

Socioeconomic and health-related childhood and adolescence predictors of
entry into paid employment

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Abstract (247/250)

Background Most studies on prolonging working careers have explored later career, while less is known about social and particularly health-related determinants of entry into labour market. We examined social and health-related factors from childhood and adolescence as predictors of age at entry into paid employment and early occupational class, and whether own education moderates these associations.

Methods The Northern Finland Birth Cohort 1986 was followed from birth until the end of 2015. We included 8542 participants (52% male) who had had a minimum of six-month employment that was defined by registered earning periods. As socioeconomic predictors, we examined low parental education at age 7 and low household income at age 16. Behaviour- and health-related factors at age 16 included smoking, alcohol use, physical inactivity, overweight, length of sleep, and not having breakfast, while mental-health problems included symptoms of anxiety and depression, attention problems, and social problems. The analyses for significant predictors were further stratified by register-based level of completed own education by age 28-29 (low/high).

Results After adjustments, low parental education, smoking and having been drunk were significant predictors of early entry into paid employment (≤ 18 vs. ≥ 24 years), especially among those who later obtained high education. Low parental education and smoking were predictors of low or non-specified (vs. high) occupational class in the first job. Mental health problems were not associated with either outcome.

Conclusions Socioeconomic background and unhealthy lifestyle contribute to early entry into the labour market and low occupational status in the first job.

Key words employment, health behaviour, occupational class, socioeconomic status, mental health

Introduction

Fluent transition into working life improves career prospects and reduces young adults' dependency on social benefits.¹ The first job is an important step in the young adult's career that can contribute to work participation during the working life span. Many macro-level factors, e.g. educational systems and employment protection legislation, have been associated with differences in labour market entry in early adulthood.² However, micro-scale social, behavioural and health-related determinants during childhood and adolescence, ~~that are interrelated~~-factors which are interrelated, have not been examined jointly in relation to transition into paid employment in terms of timing of entry and type of the first job.³ Such evidence is important in current efforts to extend work careers also from the beginning.

As young adults are most likely to seek assistance with career decisions from family members, it is important to understand whether family-related factors from childhood have a positive or negative influence on transition into working life. It has been shown that family members may have a significant influence on adolescents' career decision-making.⁴ More highly educated parents, for example, are likely to actively encourage their children to develop high expectations of their own,⁵ and pursue ~~for~~ a higher education, which may enable higher occupational class in the first employment as well as during the entire working career. In some countries, higher family income enables parents to pay for more expensive and higher quality schooling or extra lessons. In Finland, in principal, all have equal access to free education. However, according to a recent study those from low- (vs. high-) income families, regardless of school performance, are less likely to apply to universities as they cannot afford preparation courses, for example.⁶

In addition to family-related factors, individual's own behaviours and health can determine the start of the working career. A recent study reported that healthy behaviours, including regularly having breakfast and being physically active, are associated with better academic achievement,⁷ which is likely to impact the start of the working career

and gaining higher occupational class. It has also been shown that smoking and heavy drinking increase the likelihood of unemployment, and decrease the chance of finding and keeping a job.⁸ Additionally, there is some evidence to suggest that individuals with mental and behavioural problems in adolescence have an increased risk unsuccessful transition from education to employment.⁹ They may also have adverse employment outcomes such as working without a basic educational level, or they may have poor labour market attachment and reduced earnings.^{10, 11}

The aim of this study was to examine life course determinants, i.e., parental socioeconomic position and health-related factors in adolescence as predictors of entry into paid employment separately and jointly. More specifically, age at entry into the first long-term paid employment and early occupational class were examined as outcomes. Although delayed entry into labour market is often seen negative, especially in the discussion of the need for extended working careers, it can also be positive, e.g., if it is due to getting higher education, which is valuable in the labour market. This may also enable higher occupational class in the first employment that may not occur until in late twenties. Therefore, participants' level of education at 28-29 years was considered as a possible moderator of these associations.

