoulut	Adolescence
Hyvinvointi	Health
Kouluterveystutkimus	Health Habits
Kouluviihtyvyys	Health Behavior
Lukiot	School Experiences
Nuoret	School Health Study
Opiskelijat	School Satisfaction
Terveys	Students
Terveyskäyttäytyminen	Upper Level Comprehensive Schools
Terveustottumukset	Upper Secondary Schools
II	Vocational Schools
	Well-Being
	II

262

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1997 -tutkimus: Päihteet ja nuoret Kokkolan seudulla. Tutkimus peruskoulujen, lukioiden ja ammatillisten oppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä tupakoinnista huhtikuussa 1997 (School Health 1997 Study: Intoxicants and young people in Kokkola district. Study on the use of alcohol, drugs and smoking among students in upper level comprehensive school, upper secondary schools and vocational schools in April 1997).

Kokkola, Kokkolanseudun terveyskeskus, Kuntayhtymä, 1997

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level Comprehensive Schools
Päihteet	Upper Secondary Schools
Tupakointi	Vocational Schools
II	II

263

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1997 -tutkimus: Päihteet ja nuoret Seinäjoen seudulla. Tutkimus peruskoulujen, lukioiden ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä tupakoinnista huhtikuussa 1997 (School Health 1997 Study: Intoxicants and young people in Seinäjoki district. Study on the use of alcohol, drugs and smoking among students in upper level comprehensive school, upper secondary schools and vocational schools in April 1997).

Seinäjoki, (moniste), 1997

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level Comprehensive Schools
Päihteet	Upper Secondary Schools
Tupakointi	Vocational Schools
II	II

264

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1996: Terveys ja nuoret Pohjois-Karjalassa. Tutkimus peruskoulujen, lukioiden ja ammatillisten oppilaitosten oppilaiden terveydestä, terveysopetuksesta ja terveyspalveluista huhtikuussa 1996 (School Health 1996 Study. Study on health and health education and health services among students in upper level comprehensive school, upper secondary schools and vocational schools in April 1996).

Julkaisut N:o 4/1998. Joensuu, Itä-Suomen lääninhallitus, 1998

Ammattikoulut	Adolescence
Kouluterveystutkimus	Health
Lukiot	Health Behavior
Nuoret	Health Education
Opiskelijat	Health Habits
Peruskoulut	Health Services
Terveys	School Health Study
Terveyskäyttäytyminen	Students
Terveysopetus	Upper Level Comprehensive Schools
Terveyspalvelut	Upper Secondary Schools
Terveustottumukset	Vocational Schools
II	II

265

Rimpelä M, Luopa P, Jokela J.

Kouluterveys 1997 -tutkimus: Päihteet ja nuoret Pirkanmaalla. Tutkimus peruskoulujen, lukioden ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä tupakoinnista huhtikuussa 1997 (School Health 1997 Study: Intoxicants and young people in Pirkanmaa district. Study on the use of alcohol, drugs and smoking among students in upper level comprehensive school, upper secondary schools and vocational schools in April 1997).

Tampere, Tampereen yliopiston terveystieteen laitos, 1998

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level Comprehensive Schools
Tupakointi	Upper Secondary Schools
II	Vocational Schools
	II

266

Rimpelä M, Luopa P, Jokela J.

Kouluterveyskysely Etelä-Savossa 1996 ja 1998: Muutokset nuorten koulukokemuksissa, terveydessä ja päihteiden käytössä (School Health Survey in South Savo 1996 and 1998: Changes in school experiences, health and use of intoxicants among youth).

Mikkeli, Itä-Suomen lääninhallitus, Sosiaali- ja terveysosasto, 1998

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Koulukokemukset	Health
Kouluterveystutkimus	Health Habits
Lukiot	Health Behavior
Nuoret	Intoxicants
Opiskelijat	School Experiences
Päihteet	School Health Study
Terveys	Students
Terveyskäyttäytyminen	Upper Secondary Schools
Terveystottumukset	Vocational Schools
II	II

267

Rimpelä M, Luopa P, Jokela J.

Kouluterveyskysely Imatralla 1998: Koulukokemukset, terveys ja päihteiden käyttö (School Health Survey in Imatra 1998: School experiences, health and use of intoxicants).

Imatra, Imatran kaupunki, 1998

Ammattikoulut	Adolescence
Koulukokemukset	Health
Kouluterveystutkimus	Health Habits
Lukiot	Health Behavior
Nuoret	Intoxicants
Opiskelijat	School Experiences
Päihteet	School Health Study

Terveys	Students
Terveyskäyttäytyminen	Upper Secondary Schools
Terveustottumukset	Vocational Schools
II	II

268

Rimpelä M, Luopa P, Jokela J, Lahti-Koski M, Terho P.

Kouluterveys 1996-tutkimus. Nuorten ruokailutottumukset Turussa. Tutkimus peruskoulun, lukion ja ammattioppilaitosten oppilaiden ruokailutottumuksista huhtikuussa 1996 (School Health 1996 Study: Food habits among youth in Turku. Study on food habits among students in upper level comprehensive school, upper secondary schools and vocational schools, April 1996).

Turun kaupungin terveydenhuollon julkaisuja N:O 4:1997. Turku, Turun kaupunki, 1997

Ammattikoulut	Adolescence
Kouluterveystutkimus	Food Habits
Lukiot	Health
Nuoret	Health Habits
Opiskelijat	Health Behavior
Ruokatottumukset	School Health Study
Terveys	Students
Terveyskäyttäytyminen	Upper Level Comprehensive Schools
Terveustottumukset	Upper Secondary Schools
II	Vocational Schools
	II

269

Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.

Kouluterveys 1996 -tutkimus. Tupakointi, humalajuominen ja huumekeailut Mikkelin läänissä (School Health 1996 Study: smoking, binge-drinking and drug experiences in the county of Mikkeli).

Mikkelin lääninhallituksen julkaisuja Nro 39. Mikkeli, Mikkelin lääninhallitus, 1996

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	School Health Study
Lukiot	Smoking
Nuoret	Students
Opiskelijat	Upper Secondary Schools
Tupakointi	Vocational Schools
II	II

270

Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.

Kouluterveys 1996 -tutkimus: Koulukokemukset, terveys ja terveystottumukset Lahdessa huhtikuussa 1996: Perusraportti (School Health 1996 Study: School experiences, health and health habits in Lahti, April 1996: Primary report).

Lahti, 1996

Ammattikoulut	Adolescence
Kouluterveystutkimus	Health
Lukiot	Health Habits
Nuoret	Health Behavior
Opiskelijat	School Experiences
Terveys	School Health Study
Terveyskäyttäytyminen	Students
Terveustottumukset	Upper Secondary Schools
II	Vocational Schools
	II

271

Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.
 Kouluterveys 1996 -tutkimus: Koulukokemukset, terveys ja terveystottumukset
 Rovaseudulla huhtikuussa 1996: Peruserä (School Health 1996 Study: School
 experiences, health and health habits in the Rova-district, April 1996: Primary report).
 Rovaniemi, (Moniste), 1996

Ammattikoulut	Adolescence
Kouluterveystutkimus	Health
Lukiot	Health Habits
Nuoret	Health Behavior
Opiskelijat	School Experiences
Terveys	School Health Study
Terveyskäyttäytyminen	Students
Terveystottumukset	Upper Secondary Schools
II	Vocational Schools
	II

272

Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.
 Kouluterveys 1996 -tutkimus: Päihteet ja nuoret Tampereella. Tutkimus peruskoulun,
 lukion ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä
 tupakoinnista huhtikuussa 1996 (School Health 1996 Study: Intoxicants and young
 people in Tampere. Study on the use of alcohol, drugs and smoking among students in
 upper level comprehensive school, upper secondary schools and vocational schools in
 April 1996).
 Julkaisut 7/1996. Tampere, Tampereen kaupungin sosiaali- ja terveystoimi,
 Raittiustoimisto, 1996

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level Comprehensive Schools
Päihteet	Upper Secondary Schools
Tupakointi	Vocational Schools
II	II

273

Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.
 Kouluterveys 1996: Koulukokemukset, terveys ja tottumukset Keski-Suomen lukioissa ja
 ammattioppilaitoksissa (School Health 1996: School experiences, health and habits in
 highschools and in vocational schools in Central Finland).
 Julkaisuja 4/1996, Yleissarja. Jyväskylä, Keski-Suomen Läninhallitus, 1996

Ammattikoulut	Adolescence
Kouluterveystutkimus	Habits
Lukiot	Health
Nuoret	Health Behavior
Opiskelijat	School Experiences
Terveys	School Health Study
Terveyskäyttäytyminen	Students
Tottumukset	Upper Secondary Schools
II	Vocational Schools
	II

- 274** Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.
Kouluterveys 1996 -tutkimus: Kouluviihtyvyys, terveys ja terveystottumukset
Helsingissä huhtikuussa 1996 (School Health 1996 Study: Study on school satisfaction,
health and health habits in Helsinki in April 1996).
Helsinki, Helsingin kaupunki, 1997

Ammattikoulut	Adolescence
Kouluterveystutkimus	Health
Lukiot	Health Habits
Nuoret	Health Behavior
Opiskelijat	School Health Study
Terveys	Students
Terveyskäyttäytyminen	Upper Secondary Schools
Terveystottumukset	Vocational Schools
II	II

- 275** Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M.
Kouluterveys 1996 -tutkimus: Päihteet ja nuoret Kainuussa. Tutkimus peruskoulujen,
lukioiden ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä sekä
tupakoinnista huhtikuussa 1996 (School Health 1996 Study: Intoxicants and young
people in Kainuu. Study on the use of alcohol, drugs and smoking among students in
upper level comprehensive school, upper secondary schools and vocational schools in
April 1996).
Terve Kainuu projekti. Kajaani, Kajaanin kaupunki, 1997

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	Intoxicants
Lukiot	School Health Study
Nuoret	Smoking
Opiskelijat	Students
Peruskoulut	Upper Level Comprehensive Schools
Päihteet	Upper Secondary Schools
Tupakointi	Vocational Schools
II	II

- 276** Rimpelä M, Luopa P, Jokela J, Liinamo A, Siivola M, Terho P.
Kouluterveys 1996 -tutkimus: Koulukokemukset, terveys ja terveystottumukset Turussa
huhtikuussa 1996 (School Health 1996 Study: School experiences, health and health
habits in Turku, April 1996).
Turun kaupungin terveydenhuollon julkaisuja N:o 6:1996. Turku, Turun kaupungin
terveysvirasto, 1996

Ammattikoulut	Adolescence
Kouluterveystutkimus	Health
Lukiot	Health Habits
Nuoret	Health Behavior
Opiskelijat	School Experiences
Terveys	School Health Study
Terveyskäyttäytyminen	Students
Terveystottumukset	Upper Secondary Schools
II	Vocational Schools
	II

277

Rimpelä M, Luopa P, Siivola M.

Kouluterveys 1995 -tutkimus: Humalaa ja huumeita Helsingissä. Tutkimus peruskoulun, lukion ja ammattioppilaitosten oppilaiden alkoholin ja huumeiden käytöstä joulukuussa 1995. Perusraportti (School Health 1995 Study: Drunk and Drugs in Helsinki: Study on the use of alcohol and drugs among students in upper level comprehensive school, upper secondary schools and vocational schools in December 1995. Primary report). Helsinki, Helsingin kaupungin sosiaalivirasto, Päihdeasiantuntijatoimisto, 1996

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Kouluterveystutkimus	School Health Study
Lukiot	Students
Nuoret	Upper Level Comprehensive
Opiskelijat	Schools
Peruskoulut	Upper Secondary Schools
II	Vocational Schools
	II

278

Rimpelä M, Luopa P, Siivola M, Jokela J.

Kouluterveys 1996 -tutkimus. Tutkimus Kainuun peruskoulujen, lukioiden ja ammattioppilaitosten oppilaiden kouluviihtyvyydestä, koetusta terveydestä ja hyvinvoinnista, päihde- ja seksuaalikäyttäytymisestä (School Health 1996 Study. Study on school satisfaction, perceived health and well-being, use of intoxicants and sexual behavior among students in upper level comprehensive school, upper secondary schools and vocational schools in Kainuu).

Terve Kainuu projekti. Kajaani, Kajaanin kaupunki, 1996

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use
Hyvinvointi	Intoxicants
Koettu terveys	Perceived Health
Kouluterveystutkimus	School Health Study
Kouluviihtyvyys	School Satisfaction
Lukiot	Sexual Behavior
Nuoret	Students
Opiskelijat	Upper Level Comprehensive Schools
Peruskoulut	Upper Secondary Schools
Päihteet	Vocational Schools
II	Well-Being
	II

279

Rimpelä M, Luopa P, Siivola M, Jokela J, Liinamo A.

Kouluterveys 1996 -tutkimus. Tutkimus Kuopion läänin peruskoulujen, lukioiden ja ammattioppilaitosten oppilaiden kouluviihtyvyydestä, koetusta terveydestä ja hyvinvoinnista, päihde- ja seksuaalikäyttäytymisestä. Huhtikuu 1996 (School Health 1996 Study: School satisfaction, perceived health and well-being, use of intoxicants and sexual behavior among students in upper level comprehensive school, upper secondary schools and vocational schools, April 1996).

Kuopio, Kuopion lääninhallitus, 1996

Alkoholinkäyttö	Adolescence
Ammattikoulut	Alcohol Drinking
Huumeiden käyttö	Drug Use

Hyvinvointi	Health
Kouluterveystutkimus	Health Habits
Kouluviihtyvyys	Health Behavior
Lukiot	Intoxicants
Nuoret	School Experiences
Opiskelijat	School Health Study
Päihteet	School Satisfaction
Seksuaalikäyttäytyminen	Sexual Behavior
Terveys	Students
Terveyskäyttäytyminen	Upper Level Comprehensive Schools
Terveustottumukset	Upper Secondary Schools
II	Vocational Schools
	Well-Being
	II

280

Rimpelä M, Rimpelä A, Ahlström S, Honkala E, Kannas L, Laakso L, Paronen O, Rajala M, Telama R.

Nuorten terveystavat Suomessa. Nuorten terveystapatutkimus 1977–79 (In Finnish with an English abstract) (Health habits among Finnish youth. The juvenile health habit study 1977–79).

Terveyskasvatus, Tutkimukset 4/1983. Helsinki, Lääkintöhallitus, 1983

Nuoret	Adolescence
Terveyskäyttäytyminen	Health Behavior
II	II

281

Riska E, Klaukka T.

Use of psychotropic drugs in Finland (Psykykenlääkkeiden käyttö Suomessa).

Social Science & Medicine 1984; 19(9): 983–9

A nationwide interview study conducted in Finland in 1976 shows that 6% of the adults and 0.2% of the children were using prescribed psychotropic drugs. The proportion of users was 7% among women and 5% among men, a difference smaller than in most studies from other countries. Both women and men used most commonly antianxiety drugs, followed by hypnotics among women and antipsychotics among men. A multivariate analysis showed that the use of psychotropic drugs was significantly (P less than 0.001) related to both chronic illness and psychiatric symptomatology as well as to the number of physician visits, and—among women only—to age. At a slightly less significant level (P less than 0.01) the use was among women related to family income, region and the interaction of age and chronic morbidity, and among men to family income.

Ikätekijät	Adolescence
Lääkehoito	Adult
Mielenterveyshäiriöt	Age Factors
Psykofysiologiset häiriöt	Aged
Psykykenlääkkeet	Drug Therapy
Sosioekonomiset tekijät	Female
Sukupuolitekijät	Finland
II	Male
	Mental Disorders
	Middle Age
	Psychophysiologic Disorders
	Psychotropic Drugs
	Sex Factors
	Socioeconomic Factors
	II

Rissanen AM, Heliövaara M, Knekt P, Reunanen A, Aromaa A.

Determinants of weight gain and overweight in adult Finns (Painonlisäykseen ja ylipainoon vaikuttavat tekijät suomalaisessa aikuisväestössä).
European Journal of Clinical Nutrition 1991; 45(9): 419–30

We studied sociodemographic and behavioural factors as predictors of weight gain in 12,669 adult Finns examined twice with a median interval of 5.7 years. The association of these factors with the prevalence of obesity (body mass index greater than or equal to 30 kg/m²) was also studied in a subsequent cross-sectional survey of 5673 Finns. In uni- and multivariate analyses, the risk of substantial weight gain (greater than or equal to 5 kg/5 years) was greatest for persons with a low level of education, chronic diseases, little physical activity at leisure or heavy alcohol consumption, and for those who got married or quit smoking between the examinations. Parity and energy intake predicted weight gain in women. The prevalence of obesity was inversely associated with the level of education and physical activity, and positively associated with alcohol consumption in men and parity in women. There were no significant differences in the prevalence of obesity by smoking or marital status. The recognition of socioeconomic and behavioural factors as important determinants of weight gain and overweight helps the planning of effective treatment and preventive programmes tailored for subjects at highest risk of obesity.

Alkoholinkäyttö	Adult
Elämäntyyli	Alcohol Drinking
Koulutustaso	Body Mass Index
Krooniset sairaudet	Chronic Disease
Lihavuus	Cross-Sectional Studies
Logistiset mallit	Educational Status
Painoindeksi	Female
Poikkileikkaustutkimukset	Finland
Pitkittäistutkimukset	Health Surveys
Painonlisäys	Leisure Activities
Terveystutkimukset	Life Style
Tupakointi	Logistic Models
Vapaa-ajan toiminta	Longitudinal Studies
II	Male
	Middle Age
	Obesity
	Smoking
	Weight Gain
	II

Roos E.

Social patterning of food behaviour among Finnish men and women (Sosiaaliset erot suomalaisten miesten ja naisten ruokatottumuksissa).
Publications of the National Public Health Institute A, 1998:6. Helsinki, National Public Health Institute, 1998

Eriarvoisuus	Dissertation, Academic
Ravintoarvo	Finland
Ravitsemus	Food Habits
Ravitsemuskäyttäytyminen	Health Behavior
Ruokatottumukset	Inequalities
Sosioekonominen asema	Nutrition
Suomi	Nutritional Behavior
Terveyskäyttäytyminen	Nutritive Value
Vitamiinit	Socioeconomic Status
Väitöskirjat	Vitamins
II	II

Roos E, Kleemola P, Pietinen P.

Tyydyttyneen rasvan lähteet eri väestöryhmien ravinnossa (Sources of saturated fats in the diet of different population groups).

Suomen Lääkärilehti 1995; 50(15): 1735–9

Juusto	Butter
Koulutustaso	Cheese
Lihatuotteet	Diet
Ravinto	Dietary Fats
Ruoka	Educational Status
Ruokavalio	Fats, Saturated
Sosiaaliryhmät	Finland
Sukupuolitekijät	Food
Tyydyttyneet rasvat	Meat Products
Voi	Sex Factors
II	Social Groups
	II

Roos E, Lahelma E, Virtanen M, Prättälä R, Pietinen P.

Gender, socioeconomic status and family status as determinants of food behaviour (Sukupuoli, sosioekonominen asema ja perheasema ruokakäyttäytymisen määrittäjinä).

Social Science & Medicine 1998; 46(12): 1519–29

This study examines social structural and family status factors as determinants of food behaviour. The data were derived from the FINMONICA Risk Factor Survey, collected in Finland in spring 1992. A multidimensional framework of the determinants of food behaviour was used, including social structural position, family status and gender. The associations between the determinants of food behaviour were estimated by multivariate logistic regression models, adjusted for age and regional differences. Food behaviour was measured by an index including six food items which were chosen based on Finnish dietary guidelines. In general, women's food behaviour was more in accordance with the dietary guidelines than that of men. The pattern of association between educational level and food behaviour was similar for both genders, but slightly stronger for men than women. Employment status was associated only with women's food behaviour, but the tendency was the same for men. Marital status was associated with men's as well as women's food behaviour. The food behaviour of married men and women was more in line with the dietary guidelines than the food behaviour of those who had been previously married. Parental status, however, was only associated with women's food behaviour, that is, the food behaviour of women with young children was more closely in line with the dietary guidelines than that of the rest of the women.

Logistiset mallit	Adult
Perheen ominaispiirteet	Chi-Square Distribution
Poikkileikkaustutkimukset	Confidence Intervals
Ravitsemustutkimukset	Cross-Sectional Studies
Ruokatottumukset	Databases, Factual
Ruokavalio	Diet
Sosioekonomiset tekijät	Family Characteristics
Sukupuolitekijät	Female
Terveyskäyttäytyminen	Finland
II	Food Habits
	Health Behavior
	Likelihood Functions
	Logistic Models
	Male
	Middle Age

Nutrition Surveys
Nutritional Requirements
Odds Ratio
Sex Factors
Socioeconomic Factors
II

286

Roos E, Prättälä R, Lahelma E.

