Family factors among Finnish adolescents with truancy and medical absence in school

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Masters Thesis in Psychology

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Summary of Master's Thesis

Subject: Psychology	
Author: Sofia Nyberg	
Title: Family factors among Finnish adolescents with truancy and medical absence in school	
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Abstract: Introduction The aim of the study was to analyze if there are differences in family factors among youth who are absent due to medical absence as compared to youth with truancy. Research has found family factors to be associated with truancy absence, but the relationship between medical absence and family factors is much less studied. Methods Data for this cross-sectional quantitative study were acquired from the Finnish School Health Promotion (SHP) study, a nationally distributed survey for Finnish children and adolescents in certain age groups. The responses of 8th and 9th-grade students from the 2017 SHP survey were used. The family factors consisted of the socioeconomic status (SES), living arrangements, changes in the family constitution, and other family dynamic patterns, such as communication habits. Analyses were also made for youth with combined high absence (frequent truancy and frequent medical absence). Results The results were mostly in line with previous studies on absence from school and family factors, but some deviant results were also found. For example, the risk for medical absence was found to be higher than the risk for truancy for youth who recently had one parent unemployed, a family with a poor financial situation, in a recent formation of a blended family, or not spending enough time together as a family. Discussion The results imply that family factors play a role in increasing or decreasing the risk for absence from school due to truancy and medical absenteeism. However, more studies on the topic are needed.	
Keywords: school attendance problems, truancy, medical absence, family factors, socio-economic situation (SES), authorized absence, unauthorized absence, school absenteeism	
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ÅBO AKADEMI – FAKULTETEN FÖR HUMANIORA, PSYKOLOGI OCH TEOLOGI
Abstrakt för avhandling Pro Gradu

Subject: Psykologi
Författare: Sofia Nyberg
Titel: Familjefaktorer hos finländska ungdomar med skolk eller sjukfrånvaro i skolan
Handledare: Katarina Alanko (Åbo Akademi)
Abstrakt: Introduktion Syftet med studien var att analysera om det finns skillnader i familjefaktorer för ungdomar som är frånvarande från skolan på grund av sjukfrånvaro eller skolk. Forskning har funnit att familjefaktorer är associerade med skolk men förhållandet mellan sjukfrånvaro och familjefaktorer har studerats betydligt mindre. Metoder Data för denna kvantitativa studie kom från Hälsa i Skolan studien, som är en enkät som distribueras till finska barn och ungdomar i vissa åldersgrupper. Svaren från elever åk 8 och 9 från studien år 2017 användes. Familjefaktorerna bestod av socio-ekonomisk status (SES), boendearrangemang, förändringar i familjekonstellationen samt andra familjedynamiska mönster, så som t.ex. kommunikationsvanor. Analyser gjordes även för kombinerad hög frånvaro (frekvent skolk samt frekvent sjukfrånvaro). Resultat Resultaten var mestadels i linje med tidigare resultat gällande skolfrånvaro och familjefaktorer, men även avvikande fynd hittades. Risken för sjukfrånvaro visade sig vara högre än risken för skolk för ungdomar vars ena förälder nyligen varit arbetslös, vars familj har en dålig ekonomisk situation, som nyligen varit med om formandet av en nyfamilj eller om familjen inte spenderar tillräckligt med tid tillsammans. Diskussion Resultaten tyder på att familjefaktorer spelar en roll i att öka eller minska på risken för både skolk och sjukfrånvaro. Mera studier i ämnet behövs.
Nyckelord: Problem med skolnärvaro, skolk, sjukfrånvaro, familjefaktorer, socio-ekonomisk status (SES), lovlig frånvaro, olovlig frånvaro, skolfrånvaro

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Introduction

School absence is an increasing problem in the Nordic countries (Palmu et al., 2021). School attendance and absence are generally considered to be a spectrum, ranging from full school attendance to full school absence, with various school attendance problems (SAP) in between (Kearney, 2003). Neither school non-attendance nor school attendance problems (SAP) are official psychiatric or medical diagnoses with fixed criteria (Kearney, 2003). Consequently, the criteria for defining problematic absenteeism vary greatly, not only between countries but also between schools (Palmu et al., 2021).

School non-attendance is usually divided into absence due to excused reasons and absence that is unexcused (Vanneste-van Zandvoort, 2015). For example, most students occasionally miss school due to family holidays or illness, which is usually categorized as excused absences (Palmu et al., 2021). Truancy, on the other hand, is an example of an unexcused absence and is one of the oldest and most commonly used terms when it comes to unexcused forms of school absence (Kearney et al., 2019). However, truancy is not equivalent to all forms of unexcused school non-attendance, and researchers emphasize that school attendance problems are very heterogenous (Elliott & Place, 2019). Recently a proposal has been made to divide unexcused absence into four nuanced subcategories (truancy, school refusal, school exclusion, school withdrawal), each with clear, descriptive characteristics, to aid in the process of distinguishing between the different forms of non-attendance (Heyne et al., 2019).

Missing more than 10% of school due to either unauthorized absence, such as truancy, or authorized non-attendance, such as medical absenteeism, is often seen as a warning sign for chronic absence (Balfanz & Byrnes, 2012; Department for Education (DFE), 2018). Chronic school absenteeism can be considered to be a key indicator of maladaptive functioning in children and adolescents (Kearney & Graczyk, 2020). Deeper underlying problems, such as mental problems, family dysfunctions, learning difficulties, or bullying, can be found among youth with absence from school (Palmu et al., 2021).

Research has linked pupils with a history of unexcused school absence with many types of adverse outcomes in the future, such as weaker academic performance (Attwood & Croll, 2006, 2015; Gottfried, 2014; London et al., 2016; OECD, 2019), not continuing education

later in life (Attwood & Croll, 2006, 2015), higher high-school dropout rate (Christle et al., 2007; Markussen et al., 2011) and future unemployment (Attwood & Croll, 2006, 2015). Studies have also found that the likelihood of involvement in other deviant behaviors increases for students with unexcused absences from school (Veenstra et al., 2010). Traditionally the focus of the research on school absence has been on unexcused forms of absence, partly because medical absenteeism has been seen as inevitable, as its causes have been considered to be purely physiological (Pijl et al., 2021). However, in the last few years, researchers have started to question at least two assumptions about absence from school. Firstly, the question has been raised if only unexcused school absences, such as truancy, lead to negative outcomes, or if excused absences also can become problematic (Tonge & Silverman, 2019)? One study, for example, found that regardless if the absence was excused or unexcused, the more schooldays the student had missed, the stronger negative effect there was on, for example, academic performance (Gottfried, 2009). Secondly, some researchers have started to question if medical absenteeism is associated mainly with the medical condition of the student or whether other primary reasons could lead to the student being reported ill? In a study of secondary school students with extensive medical absenteeism, only 19% could report a severe organic disease or symptom as a reason for their absence, and the clear majority had only vague symptoms and minor illness as a reason for their absence (Jones et al., 2009). Kearney (Kearney, 2006) highlights that medical absenteeism can be a symptom of a behavior pattern where the student reports an absence as a medical absence without a medical reason or for minor symptoms. Absence recorded as medical absenteeism that lacks medical ground could be a sign of indifference or difficulty towards attending school for truancy-related reasons, and researchers have suggested that schools should pay attention to students with frequent absences due to subjective health complaints, as this could be important in preventing unexcused school non-attendance (Havik et al., 2015). One could say that the general trend in school absence research is that there is a call for more research on the prevalence of medical absence to determine the factors that influence it (Pijl et al., 2021).

Statistics of school non-attendance in European countries do show that the most frequent reason for school absenteeism is different forms of authorized absence, with medical absenteeism being the most common reason (Education (DFE), 2018; Havik, Trude et al., 2015; Pijl et al., 2021). On a European level, medical absenteeism is reported nearly twice as often as truancy (Vanneste-van Zandvoort, 2015). However, when it comes to all

kinds of absences, it is worth keeping in mind that some students can function well even with moderate absences, while for others, a little absence can become problematic (Palmu et al., 2021).

Truancy and family factors

The idea that problematic family relationships are crucial to the etiology of SAP has persisted for decades across studies (Kearney & Silverman, 1995). Modern research has confirmed that the prevalence of truancy correlates with, for example, the family's socio-economic status (parental educational level, financial situation, unemployment), living arrangements, and factors that could be described as family dynamic patterns.

When it comes to the education level of the parents, a low education level has been shown to increase the risk of truancy (Autio, 2017; Duarte & Escario, 2006) and chronic absenteeism (London et al., 2016). In some studies, high absence from school has been linked explicitly to a low education level of mothers (Askeland et al., 2015; Guevara et al., 2013; Thornton et al., 2013). In several studies, a poor financial situation in the family (Autio, 2017; Duarte & Escario, 2006; Guevara et al., 2013; Thornton et al., 2013; Veenstra et al., 2010) and parental unemployment (Duarte & Escario, 2006; Ingul et al., 2012; Thornton et al., 2013) have also been confirmed to raise the risk for truancy. When it comes to living arrangements and truancy, there are studies that suggest that living with a single parent also raises the risk for truancy (Duarte & Escario, 2006; Wood et al., 2012). A family breakup is also a factor connected to an increased risk of truancy (Veenstra et al., 2010). Finally, several studies suggest that different kinds of family dynamic patterns can lead to an increased risk of truancy. For example, lower parental interest in homework (Havik et al., 2015) or parents not monitoring homework (Attwood & Croll, 2006) have been connected to an increased risk of absence from school. Students with parents who do not value education have also been shown to have higher truancy rates (Attwood & Croll, 2006). The absence of involved parents (Vaughn et al., 2013) or a lack of a functioning relationship with the parent (Veenstra et al., 2010) have also been connected to an increased risk of truancy.

In a study on truancy and family factors among 8th and 9th graders in Finland by Autio (Autio, 2017) based on data from the 2015 national School Health Promotion (SHP) survey, truancy was found to be more frequent in youth from families with either unemployment or lower education level than in families with employment or higher level of education. Youth from

single-parent homes were also shown to have higher percentages of truancy as compared to the truancy rates for youth who lived with both parents in one home. Also, factors related to family dynamic patterns were reported to impact truancy rates. For example, youth who reported frequently discussing with their parents about matters that concern them had lower rates of truancy than students who reported very rarely communicating with their caretakers. The study by Autio (2017) also found that youth who reported receiving frequent support for schoolwork were less likely to have reported truancy as compared to youth who reported rarely receiving help.

Medical absenteeism and family factors

Research on medical absenteeism has been scarce, and as its causes are often thought of as purely physiological, medical absenteeism has long been seen as both inevitable and unproblematic (Vanneste-van Zandvoort, 2015). According to reports from European countries, students miss an average of approximately 2% of school due to excused medical absenteeism (Department for Education (DFE), 2018; Pijl et al., 2021; Scottish Executive National Statistics., 2007). In the field of medical absence, absences that exceed 20% of the total school time are referred to as extensive medical absenteeism (Jones et al., 2009; Vanneste-van Zandvoort, 2015). Recent studies have found that there are family factors that contribute to and correlate with medical absenteeism and that, particularly in primary school children, extensive medical absenteeism appears to be associated with factors primarily from the home environment (Vanneste-van Zandvoort, 2015). Results from a series of Dutch studies show that extensive medical absenteeism is related to non-nuclear families, families where the mother has no paid job or a low educational level, and more than one problem in the upbringing situation (including financial problems and problems in the primary care group) (Vanneste-van Zandvoort, 2015). A low parental educational level has also been shown to have significant correlations with extensive medical absence when compared with pupils with occasional sickness absence (Pijl et al., 2021).

The current study

The associations between family factors and truancy have been confirmed both internationally and in Finland. However, when it comes to medical absence and family factors, there is less research to be found. The main aim of this study is to make a contribution to the field of research on medical absenteeism and family factors. In the current study, the prevalence of

and risk for medical absenteeism among 8th and 9th -grade students in Finland will be reported with regard to differences in family factors such as the socio-economic status (SES) of the family, living arrangements, recent changes in the family constitution and certain family dynamic patterns, such as communication habits in the family. The same analysis will also be made regarding youth with absences due to truancy, which will enable a comparison of the possible effect of family factors on truancy versus the effect on family factors and medical absenteeism. Finally, youth with both frequent absence due to truancy and frequent absence due to medical absenteeism will form a combined high absence group, and the possible family factors that contribute to the prevalence or risk for combined high absence will also be reported.

Method

Design and data collection

The study was a cross-sectional quantitative study. Data were acquired from the Finnish School Health Promotion (SHP) survey, a nationally distributed survey for Finnish children and adolescents in specific age groups. The SHP survey measures living conditions, schoolwork, health, health-related behavior, and school health services cross-sectionally every other year. The survey is administered to all schools in Finland by the Finnish Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos, THL), a governmental institution in Finland. The survey is filled in anonymously during school hours and under teacher observation. The data used in the current study were obtained from the version of the survey that was directed to adolescents in the 8th and 9th grades and was collected in March and April 2017 (THL, 2021).

