



European  
Commission

# HEALTH EQUITY PILOT PROJECT

## Belgium

### Profile of socio-economic inequalities in alcohol, nutrition and physical activity





## CONTENTS

Summary .....	4
Introduction .....	5
Background Information.....	6
Inequalities in behaviours and outcomes .....	8
Lifecourse .....	13
a) Lifecourse stage - a good start in life .....	13
b) Lifecourse stage - ages 11 to 15 .....	16
c) Lifecourse stage - Ages 15 to 24 .....	18
d) Lifecourse stage - adult behaviour.....	23
Annex.....	29

## SUMMARY

This report compares socio-economic inequalities relating to alcohol, nutrition and physical activity in Belgium with gradients for the European Union as a whole.

To set this in context, life expectancy in Belgium is slightly greater than that in the EU as a whole, for both men and women, by a few months of life. Healthy life expectancy is similar to the EU figure for both men women. There are substantial income inequalities in Belgium by level of educational attainment.

There are steep gradients in self perceived health and long term illness by education and income - differences are greater than for the EU as a whole. The gradient in self-reported diabetes by education is slightly steeper among women than men. Both are similar to that for the EU as a whole.

Some of the differences in health and behaviours that lead to these differences are apparent from early in life. At ages 15 to 44, the principal reproductive ages, there are steeper gradients in both pre-obesity and obesity among women in Belgium than in the EU as a whole. There is a slight gradient in infant mortality by education

At ages 15-16, students in Belgium whose mothers had low levels of educational attainment were less likely than others to have got drunk in their lifetime. The higher their mother's level of educational attainment, the less likely it is that female students got drunk either in their lifetime or at age 14 or less or to binge drink in last month. Binge drinking in the last month decreased more with educational level than for the EU as a whole. For men binge drinking was least among those whose mothers had low levels of education.

At ages 18 and over, the proportion of men and women in Belgium consuming vegetables daily is greater than in the EU as a whole at each level of educational attainment. Consuming both fruit and vegetables daily is most common among men and women with tertiary education. Patterns of pre-obesity and obesity in Belgium by education are similar to the EU as a whole. Both decrease with increased level of educational attainment for women, but among men only obesity decreases.

Heavy drinking monthly in Belgium is more common at each level of educational attainment than in the EU as a whole. As is the case for the EU as a whole, it is most common among men with intermediate levels of education.

## INTRODUCTION

This report summarises the data that are available to compare socio-economic inequalities relating to alcohol, nutrition and physical activity in Belgium with gradients for the European Union as a whole.

It is based solely **on data sources harmonised across Member States, available on or before April 2018**, from data bases such as Eurostat and WHO European Health Information Gateway. All graphs and tables presented in this report relate **solely to data for Belgium**.

Inequalities in life chances, behaviours and their health outcomes begin at the earliest stages in life, through intergenerational transmission, and accumulate across the life-course<sup>1</sup>. This observation provides two guiding principles for the structure of this report. First, the presentation of results is ordered according to the stages of the life course – from conditions in the womb through to adult behaviours. Second, both to reflect differentials that are established early in life and to achieve the greatest level of comparability, level of educational attainment is used as the principle measure of socio-economic variation in this report<sup>2</sup>. Other indicators, such as family affluence or income are used where this significantly extends the range of analyses possible.

---

<sup>1</sup> World Health Organization (2013) Review of Social Determinants of Health and the Health Divide in the WHO European Region: final report of a consortium chaired by Michael Marmot. WHO Regional Office for Europe, Copenhagen.

<sup>2</sup> Mackenbach, J.P. (2016), [\*Health Inequalities in Europe\*](#), Erasmus University Publishing, Rotterdam

## BACKGROUND INFORMATION

The average population of Belgium during 2017 was 11.4 million, slightly over 2 percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 41.5 years – the comparable figure for the EU was 42.8 years. Net migration was 2.4 per 1,000 population (the same as for the EU as a whole). In terms of age dependency, the number aged under 15 or 65 and over was 54.9 percent of the figure for age 15 to 64 - the comparable figure for the EU was 53.9 per cent.

In 2016, life expectancy at birth was 79.0 years for males and 84.0 years for females – a gender gap of 5.0 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in Belgium were 63.7, 63.8 and 0.1 years (i.e. women stayed healthier for slightly longer than men in Belgium) and 63.5., 64.2 and 0.7 years for the EU. These figures meant that men in Belgium could expect to spend 15.3 years in ill-health and women 20.2 years – a difference of 4.9 years. The comparable figures for the EU were 14.7, 19.4 years – a difference of 4.7 years.

---

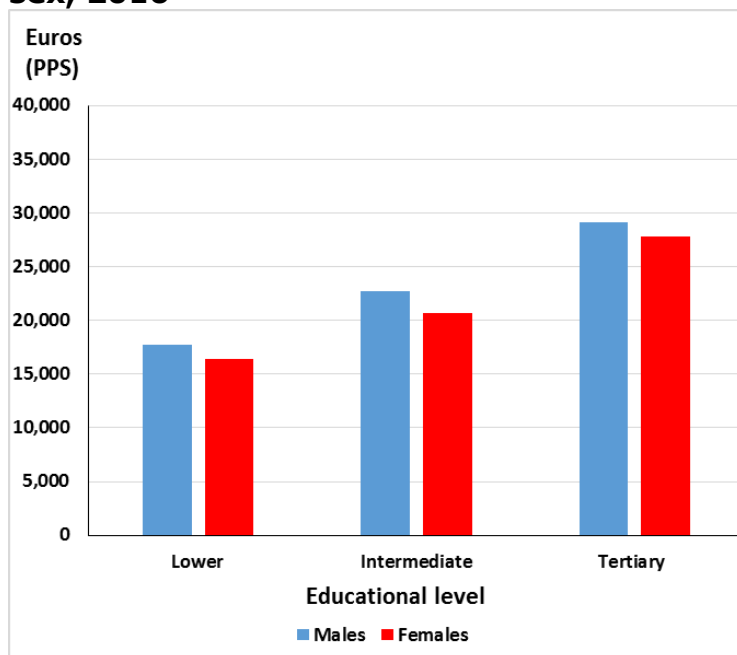
## INCOME INEQUALITY

### INEQUALITIES WITHIN COUNTRY

In terms of income inequality, the Gini coefficient was 26.3 for Belgium compared to 30.8 for the EU. The fifth of the population with the highest incomes received 3.8 times the income of the lowest fifth – the ratio across the EU was 5.2.

Both equivalised mean and median income per household increased with level of educational attainment in 2016. Average equivalised household income was around 11,500 Euros higher for men with tertiary education than for those with lower levels of educational attainment. For women of this age the difference was similar at around 11,400 Euros. The comparable differences in median income were around 11,300 and 11,700 for men and women, respectively.

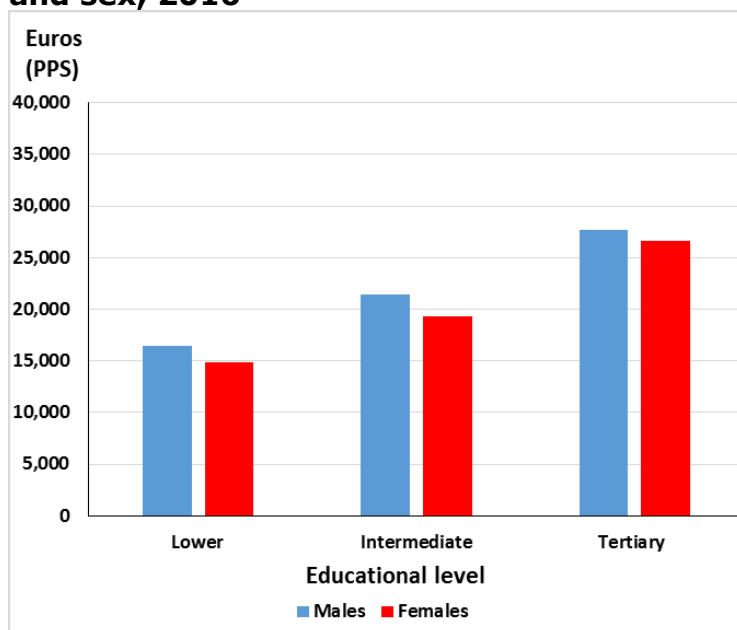
### Equivalised mean income (pps) by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE  
 No figures are available for the EU as a whole.