Måltidsmönster och arbetslöshet bland män och kvinnor (Miesten ja naisten ateriointitavat ja työttömyys) (Meal patterns and unemployment among men and women).

Näringsforskning 1991; 35(1): 10–4

Ruokatottumukset
Ruokavaliotutkimukset
Työttömyys
II

Diet Surveys
Female
Finland
Food habits
Male
Unemployment
II

287

Roos E, Prättälä R, Lahelma E, Kleemola P, Pietinen P.

Modern and healthy?: socioeconomic differences in the quality of diet (Moderni ja terveellinen?: ruokavalion sosioekonomiset erot).

European Journal of Clinical Nutrition 1996; 50(11): 753–60

OBJECTIVE: The purpose of this study was to describe how nutrient intake and food consumption varied according to education and household income in men and women. The second aim was to find out to what extent the goals of the national dietary guidelines were met in different socioeconomic groups. **DESIGN:** A random dietary survey using a 3 d estimated food record and a self-administered questionnaire. **SETTING:** Individuals from four different regions in Finland in spring 1992. **SUBJECTS:** 870 men and 991 women aged 25–64 y. **MAIN OUTCOME MEASURES:** Food group and nutrient consumption, two saturated fat indices, educational level and household income. **MAIN RESULTS:** Men with a higher educational level had a lower energy intake and women with a higher income a lower intake of carbohydrates. The intake of vitamin C and carotenoids increased with increasing socioeconomic status. Otherwise, no socioeconomic differences in energy intake, densities of fat and saturated fat, macronutrient or fibre were found. Higher socioeconomic groups consumed more cheese, vegetables, fruit and berries and candies and less milk, butter and bread. **CONCLUSIONS:** Higher socioeconomic groups did not follow current national dietary guidelines better than lower socioeconomic groups. Higher socioeconomic groups consumed more of the modern recommended foods, such as vegetables and fruit and berries, but less traditional recommended foods, such as bread and potatoes.

Energiansaanti
Koulutustaso
Ravitsemustaso
Ruokavalio
Ruokavaliotutkimukset
Sukupuolitekiäjät
Tulot
Vertaileva tutkimus
II

Adult
Comparative Study
Diet
Diet Surveys
Educational Status
Energy Intake
Female
Guidelines
Income

Male
Middle Age
Nutritional Status
Questionnaires
Random Allocation
Sex Factors
II

288

Rytkönen H, Prättälä R.

Työ, mies ja ruoka: Kolmen tutkimuksen tuloksia (Work, men and food – results from three studies).

Julkaisut 1995:26. Helsinki, LEL Työeläkekassa, 1995

Ammattiryhmät	Food Habits
Ammatit	Health Behavior
Elämäntyyli	Life Style
Kokoomateokset	Nutrition
Miehet	Nutritional Behavior
Opinnäytteet	Occupational Groups
Ruokailu	Occupations
Ruokatottumukset	Work
Ravinto	Workers
Ravitsemus	Working Conditions
Ravitsemuskäyttäytyminen	Unemployment
Terveyskäyttäytyminen	II
Työ	
Työntekijät	
Työolot	
Työttömyys	
II	

289

Räsänen K, Notkola V, Husman K.

Perceived work conditions and work-related symptoms among employed Finns (Työssäkäyvien suomalaisten koetut työolot ja työperäiset oireet).

Social Science & Medicine 1997; 45(7): 1099–110

The aim of the study was to determine the number and nature of perceived harmful work conditions and perceived work-related symptoms among employed Finns by sex and socioeconomic group. The associations between perceived harmful work conditions and perceived symptoms were also investigated. Knowledge of perceived work-related ill health can serve as a basis for health promotion at work. In a computer-assisted telephone interview of 2744 salaried employees and wage-earners, the respondents were asked about perceived harmful work conditions as well as perceived health complaints, and their relatedness to work. At least one harmful factor at work was reported by 94% of the respondents, and half of them reported more than three such factors. The most commonly occurring harmful factors were increased work pace, mental demand, repetitive movements, and noise. Of the symptoms perceived as work-related, musculoskeletal symptoms were the most common. They were reported by 44% of the respondents, followed by mental symptoms (26%), psychosomatic symptoms (19%), and respiratory or sensory symptoms (15%). Both the reporting of perceived harmful work factors and perceived work-related symptoms varied by socioeconomic group and sex. Perceived work-related musculoskeletal symptoms were associated with perceived ergonomic harmful work factors among both the men and the women, with physical or chemical work factors among the men, and with psychosocial or work organizational factors

among the women. Perceived work-related respiratory symptoms were associated with perceived harmful physical or chemical work factors among both the men and the women, and both groups also reported mental and psychosomatic symptoms in relation to harmful psychosocial or organizational work factors. Among the women psychosomatic symptoms and harmful ergonomic work factors were also related. Perceived harmful factors at work and work-related symptoms are common among the work force. Even though the degree of work-related ill health was related to socioeconomic group, the reporting of particular symptoms indicated the probability of a particular work factor being considered harmful independently of socioeconomic group, although there was some relationship to sex. The implications for occupational health services are evident; employees' work-related symptoms can serve as an indicator of (preventable) perceived problems at work.

Ammatillinen terveys	Adult
Ammatilliset sairaudet	Employment
Sosioekonomiset tekijät	Female
Terveyden edistäminen	Finland
Tuki- ja liikuntaelinsairaudet	Health Promotion
Työ	Human Engineering
I	Male
	Musculoskeletal Diseases
	Occupational Diseases
	Occupational Health
	Socioeconomic Factors
	I

290

Räsänen K, Piirainen H, Notkola V.

Koetun terveyden ja koettujen työn rasitustekijöiden yhteys (Relationship between perceived health and perceived work-related stress factors).

In: Kauppinen, Ed. Työ ja terveys Suomessa. Helsinki, Työterveyslaitos, 1997

Koettu terveys	Health
Stressitekijät	Perceived Health
Terveys	Stress Factors
Työ	Work
I	I

291

Salonen JT.

Keski-ikäisten miesten kuolleisuuden sekä sepelvaltimotautikuolleisuuden ja sen vaaratekijöiden suhde sosiaaliseen taustaan (In Finnish with an English abstract) (Relationship of mortality, coronary heart disease mortality and its risk factors to the socioeconomic background of middle-aged men).

Duodecim 1983; 99(9): 584–92

Avoliitto	Adult
Keski-ikäiset	Coronary Disease
Miehet	Education
Koulutus	Finland
Kuolleisuus	Income
Riskit	Male
Sepelvaltimotauti	Marriage
Sosioekonomiset tekijät	Middle Age
Tulot	Mortality
I	Probability
	Risk
	Socioeconomic Factors
	I

292

Salonen JT, Hämynen H, Heinonen OP.

Impact of a health education program and other factors on stopping smoking after heart attack (Terveyskasvatusohjelman ja muiden tekijöiden vaikutus sydänkohtauksen jälkeiseen tupakoinnin lopettamiseen).

Scandinavian Journal of Social Medicine 1985; 13(3): 103–8

A prospective follow-up study was carried out to investigate the impact of a health education program and other factors related to patient's social background and severity of heart attack on stopping smoking after heart attack. The study consisted of male patients below the age of 65 years, who had suffered a heart attack between April 1 and September 30, 1977, living in two provinces of eastern Finland, North Karelia and Kuopio. Of the patients who smoked before the heart attack, 102 responded to both the 6- and the 12-month follow-up postal survey. Of these 102 patients, 25 stopped smoking within 12 months after the heart attack, while 77 continued to smoke. Continuing smoking was most strongly associated with working and unemployment before heart attack, maximum serum aspartate aminotransferase (GOT) concentration and subjective recovery after the heart attack. The quitting rate among men in the program area was 1.2-fold ($p = 0.012$) compared with the reference area men, after making allowance for the seven most confounding factors in the multivariate analysis. This observation indicates that either the community-based primary program or the secondary prevention program in North Karelia succeeded in dissuading patients from smoking after heart attack.

Elämänlaatu	Adult
Keski-ikäiset	Finland
Potilaan opettaminen	Follow-Up Studies
Prospektiiviset tutkimukset	Male
Seurantatutkimukset	Middle Age
Sydäninfarkti	Myocardial Infarction
Terveyskasvatus	Patient Education
Tupakointi	Prospective Studies
Työttömyys	Quality of Life
IIIa	Smoking
	Statistics
	Unemployment
	IIIa

293

Sarlio-Lähteenkorva S, Lahelma E.

The association of body mass index with social and economic disadvantage in women and men (Painoindeksin yhteys huonoon sosiaaliseen ja taloudelliseen asemaan naisilla ja miehillä).

International Journal of Epidemiology 1999; 28: 445–9

Painoindeksi	Body Mass Index
Sosiaaliset tekijät	Economic Factors
Taloudelliset tekijät	Income
Tulot	Social Factors
I	I

294

Sauli H.

Ammatti ja kuolleisuus 1971–75 (Occupational mortality in 1971–75).

Tutkimuksia 54. Helsinki, Tilastokeskus, 1979

Ammatit	Mortality
Kuolleisuus	Occupations
I	I

295

Seppänen R.

Mitä ruoankäyttötutkimusten perusteella tiedetään sosiaaliryhmien ruoankäytön eroista Suomessa? (What is the information obtained from nutrition surveys on differences between social groups in food habits in Finland?).

In: Tutkimus ja kansanterveys 1980, symposiumiraportti, osa II: Sydän- ja verisuonitutkimus ja ravitsemustutkimus. Julkaisut 1981:4. Helsinki, Suomen Akatemia, 1981: 100–16

Ravitsemustutkimukset	Finland
Ruokatottumukset	Food Habits
Sosiaaliluokka	Nutrition Surveys
II	Social Class
	II

296

Sihto M.

Eriarvoisuus, terveys ja terveyspalvelut (Inequality, health and health services).
Julkaisut 1990:167 (TK-2000-sarja). Helsinki, Lääkintöhallitus, 1990

Eriarvoisuus	Health
Terveydenhuolto	Health Services
Terveys	Inequalities
Terveyspalvelut	Population Groups
Väestöryhmät	II
II	

297

Sihvonen A-P, Kunst AE, Lahelma E, Valkonen T, Mackenbach JP.

Socioeconomic inequalities in health expectancy in Finland and Norway in the late 1980s (Terveiden elinvuosien sosioekonomiset erot Suomessa ja Norjassa 1980-luvun lopulla).
Social Science & Medicine 1998; 47(3): 303–15

Studies on health inequalities have usually focused either on mortality or on morbidity. This concerns national studies as well as international comparisons of health inequalities. This paper seeks to bridge the gap by applying health expectancy as a synthetic overall measure of health. The purpose of the study is to compare socioeconomic inequalities in health expectancy in Finland and Norway in the late 1980s. Additionally, the major methodological issues in the use of health expectancy in the study of health inequalities are identified. Data on mortality by level of education derive from linked national follow-up studies (1986–1990) of population censuses. Data on the prevalence of morbidity by level of education derive from nationally representative surveys of the noninstitutionalised adult population in 1985/87. Persons aged 25–74 years were included. Four measures of morbidity were used: limiting long-standing illness, extremely limiting long-standing illness, functional disabilities and perceived less than good health. The association between mortality/morbidity and level of education in each 5-year age/sex group was determined by a regression-based method. Partial life expectancies and partial health expectancies for ages 25–74 were then calculated by using the mortality quotients and morbidity prevalences predicted by the regression model for those at the top and the bottom of the educational hierarchy in each 5-year age group, using an application of the method first presented by Sullivan. Although various measures of health expectancy were used, the result were consistent. In absolute terms the size of socioeconomic inequalities in health expectancy in Finland and Norway is on the same level. In relative terms, however, the size of inequalities in health expectancy is greater in Norway. If one considers premature mortality to be more severe than any indicator of morbidity, the mortality morbidity mix of the health inequalities is less favourable to Finland, since the size of absolute inequalities in mortality is greater in

Finland. Health expectancy measures provide a promising measure for assessing and comparing the pattern and the size of health inequalities.

Elinajanodote	Adult
Koulutustaso	Aged
Kuolleisuus	Comparative Study
Norja	Educational Status
Regressioanalyysi	Female
Sairastavuus	Finland
Sosiaaliluokka	Health Status Indicators
Suomi	Health Surveys
Terveydentilaindikaattorit	Least-Squares Analysis
Terveystutkimukset	Life Expectancy
Vertaileva tutkimus	Life Tables
I	Male
	Middle Age
	Morbidity
	Mortality
	Norway
	Regression Analysis
	Social Class
	I

298

Silventoinen K, Lahelma E, Rahkonen O.

Pituuden sosiaaliset taustatekijät Suomessa (In Finnish with and English abstract) (The socioeconomic background of body-height in Finland).

Sosiaalilääketieteellinen Aikakauslehti 1997; 34: 268–80

Pituus	Body Height
Sosioekonomiset tekijät	Socioeconomic Factors
I	I

299

Strandberg TE, Salomaa VV, Naukkarinen VA, Vanhanen HT, Sarna SJ, Miettinen TA.

Long-term mortality after 5-year multifactorial primary prevention of cardiovascular diseases in middle-aged men (Keski-ikäisten miesten pitkäaikaiskuolleisuus 5-vuotisen, monitekijäisen sydän- ja verisuonitautien primaariehkäisyksen jälkeen).

Journal of the American Medical Association 1991; 266(9): 1225–9

OBJECTIVE. To investigate the long-term effects of multifactorial primary prevention of cardiovascular diseases (CVD). **DESIGN.** The 5-year randomized, controlled trial was performed between 1974 and 1980. The subjects and their risk factors were reevaluated in 1985. Posttrial mortality follow-up was continued up to December 31, 1989. **SETTING.** Institute of Occupational Health, Helsinki, Finland, and Second Department of Medicine, University of Helsinki. **PARTICIPANTS.** In all, 3490 business executives born during 1919 through 1934 participated in health checkups in the late 1960s. In 1974, 1222 of these men who were clinically healthy, but with CVD risk factors, were entered into the primary prevention trial; 612 were randomized to an intervention and 610 to a control group. **INTERVENTIONS.** During the 5-year trial, the subjects of the intervention group visited the investigators every fourth month. They were treated with intensive dietetic-hygienic measures and frequently with hypolipidemic (mainly clofibrate and/or probucol) and antihypertensive (mainly beta-blockers and/or diuretics) drugs. The control group was not treated by the investigators. **MAIN OUTCOME MEASURES.** Total mortality, cardiac mortality, mortality due to other causes.

RESULTS. Total coronary heart disease risk was reduced by 46% in the intervention group as compared with the control group at end-trial. During 5 posttrial years, the risk factor and medication differences were largely leveled off between the groups. Between 1974 and 1989 the total number of deaths was 67 in the intervention group and 46 in the control group (relative risk [RR], 1.45; 95% confidence interval [CI], 1.01 to 2.08; $P = .048$); there were 34 and 14 cardiac deaths (RR, 2.42; 95% CI, 1.31 to 4.46; $P = .001$), two and four deaths due to other CVD (not significant), 13 and 21 deaths due to cancer (RR, 0.62; 95% CI, 0.31 to 1.22; $P = .15$), and 13 and one deaths due to violence (RR, 13.0; 95% CI, 1.70 to 98.7; $P = .002$), respectively. Multiple logistic regression analysis of treatments in the intervention group did not explain the 15-year excess cardiac mortality. **CONCLUSION.** These unexpected results may not question multifactorial prevention as such but do support the need for research on the selection and interaction(s) of methods used in the primary prevention of cardiovascular diseases.

Keski-ikäiset	Antihypertensive Agents
Miehet	Antilipemic Agents
Riskitekijät	Cardiovascular Diseases
Seurantatutkimukset	Finland
Sydän- ja verisuonitaudit	Follow-Up Studies
IIIb	Male
	Middle Age
	Odds Ratio
	Risk Factors
	Therapeutic Use
	IIIb

300

Strandberg TE, Salomaa VV, Vanhanen HT, Naukkarinen VA, Sarna SJ, Miettinen TA.

Mortality in participants and non-participants of a multifactorial prevention study of cardiovascular diseases: a 28 year follow up of the Helsinki Businessmen Study (Sydän- ja verisuonitautien monitekijäiseen primaariehkäisyyn osallistuneiden sekä verrokkien kuolleisuus: Helsingin Liikemiesten tutkimuksen 28-vuotisseuranta). *British Heart Journal* 1995; 74(4): 449–54

OBJECTIVE—To investigate pretrial risk factors and long term mortality (1964–1992) in participants and non-participants of a multifactorial primary prevention trial. **DESIGN**—A prospective study among 3313 initially healthy businessmen. During the 1960s (1964 onwards), 3490 healthy male business executives born between 1919 and 1934 participated in voluntary health checks at the Institute of Occupational Health in Helsinki. From that period cardiovascular disease (CVD) risk factors were available in 3313 men. In the beginning of the 1970s these men were invited to join a multifactorial primary prevention trial of CVD. Six groups were formed: (I) healthy participants in a high risk intervention group ($n = 612$), and (II) their randomised control group ($n = 610$); (III) a non-participant low risk group ($n = 593$); (IV) an excluded group with signs of CVD ($n = 563$); (V) a refused group ($n = 867$); and (VI) dead ($n = 68$). Groups I and II participated in the five year prevention trial which started in 1974. Other groups were followed up through registers, with no personal contact. **MEASUREMENTS**—Cardiovascular risk factors during the 1960s. Mortality follow up using national registers up to 31 December, 1992. **MAIN RESULTS**—Baseline risk factors were lowest in the low risk group, highest in the excluded group, intermediate and comparable in other groups. Eighteen-year (1974–1992) mortality (per 1000) was 79.3, 106.6, 155.2, 179.9, and 259.3 in the low risk, control, intervention, refused, and excluded groups, respectively ($P 0.001$). In the whole population of 3313 men, the 28-year (1964–1992) total ($n = 577$) and coronary deaths ($n = 199$) were significantly predicted by smoking, blood pressure, and cholesterol; cancer deaths ($n = 163$) by smoking only; and violent

deaths (n = 83) by none of the risk factors. One-hour postload glucose was significantly associated with total mortality in the intervention group only. When the intervention and control groups were included in the same model, the effect of group on total mortality tended to be dependent on the 1 h blood glucose value (P = 0.06 for the group by 1 h glucose interaction term). CONCLUSION—The traditional risk factors (smoking, blood pressure, and cholesterol) are significantly associated with 28-year mortality in thi

Glukoositoleranssi-testi	Adult
Kasvaimet	Cardiovascular Diseases
Keski-ikäiset	Cause of Death
Kolesteroli	Cholesterol/blood
Kuolemansyyt	Finland
Primääriprevenio	Follow-Up Studies
Prospektiiviset tutkimukset	Glucose Tolerance Test
Riskitekijät	Hypertension
Seurantatutkimukset	Male
Sydän- ja verisuonitaudit	Middle Age
Tupakointi	Mortality
Verenpainetauti	Neoplasms
Väkivalta	Primary Prevention
IIIb	Prospective Studies
	Risk Factors
	Smoking
	Violence
	IIIb

301

Ståhlberg MR.

Breast-feeding and social factors (Imetys ja sosiaaliset tekijät).

Acta Paediatrica Scandinavica 1985; 74(1): 36–9

Information about every tenth child aged 14 to 38 months was collected by means of a questionnaire in Turku, Finland in March, 1983. This paper reports on duration of breast-feeding and its relation to social factors. The average duration of breast-feeding was 5.7 months. Length of breast-feeding was unaffected by sex, number of siblings, and birth order among siblings. The socioeconomic status of the father was associated with duration of breast-feeding: children in high status families were breast-fed longer than children in low status families. Mothers with occupations in the health service, education, and the social sector breast-fed longer than mothers in other occupations. Mothers who were working at the time of the study had breast-fed longer than housewives. For further promotion of breast-feeding, information must be made more effective in the lower social groups and among fathers.

Ammatit	Breast Feeding
Imetys	Female
Sosiaaliluokka	Finland
Sosioekonomiset tekijät	Infant
Tupakointi	Infant, Newborn
Vastasyntyneet	Male
II	Occupations
	Smoking
	Social Class
	Socioeconomic Factors
	Time Factors
	II

302

Suominen S.

