



European
Commission

HEALTH EQUITY PILOT PROJECT

Luxembourg

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





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SUMMARY

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

To set this in context, life expectancy in Luxembourg is slightly higher than in the EU as a whole for men and women – differences of 1.9 and 1.8 years more of life, respectively. Conversely, healthy life expectancy is less than in the EU as a whole – around two years and five years less than for the EU as a whole, respectively. There are substantial income inequalities in Luxembourg by level of educational attainment.

There are steep gradients in self perceived health by education - differences are greater than for the EU as a whole; the gradient by income is similar to that for the EU as a whole for women and slightly less steep for men. Gradients in long term illness by education are steeper than those for the EU as a whole for men and women. Self-reported diabetes decreases with increased education – the gradient among men is steeper than for the EU as a whole and that for women is less steep than it is for the EU as a whole.

Some of the differences in health and the behaviours that lead to these differences are apparent from early in life. There are gradients in obesity and pre-obesity among women at ages 15 to 44, the principal reproductive ages - markedly steeper than for the EU as a whole for obesity and less steep than that for the EU as a whole for pre-obesity. At ages 11 to 15, boys and girls from high family affluence groups are much more likely to consume fruit daily than those in low ones and much less likely to be overweight. Girls from high family affluence groups are also more likely to report daily physical exercise. and less likely to drink sugar sweetened beverages daily.

Among adults, fruit consumption is greater among men and women with lower levels of educational attainment than others. Physical activity outside work increases with increased levels of educational attainment for both men and women with a slightly shallower gradient than for the EU as a whole. In work physical activity decreases with increased levels of educational attainment - more sharply than for the EU as a whole for both men and women. Among women both obesity and pre-obesity decrease with level of educational attainment more sharply than for the EU as a whole, as does obesity among men. Daily alcohol consumption decreases with level of educational attainment for men - more steeply than for the EU as a whole. Heavy episodic drinking at least monthly also decreases with increased educational attainment for men, in contrast to the reverse pattern for the EU as a whole.

INTRODUCTION

This report summarises the data that are available to compare socio-economic inequalities relating to alcohol, nutrition and physical activity in Luxembourg 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 Luxembourg**.

Inequalities in life chances, behaviours and their health outcomes begin at the earliest stages in life, through intergenerational transmission, and accumulate across the life-course¹. 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 report². Other indicators, such as family affluence or income are used where this significantly extends the range of analyses possible.

¹ 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.

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

BACKGROUND INFORMATION

The average population of Luxembourg during 2017 was 0.6 million, around 0.1 percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 39.4 years – the comparable figure for the EU was 42.8 years. Net migration was 16.2 per 1,000 population (2.4 for the EU as a whole). In terms of age dependency, the number aged under 15 or 65 and over was 43.9 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 80.1 years for males and 85.4 years for females – a gender gap of 5.3 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in Luxembourg were 61.4, 58.9 and -2.5 years (i.e. men stayed healthier for longer than women in Luxembourg) and 63.5, 64.2 and 0.7 years for the EU. These figures meant that men in Luxembourg could expect to spend 18.7 years in ill-health and women 26.5 years – a difference of 7.8 years. The comparable figures for the EU were 14.7 and 19.4 years – a difference of 4.7 years.

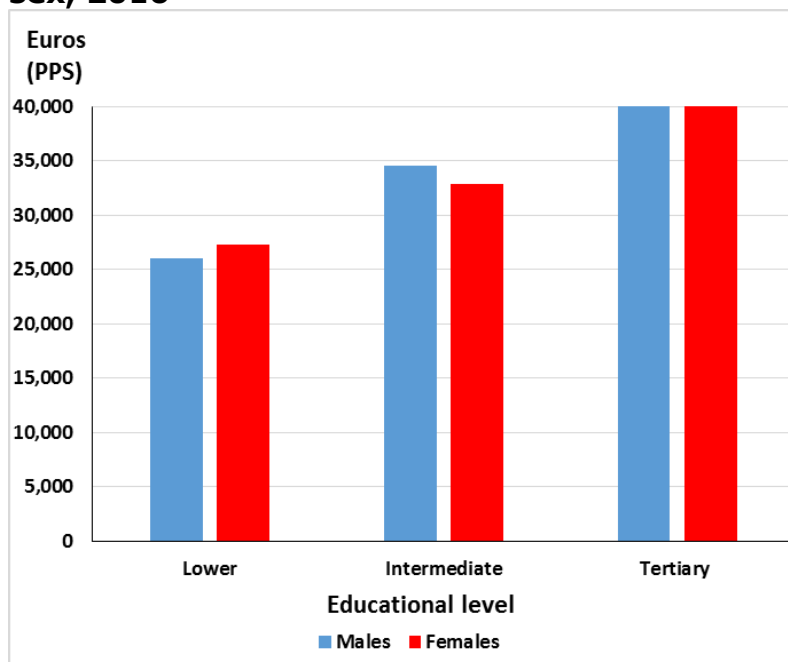
INCOME INEQUALITY

INEQUALITIES WITHIN COUNTRY

In terms of income inequality, the Gini coefficient was 31.0 for Luxembourg compared to 30.8 for the EU. The fifth of the population with the highest incomes received 5.0 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 17,400 Euros higher for men with tertiary education than for those with lower levels of educational attainment. For women of this age the difference was around 14,100 Euros. The comparable differences in median income were 14,200 and 11,100 Euros, respectively.

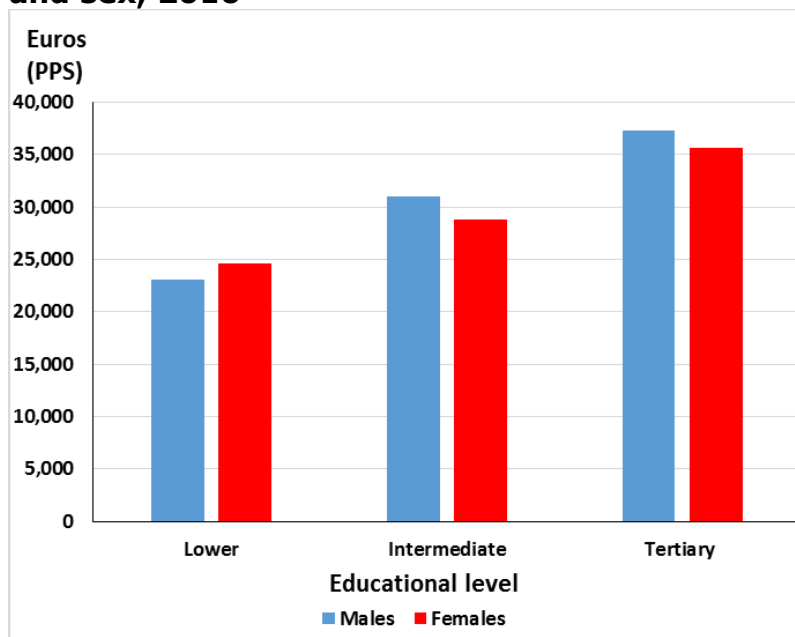
Equivalised mean income (pps) by level of educational attainment and sex, 2016



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

INEQUALITIES WITHIN COUNTRY

No EU harmonised data available by socio-economic status for Luxembourg

COMPARISON WITH 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.