### Equivalised median income (pps) by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE  
 No figures are available for the EU as a whole.

## INEQUALITIES IN BEHAVIOURS AND OUTCOMES

### HEALTH AND LIFE EXPECTANCY

#### LIFE EXPECTANCY

No data by socio-economic status for Belgium.

#### INEQUALITIES IN THE EU AS A WHOLE

No figures are available for the EU as a whole. Only 16 Member States report these data to Eurostat, of which three are for earlier years than 2015. In all these 16 Member States there are social gradients in life expectancy by educational attainment.

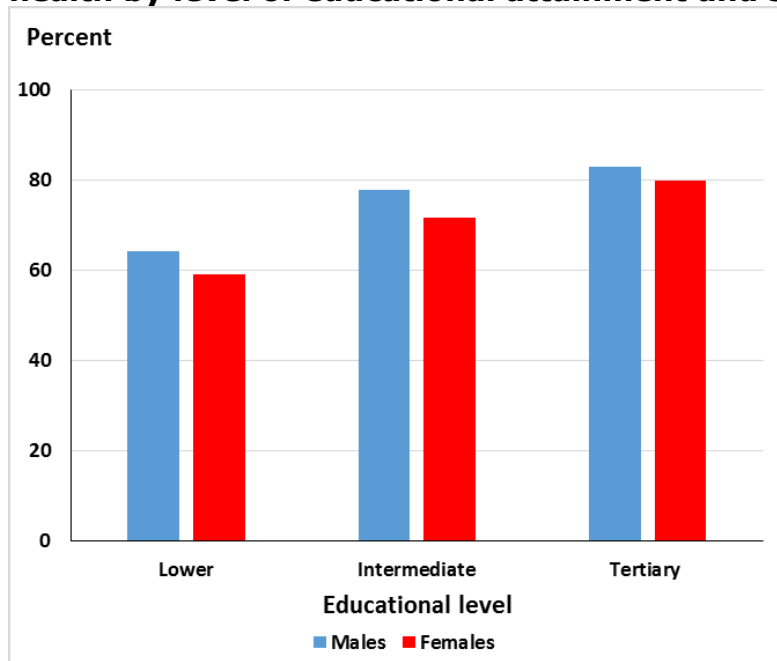
#### SELF PERCEIVED HEALTH

##### (a) By educational attainment

#### INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in self-perception of good or very good health in Belgium by level of educational attainment. Self-reported health of the least educated Belgian men is 19 percentage points less than the most educated. For Belgian women, the gradient is slightly steeper with a gap of 21 percentage points.

#### Age standardised percentage with good or very good self-perceived health by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex



## COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

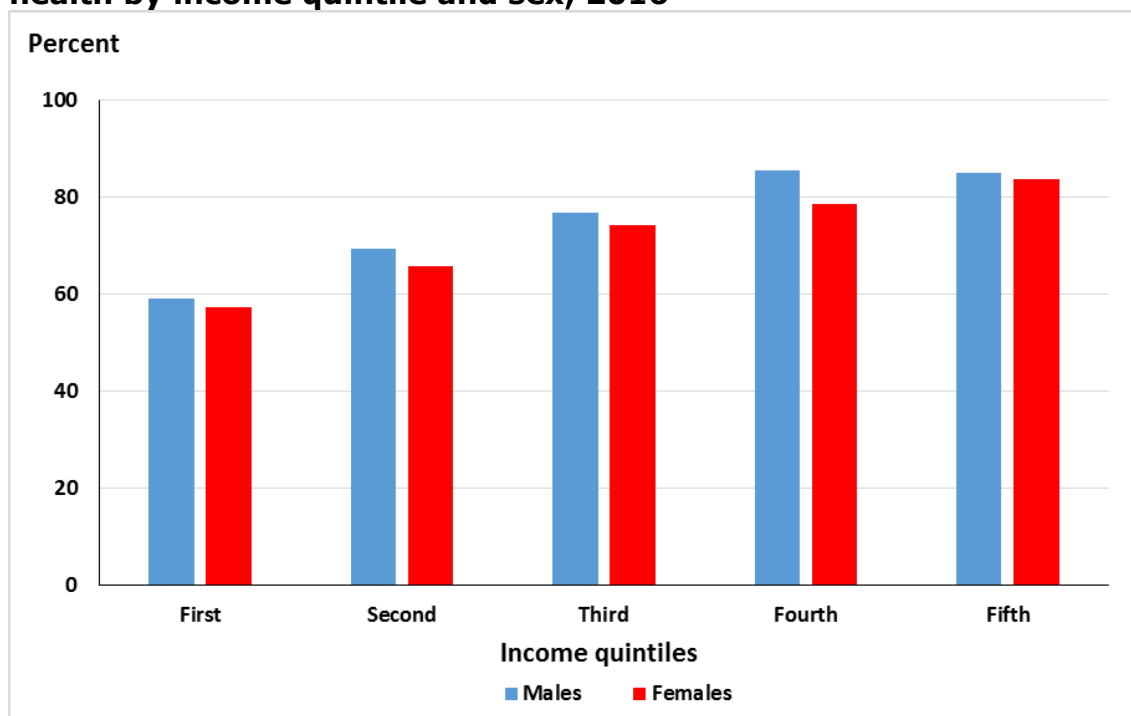
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

### (b) By income

#### INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in self-perception of good or very good health in Belgium by income quintile (except with a slight decline in the fifth quintile from the fourth quintile in males). Self-reported health of men in the lowest income quintile is 26 percentage points less than those in the top income quintile. For Belgian women, the gap is also 26 percentage points.

### Age standardised percentage with good or very good self-perceived health by income quintile and sex, 2016



Sources, numbers and definitions: See Annex

## COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of men in the lowest income quintile is 18 percentage points less than for those in the highest income quintile. For women, the gradient is similar with a gap of 19 percentage points.

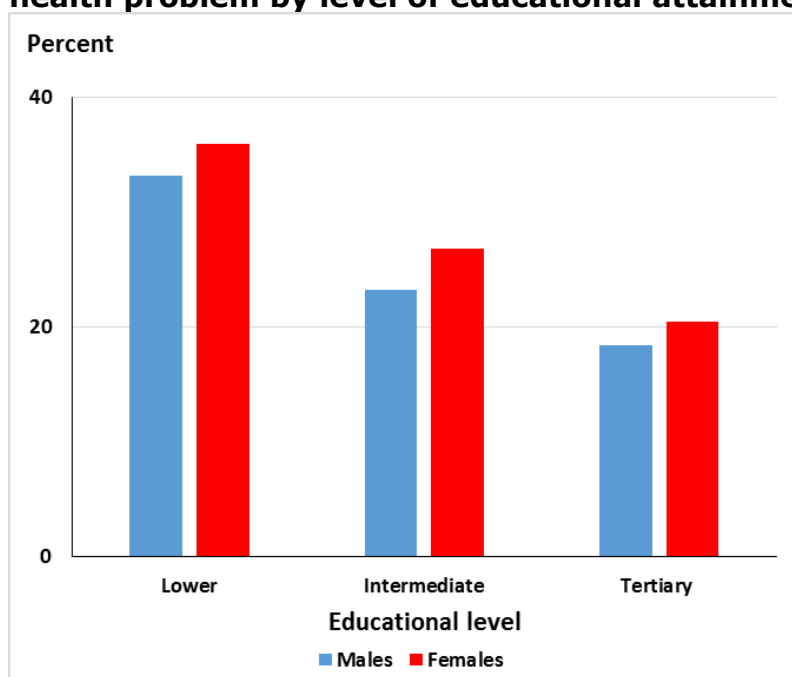
## LONGSTANDING ILLNESS OR HEALTH PROBLEMS

### (a) By educational attainment

#### INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the Belgium by level of educational attainment. Self-reported long-standing ill-health of the least educated Belgian men is 15 percentage points greater than for the most educated. For Belgian women, the gradient is slightly steeper with a gap of 16 percentage points.