Perceived health and life control. A theoretical review and empirical study about the connections between health and life control determined according to the strength of the sense of coherence (In English with an Finnish abstract) (Koettu terveys ja elämänhallinta. Teoreettinen katsaus ja empiirinen tutkimus terveyden ja elämänhallinnan yhteydestä määriteltynä koherenssin tunteen vahvuudella). Stakes Research Reports 26/1993. Helsinki, Åbo Akademi, Department of Social Policy, University of Turku, Department of Public Health, 1993

Elämänhallinta	Dissertation, Academic
Koettu terveys	Health
Koherenssin tunne	Life Control
Sosiaaliset tekijät	Perceived Health
Terveys	Sence of Coherence
Väitöskirjat	Social Factors
II	II

303

Suominen S, Helenius H, Blomberg H.

Koherenssin tunne koetun terveydentilan ennustajana (In Finnish with and English abstract) (Sense of coherence as a predictor of subjective state of health). Sosiaalilääketieteellinen Aikakauslehti 1996; 33: 7–15

Koettu terveys	Health
Koherenssin tunne	Perceived Health
Sosiaaliset tekijät	Sence of Coherence
Terveys	Social Factors
I	I

304

Suominen S, Vahtera J, Uutela A.

Elintaso, koherenssin tunne vai ihmissuhteet: mikä ylläpitää tyytyväisyyttä ja terveyttä? (Standard of living, sense of coherence or social relationships: what maintains health and satisfaction?).

In: Ahlqvist K, Ahola A, Eds. Elämän riskit ja valinnat – hyvinvointia lama-Suomessa? Helsinki, Tilastokeskus, 1996: 86–105

Elintaso	Economic Recession
Ihmissuhteet	Health
Koherenssin tunne	Living Standard
Sosiaaliset tekijät	Personal Relationships
Taloudellinen lama	Satisfaction
Terveys	Sence of Coherence
Tyytyväisyys	Social Factors
Hyvinvointi	Welfare
I	I

305

Susitaival P.

Työterveys ja maatalous Suomessa 1992. Tutkimus maatalousyrittäjien työterveyshuollosta, terveydentilasta ja työssä viihtymisestä (In Finnish with an English abstract) (Farming and Occupational Health in Finland in 1992).

Kansaneläkelaitoksen julkaisuja, ML: 133. Helsinki, Kansaneläkelaitos, 1994

Evaluaatio	Agriculture
Maatalous	Evaluation
Sairastavuus	Morbidity
Työhön liittyvät sairaudet	Occupational Health Services
Työterveyshuolto	Work-Related Illnesses
I	I

306

Suurnäkki T, Ilmarinen J, Wagar G, Järvinen E, Landau K.

Municipal employees' cardiovascular diseases and occupational stress factors in Finland (Kuntatyöntekijöiden sydän- ja verisuonitaudit sekä ammatilliset stressitekijät Suomessa).

International Archives of Occupational and Environmental Health 1987; 59(2): 107–14

The occupational stress factors related to specific cardiovascular diseases were studied by a questionnaire mailed to 6213 municipal employees aged 45 to 58 years, (response rate 85%) and by a specific job analysis of certain municipal occupations. The highest prevalences of self-reported chronic hypertension were found among male transport workers (19%), technical supervisors (19%) and auxiliary workers (15%), as well as among female domestic helpers (18%) and auxiliary workers (18%). Among men the prevalence of coronary heart disease varied from 9% for dump workers to 0% for dentists (mean 5%) and among women from 4% for kitchen supervisors to 0% for physicians (mean 3%). In the work profile groups with the highest rates of reported, specific cardiovascular diseases, the stress factors of women's work (domestic help and auxiliary work) were high energy demands, heavy dynamic and static work with high application of strength, poor postures, and uncomfortable climatic conditions. These stress factors were also typical among men doing auxiliary work. Other common stress factors among men included sensory-motor work done alone in static, monotonous sitting postures, exposed to vibration, drafts, and continuous alertness of the senses (transport work) and to processing and organization of information together with time pressure linked to decision-making and the need for accurate sensory perception (technical supervision work).

Ammatilliset sairaudet	Cardiovascular Diseases
Ammatit	Complications
Poikkileikkaustutkimukset	Cross-Sectional Studies
Stressi	Female
Sydän- ja verisuonitaudit	Finland
Verenpaineauti	Hypertension
I	Male
	Middle Age
	Occupational Diseases
	Occupations
	Stress
	I

307

Tala H.

Lasten hammaskaries ja vanhempien sosiaalinen asema sekä tiedot taudin ehkäisystä (In Finnish with an English abstract) (Dental caries of children, their parents' social status and knowledge of the prevention of the disease).

Tutkimuksia 1983:28. Helsinki, Lääkintöhallitus, 1983

Ennaltaehkäisevä hammaslääketiede	Child
Epidemiologia	Dental Caries
Hammaskaries	Dentists
Hammaslääkärit	Dissertation, Academic
Lapset	Epidemiology
Sosiaalinen asema	Physicians
Väitöskirjat	Preventive Dentistry
I	Social Class
	I

308

Tenkanen L, Sjöblom T, Kalimo R, Alikoski T, Härmä M.

Shift work, occupation and coronary heart disease over 6 years of follow-up in the Helsinki Heart Study (Vuorotyö, ammatti ja sydän- ja verisuonitaudit – 6 vuoden seuranta Helsinki Heart Study -tutkimuksessa).

Scandinavian Journal of Work, Environment & Health 1997; 23(4): 257–65

OBJECTIVES: The risk of coronary heart disease (CHD) in shift work and the possible pathways for CHD in industrial workers were studied along with the importance of shift work as an occupational class gradient of CHD risk. METHODS: Data from a psychosocial questionnaire and on life-style factors, blood pressure, and serum lipid levels were used for a follow-up study of a cohort of 1806 workers. CHD was determined from official Finnish registers. Cox's proportional hazards models were used with different covariates to evaluate the relative risks associated with shift work. RESULTS: All the blue-collar workers smoked more and had higher systolic blood pressure than the white-collar workers. Three-shift workers scored low for job-decision latitude on the Karasek job stress scales. There were no differences in the total cholesterol or high-density lipoprotein cholesterol levels. When all the shift workers were compared with all the day workers, the relative risk of CHD was 1.5 [95% confidence interval (95% CI) 1.1–2.1] when only age was adjusted for and 1.4 (95% CI 1.0–1.9) when life-style factors, blood pressure, and serum lipids were also adjusted for. The blue-collar day workers and 2-shift and 3-shift workers had relative risks of 1.3 (95% CI 0.8–2.0), 1.9 (95% CI 1.1–3.4), and 1.7 (95% CI 1.1–2.7), respectively, when compared with the white-collar day workers. CONCLUSIONS: Shift work is an important part of the occupational gradient in CHD risk among industrial workers; some evidence was found for the hypothesis that a direct stress-related mechanism explains part of the increased CHD risk.

Ammatilliset sairaudet	Adult
Elämäntyyli	Blood Pressure
Kliiniset kokeet	Clinical Trials
Rasva-arvot	Coronary Disease
Riskitekijät	Finland
Sepelvaltimotauti	Follow-Up Studies
Seurantatutkimukset	Life Style
Sosioekonomiset tekijät	Lipids
Työaikataulujen toleranssi	Male
Verenpaine	Middle Age
I	Occupational Diseases
	Personnel Staffing and Scheduling
	Risk Factors
	Socioeconomic Factors
	Work Schedule Tolerance
	I

309

Teppo L.

Cancer incidence by living area, social class and occupation (Syövän ilmaantuvuus asuinalueen, sosiaaliluokan ja ammatin mukaan).

Scandinavian Journal of Work, Environment & Health 1984; 10(6 Spec No): 361–6

The variation in the incidence of cancer between geographic areas and socio-economic classes is outlined. In many instances the differences in the incidence can be attributed to differences in life-style factors such as smoking, diet, sexual habits, and the reproductive history of women. The role of smoking as an explanation of the variation in the risk of lung cancer between occupational groups is emphasized.

Ammatilliset sairaudet	Age Factors
Ammatit	Colonic Neoplasms
Ikätekijät	Female
Kasvaimet	Finland
Kaupunkiväestö	Income
Keuhkokasvaimet	Lung Neoplasms
Maaseudun väestö	Male
Norja	Neoplasms
Paksusuolikasvaimet	Norway
Riskit	Occupational Diseases
Sosiaaliluokka	Occupations
Sosioekonomiset tekijät	Risk
Sukupuolitekijät	Rural Population
Tulot	Sex Factors
I	Social Class
	Socioeconomic Factors
	Urban Population
	I

310

Tuomikoski H.

Hyvinvointivaltion huono-osaiset (Social exclusion in welfare state).

In: Sosiaaliset riskit, tutkimus ja päätöksenteko. Kansaneläkelaitoksen julkaisuja

1989:137. Helsinki, Kansaneläkelaitoksen sosiaaliturvan tutkimuslaitos, 1989: 50–79

Huono-osaisuus	Morbidity
Hyvinvointivaltio	Poverty
Köyhyys	Social Exclusion
Sairastavuus	Social Problems
Sosiaalinen asema	Social State
Sosiaaliset ongelmat	Social Status
Sosiaalivaltio	Unemployment
Syrjäytyminen	Welfare State
Työttömyys	I
I	

- 311** Tuomilehto J, Puska P, Virtamo J, Neittaanmäki L, Koskela K.
Coronary risk factors and socioeconomic status in Eastern Finland (Sepelvaltimotaudin riskitekijät ja sosioekonominen asema Itä-Suomessa).
Preventive Medicine 1978; 7(4): 539–49

Ikätekijät	Adult
Kolesteroli	Age Factors
Riskit	Blood Pressure
Sepelvaltimotauti	Cholesterol/blood
Sosioekonomiset tekijät	Coronary Disease
Sukupuolitekijät	Female
Terveystutkimukset	Finland
Tupakointi	Health Surveys
Verenpaine	Male
II	Middle Age
	Risk
	Sex Factors
	Smoking
	Socioeconomic Factors
	II

- 312** Tynjälä J.
Suomalaisten nuorten lepotottumukset ja univaikeudet sekä koulutusorientaatio (In Finnish with an English abstract) (Sleeping habits, sleep difficulties and educational expectations among Finnish school children).
In: Shemeikka S, Nissinen A, Eds. Terveyskasvatustutkimuksen vuosikirja 1992.
Sosiaali- ja terveysministeriön selvityksiä 1/1993. Helsinki, Valtion painatuskeskus, 1993: 99–113

Koulutusorientaatio	Adolescence
Lepotottumukset	Educational Expectations
Nuoret	Sleeping Difficulties
Univaikeudet	Sleeping Habits
II	II

- 313** Tynjälä J, Kannas L.
Sleeping habits of Finnish school children by sociodemographic background (Suomalaisten koululaisten lepotottumukset sosiodemografisten tekijöiden mukaan).
Health Promotion International 1993; 8(4): 281–9

Lepotottumukset	Adolescence
Nuoret	Health Promotion
Sosiodemografiset tekijät	Sleeping Habits
Terveyskasvatus	Sociodemographic Background
II	II

- 314** Uutela A.
 Terveyden psykososiaaliset resurssit ja sosioekonomiset terveyserot (In Finnish with an English abstract) (Psychosocial resources of health and socioeconomic health inequalities).
 Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 357–62
- | | |
|-----------------------|-----------------------|
| Psykologiset tekijät | Health |
| Sosiaaliset tekijät | Health Inequalities |
| Teveyden eriarvoisuus | Psychological Factors |
| Terveys | Social Factors |
| I | I |
- 315** Uutela A, Pekkanen J, Kaartovaara L, Tuomilehto J, Nissinen A.
 Koulutusryhmittäiset sydän- ja verisuonitautien riskitekijämuutokset itäsuomalaisilla naisilla vuosina 1972–1987 (In Finnish with an English abstract) (Level of education and cardiovascular risk factors in middle aged Finnish women 1972–1987).
 Sosiaalilääketieteellinen Aikakauslehti 1990; 27: 363–70
- | | |
|---------------------------|-------------------------|
| Koulutustaso | Cardiovascular Diseases |
| Naiset | Educational Status |
| Riskitekijät | Female |
| Sydän- ja verisuonitaudit | Risk Factors |
| II | II |
- 316** Vahtera J, Pentti J.
 Voimavarat, terveys ja työelämän murros (Resources, health and transition of working life).
 Työ ja ihminen, Tutkimusraportti 7. Helsinki, Työterveyslaitos, 1995
- | | |
|-------------|--------------|
| Murrosvaihe | Health |
| Resurssit | Resources |
| Terveys | Transition |
| Työelämä | Working Life |
| | IV |
- 317** Vahtera J, Pentti J.
 Uhkia vai mahdollisuuksia? Psykososiaalisten työolojen kehitys 1990-luvun alkupuolella (Threats or possibilities? The changes of psychosocial working conditions in the early 1990s).
 Helsinki, Työterveyslaitos, Työsuojeluhallinto, 1997
- | | |
|--------------------------|----------------------|
| Psykososiaaliset tekijät | Psychosocial Factors |
| Työolot | Working Conditions |
| II | II |

318

Vahtera J, Soini S.

Psykososiaaliset voimavarat ja tasa-arvo työssä (Psychosocial resources and equity in work).

Työpoliittinen tutkimus Nro 84. Helsinki, Työministeriö, 1994

Ammatit	Equity
Ammattiasema	Health
Psykososiaaliset tekijät	Occupational Class
Sosiaalinen tuki	Occupations
Terveys	Psychosocial Factors
Toiminta	Resources
Työnhallinta	Social Support
Työn vaatimukset	Work
Voimavara	II
II	

319

Vahtera J, Virtanen P, Kivimäki M, Pentti J.

Workplace as an origin of health inequalities (Työpaikka terveyden eriarvoisuuden aiheuttajana).

Journal of Epidemiology and Community Health 1999; 53: 399–407

Terveyden eriarvoisuus	Health
Terveys	Health Inequalities
Työpaikka	Workplace
I	I

320

Valkonen T.

Psychosocial stress and sociodemographic differentials in mortality from ischaemic heart disease in Finland (Psykososiaalinen stressi ja sosiodemografiset erot sepelvaltimotautikuolleisuudessa Suomessa).

Acta Medica Scandinavica. Supplementum 1982; 660: 152–64

This report describes differences in mortality from ischaemic heart disease (IHD) and other selected causes of death according to region, marital status, language group (Finnish vs Swedish), social group and rural-urban divisions in Finland. The data include all deaths in Finland during 1971–75 in the cohorts of men aged 35–64 and women aged 35–74 on January 1st 1971 (33,862 IHD deaths). The sociodemographic characteristics of the deceased were obtained through computerized linkage from the records of the 1970 census by means of personal identification codes. IHD mortality was found to be higher than average in Eastern Finland, in the Finnish speaking population and in lower social groups. There was a higher mortality in non-married than in married categories among men, but among women the differences were smaller. The findings are discussed in the light of differences in stressrelated mortality.

Perheen ominaispiirteet	Adult
Sepelvaltimotauti	Aged
Sosioekonomiset tekijät	Coronary Disease
Stressi	Demography
I	Family Characteristics
	Female
	Finland
	Male
	Middle Age
	Psychological Stress
	Socioeconomic Factors
	Stress
	I

- 321** Valkonen T.
Sociodemographic mortality differentials among middle-aged men and problems in accounting for them (Keski-ikäisten miesten sosiodemografiset kuolleisuuserot ja niiden selittämiseen liittyviä ongelmia).
Working papers n:o 25. Helsinki, Helsingin yliopiston sosiologian laitos, 1982
- | | |
|---------------------------|--------------------------|
| Eriarvoisuus | Inequalities |
| Keski-ikäiset | Men |
| Kuolleisuus | Middle Age |
| Miehet | Mortality |
| Sosiodemografiset tekijät | Sociodemographic Factors |
| I | I |
- 322** Valkonen T.
Socioeconomic mortality differentials in Finland (Sosioekonomiset kuolleisuuserot Suomessa).
In: Hälsa för alla i Norden år 2000. Rapport NHV 1983:1. Göteborg, Nordiska hälsovårdshögskola, 1983: 81–95
- | | |
|-----------------------|-------------------------|
| Eriarvoisuus | Health |
| Kuolleisuus | Inequalities |
| Kuolleisuuserot | Mortality |
| Sosioekonominen asema | Mortality Differentials |
| Terveys | Socioeconomic Status |
| I | I |
- 323** Valkonen T.
Social inequality in the face of death (Eriarvoisuus kuoleman edessä).
European Population Conference, Plenaries, Helsinki 1987. Tilastokeskus.
- | | |
|--------------------------|---------------------|
| Eriarvoisuus | Death |
| Kuolema | Inequalities |
| Sosiaalinen eriarvoisuus | Social inequalities |
| I | I |
- 324** Valkonen T.
Adult mortality and level of education: a comparison of six countries (Aikuisten kuolleisuus ja koulutustaso: kuuden maan vertailu).
In: Fox J, Ed. Health Inequalities in European countries. Aldershot, 1989: 142–72
- | | |
|------------------------|---------------------|
| Aikuiset | Adult |
| Eriarvoisuus | Educational Status |
| Koulutustaso | Health |
| Kuolleisuus | Health Inequalities |
| Terveyden eriarvoisuus | Inequalities |
| Terveys | Mortality |
| I | I |

- 325** Valkonen T.
Trends in regional and socio-economic mortality differentials in Finland (Alueellisten ja sosioekonomisten kuolleisuuserojen muutokset Suomessa).
International Journal of Health Sciences 1992; 3(3/4): 157–66
- | | |
|-------------------------|-------------------------|
| Alueelliset tekijät | Inequalities |
| Eriarvoisuus | Mortality |
| Kuolleisuus | Mortality Differentials |
| Kuolleisuuserot | Regional Factors |
| Sosioekonomiset tekijät | Socioeconomic Factors |
| I | I |
- 326** Valkonen T.
The Hofstee lecture: Socioeconomic Mortality Differences in Europe (Hofstee luento: Sosioekonomiset kuolleisuuserot Euroopassa).
NIDI Hofstee Lecture Series 1. Hague, NIDI, 1993
- | | |
|-------------------------|-------------------------|
| Kuolleisuus | |
| Kuolleisuuserot | Mortality |
| Sosioekonomiset tekijät | Mortality Differentials |
| I | Socioeconomic Factors |
| | I |
- 327** Valkonen T.
Problems in the measurement and international comparisons of socioeconomic differences in mortality (Sosioekonomisten kuolleisuuserojen mittaamisen ja kansainvälisten vertailujen ongelmia).
Social Science & Medicine 1993; 36(4): 409–18
- The opportunities for research of socio-economic differences in mortality are best in countries where a system of personal identification numbers makes the computerised linkage of census and death records possible. The first part of this study is an example of the use of such linked records. It presents results on the development of mortality differences by level of education and occupational class in Finland in the period 1971–1985. Socio-economic mortality differences among middle-aged and elderly men increased in Finland during the study period. The increase was mainly due to the rapid decline of mortality from cardiovascular diseases among upper white-collar employees and men with more than secondary education. Relative socio-economic mortality differences were smaller among women than among men and remained unchanged in 1971–1985. The second part of the article discusses the problems in international comparisons of socio-economic mortality differences and summaries results from two comparative studies. The results are inconsistent: differences by level of education among men were found to be similar in six countries included in the comparison, whereas marked variation was found in the ratios of the mortality of manual workers to the mortality of non-manual workers.
- | | |
|------------------------------|---------------------------|
| Epidemiologiset menetelmät | Adolescence |
| Koulutustaso | Adult |
| Kuolleisuus | Aged |
| Kulttuurien välinen vertailu | Bias |
| Sosioekonomiset tekijät | Child |
| Vertaileva tutkimus | Comparative Study |
| I | Cross-Cultural Comparison |
| | Educational Status |
| | Epidemiologic Methods |
| | Finland |
| | Male |

Middle Age
Mortality
Research Design
Socioeconomic Factors
I

- 328** Valkonen T.
Trends and inequalities in mortality (Kuolleisuuden muutokset ja eriarvoisuus).
In: Hansen EJ, et al., Eds. Welfare Trends in the Scandinavian Countries. Armonk N.Y.,
M.E. Sharpe, 1993: 305–19

Eriarvoisuus	Inequalities
Hyvinvointi	Mortality
Kuolleisuus	Welfare
I	I

- 329** Valkonen T.
Sosioekonomiset terveyserot Suomessa ja niiden selittämisen ongelmia (In Finnish with
an English abstract) (Socioeconomic differences in health in Finland and problems in
explaining them).
Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 311–20

Ammattiasema	Health
Elinajanodote	Health Inequalities
Kuolleisuus	Life Expectancy
Sairastavuus	Morbidity
Sosioekonominen asema	Mortality
Terveyden eriarvoisuus	Occupational Class
Terveys	Socioeconomic Status
I	I

- 330** Valkonen T.
Eriarvoisuus kuoleman edessä (Social inequality in the face of death).
Duodecim 1998; 114: 1295–6

Eriarvoisuus	Death
Kuolema	Inequalities
Sosiaalinen eriarvoisuus	Social inequalities
I	I

- 331** Valkonen T.
The widening differentials in adult mortality by socio-economic status and their causes
(Aikuisten sosioekonomisten kuolleisuuserojen kasvun ja sen syyt).
In: Chamie J, Cliquet RL, Eds. Health and Mortality. Proceedings of the symposium on
Health and Mortality, Brussels, 19–22 November 1997. Leuven, Population Division,
Department of Economics and Social Affairs, United Nations Secretariat and Population
and Family Study Centre, Flemish Scientific Institute, 1999: 291–312

Aikuiset	Adult
Eriarvoisuus	Inequalities
Kuolleisuus	Mortality
Sosioekonominen asema	Socioeconomic Status
I	I

- 332** Valkonen T, Martelin T.
Occupational class and suicide: an example of the elaboration of a relationship (Sosiaaliryhmä ja itsemurha: esimerkki keskinäisen yhteyden elaboroinnista).
Tutkimuksia no. 222. Helsinki, Helsingin yliopiston sosiologian laitos, 1988
- | | |
|-----------------------|-------------------------|
| Ammattiasema | Elaboration |
| Itsemurhat | Log-Linear Models |
| Kuolleisuuserot | Mortality Differentials |
| Loglineaariset mallit | Occupational Class |
| I | Suicide |
| | I |
- 333** Valkonen T, Martelin T, Rimpelä A.
Eriarvoisuus kuoleman edessä: Sosioekonomiset kuolleisuuserot Suomessa 1971–85 (Social inequality in the face of death. Socioeconomic mortality differences in Finland 1971–85).
Tutkimuksia 1990:172. Helsinki, Tilastokeskus, 1990
- | | |
|-----------------------|----------------------|
| Kuolleisuus | Mortality |
| Sosioekonominen asema | Socioeconomic Status |
| Tilastot | Statistics |
| I | I |
- 334** Valkonen T, Martelin T, Rimpelä A, Notkola V, Savela S.
Sosioekonomiset kuolleisuuserot 1981–90 (Socioeconomic mortality differences in Finland 1981–90).
Väestö 1992:8. Helsinki, Tilastokeskus, 1992
- | | |
|-----------------------|-------------------------|
| Eriarvoisuus | Cause of Death |
| Kuolemansyyt | Health |
| Sosioekonominen asema | Inequalities |
| Terveys | Mortality |
| Tilastot | Mortality Differentials |
| I | Socioeconomic Status |
| | Statistics |
| | I |
- 335** Valkonen T, Martelin T, Rimpelä A, Notkola V, Savela S.
Socio-economic mortality differences in Finland 1981–90 (Sosioekonomiset kuolleisuuserot Suomessa 1981-90).
Population 1993, 1. Helsinki, Statistics Finland, 1993
- | | |
|-------------------------|-------------------------|
| Kuolleisuus | Mortality |
| Kuolleisuuserot | Mortality Differentials |
| Sosioekonomiset tekijät | Socioeconomic Factors |
| I | I |

336

Valkonen T, Martikainen P.

