

**WHAT ARE THE SOCIAL OUTCOMES OF EDUCATION?**

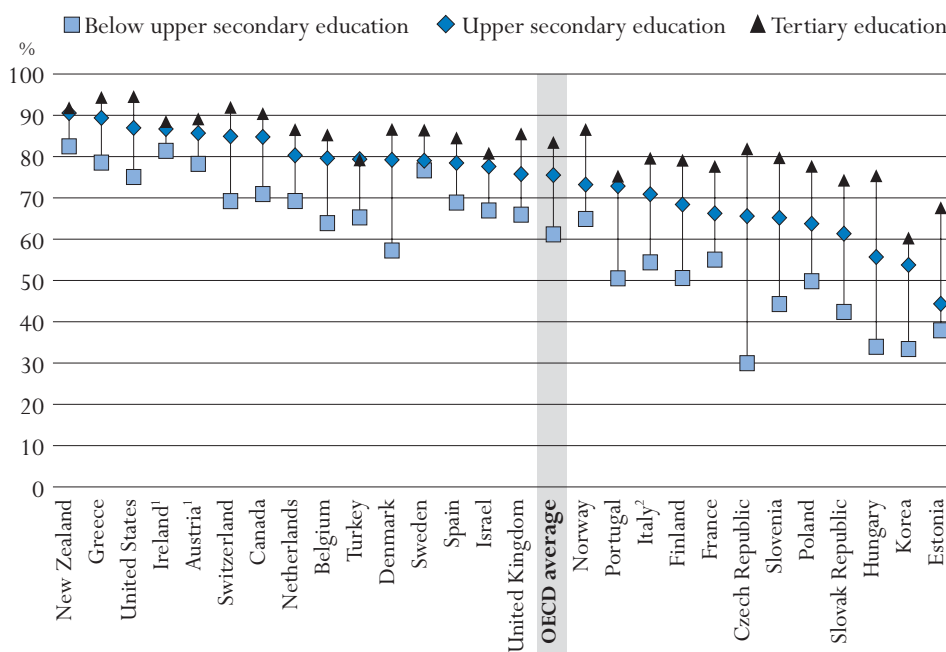
This indicator examines the relationship between educational attainment and social well-being for 24 OECD countries and 3 partner countries. It focuses on three outcomes, self-assessed health, political interest and interpersonal trust, and evaluates how they vary across levels of educational attainment, with and without adjustments made for individual differences in gender, age and income.

*Key results*

**Chart A9.1. Proportion of adults reporting good health, by level of educational attainment (2008)**

The chart presents the proportion of adults reporting that their health is good, separately among those who have attained:  
a) below upper secondary, b) upper secondary and c) tertiary education.

Given the potentially significant cross-country bias (including cultural bias) in reporting one's health status, this chart should be interpreted with caution. The chart suggests that moving from one level of educational attainment to the next is generally associated with higher levels of self-reported health. The association is larger and more consistent among those moving from below upper secondary to upper secondary education than among those moving from upper secondary to tertiary education.



1. Year of reference 2006.

2. Year of reference 2004.

Countries are ranked in descending order of the proportion of those reporting good health among adults who have attained upper secondary education.

Source: OECD, Table A9.1. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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### Other highlights of this indicator

- Educational attainment is positively associated with self-reported good health, political interest and interpersonal trust. That is, adults with higher levels of educational attainment are generally more likely than those with lower levels of attainment to report that their health is at least good, that they are at least fairly interested in politics, and believe that most people can be trusted. For self-reported health, an increase in educational attainment from below upper secondary to upper secondary levels is associated with a stronger and more consistent increase in outcomes, compared to an increase in educational attainment from upper secondary to tertiary levels in all surveyed countries except for France, Norway, Sweden and the partner country Estonia. With regards to political interest, an increase in educational attainment from upper secondary to tertiary levels is associated with a stronger and more consistent increase in outcomes, compared to an increase in educational attainment from below upper secondary to upper secondary levels. Such a consistent pattern is not apparent for interpersonal trust.
- The association between educational attainment and social outcomes generally remains after making adjustments for gender and age. Thus, the differences in outcomes across educational attainment groups do not appear to be primarily driven by differences in the gender or age of those with different levels of educational attainment. For example, younger individuals are more likely to be more highly educated. While the finding that more highly educated individuals report good health could reflect on their relative youth, results adjusting for age suggest a persistent relationship between educational attainment and health.
- The size of the association between educational attainment and social outcomes is generally reduced after household income is controlled for, which indicates that income is one factor explaining this relationship. However, in most countries, the association between education and social outcomes remains strong after adjusting for household income. Hence, what individuals potentially acquire through education – *e.g.* cognitive and socio-emotional skills – may play an important role in raising social outcomes, independent of the effect of education on income.

## Policy context

Improving health is a key policy objective for all OECD countries. This is reflected in high levels of public expenditure on health, which in 2007 amounted to 6.4% of GDP in OECD countries (OECD, 2009a). This amount is much higher than the public expenditure on education of 4.8% (see Table B2.4 in Indicator B2). Although the significant resources spent on healthcare have generally helped people live longer, the nature of health problems has changed, with recent increases in chronic debilitating conditions such as heart disease, diabetes and depression. Efforts to combat these trends depend in part on altering individuals' lifestyle choices – choices which may be improved by the cognitive and socio-emotional skills developed through education.

Social cohesion, often reflected in levels of civic and social engagement, is also of high concern in OECD countries. Countries generally perceive that levels of civic participation, political interest and trust are inadequate thus posing a challenge for the maintenance of well-functioning democratic institutions and political processes. Education may play an important role in ensuring social cohesion by fostering the cognitive skills, self-efficacy and resilience that underlie social and political interaction.

Given the increasing number of evidence suggesting the significant role of education in raising these outcomes, it would be of interest for policy-makers working on education, health and social welfare to jointly take into account the social outcomes of education.