### Age standardised percentage reporting a long-standing illness or health problem by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

#### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

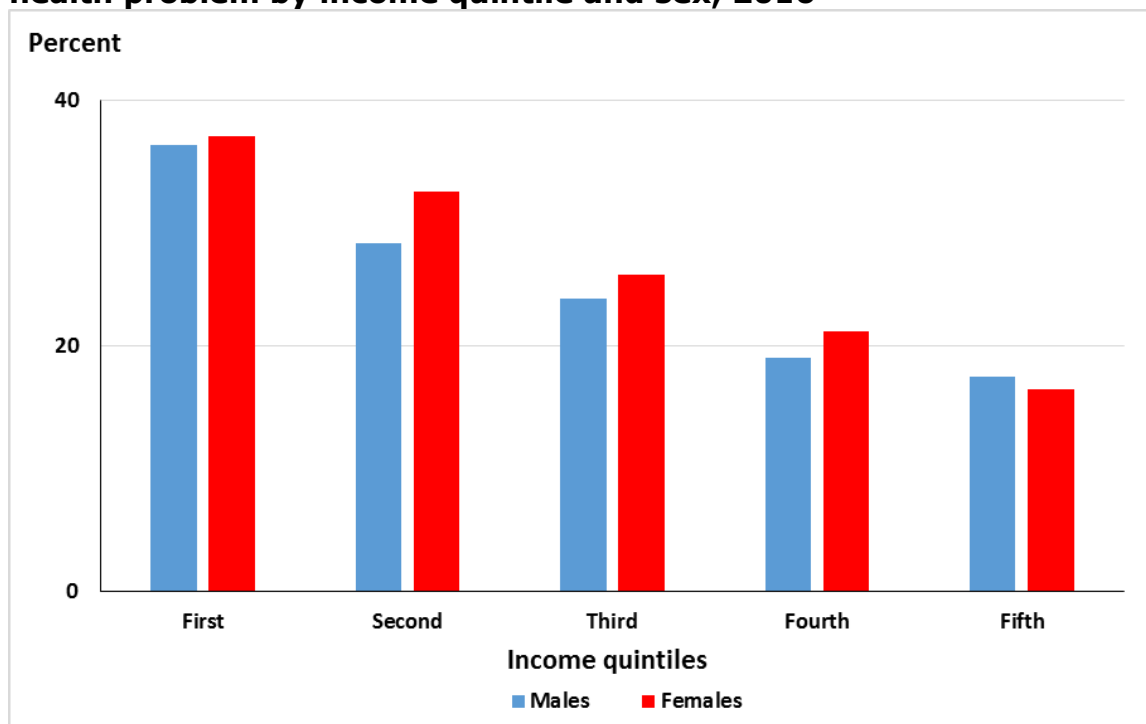
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is four percentage points lower for the most educated men than for the least educated. For women, the gap is five percentage points.

### (a) By income

#### INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in Belgium by income quintile. Self-reported long-standing ill-health by men in the lowest income quintile is 19 percentage points greater than for those in the top income quintile. For Belgian women, the gradient is slightly steeper with a gap of 21 percentage points.

### Age standardised percentage reporting a long-standing illness or health problem by income quintile and sex, 2016



Sources, numbers and definitions: See Annex

#### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

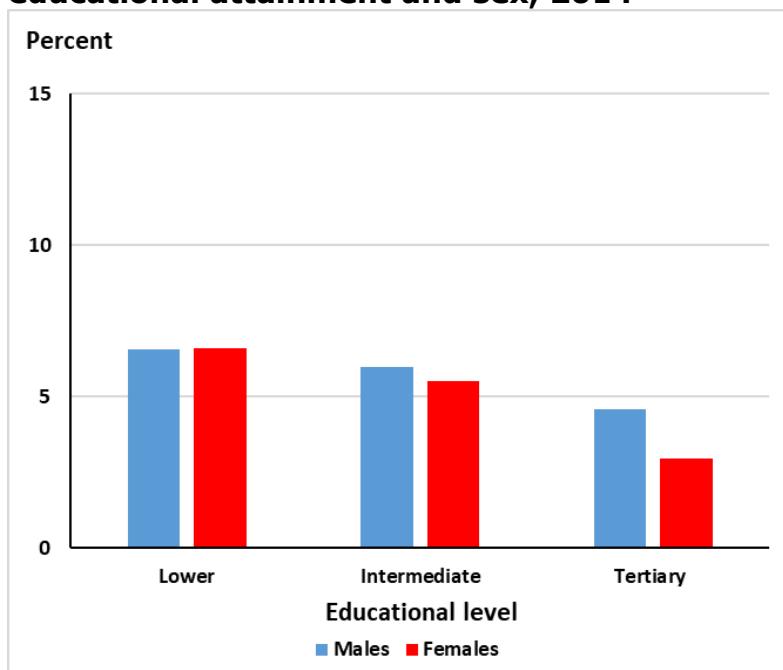
The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the EU as a whole. Self-reported long-standing ill-health in the lowest income quintile is 11 percentage points higher than for those in the highest income quintile, for both men and women.

#### SELF REPORTING OF DIABETES

##### INEQUALITIES WITHIN COUNTRY

The data suggest there is a social gradient in self-reporting of diabetes in Belgium by level of educational attainment. Self-reported diabetes among the least educated women is four percentage points greater than for the most educated. For men, the gradient is less steep with a gap of two percentage points.

### Age standardised percentage reporting diabetes by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

#### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The data suggest that those with tertiary education are less likely to report having diabetes than those with less educational attainment in the EU as a whole. Reporting of diabetes is three percentage points lower for the most educated men than for the least educated. For women, the gap is four percentage points.

## LIFECOURSE

### A) LIFECOURSE STAGE - A GOOD START IN LIFE

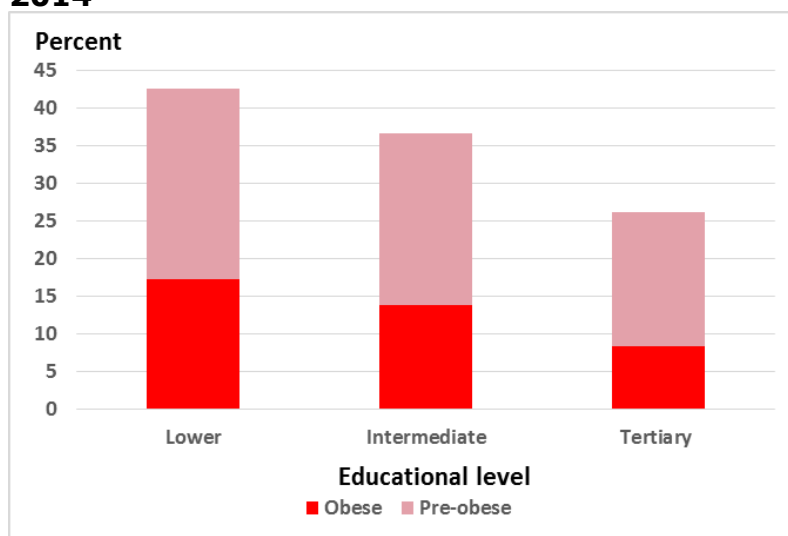
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

#### WOMEN OVERWEIGHT AT FERTILE AGES 18 TO 44

##### INEQUALITIES WITHIN COUNTRY

Among overweight adults (BMI of 25 or more), the European Health Interview Survey (EHIS) separately identifies the proportions obese (BMI of 30 or more) from those who are not (i.e. pre-obese with BMI of at least 25 but less than 30). Among women at ages 18 to 44 the data suggest there is a clear social gradient in both obesity and pre-obesity among women in Belgium - both proportions rise as educational attainment level decreases. In particular, the level of obesity among women with a lower level of educational attainment is more than twice as high as those with tertiary education.