The association between unemployment and mortality: causation or selection

(Työttömyyden ja kuolleisuuden yhteys: syy-yhteys vai valikoituminen).

In: Lopez A, Caselli G, Valkonen T, Eds. *Adult Mortality in Developed Countries: From Description to Explanation*. Oxford, Clarendon Press, 1995: 201–22

Eriarvoisuus	Causality
Kuolleisuus	Explanation
Selittäminen	Inequalities
Syy-yhteydet	Mortality
Työttömyys	Selection
Valikoituminen	Unemployment
I	I

337

Valkonen T, Sihvonen A-P, Lahelma E.

Disability-free life expectancy by level of education in Finland (Työkykyiset elinvuodet koulutustason mukaan Suomessa).

In: Mathers C, McCallum J, Robine J-M, Eds. *Advances in Health Expectancies*. Canberra, Australian Institute of Health and Welfare, 1994: 160–8

Koulutustaso	Disability
Terveen elinajan odote	Educational Status
Terveys	Health
Työkyvyttömyys	Health Expectancy
I	I

338

Valkonen T, Sihvonen A-P, Lahelma E.

Health expectancy by level of education in Finland (Terveet elinvuodet koulutustason mukaan Suomessa).

Social Science & Medicine 1997; 44(6): 801–8

Using the method first presented by Sullivan, the article presents results on health expectancy by level of education and gender in the late 1980s in Finland. The life tables by level of education cover the years 1986–90. Indicators of disability and poor health were based on three variables from the nationwide 1986 Survey on Living Conditions (N = 12,057): limiting long-standing illness, functional disability or poor self-perceived health. Two cutting points indicating different levels of severity of disability or poor health were used for each measure, giving six dichotomous indicators. Disability-free life expectancy and life expectancy with disability were found to depend strongly on the indicator of disability, but the patterns of differences both between genders and between educational categories were largely independent of the indicators used. Life expectancy as well as disability-free life expectancy showed a systematic relationship with level of education: the higher the level of education, the higher the life expectancy and disability-free life expectancy. The differences between educational categories in disability-free life expectancy were markedly larger than in total life expectancy. Life expectancy with disability was shortest among the more educated and longest among the less educated. Due to the higher life expectancy and the higher prevalence of disability among women, life expectancy with disability was longer among women than men according to all indicators.

Elinajanodote	Adult
Koulutustaso	Cross-Sectional Studies
Poikkileikkaustutkimukset	Disabled Persons

Sosioekonomiset tekijät	Educational Status
Terveydentila	Female
Terveys	Finland
Työkyvyttömät henkilöt	Health Status
I	Life Expectancy
	Male
	Socioeconomic Factors
	I

339

Vartiainen E, Pekkanen J, Koskinen S, Jousilahti P, Salomaa VV, Puska P.

Do changes in cardiovascular risk factors explain the increasing socioeconomic difference in mortality from ischaemic heart disease in Finland (Selittävätkö muutokset sydän- ja verisuonitautien riskitekijöissä sepelvaltimotautikuolleisuuden sosioekonomisten erojen kasvun Suomessa).

Journal of Epidemiology and Community Health 1998; 52: 416–9

Kuolleisuus	Cardiovascular Diseases
Riskitekijät	Cardiovascular Risk Factors
Sepelvaltimotauti	Ischaemic Heart Diseases
Sosioekonomiset tekijät	Mortality
Sydän- ja verisuonitaudit	Risk Factors
Sydän- ja verisuonitautien riskitekijät	Socioeconomic Factors
I	I

340

Verronen P.

Breast feeding of low birthweight infants (Pienipainoisten vastasyntyneiden imetys). Acta Paediatrica Scandinavica 1985; 74(4): 495–9

The incidence and length of breast feeding of LBW (less than or equal to 2500 grams) infants were investigated. A marked increase from 1979 to 1982 was noted: the incidence rose from 78% to 91% and the proportion of infants breast fed for 3 months rose from 54% to 67%. A breast feeding promotion programme did not influence the length of breast feeding of LBW infants within one year of the intervention. Smaller infants, those with RDS and those from lower social classes were breast fed less than others.

	Breast Feeding
Imetys	Female
Pienipainoiset vastasyntyneet	Finland
Raskaus	Infant
Sosiaaliluokka	Infant, Low Birth Weight
Vastasyntyneet	Infant, Newborn
Äidin ikä	Maternal Age
IIIa	Pregnancy
	Social Class
	Time Factors
	IIIa

Viikari J, Åkerblom HK, Räsänen L, Kalavainen M, Pietarinen O.

Cardiovascular risk in young Finns. Experiences from the Finnish Multicentre Study regarding the prevention of coronary heart disease (Sydän- ja verisuonitautien riski suomalaisilla nuorilla. Kokemuksia sepelvaltimotautien ennalta ehkäisyä koskevasta suomalaisesta monikeskustutkimuksesta).

Acta Paediatrica Scandinavica. Supplementum 1990; 365: 13–9

A large multicentre study of coronary heart disease risk factors and their determinants in children and adolescents was planned in the late 1970s. The main cross-sectional study with 3,596 subjects was made in 1980, and two follow-up studies have been carried out, in 1983 and 1986, respectively. In addition, a study with 630 newborns was carried out in 1981, and a series of children aged 1 to 36 months was collected in 1981-1982. Cord blood, serum cholesterol was about 1.5 mmol/l, which is no different from the level found in other studies. The diet of mothers had no effect on the cholesterol values of the newborns. The cholesterol level of infants and small children was correlated with the amount and quality of fat eaten. The dietary habits of the family were correlated with the family's standard of education, which calls for intervention measures already in early childhood. Serum cholesterol levels have decreased in Finnish children during the 1980s by about 1% per year, which should be reflected in coronary heart disease morbidity and mortality in the future.

Koulutustaso	Adolescence
Lapset	Breast Feeding
Nuoret	Child
Poikkileikkaustutkimukset	Child, Preschool
Rintaruokinta	Coronary Disease
Riskitekijät	Cross-Sectional Studies
Ruokavalion rasvat	Diet Surveys
Ruokavaliotutkimukset	Dietary Fats
Sepelvaltimotauti	Educational Status
Sikiöveri	Female
Sosioekonomiset tekijät	Fetal Blood
II	Finland
	Infant
	Infant, Newborn
	Lipids
	Male
	Multicenter Studies
	Risk Factors
	Socioeconomic Factors
	II

Viinamäki H, Koskela K, Niskanen L.

The impact of unemployment on psychosomatic symptoms and mental well-being (Työttömyyden vaikutus psykosomaattisiin oireisiin ja psyykkiseen hyvinvointiin).

International Journal of Social Psychiatry 1993; 39(4): 266–73

Hyvinvointi	Factories
Mielenterveys	Finland
Psykologinen stressi	Inventory
Psykosomaattiset oireet	Mental Health
Puuteollisuusyritykset	Psychological Stress
Tehtaat	Psychosomatic Symptoms/
Työntekijät	mental well-being
Työttömyys	Questionnaire Data
I	Unemployment

343

Wilson TW, Kaplan GA, Kauhanen J, Cohen RD, Wu M, Salonen R, Salonen JT.
Association between plasma fibrinogen concentration and five socioeconomic indices in
the Kuopio Ischemic Heart Disease Risk Factor Study (Plasman fibrinogeenin pitoisuus
ja viisi sosioekonomista indeksiä Kuopion sepelvaltimotaudin riskitekijätutkimuksessa).
American Journal of Epidemiology 1993; 137(3): 292–300

The association between five socioeconomic indices (lifetime occupation, education, income, ownership of material possessions, and childhood socioeconomic status) and plasma fibrinogen levels was investigated in middle-aged Finnish men who were part of the Kuopio Ischemic Heart Disease Risk Factor Study. The Kuopio Ischemic Heart Disease Risk Factor Study is based on a representative age-stratified sample of 2,682 men aged 42, 48, 54, and 60 years. The data were collected between 1984 and 1989. The present analysis is restricted to the 2,011 men for whom information on fibrinogen and all covariates was available. The covariates were alcohol consumption, body mass index, physical fitness, smoking, coffee consumption, high density lipoprotein cholesterol, low density lipoprotein cholesterol, blood leukocyte count, and prevalent disease (at least one sign of ischemic heart disease, hypertension, diabetes, or previous stroke). An age-adjusted inverse association was found between levels of plasma fibrinogen and four of the five socioeconomic indices: current income, education, lifetime occupation status, and current material possessions. After adjustment for the covariates, the association persisted for education, current income, and lifetime occupation. Analysis of the joint effect of childhood and adult socioeconomic status indicated that those who were economically disadvantaged at both times had the highest fibrinogen levels, but the fibrinogen levels of those who were not poor as adults had no variation by childhood socioeconomic status.

Alkoholinkäyttö
Ammatit
Fibrinogeeni-analyysi
Fyysinen kunto
Koulutustaso
Leukosyytit
Liitännäissairaudet
Lipoproteiinit
Painoindeksi
Pitkittäistutkimukset
Regressioanalyysi
Riskitekijät
Sosioekonomiset tekijät
Sydänlihaksen iskemia
Tulot
Tupakointi
Vallitsevuus
II

Adult
Adverse Effects
Alcohol Drinking
Body Mass Index
Coffee
Comorbidity
Educational Status
Fibrinogen
Finland
Income
Leukocyte Count
Lipoproteins, HDL Cholesterol/blood
Lipoproteins, LDL Cholesterol/blood
Longitudinal Studies
Male
Middle Age
Myocardial Ischemia
Occupations
Physical Fitness
Prevalence
Regression Analysis
Risk Factors
Smoking
Socioeconomic Factors
II

Vinni K.

The utilization of general hospitals by occupational groups in Finland (Ammattiryhmittäinen yleissairaalapalveluiden käyttö Suomessa). *Social Science & Medicine* 1982; 16(8): 863–9

The utilization of general hospitals in Finland in 1974 was studied according to occupational groups. The material was based on two registers; the register of hospital utilization kept by the National Board of Health and the register for the Population and Housing Census prepared by the Central Statistical Office in Finland. The differences in hospital utilization do not depend only on differences in morbidity; hospital utilization is also associated with the availability of services and with the illness behaviour of the people—factors which also differ from occupational group to occupational group. The utilization of hospital services was quantified by recording the number of patients discharged from hospitals. The highest age-standardized utilization by males was found in industry (186/1000 population), being 1.6 times greater than in administration, 1.4 times greater than in agriculture, 1.3 times greater than in transport and services and 1.1 times greater than in sales. The greatest utilization by females was found in sales (262/1000 population and in industry (239/1000 population), being 1.3 times greater in sales than in administration. Differences between occupational groups were generally smaller than among males. The utilization of hospital services was compared with mortality in these occupational groups. There is a rather strong positive correlation ($r = 0.7$) between hospital utilization and mortality in males. In agriculture the utilization was lower than average in comparison with mortality. In administration and industry the utilization was at the same level as mortality.

Ammatit	Adult
Kuolleisuus	Age Factors
Sairaalahoito	Comparative Study
Sairaalapalveluiden käyttö	Employment
Sairaalan rooli	Female
Työ	Finland
Vertaileva tutkimus	Hospitals, General/utilization
II	Male
	Middle Age
	Mortality
	Occupations
	Patient Discharge
	Sick Role
	II

Vohlonen I, Husman K, Kalimo E, Nuutinen J, Raitasalo R, Tupi K, Virolainen R.

Viljelijöiden työ ja terveys 1979 (In Finnish with an English abstract) (Farmers work and health 1979).

Kansaneläkelaitoksen julkaisu A:17. Helsinki, Kansaneläkelaitos, 1982

Maanviljely	Agriculture
Sairastavuus	Morbidity
Työterveys	Occupational health
Työ	Work
I	I

- 346** Vohlonen I, Husman K, Kalimo E, Nuutinen J, Tupi K, Virolainen R.
 Viljelijöiden työterveyshuolto: kokeiluun perustuva tutkimus 1979–83 (In Finnish with an English abstract) (Occupational health services for farmers: a study based an experiment in 1979–83).
 Kansaneläkelaitoksen julkaisuja A:21. Helsinki, Kansaneläkelaitos, 1985
- | | |
|-------------------|---------------------|
| Arviointitutkimus | Agriculture |
| Kokeilu | Evaluation |
| Maanviljely | Experiment |
| Työterveyshuolto | Occupational health |
| IIIb | IIIb |
- 347** Vohlonen I, Husman K, Kalimo E, Virolainen R, Tupi K, Nuutinen J, Björkqvist S, Raitasalo R.
 Viljelijöiden työterveyshuolto: kokeilu ja suositukset (In Finnish with an English abstract) (Occupational health services for farmers in Finland: an experiment and recommendations for action).
 Kansaneläkelaitoksen julkaisuja M: 45. Helsinki, Kansaneläkelaitos, 1983
- | | |
|------------------|---------------------|
| Maanviljely | Agriculture |
| Sairastavuus | Morbidity |
| Työ | Occupational Health |
| Työterveyshuolto | Work |
| IIIb | IIIb |
- 348** Vohlonen T.
 Oppikoululaisten tupakointi verrattuna vanhempien tupakointiin ja sosiaaliryhmään (Smoking among students in secondary schools compared with smoking and social group of their parents).
 Suomen Lääkärilehti 1974; 29: 2031–5
- | | |
|----------------|-------------------|
| Oppikoulut | Parents |
| Sosiaaliryhmät | Secondary Schools |
| Tupakointi | Smoking |
| Vanhemmat | Social Groups |
| II | II |
- 349** Vuori J.
 Työ, psykososiaaliset tekijät ja terveyserot (In Finnish with an English abstract) (Work, psychosocial factors and differences in health).
 Sosiaalilääketieteellinen Aikakauslehti 1995; 32: 363–6
- | | |
|------------------------|-----------------------|
| Psykologiset tekijät | Health |
| Sosiaaliset tekijät | Health Inequalities |
| Terveyden eriarvoisuus | Psychological Factors |
| Terveys | Social Factors |
| Työ | Work |
| I | I |

350

Vuorinen HS.

Family resources and children's use of primary health care services in Finland in 1979 (Perheen voimavarat ja lasten perusterveydenhuollon palveluiden käyttö Suomessa 1979).

Scandinavian Journal of Social Medicine 1990; 18(4): 241–7

The purpose of the study was to determine how children's use of primary health care services was related to family resources (socio-economic status, marital and residential stability of the family, and core/periphery dichotomy). The population consisted of a random sample of 3201 children from 15 municipalities in the province of Uudenmaan laani in Southern Finland in 1979. Among two-parent families in the core regions total utilization of primary health care services was significantly higher among the children of workers and upper white-collar employees. Children of farmers and lower white-collar employees in the periphery exhibited low primary health care utilization. Children in upper white-collar employees' families (both two- and one- parent) in core regions frequently used private services. Among children of one-parent families, exceptionally high users of private services were children of upper white-collar mothers in core regions, and of municipal health services the children of working-class mothers in the periphery. Non-migrated children had a slight tendency to use health services more than migrated children. Differences in family resources thus cannot be ignored when children's utilization of primary health care services is studied.

Avioliitto	Child
Lapset	Child, Preschool
Perheen ominaispiirteet	Family Characteristics
Perusterveydenhuolto	Finland
Perusterveydenhuollon palveluiden käyttö	Marriage
Sosiaaliluokka	Primary Health Care
II	Social Class
	Transients and Migrants
	II

351

Vuorinen HS.

Development of core-periphery and social differences in children's health in Finland (Keskus- ja periferia-alueiden väliset ja sosiaaliryhmittäiset erot lasten terveydessä Suomessa).