Participants

Participants of this study were 12,33-19,33 years old 8th and 9th grader adolescent boys (n = 44 409) and girls (n = 44 885). In total, 89 570 students participated in the 2017 SHP survey giving the data material used a coverage of 75% of the targeted age group (THL, 2019).

Measures

All the questions used from the SHP survey can be seen in their original form in Appendix 1 at the end of this study.

School absence

Results were derived from adolescents' self-reported amount of school absence in the SHP survey. The students in the sample were asked how frequently they had been absent from school during the last school year due to "absence without permission or skipping school" and "absence due to illness". The category "absence without permission or skipping school" was renamed as Truancy, and "absence due to illness" was renamed as Medical absence. The prevalence of absence was determined with the question, "During this school year, how often have you experienced the following?" with answering options on a 5-point Likert scale (Daily, Weekly, Monthly, Yearly, or No absence). In the analysis, the 5-point Likert scale was reduced to three categories. The categories were also renamed. Students who answered being truant Daily or Weekly were combined to form a group called Frequent truancy. Students who reported being truant less frequently (Yearly or Monthly) were combined into a Moderate truancy group. The category of students who did not report any truancy was named No truancy. When it comes to the reported absence due to illness, Daily or Weekly absence was cojoined and renamed as Frequent medical absence, and Monthly illness absence was renamed as Moderate medical absence. Students who reported no illness absence were cojoined with those that had reported yearly illness absence and were renamed as No medical absenteeism. The reason for including youth who had answered being absent from school due to illness on a yearly basis into the No medical absence group while youth who had answered being truant on a yearly basis was included in the Moderate truancy group was that occasional absence due to illness was considered to be nothing out of the ordinary and that students are comparable with those who had reported not being absent due to illness at all. In contrast, monthly medical absence is a regular absence that can already be seen as a pattern and not necessarily just a once-a-year seasonal flu. The adolescents in the sample with both Frequent truancy and Frequent medical absence were combined and named Combined high absence. Youth with no medical absenteeism and no truancy were considered a No absence group. As the Combined high absence group consisted of youth who had answered being absent daily or weekly for both truancy and medical absenteeism, it is likely that they have absences that exceed the total 10% of unexcused and excused absences that are considered to be the landmark for chronic absenteeism. As the data does not tell exactly if the truancy was a few hours or the whole day, we could not for sure say that these youth were chronic absentees, thus, the group was chosen to be called Combined high absence.

Family factors

Family factors were measured using sixteen items from the questionnaire and were divided into four subcategories.

1) Socio-economical status items (4) that included Maternal education level, Paternal education level, Parental unemployment, and the Financial situation of the family. For acquiring the parental education level, the students were asked to choose the highest education their mother and father had acquired from certain options. The financial situation was based on the estimate of the adolescents based on options on a 5-point Likert scale. For the odds-ratio analysis, the answering options "Very good" and "Good" were combined into one category named Good, and the answering options "Fairly poor" and "Poor" were united and named Poor. The answering option Moderate was kept the same. Parental unemployment included questions about recent parental unemployment, with answering alternatives for none of the parents, one of the parents, or both parents having recently been unemployed, with no information of the gender.
2) Living arrangements (4) included the following options to choose from: Living with both parents, the Parents in turns, living with a Single parent, and finally, an option for youth Not living with parents. The information for the living conditions were acquired from several questions in the SHP survey, and there was more information about the living arrangements available in the data than these four items. The original idea was to include also youth not living with their parents in the study, but the first results revealed that for this study, it was clearer to focus on either youth not living with their parents or youth living with parents. The reason for this was that there were some problematic features when it came to the analysis of the living situation and absence since there was some youth who had answered living with their parents (parents in one home, single parent, or parents in turn) and also not with their parents (institution, grandparents or other relatives, or in other living conditions). In the SHP survey, the guideline is that if one has answered "yes" to living with parents, then the respondents were guided to skip the next question that clarified where the youth lives if not with parents, creating a possibility to compare youth living with a parent with youth not living with parents. Unfortunately, the results revealed that many have answered both living with parents and some other kind of living arrangement. It is possible that some youth live with parents partially and partially in other care, and thus, they have answered "yes" to both living with their parents in some form and living with other

caretakers even though in the study, the options were supposed to exclude each other. It is also possible that youth who live in other living arrangements than their parents still have described what their parental situation would be if they were living with their parents. For this study, the decision was taken to thus include only the youth who were living with their parents.

3) Changes in the family constitution (2) were derived from questions in the SHP survey about recent life changes, and the items Recent formation of a blended family or Recent divorce in the family were included. The answering options were "yes" or "no" to the questions on recent life changes.
4) Family dynamic patterns (6) included a variety of questions that tell something about the habits, values, and interaction of the family and consisted of questions that measured how important the family views school, if the youth feel as an important member of the family, if the family spends enough time together, the frequency of common evening meals on weekdays, the possibility to talk to the parent(s) about things that are worrisome and the frequency of talking about ones matters with the parent(s). Questions with answering options on a 5-point Likert scale were changed into three groups instead of five for the odds-ratio analysis. This means that on question number 106 that asked if the youth feel they are an important member of the family, and question 109 that measured if the youth think the family spends enough time together, the first two answering options (Fully agree and Agree) were united to form one group that was named Agree, and the last two answering options (I disagree and Fully disagree) was united and named Disagree. Regarding question 45 about how often the family eats dinner on weekdays, the answering options 3-4 times per week and 1-2 times per week were united into a Weekly eating together group. The answering option on five days was renamed Every weekday, and the less frequently eating dinner together as a family was named Less than weekly.

Data-analysis

The data were described by frequencies and percentages, and the associations were examined using cross-tabulations and Chi-square test. The data were analyzed using IBM SPSS Statistics Software, and P values smaller than 0,05 were considered statistically significant. Results are presented as frequencies, percentages, odds ratios (ORs) with 95% confidence intervals (95% CIs) and P values. In the logistic regression analysis, all the variables were

included in the same model, predicting either truancy, medical absence, or combined high absence. The results are presented separately under each subtheme.

Results

The prevalence of absence

The majority of the pupils had no truancy or medical absence (Table 1). Moderate and frequent truancy absence was more common among boys, whereas both moderate and frequent medical absence was more common among girls. Combined high absence (having both frequent truancy and frequent medical absences) was more common for boys, and there were slightly more girls than boys who had no combined absence (neither truancy nor medical absences).

Table 1: Gender and absence

Truancy	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*N*	%	
							303.6403
							<.0001
Male	24433	68.77	9616	27.07	1480	4.17	
Female	27211	74.61	8053	22.08	1205	3.30	

Medical	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*N*	%	
							193.2125
							<.0001
Male	27971	78.75	6379	17.96	1167	3.29	
Female	27145	74.42	8003	21.94	1326	3.64	

Combined	No absence		Moderate absence		High absence		
	N	%	*N*	%	*n*	%	
							67.2707

							<.0001
Male	20672	58.34	14098	39.79	662	1.87	
Female	21769	59.83	14187	38.99	426	1.17	

Socio-economic status (SES) and absence

The results (Table 2) showed that truancy-related frequent absence, frequent medical absence, and combined high absence were consequently most common among youth who come from families with the lowest socio-economic status (SES), as measured by questions on parental employment, education, and the financial situation of the family from the School Health Promotion (SHP) survey. Also, the percentage of students with no absence was continuously the highest among youth from families which had the highest level on the different SES subcategories from the SHP survey. The results will be presented separately for each subcategory of the SES: Parental education level, Parental unemployment, and the Family financial situation.

Table 2: Socio-economic status (SES) and absence

Truancy	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Maternal education							1152.9127
							<.0001
Comprehensive school	2435	58.53	1332	32.02	393	9.45	
Basic middle level	13023	69.22	5130	27.27	661	3.51	
Advanced middle level	11488	73.80	3661	23.52	418	2.69	
High level education	2034	77.37	5322	20.24	628	2.39	
Paternal education							870.3033
							<.0001
Comprehensive school	3628	61.91	1803	30.77	429	7.32	
Basic middle level	15290	71.04	5538	25.73	694	3.22	
Advanced middle level	10364	73.58	3323	23.59	398	2.83	
High level education	17259	77.99	4361	19.71	509	2.30	

Parental unemployment							865.8759
							<.0001
No unemployment	35297	74.91	10555	22.40	1267	2.69	
One parent unemployed	12788	68.39	5145	27.51	766	4.10	
2 or more parents unemployed	1559	58.28	781	29.20	335	12.52	
							1317.5467
Family financial situation							<.0001
Very / fairly good	35031	75.20	10347	22.21	1208	2.59	
Moderate	11928	68.96	4708	27.22	660	3.82	
Very / fairly poor	2682	57.78	1450	31.24	510	10.99	

Medical	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*N*	%	
Maternal education							465.9731
							<.0001
Comprehensive school	2854	68.72	976	23.50	323	7.78	
Basic middle level	14255	75.73	4024	21.38	545	2.90	
Advanced middle level	11975	77.00	3149	20.25	427	2.75	
High level education	20829	79.18	4776	18.16	701	2.66	
Paternal education							409.9712
							<.0001
Comprehensive school	4100	70.07	1373	23.47	378	6.46	
Basic middle level	16424	76.29	4518	20.99	587	2.73	
Advanced middle level	10937	77.69	2736	19.43	40	2.88	
High level education	17626	79.64	3944	17.82	5	2.54	
Parental unemployment							865.8759
							<.0001
No unemployment	37311	79.18	8592	18.23	1216	2.58	
One parent unemployed	13582	72.68	4397	23.53	709	3.79	

2 or more parents unemployed	1767	66.11	619	23.16	287	10.74	
Family financial situation							1228.0621 <.0001
Very / fairly good	37109	79.66	8302	17.82	1175	2.52	
Moderate	12613	72.93	4091	23.65	591	3.42	
Very / fairly poor	2938	63.43	1236	26.68	458	9.89	

Combined	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Maternal education							1169.5669 <.0001
Comprehensive school	1903	45.92	2029	48.96	212	5.12	
Basic middle level	10605	56.48	7980	42.50	192	1.02	
Advanced middle level	9376	60.40	6017	38.76	129	0.83	
High level education	16986	64.71	9040	34.44	225	0.86	
Paternal education							909.9790 <.0001
Comprehensive school	2816	48.22	2811	48.13	213	3.65	
Basic middle level	12482	58.12	8798	40.96	198	0.92	
Advanced middle level	8525	60.65	5406	38.46	125	0.89	
High level education	14461	65.48	7419	33.60	203	0.92	
Parental unemployment							1414.6474 <.0001
No unemployment	29607	62.98	16964	36.09	440	0.94	
One parent unemployed	10033	53.80	8358	44.82	258	1.38	
2 or more parents unemployed	1193	44.73	1277	47.88	197	7.39	

Family financial situation						1564.4852
						<.0001
Very / fairly good	29491	62.98	16555	35.62	430	0.93
Moderate	9399	53.80	7631	44.23	224	1.30
Very / fairly poor	1933	44.73	2443	52.80	251	5.42

Parental unemployment and absence

Among youth who had answered both parents recently being unemployed, the percentage of frequent truancy, frequent medical absence, and combined high absence were much higher than the occurrence of frequent absence in youth with no parental unemployment (Table 2). The odds-ratio analysis (Chart 1) revealed that the recent unemployment of both parents increased the risk of both truancy (30.0% increase in risk) and medical absence (29.1% increase in risk) in similar percentages. In the case of one parent recently being unemployed, the risk for medical absence was higher (21.7% increase in risk) than the risk for truancy (14.9% increase in risk). The highest increase in odds-ratio risk for absence related to parental unemployment was found in the combined absence group, where the increase in risk was 34.6% for youth with both parents recently being unemployed, as compared to youth with no recent parental unemployment.

Chart 1: Odds ratio for absence and parental unemployment

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Parental employment	Ref 1	Ref 1	Ref
- 1 parent unemployed	**1.149 (1.096-1.204)**	**1.217 (1.160-1.276)**	**1.220 (1.169-1.273)**
- 2 parents unemployed	**1.300 (1.164-1.452)**	**1.291 (1.154-1.444)**	**1.346 (1.211-1.495)**

Parental education and absence

The analysis of parental education level and the prevalence of absence showed that the percentages (Table 2) of no absence due to truancy, medical absence, or no combined absence was the highest for youth from families with high parental education level. For youth who reported the lowest parental education level, the pattern was the opposite: the amount of youth with frequent truancy, frequent medical absenteeism, and combined high absence was much higher than among peers with high parental education level.