#### Women overweight at ages 18-44 by level of educational attainment, 2014



Sources, numbers and definitions: See Annex

##### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

For the EU as a whole, there is a social gradient in both pre-obesity and obesity among women aged 18 to 44. Among those with lower levels of educational attainment, 24.1 percent are pre-obese. This figure falls to 17.6 per cent among those with tertiary education. The comparable figures for obesity are 14.3 and 7.7 per cent.

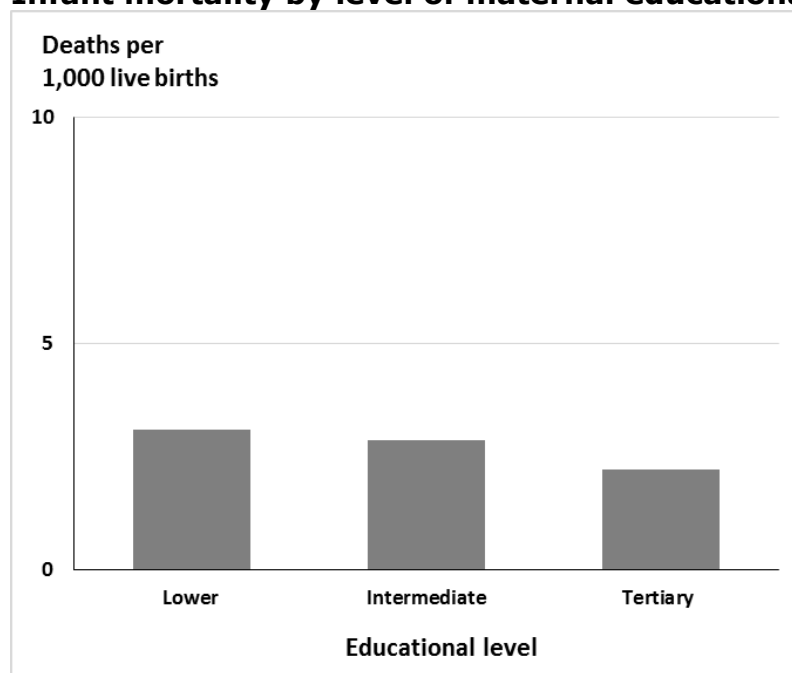
---

## INFANT MORTALITY

### INEQUALITIES WITHIN COUNTRY

The data suggest that there is a social gradient in the Infant Mortality Rate (IMR) in Belgium, based on mothers' educational status. The rate is 40 per cent higher for those with the lowest level of educational attainment compared to those who have completed tertiary education.

### Infant mortality by level of maternal educational attainment, 2016



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

A similar social gradient occurs across all but one of the other eight countries in the EU for which data are available.

---

## ALCOHOL CONSUMPTION DURING PREGNANCY

No EU harmonised data available by socio-economic status

---

## FOETAL ALCOHOL SPECTRUM DISORDER

No EU harmonised data available by socio-economic status

---

## BREAST FEEDING AND COMPLIMENTARY FEEDING

No EU harmonised data available by socio-economic status

---

## SUGAR SWEETENED BEVERAGES IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

---

## SALT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

---

#### SATURATED FAT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

---

#### FRUIT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

---

#### VEGETABLE CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

---

#### OVERWEIGHT IN EARLY CHILDHOOD

##### INEQUALITIES WITHIN COUNTRY

No EU harmonised data by socio-economic status for Belgium

##### INEQUALITIES IN THE EU AS A WHOLE

In the majority of the nine countries in the EU for which data are available, at ages four to seven, children whose mothers attained post-secondary education are less likely to be either obese or pre-obese than those whose mothers have lower levels of educational attainment.

## B) LIFECOURSE STAGE - AGES 11 TO 15

The Health Behaviour of School Age Children (HBSC) survey 2013/2014 is the principal source of information at ages 11 to 15. To derive their Family Affluence Scale (FAS) the survey used a six-item assessment of common material assets or activities. Responses were scored and summed to form a summary score.

Additional information is available from ESPAD on alcohol consumption and is presented in the next section.

### SUGAR SWEETENED BEVERAGES AT AGES 11 TO 15

No data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

#### INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. However, soft drink consumption is significantly related to low family affluence for girls in nearly half of EU countries for which these data are available. For boys, the pattern differs between EU countries with few countries showing significant differences.

### SALT CONSUMPTION AT AGES 11 TO 15

No EU harmonised data available by socio-economic status

### SATURATED FAT CONSUMPTION AT AGES 11 TO 15

No EU harmonised data available by socio-economic status

### FRUIT CONSUMPTION AT AGES 11 TO 15

No data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

#### INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. However, fruit consumption is significantly related to family affluence across most EU countries for which these data are available.

### PHYSICAL ACTIVITY AT AGES 11 TO 15

No data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

#### INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. However, physical activity is significantly related to family affluence in around half of EU countries for which these data are available. In these countries it is more common among both boys and girls in high family affluence groups than in low ones.



---

#### OVERWEIGHT AT AGES 11 TO 15

No data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

#### INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. However, being overweight is significantly related to family affluence across most EU countries for which these data are available.

---

#### WEEKLY ALCOHOL CONSUMPTION AT AGES 11 TO 15

No data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

#### INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. Weekly alcohol consumption is not significantly related to family affluence in the majority of EU countries for which these data are available.

## C) LIFECOURSE STAGE - AGES 15 TO 24

### ALCOHOL CONSUMPTION REPORTED AT AGES 15 AND 16

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) project is to collect comparable data on substance use among 15 to 16 year- old students in as many European countries as possible. The target group consists of students who turn 16 during the year of data collection, which in 2011 meant students born in 1995. The surveys are conducted in schools in the participating country, during the same period of time and using a common methodology.

The ESPAD survey was not conducted in all EU member States in 2011 – no ESPAD data are available for Austria, Germany, Luxembourg and Spain in 2011. However, it does cover 23 Member States as well as Flanders (in Belgium). It is not possible to compare figures for Belgium as a whole to the average for all survey participants in the EU.

### DRANK ALCOHOL IN THE LAST MONTH

No EU harmonised data by socio-economic status for Belgium as a whole – available data are only for Flanders.

#### INEQUALITIES IN THE EU AS A WHOLE

For both males and females, the percentage of participating EU students aged 15 to 16 years who drank alcohol in the preceding month was least among those whose mothers had a lower level of educational attainment.

### DRUNK IN LIFETIME

No EU harmonised data by socio-economic status for Belgium as a whole – available data are only for Flanders.

#### INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who had ever been drunk in their lifetime differed little by level of maternal educational attainment. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly lower for those whose mothers had a tertiary education.

### HEAVY DRINKING IN THE LAST MONTH

No EU harmonised data by socio-economic status for Belgium as a whole – available data are only for Flanders.

#### INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who had five or more drinks on one occasion in the previous month decreased with increased level of maternal educational attainment, with a six percentage point difference between lower levels of maternal educational attainment and tertiary education for both males and females.

---

#### GOT DRUNK AT AGE 14 OR LESS

No EU harmonised data by socio-economic status for Belgium as a whole – available data are only for Flanders.

#### INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who got drunk at age 14 or less differed little by level of maternal educational attainment for both males and females. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly lower for those whose mothers had a tertiary education.

---

#### FIRST DRANK ALCOHOL AT AGE 12 OR EARLIER

No EU harmonised data by socio-economic status for Belgium as a whole – available data are only for Flanders.

#### INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who had first drunk alcohol at age 12 or less decreased with increased level of maternal educational attainment. Among males and females, it was five and six percentage points, respectively, lower among those whose mothers had a tertiary education than among those whose mothers had lower levels of educational attainment.