Kansanterveystieteen julkaisuja M 1991:109. Helsinki, Kansanterveystieteen laitos, 1991

Lapset	Child
Sosiaaliset tekijät	Dissertation, Academic
Terveys	Health
Väitöskirjat	Social Factors
I	I

6 Hakuluettelot

Indices

6.1 Kirjoittajaindeksi — *Author index*

- Ahlqvist, K. 304
Ahlström, S. 256, 280
Ahola, A. 1, 304
Alhainen, L. 240
Alikoski, T. 308
Arajärvi, R-L. 32, 33
Arber, S. 2, 3, 122, 244
Arinen, S. 4
Aro, H. 6, 7
Aro, S. 4–10, 84, 85, 86
Aromaa, A. 11, 12, 13, 19, 66, 282
Aronson, K. J. 23
Arve-Parés, B. 102
Aukee, R. 14
Auvinen, A. 15, 16
Bardy, A. H. 17
Berg, M-A. 18, 36, 75, 123, 134, 232–234, 236, 238, 245, 246, 253
Björkqvist, S. 21, 347
Blackburn, H. 214
Blomberg, H. 303
Byckling, T. 19
Campling, J. 42
Caselli, G. 161, 336
Cavelaars, A. E. 20, 154
Chamie, J. 331
Cliquet, R.L. 331
Cohen, R.D. 147, 148, 150, 343
Crialesi, R. 20
Dahl, M. 19
Dahlström, S. 19
Elo, J. 21
Era, P. 32, 34
Eriksson, T. 120
Eskola, A. 44, 259
Fogelholm, M. 71
Fox, J. 29, 324
Geurts, J. J. 20, 154
Gissler, M. 22
Gref, C. G. 17
Groenhof, F. 154
Grotvedt, L. 20
Gästrin, G. 23
Haapakoski, J. 195
Haavio-Mannila, E. 24, 25, 49, 92
Haavisto, K. 42, 43
Hakama, M. 23
Halmesmäki, E. 26
Halonen, P. 110
Hansen, E.J. 328
Harju, E. 27
Hasan, J. 8, 28, 29
Hassi, J. 205, 227
Haukkala, A. 30, 31, 179
Hausen, H. 176
Heikkinen, E. 32–35, 224
Heikkonen, J. 50
Heinonen, O. P. 176, 292
Helakorpi, S. 36, 37, 123, 134, 239, 246
Helenius, H. 53, 303
Helin, S. 224
Heliövaara, M. 66, 282
Helmert, U. 20
Helminen, P. 38, 235
Hemminki, E. 22, 39, 40
Hentinen, M. 218
Hernberg, S. 201
Holmila, M. 41–43
Honkala, E. 44–48, 112, 136, 280
Honkasalo, M-L. 49
Husman, K. 50, 186–189, 198, 199, 289, 345, 346, 347
Huuhka, M. 135, 249, 251, 252
Huuskonen, M. S. 51, 52, 99
Hyssälä, L. 53
Hytti, H. 54, 55
Häkkinen, U. 4, 56
Hämynen, H. 57, 292
Hänninen, K. 140
Härmä, M. 308
Ilmarinen, J. 58, 306
Isohanni, M. 59, 60
Jaakkola, J. J. 61
Jaakkola, N. 61
Jantunen, M. 187
Jokela, J. 34, 46, 143, 260–279
Jousilahti, P. 339
Juustila, H. 62
Jylhä, M. 32–34, 63, 64
Jyrkämä, J. 65

Järvelin, M. R. 22, 219
 Järvinen, E. 306
 Järvinen, R. 66
 Kaartovaara, L. 315
 Kalavainen, M. 341
 Kalimo, E. 67, 199, 345–347
 Kalimo, R. 68, 308
 Kandolin, I. 25
 Kangas, R. 124–126
 Kankaanpää, E. 199
 Kannas, L. 77, 242, 280, 313
 Kaplan, G. A. 69, 147–153, 343
 Kaprio, J. 70, 71, 96, 98
 Karisto, A. 72, 73, 74, 75, 127, 128, 129, 236
 Karjalainen, A. 51, 52
 Karjalainen, S. 16, 76
 Karjalainen, V. 18
 Kartovaara, L. 213
 Karvonen, M. 87, 195
 Karvonen, S. 45, 48, 77–81, 112, 255, 256
 Kauhanen, J. 138, 147, 343
 Kauppinen 290
 Kauppinen-Toropainen, K. 25
 Keskimäki, I. 6, 7, 82–86, 144
 Ketola, A. 220
 Keys, A. 214
 Kimmel, U. M. 89
 Kinnunen, K. 26
 Kinnunen, V. 32
 Kivekäs, J. 99
 Kivelä, S-L. 87
 Kivimäki, M. 319
 Klaukka, T. 44, 67, 88, 89, 281
 Klavus, J. 4
 Kleemola, P. 284, 287
 Knekt, P. 12, 13, 31, 66, 282
 Koga, Y. 214
 Koiranen, M. 60
 Koivusilta, L. 90, 91
 Kontula, O. 92, 93
 Korhonen, H.J. 238
 Korpela, K. 94
 Kortteinen, M. 95
 Koskela, K. 93, 240, 311, 342
 Koskela, P. 17
 Koskenvuo, M. 70, 71, 96–98
 Koskinen, K. 52, 99
 Koskinen, S. 33, 84, 100–109, 162, 207, 339
 Kosunen, E. 143
 Krause, N. 152, 153
 Kumpusalo, E. 110
 Kunst, A. E. 20, 154, 297
 Kunttu, K. 111
 Kuusela, S. 46, 112
 Käyhty-Seppänen, B. 35
 Laakso, L. 280
 Laaksonen, M. 113
 Lahelma, E. 2, 3, 20, 75, 114–135, 244, 247–252, 285–287, 293, 297, 298, 337, 338
 Lahti-Koski, M. 268
 Laiho, M. 136
 Laitinen, S. 137, 139
 Lakka, T. A. 138
 Lakomova, N. 209
 Landau, K. 306
 Laukkanen, V. 188
 Lehtinen, S. 200
 Lehtonen, R. 4, 67
 Leino, M. 139
 Leino, P. 190, 232
 Leino-Arjas, P. 140, 193, 194
 Leppo, K. 141
 Leppänen, S. 120
 Leskinen, A-L. 32
 Leskinen, E. 32
 Levin, L. 119
 Liimatainen-Lamberg, A-E. 142
 Liinamo, A. 143, 269, 270–276, 279
 Lillsunde, P. 17
 Lopez, A. 161, 336
 Louhelainen, K. 199
 Louhivuori, K. 19, 23
 Lundberg, O. 20, 251, 252
 Luopa, P. 143, 260–279
 Luoto, R. 144–146
 Lynch, J. W. 147–153
 Lyyra, A-L. 34, 224
 Lähde, P. L. 19
 Lönnqvist, J. 96, 98
 Maatela, J. 66
 Mackenbach, J. P. 20, 154, 297
 Malin, M. 39
 Manderbacka, K. 126, 129, 130
 Mannila, S. 155–157
 Marin, R. 158
 Martelin, T. 103–105, 159–162, 180, 207, 332–335
 Marti, B. 163
 Martikainen, P. 131, 164–170, 190, 336
 Masalin, K. 171
 Masseli, E. 32
 Mathers, C. 337
 Matheson, J. 20
 McAlister, A. 31
 McCallum, J. 337
 McMahan, L. 119
 Melkas, T. 106
 Meriläinen, J. 39
 METELI 172–174
 Mielck, A. 20
 Miettinen, T. A. 182, 299, 300
 Miilunpalo, S. 77
 Milén, A. 175, 176
 Miller, A. B. 23
 Mizrahi, A. 20
 Moilanen, I. 60
 Moisio, S. 220, 240
 Murtomaa, H. 171, 177
 Mustonen, H. 178
 Myhrman, A. 218
 Myllykangas, M. 179
 Mäkelä, P. 180
 Männistö, S. 222

Mäntymaa, L. 181
Naukkarinen, V. A. 182, 299, 300
Neittaankmäki, L. 110, 311
Niemensivu, H. 240
Niskanen, L. 93, 342
Nissinen, A. 87, 211–213, 216, 220, 242, 312, 315
Notkola, V. 50, 183–200, 207, 289, 290, 334, 335
Nurminen, M. 201
Nuutinen, J. 50, 198, 199, 345–347
Nyman, K. 67, 202, 203
Nyssönen, V. 136
Näyhä, S. 204, 205, 227
Oja, H. 60
Olkinuora, M. 206
Paakkanen, P. 178
Pajunen, A. 191–194, 207
Pallonen, U. 57
Palojoki, P. 208
Palosuo, H. 209
Paronen, O. 280
Paunio, I. 176
Pekkanen, J. 107, 145, 179, 210–216, 315, 339
Pekkarinen, H. 110
Pekurinen, M. 33
Peltonen, R. 217
Peltoniemi, J. 156, 157
Pentti, J. 316, 317, 319
Penttinen, J. 50, 199
Pesonen, E. 19
Pietarinen, O. 341
Pietikäinen, M. 19
Pietilä, A. M. 218, 219
Pietinen, P. 220–222, 284, 285, 287
Piirainen, H. 290
Pohjolainen, P. 32–35, 223, 224
Poikolainen, K. 146, 225–227
Porkka, K. V. 139
Prättälä, R. 36–38, 45, 75, 113, 123, 132, 134, 210, 228–236, 239, 285–288
Puhakka, P. 240
Pukkala, E. 23, 237
Punsar, S. 87, 195
Puska, P. 18, 36, 37, 87, 108, 123, 134, 140, 163, 214–216, 220, 232–234, 238–240, 245, 246, 253, 311, 339
Pyörälä, K. 12, 13, 19
Pötsönen, R. 241, 242
Rahkila, P. 32
Rahkonen, O. 22, 39, 40, 75, 113, 121, 123, 128–131, 133–135, 210, 243–253, 298
Raitakari, O. T. 139
Raitasalo, R. 199, 345, 347
Rajala, M. 44, 45, 47, 280
Rantakallio, P. 60, 254
Rantanen, J. 51, 52, 200
Rasi, V. 179
Rasmussen, N. K. 20
Rauhala, P-L. 14
Rautava, P. 53
Regidor, E. 20
Reijula, K. 99
Reunanen, A. 12, 13, 66, 144, 282
Rimpelä, A. 40, 45, 46, 48, 80, 81, 90, 91, 112, 255, 256, 280, 333–335
Rimpelä, M. 40, 44–48, 90, 91, 112, 143, 255–280
Rimpelä, U. 14
Rinne, J-P. 52, 99
Riskä, E. 89, 281
Rissanen, A. M. 282
Rissanen, H. 157
Robine, J-M. 337
Romo, M. 97
Roos, E. 132, 283–287
Roto, P. 99
Ruotsalainen, R. 61
Rytkönen, H. 288
Räsänen, K. 289, 290
Räsänen, L. 9, 10, 19, 137, 341
Sahi, T. 57
Salinto, M. 7, 84–86
Salomaa, V. V. 179, 182, 299, 300, 339
Salonen, J. T. 57, 69, 138, 147–153, 163, 291, 292, 343
Salonen, R. 150–152, 343
Sarljo-Lähteenkorva, S. 293
Sarna, S. J. 71, 96, 98, 182, 299, 300
Sauli, H. 294
Savela, S. 334, 335
Schroots, J.J.F. 34
Seppälä, T. 17
Seppänen, R. 66, 295
Shemeikka, S. 242, 312
Sihto, M. 296
Sihvonen, A-P. 130, 297, 337, 338
Siivola, M. 255, 269–279
Sillanpää, M. 53
Silventoinen, K. 131, 250, 298
Simpura, J. 42, 43, 178
Sjöblom, T. 308
Smith, N. L. 147
Soini, S. 318
Spuhler, T. 20
Starrin, B. 125
Strandberg, T. E. 182, 299, 300
Ståhlberg, M. R. 301
Sulkunen, P. 42, 43
Suominen, S. 302–304
Suoninen, P. 19
Susitaival, P. 189, 305
Suurnäkki, T. 306
Svensson, P-G. 125
Taattola, K. 189
Taimela, S. 139
Tala, H. 307
Taskinen, H. 200
Telama, R. 10, 280
Tenkanen, L. 308
Teperi, J. 39
Teppo, L. 309
Terho, E.O. 199
Terho, P. 268, 276
To, T. 23

Toshima, H. 214
 Tossavainen, A. 51, 52, 99
 Tossavainen, P. 120
 Törrönen, J. 42, 43
 Tuomikoski, H. 95, 310
 Tuomilehto, A. 220
 Tuomilehto, J. 145, 148, 153, 163, 211–216, 221, 311, 315
 Tupi, K. 21, 50, 198, 199, 345–347
 Turtola, L. 177
 Tynjälä, J. 312, 313
 Tyrkkö, K. 224
 Tähkä, V. 93
 Uhari, M. 19
 Uusitalo, H. 141
 Uusitalo, U. 220, 221
 Uutela, A. 30, 31, 36, 37, 134, 145, 146, 209, 211–215, 239, 304, 314, 315
 Vahtera, E. 179
 Vahtera, J. 304, 316–319
 Valkonen, T. 105, 108, 109, 162, 168–170, 180, 196, 197, 207, 214, 215, 297, 320–338
 Vanhanen, H. T. 182, 299, 300
 Vartiainen, E. 31, 57, 211, 212, 214–216, 220–222, 238, 339
 Välimaa, R. 242
 Verronen, P. 340
 Vienonen, M. 106
 Viikari, J. 19, 137, 139, 341
 Viinamäki, H. 93, 342
 Vinni, K. 344
 Viri, L. 240
 Virolainen, R. 21, 50, 198, 199, 345–347
 Virtamo, J. 311
 Virtanen, M. 285
 Virtanen, P. 319
 Virtanen, S. 200
 Vohlonen, I. 21, 345–347
 Vohlonen, T. 348
 Vuopio, T. 177
 Vuori, J. 68, 349
 Vuorinen, H. S. 350, 351
 Wagar, G. 306
 Wall, C. 23
 Wilson, T. W. 147, 343
 Wintersberger, H. 125
 Wu, M. 343
 Zhuravleva, I. 209
 Ziglio, E. 119
 Zitting, A. 99
 Åkerblom, H. K. 19, 137, 341

6.2 Avainsanaindeksi — *Keyword index*

6.2.1 Englanninkieliset avainsanat — *English keywords*

Abdominal Pain 48
Abortion, Spontaneous 39
Accessibility 82, 85, 133, 224
Accidents, Occupational 189
Achievement 44, 47, 112, 219
Activities of Daily Living 224
Adaptation, Psychological 59, 126
Administration & Dosage 44, 66, 137
Adolescence 17, 19, 26, 27, 40, 41–44, 46–48, 53, 65, 66, 77–81, 91, 112, 113, 134, 137, 139, 143, 218, 219, 241–243, 247, 249, 255, 256, 258–281, 312, 313, 327
Adolescent Behavior 44, 46–48, 80, 81, 112
Adult 2, 7, 10, 17, 18, 20, 23, 24, 26, 27, 32, 44, 53, 58, 62, 66, 69, 70, 71, 80, 85, 89, 104, 105, 113, 115, 123, 126, 129, 134, 135, 137, 138, 139, 140, 144–151, 153, 154, 163, 164, 167, 169, 170, 180, 183, 184, 185, 189, 190, 195, 209, 212, 215, 218, 219, 220–222, 227, 233, 236, 238, 239, 244, 247, 249, 252, 257, 281, 282, 285, 287, 289, 291, 292, 297, 300, 308, 311, 320, 324, 327, 331, 338, 343, 344
Adverse Effects 40, 48, 51, 201, 343
Age Distribution 134, 170, 215, 252
Age Factors 47, 51, 64, 66, 87, 112, 129, 144, 146, 167, 176, 209, 227, 236, 247, 281, 309, 311, 344
Aged 15, 20, 23, 32–35, 51, 59, 62–64, 66, 71, 85, 87, 89, 94, 105, 129, 135, 154, 159, 160–162, 180, 190, 212, 223, 224, 249, 252, 281, 297, 320, 327
Aging 32, 34, 121, 222
Agricultural Workers' Diseases 186
Agriculture 38, 86, 189, 199, 305, 345–347
AIDS 241
Air Pollution 61, 187
Air Pollution, Indoor 61
Alcohol Drinking 10, 25, 26, 35–37, 41–43, 49, 53, 65, 70, 77, 79, 87–89, 95, 111, 126, 134, 146, 149, 156, 178, 180, 218, 227, 236, 256, 260, 262, 263, 265, 266, 269, 272, 275, 277–279, 282, 343
Alcohol Policy 41–43
Alcohol Problems 41–43
Alcohol-Related Hospital Admissions Risks 225
Alcoholic Intoxication 126, 227
Alcoholism 79, 87, 126, 206, 225
Analgesics 64
Analysis of Variance 39, 112, 209, 220
Animal 137
Anthropometry 32
Antihypertensive Agents 299
Antilipemic Agents 299
Apolipoproteins 139
Arthralgia 140
Asbestine 230
Asbestos 51, 52, 99
Asbestos, Amosite 51
Asbestos, Amphibole 51
Asbestos, Crocidolite 51
Asbestos, Serpentine 51
Asbestosis 51, 52
Ascorbic Acid 66, 137
Asthma 61

Atherosclerosis 151, 152
 Attitude to Health 8, 40, 48, 53, 233
 Attitudes 111, 241
 Back Pain 140
 Behavior 5, 14, 18, 24, 25, 32, 36, 37, 44–48, 53, 67, 75, 79–81, 91, 92, 100, 108, 111, 112, 123, 130, 132, 134, 136, 142, 149, 171, 173, 205, 208, 210, 212, 218, 219, 223, 228, 232, 233, 236, 239–243, 255, 261, 264, 266–268, 270, 271, 273, 274, 276, 278–280, 283, 285, 288
 Bias 104, 169, 327
 Biologic Maturation 242
 Birth Weight 139, 254, 340
 Blood Pressure 19, 139, 195, 215, 308, 311
 Blood Proteins 179
 Blue-Collar Workers 232, 234
 Body Height 62, 195, 298
 Body Mass Index 113, 222, 251, 252, 282, 293, 343
 Body Weight 62
 Breast Cancer 76
 Breast Feeding 301, 340, 341
 Breast Neoplasms 23
 Breast Self-Examination 23
 Butter 284
 Cancer Diseases 76, 237
 Carbon Disulfide 201
 Cardiovascular Diseases 11, 100, 109, 130, 145, 147, 148, 150, 163, 179, 182, 201, 212, 220, 222, 299, 300, 306, 315, 339
 Cardiovascular Risk Factors 211, 213, 339
 Care 21, 41–43, 46, 76, 82–84, 86, 101, 106, 350
 Cariostatic Agents 48
 Carotenoids 66
 Carotid Artery Diseases 150–152
 Case-Control Studies 113
 Catchment Area 144
 Causal Factors 226
 Causality 170, 336
 Cause of Death 71, 103–105, 147, 164, 167, 168, 180, 194, 212, 300, 334
 Cause-Specific Mortality 98
 Cellulose 201
 Censuses 96, 162, 170
 Cerebral Arteriosclerosis/ultrasonography 150
 Cheese 284
 Chewing Gum 48, 177
 Chi-Square Distribution 22, 285
 Child 19, 22, 40, 48, 53, 61, 69, 112, 137, 139, 147, 175, 176, 183–185, 219, 249, 254, 307, 327, 341, 350, 351
 Child Health Services 22
 Child Welfare 22
 Child, Preschool 19, 61, 249, 254, 341, 350
 Cholesterol/blood 62, 195, 215, 220, 300, 311, 343
 Chronic Disease 2, 22, 129, 189, 240, 244, 247, 249, 282
 Class Differences 243
 Clinical Trials 308
 Coffee 40, 343
 Cognition 32
 Cohort Studies 23, 46, 58, 64, 71, 87, 139
 Colonic Neoplasms 15, 309
 Combined Modality Therapy 59
 Community 41–43, 59
 Comorbidity 126, 343
 Comparative Study 2, 3, 23, 32, 44, 47, 48, 51, 58, 70, 103, 104, 118, 126, 129, 140, 147, 156, 176, 179, 189, 209, 215, 221, 240, 244, 251, 252, 287, 297, 327, 344

Complications 8, 17, 60, 62, 306
 Concepts 72
 Confidence Intervals 22, 64, 113, 148, 285
 Confounding Factors 66, 103, 104, 147, 169
 Construction Workers 191
 Contraception 241
 Coping 95
 Coronary Artery Bypass Grafting 84
 Coronary Disease 12, 13, 19, 58, 62, 69, 97, 100, 138, 139, 195, 215, 291, 308, 311, 320, 341
 Coronary Heart Disease 84, 184, 214
 Coronary Risk Factors 11–13
 Cost Effectiveness 110
 Cotinine/blood 17
 Cross-Cultural Comparison 79, 209, 244, 327
 Cross-Sectional Studies 61, 66, 69, 79, 90, 113, 118, 126, 145, 154, 179, 209, 215, 282, 285, 306, 341
 Cynical Hostility 30
 Dairying 38
 Databases, Factual 285
 Death 71, 96, 103, 104, 105, 147, 160, 164, 167, 168, 169, 180, 194, 212, 300, 323, 330, 334
 Death Certificates 96, 103, 104, 160, 169
 Demand 56, 85
 Dementia 59
 Demography 135, 160, 162, 320
 Dental Care 46
 Dental Caries 176, 307
 Dental Health 45, 136, 177
 Dental Services 202
 Dentists 307
 Depression 30, 31, 130
 Deprivation 119, 156, 157
 Diabetes Mellitus 62, 105
 Diet 27, 38, 66, 132, 137, 139, 221, 235, 236, 284–287, 341
 Diet Surveys 38, 66, 221, 236, 286, 287, 341
 Diet, Fat-Restricted 137
 Dietary Carbohydrates 27, 44
 Dietary Fats 10, 19, 27, 80, 134, 137, 220, 221, 284, 341
 Dietary Proteins 27
 Disability 54, 55, 155, 157, 187, 192, 193, 207, 249, 337
 Disability Evaluation 249
 Disability Pension 55
 Disabled Persons 244, 338
 Discharge Data 225
 Disease Prevention 99
 Disease Progression 152
 Diseases 8, 11, 58, 76, 99, 100, 109, 130, 144, 145, 147, 148, 150–152, 163, 179, 182, 186, 187, 189, 190, 201, 204, 206, 212, 220, 222, 227, 230, 237, 289, 299, 300, 306, 308, 309, 315, 339
 Dissertation, Academic 5, 28, 55, 56, 62, 72, 76, 82, 100, 111, 115, 155, 159, 184, 217, 228, 237, 241, 243, 258, 283, 302, 307, 351
 DMF Index 176
 Drinking 10, 24–26, 35–37, 41–43, 49, 53, 65, 70, 77, 79, 87–89, 95, 111, 126, 134, 142, 146, 149, 156, 178, 180, 218, 227, 236, 256, 260, 262, 263, 265, 266, 269, 272, 275, 277–279, 282, 343
 Drinking Behavior 24, 25
 Drinking Habits 24
 Drug Therapy 64, 281
 Drug Use 111, 260, 262, 263, 265, 266, 269, 272, 275, 277–279
 Drug Utilization 88, 89
 Drugs, Non-Prescription 64, 89
 Eating 80, 220