Methods

Study population

We used data from the general population-based Northern Finland Birth Cohort 1986 (NFBC 1986). The cohort includes all live births with expected date of birth between July 1, 1985 and June 30, 1986 totalling 9432 children (4865, 52% males). The cohort participants have been followed-up by mailed surveys at the age of 7 (survey for parents, [informed consent requested](#)) and 16 (survey for parents and the participants, [informed consent requested from both groups](#)) years. The participants were also invited to a clinic visit the year they turned 16,

and they have been followed up from national administrative registers. The cohort study was approved by the ethical committee of the Northern Ostrobothnia Hospital District. ~~At the follow-up when participants were 16-year-olds, the participants were asked for and gave their informed consent covering also the earlier phases of the study. If either of the parents declined the consent given by the participant was overruled~~ Consents from participant and parent were needed to be included in this study (211 excluded due to lacking participant's or parents' consent). For this study, we included all cohort participants with a minimum of a six-month earning period recorded by the Finnish Centre for Pensions by the end of 2015, i.e. end of follow-up, N=8542 (679 did not have a six-month earning period). The included and excluded were similar regarding sex (51.9% and 51.7% male, respectively), and smoking (34.9% and 35.6% smokers, respectively).

Outcomes

Age at the beginning of the first employment was calculated for the first day of the first earning period that lasted a minimum of six months. The six-month earning period could consist of one or several shorter subsequent periods regardless of the employer. This cut-off point was selected to represent the first longer term employment (“actual entry into labour market”), and to exclude the shortest earning periods such as summer jobs, and training and probation periods (in Finland typically four months). Age was categorised into three groups: ≤ 18 years, 19-23 years, and ≥ 24 years, the last group serving as the reference category. This categorisation is roughly based on the completion of different levels of education; high school, vocational school, and college/university.

Occupational class in the first employment was based on information derived from Statistics Finland and these data were available until the end of 2014. The occupations were classified according to the 2001 International Standard Classification of Occupations codes (ISCO) and we used the 1-digit level for categorising them into three classes: high

(including managers, medical doctors, and teachers), intermediate (office workers, clerks, care work and catering), and low (agricultural workers, builders, mechanics and repairmen). These classes broadly distinguish between different types of jobs and work exposures, e.g. between exposure to heavy physical and sedentary work. Missing register data indicated the participant did not have a recorded code of occupation for the first employment, and they formed the fourth group of the occupational class variable: non-specified occupation including e.g. those who were trainees for a minimum of six months.

Socioeconomic predictors

Educational levels of the father and mother were requested in the surveys for the parents when the cohort participants were 7 and 16 years old. These were requested in four categories: comprehensive school, high school, vocational school, college or university. We used parental education from the 7-year survey, but if this was missing, information was taken from the 16-year survey. The highest of the father's or mother's education was chosen to represent the level of parental education. Having studied at a college or at a university constituted "high" education class, and those with less schooling were in "low" education class. Household income was requested in the survey for the parents when the participants were 16 years old. In the analyses, those falling in the lowest tertile comprised the "low income" group and the rest the "high income" group. Information on participants' own completed level of education, for testing of the moderating effect of own education, was derived from the registers of Statistic Finland, and was available until end of 2015 when the participants were 28-29 years old. This was dichotomised similarly to the parents' education.

Behavioural predictors

Health behaviours were derived from the 16-year survey. There were six response options for smoking that were dichotomised into "current smoker vs. not current smoker". For alcohol

use we used a question that asked how many times the participants had been drunk during the past year. The responses were dichotomised into “drunk at least once vs. not”. Physical activity was assessed using a question requesting weekly time spent for physical activity at the moderate-to-heavy level. Following the WHO recommendations¹² we dichotomised this variable as “inactive” if participant reported less than four weekly activity hours, and “active” if four or more hours were reported. Question requesting having breakfast on weekdays had two response options: “yes” or “no”, and was used as such in the analyses. Length of sleep was requested in hours per 24 hours. We categorised sleep into “short” (<8 hours), “normal” (8-10 hours) and “long” (>10 hours) sleep based on recent sleep health recommendations for this age group.¹³

Participants’ height and weight were measured at the clinic visit and these were used for calculating body mass index (BMI). According to recommendations for BMI in young people,¹⁴ we dichotomised BMI into “normal weight” if BMI was <24.7 for girls and <24.2 for boys, and “overweight/obese” if higher.

Mental-health related predictors

Mental health problems at age 16 were assessed using the Youth Self-Report (YSR) questionnaire that includes measures for attention and behavioural problems¹⁵ and has been established as a data collection method in epidemiological research.¹⁶⁻¹⁸ In this study, we used three of the eight symptom subscales: anxiety and depression (13 items), attention problems (7 items), and social problems (10 items), as these were regarded the most relevant to assess mental health at this age. All items for each subscale are presented in supplemental material. The scores for each item were: 0=not true; 1=somewhat or sometimes true; and 2=very or often true. For each subscale a summary score was calculated which was further dichotomised from the 82nd percentile as suggested for this instrument.¹⁵ Those having values above this cut-off point were considered as having the problem in question.