The odds-ratio analysis (Chart 2) showed a general pattern with a decreased risk of absence in all forms of absence for youth with parents with high education level compared to families with the lowest maternal or paternal education level. For medical absence, the odds-ratio analysis showed no statistically significant differences in the change of risk for absence in youth whose mothers belonged to the two middle levels of education (basic or advanced middle level) as compared to youth whose mothers had comprehensive education and the decrease in risk for youth with high maternal education level as compared to youth with mothers with comprehensive school education was the smallest for medical absence. On the other hand, the risk for truancy and combined high absence decreased steadily the higher the reported maternal education level was, culminating with a decreased odds-ratio risk for truancy of 0.662 when youth with the highest maternal level of education was compared to the group with the lowest maternal education level. The effect of paternal educational level on the risk of absence showed different patterns than the maternal education level. Firstly, the risk of absence was statistically significant in all categories of odds-ratio analysis in the paternal education level, which was not the case for the maternal education level. Secondly, even though the risk for absence was lowest for all forms of absence if the parents had a high education level, the effect of the paternal level on the risk for absence was only linear for medical absence as both truancy and combined had lower risks for absence in the second lowest education level in comparison to the second highest paternal education level. Finally, there was less variation in the effect size of the reduction of risk for youth with high paternal education (decrease in risk for truancy 0.735, decrease in risk for medical absence 0.774) as compared to the variation in effect size for the risk for absence for youth with high maternal education level (decrease in risk for truancy 0.662, decrease in risk for medical absence 0.888).

Chart 2: Odds ratio for absence and parental education level

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Maternal education			
Comprehensive school	Ref 1	Ref 1	Ref 1
Basic middle level	**0.797 (0.724-0.877)**	0.905 (0.818-1.000)	**0.853 (0.778-0.935)**
Advanced middle level	**0.717 (0.649-0.792)**	0.924 (0.832-1.026)	**0.815 (0.741-0.897)**

High education level	**0.662 (0.599-0.731)**	**0.888 (0.800-0.985)**	**0.760 (0.691-0.835)**
Paternal education			
Comprehensive school	Ref 1	Ref 1	Ref 1
Basic middle level	**0.821 (0.757-0.889)**	**0.805 (0.741-0.875)**	**0.786 (0.728-0.847)**
Advanced middle level	**0.847 (0.776-0.925)**	**0.795 (0.726-0.869)**	**0.802 (0.739-0.870)**
High education level	**0.735 (0.673-0.801)**	**0.774 (0.708-0.846)**	**0.720 (0.664-0.781)**

Family financial situation and absence

The youths´ estimation of the financial situation in the family and its relationship with absence from school showed a similar trend as the rest of the socio-economical status items in the study (Table 2). First of all, the better the financial situation, the higher percentage of youth there was that showed no absence due to truancy, medical absence, or no combined absence. And for the second, the highest percentage of frequent truancy absence, frequent medical absence, and combined high absence were found among youth who estimated the family financial situation to be the poorest. The odds-ratio analysis (Chart 3) indicated that the risk for any kind of absence was generally higher among youth from a poor financial situation in comparison with youth with a good financial situation in the family. Truancy-related absence, the results did not show a significantly heightened risk if the family was rated as having a good financial situation versus a moderate financial situation. Also, when comparing the risk for truancy versus the risk for medical absence for youth with an estimated poor financial situation in the family, as compared to youth with a good family financial situation, the risk for medical absence was higher with an increase in 45.9% in the risk of medical absence in comparison to the 19.8% increase in risk for truancy. The increase in risk for combined absence lied in between the risk for truancy and the risk for medical absence.

Chart 3: Odds ratio for absence and family financial situation

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Family economic good	Ref 1	Ref 1	Ref 1
- Moderate	1.004 (0.955-1.055)	**1.159 (1.102-1.219)**	**1.092 (1.045-1.142)**
- Poor	**1.198 (1.100-1.304)**	**1.459 (1.340-1.588)**	**1.347 (1.242-1.461)**

Living arrangements and absence

Living with both parents in one home is connected to the highest percentages of no absence due to truancy, medical absence, or no combined absence and the lowest percentages of frequent absence in all forms of absence (Table 3). As mentioned in the methods, the results revealed that there seems to have been some confusion on the answers on the living arrangements in the SHP- survey, and therefore the main focus on the analysis of living arrangements and absence will be only on youth who had answered living with their parents.

Table 3: Living arrangements and absence

Truancy	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Living arrangements							1003.7271 <.0001
Both parents one home	36487	76.08	10204	21.28	1270	2.65	
Parents in turns	6429	68.56	2611	27.84	337	3.59	
Single parents	6379	62.19	3343	32.59	535	5.22	
Not with parents	11	36.67	12	40.00	7	23.33	

Medical	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*N*	%	
Living arrangements							567.9112 <.0001
Both parents one home	37993	79.19	8710	18.15	1277	2.66	
Parents in turns	7016	74.90	2084	22.25	267	2.85	
Single parents	7101	69.38	2632	25.72	502	4.90	
Not with parents	21	67.74	3	9.68	7	22.58	

Combined	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Living arrangements							1106.4926 <.0001

Both parents one home	30532	63.80	16833	35.18	490	1.02
Parents in turns	5172	55.31	4068	43.50	111	1.19
Single parents	4858	47.52	5213	50.99	153	1.50
Not with parents	11	36.67	14	46.67	5	16.67

The odds-ratio analysis (Chart 4) revealed that living with parents in turns or with a single parent heightened the risk for all forms of absence in comparison to youth living with parents in one home. Furthermore, living with a single parent showed higher risks for absence on all forms of absence than living with parents in turns. The increase in risk for absence was the strongest for truancy-related absences, with a 52.3% increase in truancy absence in single-parent homes compared to the 31.1% higher risk for absence that was measured for medical absence. The increase in risk for combined absence lied in between the truancy and the medical absence risk.

Chart 4: Odds ratio for absence and the living arrangements

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Both parents in one home	Ref 1	Ref 1	Ref 1
Parents in turns	**1.343 (1.267-1.424)**	**1.184 (1.114-1.259)**	**1.299 (1.231-1.371)**
Single parent	**1.523 (1.437-1.615)**	**1.311 (1.234-1.393)**	**1.499 (1.419-1.584)**

Changes in family constitution

The general pattern when it comes to changes in the family constitution, and absence was, as can be seen in Table 4, that youth who recently had experienced their parents divorcing or recently been part of the formation of a blended family had higher percentages of frequent absence than youth who had not experienced these changes in the family constitution. In addition, the percentage of youth who had no truancy, medical, or combined absence from school was higher among families with no recent divorce or no recent forming of a blended family.

Table 4: Absence and recent changes in family constitution

Truancy	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Parental divorce							885.3608
							<.0001
Yes	1657	55.70	966	32.47	352	11.83	
No	47079	73.60	14981	23.42	1902	2.97	
Forming of blended family							1073.6149
							<.0001
Yes	1358	53.76	818	32.38	350	13.86	
No	47278	73.60	15069	23.46	1893	2.95	

Medical	No absence		Moderate absence		Frequent absence		
	N	%	N	%	N	%	
Parental divorce							592.1577
							<.0001
Yes	1963	66.12	695	23.41	311	10.47	
No	49591	77.54	12558	19.63	1809	2.83	
Forming of blended family							821.3988
							<.0001
Yes	1595	63.19	613	24.29	316	12.52	
No	49841	77.60	12598	19.61	1790	2.79	

Combined	No absence		Moderate absence		High absence		
	N	%	N	%	N	%	
Parental divorce							1116.9528
							<.0001
Yes	1308	44.08	1442	48.60	217	7.31	
No	38817	60.82	24378	38.20	623	0.98	
Forming of blended family							1536.8187
							<.0001

Yes	1039	41.23	1251	49.64	230	9.13
No	39004	60.86	24486	38.20	603	0.94

Parental divorce and absence

Following a recent parental divorce, the percentage (Table 4) of frequent truancy was 11.8%, frequent medical absence 10.5%, and combined high absence 7.3%, which all were higher than the prevalence of frequent absence in youth who had not recently experienced parental divorce (1.0-3.0%). The amount of youth with no truancy, no medical absence, or no combined absence was also consequently higher among youth with no recent parental divorce. The odds-ratio analysis revealed that the risk for all forms of absence was heightened among youth who had experienced a parental divorce during the last school year in comparison to youth who reported no recent parental divorce (Chart 5). The highest increase in risk for absence following a parental divorce was found for truancy. The increase in risk for combined absence was in between the truancy and the medical absence risk.

Chart 5: Odds ratio for absence and recent parental divorce

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
No recent parental divorce	Ref 1	Ref 1	Ref 1
Recent parental divorce	**1.268 (1.137-1.413)**	**1.195 (1.067-1.338)**	**1.202 (1.081-1.336)**

Forming of blended family and absence

The risk for all three types of absence were clearly heightened among youth who recently had experienced a formation of a blended family (Chart 6). For youth who had experienced forming of a blended family within the last school year, the percentage (Table 4) of frequent truancy was 13.9%, frequent medical absence 12.5%, and combined high absence of 9.1%, which was higher than the prevalence of frequent absence in youth who had not experienced a recent forming of a blended family (0.9-3.0%).

The odds-ratio analysis (Chart 6) further revealed that youth who had experienced a recent forming of a blended family had a slightly higher risk for medical absence as compared to truancy, with the risk for medical absence being 41.7% and the risk for truancy being 37,5% higher in the recently blended families as compared to the youth with no recent forming of a

blended family. The increase in risk for combined absence lied in between the truancy and the medical absence risk.

Chart 6: Odds ratio for absence and recent forming of blended family

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
No forming of blended family	Ref 1	Ref 1	Ref 1
Forming of blended family	**1.375 (1.221-1.549)**	**1.417 (1.256-1.599)**	**1.409 (1.254-1.584)**

Family dynamics patterns and absence

The results of family dynamic patterns and absence consisted of analyses of 6 items: the parental view on school importance, the frequency of family dinners on weekdays, if youth feel they can talk to parents if they have worries, if they consider themselves an important member of the family, how often talk to parents about one's matters and if the family spend enough time together. The general trend (Table 5) was that youth with answers that mirror the most engaged answering option (for example, parents view school as important) have the highest percentages of no absence, and the students who had picked an answer that reflects the least engaged relation between the youth and the parents (for example eating dinner less than weekly) had the highest percentages of frequent absence. There were also a few minor exceptions to this otherwise linear trend that will be presented in the more detailed analysis of the items from the family dynamics patterns.

Table 5: Absence and family dynamics patterns

Truancy	No absence		Moderate absence		Frequent absence		
	N	%	*N*	%	*n*	%	
Parental view on school importance							5176.7371
Very important	23791	77.01	6263	20.27	841	2.72	
Important	23274	70.65	8568	26.01	1100	3.34	

Fairly important	4054	57.93	2525	36.08	419	5.99	
Not very important	297	48.14	228	36.95	92	14.91	
Not at all important	88	22.56	58	14.87	244	62.56	
Familydinner on weekdays							1679.4670 <.0001
Every weekday	18676	77.86	4746	19.79	565	2.36	
Weekly	23827	72.12	8316	25.17	895	2.71	
Less than weekly	8725	61.56	4319	30.47	1130	7.97	
Talk to parents if worry							2478.0890 <.0001
No	20066	62.80	9907	31.01	1978	6.19	
Yes	31819	78.63	7899	19.52	747	1.85	
Important member of family							3797.7719
Fully agree	36191	76.91	9819	20.87	1045	2.22	
Agree	9971	67.00	4369	29.36	542	3.64	
Not agree or disagree	2422	56.85	1506	35.35	332	7.79	
Disagree	635	53.77	422	35.73	124	10.50	
Fully disagree	401	40.96	287	29.32	291	29.72	
How often talk to parents							2375.667 <.0001
Hardly ever	2957	54.76	1845	34.17	598	11.07	
Occasionally	11217	66.16	5019	29.60	719	4.24	
Fairly often	14030	73.83	4484	23.60	490	2.58	
Often	21374	79.10	5085	18.82	563	2.08	

Family spend enough time together							1542.1119
Fully agree	15004	77.11	3927	20.18	526	2.70	
Agree	20967	74.37	6575	23.32	649	2.30	
Not agree or disagree	9411	66.90	4034	28.68	622	4.42	
Disagree	2911	65.96	1250	28.33	252	5.71	
Fully disagree	1280	57.27	634	28.37	321	14.36	

Medical absence	No absence		Moderate absence		Frequent absence		
	N	%	N	%	n	%	
Parental view on school importance							3518.6685
Very important	24579	79.57	5479	17.74	833	2.70	
Important	25114	76.24	6811	20.68	1017	3.09	
Fairly important	4792	68.56	1832	26.21	366	5.24	
Not very important	359	57.81	181	29.15	81	13.04	
Not at all important	135	34.62	48	12.31	207	53.08	
Familydinner on weekdays							767.0521 <.0001
Every weekday	19328	80.55	4035	16.82	632	2.63	
Weekly	25308	76.63	6805	20.61	912	2.76	
Less than weekly	9942	70.19	3331	23.52	891	6.29	
Talk to parents if worry							672.9673 <.0001
No	23208	72.67	7105	22.25	1625	5.09	
Yes	32195	79.56	7367	18.21	904	2.23	