Econometrics 56
 Economic Factors 293
 Economic Recession 93, 95, 304
 Education 10, 22, 47, 48, 61, 90, 113, 156, 209, 213, 214, 216, 241, 253, 264, 291, 292
 Education, Special 22
 Educational Expectations 312
 Educational Status 7, 12, 20, 23, 26, 39, 44, 46, 53, 61, 70, 91, 103, 104, 112, 134, 135, 137, 144-146, 150, 151, 154, 160, 167, 190, 215, 219, 220, 222, 233, 236, 245, 247, 254, 282, 284, 287, 297, 315, 324, 327, 337, 338, 341, 343
 Effectiveness 41-43, 82, 110
 Elaboration 332
 Electrocardiography 62
 Employees 172, 173, 232, 234
 Employment 2, 3, 36, 37, 66, 70, 115, 118, 135, 145, 152, 212, 247, 254, 289, 344
 Energy Intake 27, 137, 221, 235, 287
 Energy Metabolism 221
 Environmental Exposure 61
 Environmental Monitoring 52
 Epidemiologic Factors 224
 Epidemiologic Methods 7, 327
 Epidemiology 187, 237, 251, 307
 Epidemiological Research 107
 Equality 56
 Equity 56, 76, 82-84, 86, 114, 128, 203, 229, 318
 Equity in Health Care 82-84, 86
 Estonia 76
 Europe 20, 154
 Evaluation 41-43, 82, 199, 240, 249, 305, 346
 Exclusion 93, 95, 155, 310
 Exercise 36, 37, 64, 69, 111, 134, 138, 139, 142, 173, 218, 219, 223, 236
 Exercise Behavior 173
 Exercise Test 69
 Exertion 10, 19, 58, 163
 Experiment 199, 346
 Explanation 336
 Exposure 17, 61, 230
 Factories 342
 Factory Workers 49
 Family 12, 41-43, 137, 167, 219, 285, 320, 350
 Family Characteristics 12, 167, 285, 320, 350
 Family Health 219
 Farmers 21, 50, 188, 191, 198
 Fathers 53
 Fats, Saturated 284
 Fats, Unsaturated 221
 Fetal Blood 17, 341
 Fibrinogen 343
 Finnish Males 225
 Finnish Women's Alcohol Usage 49
 Follow-Up Studies 5, 6, 8, 9, 10, 22, 28, 29, 44, 65, 71, 87, 91, 105, 118, 139, 147, 152, 153, 156, 167, 170, 180, 182, 190, 201, 212, 224, 258, 259, 292, 299, 300, 308
 Food 9, 35-38, 44, 66, 94, 111, 137, 171, 208, 220, 228, 229, 233, 235, 268, 283-286, 288, 295
 Food Consumption 228
 Food Habits 9, 35-37, 44, 66, 94, 111, 220, 228, 229, 233, 268, 283, 285, 288, 295
 Food Industry 171
 Food Preferences 235
 Forecasting 51
 Forestry 190, 191
 Forestry Workers 191
 Fruit 137

Functional Ability 130
 Functional Capacity 33, 34
 Gender 1, 30, 78, 88, 96, 122, 131, 166, 241, 243, 253
 Gender Differences 88, 166
 Genital Diseases 144
 Genotype 100
 Glucose Tolerance Test 62, 300
 Great Britain 2, 122, 154, 244
 Guidelines 287
 Health Behavior 5, 14, 18, 36, 37, 46, 48, 53, 67, 75, 79, 80, 81, 91, 100, 108, 111, 112, 123, 130, 132, 134, 136, 142, 143, 149, 205, 208, 210, 212, 218, 219, 223, 232, 233, 236, 239, 240, 243, 255, 261, 264, 266–268, 270, 271, 273, 274, 276, 279, 280, 283, 285, 288
 Health Care 21, 41–43, 82–84, 86, 101, 106, 350
 Health Care System 82, 101
 Health Consequencies 93
 Health Economics 56
 Health Education 10, 47, 48, 61, 241, 264
 Health Education, Dental 47, 48
 Health Effects 68
 Health Expectancy 337
 Health Habits 261, 264, 266–268, 270, 271, 274, 276, 279
 Health Hazards 171
 Health Inequalities 3, 16, 101, 102, 106, 314, 319, 324, 329, 349
 Health Interview 72
 Health Needs 203
 Health Plan Implementation 52
 Health Policy 41–43, 46, 52, 82, 129, 255
 Health Problems 225
 Health Promotion 36, 37, 41–43, 45, 50, 73, 89, 102, 109, 110, 240, 289, 313
 Health Research 128
 Health Risks 100
 Health Selection 91
 Health Services 4, 22, 33, 41–43, 56, 67, 76, 82, 85, 133, 203, 206, 224, 240, 264, 296, 305
 Health Services Accessibility 85, 133, 224
 Health Services for the Aged 224
 Health Services Needs and Demand 85
 Health Statistics 130
 Health Status 4, 10, 20, 22, 56, 32–34, 56, 63, 64, 67, 68, 70, 90, 93, 95, 129, 133–135, 154, 160, 167, 169, 209, 219, 224, 243, 244, 249, 250–252, 297, 338
 Health Status Indicators 20, 22, 129, 154, 160, 209, 251, 252, 297
 Health Surveys 2, 20, 32, 35, 58, 63, 67, 163, 282, 297, 311
 Healthy Worker Effect 164, 170
 Hearing 32
 Helsinki-Finland 24
 History 128, 155
 HIV 241
 Hobbies 156
 Homemakers 208
 Homes for the Aged 59
 Hospital Care 82
 Hospital Inpatient Care 83
 Hospitalization 7, 225
 Hospitals, General/utilization 344
 Household 250
 Housing 61, 103, 104, 156, 160, 190
 Human Development 219
 Human Engineering 289
 Hypersensitivity 61
 Hypertension 62, 100, 300, 306
 Hysterectomy 144

Ill-health 131, 157
 Incidence 23, 79, 126, 134, 258
 Income 83, 95, 137, 144, 145, 147, 148, 150–153, 156, 160, 209, 250, 287, 291, 293, 309, 343
 Indicators 20, 22, 129, 154, 156, 160, 209, 251, 252, 297
 Industry 171–174, 190, 201
 Inequalities 3, 16, 56, 101, 102, 106, 122, 128, 130, 175, 196, 197, 202, 210, 283, 296, 314, 319, 321–325, 328–331, 334, 336, 349
 Inequity 229
 Infant 17, 22, 53, 61, 196, 197, 249, 254, 301, 340, 341
 Infant Mortality 22, 196, 197, 254
 Infant, Low Birth Weight 340
 Infant, Newborn 17, 22, 53, 254, 301, 340, 341
 Insulin 19
 Intersectoral Actions 106
 Intervention 41–43, 175
 Interviews 64, 95
 Intoxicants 260, 262, 263, 265–267, 272, 275, 278, 279
 Inventory 342
 Ischaemic Heart Diseases 204, 339
 Job Description 152
 Knowledge 208
 Least-Squares Analysis 138, 209, 297
 Leisure Activities 58, 138, 163, 282
 Leukocyte Count 343
 Life Control 95, 302
 Life Course 248
 Life Expectancy 71, 180, 297, 329, 338
 Life Style 4, 10, 32–37, 46, 59, 73, 75, 79, 81, 91, 100, 112, 163, 172, 224, 236, 282, 288, 308
 Life Tables 15, 297
 Life-Span 130
 Likelihood Functions 46, 285
 Linear Models 224, 332
 Lipids 19, 139, 308, 341
 Lipoproteins, HDL Cholesterol/blood 343
 Lipoproteins, LDL Cholesterol/blood 343
 Liver Cirrhosis 206
 Living Conditions 130, 156, 172, 183, 184, 255
 Living Patterns 205, 232, 234
 Living Standard 304
 Log-Linear Models 332
 Logistic Models 22, 48, 81, 233, 244, 247, 282, 285
 Loneliness 64
 Long-term Unemployment 93, 95
 Longitudinal Studies 64, 115, 154, 219, 282, 343
 Lung Diseases 230
 Lung Neoplasms 51, 52, 309
 Mail Questionnaire Data 25
 Major Affective Disorder 6
 Male- vs Female-Dominated Occupations 25
 Mammography 23
 Margarine 137
 Marital Status 66, 71, 98, 103, 104, 145, 160, 162, 167, 225, 236
 Marriage 98, 146, 190, 225, 227, 247, 291, 350
 Married Couples 166
 Mass Screening 23, 52
 Maternal Age 340
 Maternal-Child Health Centers 53
 Meal Patterns 132, 235
 Meat Products 284
 Medical Indigency 85

Medical Record Linkage 103, 104, 160, 170
 Menopause 217
 Mental Disorders 7, 118, 156, 281
 Mental Health 68, 93, 95, 115, 118, 342
 Menu Planning 235
 Mesothelioma 51, 52
 Metal Industry 172–174
 Middle Age 2, 7, 10, 15, 20, 23, 32, 51, 53, 62, 66, 69–71, 85, 87, 89, 104, 105, 108, 113, 115, 118, 126, 129, 134, 135, 138, 140, 144, 145–154, 160, 163, 164, 167, 169, 170, 179, 180, 182, 190, 195, 209, 212, 213, 215, 220–222, 227, 233, 236, 244, 249, 252, 281, 282, 285, 287, 291, 292, 297, 299, 300, 306, 308, 311, 320, 321, 327, 343, 344
 Milk 80, 137
 Mobile Units 21
 Morbidity 2, 3, 5, 20, 28, 29, 34, 54, 71, 72, 85, 95, 115, 127, 130, 154, 174, 205, 184, 189, 217, 251, 252, 254, 297, 305, 310, 329, 345, 347
 Mortality 15, 22, 23, 28, 85, 96, 98, 100, 103–105, 147, 148, 153, 154, 158–162, 164–170, 182–197, 200, 201, 204, 206, 207, 211, 212, 214, 215, 254, 291, 294, 297, 300, 321, 322, 324–329, 331–336, 339, 344
 Mortality Differentials 322, 325, 326, 332, 334, 335
 Moscow 209
 Mothers 22, 39, 167
 Motivation 31
 Multicenter Studies 341
 Multivariate Analysis 15, 48
 Musculoskeletal Diseases 130, 289
 Myocardial Infarction 148, 153, 292
 Myocardial Ischemia 343
 Myoma 144
 National Health Programs 52, 85
 Need for Care 82
 Neoplasms 15, 16, 23, 51, 52, 300, 309
 Nicotine 17
 Nontraditional Occupations 25
 Nordic Countries 122
 North Karelia 100
 Norway 129, 130, 297, 309
 Nurses 49
 Nutrition 27, 35–37, 73, 94, 208, 220, 221, 228, 229, 283, 285, 287, 288, 295
 Nutrition Surveys 27, 221, 285, 295
 Nutritional Behavior 36, 37, 228, 283, 288
 Nutritional Requirements 285
 Nutritional Status 94, 287
 Nutritive Value 137, 283
 Obesity 30, 36, 37, 62, 113, 222, 239, 251, 252, 282
 Occupational Class 232, 318, 329, 332
 Occupational Disability 193, 207
 Occupational Diseases 8, 58, 152, 189, 190, 201, 206, 227, 289, 306, 308, 309
 Occupational Groups 9, 54, 99, 192, 288
 Occupational Health 21, 50–52, 240, 289, 305, 347
 Occupational Health Care 21
 Occupational Health Promotion 50
 Occupational Health Services 240, 305
 Occupational Mobility 194
 Occupational Mortality 191, 193, 207
 Occupations 2, 5, 8, 10, 12, 25, 27, 35, 46, 51, 53, 62, 64, 103, 104, 137, 139, 150, 154, 158, 160, 170, 172–174, 187, 191, 193, 194, 200, 206, 207, 220, 221, 227, 247, 288, 294, 301, 306, 309, 318, 344, 343
 Odds Ratio 22, 64, 154, 244, 285, 299
 Oral Health 46, 112, 175
 Oral Hygiene 47
 Paid Employment 3

Parents 46, 61, 139, 348
 Participant Observation 49
 Patient Admission 85
 Patient Discharge 344
 Patient Education 292
 Peer-Influence 24
 Perceived Health 123, 278, 290, 302, 303
 Peritoneal Neoplasms 51
 Personal Relationships 304
 Personnel Staffing and Scheduling 308
 Physical Examination 32
 Physical Fitness 138, 343
 Physicians 307
 Pleural Neoplasms 51
 Poisson Distribution 167
 Population 36, 37, 52, 60–62, 81, 82, 100, 104, 147, 156, 160, 168, 170, 195, 202, 203, 215, 252, 255, 296, 309
 Population Groups 202, 203, 296
 Population Structure 100, 255
 Population Surveillance 52, 60, 61, 104, 147, 160, 170, 215, 252
 Poverty 93, 95, 149, 156, 168, 195, 247, 310
 Predictive Value of Tests 87, 218
 Pregnancy 17, 26, 39, 60, 254, 340
 Pregnancy Complications 17, 60
 Pregnancy Outcome 39
 Prenatal Exposure Delayed Effects 17
 Prevalence 15, 60, 69, 112, 113, 118, 129, 150, 152, 189, 247, 251, 252, 343
 Prevention 41–43, 99, 300
 Preventive Dentistry 48, 307
 Primary Health Care 41–43, 350
 Primary Prevention 300
 Private Practice 144
 Private Sector 82, 86
 Probability 291
 Productivity 76
 Prognosis 15, 182
 Program Evaluation 240
 Projects 110
 Promotion 36, 37, 41–43, 45, 50, 73, 89, 102, 109, 110, 177, 240, 289, 313
 Proportional Hazards Models 71, 147, 148
 Prospective Studies 60, 70, 148, 151, 153, 164, 169, 201, 212, 292, 300
 Psychic Factors 97
 Psychological Factors 314, 349
 Psychological Stress 8, 153, 342
 Psychological Symptoms 1
 Psychology 57
 Psychophysiological Disorders 281
 Psychosocial Factors 317, 318
 Psychosomatic 217, 342
 Psychotropic Drugs 88, 281
 Psychological Stress 320
 Public Health 18
 Public Hospitals 82
 Quality of Life 72, 292
 Questionnaire Data 24, 25, 342
 Questionnaires 32, 46, 49, 53, 70, 118, 179, 218, 227, 243, 287
 Random Allocation 145, 287
 Randomized Controlled Trials 182
 Recession 93, 95, 141, 168, 304
 Referral and Consultation 59

Regional Factors 325
 Regional Health Care 41–43
 Registries 22, 39, 134, 180
 Regression Analysis 15, 20, 39, 71, 164, 167, 170, 219, 297, 343
 Reindeer 205, 227
 Reindeer Herders 205
 Relationship 208
 Research Design 327
 Residence Characteristics 44, 47, 80, 112, 176, 190, 224, 247
 Resources 316, 318
 Respiratory Diseases 187
 Respiratory Function Tests 138
 Retirement 35
 Retrospective Studies 20, 71, 144
 Reviews 11, 16, 78, 100, 226
 Risk Assessment 134
 Risk Factors 11–13, 17, 40, 58, 69, 97, 109, 134, 139, 145, 148, 150–153, 179, 182, 189, 190, 210, 212, 213, 215, 216, 218, 222, 240, 249, 299, 300, 308, 315, 339, 341, 343
 Risk Groups 73
 Rural Health 21, 46, 66
 Rural Health Care 21
 Rural Population 62, 195, 309
 Sampling Studies 150, 221, 236
 Satisfaction 261, 278, 279, 304
 Scandinavia 227
 Schizophrenia 6
 School 143, 260–279
 School Experiences 261, 266, 267, 270, 271, 273, 276, 279
 School Health Study 143, 260–279
 School Satisfaction 261, 278, 279
 Schoolchildren 241
 Screening 23, 52, 99
 Secondary Schools 260–279, 348
 Selection 91, 169, 336
 Selection Bias 169
 Self Assessment 63, 112
 Self-Efficacy 31
 Self-Perceived Health 123
 Sense of Coherence 302–304
 Sensitivity and Specificity 180
 Sex Characteristics 222
 Sex Differences 96, 243
 Sex Distribution 134, 251, 252
 Sex Factors 2, 46, 47, 64, 66, 103, 104, 112, 115, 118, 126, 135, 145, 146, 160, 176, 180, 209, 212, 247, 281, 284, 285, 287, 309, 311
 Sex Life 92, 241
 Sexual Behavior 92, 143, 241, 242, 278, 279
 Sexual Division of Labor 25
 Sexual Experiences 241
 Sick Role 8, 344
 Sickness Benefit 55
 Single Parent 167
 Sleeping Difficulties 312
 Sleeping Habits 312, 313
 Small-Area Analysis 81
 Smoking 10, 17, 19, 31, 35–37, 53, 57, 58, 60–62, 66, 70, 77, 78, 80, 87, 89, 111, 113, 134, 142, 195, 215, 218, 230, 236, 238, 245, 246, 253, 254, 256–260, 262, 263, 265, 269, 272, 275, 282, 292, 301, 300, 311, 343, 348
 Smoking Cessation 31, 60, 113
 Social Attitude 49

Social Behavior 32
 Social Class 2, 8, 10, 12, 15, 16, 19, 22, 28, 29, 39, 40, 46, 48, 49, 61, 71, 74, 75, 85, 98, 105, 112, 116, 133, 135, 137, 139, 144, 147, 149, 154, 160, 162, 165, 167, 176, 179, 180, 206, 209, 211, 212, 218, 219, 224, 225, 233, 235, 243, 244, 247, 251, 252, 254, 295, 297, 301, 307, 309, 340, 350
 Social Conditions 35
 Social Environment 59, 79, 249
 Social Exclusion 93, 95, 310
 Social Factors 96, 97, 109, 165, 174, 175, 193, 196, 197, 207, 210, 213, 223, 242, 228, 293, 302–304, 314, 349, 351
 Social Groups 92, 94, 284, 348
 Social Inequalities 175, 196, 197, 202, 210
 Social Justice 128, 133
 Social Marginality 157
 Social Mobility 6, 147, 244
 Social Policy 41–43
 Social Problems 310
 Social Relations 95, 111
 Social State 310
 Social Status 1, 14, 95, 130, 310
 Social Structure 121, 127
 Social Support 59, 152, 156, 318
 Sociodemographic Factors 49, 96, 192, 313, 321
 Socioeconomic Conditions 185
 Socioeconomic Factors 7, 11, 12, 13, 17, 19, 20, 24, 32, 40, 47, 60, 69, 70, 77–81, 83–87, 89, 103–105, 107, 113, 115, 126, 129, 133–135, 138, 140, 144, 145–150, 152–154, 160, 163, 166, 179, 180, 187, 189, 190, 195, 218, 235, 236, 249, 254, 281, 285, 289, 291, 298, 301, 308, 309, 311, 320, 325–327, 335, 338, 339, 341, 343
 Socioeconomic Status 6, 30, 34, 56, 76, 82, 90, 100, 156, 165, 168, 229, 237, 255, 283, 322, 329, 331, 333, 334
 Sources of Information 241
 Specialized Hospital Care 82
 Sports 35
 Statistics 18, 36, 37, 89, 130, 156, 168, 237, 292, 333, 334
 Stillbirths 196, 197
 Stress 5, 8, 29, 153, 217, 290, 306, 320, 342
 Students 111, 142, 177, 260–279
 Sucrose 44, 48
 Sugar and Sugar Products 171
 Suicide 332
 Supply 56
 Surgery 15, 82, 86, 144
 Survey 36, 37, 77, 92, 95, 217
 Survey Studies 77, 92, 95
 Survival 15, 16, 71, 85, 105, 224
 Survival Analysis 71, 85, 105
 Survival Rate 15, 105, 224
 Sweden 129, 130, 251, 252
 Teeth 171
 Television 240
 Textile Industry 201
 Therapeutic Community 59
 Therapeutic Use 64, 299
 Thiocyanates/blood 17
 Time Factors 10, 164, 169, 190, 233, 236, 301, 340
 Time Trends 210, 214, 216
 Tobacco Smoke Pollution 61
 Tooth, Deciduous/pathology 176
 Toothbrushing 46, 48, 112
 Traffic Safety Devices 111