Statistical analyses

For the analyses, we used multinomial logistic regression models that exclude all individuals with missing values. The models were first adjusted for sex (Model 1). Then we fitted models that simultaneously adjusted for all the variables that were significantly associated with the outcomes in the sex-adjusted models (Model 2). To examine the role of participant's own education we ran models for each significant predictor from the mutually adjusted models stratified by the level of participant's own education reached by the end of 2015. As a sensitivity analysis we stratified unadjusted models by sex. We tested multicollinearity in Models 2 using the variation inflation factor values, which were very small (1.00-1.18), suggesting the models were unlikely threatened by multicollinearity. The results are presented as Odds Ratios (OR) with 95% confidence intervals (CI). SAS 9.4 was used for the analyses.

Results

Of the study population 52% were men. Forty-five percent of the participants had first entered paid employment between ages 19 and 23. Of the occupational classes "non-specified occupation" or "low occupational class" were the most prevalent (both 32%). The other descriptive statistics are shown in Table 1.

After adjustment for sex, low parental education and low household income predicted younger age at the entry into paid employment. Of the health behavioural predictors, smoking, having been drunk, and not having breakfast also predicted younger age at the first employment (Table 2). When simultaneously adjusting for the significant variables, low parental education, smoking, and having been drunk remained as significant predictors (Table 2). The largest effect estimate was observed for low parental education with an OR of 2.10 (95% CI 1.59-2.76) for entry into paid employment at 19-23 vs. ≥ 24 years.

Symptoms of mental health problems were not associated with age at the first employment in either of the models. The results were similar for men and women (Supplemental Table 1).

Both socioeconomic variables predicted also low and non-specified occupational class in the first job (Table 3). Of the health behaviours, smoking, having been drunk, physical inactivity and not having breakfast predicted low occupational class. After further adjustments, low parental education (OR 1.87, 95% CI 1.43-2.45), low household income (OR 1.26, 95% CI 1.01-1.57), and smoking (OR 1.65, 95% CI 1.30-2.11) remained significant predictors of low occupational class. Mental health problems were not associated with occupational class at the first job. These results were similar for men and women (Supplemental Table 2).

When models for the significant variables of the adjusted analyses were stratified by the level of participant's obtained education by age 28-29, the associations between socioeconomic variables and age at entry into paid employment remained more robust for those with high vs. low education (Table 4). For example, low parental education predicted young age (≤ 18) at the first long-term employment among those with high education with an OR 1.87 (95% CI 1.48-2.37), whereas the corresponding association for those with low education was 1.33 (95% CI 0.96-1.84). However, parents' low education predicted lower occupational class in the first employment particularly among those with low own education.

Discussion

We observed that low parental education and smoking at age 16 predicted earlier entry into paid employment as well as low occupational class of the first job in the models mutually adjusted for significant predictors. Of the other poor health behaviours having been drunk at age 16 was associated with younger age at the first employment. Symptoms of mental health problems at age 16 were not associated with age or occupational class in the first long-term

employment. The findings for earlier beginning of the working career were robust particularly among those who obtained high education by their mid- to late twenties.

Working before the 18th birthday is not uncommon. In a Finnish survey for 9th graders in 2000, 17% reported working alongside school,¹⁹ whereas in the US the corresponding rates were 27 and 26% for students in grades 8 and 10, respectively.²⁰ The observed association between poor socioeconomic factors and early start of the working career is in agreement with prior literature.²¹ The consequences of this early employment can be negative, for example, lower quality of life and risk of heavy drinking have been reported among teens who are employed during term time.^{19, 20} However, our additional analysis suggests that poor socioeconomic circumstances relate to age at entry into employment particularly for those who later obtain high education, which suggests that the first employment occurs before or while attending high school and higher education. Those from poor socioeconomic circumstances may start working to fund their studies. Alternatively, the first employment may occur before getting into the higher education, if the individual does not get a desired university or a college place right after high school. In the 2010s, it has become more and more common to have a gap year after high school, particularly if the young person does not get into his/her first choice of a degree programme.