Important member of family							2106.5703
Fully agree	37413	79.51	8512	18.09	1128	2.40	
Agree	11000	73.94	3381	22.73	495	3.33	
Not agree or disagree	2860	67.12	1168	27.41	233	5.47	
Fully disagree	746	63.38	335	28.46	96	8.16	
Disagree	544	55.74	195	19.98	237	24.28	
How often talk to parents							998.8026 <.0001
Hardly ever	3587	66.57	1319	24.48	482	8.95	
Occasionally	12476	73.57	3881	22.89	601	3.54	
Fairly often	14766	77.73	3748	19.73	483	2.54	
Often	21707	80.33	4660	17.24	656	2.43	
Family spend enough time together							1156.3561 <.0001
Fully agree	15675	80.54	3216	16.52	571	2.93	
Agree	22081	78.39	5449	19.35	637	2.26	
Not agree or disagree	10234	72.71	3313	23.54	528	3.75	
Disagree	3068	69.58	1135	25.74	206	4.67	
Fully disagree	1457	65.16	499	22.32	280	12.52	

Combined absence	No absence		Moderate absence		High absence		
	n	%	N	%	n	%	
Parental view on school importance							8108.2913 <.0001
Very important	19953	64.74	10555	34.25	312	1.01	
Important	18977	57.75	13520	41.14	366	1.11	
Fairly important	3108	44.60	3704	53.15	157	2.25	
Not very important	209	33.93	352	57.14	55	8.93	

Not at all important	69	17.74	117	30.08	203	52.19	
Familydinner on weekdays							1519.0707 <.0001
Every weekday	15822	66.12	7847	32.79	259	1.08	
Weekly	19445	59.01	13224	40.13	282	0.86	
Less than weekly	6842	48.38	6810	48.15	491	3.47	
Talk to parents if worry							2070.1876 <.0001
No	16051	50.40	14915	46.83	883	2.77	
Yes	26579	65.83	13569	33.61	229	0.57	
Important member of family							4770.8181 <.0001
Fully agree	30354	64.65	16224	34.56	370	0.79	
Agree	7883	53.10	6828	46.00	134	0.90	
Not agree or disagree	1814	42.71	2320	54.63	113	2.66	
Fully disagree	448	38.03	686	58.23	44	3.74	
Disagree	307	31.52	462	47.43	205	21.05	
How often talk to parents							2328.7327 <.0001
Hardly ever	2240	41.64	2838	52.75	302	5.61	
Occasionally	8899	52.62	7780	46.00	233	1.38	
Fairly often	11567	61.01	7247	38.22	146	0.77	
Often	18060	66.98	8689	32.22	216	0.80	
Family spend enough time together							1891.8759 <.0001

Fully agree	12740	65.63	6437	33.16	235	1.21
Agree	17413	61.91	10525	37.42	187	0.66
Not agree or disagree	7395	52.69	6444	45.91	197	1.40
Disagree	2225	50.60	2089	47.51	83	1.89
Fully disagree	987	44.28	1050	47.11	192	8.61

Parental view on school importance and absence

The percentage of youth who reported no truancy, no medical absence, or no combined high absence was consequently higher the more important the youth had estimated the parents to view school (Table 5). The results also showed that the more important youth estimated the parents to view school, the fewer of them had frequent truancy, medical absence, or combined high absence.

The odds ratio analysis (Chart 7) revealed that the less important the youth had estimated parents to view school, the more increase in risk for all forms of absence there was, with the risk for combined absence increasing the most with a 2.6 times higher risk for combined absence for youth who had answered not important as compared to youth who had answered important. The risk for medical absence and truancy were also very high for youth who had answered that parents do not view school as important.

Chart 7: Odds ratio for absence and parental view on school importance

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Important	Ref 1	Ref 1	Ref 1
Fairly important	**1.504 (1.408-1.606)**	**1.350 (1.260-1.446)**	**1.590 (1.492-1.400)**
Not important	**2.439 (2.023-2.941)**	**2.225 (1.844-2.685)**	**2.604 (2.118-3.202)**

Eating dinner together and absence

When it comes to frequent absence, the results (Table 5) showed that 2.4-2.8% of the youth who reported eating dinner with the family every weekday or weekly had frequent truancy or frequent medical absences, whereas the percentages of frequent absences for those that had reported eating dinner with family less than weekly was 8.0% for truancy and 6.3% for medical absence. The amount of youth with no absences due to truancy, medical absence, and

no combined absence was linear for all forms of absence in such a way that the more often the family had dinner together on weekdays, the higher percentages there was in the no absence group.

The odds-ratio analysis (Chart 8) revealed that the risk for all forms of absence was heightened among youth who ate dinner with family weekly or less than weekly, in comparison to youth who reported eating dinner with the family every weekday. In all forms of absences, the pattern was that the more seldom the family ate dinner together, the higher the risk for absence. The highest increase in risk for absence was found to be for truancy, where the risk was 47.3% higher among youth who ate dinner with family less than weekly in comparison to youth who ate dinner with family every weekday, but also the risk for medical absence was increased clearly among those who ate dinner the most seldom. The increase in risk for combined absence lied in between the truancy and the medical absence risk.

Chart 8: Odds ratio for absence and family dinners on weekdays

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Every weekday	Ref 1	Ref 1	Ref 1
Weekly	**1.274 (1.214-1.338)**	**1.163 (1.107-1.222)**	**1.240 (1.189-1.294)**
Less than weekly	**1.473 (1.386-1.566)**	**1.258 (1.181-1.340)**	**1.378 (1.304-1.457)**

Can talk to parents about things that worry them

For youth who had answered not feeling they can talk to parents about things that worry them, the percentage of frequent truancy, frequent medical absence, and combined high absence was higher than the prevalence of frequent absence in youth who had answered being able to talk to the parent(s). The youth with a feeling of being able to talk to parent(s) also had higher percentages of no absence due to truancy, medical absence, or no combined absence in comparison to youth who had not answered that they feel that they can talk to their parent(s) about things that worry them (Table 5).

Youth who had replied that they feel they can talk to their parents was also found to have a lower risk for all forms of absences (Chart 9) in comparison to youth who did not feel they can talk to their parents if needed. The risk for truancy had the strongest declination in risk, with a 0.68 lower risk for truancy absence for youth who felt they can talk to parents in

comparison to youth who did not feel they can talk to parents. The reduction in risk for medical absence was clearly smaller, with a declination of risk of 0.91. The decrease in risk for combined absence lied in between the truancy and the medical absence risk.

Chart 9: Odds ratio for absence and talking to somebody about things that are worrying

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Not with parents	Ref 1	Ref 1	Ref 1
With parents	**0.679 (0.647-0.713)**	**0.906 (0.861-0.953)**	**0.758 (0.726-0.792)**

Important member of family

Youth who answered that they fully agree with the statement "I feel I am an important member of my immediate family" had higher percentages of no absence due to truancy, no medical absence, and no combined absence in comparison to youth who answered that they fully disagree (Table 5). The trend was that there was more youth with no frequent absence the more important, they had answered being in the family. In general, the percentage of youth being frequently absent was also smaller the more the youth agreed to being an important member of family.

The odds ratio analysis (Chart 10) revealed that the risk for absence increases for all forms of absence for youth who neither agree nor disagree with being an important member of the family or that disagree with being important as compared to youth who had answered being an important member of the family. There were similarities in the increase in risk for absence when it comes to truancy and medical absence, with a 35.5% increase in risk for truancy and a 34.2% increase in risk for medical absence for youth who disagree with being an important member of the family. The highest increase in risk was found in the combined high group, where the risk for absence was 40.7% higher for youth who disagree with being an important member of the family as compared to youth who feel important.

Chart 10: Odds ratio for absence and important member of family

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Agree	Ref 1	Ref 1	Ref 1
Not agree or disagree	**1.285 (1.181-1.398)**	**1.209 (1.106-1.321)**	**1.300 (1.197-1.413)**

Disagree	**1.355 (1.193-1.540)**	**1.342 (1.175-1.532)**	**1.407 (1.235-1.602)**

Talk about things that concerns with parents

How often youth talked to parents about things that concerned them showed similar trends as other family factors, with the percentages of no absence in truancy, medical absenteeism, and no combined absence being higher the more often youth talked with parents, and the percentages of frequent absence increasing the less youth had answered talking to parents (Table 5).

The odds ratio analysis revealed that the risk for truancy is most strongly impacted with clearly higher risks for truancy the less the youth talk to their parents, with a peak of a 61.9% higher risk for truancy for youth who reported hardly ever talking to parents about things that concern them, in comparison to youth who replied often doing so. For medical absence, the increase in risk was 7.0-10.9%, which was clearly smaller than the increase in risk for truancy and combined absence for youth with the same communication habits. The increase in risk for combined absence lied in between the truancy and the medical absence risk.

Chart 11: Odds ratio for absence and how often talk to parents

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Often	Ref 1	Ref 1	Ref 1
Fairly often	**1.215 (1.152-1.282)**	**1.070 (1.013-1.129)**	**1.170 (1.117-1.226)**
Occasionally	**1.395 (1.313-1.482)**	**1.101 (1.034-1.172)**	**1.299 (1.230-1.371)**
Hardly ever	**1.619 (1.475-1.778)**	**1.109 (1.004-1.225)**	**1.462 (1.336-1.599)**

Family time spent together

The general trend was that the percentages (Table 5) of youth with no frequent truancy, no frequent medical absenteeism, or no combined absence was higher the more the youth had answered to agreeing with the statement that the family spends enough time together. When it comes to frequent absences, youth who had answered fully disagreeing with the family spending enough time together had the highest percentages of all forms of absence.

The odds ratio analysis (Chart 12) did not find a statistically significant increase in risk for truancy for youth who had answered agreeing as compared to those that had answered

disagreeing to the family spending enough time together. When it comes to the risk for medical absence, youth who disagreed with the family not spending enough time together was found to have a 22.5% higher risk as compared to youth who had answered that they feel the family spend enough time together. Among youth who had answered not agreeing nor disagreeing with the family spending enough time together, the risk was 11.1-13.5% for the different forms of absence.

Chart 12: Odds ratio for absence and the family spending enough time together

	Truancy	Medical	Combined
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Agree	Ref 1	Ref 1	Ref 1
Not agree or disagree	**1.111 (1.054-1.172)**	**1.113 (1.053-1.175)**	**1.135 (1.081-1.192)**
Disagree	1.075 (0.998-1.157)	**1.225 (1.138-1.319)**	**1.157 (1.080-1.238)**

Discussion

The results revealed that most family factors that were analyzed in the study could be connected to a higher risk for all forms of absence: truancy, medical absence, and combined high absence. There were also some family factors that seemed to heighten the risk for one type of absence while not heightening the risk for the other, and vice versa. In most occasions, the increase in risk for absence was the strongest for truancy, but there were also four occasions where the risk for medical absence and four occasions where the risk for combined high absence was the strongest. The results will be discussed in more detail in chronological order, starting with the socio-economic status (SES) of the family, living arrangements, changes in the family constitution, and finally, the family dynamic patterns.

Socio-Economic Status (SES)

When it comes to traits related to the socio-economic status (SES) and absence, the results generally implied that medical absence and combined high absence follows the same pattern as truancy absence: the less favorable SES category the family falls into when it comes to unemployment, parental education level, and the financial situation, the higher risk for all forms of absence. When it comes to medical absence, the results showed that two out of the three SES items that was studied brought about a higher risk for medical absence than for truancy: one parent being recently unemployed and a poor financial situation in the family. For combined high absence, there was one item that most strongly reduced the risk for

absence (a high paternal education level) and one that most strongly increased the risk of absence (both parents recently unemployed). All results will be discussed in detail, starting with the most interesting results first.

