

The effect of education on health status

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Abstract

Education is one of the most critical factors in a person's economic and social position individual, as it is their consequence. There exist a lot of evidences about the strong relation between education and health status. Evidences suggest that people who have a high level of education develop healthier behaviors and manners, and they are less prone to vice and unhealthy behaviors. The influence of education in health status is apparent in multiple instances. Our theoretical explanation focuses on a few categories: Employment, income and working conditions, the psychosocial aspect as well as behavior. Using Mincer's Equation for Albanian case, we can calculate the effect of education on income. Through this model we cannot only control the effect that education has on income but we can also classify this effect on the basis of age, gender, ethnicity, status etc. This study and the previous ones have some limitations and this is a reason for further research.

Introduction

Education is one of the most critical factors in a person's economic and social position individual, as it is their consequence. There exist a lot of evidences about the strong relation between education and health status. (WMPHU.; 2001) In particular, evidences from developing countries show that the women's educational level is particularly an important factor in determining the health status of children and of the whole family. (Hupalo P, 1999)

The education that provides knowledge and skills for an individual's everyday life increases the possibility of getting hired and having a more secure source of income. This results in the increase of the control that everyone has on their own life and also in the opportunity to be involved in a higher society class. (Population Health

Approach, 2001) Education also increases the individual's capacity to assimilate more efficiently information, increases the possibility of getting access in health services and it results in a better lifestyle that affects the health status (Hupalo P, 1999)

Health status is improving through education (Portes, 1998) Children and teenagers with a low level of education or those who are illiterate are more likely to have health problems as adults. (Acheson D, Barker D, Chambers J, 1998) Education is closely related to the future profession and earnings. Children's development is also related to the parents' socioeconomic status. Children, whose parents have a low level of education, are more likely to have low results in school too. Also, these children exhibit behavioral problems and are more inclined to health problems

vis-à-vis children whose parents have a high level of education. A lot of the factors or the ways in which inequalities in education are created are also reflected as inequality in healthcare. By improving the level of education in the disadvantaged classes of society there will be more opportunities to improve the inequalities in healthcare.

The relation between education and health is not a new concept. One of the earliest studies that demonstrate how the highest mortality rates exist in low level education groups was conducted in 1969, in America. Later on, this study showed that while the life expectancy had increased for everyone through the 1960-1980 period, the gap between people with a high level of education and those who had a low level of education still existed. The difference in the life expectancy measured among individuals aged 25 years was 6 years for men and 5 for women, regarding their educational level. (Rogot, Sorlie, & Johnson, 1992) Even the subsequent studies have verified the relation between health and education. The comparative studies among European countries have had similar conclusions. A study of 22 European countries concluded that individuals with a low level of income were more likely to have bad health. (von dem Knesebeck, Verde, & Dragano, 2006) Low educational levels were related to a high risk of dying from lung cancer, heart attack, and cardiovascular diseases and infections. (Avenidaño et al., 2004) Low income levels were also associated with certain types of backbone diseases, (Dionne et al., 2001) diabetes (Maty, Everson-Rose, Haan, Raghunathan, &

Kaplan, 2005) and depression. (Feinstein, 2002) Education can affect health in different stages of life. It is already proven that the educational level has a major impact on the mental health of the young people and the physical functions of the elderly. (Regidor et al., 1999)

These evidences show that the effect of the education in health and healthy behaviors changes regarding other dimensions. This effect varies considerably for individuals of different ages. The effect of education in people's health starts to decrease after the age of 50. (Elo & Preston, 1996) According to Lynch (S. M. Lynch, 2003) much of this reduction that comes after the age of 50 is a result of the model of survival selection from education.

Educational level and healthy behaviors

Evidences suggest that people who have a high level of education develop healthier behaviors and manners, and they are less prone to vice and unhealthy behaviors. This is especially true regarding the physical activities, nutrition and sexual activity. (Van Oort, Van Lenthe, & Mackenbach, 2004) The everyday physical activity contributes in the personal development, social and physical, and it is known as one of the best ways to be healthy. It is recommended that young people should perform at least 60 minutes of physical activity each day. Research shows that people who are more educated are more inclined to do physical activities or getting involved in different sport activities. A study about the participation in sports shows that individuals with a low or a secondary education are 5 times less

likely to play different sports compared to individuals with a high level of education. (Lunn P, 2007)

Nutrition

Dieticians suggest that cereals, fruits and vegetables should be the basis of a healthy diet. These healthy ways of nutrition have shown that they are related to the individual's educational level. Individuals with a high level of education consume more fruits, vegetables and fibers compared to less educated individuals. (Johansson, Thelle, Solvoll, Bjørneboe, & Drevon, 1999)