---

#### **DIET AND EXERCISE AT AGES 15 TO 24**

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

---

#### SUGAR CONSUMPTION AT AGES 15 TO 24

No EU harmonised data available by socio-economic status

---

#### SALT CONSUMPTION AT AGES 15 TO 24

No EU harmonised data available by socio-economic status

---

#### SATURATED FAT CONSUMPTION AT AGES 15 TO 24

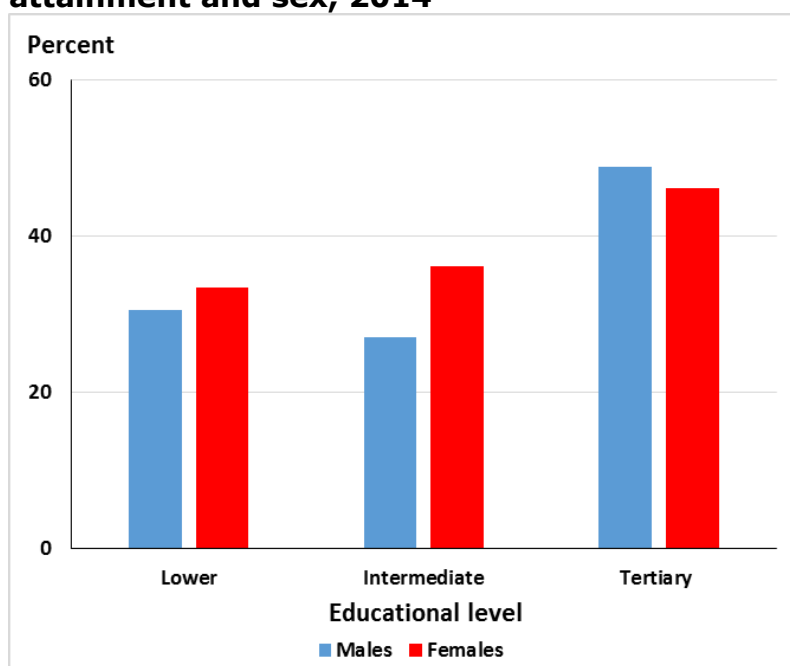
No EU harmonised data available by socio-economic status

## FRUIT CONSUMPTION AT AGES 15 TO 24

### INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is a clear social gradient in daily consumption of fruit among women in Belgium aged 15 to 24. It should be noted that many in this age category will not have reached their final level of lifetime education. There is no consistent pattern in the fruit consumption data among young men, with those with intermediate levels of educational attainment least likely to eat fruit daily.

### **Fruit consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014**



*Sources, numbers and definitions: See Annex*

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

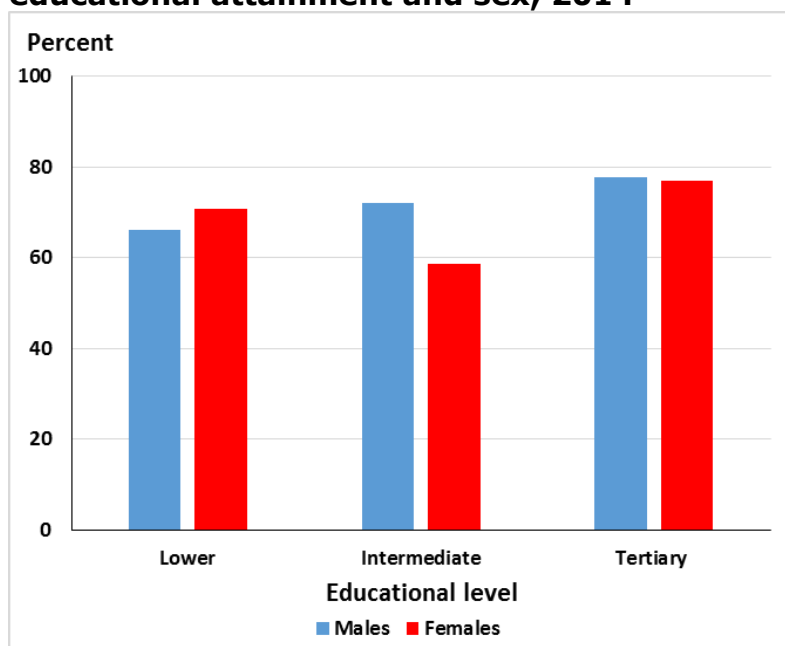
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment were least likely to eat fruit at least daily. However, many in this age group will not have attained their final lifetime level of educational attainment.

## VEGETABLE CONSUMPTION AT AGES 15 TO 24

### INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is a consistent social gradient, by educational level attained, among young men aged 15 to 24 in Belgium, but no clear association in the data for young women (although many will not have attained their final level of lifetime education). Belgium has higher rates in this age group than almost all other countries in the EU for which data are available.

### Vegetable consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

#### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their final lifetime level of educational attainment.

#### PHYSICAL ACTIVITY AT AGES 15 TO 24

No EU harmonised data by socio-economic status for Belgium

#### INEQUALITIES IN THE EU AS A WHOLE

Physical activity recorded in EHIS shows no clear relationship between in-work physical activity and educational attainment level, at ages 15 to 24 across the EU as a whole. Those with intermediate levels of educational attainment are most likely to engage in moderate or heavy physical activity in-work and those with lower levels of attainment least likely to do so. Physical activity outside work is more common among young men with lower levels of educational attainment than among those with intermediate levels. For young women, the highest levels are among those who had attained a tertiary level of education at this age.

Physical activity outside work similarly shows no clear relationship with educational attainment level, at ages 15 to 24 across the EU as a whole. Those with intermediate levels of educational attainment are least likely to engage in significant physical activity outside work at these ages.

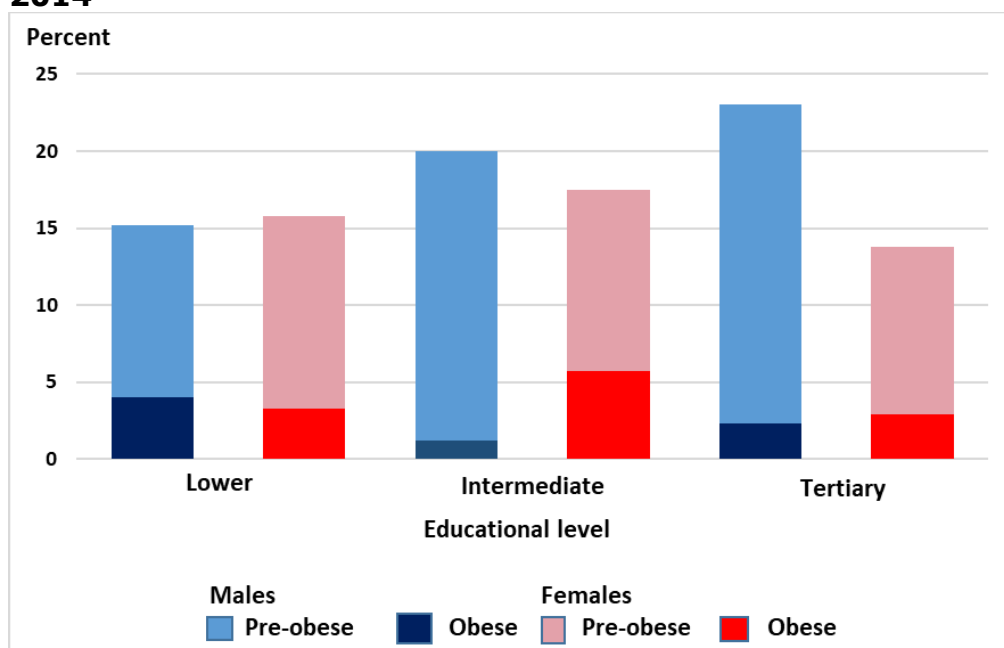
Many in this age group will not have attained their final lifetime level of educational attainment.

## OVERWEIGHT AT AGES 15 TO 24

### INEQUALITIES WITHIN COUNTRY

Data from EHIS show no consistent pattern in the figures for obese men and women (equivalent to BMI of 30 or more at age 19) aged 15 to 24 in Belgium. For pre-obese women at this age (equivalent to BMI of at least 25 but less than 30 at age 19) there is a slight social gradient in the data by educational attainment level. This means that the proportion of those pre-obese decreases as the level of educational attainment increases. For men aged 15 to 24 in Belgium, the gradient is in the opposite direction. Those who had completed tertiary education at this age are more likely to be pre-obese than those with lower levels of educational attainment. Many in this age group will not have attained their final lifetime level of education.