## Evidence and explanations

### Educational attainment and social outcomes

Education may affect people's lives in ways that go beyond what can be measured by economic outcomes such as labour market earnings (see Indicator A7). These potential effects include a variety of social outcomes such as health, civic participation, political interest and happiness, as well as crime. This year's edition of *Education at a Glance* focuses on three social outcomes for which comparable micro-data are available across a large number of countries: self-reported health, political interest and interpersonal trust. Each of the datasets includes measures of educational attainment so that these outcomes can be compared by levels of attainment.

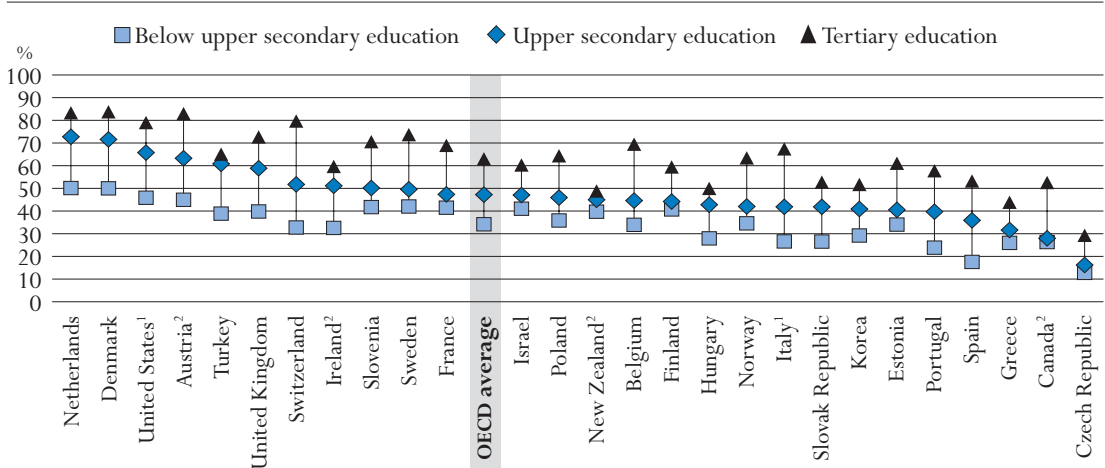
Education can have an impact on individuals' *health* by helping them choose healthier lifestyles, better manage illness and avoid conditions detrimental to health, such as dangerous jobs and stress due to poverty. The effect of education may operate directly by raising individual competencies, attitudes to risk and self-efficacy, or indirectly through income, which helps improve living conditions (*e.g.* better nutrition) and access to healthcare.

Education can directly increase *civic and political engagement* by providing relevant information and experience, and developing competencies, values, attitudes and beliefs that encourage civic participation. It can indirectly increase engagement by raising individuals' social status and thus potentially offering better access to social and political power.

Education can directly affect *interpersonal trust* by helping individuals better understand and embrace the values of social cohesion and diversity. It can also indirectly raise interpersonal trust since those with higher levels of education are more likely to live and work with those with similarly high levels of education, and in environments in which crime and anti-social behaviour tend to be less frequent; the opposite is likely to be true for those with low levels of education.

The empirical literature documents positive associations between education and both health and civic and social engagement (e.g. OECD, 2007; OECD, 2010). Charts A9.1, A9.2 and A9.3 suggest that the relationship between education and self-reported health, political interest and interpersonal trust is indeed generally positive for many countries.

**Chart A9.2. Proportion of adults expressing interest in politics, by level of educational attainment (2008)**



1. Year of reference 2004.

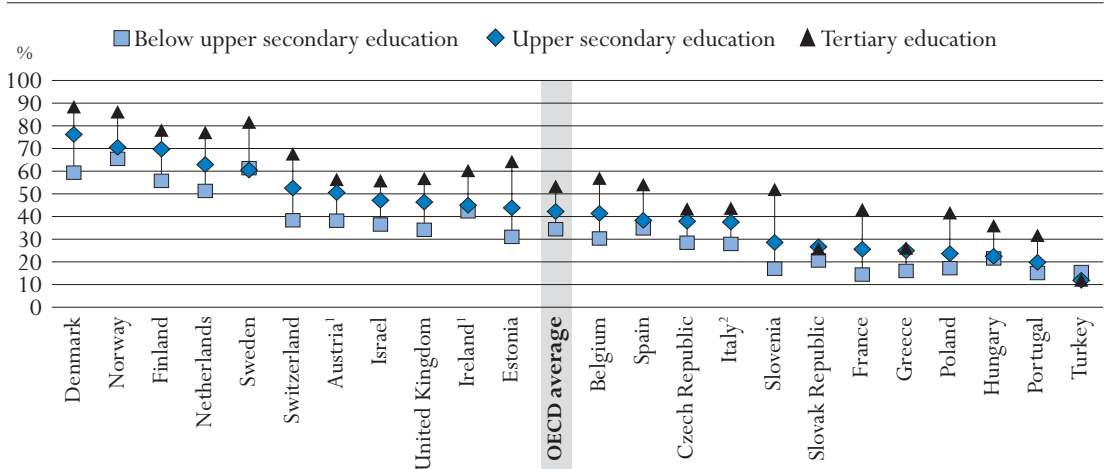
2. Year of reference 2006.

Countries are ranked in descending order of the proportion of adults expressing an interest in politics among those who have attained upper secondary education.

Source: OECD, Table A9.2. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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**Chart A9.3. Proportion of adults expressing interpersonal trust, by level of educational attainment (2008)**



1. Year of reference 2006.

2. Year of reference 2004.

Countries are ranked in descending order of the proportion of adults expressing interpersonal trust among those who have attained upper secondary education.