Sexual activity

Performing a healthy, safe sexual act is one of the most important factors in good functioning of the organism and being healthy. These behaviors, again, are related or depend on the educational level. Studies conducted among the younger age groups show that individuals with a low level of education tend to start the sexual activity in a very young age, associated with not using protective measure thus showing a lack of knowledge. (Layne, McGee, Quail, Rundle, & Cousins, 2006) The percentage of births during adolescence is also higher in the less educated girls. (Kiernan, 1997)

Substance use

There is a clear relation between education and smoking. The most educated individuals are less inclined to smoke cigarettes, or they are most successful in quitting this habit. A study shows that less educated people are 8 times more likely to be smokers than those people with a higher level of education. (Pulkki et al., 2003) Other studies show differences between men and women vis-à-vis

smoking and their educational level. (Fernandez et al., 2001) Regarding the alcohol consumption, it is not proved that it is a strong relation but, there are studies that verify the negative relationship as there are studies that show a positive correlation with the educational level. (Marques-Vidal et al., 2000)

The behavioral patterns that are affected from the alcohol vary also from the gender. Studies show a negative correlation between the educational level and alcohol in men but, it shows the opposite results regarding women. Less educated men are 3 times more likely to be prone to alcohol consumption regardless of the age. Meanwhile, more educated women consume more alcohol than women with a lower education, through the age of 20-40 and at their forties they quit drinking. By contrast, there is an inverse trend in the less educated women who start consuming alcohol later in life and continue to consume it for their whole life. Low education leads to their lack of involvement in the labor market and a lack of social status. Until the age of 40, their family (parents or spouse) takes care of these women. This curbs their alcohol consumption which is often interpreted as a sign of freedom and independence, which these women don't always have it. After their forties, these women become more independent by gaining the missing freedom that they previously had, so they significantly increase the alcohol consumption due to the lack of their knowledge about the damage that it causes. (Jefferis, Manor, & Power, 2007) The consumption of cocaine represents a lower variation in the level

of education without proving a strong relationship between them. Meanwhile, a positive correlation has been detected between cannabis consumption and a low level of education. (Butters, 2004)(Duarte, Escario, & Molina, 2006)

Education and the knowledge for a better health

Individuals that are highly educated, have the premise of having more knowledge about the necessary conditions for a better health, treatment methods and better self-management skills compared to the less educated individuals. These results are a derivative of the different studies that are conducted regarding various types of diseases, including HIV/AIDS (Layte et al., 2006), diabetes (Van Der Meer & Mackenbach, 1999) and arthritis (Katz, 1998). There are also evidences suggesting that the most educated people perform more preventive controls initiated by awareness campaigns. Less educated people possess a lower knowledge about the negative effects of many unhealthy behaviors. Studies show that people categorized as obese belong to the least educated classes, including the illiterate. These individuals don't accept the idea that the loss of weight is a healthy way of living but they consider the weight as an aesthetic element. (Kennen et al., 2005)

Health awareness is defined as the degree of capacity the individual has to pick up, elaborate and understand the basic health information and the necessary services to make the right decisions for a better health (Nielsen-Bohlman, Panzer, & Kindig, 2004).) The low level of knowledge on health is related to the increase of the cost of health, the increase of the hospitalization rate and

the increase in the use of health services (McCray, 2005)

Parents' education and children's' health

Parents' level of education affects the health of the child and general health behaviors in the family. Studies have shown that the mother's influence is greater than the impact of the father. (Leigh, 1998) A positive correlation has been found between the parents' high level of education the children's healthy behavior. (Roos, Hirvonen , Mikkilä, Karvonen, & Rimpelä, 2001)

Teenagers coming from families in which the mother has a low educational level are more prone to drug use. A study in America showed that less educated mothers, often, don't vaccinate their children. Recent studies also treat the impact that child education has on the health of parents. According to Field (Field 2005) parents of children with more years of education were more willing to stop smoking cigarettes.

The pathway from education to health

The influence of education in health is apparent in multiple instances. Our theoretical explanation focuses on a few categories: Employment, income and working conditions, the psychosocial aspect as well as behavior. Regarding the first category well educated people have a lower chance of being unemployed, and a higher chance of working in a full-time position with better working conditions and higher pay. Considering the psychosocial aspect, highly educated individuals possess a higher degree of self-control and greater social

support. Behavior is another facet in which the effect of health education is reflected. Highly educated individuals engage in physical activities, have a healthy diet and make use of preventive medical care. We will analyze in detail the socio-economic aspect of health education mirrored in employment, income and job satisfaction.