### Overweight at ages 15 to 24 by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

In the EU as a whole, at ages 15 to 24, EHIS data suggest that both pre-obesity (equivalent to BMI of at least 25 but less than 30 at age 19) and obesity equivalent to (BMI of 30 or more at age 19) are generally more common among young men and women with intermediate levels of educational attainment than at other levels of attainment. Many in this age group will not have attained their final lifetime level of education.

## D) LIFECOURSE STAGE - ADULT BEHAVIOUR

### SUGAR CONSUMPTION IN ADULTS

No EU harmonised data available by socio-economic status

### SALT CONSUMPTION IN ADULTS

No EU harmonised data available by socio-economic status

### SATURATED FAT CONSUMPTION IN ADULTS

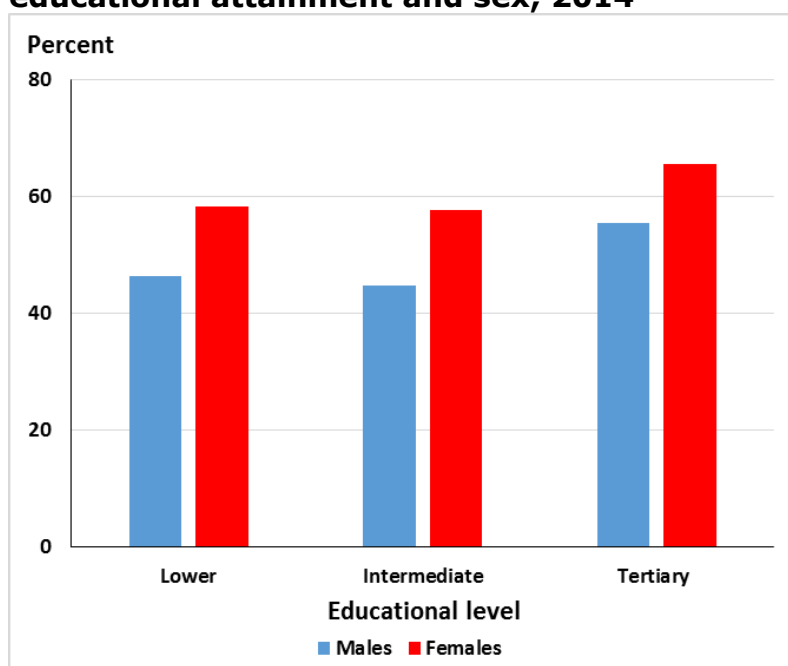
No EU harmonised data available by socio-economic status

### FRUIT CONSUMPTION AT AGES 18 AND OVER

#### INEQUALITIES WITHIN COUNTRY

EHIS data suggest that there is no clear social gradient in fruit consumption amongst men and women in Belgium aged 18 and over. Levels of fruit consumption are highest among those with tertiary education. However, there are no clear differences between those with lower and intermediate levels of educational attainment.

#### **Fruit consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014**



Sources, numbers and definitions: See Annex

#### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

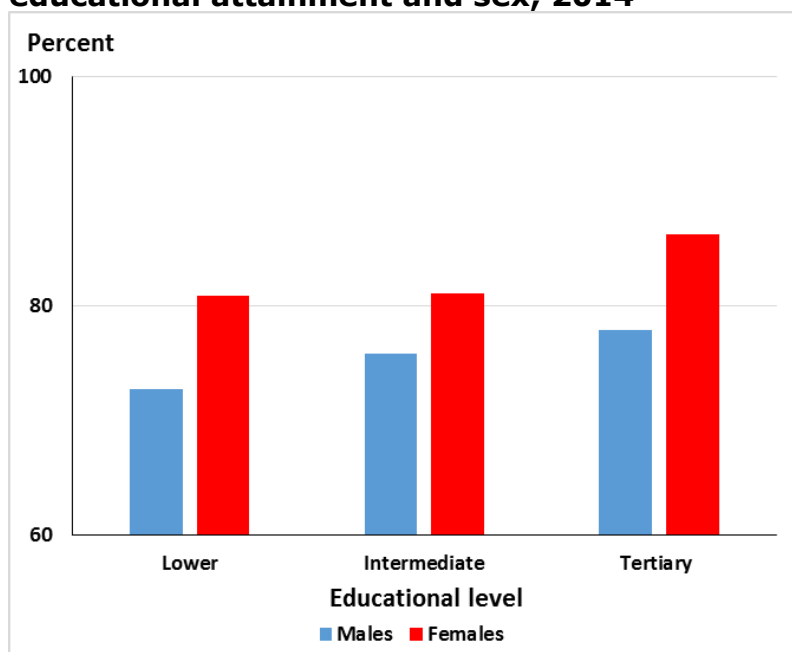
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

## VEGETABLE CONSUMPTION AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

EHIS data show a small, but consistent, social gradient in daily consumption of vegetables in Belgium at ages 18 and over for both men and women – consumption at least daily increases as level of educational attainment increases.

### Vegetable consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

## PHYSICAL ACTIVITY AT AGES 18 AND OVER

No EU harmonised data by socio-economic status for Belgium

### INEQUALITIES IN THE EU AS A WHOLE

In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women aged 18 and over, is most common among those with intermediate levels of educational attainment and least common among those with tertiary education.



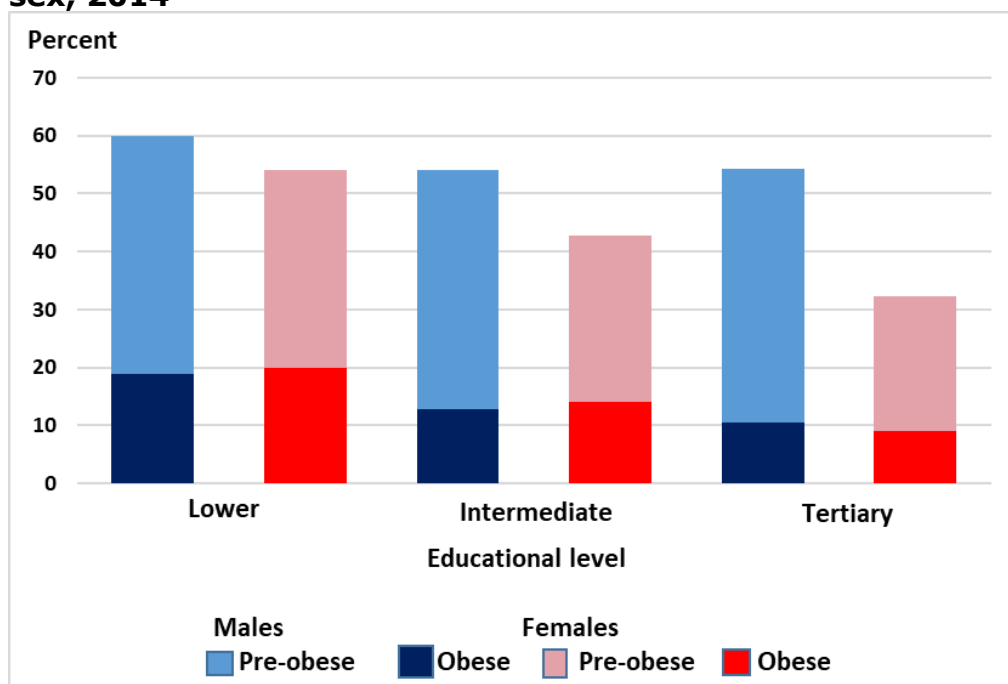
---

## OVERWEIGHT AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

At ages 18 and over, there is a clear social gradient for obese men and women (BMI of 30 or more) based on EHIS data. There is a similar pattern for pre-obese women (BMI of at least 25 but less than 30). However, among men, those with tertiary education are more likely to be pre-obese than those with lower levels of education.

### Overweight at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

For the EU as a whole, there is a social gradient for both men and women in both the proportion who are pre-obese (BMI of at least 25 but less than 30) and obese (BMI of 30 or more) based on EHIS data. That is to say, both decrease as level of educational attainment increases. Among men at this age, however, these differences in levels of pre-obesity by level of educational attainment are small.