Source: OECD, Table A9.3. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

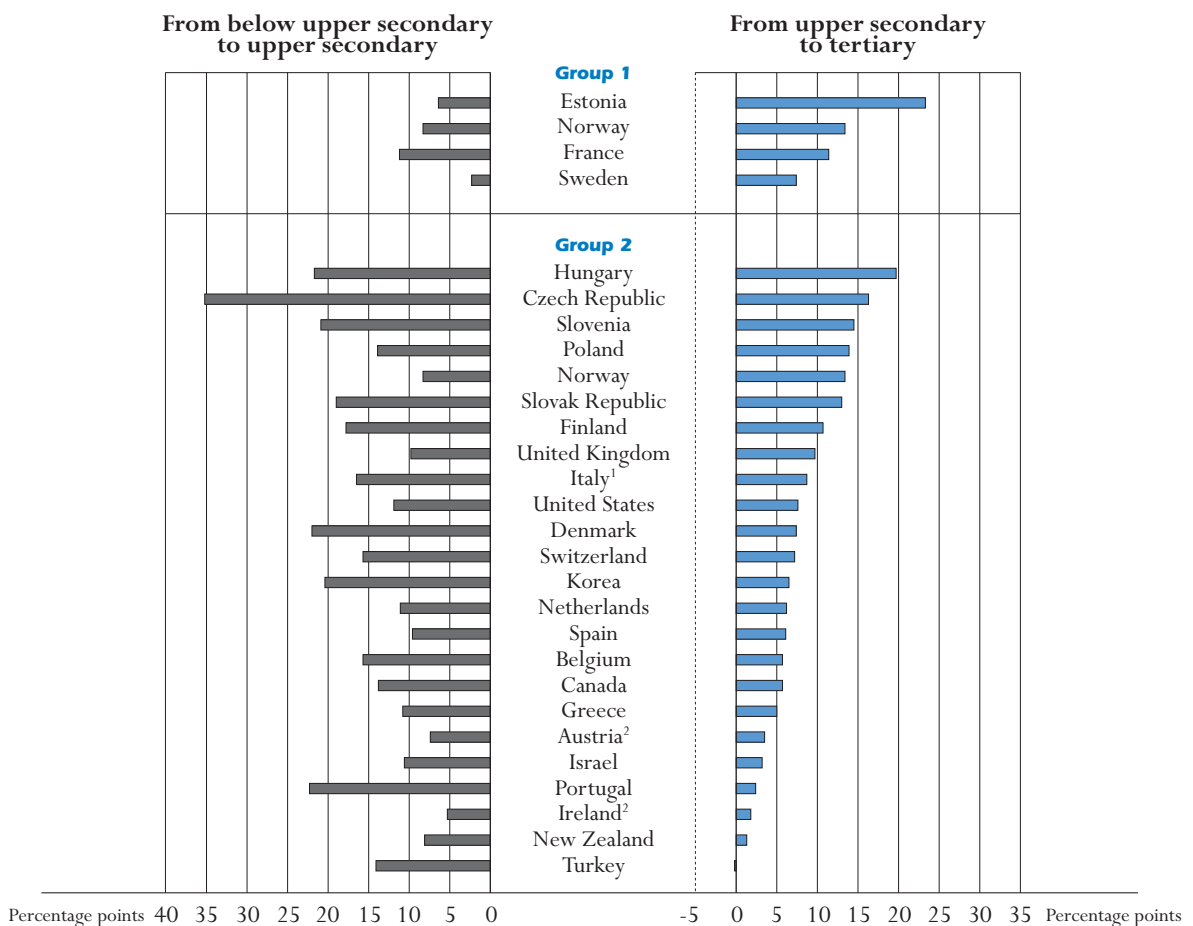
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One may wonder if the positive relationship between education and self-reported good health is largely driven by age. This could happen if, for example, the younger cohorts report better health conditions and are also better educated than the older cohorts (see Table A1.3a). Similarly, the positive relationship between education and interpersonal trust could be driven by gender differences, which could be the case if females tend to trust others more and are also more educated than males (as is the case of Canada and Norway, for example; see Tables A1.3b and A1.3c available on line). To take into account these gender and age differences, Tables A9.4, A9.5 and A9.6 provide regression-based estimates adjusted for gender and age. They suggest that the relationship between educational attainment and social outcomes generally remains strong even after accounting for gender and age.

**Chart A9.4. Incremental differences in self-reported good health associated with an increase in the level of educational attainment (2008)**



1. Year of reference 2004.

2. Year of reference 2006.

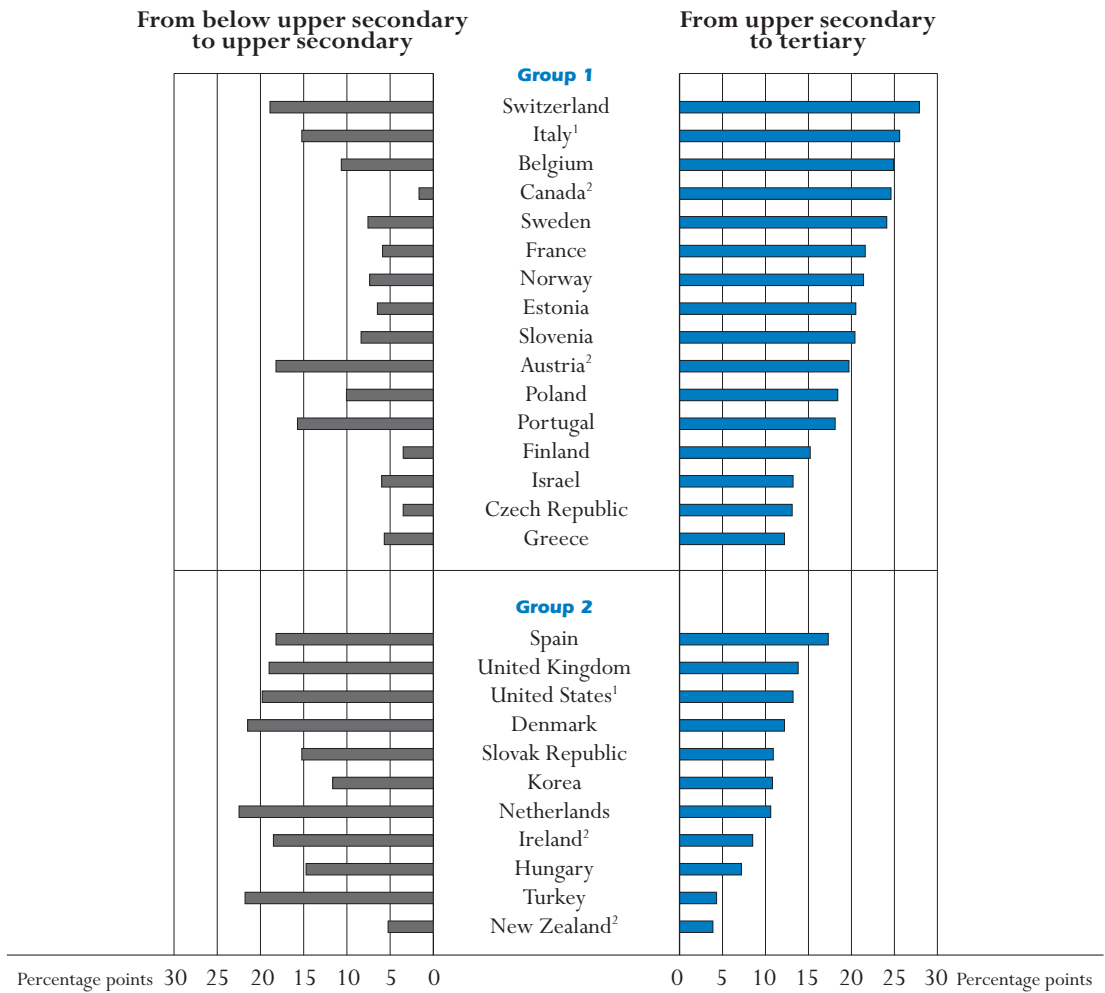
Countries are grouped by those in which the incremental differences in self-reported good health are higher at a higher level of education (Group 1) and others (Group 2). Countries are ranked in descending order of the incremental differences in self-reported good health associated with a shift from upper secondary to tertiary education attainment.