During the gap years and alongside studies many are employed in low occupational class jobs that do not require any specific education. This is in line with our finding that >60% of the first employments in this cohort were defined to have low or non-specified occupation. Low occupational class is related to adverse exposures such as heavy physical workload, shift work, or contingent fixed term contracts, and can be a risk factor for future health.²² However, obtaining higher education diminished the risk of intermediate vs. high occupational class in the first employment suggesting that highly educated persons may get a better start for their working career.

Regarding behavioural risk factors, smoking and having been drunk not only reflect health problems, but also require spending money. Their use may thus add to the economic hardship during adolescence, contributing to the necessity of entering into working life while still studying.¹⁹ Smoking remained a significant predictor even after controlling for socioeconomics, suggesting it is an independent predictor of early employment.

Symptoms of anxiety and depression, social problems, and attention problems were not associated with our outcomes. This is in agreement with a study where differences in attention problems were not associated with employment status in young adulthood.¹⁰ While several other studies have reported associations between mental health problems and poor employment outcomes,^{9, 11} a recent study suggested that depressive symptoms at age 16 were not associated with unstable labour attachment over time.²¹ The discrepancy between studies may derive from different measures used for mental health; the more severe indicators such as psychiatric diagnosis being more likely associated with adverse employment outcomes. Moreover, missing data on the symptoms of mental health problems may have attenuated our findings, if those with more severe problems did not respond to the YSR questionnaire.

The limitations of this study include lack of information on the working hours and physical work. The register used for defining periods of paid employment includes the start and end dates of all job contracts entitling to future pension, and month-specific information regarding whether the individual had received salary or not. Thus, we cannot identify those who worked part-time or alongside their studies. To define age at entry into long-term employment, we focused on gaining a minimum of six-month employment, which 91% of the cohort members reached by the end of follow-up. Nonetheless, because we were not able to get specific information about the educational achievements or training periods, we cannot address the issues regarding those not in education, employment or training in this study design.²³ The strengths of this study include it being based on a representative

prospectively collected birth cohort with low attrition. Biases originating from differential unemployment rates following different macroeconomic cycles are likely to be small since the participants were of the same age. In addition, recall bias was avoided by the reliance on register based employment data. Although residual confounding is always a possibility in an observational study, we could simultaneously examine a comprehensive set of possible predictors of transition into paid employment including numerous health behaviours in adolescence.

In summary, this study suggests that socioeconomic background and unhealthy lifestyle contribute to early entry into the labour market and low occupational status in the first job. Symptoms of mental health problems were unrelated to the outcomes. After adjustments, low parental education and smoking remained as significant predictors for both outcomes. The associations for early entry were particularly robust among those who obtained higher education. This suggests that individuals from poor socioeconomic circumstances may get their first employment to fund their studies. In efforts to extend working careers from their beginning, it may be important to know how life course social and health-related factors are related to it. Whether timing of entry contributes to subsequent adverse labour market outcomes and health should be investigated by socioeconomic background.

Conflict of interest The authors declare no conflict of interests

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Key points

- Low parental socioeconomic position and smoking at age 16 predicted early entry into paid employment as well as low occupational class in the first job.
- Education moderated the association between parental low education and early entry into paid employment: associations were observed particularly among participants who obtained high education by age 28-29.
- Symptoms of mental health problems were unrelated to age at entry into labour market or occupational class in the first employment, however, this does not exclude the possibility that more severe mental problems would result in early economic inactivity.

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Table 1. Descriptive statistics of the study population from the Northern Finland Birth Cohort 1986 with a minimum of six-month employment until 2015 (n=8542).