---

## CORONARY HEART DISEASE INCIDENCE

No EU harmonised data available by socio-economic status

---

## CORONARY HEART DISEASE DEATHS

No EU harmonised data available by socio-economic status

---

## CANCER INCIDENCE

No EU harmonised data available by socio-economic status

## CANCER DEATHS

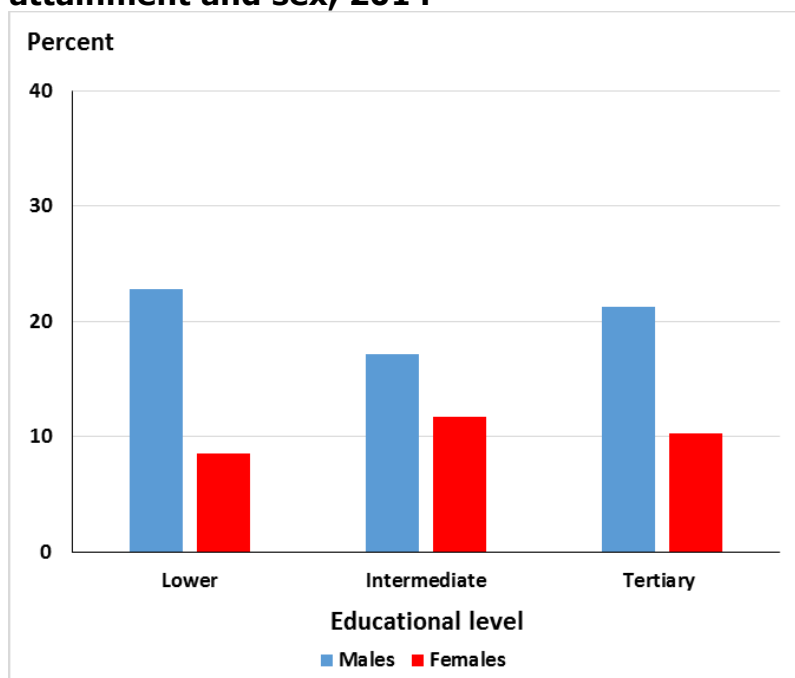
No EU harmonised data available by socio-economic status

## DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

Based on EHIS data, among men aged 18 and over in Belgium, there is no clear gradient for either males or females. For men the percentage of consuming alcohol daily is lowest for those with intermediate levels of educational attainment, while for women the percentage is highest for those with intermediate levels of educational attainment.

### Daily alcohol consumption at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Based on EHIS data, among women aged 18 and over in the EU as a whole, there is a social gradient in the proportion drinking alcohol daily – the figure decreases with the level of education attained. Among men, while the proportion is highest among those with lower levels of educational attainment it is least among those with intermediate levels of educational attainment. The proportion of women drinking every day is around a third of the figure for men.

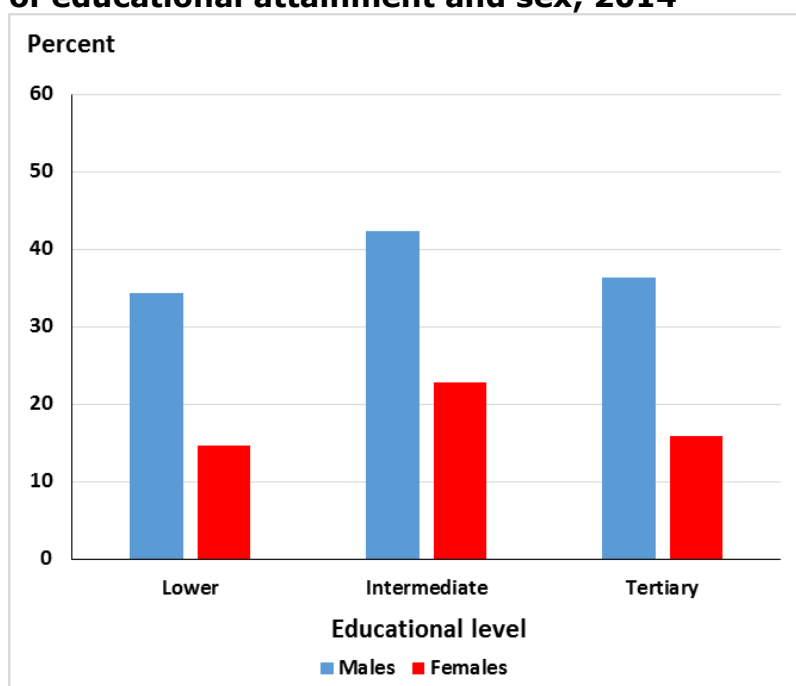
---

## HEAVY EPISODIC DRINKING AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

In Belgium, EHIS data suggest that there is no consistent gradient in heavy episodic drinking at least monthly at ages 18 and over, with men and women with the percentage doing so being highest among those with intermediate levels of educational attainment.

### Heavy episodic drinking at least monthly at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

### COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Based on EHIS data in the EU as a whole there are no clear social gradients in the proportion drinking heavily at least monthly for both sexes at ages 18 and over. While those with lower levels of educational attainment are markedly less likely than others to drink heavily at least monthly, proportions for those with intermediate levels of educational attainment are slightly higher than for those with tertiary education. The proportion of women drinking heavily at least monthly is less than half the proportion among men.

---

## ALCOHOL RELATED CAUTIONS AND ARRESTS

No EU harmonised data available by socio-economic status

---

## ALCOHOL RELATED DEATHS

No EU harmonised data available by socio-economic status

---

#### RARHA ALCOHOL DATA

The EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS) was a comprehensive survey of alcohol consumption and harm conducted in 17 EU countries and two non-EU countries. Survey data was gathered from representative samples of the general populations aged 18-64.

---

#### DAILY ALCOHOL CONSUMPTION AT AGES 18 TO 64

No EU harmonised data by socio-economic status for Belgium

#### INEQUALITIES IN THE EU AS A WHOLE

RARHA survey data for the 17 participant EU Member States suggest that there are clear social gradients by educational attainment in the proportions of both men and women aged between 18 and 64 who consume alcohol every day. The gradient is steeper for men than for women and, in each educational attainment category, the proportion of women who drink alcohol daily is less than that for men. Among women with lower levels of educational attainment the proportion drinking every day is less than a third of the figure for their male counterparts.

---

#### HEAVY EPISODIC DRINKING AT LEAST MONTHLY AT AGES 18 TO 64

No EU harmonised data by socio-economic status for Belgium

#### INEQUALITIES IN THE EU AS A WHOLE

RARHA survey data for the 17 participant EU Member States suggest that there is a clear reverse social gradient in the proportion of women aged between 18 and 64 who drink heavily at least monthly. The proportion is least among women with lower levels of educational attainment and greatest among those with tertiary education. Among men the proportion is greatest among those with intermediate levels of educational attainment.

## ANNEX

### DATA FOR BELGIUM, SOURCES AND DEFINITIONS

#### INCOME INEQUALITY

**Income** is computed in EU SILC on the basis of the total equivalised disposable income attributed to each member of the household. The data (for each person) are ordered according to the value of the total equivalised disposable income.

#### Equivalised mean income in Euros (PPS) at ages 18 and over by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	17,709	22,731	29,177	Mean equivalised household income (pps) for males and females aged 18 and over
Females	16,389	20,657	27,833	

Source: Eurostat, EU-SILC survey [ilc\_di08]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc\\_di08&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di08&lang=en)

Accessed 23 March 2018

#### Equivalised median income in Euros (PPS) at ages 18 and over by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	16,430	21,434	27,715	Median equivalised household income (pps) for males and females aged 18 and over
Females	14,920	19,276	26,663	

Source: Eurostat, EU-SILC survey [ilc\_di08]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc\\_di08&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di08&lang=en)

Accessed 23 March 2018

#### HEALTH AND LIFE EXPECTANCY

##### Self reported health by level of educational attainment and income

The European Statistics of Income and Living Condition (EU-SILC) survey contains a small module on health, composed of three variables on health status and four variables on unmet needs for health care.

The variables on **health status** represent the so called Minimum European Health Module (MEHM), and measures three different concepts of health:

- Self-perceived health
- Chronic morbidity (people having a long-standing illness or health problem)
- Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

In this report the first two health status concepts are used since these are the ones most likely to result from behaviours, rather than inherited disorders, accidents and the relationship between health status and the availability of aids to daily living that mitigate health conditions.