Source: OECD, Table A9.4. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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Is income a driving factor in the relationship between educational attainment and social outcomes? Tables A9.4, A9.5 and A9.6 suggest that the association generally diminishes after controlling for household income: this suggests that there could be an indirect effect of education via income. On the other hand, the same tables also suggest that the relationship between educational attainment and social outcomes generally remains even when comparing adults at the same income level: this is consistent with the direct effects of education (*i.e.* cognitive and socio-emotional skills) on social outcomes.

**Chart A9.5. Incremental differences in political interest associated with an increase in the level of educational attainment (2008)**



1. Year of reference 2004.

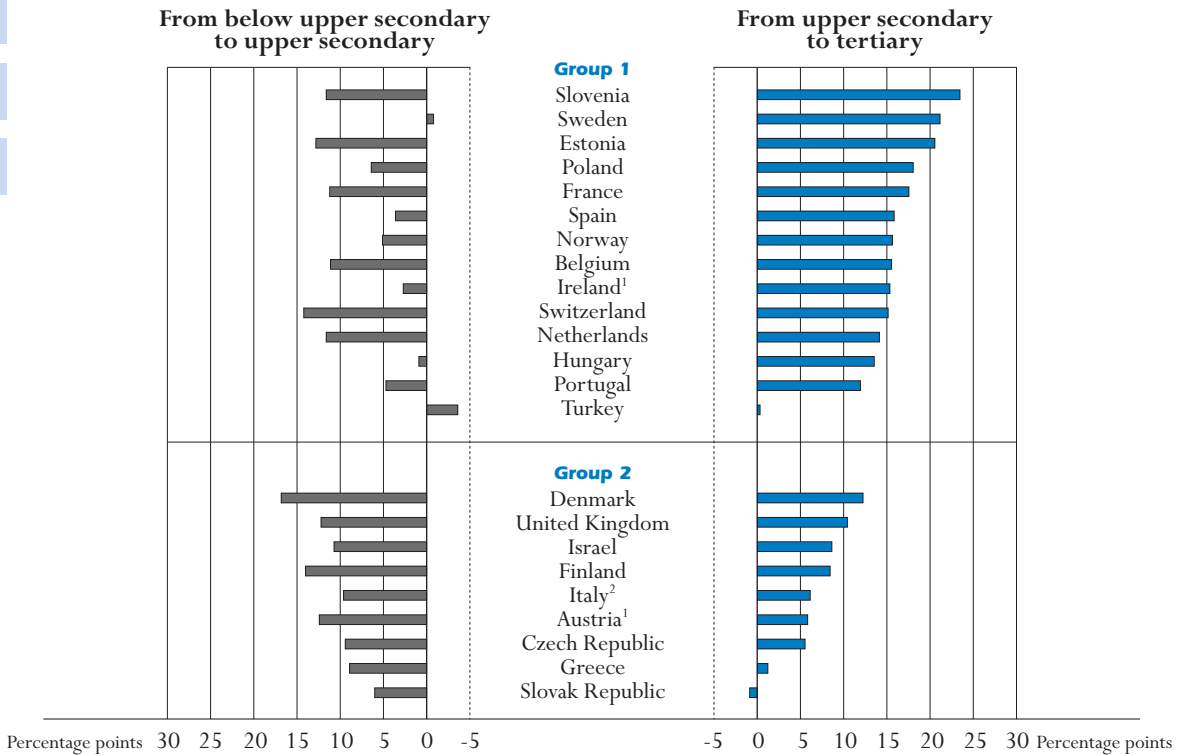
2. Year of reference 2006.

Countries are grouped by those in which the incremental differences in political interest are higher at a higher level of education (Group 1) and others (Group 2). Countries are ranked in descending order of the incremental differences in political interest associated with a shift from upper secondary to tertiary education attainment.

Source: OECD, Table A9.5. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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**Chart A9.6. Incremental differences in interpersonal trust associated with an increase in the level of educational attainment (2008)**



- 1. Year of reference 2006.
- 2. Year of reference 2004.

Countries are grouped by those in which the incremental differences in interpersonal trust are higher at a higher level of education (Group 1) and others (Group 2). Countries are ranked in descending order of the incremental differences in interpersonal trust associated with a shift from upper secondary to tertiary education attainment.