Variable (n missing)	All N (%)	Women N (%)	Men N (%)
Sex (-)			
Men	4413 (52)	-	4413
Women	4129 (48)	4129	-
Age at entry into first employment (-)			
≤18 years	3362 (39)	1610 (39)	1752 (40)
19-23 years	3836 (45)	1846 (45)	1990 (45)
≥24 years	1344 (16)	673 (16)	671 (15)
Occupational class at first employment (-)			
High	1087 (13)	521 (13)	566 (13)
Intermediate	2061 (24)	1004 (24)	1057 (24)
Low	2699 (32)	1284 (31)	1415 (32)
Non-specified occupation	2695 (32)	1320 (32)	1375 (31)
Parental education (606)			
Low	6727 (85)	3544 (86)	3788 (86)
High	1210 (15)	585 (14)	625 (14)
Household income (3500)			
Low (lowest tertile)	1601 (32)	764 (32)	837 (32)
High	3441 (68)	1637 (68)	1804 (68)
Own education at age 28/29 in 2014 (-)			
Low	4938 (56)	2392 (58)	2546 (58)
High	3604 (44)	1737 (42)	1867 (42)
Smoking (2045)			
No	4230 (65)	2074 (67)	2156 (64)
Yes	2267 (35)	1037 (33)	1230 (36)
Drunk during past year (2468)			
Yes	2190 (36)	1095 (38)	1095 (35)
No	3884 (63)	1833 (62)	2051 (65)
Physically inactive (2010)			
Yes	4074 (62)	1951 (62)	2123 (63)
No	2459 (34)	1184 (38)	1274 (37)
Breakfast (1990)			
No	1316 (20)	627 (20)	689 (20)
Yes	5237 (80)	2515 (80)	2721 (80)
Sleep (2007)			
short	1354 (21)	651 (21)	703 (21)
normal	5025 (77)	2410 (78)	2615 (77)
long	156 (2)	77 (2)	79 (2)
BMI (2331)			
normal weight	5389 (87)	2595 (87)	2794 (87)
overweight/obese	822 (13)	391 (13)	431 (13)
Anxiety/depression (2161)			
No	5372 (84)	2500 (75)	2872 (94)
Yes	1009 (16)	819 (25)	190 (6)
Social problems (2086)			
No	5660 (88)	2843 (85)	2817 (91)
Yes	796 (12)	510 (15)	286 (9)
Attention problems (2062)			
No	5695 (88)	2829 (84)	2866 (92)
Yes	785 (12)	538 (16)	247 (8)

Table 2. Predictors of age at entry into paid employment (the first minimum of six-month employment) among participants of the Northern Finland Birth Cohort 1986 (n=8542).

Predictor	Age at entry into first employment	OR	Model 1*		Model 2†		
			95% CI		OR	95% CI	
<i>Socioeconomic</i>							
Low parental education							
	≥24	1			1		
	19-23	1.76	1.51	2.06	2.10	1.59	2.76
	≤18	1.98	1.64	2.38	1.39	1.11	1.74
Low household income							
	≥24	1			1		
	19-23	1.31	1.11	1.54	1.17	0.93	1.46
	≤18	1.35	1.12	1.62	1.19	0.98	1.44
<i>Poor health behaviours</i>							
Smoking							
	≥24	1			1		
	19-23	1.61	1.38	1.89	1.76	1.39	2.23
	≤18	2.11	1.77	2.05	1.29	1.04	1.60
Drunk during past year							
	≥24	1			1		
	19-23	1.66	1.44	1.92	1.30	1.05	1.60
	≤18	1.53	1.30	1.81	1.46	1.21	1.76
Inactive							
	≥24	1					
	19-23	1.01	0.88	1.16			
	≤18	0.89	0.76	1.04			
Short vs. normal sleep							
	≥24	1					
	19-23	1.02	0.86	1.21			
	≤18	1.19	0.99	1.44			
Long vs. normal sleep							
	≥24	1					
	19-23	1.23	0.78	1.94			
	≤18	0.85	0.49	1.47			
Overweight							
	≥24	1					
	19-23	0.91	0.75	1.11			
	≤18	0.70	0.56	0.89			
No breakfast							
	≥24	1			1		
	19-23	1.37	1.10	1.69	1.20	0.92	1.57
	≤18	1.43	1.13	1.82	1.25	0.98	1.59
<i>Mental health problems</i>							
Anxiety/depression							
	≥24	1					
	19-23	1.01	0.84	1.23			
	≤18	0.76	0.61	0.95			
Attention problems							
	≥24	1					
	19-23	1.13	0.91	1.40			
	≤18	0.87	0.67	1.11			
Social problems							
	≥24	1					
	19-23	1.03	0.84	1.27			
	≤18	0.87	0.69	1.12			

* Model adjusted for sex; † Models mutually adjusted for significant variables from Model 1

Table 3. Predictors of occupational class in the first longer term (minimum of six-month) employment among participants of the Northern Finland Birth Cohort 1986 (n=8542).