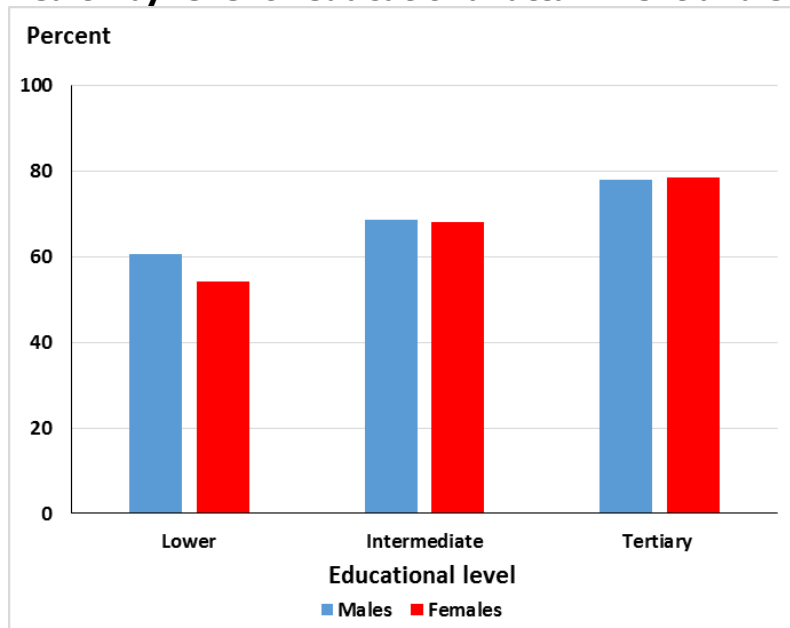
SELF PERCEIVED HEALTH

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients in self-perception of good or very good health in Luxembourg by level of educational attainment for both men and women. Self-reported health of the least educated men is 17 percentage points less than the most educated. For women, the gradient is steeper with a gap of 24 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

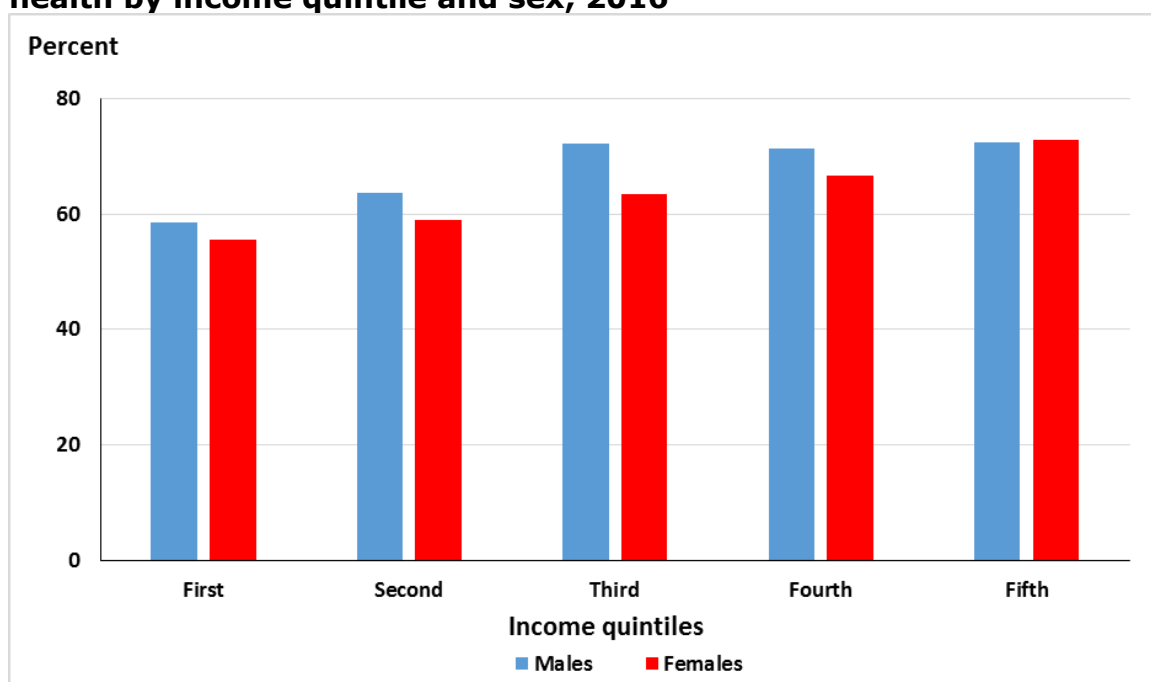
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

(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 Luxembourg by income quintile for women with a gap of 17 percentage points between the bottom top income quintiles. The gradient is less clear for self-reported health of men with little difference between the top three quintiles. However, the gap between the bottom and top income quintiles is 14 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.

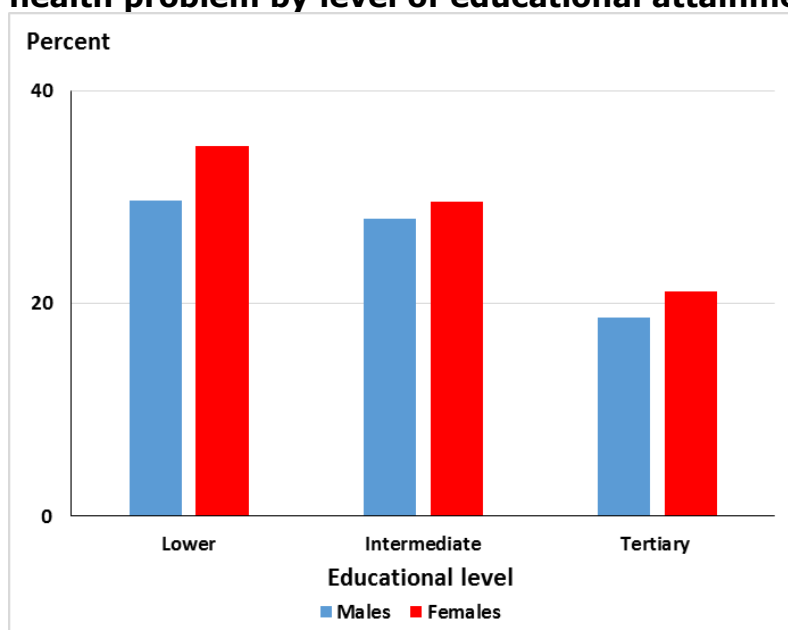
LONGSTANDING ILLNESS OR HEALTH PROBLEMS

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there are social gradients in reporting a long-standing illness or health problem in Luxembourg by level of educational attainment for both men and women. Self-reported long-standing ill-health of the least educated men is 12 percentage points greater than for the most educated. For women, the gradient is slightly steeper with a gap of 14 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