Source: OECD, Table A9.6. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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**Incremental differences in social outcomes associated with more education**

Policy makers, school administrators and teachers are interested in understanding the features of education (e.g. curriculum content, teaching styles and school environment) that affect health and civic and social engagement. Although addressing this would go well beyond the scope of what the indicators can show, Charts A9.1-A9.6 present information about the levels of education that are more strongly related to social outcomes. This information can help shed light on the learning experiences and/or skills that are most relevant to understand.

For self-reported good health, Charts A9.1 and A9.4 suggest that the incremental differences are generally larger and more consistent at the lower levels of education (i.e. between below upper secondary and upper secondary education) than at the higher levels (i.e. between upper secondary and tertiary education). In the Czech Republic, for instance, the probability that those with upper secondary education reported good health was 36 percentage points higher than those with below upper secondary education; however, this probability was only 16 percentage points higher for those with tertiary education compared to those with upper secondary education.

This suggests that learning experiences at the upper secondary education level may be particularly important for raising health outcomes; this holds true even after controlling for gender and age (Table A9.4).

For political interest, Charts A9.2 and A9.5 suggest that the incremental differences are generally larger and more consistent at the higher levels of education than at the lower levels of education. In Canada, for instance, the probability that those with tertiary education expressed interest in politics was 25 percentage points higher than those with upper secondary education; however, this probability was only 2 percentage points higher for those with upper secondary education compared to those with below upper secondary education. This suggests that learning experiences at the tertiary level may be particularly important for stimulating political interest; again, this holds true even after controlling for gender and age (Table A9.5).

For interpersonal trust, Charts A9.3 and A9.6 suggest that the incremental differences at the higher levels of education are generally comparable to those at the lower levels of education.

To the extent that income is associated with an individual's choice of residential areas and occupation, the incremental differences adjusting for income may reflect the direct effects of education on social outcomes. Tables A9.4, A9.5 and A9.6 show that controlling for income changes the incremental differences very little, suggesting that what children learn through education may have a direct effect on these social outcomes.

### Definitions and methodologies

This indicator is based on developmental work jointly conducted by the INES Network on Labour Market, Economic and Social Outcomes of Learning (LSO) and the OECD Centre for Educational Research and Innovation (CERI). The methodologies adopted are based on work conducted by CERI's Social Outcomes of Learning project (OECD, 2007; OECD, forthcoming). See Annex 3 at [www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010) for details on the calculation of the incremental differences. This indicator was called “marginal effects” in *Education at a Glance 2009*, but has been renamed “incremental differences”.

Indicators are calculated using micro-data from the European Social Survey (ESS) 2004, 2006 and 2008, International Social Survey Programme (ISSP) 2006, General Social Survey 2008 for Canada and New Zealand, KEDI Social Capital Survey for Korea 2008 and the National Health Interview Survey (NHIS) 2008 for the United States. The selection of surveys reflects the following factors:

- *Country coverage*: An important objective was to select surveys that made it possible to present a large number of OECD countries.
- *Comparability of social outcomes variables*: Surveys were selected on the basis of the comparability of variables on self-reported health, political interest and interpersonal trust.
- *Comparability of educational attainment variables*: The general principle was to use micro-data for which the distribution of educational attainment was within 10 percentage points of figures published for comparable years in *Education at a Glance*. A number of exceptions, however, were made with the recommendation of the country representatives of INES Working Party and/or INES LSO Network [*i.e.* Austria (ESS), Canada (ISSP), Denmark (ESS), Greece (ESS), Israel (ESS), New Zealand (ISSP), Poland (ESS), Slovenia (ESS), Sweden (ESS) and the United Kingdom (ESS)].
- *Age restriction*: Surveys that cover adults aged 25 to 64 were used.
- *Sample size*: Surveys with a minimum of approximately 1000 observations were used.



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Self-reported health is captured by the percentage of adults who rate their health as at least good. ESS (2004, 2006 and 2008), KEDI's Social Capital Survey (2008), GSS for Canada and New Zealand (2008) and NHIS for the United States (2008) provide this information based on the following survey questions (bold text indicates responses counted in the outcome percentage):

ESS (2004, 2006, 2008), KEDI Social Capital Survey – Korea (2008)	How is your health in general? Would you say it is <b>very good, good</b> , fair, bad, very bad?
GSS – Canada (2008)	In general, would you say your health is <b>excellent, very good</b> , fair, poor?
GSS – New Zealand (2008)	In general, would you say your health is <b>excellent, very good, good</b> , fair or poor?
NHIS – United States (2008)	Would you say [subject name's] health in general was <b>excellent, very good, good</b> , fair, or poor?"

Political interest is captured by the percentage of adults who say they are at least fairly interested in politics. ESS (2004, 2006, 2008), KEDI's Social Capital Survey (2008) and ISSP (2006) provide this information based on the following survey questions (bold text indicates responses counted in the outcome percentage):

ESS (2004, 2006, 2008), KEDI Social Capital Survey – Korea (2008)	How interested are you in politics? <b>Very interested, quite interested</b> , hardly interested, not at all interested.
ISSP (2004, 2006)	How interested would you say you personally are in politics? <b>Very interested, fairly interested</b> , somewhat interested, not very interested, not at all interested.

Interpersonal trust is captured by percentages of adults who believe that most people can be trusted. ESS (2004, 2006, 2008) provide this information based on the following survey question (bold text indicates responses counted in the outcome percentages):

ESS (2004, 2006, 2008)	Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? (0-10 scale, with 0 = You can't be too careful and 10 = Most people can be trusted). Responses <b>6-10</b> coded as interpersonal trust.
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The educational attainment variable in each data source was converted to an ISCED 3 level educational attainment variable (below upper secondary education, upper secondary education, and tertiary education). Those in the "upper secondary education" category include those who have attained post-secondary and non-tertiary education (ISCED 4).

### Further references

OECD (2007), *Understanding the Social Outcomes of Learning*, OECD Publishing.

OECD (2009a), *Health at a Glance: OECD Indicators*, OECD Publishing.

OECD (forthcoming), *Improving Health and Social Cohesion through Education*, OECD Publishing.