Predictor	Occupational class in the first employment (High as reference)	OR	Model 1*		Model 2†		
			95% CI	OR	95% CI	OR	95% CI
<i>Socioeconomic</i>							
Low parental education							
	Intermediate	1.63	1.35	1.97	1.31	1.01	1.71
	Low	2.56	2.11	3.09	1.87	1.43	2.45
	Non-specified	1.70	1.42	2.04	1.72	1.33	2.23
Low household income							
	Intermediate	1.35	1.11	1.63	1.23	0.97	1.54
	Low	1.63	1.35	1.97	1.26	1.01	1.57
	Non-specified	1.27	1.06	1.53	1.04	0.84	1.30
<i>Poor health behaviours</i>							
Smoking							
	Intermediate	1.95	1.63	2.35	1.91	1.49	2.44
	Low	1.75	1.46	2.09	1.65	1.30	2.11
	Non-specified	1.81	1.52	2.17	1.91	1.50	2.43
Drunk during past year							
	Intermediate	1.52	1.28	1.81	1.13	0.91	1.41
	Low	1.30	1.10	1.54	1.07	0.87	1.33
	Non-specified	1.24	1.05	1.47	1.03	0.84	1.27
Inactive							
	Intermediate	1.39	1.18	1.64	1.22	0.99	1.50
	Low	1.19	1.02	1.40	1.03	0.84	1.26
	Non-specified	1.07	0.92	1.26	0.94	0.77	1.15
Short vs. normal sleep							
	Intermediate	1.40	1.14	1.72			
	Low	1.21	0.98	1.48			
	Non-specified	1.22	1.00	1.49			
Long vs. normal sleep							
	Intermediate	1.53	0.87	2.70			
	Low	1.54	0.89	2.68			
	Non-specified	1.17	0.66	2.06			
Overweight							
	Intermediate	0.94	0.73	1.21			
	Low	1.25	0.99	1.59			
	Non-specified	0.93	0.73	1.18			
No breakfast							
	Intermediate	1.42	1.15	1.75	1.13	0.87	1.47
	Low	1.13	0.92	1.39	0.93	0.71	1.21
	Non-specified	1.30	1.06	1.59	1.09	0.84	1.41
<i>Mental health problems</i>							
Anxiety/depression							
	Intermediate						
	Low	0.94	0.74	1.19			
	Non-specified	0.92	0.73	1.16			
		0.94	0.75	1.19			
Attention problems							
	Intermediate	1.03	0.79	1.33			
	Low	0.95	0.74	1.22			
	Non-specified	0.93	0.73	1.20			
Social problems							
	Intermediate	0.95	0.74	1.23			
	Low	0.91	0.71	1.16			
	Non-specified	0.95	0.75	1.21			

* Model adjusted for sex; † Models mutually adjusted for significant covariates from Model 1

Table 4. Age and occupational class in the first longer term (minimum of six-month) employment by highest level of participant’s own education at the end of follow-up.

<i>Predictor</i>	Age at entry into first employment	High own education*			Low own education*		
		OR	95% CI		OR	95% CI	
Low parental education	≥24	1			1		
	19-23	1.35	1.12	1.63	1.63	1.21	2.19
	≤18	1.87	1.48	2.37	1.33	0.96	1.84
Low household income	≥24	1			1		
	19-23	1.14	0.93	1.40	1.10	0.83	1.47
	≤18	1.37	1.07	1.75	0.94	0.69	1.29
Smoking	≥24	1			1		
	19-23	1.78	1.41	2.25	1.11	0.89	1.39
	≤18	2.53	1.95	3.29	1.39	1.09	1.77
Drunk during past year	≥24	1			1		
	19-23	1.87	1.55	2.27	1.17	0.92	1.48
	≤18	1.80	1.44	2.25	1.04	0.80	1.35
		Occupational class in the first employment					
Low parental education	High	1			1		
	Intermediate	1.11	0.89	1.39	1.55	1.03	2.34
	Low	1.36	1.07	1.72	2.25	1.50	3.37
	Non-specified	1.16	0.94	1.43	1.66	1.11	2.48
Low household income	High	1			1		
	Intermediate	1.09	0.86	1.38	1.18	0.79	1.77
	Low	1.03	0.81	1.32	1.44	0.97	2.13
	Non-specified	1.00	0.80	1.24	1.17	0.79	1.73
Smoking	High	1			1		
	Intermediate	1.62	1.27	2.06	1.43	1.04	1.97
	Low	1.18	0.91	1.53	1.21	0.89	1.65
	Non-specified	1.52	1.21	1.91	1.34	0.98	1.83

* Model adjusted for sex