Previous research has found that a low education level of the parents increases the risk of truancy (Autio, 2017; Duarte & Escario, 2006), and the current study confirms these results. Chronic absenteeism has also been shown to be connected to low parental level (London et al., 2016), and with clearly higher percentages of combined high absence for youth with low maternal and paternal education level as compared to youth with high parental education level, the results of the current study are in line with previous research. In quite a few studies, high absence from school has been specifically linked to a low education level of mothers (Askeland et al., 2015; Guevara et al., 2013; Thornton et al., 2013). In this study, the percentage of frequent truancy (9.5%) was higher among youth with the mothers with comprehensive education level as compared to the percentage of frequent truancy (7.3%) for youth with fathers with the same level of education. The highest decrease in risk for absence when it comes to youth with mothers with comprehensive education level as compared to youth with mothers that had university education was found for the risk for truancy (0.662). The results suggests that low comprehensive education level among mothers is a risk factor for truancy. But when it comes to medical absence, the results are not as clear. The odds-ratio analysis for medical absence and maternal education showed no statistically significant differences in the change of risk for absence in youth whose mothers belonged to the two middle levels of education (basic or advanced middle level) as compared to youth whose mothers had comprehensive education, and the decrease in risk for youth with high maternal education level as compared to youth with mothers with comprehensive school education was the smallest for medical absence (0.888). The results suggests that maternal education level is not a strong risk factor for medical absence. This result is not in line with previous research that has found the maternal education level to be positively associated with extensive medical absenteeism (Vanneste-van Zandvoort, 2015). Previous studies (Vanneste-van Zandvoort, 2015) have also suggested that the education level of the father is not associated with medical absenteeism in children. The results from our study showed the contrary; the odds-risk ratio analysis gave stronger decreases in risks for medical absence for youth with high paternal education level (0.774) as compared to a high maternal education level (0.888). One notion to keep in mind is that the research that was conducted by Vanneste-van Zandvoort (2015) was for extensive medical absence and that in the current study, the odds risk ratio was for all kind of medical absence. In the future, it would be interesting to analyze the odds-risk ratio for the

parental education levels and the frequent medical absenteeism group to see if these results are in line with the results from Holland. It is also possible that there are some societal differences between Holland and Finland that impact the effect of the maternal and paternal education levels on absence, but to answer these questions, more studies are needed.

The results were also interesting when it comes to the financial situation of the family and absence. Several studies have found that a poor financial situation in the family (Autio, 2017; Duarte & Escario, 2006; Guevara et al., 2013; Thornton et al., 2013; Veenstra et al., 2010) increases the risk for truancy. The current study found that youth who had estimated their family to have a poor financial situation had a higher risk for truancy than youth who had estimated the financial situation to be good. In comparison to youth who had estimated the family financial situation as good, the risk for absence for youth who had estimated the financial situation of the family as poor was found to be much lower for truancy (19.8% increase in risk), as compared to the risk for medical absence (45.9% increase in risk) and combined absence (34.7% increase in risk) for the same group of youth. Furthermore, the risk for truancy turned out insignificant for youth who had answered their family to have a good financial situation in the family as compared to youth with a moderate financial situation. Insignificant results were very rare in this study, so all together, even though frequent truancy absenteeism was more common in families with an estimated poor financial situation, the risk for increased truancy was on the smaller side. On the other hand, the study found that a poor financial situation is a strong risk factor for medical absence. Previous research has found that financial problems in the family is a risk factor for extensive medical absenteeism (Vanneste-van Zandvoort, 2015), and our results support these conclusions. The results raise thoughts about Finland as a country of equal opportunities in two ways. Firstly, the results on the strong increase in the risk for medical absence are alarming, as they imply that the financial situation of the family greatly impacts medical absence also in Finland, that is generally considered to be a country of equal opportunities. And secondly, when it comes to the small effect size for increased truancy as a consequence of a poor financial situation of the family, one hypothesis could be that youth from a poor financial situation wish to educate themselves for getting a better financial situation for themselves in the future, and thus have less truancy. Is it possible that the general idea that Finland is a land of equal opportunities, and the societal structures connected to that idea, inspires youth from poorer families to keep going to school since they can build a better future for themselves if they wish to, no matter what the financial situation of the family currently is?

Living arrangements

When it comes to living arrangements and absence, there are studies that suggest that living with a single parent raises the risk for truancy (Duarte & Escario, 2006; Wood et al., 2012) and that incomplete families are a risk factor for extensive medical absenteeism (Vanneste-van Zandvoort, 2015). The findings of this study support these previous results, as the lowest risk for all forms of absence was found for youth living with both parents in one home. The conclusion of these findings is that living with parents in one home is a protective factor when it comes to absence from school. The effect size, when it comes to the risk for absence, was registered to be the highest for truancy, with a very high increase in risk for youth living with a single-parent (52.3% increase in risk), as compared to youth living with both parents in one home. Interestingly enough, living with parents in turns, had lower increases in risk for all forms of absence, as compared to living with a single parent. A possible explanation for this phenomenon could be that in one-parent homes, there is only one adult provider financially, emotionally, and practically, which could increase the risk for absences on many levels. Only having one parent could also hypothetically imply that there has been a profoundly difficult family situation at some point since one parent is not part of the caretaking of the child anymore. The kind of events that could be leading up to one parent not taking part of the upbringing of the child at all anymore could be seen as a possibly stronger stressor than, for example, a "normal" separation of the parents and the consequence of living in turns. Moving homes could be thought of as a stressor that could impact absence, but as the risk for absence is higher among youth who live with only one parent than for youth who live with parents in turns, the results imply that moving homes is not the strongest risk factor for absence when it comes to youth not living with both their parents.

Changes in family constitution

Family break up is also a factor that has been connected to an increased risk of truancy (Veenstra et al., 2010). In the current study, the risk for all forms of absence was heightened by a recent parental divorce, supporting the result from previous research. On a general level, the results implied that a recent forming of a blended family is an even higher risk factor for absence than a recent parental divorce, as the increases in risk of absence of all forms were clearly higher after the formation of a blended family than after a divorce. Worth noting is that the results did show that after a recent parental divorce, the risk for truancy increased the most, and after the formation of a blended family, it was medical absences that increased the

most. The results suggest that it is not only a divorce that can increase the risk for absence, but also the formation of a blended family and that these changes in family constitution have different risk factors when it comes to absence. One hypothesis for why the forming of a blended family could raise the risk for medical absence from a purely medical perspective is that a new blended family brings along new people, and new people add to the amount of different people the youth are in close contact to and could thus expose to more seasonal flues and so on, that could increase the amount of medical absence. Reasons for why the risk for absences following a parental divorce were not as high as after the formation of a blended family could be that even though a divorce is a big change in the family, a divorce is usually a consequence of long-time struggle in the partnership of the parents, and it is possible that the divorce actually brings upon positive changes when it comes to the living conditions the youth is a part of (parents not fighting anymore, parents finding back joy in life, more time with one parent a time, and so on), thus resulting in lower increases of risk for absence.

Family dynamic patterns

All family dynamic patterns showed an increase in risk also for medical absences, supporting the idea that medical absences are also entangled to family dynamic patterns and that medical absence most likely does not arise solely from medical reasons. For most of the family dynamic items, the increase in risk was still stronger for truancy than medical absence.

The strongest increase in risk for absence was found for the item that asked about how important youth think that the parents view school. The increase in risk was 2.225-2.604 for the different forms of absence. Previous research have also found that low parental interest in school and homework is a risk factor for absence (Attwood & Croll, 2006; Havik et al., 2015). The findings from this study strongly support these results from previous research. An easy interpretation of the results would be that if parents do not view school as important, that attitude is moved on to the youth as well, impacting the prevalence of absences negatively. It could also be that youth who have absences from school want to believe that their parents do not find school important, as their absences would be more easily justifiable to themselves if that was the case. It is important to note that the answers are based not on the factual opinion of the parents in the current study, but on the opinion of the youth in the SHP survey, on what they believe that their parents think about the importance of school. The results of this study could be concluded the following: the risk for absences increases strongly for all forms of absence if the youth has answered that their parents do not view school as important. It would be interesting to compare these results to the factual opinions of the parents in the future.

The lacking of involved parents (Vaughn et al., 2013) or a lack of a functioning relationship with the parent (Veenstra et al., 2010) have been connected to increases of truancy. In the current study, the questions from the SHP survey that measured how often the family eats dinner together on weekdays, if the youth could talk to parents if there are things that are worrisome, if the youth feel they are an important member of the family, how often they talk to their parents about things that concern them, and if they think that the family spends enough time together, could all be seen as markers, that shows, that there is an involved parent and a functioning relationship. The results on all of these items will be discussed separately.

When it comes to truancy, the results showed that the highest increase in risk was for youth who had answered hardly ever talking to their parent(s) about things that concern them (61.9% increase in risk). On this item, the risk for truancy absence was clearly higher than for medical absence (10.9% increase in risk). The other question that measured communication habits showed that youth who feel they can talk to parents if there are things that worry them had a lower risk for all forms of absence, as compared to youth who had answered that they do not talk to their parents if there are things that worry them. Also, on this question, the risk for truancy was impacted clearly stronger than the risk for other forms of absence. Altogether, the results suggest that a functioning, healthy communication between the youth and the parent(s) is a preventive factor for truancy absences. When it comes to the communication patterns and absence from school, the question of the hen and the egg and which came first becomes interesting. It could be that the increased risk of truancy is a consequence of dysfunctional communication and relationship patterns, but it is also easy to imagine that if the youth start accumulating absences, especially due to truancy, it could have a negative impact on the relationship with the parents, and thus possibly result in worsened communication patterns between the youth and the parents.

The family dynamic pattern that influenced the risk for truancy the most was how often the family eats dinner together on weekdays. The odds-ratio analysis revealed that the risk for truancy was 47.3% higher among youth who ate dinner with the family less than weekly, as compared to youth who eat dinner with the family daily. The equivalent increase in risk was 25.8% for medical absence. The results strongly imply that eating dinner together with the family on weekdays is a protective factor for truancy and medical absence. The results once again give support to results from earlier studies that implies that absence from school is

associated with family patterns. One plausible other explanation is that the results could also be a description of a dynamic, where the truant youth has retreated from occasions such as family dinners on weekdays, and thus also that it could be the truant behavior that is the reason for no family dinners, and not the other way around. Even though the increase in risk for absence is smaller for medical as compared to truancy absence, not eating dinner with the family on weekdays was one of the factors that increased the risk for medical absence the most. One possible explanation could be that youth who do eat with the family on weekdays have better nutritional circumstances and thus a smaller risk for medical issues and absences. Finally, there was one item that did not show a statistically significant increase in the risk for truancy but that did show an elevated risk for the other forms of absence. The question if the youth feels that the family spends enough time together showed an increase in risk for medical absence when youth who disagreed (22.5% increase in risk) was compared to youth who agreed. This was a question where the medical absence was impacted the most of all forms of absence. The results suggest that the family not spending enough time together is a risk factor for medical absence, and also gives support to the idea that medical absences can stem from other than medical reasons. A possible explanation for why this question did not show increases on the risk for truancy could be that truant youth can also be turning away from the family and maybe do not long for more interaction with their family (even though they hypothetically maybe would need it).

The final question to be discussed is the effect on absence among youth who do not feel that they are an important member of the family. Not feeling as an important member of the family was found to raise the risk for combined high absence the most (40.7% increase in risk), but the risk for truancy and medical absence were also clearly heightened. In understanding these results, the question of what is a possible reason for absence and what is a consequence of absence arises once more. Is it possibly the feeling that one is not an important member of the family that lead to both truancy or medical absence, or do youth with much absence start considering themselves a less valuable and important part of the family? One hypothesis could be that youth who are sick often, and thus have much medical absence, acquire a more negative self-confidence and a more negative sense of worth, which could appear in the results as a devaluation of their importance as a member of their immediate family. For truancy-related absences, one possible explanation for the results could be the same as for medical absences, that it is the frequent absences that create a feeling of unimportance, but the result could also suggest that truancy absences have destructive consequences in the family dynamics, leading to the youth starting to believe they are not an

important member of the family. Be it either way, the conclusion is that the results imply that considering oneself as an unimportant member of the family is connected to a higher risk of absence from school.

Combined high absences

The reason for combing youth with both frequent truancy and frequent medical absence was to analyze if this group of youth with combined high absence have some family patterns in common. To most part, it seems that the results on combined high absence follow similar patterns as the other two types of absence groups and that the increase in risk for combined absence in most analysis seemed to lie in between the increase in risk for the other two forms of absences, where the risk for absence sometimes was the highest for medical absence, and sometimes it was the highest for truancy. These results were interpretated as that there are no clear differences in patterns of absence for youth with combined absence as compared to just one form of absence. In the cases when the risk for combined absence was found to be higher than the risk for both truancy or medical absence, the results were seen as showing possible family patterns that could increase the risk for combined absences in the youth. The study found four such occasions when the risk for combined absence was the highest: a low paternal education level if youth had estimated the parents not viewing school as important if they did not feel as an important member of family, or if both parents had been recently unemployed. Previous research on extensive medical absenteeism has found that only one suboptimal situation in the family does not increase the risk for extensive medical absence but that 2 or more of these family factors do (Vanneste-van Zandvoort, 2015). The results open up the possibility for a couple of interpretations. One interpretation is that having a father with low education or both parents being recently unemployed could bring about 2 or more suboptimal family patterns that could increase the risk for combined high absence in a similar fashion as extensive medical absence. The opinion of the youth, that parents do not find school important, or that the youth do not feel like they are an important member of their family, could on the other hand, also be a consequence of combined high absence, and not necessarily a reason for it.