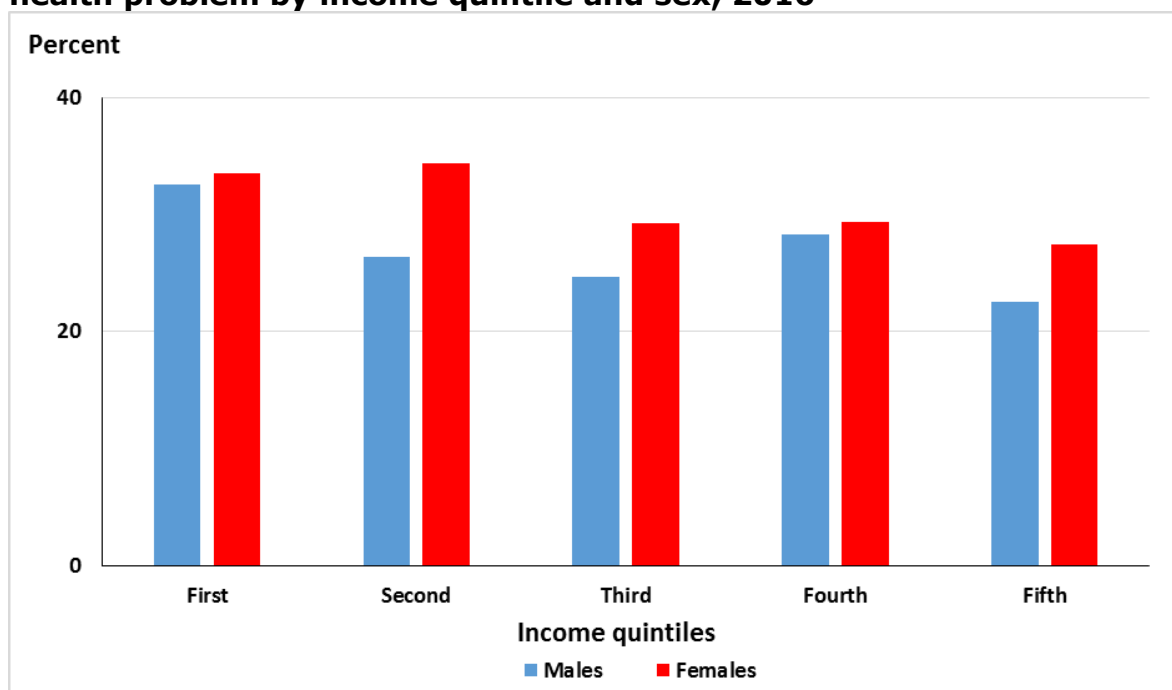
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is four percentage points lower for the most educated men than for the least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

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest that, while there are clear differences in Luxembourg between the highest and lowest income quintiles in the reporting of a long-standing illness or health problem by both men and women, the gradient between successive income quintiles is less clear. For men, the gap in self-reported long-standing ill-health between the highest and lowest income quintiles is 10 percentage points. For women, it is six 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

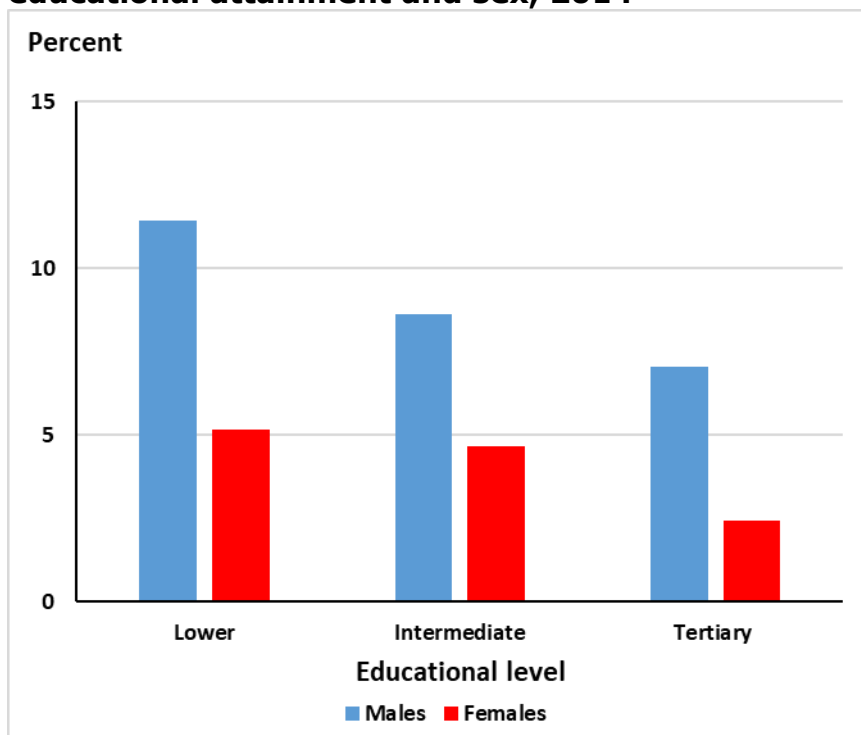
The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the EU as a whole. Self-reported long-standing ill-health in the lowest income quintile is 11 percentage points higher than for those in the highest income quintile, for both men and women.