Employment

Education is widely considered as the way toward job security and long-term employment. Individuals higher in education have a higher probability of being hired. The unemployment norm is higher in groups of individuals with fewer years of education. In a study conducted in Albania it was shown that the level of education is a primary factor in the individuals ability to find employment or the reduction of time being unemployed. Individuals with high school level education (12 years) find employment faster than individuals with a 9-year education, with a disparity between the two of 38.9%. Meanwhile

individuals with a graduate level education (17 years) compared to those with a 9-year education, have 53.4% higher probability in reducing the time being unemployed. (Banushaj A., Harshova A., 2017)

Income

The higher level of education is also correlated with higher income. Studies conducted in multiple countries prove that each additional year of education translated into an increase in personal income and GDP. The scale of impact is different in different countries and time periods. Using Mincer’s function, we can calculate the effect of education on income. Through this model we cannot only control the effect education has on income but we can also classify this effect on the basis of age, gender, ethnicity, status etc.

Table 1 gives an overview of the situation in Albania after applying Mincer’s model to discern the effect of education on income on the basis of gender.

Level of Education				
	No Education	9 Years	12 Years	17 Years
Hourly wage/men	302.8 ALL/hour	701.3 ALL/hour	1067.4 ALL/hour	1624 ALL/hour
Hourly wage/women	274.2 ALL/hour	635 ALL/hour	966 ALL/hour	1471.4 ALL/hour
Difference in wage	_____	_____	52.2%	131.6%

Source: Author’s Calculation

In almost every country this model has been

applied it was shown that each additional year of

education results in an 8-12% increase in income. In Albania the effect results in a 11% change. On the basis of gender yet again studies prove that each additional year of education results in a higher increase in wage in woman than in men. (Banushaj A., 2016)

The higher probability of employment and higher income translate in better overall health. Considering the material aspect, a higher income leads to a higher possibility of overcoming the financial strain necessary for better health. A higher income gives way to having a healthier diet and living generally a healthier life.

Job Satisfaction

The individuals level of education is reflected in the type of work he/she performs as well as the risks associated with this type of work. The more educated the individual the safer the work environment giving way to better health. Persons with a low education are forced to accept positions that contain a high-risk factor that may be of serious detriment to their health. Blue collar work or work performed under difficult atmospheric conditions cause serious damage to the individuals' health. (Ross & Wu, 2014)

Although, studies conducted on the effect of work conditions on the workers' health are inconsistent and not always positive. Many studies posit that job positions obtained through higher education involve a high level of responsibility which has a negative impact on health due to its stressful nature. Nonetheless these conclusions hold a low weight in the accumulation of the positive effects, still they should be considered in the drafting and implementation of new policies.

Psychosocial Resources

Education constructs two psychosocial resources which in turn affect health. *Self-control* is one of these resources which represent an important correlation between education and health. Lack of self-control and lack of willpower of the individual over his own life fosters the belief that the individuals' decisions are directed by outside factors. Meanwhile on the opposite case the individual has an excessive effect over personal decisions. This sense of self-control appears in different literature such as "Personal efficacy" (Downey and Moen, 1987), "Personal autonomy" (Seeman, 1983), "Self-orienting" (Kohn and Schoole, 1982) etc. Through education the cognitive capacity is developed which in turn increases the sense of self-control and self-orientation. These individuals are more capable in the processing and understating of information about health. As well as being more informed on the preventive measures, leading to better overall health compared to less educated individuals.

Conclusions:

- Education has an essential influence in health with individual and social benefits. These benefits reach individuals, families, communities and states.
- Main mediums that education reaches and influences health are from work, income and the way individuals behave.
- The effect that education has among people changes depending on individual characteristics like age, gender, ethnic belonging, family origin etc.

Limitations of studies

- Conducted studies in the assessment of the level of education use as a variable the number of years that an individual attended school thus by limiting itself only in the quantitative part of education. The effect would appear more mature and clear if the study would analyze the qualitative part of education as well.
- Assessing the state of health is done through surveys and self-reported data's does not present the best method of measurement.
- The connection between education and health is double sided thus the assessment of policies is quite often wrong.
- The fact that education has negative effects as well is ignored thus by deepening the problems of inequality.

Policies and recommendations

In order to design and implement the right policies regarding education with a focus on bettering the state of health and lowering inequality these policies need a detailed prior analysis. Wrong policies can influence negatively. To make sure that this will not happen, a proper assessment is needed between education and health through the study of a sample which should be as big as possible in order to observe the role of education for a healthier society. This influences the identification of four main problems:

- Addressing inequality: The influence of policies is not the same for the entire population thus by bringing cases where profit happens for individuals or social layers that have the least needs. In this way the addressing of the policy must be specified and not only the type of the policy.
- The life perspective: By knowing that primary school and middle school

education have been observed to be the phases with the highest influence in health for the rest of an individual's life the policies must be more focused on the phases. With aging the effect that education has on health starts to fade out thus the focus of the policies must change.

- For an effect that will be as positive as possible institutions must cooperate with each other for the design of policies in order to have a better coordination of education and health.

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