Restrictions and limitations of the study

One of the most important restrictions of the study is that all items in this study were based on the estimations and subjective opinion of the youth who answered the SHP questionnaire. Especially when it comes to the questions regarding the financial situation of the family, the

parents' education level, and how important the parents view school, the answers should be interpretated as opinions of the youth and not necessarily as factual truths. To perform more accurate and reliable analysis on, for example, the financial situation, one would need to have objective information from the taxation office or invite the parents to somehow report the factual income.

Another major limitation of the study is that the SHP questionnaire is distributed and answered at school and that it thus might be lacking the answers of students who have frequent absences since they are likely to have not been at school at the time of the study. This being said, the data used was so large that it did include enough answers of youth who had frequent absences to make statistically significant results, despite it being distributed at school. Still, it is important to keep in mind that the answers of some of the chronic absentees and all of the drop-outs are most likely missing in the analysis.

Conclusion

The general conclusion of the study is that family factors seem to greatly contribute to the prevalence of truancy, but the results also imply that family factors also contribute to medical absences. Socio-economic differences, not living with parents in one home, recent changes in the family constitution, and different kind of lack of interaction between the adolescents and the parents seem to bring about a vulnerability for becoming absent from school, not only due to truancy but also due to medical absenteeism. Here are some final conclusions from each category of family factors and absences from school. Firstly, some conclusions on the socio-economic situation of the family and absences. Two out of the four items that showed the highest increase in risk for medical absence was from items that belonged to the socio-economic situation of the family. As Finland is generally considered to be a country of equal opportunities, it is alarming that, for example, a poor financial situation in the family was found to be a clear risk factor for medical absence. The results on the parental education level, and absence due to truancy, and medical absence, showed some different results than previous international research. This was found to be interesting and would need further research. When it comes to the living arrangements, a clear message from the study was that living with both parents in one home seems to be a protective factor for all kind of absences and that living with a single parent was a clearly higher risk factor for all forms of absences, than living with parents in turns. Recent life events also showed some interesting results, as the formation of a blended family seemed to bring about higher risks for all forms of absence, as compared to a recent parental divorce. Finally, as all family dynamic patterns showed an

increase in risk also for medical absence, the study supports the idea that family dynamic patterns could play a role in medical absence. One very interesting result was found from the question that measured if the youth felt that the family spend enough time together, where the results came back insignificant for the increase in risk for truancy while showing a significant increase in the risk for medical absence. These results provides further support for the idea that medical absences can stem from other reasons than purely medical reasons and that family factors do not only influence truancy but also the prevalence of medical absences among youth in Finland.

Appendix

The whole School Health Promotion (SHP) questionnaire can be found online at https://thl.fi/documents/10531/2851931/KTK17_ylakoulu_ENG_luonnos2_final.pdf/9a260f11-06b8-4ae5-a7f0-8319208ef8e0

The questions from the 2017 SHP questionnaire that were used in this study were the following:

6. How important do your parents consider your going to school?
Answering options: Very important, Important, Fairly important, Not very important, Not at all important.

15. During this school year, how often have you experienced the following?
Being absent without permission, skipping school, or Absences due to illness
Answering options: Not at all, A few times in the year, Every month, Every week, Daily, or almost daily.

45. How often does your family have an evening meal together during a school week? (most of the family and at least one parent)
Answering options: On five days, On 3–4 days, On 1-2 days, Less frequently.

93. Is there someone with whom you can talk about things that are worrying you if necessary?
Answering options: Yes or No (if no, go to question 95)
94. Please specify: You may select more than one alternative.
Answering options: one of the answering options were My own parent(s).

96. Do you live with both your parents in one home?
Answering options: Yes (go to question 99) or No.

97. Who are the adults you live with?
Answering options: I live with my parents in turns, they don't live together (go to question 99), Only one parent (go to question 99), I do not live with my parents.

98. If you do not live with your parents, where do you live?
Answering options: I live with my grandparents or other relatives, without my parents, I live in a foster family, I live in a child welfare institution, I live in a family home, I live in a dormitory, None of the above.

100. What is the highest educational level your parents have achieved?
Answering options: Comprehensive school or equivalent, Upper secondary school, high school or vocational education institution, Occupational studies in addition to upper secondary school, high school or vocational education institution, University, university of applied sciences, or other higher education institution.

101. During the past 12 months, have your parents been unemployed or laid-off?
Answering options: No, Yes, one of my parents, Yes, two or more of my parents.

102. How would you rate your family's financial situation?
Answering options: Very good, Fairly good, Moderate, Fairly poor, Very poor.

106. I feel I am an important member of: My immediate family, My extended family.
Answering options: Fully agree, Agree, Neither agree nor disagree, Disagree, Fully disagree.

107. Have any of the following changes occurred in your life during this school year? Parents' divorce, Forming of a blended family
Answering options: Yes or No

108. Can you talk about things that concern you with your parents?
Answering options: Hardly ever, Occasionally, Fairly often, Often

109. Our family spends enough time together.
Answering options: Fully agree, I agree, Neither agree nor disagree, I disagree, Fully disagree.

Swedish summary

Introduktion

Skolfrånvaro kan innefatta allt från full skolfrånvaro till diverse problem med att närvara på heltid i skolan, men inga officiella medicinska eller psykiatriska diagnoskriterier finns för problematiken (Kearney, 2003). Detta betyder att olika länder och skolor kan ha olika definitioner av när skolfrånvaro är problematiskt (Palmu et al., 2021). Vanligtvis är skolfrånvaro indelat i lovlig och olovlig frånvaro (Vanneste-van Zandvoort, 2015). De flesta elever är någon gång borta från skolan på grund av t.ex. en semesterresa eller sjukdom, vilket betraktas som lovlig frånvaro (Palmu et al., 2021). Skolk är ett exempel på olovlig frånvaro (Elliott & Place, 2019, Kearney et al., 2019). Forskning har funnit att olovlig skolfrånvaro kan medföra en rad olika typer av negativa konsekvenser i framtiden så som svagare akademisk framgång (Attwood & Croll, 2006, 2015; Gottfried, 2014; London et al., 2016; OECD, 2019), högre risk för avhopp från skola (Christle et al., 2007; Markussen et al., 2011) och framtida arbetslöshet (Attwood & Croll, 2006, 2015).

Senaste åren har forskare börjat lyfta fram att även de lovliga formerna av skolfrånvaro kan vara problematiska (Tonge & Silverman, 2019). En studie fann att ju fler skolfrånvarodagar elever har, oavsett om frånvaron var lovlig eller olovlig, desto sämre var den akademiska prestationen (Gottfried, 2009). Sjukfrånvaro har traditionellt betraktats som oundviklig och mer oproblematisk än olovlig frånvaro men i takt med att forskare funnit belägg för att så inte nödvändigtvis är fallet så har allt mer fokus börjat riktats mot att studera sjukfrånvaro (Pijl et al., 2021). Kearney (Kearney, 2006) har framhävt att sjukfrånvaro även kan vara en form av beteendemönster där eleven meddelar sjukfrånvaro utan riktiga medicinska grunder eller av väldigt små symptom. Sjukfrånvaro utan medicinska grunder kan härstamma från en likgiltighet gentemot eller svårigheter med att närvara i skolan och därmed har forskare framlyft att som en del av att förebygga olovlig frånvaro bör resurser även riktas mot elever som ofta är borta från skolan med sjukfrånvaro (Havik et al., 2015). För tillfället finns ett kall inom skolfrånvaroforskningen för mer studier kring sjukfrånvaron för att bland annat få vetskap kring vilka alla faktorer som möjligen är en del av den typen av skolfrånvaro (Pijl et al., 2021). Statistiken kring skolfrånvaro i Europa visar att den vanligaste orsaken för skolfrånvaro är olika former av lovlig frånvaro och att sjukfrånvaro är den mest förekommande (Education (DFE), 2018; Havik, Trude et al., 2015; Pijl et al., 2021).

Skolk och familjefaktorer

Tanken att problematiska familjeförhållanden spelar en roll i uppkomsten av problem med skolnärvaro har existerat i flera decennier (Kearney & Silverman, 1995). Modern forskning har visat att risken för skolk är högre för elever med sämre socio-ekonomiska status (SES) som till exempel föräldrar med en låg utbildningsnivå (Autio, 2017; Duarte & Escario, 2006), en dålig ekonomisk situation i familjen (Autio, 2017; Duarte & Escario, 2006; Guevara et al., 2013; Thornton et al., 2013; Veenstra et al., 2010) eller föräldrar med arbetslöshet (Duarte & Escario, 2006; Ingul et al., 2012; Thornton et al., 2013). Vissa studier har pekat på att speciellt moderns låga utbildningsnivå korrelerar med skolfrånvaro (Askeland et al., 2015; Guevara et al., 2013; Thornton et al., 2013). Elever som bor med en ensamförsörjande förälder har visat sig ha högre risk för skolk (Duarte & Escario, 2006; Wood et al., 2012), precis som elever vars föräldrar är skilda (Veenstra et al., 2010). Slutligen finns det även ett flertal studier som tyder på att olika former av familjedynamiska mönster kan öka risken för skolk. Att föräldrar visar lågt intresse för läxor (Havik et al., 2015), inte följer med läxarbetet (Attwood & Croll, 2006) eller inte värdesätter utbildningen (Attwood & Croll, 2006) har visat sig öka risken för skolfrånvaro. Lågt föräldraengagemang (Vaughn et al., 2013) eller en bristfällig relation med föräldrarna (Veenstra et al., 2010) har också visat sig korrelera med en ökning av frånvaro på grund av skolk. Liknande resultat om att den socio-ekonomiska statusen, boendeförhållanden och att familjedynamiska mönster ökar prevalensen av skolk har fåtts även i studier från Finland (Autio, 2017).

Sjukfrånvaro och familjefaktorer

Det finns mindre forskning om sjukfrånvaro än skolk, och eftersom orsakerna bakom sjukfrånvaro ofta ansetts vara rent fysiologiska, har sjukfrånvaro länge betraktats som både oundviklig och oproblematisk (Vanneste-van Zandvoort, 2015). Senaste tiden har studier funnit att det finns familjefaktorer som bidrar till och korrelerar med även sjukfrånvaro och att speciellt i grundskolan är omfattande sjukfrånvaro till och med främst associerat med faktorer som primärt härstammar från hemmiljön (Vanneste-van Zandvoort, 2015). Omfattande sjukfrånvaro har i en rad studier från Holland visat sig vara kopplat till familjekonstellationer som avviker från kärnfamiljen, att modern inte har ett avlönat jobb eller har en låg utbildningsnivå, eller om det finns mer än två ogynnsamma familjeförhållanden i uppväxtmiljön (Vanneste-van Zandvoort, 2015).

Studien

Associationerna mellan familjefaktorer och skolk har bekräftats både internationellt och i Finland, men när det kommer till sjukfrånvaro och familjefaktorer finns det betydligt mindre forskning tillgängligt. Huvudsyftet med denna studie är att bidra till forskningsfältet om sjukfrånvaro och familjefaktorer. I studien kommer förekomsten och risken för sjukfrånvaro hos elever i klass 8 och 9 i Finland att rapporteras med avseende på olika typer av familjefaktorer, så som familjens socio-ekonomiska status (SES), boendeförhållande, nyligen skedda förändringar i familjekonstellationen samt olika typer av familjedynamiska mönster, t.ex. kommunikationsvanor i familjen. Samma analyser kommer att genomföras med avseende på skolkfrånvaro, vilket kommer att möjliggöra en jämförelse av de möjliga effekterna av familjefaktorer på skolk och effekterna av familjefaktorer på sjukfrånvaro. Slutligen kommer ungdomar med både frekvent förekommande skolk och frekvent förekommande sjukfrånvaro att grupperas till att forma en grupp med kombinerad hög frånvaro för att analysera om vissa familjefaktorer speciellt ökar risken för den typen av kombinerad hög frånvaro.

Metod

Studien baserade sig på svaren på de frågor från enkäten Hälsa i Skolan år 2017 som gällde skolfrånvaro på grund av skolk och sjukfrånvaro samt frågor som fastställde olika typer av familjeförhållanden. Totalt 89 570 elever i årskurs 8 och 9 (44 409 pojkar, 44 885 flickor) svarade på enkäten, vilket utgjorde 75% av hela åldersgruppen som enkäten riktade sig ifrågavarande år (THL, 2019). Frågorna som användes i undersökningen finns bifogade i slutet av sammandraget. För analyserna gjordes små ändringar där t.ex. frågorna med fem svarsalternativ (frågor 6, 15, 102, 109) samt en fråga med fyra svarsalternativ (fråga 45), komprimerades till att bestå av tre svarsgrupper. Datat analyserades med SPSS och P-värden <0.05 ansågs signifikanta. Resultaten presenteras som frekvenser och oddskvoter (OR) med 95% konfidensintervall.