SELF REPORTING OF DIABETES

INEQUALITIES WITHIN COUNTRY

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

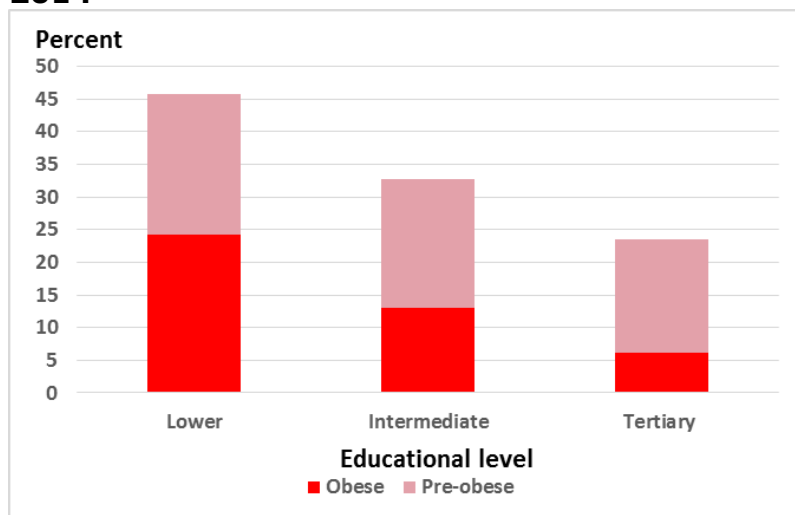
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

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 those who are obese (BMI of 30 or more) from those who are overweight but not obese (i.e. pre-obese with BMI of at least 25 but less than 30). Among women at ages 18 to 44 in Luxembourg, the data suggest a clear social gradient in obesity by level of educational attainment and a shallower gradient in pre-obesity.

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

No EU harmonised data available by socio-economic status for Luxembourg

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

A social gradient in infant mortality occurs across all but one of the nine 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

No EU harmonised data available by socio-economic status for Luxembourg

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.

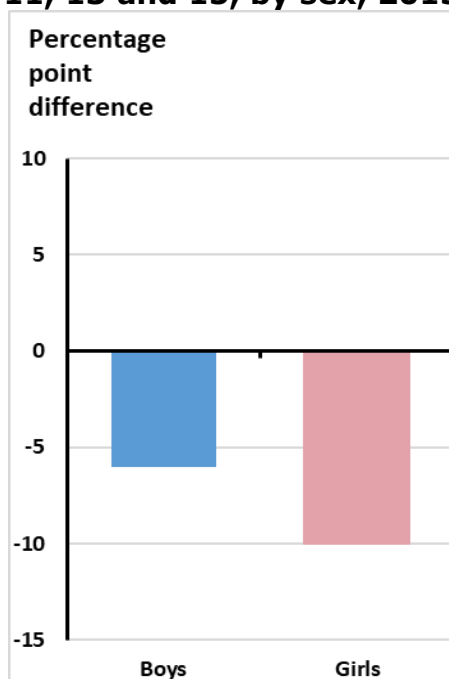
Additional information is available from ESPAD on alcohol consumption and is presented in the next section.

SUGAR SWEETENED BEVERAGES AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that the prevalence of daily soft drink consumption at ages 11 to 15 is more common among boys and girls from low family affluence groups than it is among those from high family affluence groups. There is a 10 percentage point difference for girls. The smaller difference for boys is not statistically significant.

Percentage point difference in prevalence of drinking soft-drinks at least once a day between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH 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

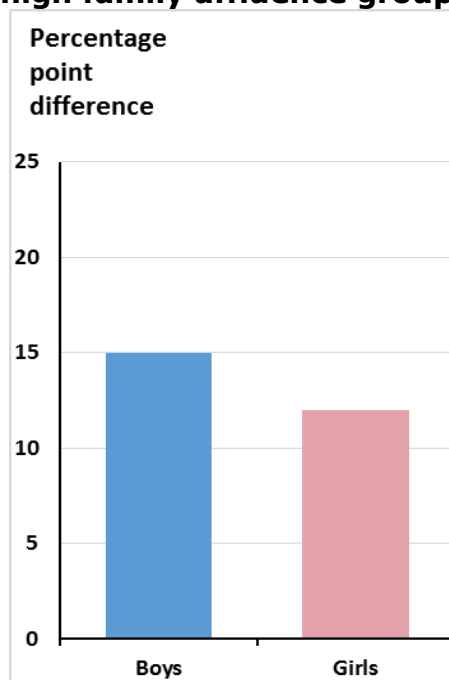
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that daily fruit consumption at ages 11 to 15 is more common among boys and girls from high family affluence groups than it is among those from low family affluence groups. There are 15 and 12 percentage point differences for boys and girls, respectively.

Percentage point difference in daily fruit consumption between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

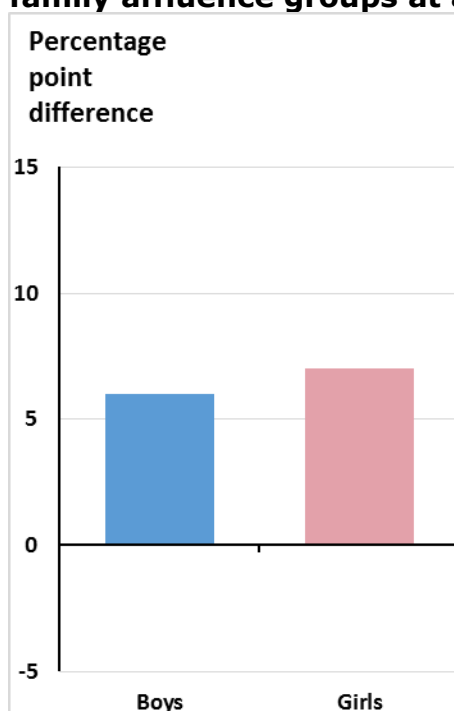
The HBSC survey does not provide estimates for the EU as a whole. However, fruit consumption is significantly related to family affluence across most EU countries for which these data are available.

PHYSICAL ACTIVITY AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that reporting of daily physical activity at ages 11 to 15 is more common among boys and girls from high family affluence groups than it is among those from low family affluence groups. There is a seven percentage point difference for girls. The slightly smaller difference for boys is not statistically significant.

Percentage point difference in prevalence of reporting at least one hour of moderate or vigorous physical activity daily, between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

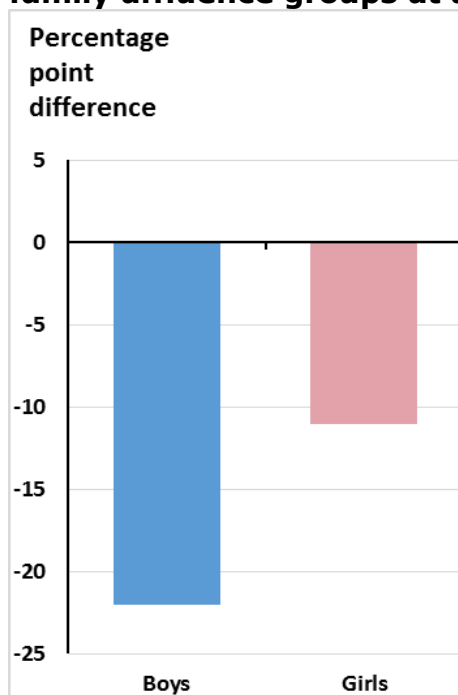
The HBSC survey does not provide estimates for the EU as a whole. However, physical activity is significantly related to family affluence in around half of EU countries for which these data are available. In these countries it is more common among both boys and girls in high family affluence groups than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

OVERWEIGHT AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that the prevalence of being overweight at ages 11 to 15 is more common among boys and girls from low family affluence groups than it is among those from high family affluence groups. The difference of 22 percentage points for boys is double that of 11 percentage points for girls.