Table A9.1.  
Proportion of adults reporting good health, by level of education

	Below upper secondary education	Upper secondary education	Tertiary education	Data source	
OECD countries	Austria	0.78	0.86	0.89	ESS 2006
	Belgium	0.64	0.80	0.85	ESS 2008
	Canada	0.71	0.85	0.90	GSS 2008
	Czech Republic	0.30	0.66	0.82	ESS 2008
	Denmark	0.57	0.79	0.87	ESS 2008
	Finland	0.51	0.68	0.79	ESS 2008
	France	0.55	0.66	0.78	ESS 2008
	Greece	0.79	0.89	0.94	ESS 2008
	Hungary	0.34	0.56	0.75	ESS 2008
	Ireland	0.81	0.87	0.88	ESS 2006
	Italy	0.54	0.71	0.80	ESS 2004
	Korea	0.33	0.54	0.60	KEDI 2008
	Netherlands	0.69	0.80	0.87	ESS 2008
	New Zealand	0.82	0.91	0.92	GSS 2008
	Norway	0.65	0.73	0.87	ESS 2008
	Poland	0.50	0.64	0.78	ESS 2008
	Portugal	0.51	0.73	0.75	ESS 2008
	Slovak Republic	0.42	0.61	0.74	ESS 2008
	Spain	0.69	0.78	0.85	ESS 2008
	Sweden	0.77	0.79	0.86	ESS 2008
	Switzerland	0.69	0.85	0.92	ESS 2008
Turkey	0.65	0.79	0.79	ESS 2008	
United Kingdom	0.66	0.76	0.86	ESS 2008	
United States	0.75	0.87	0.95	NHIS 2008	
	<i>OECD average</i>	<i>0.61</i>	<i>0.76</i>	<i>0.83</i>	
	<i>EU average</i>	<i>0.57</i>	<i>0.72</i>	<i>0.82</i>	
Partner countries	Estonia	0.38	0.44	0.68	ESS 2008
	Israel	0.67	0.78	0.81	ESS 2008
	Slovenia	0.44	0.65	0.80	ESS 2008

Notes: Figures presented in the column “Below upper secondary education” describe the proportion of adults who have attained below upper secondary education reporting good health. Likewise, figures presented in the column “Upper secondary education” and “Tertiary education” describe the proportion of adults who have attained upper secondary and tertiary education reporting good health.

Source: European Social Survey (ESS) 2004, 2006 and 2008; General Social Survey (GSS) for Canada and New Zealand; KEDI’s Korean Social Capital Survey 2008; National Health Interview Survey (NHIS) for the United States. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).


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Table A9.2.  
Proportion of adults expressing interest in politics, by level of education

	Below upper secondary education	Upper secondary education	Tertiary education	Data source	
OECD countries	Austria	0.45	0.63	0.83	ESS 2006
	Belgium	0.34	0.45	0.69	ESS 2008
	Canada	0.26	0.28	0.53	ISSP 2006
	Czech Republic	0.13	0.16	0.29	ESS 2008
	Denmark	0.50	0.72	0.84	ESS 2008
	Finland	0.41	0.44	0.59	ESS 2008
	France	0.41	0.47	0.69	ESS 2008
	Greece	0.26	0.32	0.44	ESS 2008
	Hungary	0.28	0.43	0.50	ESS 2008
	Ireland	0.33	0.51	0.60	ESS 2006
	Italy	0.27	0.42	0.67	ESS 2004
	Korea	0.29	0.41	0.52	KEDI 2008
	Netherlands	0.50	0.73	0.83	ESS 2008
	New Zealand	0.40	0.45	0.49	ISSP 2006
	Norway	0.35	0.42	0.63	ESS 2008
	Poland	0.36	0.46	0.64	ESS 2008
	Portugal	0.24	0.40	0.58	ESS 2008
	Slovak Republic	0.27	0.42	0.53	ESS 2008
	Spain	0.18	0.36	0.53	ESS 2008
	Sweden	0.42	0.50	0.74	ESS 2008
	Switzerland	0.33	0.52	0.80	ESS 2008
	Turkey	0.39	0.61	0.65	ESS 2008
	United Kingdom	0.40	0.59	0.73	ESS 2008
	United States	0.46	0.66	0.79	ISSP 2004
	<i>OECD average</i>	<i>0.34</i>	<i>0.47</i>	<i>0.63</i>	
	<i>EU average</i>	<i>0.34</i>	<i>0.47</i>	<i>0.63</i>	
	Partner countries	Estonia	0.34	0.41	0.61
Israel		0.41	0.47	0.60	ESS 2008
Slovenia		0.42	0.50	0.71	ESS 2008

Notes: Figures presented in the column "Below upper secondary education" describe the proportion of adults who have attained below upper secondary education expressing an interest in politics. Likewise, figures presented in the column "Upper secondary education" and "Tertiary education" describe the proportion of adults who have attained upper secondary and tertiary education expressing an interest in politics.

Source: European Social Survey (ESS) 2004, 2006 and 2008; International Social Survey Programme (ISSP) 2004 and 2006; KEDI's Korean Social Capital Survey 2008. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).


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Table A9.3.  
Proportion of adults expressing interpersonal trust, by level of education

	Below upper secondary education	Upper secondary education	Tertiary education	Data source	
OECD countries	Austria	0.38	0.51	0.56	ESS 2006
	Belgium	0.30	0.41	0.57	ESS 2008
	Czech Republic	0.28	0.38	0.43	ESS 2008
	Denmark	0.59	0.76	0.88	ESS 2008
	Finland	0.56	0.70	0.78	ESS 2008
	France	0.14	0.26	0.43	ESS 2008
	Greece	0.16	0.25	0.26	ESS 2008
	Hungary	0.22	0.22	0.36	ESS 2008
	Ireland	0.42	0.45	0.60	ESS 2006
	Italy	0.28	0.38	0.44	ESS 2004
	Netherlands	0.51	0.63	0.77	ESS 2008
	Norway	0.65	0.71	0.86	ESS 2008
	Poland	0.17	0.24	0.42	ESS 2008
	Portugal	0.15	0.20	0.32	ESS 2008
	Slovak Republic	0.21	0.27	0.26	ESS 2008
	Spain	0.35	0.38	0.54	ESS 2008
	Sweden	0.61	0.60	0.82	ESS 2008
	Switzerland	0.38	0.53	0.68	ESS 2008
	Turkey	0.16	0.12	0.12	ESS 2008
	United Kingdom	0.34	0.46	0.57	ESS 2008
	<i>OECD average</i>	<i>0.34</i>	<i>0.42</i>	<i>0.53</i>	
	<i>EU average</i>	<i>0.32</i>	<i>0.41</i>	<i>0.54</i>	
Partner countries	Estonia	0.31	0.44	0.64	ESS 2008
	Israel	0.36	0.47	0.56	ESS 2008
	Slovenia	0.17	0.29	0.52	ESS 2008