Resultat

SES

Då det gällde familjens socio-ekonomiska status (SES) pekade resultaten överlag på att frekvent förekommande skolk, frekvent sjukfrånvaro samt att den kombinerade höga frånvaron var vanligare hos ungdomar från familjer med låg SES och att avsaknaden av dessa typer av frånvaro var vanligare för ungdomar med svar som antydde en hög SES i familjen.

Den socio-ekonomiska statusen (SES) baserade sig på frågor som gav information om föräldrarnas utbildningsnivå, föräldrarnas eventuella arbetslöshet och familjens finansiella situation.

Risken för sjukfrånvaro var högre än risken för skolk på två av tre av SES-faktorerna: om en av föräldrarna nyligen varit arbetslös (ökning av risk för sjukfrånvaro 21.7%; ökning av risk för skolk 14.9%) och om det var en dålig ekonomisk situation i familjen (ökning av risk för sjukfrånvaro 45.9%; ökning av risk för skolk 19.8%). Då det gällde risk för skolfrånvaro och föräldrars arbetslöshet visade analyserna högst ökning av risk för kombinerad hög frånvaro (ökning av risk 34.6%) för ungdomar vars båda föräldrar nyligen varit arbetslösa, i jämförelse med ungdomar vars föräldrar inte nyligen varit arbetslösa.

Då det kom till analyserna av föräldrarnas utbildningsnivå och frånvaro från skolan framkom att det fanns procentuellt fler ungdomar utan skolk, sjukfrånvaro eller kombinerad frånvaro bland elever med föräldrar med högst utbildningsnivå. För ungdomar med föräldrar med låg utbildningsnivå var trenden generellt sett den motsatta: mängden ungdomar med frekvent skolk, frekvent sjukfrånvaro och kombinerad hög frånvaro var högre än för ungdomar med föräldrar med hög utbildningsnivå. Risken för frånvaro visade aningen olika mönster då det kom till mödrars och fädrars utbildningsnivå samt förändring av risk för de olika typerna av frånvaro. Då det kom till sjukfrånvaro och mödrars utbildning konstaterades att ingen signifikant minskning av risk för sjukfrånvaro hittades för ungdomar med mödrar i den näst lägsta eller näst högsta utbildningsnivån, i jämförelse med ungdomar med mödrar med den allra lägsta utbildningsnivån (grundskola). Minskningen av risk för sjukfrånvaro för ungdomar med mödrar i den högsta utbildningsnivån (universitetsutbildning) i jämförelse med ungdomar med mödrar med grundskoleutbildning, var även lägre än minskningen av risk för skolk eller kombinerad hög frånvaro då samma kategorier (ungdomar med mödrar med grundutbildning eller universitetsutbildning) jämfördes. Risken för skolk eller kombinerad hög frånvaro minskade däremot stadigt och signifikant ju högre moderns utbildningsnivå var. Effekten av faderns utbildningsnivå på risken för frånvaro visade annorlunda mönster. För det första, var risken för frånvaro statistiskt signifikant i alla typer av frånvaro. För det andra, även om risken för alla typer av frånvaro genomgående var lägst för ungdomar vars fädrar hade universitetsutbildning, så minskade risken enbart lineärt för sjukfrånvaro. För skolk och kombinerad hög frånvaro var minskningen av risk för frånvaro icke-lineär, då risken visade sig vara lägre för ungdomar med pappor i den näst lägsta utbildningsnivån än den näst högsta utbildningsnivån. Slutligen hittades mindre variation i effektstorleken av minskningen av risk för frånvaro för ungdomar med fädrar med universitetsutbildning (minskning av risk för skolk

0.735, minskning av risk för sjukfrånvaro 0.774) i jämförelse med variationen av effektstorlek för mödrar med universitetsutbildning (minskning av risk för skolk 0.662, minskning av risk för sjukfrånvaro 0.888)

Boendeförhållanden

Att bo i en kärnfamilj med båda föräldrar i ett hem visade sig innebära lägst risk för alla former av skolfrånvaro. Att bo med ensamstående förälder innebar en högre risk för frånvaro för alla typer av frånvaro i jämförelse med att bo med föräldrar turvis, även om risken för all frånvaro även var förhöjd hos de ungdomar som bor hos sina föräldrar turvis i jämförelse med dem som bor i ett hem med sina föräldrar.

Förändringar i familjekonstellationen

Ungdomar vars föräldrar nyligen separerat eller vars familj nyligen ombildats hade högre risk för alla typer av frånvaro i jämförelse med ungdomar som inte varit med om dessa förändringar i familjekonstellationen. Det visade sig att risken för skolk var högre än risken för sjukfrånvaro efter att föräldrarna separerat emedan risken för sjukfrånvaro var högre än risken för skolk då det gällde ungdomar vars familj nyligen ombildats. Överlag var riskerna för frånvaro högre för alla typer av frånvaro efter att familjen ombildats än efter att föräldrarna separerat.

Familjedynamiska mönster

Resultaten gällande familjedynamiska mönster och frånvaro bestod av analyser av 6 faktorer: hur viktig ungdomarna uppskattar att föräldrarna anser skolgången är, hur ofta familjen äter en gemensam kvällsmåltid på vardagarna, om de kan tala med föräldrarna om saker som tynger dem, om de upplever att de är en viktig del av familjen, om de kan tala med sina föräldrar om personliga angelägenheter och om familjen har tillräckligt med tid tillsammans enligt den svarande. Den generella trenden var att ungdomar med svar som avspeglade de mest engagerade svarsalternativen (t.ex. att föräldrar anser att skolgång är viktigt) hade högst procent av ingen frånvaro, och ungdomar som valt svarsalternativ som avspeglade den minst engagerade formen av interaktion mellan föräldrar och ungdom (t.ex. att äta kvällsmat tillsammans mer sällan än en gång per vecka) hade högst procent av frekvent frånvaro. Ofördelaktiga familjedynamiska mönster ökade i så gott som alla analyser risken för både sjukfrånvaro, skolk och kombinerad hög frånvaro. Risken för skolk var ofta aningen högre än risken för sjukfrånvaro. Det fanns även undantag till dessa allmänna trender.

Största ökningen av risk för skolfrånvaro hittades på frågan som mätte hur viktig ungdomarna tror deras skolgång är för deras föräldrar. Ungdomar som uppskattat att skolgången inte är viktig för föräldrarna hade en ökad risk för olika typer av frånvaro på 2.225-2.604 i jämförelse med ungdomar som uppskattat att deras föräldrar anser att skolgången är viktig.

När det kommer till frånvaro på grund av skolk visade resultaten att högsta risken fanns bland ungdomar som svarat att de nästan aldrig talar med sin förälder/sina föräldrar om personliga angelägenheter (61.9% ökning av risk). Denna faktor visade en klart högre risk för skolk än för sjukfrånvaro (10.9% ökning av risk). Den andra frågan som mätte kommunikationsvanor i familjen visade att ungdomar som upplevde att de kan tala med sin förälder/sina föräldrar om saker som tynger dem hade en lägre risk för alla former av frånvaro, i jämförelse med ungdomar som svarat att de inte kan. Även på denna fråga ökade risken för skolk mer än för sjukfrånvaro och kombinerad hög frånvaro. Risken för skolk ökade även mer än risken för sjukfrånvaro och kombinerad hög frånvaro på frågan som mätte hur ofta familjen äter gemensam kvällsmåltid på vardagarna. Risken för skolk var 47.3% högre för ungdomar som åt gemensam familjemiddag mer sällan än varje vecka i jämförelse med ungdomar som svarat att de äter gemensam kvällsmåltid med familjen dagligen. Motsvarande ökning i risk för sjukfrånvaro var 25.8% och kombinerad hög frånvaro 37.8%. På frågan som mätte om ungdomarna ansåg att familjen har tillräckligt med tid tillsammans hittades ingen signifikant ökning av risk för skolk då de som ansåg att familjen har tillräckligt tid tillsammans jämfördes med dem som ansåg att familjen inte har tillräckligt tid tillsammans. Risken för sjukfrånvaro var 22.5% högre och risken för kombinerad hög frånvaro 15.7% högre för ungdomar som svarat att de inte har tillräckligt med tid med familjen i jämförelse med dem som svarat att de har tillräckligt med tid tillsammans. På denna fråga påverkades risken för sjukfrånvaro mest av de olika typerna av frånvaro. Slutligen visade analyserna att upplevelsen att inte vara en viktig del av familjen ökade risken för kombinerad hög frånvaro mest (40.7% ökning av risk), men även risken för skolk (35.5% ökning av risk) och sjukfrånvaro (34.2% ökning av risk) var klart högre än för ungdomar som upplevde att de var en viktig del av familjen.

Diskussion

Tidigare forskning har funnit att låg utbildningsnivå hos föräldrarna ökar risken för skolk (Autio, 2017; Duarte & Escario, 2006). I denna studie visade resultaten att den högsta

minskningen av risk för skolk (0.662) var bland ungdomar med mödrar med universitetsutbildning i jämförelse med ungdomar vars mödrar hade grundskoleutbildning. Detta är i linje med tidigare studier som funnit att en låg utbildning hos mödrar är en riskfaktor för skolk (Askeland et al., 2015; Guevara et al., 2013; Thornton et al., 2013). En låg utbildningsnivå hos mödrar har i studier även kopplats ihop med en ökad risk för sjukfrånvaro (Vanneste-van Zandvoort, 2015). Resultaten fann en liten förminskning av risk för sjukfrånvaro (0.888) för ungdomar vars mödrar hade universitetsutbildning i jämförelse med dem vars mödrar hade grundskoleutbildning, men de övriga resultaten gällande förändring av risk för sjukfrånvaro och moderns utbildningsnivå var icke-signifikanta. Resultaten antyder att moderns utbildningsnivå är en högre riskfaktor för skolk än sjukfrånvaro, och att effekten på sjukfrånvaro är liten. Tidigare studier har funnit att faderns utbildningsnivå inte är associerad med sjukfrånvaro från skolan (Vanneste-van Zandvoort, 2015). I denna studie fann vi en klar minskning av risk för sjukfrånvaro för ungdomar vars fädrar hade universitetsutbildning (0.774) i jämförelse med ungdomar vars fädrar hade grundskoleutbildning och minskningen av risk var större än minskningen av risk för sjukfrånvaro och mödrars utbildningsnivå. Värt att påpeka är att i studien av Vanneste- van Zandvoort (2015) undersöktes omfattande sjukfrånvaro, medan resultaten i denna studie omfattade all sjukfrånvaro som var månatligen eller oftare. I framtiden vore det intressant att analysera utbildningsnivån och risken för sjukfrånvaro för enbart de ungdomar som hade frekvent sjukfrånvaro för att se om resultaten då är i linje med dem som hittats i Holland (Vanneste-van Zandvoort, 2015). Det är även möjligt att det finns någon typ av samhälleliga skillnader mellan Holland och Finland som påverkar effekten av fädernas och mödrarnas utbildningsnivå och sjukfrånvaro, men för att svara på dessa frågor behövs fler studier.
Då det kommer till frånvaro från skolan och familjens finansiella situation fann studien att ungdomar som uppskattat familjens finansiella situation som dålig hade en ökning av risk för alla former av frånvaro (skolk 19.8%, sjukfrånvaro 45.9%, kombinerad frånvaro 34.7%) i jämförelse med ungdomar som uppskattat familjens finansiella situation som god. Ett flertal studier har funnit att en dålig finansiell situation i familjen ökar risken för skolk (Autio, 2017; Duarte & Escario, 2006; Guevara et al., 2013; Thornton et al., 2013; Veenstra et al., 2010). I denna studie fanns en liten ökning av risk för skolk i familjer med en dålig finansiell situation i jämförelse med familjer med en god ekonomisk situation, men risken var förhållandevis låg och då ungdomar som svarat att familjens finansiella situation är medelnivå jämfördes med dem som svarat att den är dålig var resultaten icke-signifikanta. Ökningen av risken för skolk var dessutom betydligt lägre än ökningen av risken för de övriga typerna av frånvaro då det

kom till familjer med dålig finansiell situation och därmed kan inte familjens finansiella situation ses som en stor riskfaktor för skolk. Däremot verkar en dålig finansiell situation i familjen vara en stark riskfaktor för sjukfrånvaro med en ökad risk på 45.9% för ungdomar som uppskattat familjens ekonomiska situation som dålig i jämförelse med god. Tidigare studier kring omfattande sjukfrånvaro (Vanneste-van Zandvoort, 2015) har funnit att en dålig finansiell situation är en riskfaktor, och resultaten i denna studie antyder starkt detsamma. Resultaten väcker tankar kring Finland som ett land med jämlika möjligheter för alla på två sätt. För det första är det oroväckande att familjens dåliga finansiella situation ökade risken för sjukfrånvaro starkt, eftersom det insinuerar att även i Finland påverkas ungdomars sjukfrånvaro av familjens finansiella situation, trots att man anser att det är ett jämlikt land. För det andra, då det kommer till den låga ökningen av risk för skolk, kunde en hypotes vara att eftersom det trots allt finns en tro på Finland som de jämlika möjligheternas land så kunde det vara att ungdomar från familjer med dålig finansiell situation väljer att utbilda sig för att få det bättre för sig i framtiden, och därmed ökade inte risken för skolk desto mer i familjer med en dålig finansiell situation.