Percentage point difference in those overweight between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

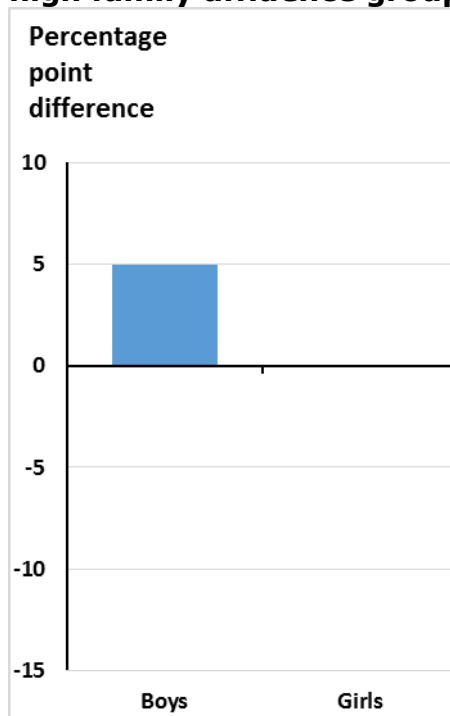
The HBSC survey does not provide estimates for the EU as a whole. However, being overweight is significantly related to family affluence across most EU countries for which these data are available.

WEEKLY ALCOHOL CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Differences in weekly use of alcohol at ages 11 to 15 between low and high family affluence groups are not statistically significant in the HBSC data.

Percentage point difference in weekly use of alcohol between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH 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 for 2011. However, it did cover 23 Member States as well as Flanders (in Belgium). It is therefore not possible to compare figures for Luxembourg to the average for all survey participants in the EU.

DRANK ALCOHOL IN THE LAST MONTH

No EU harmonised data available by socio-economic status for Luxembourg

COMPARISON WITH 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 available by socio-economic status for Luxembourg

COMPARISON WITH 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 available by socio-economic status for Luxembourg

COMPARISON WITH 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 available by socio-economic status for Luxembourg

COMPARISON WITH 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 available by socio-economic status for Luxembourg

COMPARISON WITH 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

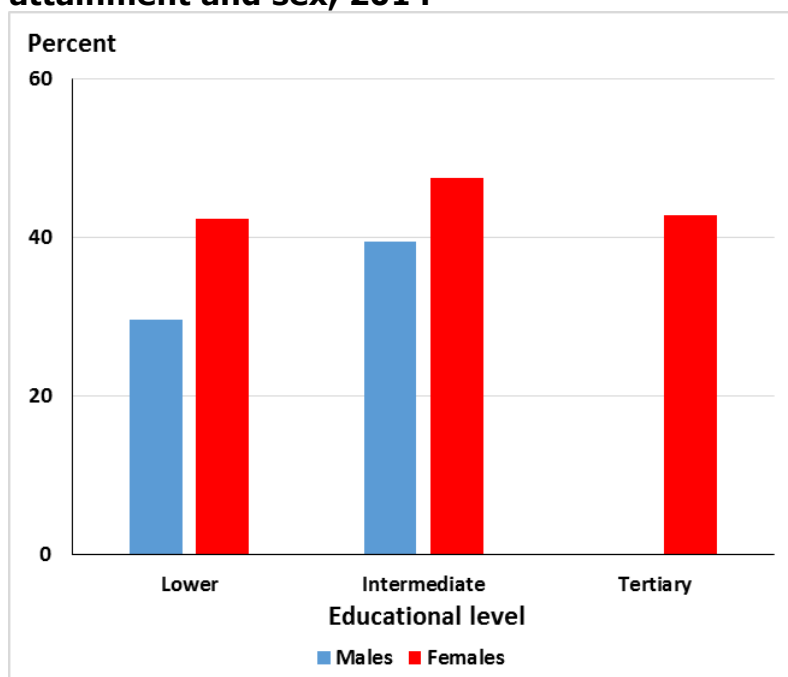
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

EHIS data suggest that daily fruit consumption among men and women in Luxembourg at ages 15 to 24 is greatest among those with intermediate levels of educational attainment (although many in this age group will not have attained their final lifetime level of education). No data are available for men with tertiary education.

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

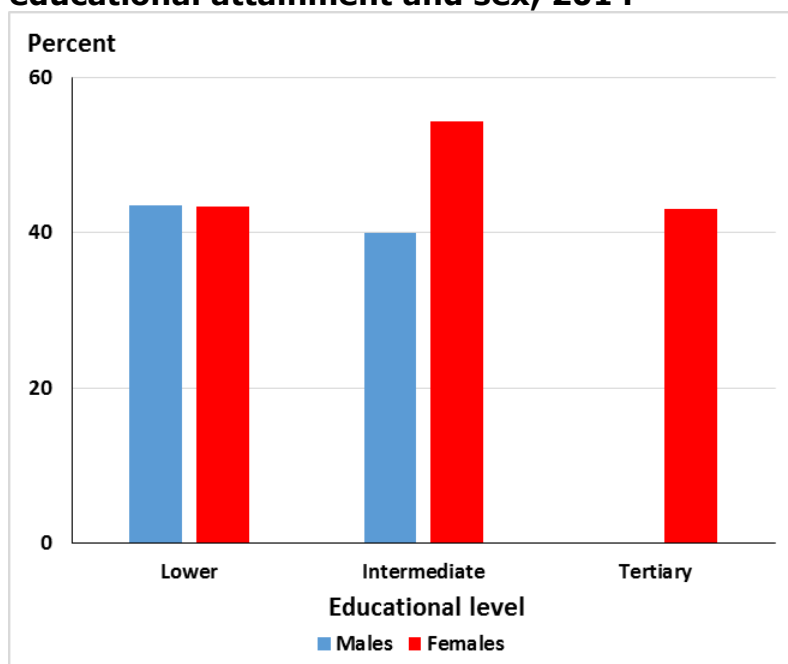
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment 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

EHIS data suggest that daily vegetable consumption among women in Luxembourg at ages 15 to 24 is greatest among those with intermediate levels of educational attainment (although many in this age group will not have attained their final lifetime level of education). No data are available for men with tertiary education.

