3. THE ECONOMIC AND SOCIAL BENEFITS OF EDUCATION

What are the health benefits of education?

- Adults with tertiary education are likely to live longer than those without.
- Adults with a tertiary education are half as likely to be obese as those with only below upper secondary education, on average in OECD countries.
- Adults with a tertiary education are 16 percentage points less likely to smoke, on average, than those with below upper secondary education in OECD countries.

Significance

Raising health standards is a major concern for OECD governments, in spite of rapid increases in life expectancy over the last decades. There have been significant changes in the nature of health problems, with a sharp rise in chronic debilitating conditions and increased health problems linked to diet, exercise and drinking. This section focuses on the relationship between educational attainment and two health indicators: obesity and smoking. Education can have an impact on the incidence of both, since childhood through adolescence is an important time for developing healthy behaviours and lifestyles.

Findings

Education is good for your health. On average, among 15 OECD countries with available data, a 30-year-old tertiary-educated man can expect to live eight years longer than a 30-year-old man who has not completed upper secondary education.

Why should this be? One answer is healthier lifestyle – more educated adults are less likely to be obese or to smoke, and both obesity and smoking are major health concerns. Obesity has reached epidemic proportions, according to the World Health Organization and is associated with serious chronic diseases, disability, reduced quality of life, and shortened life expectancy. It also affects mental health and social life. Smoking meanwhile is still responsible for about 10% of adult deaths worldwide and is the leading cause of circulatory disease and cancer, although smoking rates have decreased by about one-fifth over the past ten years.

Around 19% of adults are obese, on average across the 24 OECD countries with available data. The incidence of obesity is particularly high among those with below upper secondary education (25%) and relatively low among those with tertiary education (13%).

The reduction in obesity rates by educational attainment is much greater among women than among men. There is a 16 percentage point difference in obesity rates between women with tertiary education and those with below upper secondary education, more than double the 7 percentage point difference for men.

The higher your education level, the less likely you are to smoke. Around 30% of adults smoke daily across the 23 OECD countries for which data are available. But the incidence of daily smoking is particularly high among those with below upper secondary education (37%) and low among those with tertiary education (21%).

When it comes to smoking, the reduction by educational attainment is much greater among men than women, with a 20 percentage-point difference in the incidence of daily smoking for men compared with a 13 percentage-point difference for women. The reduction is also greater in some Central European and predominantly English-speaking countries than in other OECD countries.

The relationship between educational attainment and health indicators (obesity and daily smoking) remains strong even after taking into account differences in individuals' gender, age and income.

Definitions

Developmental work for this indicator was carried out by INES Network on Labour Market, Economic and Social Outcomes of Learning (LSO) in collaboration with the OECD's Centre for Educational Research and Innovation (CERI). The conceptual framework for the indicators was developed by CERI's Social Outcomes of Learning project (OECD, 2007; OECD, 2010), and the empirical strategies were developed by the INES LSO Network. Data from all the countries are based on self-reported survey data.

Information on data for Israel: http://dx.doi.org/10.1787/888932315602.

Going further

For additional material, notes and a full explanation of sourcing and methodologies, see *Education at a Glance 2013* (Indicator A8).

Areas covered include:

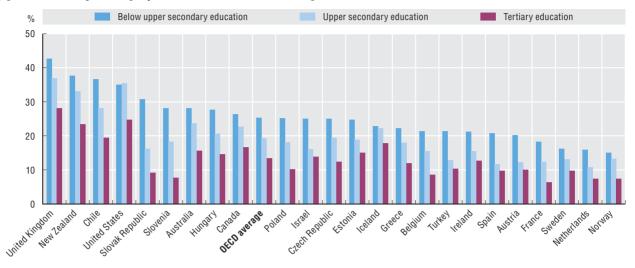
- Relationship between education and obesity rates
- Relationship between education and smoking rates

Further reading from OECD

Improving Health and Social Cohesion through Education (2010).

Figure 3.7. Adult obesity rates by educational attainment, 2011

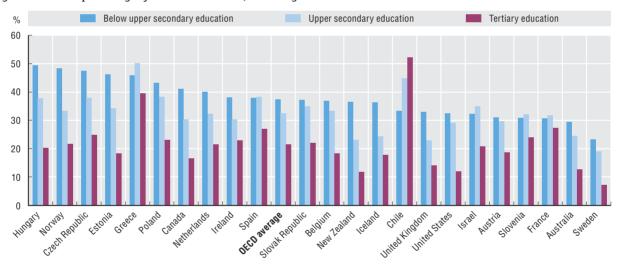
This figure shows the percentage of adults who are obese, according to their education level.



Source: OECD (2013), Education at a Glance 2013, Chart A8.1, available at http://dx.doi.org/10.1787/888932846709.

Figure 3.8. Adult smoking rates by educational attainment, 2011

This figure shows the percentage of adults who smoke, according to their education level.



Source: OECD (2013), Education at a Glance 2013, Chart A8.2, available at http://dx.doi.org/10.1787/888932846728.





4. PAYING FOR EDUCATION

How much is spent per student?

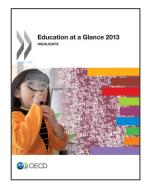
What share of national wealth is spent on education?

What share of public spending goes to education?

What is the role of private spending?

How much do tertiary students pay?

How much do teachers cost?



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