Notes: Figures presented in the column “Below upper secondary education” describe the proportion of adults who have attained below upper secondary education expressing interpersonal trust. Likewise, figures presented in the column “Upper secondary education” and “Tertiary education” describe the proportion of adults who have attained upper secondary and tertiary education expressing interpersonal trust.

Source: European Social Survey (ESS) 2004, 2006 and 2008. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).


StatLink  <http://dx.doi.org/10.1787/888932310244>

Table A9.4.

**Incremental differences in self-reported good health associated with an increase  
in the level of educational attainment (with and without adjustments for age, gender and income)**

	Difference in outcome from below upper secondary to upper secondary			Difference in outcome from upper secondary to tertiary			Data source
	No adjustments	Adjustments age, gender	Adjustments age, gender, income	No adjustments	Adjustments age, gender	Adjustments age, gender, income	
<b>OECD countries</b>							
Austria	0.07	0.06	0.05	0.04	0.04	0.04	ESS 2006
Belgium	0.16	0.12	0.09	0.06	0.06	0.05	ESS 2008
Canada	0.14	0.13	0.11	0.06	0.05	0.03	GSS 2008
Czech Republic	0.36	0.27	0.24	0.16	0.17	0.16	ESS 2008
Denmark	0.22	0.20	0.17	0.07	0.06	0.04	ESS 2008
Finland	0.18	0.07	0.07	0.11	0.09	0.06	ESS 2008
France	0.11	0.09	0.06	0.11	0.09	0.06	ESS 2008
Greece	0.11	0.06	0.04	0.05	0.04	0.02	ESS 2008
Hungary	0.22	0.17	0.13	0.20	0.15	0.10	ESS 2008
Ireland	0.05	0.04	0.02	0.02	0.02	0.01	ESS 2006
Italy	0.17	0.11	0.08	0.09	0.06	0.07	ESS 2004
Korea	0.20	0.14	0.14	0.07	0.04	0.03	KEDI 2008
Netherlands	0.11	0.09	0.06	0.06	0.06	0.05	ESS 2008
New Zealand	0.08	0.07	0.06	0.01	0.02	0.01	GSS 2008
Norway	0.08	0.10	0.07	0.13	0.11	0.09	ESS 2008
Poland	0.14	0.12	0.09	0.14	0.08	0.06	ESS 2008
Portugal	0.22	0.11	0.10	0.02	0.04	0.02	ESS 2008
Slovak Republic	0.19	0.10	0.10	0.13	0.09	0.09	ESS 2008
Spain	0.10	0.03	0.03	0.06	0.07	0.08	ESS 2008
Sweden	0.02	-0.03	-0.03	0.07	0.08	0.05	ESS 2008
Switzerland	0.16	0.15	0.13	0.07	0.07	0.05	ESS 2008
Turkey	0.14	0.08	0.05	0.00	-0.03	-0.07	ESS 2008
United Kingdom	0.10	0.09	0.05	0.10	0.09	0.07	ESS 2008
United States	0.12	0.12	0.08	0.08	0.07	0.04	NHIS 2008
<i>OECD average</i>	<i>0.14</i>	<i>0.10</i>	<i>0.08</i>	<i>0.08</i>	<i>0.07</i>	<i>0.05</i>	
<i>EU average</i>	<i>0.15</i>	<i>0.10</i>	<i>0.08</i>	<i>0.10</i>	<i>0.09</i>	<i>0.07</i>	
<b>Partner countries</b>							
Estonia	0.06	0.06	0.03	0.23	0.21	0.16	ESS 2008
Israel	0.11	0.07	0.04	0.03	0.03	0.01	ESS 2008
Slovenia	0.21	0.16	0.14	0.15	0.13	0.11	ESS 2008

Notes: Cells highlighted in grey are statistically significant and different from zero at the 5% level. Calculations are based on linear regressions. Non-linear models (Probit models) produce similar results.

Source: European Social Survey (ESS) 2004, 2006 and 2008; General Social Survey (GSS) for Canada and New Zealand; KEDI's Korean Social Capital Survey 2008; National Health Interview Survey (NHIS) for the United States. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).


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Table A9.5.  
Incremental differences in political interest associated with an increase  
in the level of educational attainment (with and without adjustments for age, gender and income)