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

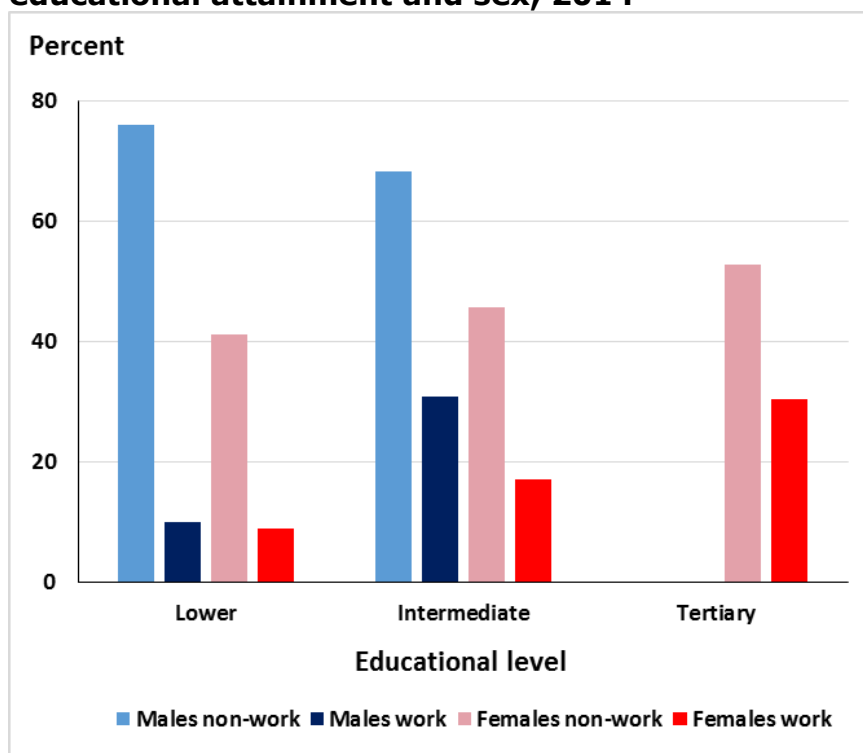
Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their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

PHYSICAL ACTIVITY AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

EHIS data suggest that, among women in Luxembourg at ages 15 to 24, physical activity in and outside work increases with increased levels of educational attainment (although many in this age group will not have attained their final lifetime level of education). Among men, those with lower levels of educational attainment are most likely to participate in physical activity outside work but least likely to engage in physical activity in work. Data for men with tertiary education are not available.

Work and non-work related physical activity at ages 15 to 24 level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH 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.

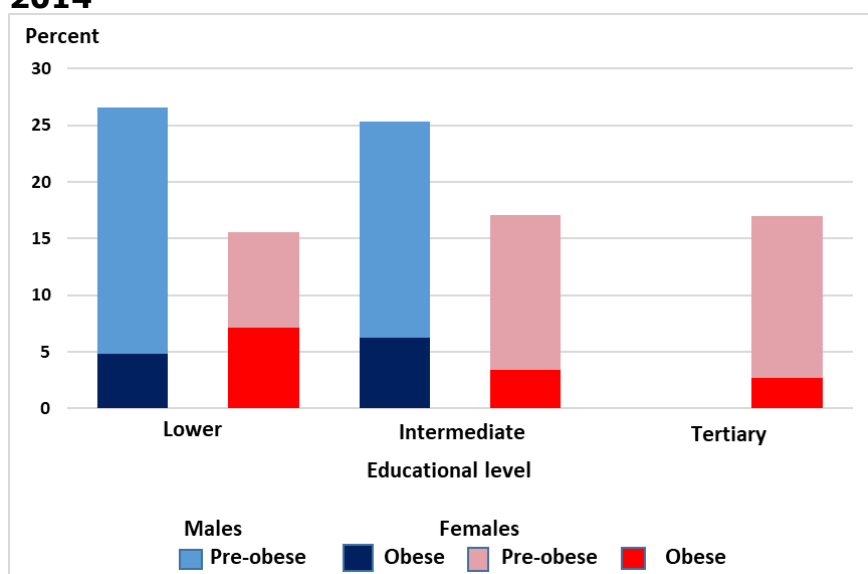
Many in this age group will not have attained their final lifetime level of educational attainment.

OVERWEIGHT AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Among women aged 15 to 24 in Luxembourg, obesity (equivalent to BMI of at least 30 at age 19) decreases with increased levels of educational attainment but pre-obesity (equivalent to BMI of at least 25 but less than 30 at age 19) increases (although many in this age group will not have attained their final lifetime level of education). Among men, obesity is greater among those with intermediate levels of educational attainment than among those with lower levels, while the reverse is true for pre-obesity. No data are available for men with tertiary 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

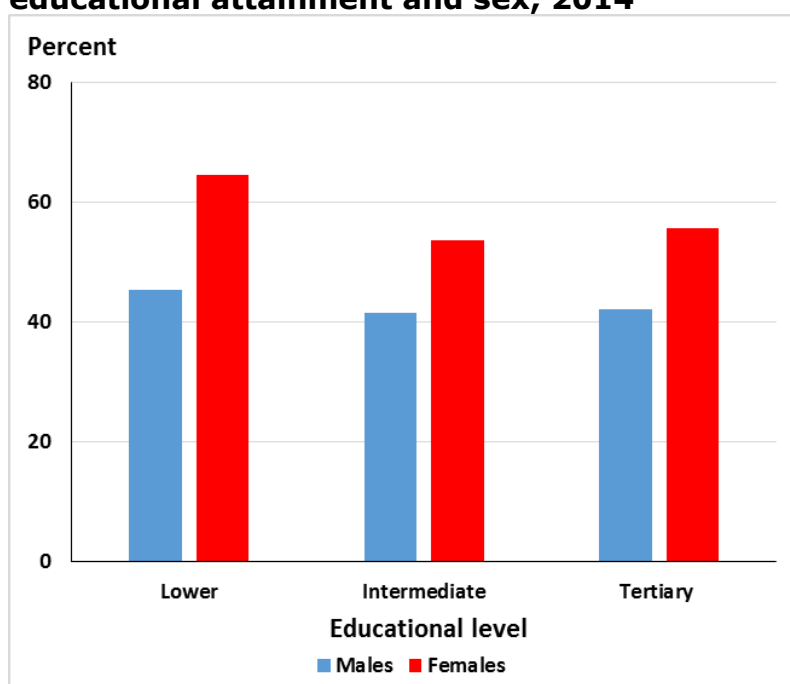
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data suggest that, at ages 18 and over in Luxembourg, both men and women with lower levels of educational attainment are more likely than others to consume fruit daily. Those with intermediate levels of educational attainment are least likely to report daily consumption.