Transients and Migrants 350
 Transition 316
 Triglycerides/blood 62
 Turku 217
 Twins 70
 Unemployed 68, 93, 95, 181
 Unemployment 36, 37, 55, 65, 68, 93, 95, 115, 117, 118–120, 124–126, 132, 134, 146, 155, 164, 168–170, 178, 181, 226, 286, 288, 292, 310, 336, 342
 United States 206
 Universities 177
 Upper Level Comprehensive Schools 260–265, 268, 272, 275, 277–279
 Upper Secondary Schools 260–279
 Urban Health 46, 48, 66
 Urban Population 81, 309
 Urbanisation 77
 Utilization Review 85
 Villages 110
 Violence 300
 Vision 32
 Vitamin A 66
 Vitamin D 137
 Vitamin E 66
 Vitamins 64, 89, 283
 Vocational Schools 260–279
 Weight 62, 139, 239, 254, 282, 340
 Weight Gain 282
 Welfare 22, 72, 114, 130, 156, 168, 304, 310, 328
 Welfare State 114, 130, 310
 Welfare Theory 72
 Well-Being 93, 95, 261, 278, 279, 342
 White-Collar Employees 232, 234
 Women's Drinking Patterns 25
 Women's Health 3, 14, 103, 104, 167
 Women's Rights 104
 Wood Processing Factories 342
 Work 58, 153, 155, 192, 288, 290, 305, 308, 318, 345, 347, 349
 Work History 155
 Work Schedule Tolerance 308
 Work-Related Illnesses 305
 Work-Related Risks 192
 Workers 49, 186, 191, 232, 234, 288, 342
 Working Capacity 68
 Working Conditions 28, 29, 174, 192, 288, 317
 Working Life 316
 Working Women 25, 167
 Workplace 153, 319
 Xylitol 48
 Young People 45, 136, 242, 228, 246
 I 2, 3, 5, 6, 8, 11–16, 20, 22, 28, 29, 31, 39, 58, 62, 63, 68, 69, 71, 72, 74, 76, 90–93, 95–98, 100, 101, 103–105, 107, 109, 114–125, 127–131, 133–135, 140, 141, 147–149, 151–162, 164–167, 169, 170, 174–176, 179, 180, 183–197, 200, 202, 204–207, 209, 211, 212, 214, 215, 219, 224–226, 237, 244, 247–250, 254, 289–291, 293, 294, 297, 298, 303–310, 314, 319–339, 342, 345, 349, 351
 II 1, 4, 7, 9, 10, 17–19, 24–27, 30, 32–38, 40, 44, 46, 47, 49, 53–57, 60, 61, 64–67, 70, 73, 75, 77–81, 83–89, 92, 94, 108, 111–113, 126, 132, 136–139, 142–146, 150, 171–173, 178, 203, 208, 210, 213, 216–218, 221–223, 227–229, 232–236, 238, 239, 241–243, 245, 246, 251–253, 255–288, 295, 296, 301, 302, 311–313, 315, 317, 318, 341, 343, 344, 348, 350
 IIIa 23, 45, 163, 220, 292, 340
 IIIb 21, 41–43, 50–52, 59, 99, 110, 181, 177, 182, 198, 199, 201, 230, 240, 299, 300, 346, 347
 IV 48, 82, 102, 106, 168, 316

6.2.2 Suomenkieliset avainsanat — *Finnish keywords*

Abortit 39
AIDS 241
Aikavaihtelut 210, 214, 216
Aikuiset 2, 7, 10, 17, 18, 20, 23, 24, 26, 27, 32, 44, 53, 58, 62, 66, 69, 70, 71, 80, 85, 89, 104, 105, 113, 115, 123, 126, 129, 134, 135, 137, 138, 139, 140, 144–151, 153, 154, 163, 164, 167, 169, 170, 180, 183, 184, 185, 189, 190, 195, 209, 212, 215, 218, 219, 220–222, 227, 233, 236, 238, 239, 244, 247, 249, 252, 257, 281, 282, 285, 287, 289, 291, 292, 297, 300, 308, 311, 320, 324, 327, 331, 338, 343, 344
Aivovaltimon ateroskleroosi 150
Alkoholihaitat 41–43
Alkoholikäyttäytyminen 24
Alkoholimyrkytys 126, 227
Alkoholinkäyttö 10, 24–26, 35–37, 41–43, 49, 53, 65, 70, 77, 79, 87–89, 95, 111, 126, 134, 142, 146, 149, 156, 178, 180, 218, 227, 236, 256, 260, 262, 263, 265, 266, 269, 272, 275, 277–279, 282, 343
Alkoholiongelmat 41–43
Alkoholipolitiikka 41–43
Alkoholismi 79, 87, 126, 206, 225
Altistuminen 230
Alueellinen terveydenhuolto 41–43
Alueelliset tekijät 325
Ammatillinen kuolleisuus 191, 193, 207
Ammatillinen liikkuvuus 194
Ammatillinen terveyden edistäminen 50
Ammatillinen terveys 51, 52, 198, 289
Ammatillinen työkyvyttömyys 193, 207
Ammatilliset sairaudet 8, 58, 152, 189, 190, 201, 206, 227, 289, 306, 308, 309
Ammatilliset terveyspalvelut 240
Ammatissa toimiva väestö 232
Ammatit 2, 5, 8, 10, 12, 25, 27, 35, 46, 51, 53, 62, 64, 103, 104, 137, 139, 150, 154, 158, 160, 170, 172–174, 187, 191, 193, 194, 200, 206, 207, 220, 221, 227, 247, 288, 294, 301, 306, 309, 318, 344, 343
Ammattiasema 318, 329, 232, 332
Ammattikoulut 260–279
Ammattiryhmät 9, 54, 99, 192, 288
Analgeetit 64
Anniskelu 41–43
Apolipoproteiinit 139
Arviointi 41–43, 82
Arviointitutkimus 199, 346
Asbesti 230
Asbestoosi 51, 52, 99
Asenteet 111, 241
Askorbiinihappo 66, 137
Astma 61
Asuinolosuhteet 44, 47, 80, 112, 176, 190, 247
Asuminen 61, 103, 104, 156, 160, 190
Asumistaso 224
Ateriointi 132
Ateriointitavat 235
Ateroskleroosi 151, 152
Avoliitto 98, 146, 190, 225, 227, 247, 291, 350
Biologinen kypsyminen 242
Dementia 59
Demografia 160
Demografiset tekijät 135
Diabetes Mellitus 62, 105
DMF-indeksi 176

Edistäminen 36, 37, 41–43, 45, 50, 73, 89, 102, 109, 110, 177, 240, 289, 313
 Ekonometria 56
 Elektrokardiografia 62
 Elinajanodote 71, 180, 297, 329, 338
 Elinikä 130
 Elinolot 130, 156, 172, 183, 184, 255
 Elintaso 304
 Elintavat 33, 34, 205, 231, 232, 234
 Eloojääminen 15, 16, 71, 85, 105, 224
 Eloojäämisanalyysit 71, 85, 105
 Eläimet 137
 Eläkkeelle jääminen 35
 Elämänhallinta 95, 156, 217, 302
 Elämänkaari 248
 Elämänlaatu 72, 292
 Elämäntyyli 4, 10, 32–37, 46, 59, 73, 75, 79, 81, 91, 100, 112, 163, 172, 224, 236, 282, 288, 308
 Energia-aineenvaihdunta 221
 Energiansaanti 27, 137, 221, 235, 287
 Ennaltaehkäisevä hammaslääketiede 48, 307
 Ennaltaehkäisy 41–43
 Ennuste 15, 51, 182
 Epidemiologia 2, 7, 8, 22, 126, 129, 134, 140, 150, 152, 153, 176, 187, 189, 206, 222, 237, 251, 252, 307
 Epidemiologinen tutkimus 107
 Epidemiologiset menetelmät 7, 327
 Epidemiologiset tekijät 224
 Epätavalliset ammatit 25
 Eriarvoisuus 3, 56, 101, 106, 122, 128, 130, 229, 283, 296, 321–325, 328, 330, 331, 334, 336
 Erikoissairaanhoito 82
 Eurooppa 20, 154
 Evaluaatio 305
 Evaluaatiotutkimus 41–43
 Fibrinogeeni-analyysi 343
 Fyysinen kunto 138, 343
 Fyysiset tutkimukset 32
 Glukoositoleranssi-testi 62, 300
 Haastattelut 64
 Haastattelututkimus 41–43, 95
 Haittavaikutukset 40, 48, 51, 201, 343
 Hammashoito 46, 202
 Hammaskaries 176, 307
 Hammaslääkärit 307
 Hampaat 171, 176
 Hampaiden harjaus 46, 48, 112
 Hampaiden terveys 136, 177
 Harjoittelu 163
 Harrastukset 156
 Hedelmät 137
 Helsinki-Suomi 24
 Hengityselinsairaudet 187
 Hengityselinten toimintatestit 138
 Henkilövuositaulukot 15
 Historia 128
 HIV 241
 Hoidontarve 82
 Hoito 76, 82
 Huono-osaisuus 95, 119, 149, 156, 157, 168, 310
 Huumeiden käyttö 111, 260, 262, 263, 265, 266, 269, 272, 275, 277–279
 Hyvinvointi 93, 95, 156, 168, 261, 278, 279, 304, 328, 342

Hyvinvointiteoria 72
 Hyvinvointivaltio 114, 130, 310
 Ihmisen kehittyminen 219
 Ihmissuhteet 95, 304
 Ikääntyminen 32, 34, 121, 222
 Ikääntyneet 15, 20, 23, 32-35, 51, 59, 62-64, 66, 71, 85, 87, 89, 94, 105, 129, 135, 154, 159, 160-162, 180, 190, 212, 223, 224, 249, 252, 281, 297, 320, 327
 Ikäjakautuma 134, 170, 215, 252
 Ikätekijät 47, 51, 64, 66, 87, 112, 129, 144, 146, 167, 176, 209, 227, 236, 247, 281, 309, 311, 344
 Ilmaantuvuus 23, 79, 126, 134, 258
 Ilman saastuminen 61, 187
 Ilmansaasteet 61
 Imetys 301, 340, 341
 Imeväiskuolleisuus 196, 197
 Indikaattorit 20, 22, 129, 154, 156, 160, 209, 251, 252, 297
 Insuliini 19
 Intersektoraaliset toimintaohjelmat 106
 Interventiot 41-43, 175
 Iskeeminen sydänsairaus 204
 Iso-Britannia 2, 122, 154, 244
 Isät 53
 Itsearviointi 63, 112
 Itsemurhat 332
 Joukkoseulonnat 52
 Joukkotutkimukset 23
 Julkiset palvelut 82
 Juusto 284
 Kahvi 40
 Kaksoiset 70
 Kansalaiset 41-43
 Kansalliset terveysohjelmat 52, 85
 Kansanterveys 18
 Kariesta aiheuttavat tekijät 48
 Karotiini 66
 Kasvaimet 16, 300, 309
 Katsaukset 11, 16, 78, 100, 226
 Kaulavaltimon sairaudet 150-152
 Kaupungistuminen 77
 Kaupunkiväestö 81, 309
 Kausaalisuus 170
 Kertomukset 95
 Keski-ikäiset 2, 7, 10, 15, 20, 23, 32, 51, 53, 62, 66, 69-71, 85, 87, 89, 104, 105, 108, 113, 115, 118, 126, 129, 134, 135, 138, 140, 144, 145-154, 160, 163, 164, 167, 169, 170, 179, 180, 182, 190, 195, 209, 212, 213, 215, 220-222, 227, 233, 236, 244, 249, 252, 281, 282, 285, 287, 291, 292, 297, 299, 300, 306, 308, 311, 320, 321, 327, 343, 344
 Keuhkokasvaimet 51, 52, 309
 Keuhkopussin kasvaimet 51
 Keuhkosairaudet 230
 Kirurgia 15, 82, 86, 144
 Kirvesmiehet 231
 Kliiniset kokeet 308
 Koettu terveys 123, 278, 290, 302, 303
 Kohdunpoisto 144
 Koherenssin tunne 302-304
 Kohorttitutkimukset 23, 46, 58, 64, 71, 87, 139
 Kokeilu 199, 346
 Kokemukset 95
 Kokoomateokset 288
 Kolesteroli 62, 195, 215, 220, 300, 311, 343

Komplikaatiot 8, 17, 60, 62, 306
Kotitalous 250
Koulukokemukset 261, 266, 267, 270, 271, 273, 276, 279
Koululaiset 241, 260, 262-265, 272, 275, 277, 278
Koulut 143, 260-279
Kouluterveystutkimus 143, 260-279
Koulutus 10, 22, 47, 48, 61, 90, 113, 156, 209, 213, 214, 216, 241, 253, 264, 291, 292
Koulutusorientaatio 312
Koulutustaso 7, 12, 20, 23, 26, 39, 44, 46, 53, 61, 70, 91, 103, 104, 112, 134, 135, 137, 144-146, 150, 151, 154, 160, 167, 190, 215, 219, 220, 222, 233, 236, 245, 247, 254, 282, 284, 287, 297, 315, 324, 327, 337, 338, 341, 343
Kouluviihtyvyys 261, 278, 279
Krooniset sairaudet 2, 22, 129, 189, 240, 244, 247, 249, 282
Ksylitoli 48
Kulttuurien välinen vertailu 79, 209, 244, 327
Kuolema 71, 96, 103, 104, 105, 147, 160, 164, 167, 168, 169, 180, 194, 212, 300, 323, 330, 33
Kuolemansyyt 71, 103, 104, 105, 147, 164, 167, 168, 180, 194, 212, 300, 334
Kuolintodistukset 96, 103, 104, 160, 169
Kuolleena syntyneet 196, 197
Kuolleisuus 15, 22, 23, 28, 85, 96, 98, 100, 103-105, 147, 148, 153, 154, 158-162, 164-170, 182-197, 200, 201, 204, 206, 207, 211, 212, 214, 215, 254, 291, 294, 297, 300, 321, 322, 324-329, 331-336, 339, 344
Kuolleisuuserot 322, 325, 326, 332, 334, 335
Kuolleisuusluvut 96
Kustannus- tehokkuus 110
Kuuleminen 32
Kylät 110
Kyselyaineisto 24, 25, 342
Kyselylomakkeet 32, 46, 49, 53, 70, 118, 179, 218, 227, 243, 287
Kyselytutkimukset 36, 37, 77, 92, 95, 217
Kysyntä 56
Kynninen vihamielisyys 30
Käsitteet 72
Käsityskyky 32
Käyttäytyminen 5, 14, 18, 24, 25, 32, 36, 37, 44-48, 53, 67, 75, 79-81, 91, 92, 100, 108, 111, 112, 123, 130, 132, 134, 136, 142, 149, 171, 173, 205, 208, 210, 212, 218, 219, 223, 228, 232, 233, 236, 239-243, 255, 261, 264, 266-268, 270, 271, 273, 274, 276, 278-280, 283, 285, 288
Köyhyys 93, 95, 156, 168, 195, 247, 310
Laatu 41-43
Lahti 41-43
Lama 93, 95, 130, 168
Lapset 19, 22, 40, 48, 53, 61, 69, 112, 137, 139, 147, 175, 176, 183-185, 219, 249, 254, 307, 327, 341, 350, 351
Lapsikuolleisuus 22, 254
Lasten hyvinvointitilastot 22
Lasten terveyspalveluiden käyttö 22
Lehdistö 41-43
Lepotottumukset 312, 313
Leukosyytit 343
Lihat tuotteet 284
Lihavuus 30, 36, 37, 62, 113, 222, 239, 251, 252, 282
Liikkuvat terveyspalveluyksiköt 21
Liikunta 36, 37, 64, 111, 134, 138, 139, 142, 218, 219, 223, 236
Liikuntakäyttäytyminen 173
Liikuntatesti 69
Liitännäissairaudet 126, 343
Lineaariset mallit 224
Logistiset mallit 22, 48, 81, 233, 244, 247, 282, 285
Logilineaariset mallit 332
Lukiot 260-279

Luokkaerot 243
 Luottamusvälit 22, 64, 113, 148, 285
 Lääkehoito 64, 281
 Lääketieteellisten rekistereiden yhdistäminen 103, 104, 160, 170
 Lääkkeet 64, 89
 Lääkkeiden käyttö 88, 89
 Lähetteet ja konsultaatiot 59
 Maanviljelijät 21, 50, 186, 188, 191, 198
 Maanviljely 38, 186, 189, 199, 345–347
 Maaseudun terveydenhuolto 21
 Maaseudun väestö 62, 195, 309
 Maatalous 38, 86, 189, 199, 305, 345, 346, 347
 Maito 80, 137
 Maitotalous 38
 Maksakirroosi 206
 Mammografia 23
 Margariini 137
 Masennus 30, 31
 Mesothelioma 52
 Metalliteollisuus 172–174
 Metsäteollisuus 190
 Metsäyöntekijät 191
 Metsurit 231
 Mielenterveys 68, 93, 95, 115, 117, 118, 124, 125, 342
 Mielenterveyshäiriöt 7, 118, 156, 281
 Mies- ja naisvaltaiset ammatit 25
 Monimuuttuja-analyysit 15, 48
 Moskova 209
 Motivaatio 31
 Mukautuminen 59
 Murrosvaihe 316
 Muutos 127
 Myooma 144
 Naimisissa olevat parit 166
 Naisten juomatavat 25
 Naisten terveys 3, 14, 103, 104, 167
 Naisten työssäkäynti 167
 Nikotiini 17
 Nivelkipu 140
 Norja 129, 130, 297, 309
 Nuoret 17, 19, 26, 27, 40, 41–44, 46–48, 53, 65, 66, 77–81, 91, 112, 113, 134, 137, 139, 143,
 218, 219, 241–243, 247, 249, 255, 256, 258–281, 312, 313, 327
 Nuoret aikuiset 246
 Nuorten käyttäytyminen 44, 46–48, 80, 81, 112
 Näkö 32
 Näkövammat 156
 Nälkä 93
 Näytetutkimukset 221
 Ohjelman arviointi 240
 Oikeudenmukaisuus 56, 76, 82, 114, 128
 Omaiset 41–43
 Onnettomuudet 189
 Opinnäytteet 288
 Opiskelijat 111, 142, 177, 260–279
 Oppikoulut 348
 Osallistuva havainnointi 49
 Paino 62, 139, 239, 254, 282, 340
 Painoindeksi 113, 222, 251, 252, 282, 293, 343
 Painonlisäys 282
 Paksusuolikasvaimet 15, 309

Palkkatyö 3
 Palvelurakenne 82
 Perheen ominaispiirteet 12, 167, 285, 320, 350
 Perheen terveys 219
 Perheenemäntä 208
 Perheet 12, 41–43, 137, 167, 219, 285, 320, 350
 Perimä 100
 Peruskoulut 260–265, 268, 272, 275, 277–279
 Perusterveydenhuollon palveluiden käyttö 350
 Perusterveydenhuolto 41–43, 350
 Pienalueanalyysit 81
 Pienipainoiset vastasyntyneet 340
 Pitkäaikaistyöttömyys 93, 95
 Pitkittäistutkimukset 64, 115, 154, 219, 282, 343
 Pituus 62, 195, 298
 Pohjois-Karjala 100
 Pohjoismaat 122
 Poikkileikkaustutkimukset 61, 66, 69, 79, 90, 113, 118, 126, 145, 154, 179, 209, 215, 282, 285, 306, 341
 Poisson-jakauma 167
 Poistoilmoitustiedot 225
 Poromiehet 205, 227
 Poronhoito 205
 Postikyselyaineistot 25
 Potilaan opettaminen 292
 Primääripreventio 300
 Projektit 41–43, 110
 Proportional Hazards-mallit 71, 147, 148
 Prospektiiviset tutkimukset 60, 70, 148, 151, 153, 164, 169, 201, 212, 292, 300
 Psykiatrinen sairaanhoito 82
 Psykofysiologiset häiriöt 281
 Psykologia 57
 Psykologinen stressi 342
 Psykologiset tekijät 314, 349
 Psykosomaattiset oireet 342
 Psykosomatiikka 217
 Psykososiaaliset tekijät 317, 318
 Psyykenlääkkeet 88, 281
 Psyykkiset oireet 1
 Psyykkiset tekijät 97
 Purukumi 177
 Puuteollisuusyritykset 342
 Pähitteet 260, 262, 263, 265–267, 272, 275, 278, 279
 Päivittäiset toiminnot 224
 Rakennustyöntekijät 191
 Raskauden aikainen altistuminen 17
 Raskauden lopputulos 39
 Raskaus 17, 26, 39, 60, 254, 340
 Raskauskomplikaatiot 17, 60
 Rasva-arvot 19, 139, 308
 Rasvat, tyydyttämättömät 221
 Ravinnon hiilihydraatit 27, 44
 Ravinnon proteiinit 27
 Ravinto 229, 284, 288
 Ravintoarvo 137, 283
 Ravintorasvat 10, 19, 27, 80, 134, 137, 220, 221, 284, 341
 Ravitseminen 35, 73, 208, 220, 283, 288
 Ravitsemuskäyttäytyminen 36, 37, 228, 283, 288
 Ravitsemustaso 94, 287