	Difference in outcome from below upper secondary to upper secondary			Difference in outcome from upper secondary to tertiary			Data source
	No adjustments	Adjustments age, gender	Adjustments age, gender, income	No adjustments	Adjustments age, gender	Adjustments age, gender, income	
<b>OECD countries</b>							
Austria	0.18	0.21	0.21	0.20	0.17	0.17	ESS 2006
Belgium	0.11	0.15	0.13	0.25	0.28	0.24	ESS 2008
Canada	0.02	0.05	0.05	0.25	0.25	0.26	ISSP 2006
Czech Republic	0.04	0.04	0.03	0.13	0.13	0.12	ESS 2008
Denmark	0.22	0.21	0.20	0.12	0.15	0.14	ESS 2008
Finland	0.04	0.09	0.09	0.15	0.17	0.15	ESS 2008
France	0.06	0.08	0.06	0.22	0.25	0.23	ESS 2008
Greece	0.06	0.12	0.11	0.12	0.13	0.12	ESS 2008
Hungary	0.15	0.14	0.14	0.07	0.10	0.10	ESS 2008
Ireland	0.19	0.25	0.24	0.09	0.10	0.10	ESS 2006
Italy	0.15	0.17	0.17	0.26	0.25	0.24	ESS 2004
Korea	0.12	0.13	0.12	0.11	0.11	0.11	KEDI 2008
Netherlands	0.23	0.24	0.19	0.11	0.10	0.06	ESS 2008
New Zealand	0.05	0.07	0.05	0.04	0.08	0.07	ISSP 2006
Norway	0.07	0.05	0.06	0.21	0.27	0.26	ESS 2008
Poland	0.10	0.16	0.14	0.18	0.21	0.19	ESS 2008
Portugal	0.16	0.17	0.17	0.18	0.20	0.20	ESS 2008
Slovak Republic	0.15	0.16	0.16	0.11	0.14	0.14	ESS 2008
Spain	0.18	0.22	0.22	0.17	0.17	0.16	ESS 2008
Sweden	0.08	0.15	0.16	0.24	0.27	0.26	ESS 2008
Switzerland	0.19	0.20	0.18	0.28	0.26	0.23	ESS 2008
Turkey	0.22	0.18	0.15	0.04	0.02	-0.01	ESS 2008
United Kingdom	0.19	0.19	0.18	0.14	0.16	0.14	ESS 2008
United States	0.20	0.23	0.21	0.13	0.13	0.11	ISSP 2004
<i>OECD average</i>	<i>0.13</i>	<i>0.15</i>	<i>0.14</i>	<i>0.16</i>	<i>0.17</i>	<i>0.16</i>	
<i>EU average</i>	<i>0.13</i>	<i>0.16</i>	<i>0.14</i>	<i>0.17</i>	<i>0.18</i>	<i>0.16</i>	
<b>Partner countries</b>							
Estonia	0.07	0.08	0.06	0.21	0.22	0.20	ESS 2008
Israel	0.06	0.10	0.07	0.13	0.13	0.12	ESS 2008
Slovenia	0.08	0.13	0.09	0.20	0.21	0.17	ESS 2008

Notes: Cells highlighted in grey are statistically significant and different from zero at the 5% level. Calculations are based on linear regressions. Non-linear models (Probit models) produce similar results.

Source: European Social Survey (ESS) 2004, 2006 and 2008; International Social Survey Programme (ISSP) 2004 and 2006 and KEDI's Korean Social Capital Survey 2008. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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Table A9.6.

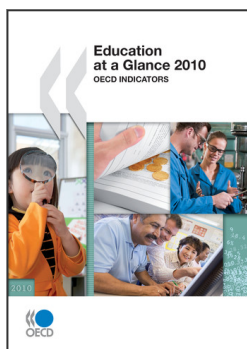
**Incremental differences in interpersonal trust associated with an increase  
in the level of educational attainment (with and without adjustments for age, gender and income)**

	Difference in outcome from below upper secondary to upper secondary			Difference in outcome from upper secondary to tertiary			Data source
	No adjustments	Adjustments age, gender	Adjustments age, gender, income	No adjustments	Adjustments age, gender	Adjustments age, gender, income	
<b>OECD countries</b>							
Austria	0.12	0.12	0.11	0.06	0.06	0.05	ESS 2006
Belgium	0.11	0.12	0.11	0.16	0.17	0.15	ESS 2008
Czech Republic	0.09	0.09	0.08	0.06	0.06	0.06	ESS 2008
Denmark	0.17	0.17	0.16	0.12	0.12	0.12	ESS 2008
Finland	0.14	0.13	0.13	0.08	0.08	0.05	ESS 2008
France	0.11	0.12	0.11	0.18	0.19	0.16	ESS 2008
Greece	0.09	0.09	0.09	0.01	0.01	0.01	ESS 2008
Hungary	0.01	0.01	-0.01	0.14	0.12	0.13	ESS 2008
Ireland	0.03	0.06	0.05	0.15	0.17	0.17	ESS 2006
Italy	0.10	0.09	0.07	0.06	0.06	0.06	ESS 2004
Netherlands	0.12	0.12	0.10	0.14	0.14	0.14	ESS 2008
Norway	0.05	0.05	0.03	0.16	0.16	0.13	ESS 2008
Poland	0.06	0.07	0.05	0.18	0.18	0.16	ESS 2008
Portugal	0.05	0.06	0.06	0.12	0.12	0.12	ESS 2008
Slovak Republic	0.06	0.08	0.08	-0.01	-0.01	-0.01	ESS 2008
Spain	0.04	0.04	0.04	0.16	0.16	0.15	ESS 2008
Sweden	-0.01	-0.01	-0.01	0.21	0.22	0.22	ESS 2008
Switzerland	0.14	0.15	0.14	0.15	0.16	0.13	ESS 2008
Turkey	-0.04	-0.03	-0.02	0.00	0.01	0.03	ESS 2008
United Kingdom	0.12	0.13	0.10	0.10	0.11	0.10	ESS 2008
<i>OECD average</i>	<i>0.08</i>	<i>0.08</i>	<i>0.07</i>	<i>0.11</i>	<i>0.11</i>	<i>0.11</i>	
<i>EU average</i>	<i>0.09</i>	<i>0.09</i>	<i>0.08</i>	<i>0.12</i>	<i>0.13</i>	<i>0.12</i>	
<b>Partner countries</b>							
Estonia	0.13	0.13	0.11	0.21	0.21	0.20	ESS 2008
Israel	0.11	0.11	0.09	0.09	0.09	0.07	ESS 2008
Slovenia	0.12	0.13	0.12	0.23	0.23	0.23	ESS 2008

Notes: Cells highlighted in grey are statistically significant and different from zero at the 5% level. Calculations are based on linear regressions. Non-linear models (Probit models) produce similar results.

Source: European Social Survey (ESS) 2004, 2006 and 2008. See Annex 3 for notes ([www.oecd.org/edu/eag2010](http://www.oecd.org/edu/eag2010)).

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