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

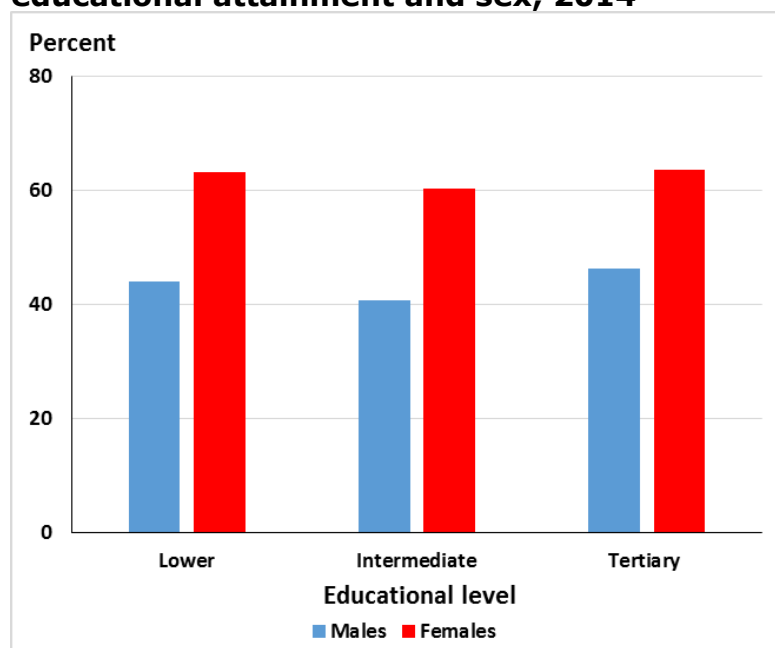
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

VEGETABLE CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

There is no clear gradient by level of educational attainment shown in the EHIS data for daily vegetable consumption at ages 18 and over in Luxembourg. For both men and women, those with intermediate levels of educational attainment are least likely to report daily consumption.

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

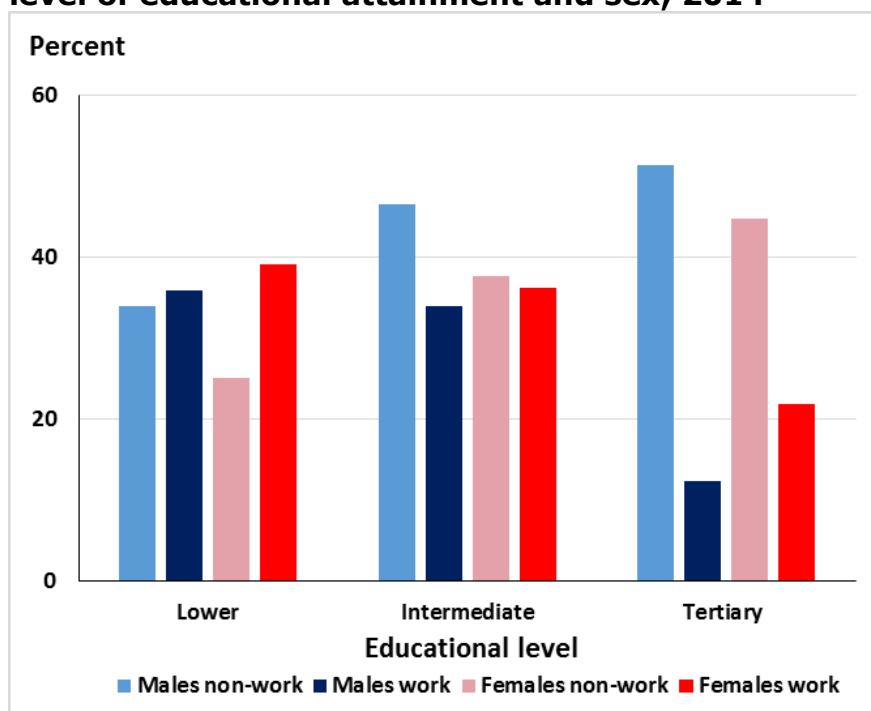
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

PHYSICAL ACTIVITY AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

For both men and women at ages 18 and over in Luxembourg, there are social gradients in physical activity outside work. Participation increases with increased levels of educational attainment. Conversely, in-work physical activity decreases with increased levels of educational attainment.

Work and non-work related physical activity 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

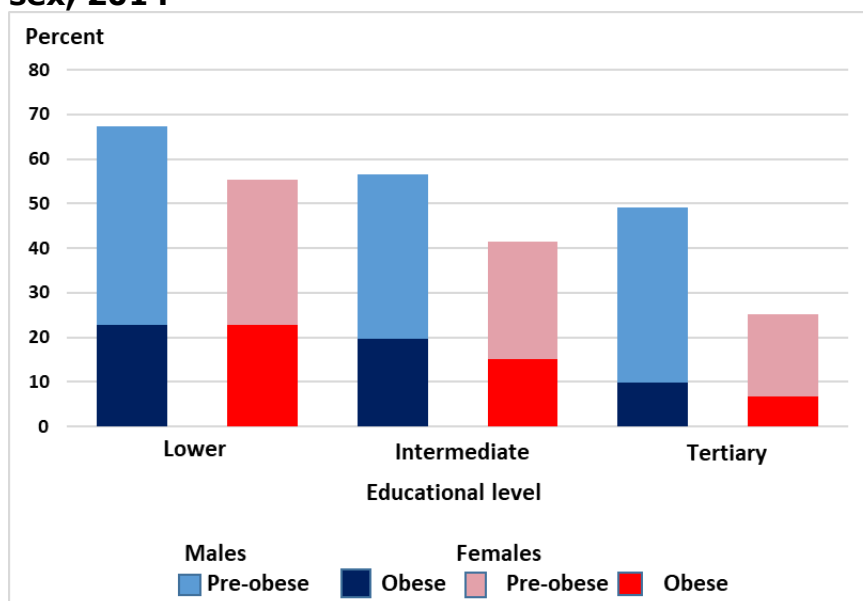
In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women,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

There are clear social gradients in obesity (BMI of at least 30) for both men and women in Luxembourg at ages 18 and over - prevalence decreases with increased levels of educational attainment. Similarly, for women at these ages, pre-obesity (BMI of at least 25 but less than 30) decreases with increased levels of educational attainment. However, among men, those with intermediate levels of educational attainment recorded lower levels of pre-obesity than those with other levels of educational attainment.