**Educational attainment level:** the level of education attainment of individuals is classified in EU SILC according to the International Standard Classification of Education (ISCED) version of 1997 and are grouped as follows:

- Pre-primary, primary and lower secondary education
- Upper secondary and post-secondary non-tertiary education
- First and second stage of tertiary education

**Income quintile group** is computed in EU SILC on the basis of the total equivalised disposable income attributed to each member of the household.

The data (of each person) are ordered according to the value of the total equivalised disposable income. Four cut-point values (the so-called quintile cut-off points) of income, dividing the survey population into five groups equally represented by 20 % of individuals each, are found:

- First quintile group of equivalised income
- Second quintile group of equivalised income
- Third quintile group of equivalised income
- Fourth quintile group of equivalised income
- Fifth quintile group of equivalised income.

The first quintile group represents 20 % of population with lowest income and the fifth quintile group 20 % of population with highest income.

### **Age standardised percentage with good or very good self-perceived health by level of educational attainment and sex, 2016**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	64.13	77.80	82.80	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	59.09	71.68	79.82	

Source: Eurostat [hlth\_silc\_02]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_silc\\_02&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_02&lang=en)

Accessed 18 March 2018

Note. Age standardisation for males and females in Belgium is based on age groups up to age 74 and then 75 and over.

**Age standardised percentage with good or very good self-perceived health by income quintile and sex, 2016**

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	59.01	69.42	76.63	85.57	85.05	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	57.32	65.75	74.13	78.57	83.66	

Source: Eurostat [hlth\_silc\_10]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_silc\\_10&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_10&lang=en)

Accessed 18 March 2018

Note: Age standardisation for males and females in Belgium is based on age groups up to age 74 and then 75 and over.

**Age standardised percentage reporting a long-standing illness or health problem by level of educational attainment and sex, 2016**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	33.18	23.20	18.37	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	35.97	26.80	20.45	

Source: Eurostat [hlth\_silc\_05]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_silc\\_05&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_05&lang=en)

Accessed 18 March 2018

Note: Age standardisation for males and females in the Belgium is based on age groups up to age 74 and then 75 and over.

**Age standardised percentage reporting a long-standing illness or health problem by income quintile and sex, 2016**

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	36.30	28.34	23.83	19.03	17.51	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	37.08	32.54	25.73	21.12	16.43	

Source: Eurostat [hlth\_silc\_11]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_silc\\_11&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_11&lang=en)

Accessed 18 March 2018

Note: Age standardisation for males and females in Belgium is based on age groups up to age 74 and then 75 and over.

### Age standardised percentage reporting that they have diabetes by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	6.54	5.97	4.59	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	6.60	5.51	2.93	

Source: Eurostat [hlth\_silc\_05]

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_ehis\\_cd1e&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_cd1e&lang=en)

Accessed 11 October 2018

Note. Age standardisation for males and females in Belgium is based on age groups 15 to 44, 45 to 54, 55 to 64, 65 to 74 and 75 and over.

## LIFECOURSE

### A) LIFECOURSE STAGE - A GOOD START IN LIFE

**Educational attainment level:** the education attainment levels of individuals are based on data collected in the European Health Interview Survey (EHIS) classified according to the International Standard Classification of Education (ISCED) 2011 and are presented for three main categories:

- Lower: Less than primary, primary and lower secondary education (ISCED 2011 levels 0-2)
- Intermediate: Upper secondary and post-secondary non-tertiary education (ISCED 2011 levels 3 and 4)
- Tertiary: Tertiary education (ISCED 2011 levels 5-8)

### Women overweight at ages 18-44 by level of educational attainment, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Pre-obese	25.2	22.8	17.9	Percent with a BMI of at least 25 but less than 30
Obese	17.3	13.8	8.3	Percent with a BMI of 30 or more

Source: Eurostat, [hlth\_ehis\_bm1e], European Health Interview Survey

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_ehis\\_bm1e&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en)

Accessed 25 April 2017

### Infant mortality

**Infant deaths** - the death of a live-born infant who has not yet completed one year of life

**Level of educational attainment** – as above.



### Infant mortality by level of maternal education, 2016

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Infant mortality rate	3.09	2.85	2.20	Deaths in the first year of life per 1,000 live births
<i>Source: Eurostat [demo_minfedu], [demo_faeduc]</i> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_minfedu&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_minfedu&amp;lang=en</a> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_faeduc&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_faeduc&amp;lang=en</a> Accessed 18 May 2018				

Note: Figures exclude babies whose mother's level of educational attainment is not stated.

### B) LIFECOURSE STAGE - AGES 11 TO 15

The Health Behaviour of School Age Children (HBSC) survey 2013/2014 is the principal source of information at ages 11 to 15. There are no data by socio-economic status for Belgium as a whole – available data are for Flanders and Wallonia separately.

### C) LIFECOURSE STAGE - AGES 15 TO 24

#### DIET AND EXERCISE AT AGES 15 TO 24

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

**Educational attainment level:** the education attainment levels of individuals in EHIS are classified according to the International Standard Classification of Education (ISCED) 2011 and are grouped as described above.

#### Fruit consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Males	30.5	27.1	48.9	Percent consuming fruit at least daily
Females	33.5	36.1	46.2	
<i>Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey</i> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en</a> Accessed 26 April 2017				

### Vegetable consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	66.2	72.0	77.6	Percent consuming vegetables at least daily
Females	70.8	58.7	76.9	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en</a> Accessed 26 April 2017				

### Overweight at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	11.2	18.8	20.7	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	12.5	11.8	10.9	
<i>Obese</i>				
Males	4.0	1.2	2.3	Percent with BMI that is equivalent to 30 or more at age 19
Females	3.3	5.7	2.9	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&amp;lang=en</a> Accessed 20 April 2017				

## D) LIFECOURSE STAGE - ADULT BEHAVIOUR

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

**Educational attainment level:** the education attainment levels of individuals in EHIS are classified according to the International Standard Classification of Education (ISCED) 2011 and are grouped as above.

### Fruit consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	46.5	44.7	55.5	Percent consuming fruit at least daily
Females	58.4	57.8	65.7	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en</a> Accessed 26 April 2017				

### Vegetable consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	72.7	75.8	77.9	Percent consuming vegetables at least daily
Females	80.9	81.1	86.2	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&amp;lang=en</a> Accessed 26 April 2017				

### Overweight at ages 18 by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	41.1	41.1	43.7	Percent with BMI at least 25 but less than 30 at age 19
Females	34.1	28.7	23.2	
<i>Obese</i>				
Males	18.9	12.9	10.6	Percent with a BMI of 30 or more
Females	19.9	14.0	9.1	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&amp;lang=en</a> Accessed 21 February 2017				

### Daily alcohol consumption at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	22.8	17.1	21.2	Percent consuming alcohol at least daily
Females	8.5	11.7	10.3	
Source: Eurostat [hlth_ehis_al1e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al1e&amp;lang=en</a> Accessed 27 April 2017				

**Heavy episodic drinking at least monthly at ages 18 and over by level of educational attainment and sex, 2014**

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Males	34.4	42.4	36.3	Percent ingesting more than 60gm of pure ethanol on a single occasion at least once a month
Females	14.6	22.8	15.8	

Source: Eurostat [hlth\_ehis\_a13], European Health Interview Survey  
[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_ehis\\_a13e&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_a13e&lang=en)  
 Accessed 26 July 2017

**© European Union, 2018**

Reuse authorised.

The reuse policy of European Commission documents is regulated by Decision 2011/833/EU (OJ L 330, 14.12.2011, p. 39).

For reproduction or use of the artistic material contained therein and identified as being the property of a third-party copyright holder, permission must be sought directly from the copyright holder.

The information and views set out in this report are those of the author(s) UK Health Forum and do not necessarily reflect the official opinion of the Commission. The Commission does not guarantee the accuracy of the data included in this report. Neither the Commission nor any person acting on the Commission's behalf may be held responsible for the use which may be made of the information contained therein.