Då det gäller boendeförhållanden och skolfrånvaro har tidigare studier funnit att risken för skolk är högre för elever som bor med en ensamstående förälder (Duarte & Escario, 2006; Wood et al., 2012) och att splittrade familjer är en risk faktor för omfattande sjukfrånvaro (Vanneste-van Zandvoort, 2015). Fynden i denna studie understöder dessa tidigare resultat då den lägsta risken för skolk, sjukfrånvaro och kombinerad hög frånvaro hittades hos ungdomar som bor med båda föräldrarna i ett hem. Intressant nog visade analyserna att ungdomar som bor turvis hos föräldrarna hade lägre förhöjningar av risk för alla typer av skolfrånvaro i jämförelse med ungdomar som bodde med en ensamstående förälder. En möjlig förklaring till detta kunde vara att i ensamförsörjande hem finns enbart en vuxen att bidra med allt ekonomiskt, emotionellt och praktiskt stöd som ett barn behöver, vilket kunde påverka risken för frånvaro på många olika nivåer.

Att föräldrarna separerar har visat sig vara kopplat till en ökad risk av skolk (Veenstra et al., 2010). Resultaten från denna studie understöder dessa fynd med högre risk för alla former av skolfrånvaro efter att föräldrarna nyligen separerat, högst var risken för skolk. Ett intressant fynd var att ungdomar vars familjer nyligen ombildats överlag hade högre ökningar av risk för alla typer av frånvaro än efter att föräldrarna separerat och att risken för sjukfrånvaro var högre än för skolk efter att familjen ombildats. Det kan konstateras att förändringar i familjens form är en riskfaktor för skolfrånvaro.

Slutligen fann studien att alla familjedynamiska mönster som analyserats inte enbart ökade risken för skolk, men även för sjukfrånvaro, vilket antyder att även sjukfrånvaro hänger ihop med familjemönster. Största ökningen av risk för frånvaro hittades i analysen av hur viktig ungdomarna uppskattar att föräldrarna anser att deras skolgång är. Ökningen av risk för frånvaro var 2.225-2.604 för de olika typerna av frånvaro. Tidigare forskning har funnit att ett lågt intresse för skola och skolarbetet från föräldrarnas sida är en riskfaktor för skolfrånvaro (Attwood & Croll, 2006; Havik et al., 2015) och resultaten är i linje med dessa. En enkel tolkning kunde vara att föräldrarnas attityd flyttats över till barnen men man kan också tänka sig att ungdomar som har mycket skolfrånvaro gärna kanske svarat att deras skolgång inte är viktig för föräldrarna. I framtiden vore det intressant att jämföra ungdomarnas uppskattning av hur viktigt föräldrarna anser skolarbete vara med vad föräldrarna själva anser.
Föräldrar som inte är engagerade (Vaughn et al., 2013) eller om relationen till föräldrarna inte är välfungerande (Veenstra et al., 2010) har visat sig vara kopplat till en ökad risk för skolk. Risken för skolk visade sig vara kraftigt förhöjd (61.9% ökning av risk) för ungdomar som svarat att de inte kan tala med sina föräldrar om saker som tynger dem i jämförelse med dem som kan det. Risken för sjukfrånvaro var också högre (10.9% ökning av risk) för dem som inte kan tala med sina föräldrar om saker som tynger dem, men den var klart lägre förhöjd än för skolk. Den andra frågan som mätte kommunikationsmönster, det vill säga hur ofta ungdomar talar om sina personliga angelägenheter med sina föräldrar, visade likadana mönster med risken för skolk som ökade mest ju mer sällan ungdomar talar med föräldrarna, men även förhöjningar på sjukfrånvaro och kombinerad hög frånvaro. Sammantaget kan man konstatera att fungerande friska kommunikationsvanor mellan förälder och ungdom verkar vara en preventiv faktor för att undvika uppkomsten av skolfrånvaro, speciellt för skolk. Det är dock värt att hålla i minnet att det är möjligt att de dåliga kommunikationsvanorna är en följd av ungdomens skolk, och inte tvärtom.
Också hur ofta familjen äter en gemensam kvällsmåltid visade sig påverka risken för skolfrånvaro, med en förhöjd risk för skolk på 47.3% och förhöjning av risk för sjukfrånvaro på 25.8% då ungdomar som åt gemensam kvällsmåltid med familjen mer sällan en varje vecka jämfördes med dem som åt dagligen. Resultaten framhäver åter att familjedynamiska mönster påverkar risk för skolfrånvaro, både skolk och sjukfrånvaro.
I resultaten fanns även en faktor som inte signifikant ökade risken för skolk, men som visade förhöjd risk för de övriga formerna av skolfrånvaro, nämligen om ungdomarna anser att familjen spenderar tillräckligt med tid tillsammans. Risken för sjukfrånvaro var högre (22.5% högre risk) för ungdomar som svarat att de inte anser att familjen spenderar tillräckligt med

tid tillsammans i jämförelse med ungdomar som ansåg att familjen spenderar tillräckligt med tid tillsammans. Resultaten antyder att sjukfrånvaro kan påverkas av andra än rent medicinska faktorer och ungdomarnas upplevelse av att ha otillräckligt med tid tillsammans med familjen kan vara en faktor som bidrar till ökad sjukfrånvaro.

Den sista faktorn att diskutera är ifall skolfrånvaro påverkas av hur viktig del av familjen ungdomen anser sig vara. Största ökningen av risk för frånvaro fanns för kombinerad frånvaro (40.7% ökning av risk), men även skolk och sjukfrånvaro visade en förhöjning av risk för ungdomar som svarat att de inte upplever sig vara en viktig del av familjen. Frågan om vad som är en orsak till förhöjd risk för frånvaro och vad som är en följd av frekvent skolfrånvaro är viktig att hålla i minnet vid tolkning av resultaten. det kan vara att det är frekvent skolfrånvaro som leder till en dynamik där ungdomen upplever att hen inte är en viktig del av familjen, men det kan även vara så att ungdomar som upplever att de inte är en viktig del av familjen börjar uppvisa mer skolfrånvaro.

Kombinerad hög frånvaro

Tanken med att kombinera ungdomar med både frekvent skolk och frekvent sjukfrånvaro till en egen grupp var att se ifall ungdomar med kombinerad hög frånvaro har gemensamma familjemönster. Till största delar verkade det som att kombinerad hög frånvaro uppvisar liknande mönster som de andra två typerna av skolfrånvaro samt att ökningen av risk för kombinerad hög frånvaro oftast fanns mellan risken för skolk och risken för sjukfrånvaro. Det fanns dock fyra faktorer där risken var högst för kombinerad frånvaro: låg utbildningsnivå hos fadern, om ungdomarna hade svarat att föräldrarna inte anser att skolarbetet är viktigt, om de upplevde att de inte var en viktig del av familjen eller om bägge föräldrar nyligen varit arbetslösa. Resultaten väcker två olika typer av tankar. En är att både en låg utbildningsnivå hos fadern samt att bägge föräldrar nyligen varit arbetslösa är faktorer som kan eventuellt kan medhämta flertalet ogynnsamma familjefaktorer som kunde öka risken för kombinerad hög frånvaro. Studier med omfattande sjukfrånvaro har funnit att en ogynnsam familjefaktor inte ökar risken, emedan 2 eller flera ogynnsamma faktorer ökar risken för omfattande sjukfrånvaro (Vanneste-van Zandvoort, 2015). Den andra tanken är att både det att ungdomarna svarat att föräldrarna inte anser att skolarbetet är viktigt och att de upplever att de inte är en viktig del av familjen eventuellt kunde leda till frekvent skolk och sjukfrånvaro, men att det även är möjligt att dessa svar handlar om följder av kombinerad hög skolfrånvaro, än om direkta orsaker till det.

Begränsningar

En av de främsta begräsningarna med studien är att alla faktorer baserar sig på ungdomarnas subjektiva upplevelse. Speciellt då det kommer till den ekonomiska situationen i familjen, föräldrarnas utbildningsnivå samt hur viktig föräldrarna anser att skolan är så skall svaren ses mer som ungdomarnas åsikter än nödvändigtvis helt sanningsenliga beskrivningar av hur det är. För mer precisa analyser över t.ex. familjens ekonomiska läge skulle undersökningen behöva basera sig på uppgifter från skattemyndigheter eller föräldrarnas beskrivning av det ekonomiska läget.

En annan begränsning av studien är att enkäten Hälsa i Skolan besvaras under skoltid, vilket betyder att många ungdomar med skolfrånvaroproblematik inte nödvändigtvis svarat på enkäten. Dock var samplet så stort att det fanns tillräckligt med respondenter med skolfrånvaro för att få statistisk signifikanta resultat. Dock bör det hållas i minnet att det är möjligt att många elever med kronisk skolfrånvaro saknas i analysen.

Slutsats

Den allmänna slutsatsen av studien är att familjefaktorer starkt verkar påverka förekomsten av skolk men att familjefaktorer även bidrar till sjukfrånvaro. Socio-ekonomiska skillnader, att inte bo med föräldrar i samma hem, nyligen skedda förändringar i familjekonstellationen och olika typer av interaktion mellan föräldrar och ungdomar verkar kunna medföra en ökad risk för skolfrånvaro på grund av både skolk och sjukfrånvaro. De huvudsakliga slutsatserna från de olika kategorierna av familjefaktorer och skolfrånvaro presenteras turvis, först följer några slutsatser gällande socio-ekonomiska situationen i familjen och frånvaro. Två av fyra av de faktorer där risken för sjukfrånvaro var högre än de övriga formerna av frånvaro var socio-ekonomiska faktorer. Finland har ansetts vara ett land med jämlika möjligheter och det är alarmerande att resultaten tyder på att t.ex. en dålig ekonomisk situation i familjen är en stark riskfaktor för sjukfrånvaro. Då det kom till föräldrarnas utbildningsnivå hittades intressanta resultat som avvek från tidigare internationell forskning om som gärna kunde studeras vidare. Resultaten gällande boendearrangemang antyder starkt att en kärnfamilj är en preventiv faktor för alla typer av skolfrånvaro. Det visade sig även att trots att risken för alla typer av skolfrånvaro var förhöjd för ungdomar som bor turvis hos sina föräldrar så var risken för alla typer av frånvaro högre för dem som hade ensamstående förälder. Förändringar i familjekonstellationen på grund av föräldrarnas separation eller ombildandet av familjen ökade också risken till alla typer av frånvaro, dock så att risken för frånvaro var högre efter att familjen nyligen ombildats. Slutligen kunde studien påvisa att även alla familjedynamiska

mönster ökade risken även för sjukfrånvaro, vilket stöder tanken att familjedynamiska faktorer påverkar även sjukfrånvaro. Ett intressant fynd var att frågan om familjen har tillräckligt med tid tillsammans inte visade signifikant ökning av risk för skolk, men visade en signifikant ökning av risk för sjukfrånvaro. Detta resultat fördjupar ytterligare teorin att sjukfrånvaro kan härstamma från andra än rent fysikaliska orsaker och att familjefaktorer inte enbart kan öka risken för skolk, utan även påverka förekomsten av sjukfrånvaro bland ungdomar i Finland.

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PRESSMEDDELANDE

Familjefaktorer hos finländska ungdomar med skolk eller sjukfrånvaro i skolan
Pro-gradu avhandling i psykologi
Fakulteten för humaniora, psykologi och teologi, Åbo Akademi

Att det finns kopplingar mellan olika typer av familjefaktorer och skolk har bekräftats i studier både internationellt och i Finland, men när det kommer till sjukfrånvaro och familjefaktorer finns det betydligt mindre forskning tillgängligt. Huvudsyftet med avhandlingen var att bidra till forskningsfältet om familjefaktorer och sjukfrånvaro bland skolelever. Faktorer relaterade till familjernas socio-ekonomiska situation, boendearrangemang, förändringar i familjekonstellationen samt olika typer av interaktionsmönster mellan ungdom och föräldrar analyserades. Resultaten från denna pro-gradu avhandling i psykologi vid Åbo Akademi tyder på att familjefaktorer kan öka risken även för sjukfrånvaro bland finländska skolelever i klass 8 och 9. Avhandlingen bekräftade även tidigare fynd att familjefaktorer kan bidra till förekomsten av skolk.

Studiens data samlades in av THL via Hälsa i Skolan-enkäten år 2017 i samtliga högstadier i Finland, vilket ger resultaten stor generaliserbarhet i Finland. Sammanlagt 89570 elever besvarade enkäten, vilket motsvarar 75% av alla elever i åk 8 och 9 år 2017.

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