Ravitsemustutkimukset 27, 38, 66, 221, 285, 295
 Regressioanalyysi 15, 20, 39, 71, 164, 167, 170, 219, 297, 343
 Rekisterit 22, 39, 134, 180
 Resurssit 316
 Retrospektiiviset tutkimukset 20, 71, 144
 Rikkihiilen haittavaikutukset 201
 Rintakasvaimet 23
 Rintasyöpä 76
 Rintojen itsetarkkailu 23
 Riskinarviointi 134
 Riskiryhmät 73
 Riskitekijät 11–13, 17, 40, 58, 69, 97, 109, 134, 139, 145, 148, 150–153, 179, 182, 189, 190,
 210, 212, 213, 215, 216, 218, 222, 240, 249, 299, 300, 308, 315, 339, 341, 343
 Roolit 167
 Ruoka 137, 208, 284
 Ruokailu 80, 220, 288
 Ruokalistan suunnittelu 235
 Ruokapreferenssit 235
 Ruokateollisuus 171
 Ruokatottumukset 9, 35–38, 44, 66, 94, 111, 220, 228, 229, 233, 268, 283, 285, 286, 288, 295
 Ruokavalio 27, 132, 137, 139, 235, 236, 284, 285, 287
 Ruokavalion rasvat 80, 134, 137, 220, 221, 341
 Ruokavaliotutkimukset 221, 236, 286, 287, 341
 Ruokosokeri 48
 Ruokosokerin käyttö 44
 Ruotsi 129, 130, 251, 252
 Saavutettavuus 82, 85, 133, 224
 Saavutukset 219
 Sairaalaan joutuminen 225
 Sairaalahoito 7, 82, 83, 225, 344
 Sairaalapalveluiden käyttö 344
 Sairaan rooli 8, 344
 Sairaanhoidajat 49
 Sairastavuus 3, 5, 20, 28, 29, 34, 54, 71, 72, 85, 95, 115, 127, 130, 154, 174, 205, 184, 189,
 217, 251, 252, 254, 297, 305, 310, 329, 345, 347
 Sairauden eteneminen 152
 Sairaudet 8, 11, 58, 76, 99, 100, 109, 130, 144, 145, 147, 148, 150, 151, 152, 163, 179, 182,
 186, 187, 189, 190, 201, 204, 206, 212, 220, 222, 227, 230, 237, 289, 299, 300, 306, 308,
 309, 315, 339
 Sairauksien ennaltaehkäisy 99
 Sairauspäiväraha 55
 Satunnaistetut kokeet 145, 182
 Sekoittavat tekijät 66, 103, 104, 147, 169
 Seksikokemukset 241
 Seksuaalikäyttäytyminen 92, 143, 241, 242, 278, 279
 Selittäminen 336
 Selkäkipu 140
 Selluloosa 201
 Selviytyminen 95
 Sensitiivisyys ja spesifisyys 180
 Sepelvaltimon ohitusleikkaus 84
 Sepelvaltimotaudin riskitekijät 11–13, 211
 Sepelvaltimotauti 12, 13, 19, 58, 62, 69, 84, 97, 100, 138, 139, 184, 195, 214, 215, 291, 308,
 311, 320, 339, 341
 Seulonnat 99
 Seurantatutkimukset 5, 6, 8, 9, 10, 22, 28, 29, 44, 65, 71, 87, 91, 105, 118, 139, 147, 152, 153,
 156, 167, 170, 180, 182, 190, 201, 212, 224, 258, 259, 292, 299, 300, 308
 Sikiöveri 17, 341
 Siviilisääty 66, 71, 98, 103, 104, 145, 160, 162, 167, 225, 236
 Skitsofrenia 6

Sokeri ja sokerivalmisteet 171
 Sopeutuminen 126
 Sosiaaliluokka 2, 8, 10, 12, 15, 16, 19, 22, 28, 29, 39, 40, 46, 48, 49, 61, 71, 74, 75, 85, 98, 105, 112, 116, 133, 135, 137, 139, 144, 147, 149, 154, 160, 162, 165, 167, 176, 179, 180, 206, 209, 211, 212, 218, 219, 224, 225, 233, 235, 243, 244, 247, 251, 252, 254, 295, 297, 301, 307, 309, 340, 350
 Sosiaalinen asema 1, 14, 95, 130, 160, 307, 310
 Sosiaalinen eriarvoisuus 175, 196, 197, 202, 210, 323, 330
 Sosiaalinen käyttäytyminen 32
 Sosiaalinen liikkuvuus 6, 147, 244
 Sosiaalinen oikeudenmukaisuus 128, 133
 Sosiaalinen rakenne 41–43, 121, 127
 Sosiaalinen tuki 59, 152, 156, 318
 Sosiaalinen ympäristö 59, 79, 249
 Sosiaalipolitiikka 41–43
 Sosiaalipsykologia 41–43
 Sosiaaliryhmät 92, 94, 284, 348
 Sosiaaliset asenteet 49
 Sosiaaliset olosuhteet 35
 Sosiaaliset ongelmat 310
 Sosiaaliset suhteet 95, 111
 Sosiaaliset tekijät 96, 97, 109, 165, 174, 175, 193, 196, 197, 207, 210, 213, 223, 242, 228, 293, 302–304, 314, 349, 351
 Sosiaalitutkimus 41–43
 Sosiaalivaltio 310
 Sosiodemografiset tekijät 49, 96, 192, 313, 321
 Sosioekonominen asema 6, 11, 13, 30, 34, 56, 76, 82, 90, 100, 156, 165, 168, 229, 237, 255, 283, 322, 329, 331, 333, 334
 Sosioekonomiset tekijät 7, 11, 12, 13, 17, 19, 20, 24, 32, 40, 47, 60, 69, 70, 77–81, 83–87, 89, 103–105, 107, 113, 115, 126, 129, 133–135, 138, 140, 144, 145–150, 152–154, 160, 163, 166, 179, 180, 185, 187, 189, 190, 195, 218, 235, 236, 249, 254, 281, 285, 289, 291, 298, 301, 308, 309, 311, 320, 325–327, 335, 338, 339, 341, 343
 Stressi 5, 8, 29, 153, 217, 290, 306, 320, 342
 Sukuelintaudit 144
 Sukupuoli 1, 30, 78, 96, 116, 122, 131, 155, 241, 243
 Sukupuolielämä 92, 241
 Sukupuolierot 88, 96, 166, 243, 253
 Sukupuolijakauma 134, 251, 252
 Sukupuolitekijät 2, 46, 47, 64, 66, 103, 104, 112, 115, 118, 126, 135, 145, 146, 160, 176, 180, 209, 212, 247, 281, 284, 285, 287, 309, 311
 Suomalaisten naisten alkoholinkäyttö 49
 Suunhoito 47
 Suunterveys 45, 46, 112, 175
 Sydän- ja verisuonitaudit 11, 100, 109, 130, 145, 147, 148, 150, 163, 179, 182, 201, 212, 213, 220, 222, 299, 300, 306, 315, 339
 Sydän- ja verisuonitautien riskitekijät 339
 Sydäninfarkti 148, 153, 292
 Sydänlihaksen iskemia 343
 Syntymäpaino 139, 254, 340
 Syöpä 237
 Syöpätaudit 76
 Syrjäytyminen 93, 95, 155–157, 310
 Syy-yhteydet 226, 336
 Taloudellinen lama 141, 304
 Taloudelliset tekijät 293
 Tapaus-kontrolli tutkimukset 113
 Tarjonta 56
 Tasa-arvo 56, 76, 82, 203
 Tehdastyöläiset 49
 Tehokkuus 41–43

Tehtaat 342
 Tekstiiliteollisuus 201
 Televisio 240
 Teollisuus 190
 Terapeuttinen käyttö 64
 Terapeuttinen yhteisö 59
 Terve-työntekijä vaikutus 164, 170
 Terveen elinajan odote 337
 Terveustottumukset 261, 264, 266-268, 270, 271, 274, 276, 279
 Terveyden edistäminen 36, 37, 41-43, 45, 102, 109, 110, 177, 240, 289
 Terveyden eriarvoisuus 16, 74, 101, 102, 106, 319, 324, 329, 349
 Terveydenhuollon tasa-arvo 82-84, 86
 Terveydenhuolto 82, 106, 296
 Terveydenhuoltojärjestelmä 82, 101
 Terveydentila 4, 10, 33, 34, 63, 64, 67, 70, 90, 131, 133-135, 167, 169, 209, 219, 224, 338, 243, 244, 249, 250,
 Terveydentilaindikaattorit 20, 22, 129, 154, 160, 209, 251, 252, 297
 Terveysasenteet 8, 40, 48, 53, 233
 Terveyserot 141
 Terveysshaastattelu 72
 Terveyskasvatus 10, 47, 48, 61, 73, 89, 198, 292, 313
 Terveyskyselyt 163
 Terveyskäyttäytyminen 5, 14, 18, 36, 37, 46, 48, 53, 67, 75, 79, 80, 81, 91, 100, 108, 111, 112, 123, 130, 132, 134, 136, 142, 143, 149, 178, 181, 205, 208, 210, 212, 218, 219, 223, 232, 233, 236, 239, 240, 243, 255, 261, 264, 266-268, 270, 271, 273, 274, 276, 279, 280, 283, 285, 288
 Terveysongelmat 225
 Terveysopetus 264
 Terveyspalveluiden käyttö 33, 67, 206, 224
 Terveyspalveluiden saavutettavuus 85, 133, 224
 Terveyspalveluiden tarve 85
 Terveyspalvelut 4, 22, 33, 41-43, 56, 67, 76, 82, 85, 133, 203, 206, 224, 240, 264, 296, 305
 Terveyspolitiikka 41-43, 46, 52, 82, 129, 141, 255
 Terveysriskit 100, 171
 Terveys suunnitelmien toimeenpano 52
 Terveystaloustiede 56
 Terveystarkastus 181
 Terveystarpeet 203
 Terveystilastot 130
 Terveystutkimukset 2, 20, 32, 35, 58, 63, 67, 128, 181, 282, 297, 311
 Terveysvaikutukset 68, 93
 Teveyden eriarvoisuus 16, 74, 101, 102, 106, 319, 324, 329, 349
 Tilastot 18, 36, 37, 89, 130, 156, 168, 237, 292, 333, 334
 Toimeentulo 95, 156
 Toimihenkilöt 232, 234
 Toiminta 318
 Toimintakyky 33, 34, 130
 Tottumukset 273
 Triglyseridit 62
 Tuki- ja liikuntaelinsairaudet 130, 289
 Tuloksellisuus 41-43, 76, 82
 Tulot 83, 95, 137, 144, 145, 147, 148, 150-153, 156, 160, 209, 250, 287, 291, 293, 309, 343
 Tupakansavu 61
 Tupakoinnin lopettaminen 31, 60, 113
 Tupakointi 10, 17, 19, 31, 35-37, 53, 57, 58, 60-62, 66, 70, 77, 78, 80, 87, 89, 111, 113, 134, 142, 195, 215, 218, 230, 236, 238, 245, 246, 253, 254, 256-260, 262, 263, 265, 269, 272, 275, 282, 292, 301, 300, 311, 343, 348
 Turku 217
 Turvavarusteet 111
 Tutkimustyö 41-43
 Tyydyttyneet rasvat 284

Tyytyväisyys 304
 Työ 2, 36, 37, 58, 66, 115, 118, 135, 145, 152, 153, 156, 212, 247, 254, 289, 290, 288, 344, 345, 347, 349
 Työaikataulujen toleranssi 308
 Työelämä 316
 Työhistoria 155
 Työhön liittyvät sairaudet 305
 Työkyky 68
 Työkyvyttömät henkilöt 244, 338
 Työkyvyttömyyden arviointi 249
 Työkyvyttömyys 54, 187, 192, 337
 Työkyvyttömyyseläke 54, 55
 Työn vaatimukset 318
 Työnhallinta 318
 Työnkuvaus 152
 Työntekijät 172, 173, 232, 234, 288, 342
 Työolot 28, 29, 174, 192, 288, 317
 Työpaikka 153, 319
 Työperäiset riskit 192
 Työssäkäyvät naiset 25
 Työterveys 205, 345
 Työterveyshuolto 21, 199, 305, 346, 347
 Työttömät 68, 93, 95, 181
 Työttömyys 36, 37, 55, 65, 68, 93, 95, 115, 117, 118–120, 124–126, 132, 134, 146, 155, 164, 168–170, 178, 181, 226, 286, 288, 292, 310, 336, 342
 Työvoiman sukupuolijakauma 25
 Univaikkeudet 312
 Urheilu 35
 Vaihdevuodet 217
 Vaikeat mielialahäiriöt 6
 Vaikuttavuus 41–43, 82
 Vajaakuntoisuus 155, 157
 Valikoituminen 336
 Valikoitumisharha 169
 Vallitsevuus 15, 60, 69, 112, 113, 118, 129, 150, 152, 189, 247, 251, 252, 343
 Vanhainkodit 59
 Vanhemmat 46, 61, 139, 348
 Vanhukset 15, 223, 224
 Vapaa-aika 156
 Vapaa-ajan toiminta 58, 138, 163, 282
 Vapaaehtoistyö 41–43
 Varianssianalyysi 39, 112, 209, 220
 Vastasyntyneet 17, 22, 53, 61, 249, 254, 301, 340
 Vatsakalvon kasvaimet 51
 Vatsakivut 48
 Velkaantuminen 93
 Veren proteiinit 179
 Verenpaine 19, 62, 100, 139, 195, 215, 300, 306, 308, 311
 Verenpainetauti 100, 300, 306
 Vertaileva tutkimus 2, 3, 23, 32, 44, 47, 48, 51, 58, 70, 103, 104, 118, 126, 129, 140, 147, 156, 176, 179, 189, 209, 215, 221, 240, 244, 251, 252, 287, 297, 327, 344
 Vertaisvaikutus 24
 Viro 76
 Vitamiini A 66
 Vitamiini D 137
 Vitamiini E 66
 Vitamiinit 64, 89, 283
 Voi 284
 Voimavara 318

Väestö 36, 37, 52, 60-62, 81, 82, 100, 104, 147, 156, 160, 168, 170, 195, 202, 203, 215, 252,
 255, 296, 309
 Väestölaskennat 96, 162, 170
 Väestörakenne 100, 255
 Väestöryhmät 202, 203, 296
 Väestötiede 162
 Väitöskirjat 5, 28, 55, 56, 62, 72, 76, 82, 100, 111, 115, 155, 159, 184, 217, 241, 228, 237, 243,
 258, 283, 302, 307, 351
 Väkivalta 300
 WHO 41-43
 Yhdysvallat 206
 Yhteisöt 41-43, 59
 Yhteys 208
 Yksinäisyys 64
 Yksinhuoltajat 167
 Yksityiset palvelut 82, 86, 144
 Yliherkkyyks 61
 Yliopistot 177
 Ympäristöaltistus 61
 Ympäristön tarkkailu 52
 Äidin ikä 340
 Äidit 22, 39, 167
 Äitiys- ja lastenneuvolat 53
 I 2, 3, 5, 6, 8, 11-16, 20, 22, 28, 29, 31, 39, 58, 62, 63, 68, 69, 71, 72, 74, 76, 90-93, 95-98, 100,
 101, 103-105, 107, 109, 114-125, 127-131, 133-135, 140, 141, 147-149, 151-162, 164-
 167, 169, 170, 174-176, 179, 180, 183-197, 200, 202, 204-207, 209, 211, 212, 214, 215, 219,
 224-226, 237, 244, 247-250, 254, 289-291, 293, 294, 297, 298, 303-310, 314, 319-339,
 342, 345, 349, 351
 II 1, 4, 7, 9, 10, 17-19, 24-27, 30, 32-38, 40, 44, 46, 47, 49, 53-57, 60, 61, 64-67, 70, 73, 75,
 77-81, 83-89, 92, 94, 108, 111-113, 126, 132, 136-139, 142-146, 150, 171-173, 178, 203,
 208, 210, 213, 216-218, 221-223, 227-229, 232-236, 238, 239, 241-243, 245, 246, 251-
 253, 255-288, 295, 296, 301, 302, 311-313, 315, 317, 318, 341, 343, 344, 348, 350
 IIIa 23, 45, 163, 220, 292, 340
 IIIb 21, 41-43, 50-52, 59, 99, 110, 181, 177, 182, 198, 199, 201, 230, 240, 299, 300, 346, 347
 IV 48, 82, 102, 106, 168, 316

6.3 Lehti-indeksi — *Journals cited*

Acta Medica Scandinavica 62, 163, 221, 320
Acta Obstetricia & Gynecologica Scandinavica 17
Acta Paediatrica Scandinavica 19, 301, 340, 341
Acta Psychiatrica Scandinavica 7
Acta Sociologica 3
Addiction 79
Addictive Behaviors 31
Alkoholipolitiikka 25, 178
American Journal of Epidemiology 148, 343
American Journal of Industrial Medicine 52
American Journal of Public Health 153, 170
Annals of Clinical Research 8
Annals of Medicine 58, 182
Arterioscleroris and Thrombosis Vascular Biology 151
Bibliotheca Nutritio et Dieta 235
Bolus 94
British Heart Journal 300
British Journal of Industrial Medicine 201
British Journal of Psychiatry 6
British Medical Journal 69, 105, 164, 180, 212
Cancer 15, 23
Caries Research 48
Circulation 150, 152
Community Dental Health 112
Community Dental Oral Epidemiology 176
Community Dentistry and Oral Epidemiology 44, 46, 47
Comprehensive Gerontologia 87
Contemporary Drug Problems 24
Drogalcohol 256
Drug and Alcohol Dependence 126
Duodecim 26, 97, 211, 291, 330
European Journal of Clinical Pharmacology 89
European Journal of Clinical Nutrition 233, 282, 287
European Journal of Epidemiology 140
European Journal of Public Health 84, 122, 127, 128
Family Practice 53
Health Education Research 136
Health Policy 86, 252
Health Promotion International 41, 45, 110, 177, 253, 313
Helsingin Lääkärilehti 13
International Archives of Occupational and Environmental Health 306
International Journal of Eating Disorders 30
International Journal of Epidemiology 39, 138, 139, 146, 179, 293
International Journal of Health Sciences 325
International Journal of Health Services 118
International Journal of Nursing Studies 218, 219
International Journal of Obesity Related Metabolic Disorders 222
International Journal of Social Psychiatry 342
International Journal of Sociology 74
Journal of Clinical Epidemiology 64, 70
Journal of Consumer Studies and Home Economics 208
Journal of Epidemiology and Community Health 20, 66, 90, 91, 144, 145, 190, 215, 319, 339
Journal of Gerontology: Social Sciences 162
Journal of Public Health Policy 352
Journal of Studies on Alcohol 225
Journal of the American Medical Association 299
Lancet 147, 154, 169

Nuorisotutkimus 78
Nutrition and Metabolism 27
Näringsforskning 38, 286
Population Studies 165
Preventive Medicine 113, 220, 311
Psychiatria Fennica 117
Psychiatry 6, 59, 342
Scandinavian Journal of Social Medicine 5, 10, 32, 35, 57, 60, 61, 115, 137, 186, 224, 240, 244,
292, 350
Scandinavian Journal of Work, Environment & Health 50, 134, 171, 188, 189, 206, 308, 309
Social Pharmacology 88
Social Science & Medicine 2, 22, 40, 80, 81, 85, 96, 98, 104, 129, 131, 133, 135, 149, 160, 167,
195, 198, 204, 209, 227, 236, 247, 249, 254, 281, 285, 289, 297, 327, 338, 344
Sociology of Health & Illness 166
Sosiaalilääketieteellinen Aikakauslehti 9, 11, 16, 83, 103, 107, 114, 116, 132, 141, 175, 183,
197, 202, 210, 213, 226, 229, 234, 259, 298, 303, 314, 315, 329, 349
Sosiologia 75, 191
Stadion 223
Suomen Lääkärilehti 101, 123, 238, 239, 245, 246, 250, 251, 284, 348
Terveydenhoitaja 181