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

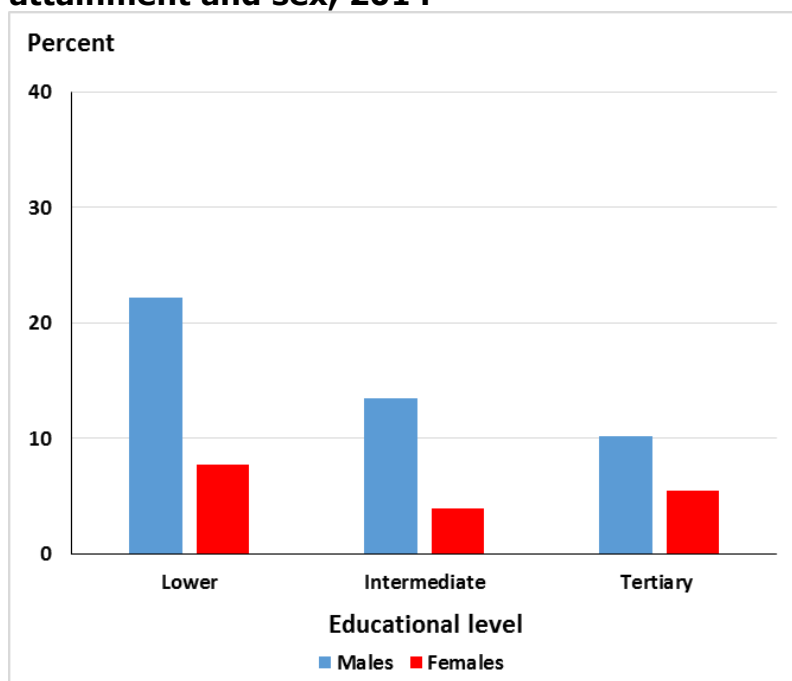
No EU harmonised data available by socio-economic status

DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

EHIS data suggest a clear social gradient in daily alcohol consumption among men aged 18 and over – prevalence decreases with increased levels of educational attainment. Among women, those with intermediate levels of educational attainment are less likely to consume alcohol daily than others.

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

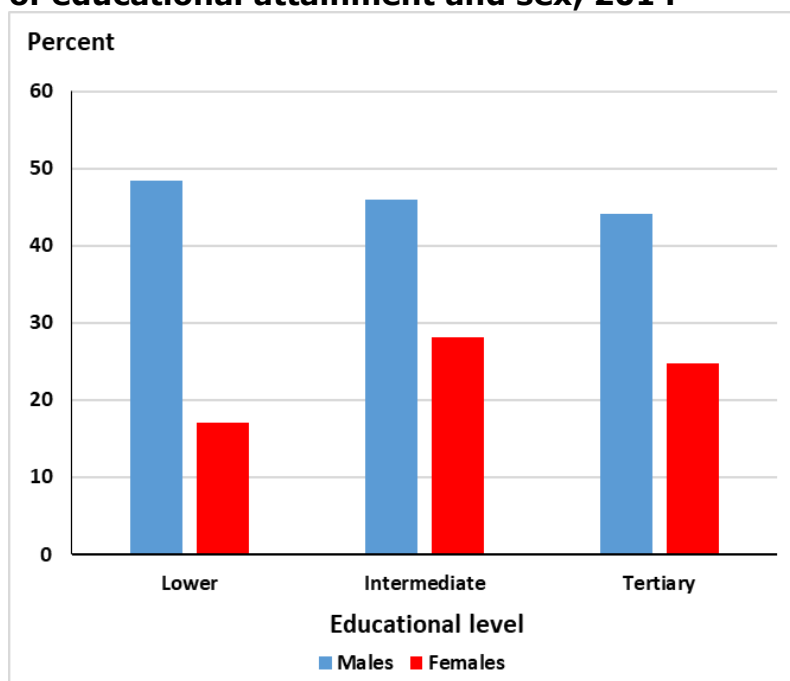
Based on EHIS data, among women aged 18 and over in the EU as a whole, there is a social gradient in the proportion drinking alcohol daily – the figure decreases with the level of education attained. Among men, while the proportion is highest among those with lower levels of educational attainment it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

EHIS data suggest that heavy episodic drinking at least monthly among men aged 18 and over decreases slightly with increased levels of educational attainment. Among women those with intermediate levels of educational attainment are more likely to engage in heavy episodic drinking at least monthly than others.

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 available by socio-economic status for Luxembourg

COMPARISON WITH 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 available by socio-economic status for Luxembourg

COMPARISON WITH 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 LUXEMBOURG, 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	26,086	34,515	43,495	Mean equivalised household income (pps) for males and females aged 18 and over
Females	27,315	32,890	41,400	

Source: Eurostat, EU-SILC survey [ilc_di08]

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	23,032	30,977	37,252	Median equivalised household income (pps) for males and females aged 18 and over
Females	24,575	28,843	35,683	

Source: Eurostat, EU-SILC survey [ilc_di08]

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	60.69	68.55	77.89	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	54.21	68.16	78.58	
<i>Source: Eurostat [hlth_silc_02]</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_02&lang=en Accessed 18 March 2018				

Note: Age standardisation for males in Luxembourg is based on ages 16 to 24, then ten-year age groups up to age 74 and then 75 and over. Age standardisation for females in Luxembourg is based on ages 16 to 24, then ten-year age groups up to age 64 and then 65 and over, due to unavailability of finer age breakdowns at older ages for self-perceived health of those with tertiary education.

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	58.54	63.74	72.14	71.31	72.38	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	55.49	59.05	63.39	66.75	72.82	

Source: Eurostat [hlth_silc_10]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_10&lang=en

Accessed 18 March 2018

Note: Age standardisation for males in Luxembourg is based on age groups up to age 64 and then 65 and over, due to unavailability of finer age breakdowns at older ages for self-perceived health in the two lowest income quintiles. Age standardisation for females in Luxembourg 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	29.64	28.01	17.75	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	34.78	29.55	21.14	

Source: Eurostat [hlth_silc_05]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_05&lang=en

Accessed 18 March 2018

Note: Age standardisation for males in Luxembourg is based on ages 16 to 24, then ten-year age groups up to age 74 and then 75 and over. Age standardisation for females in Luxembourg is based on ages 16 to 24, then ten-year age groups up to age 64 and then 65 and over, due to unavailability of finer age breakdowns at older ages for long-standing illness or health problems of those with tertiary education.

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	32.54	26.39	24.72	28.34	22.59	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	33.57	34.35	29.23	29.43	27.45	
<i>Source: Eurostat [hlth_silc_11]</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_11&lang=eng Accessed 18 March 2018						

Note: Age standardisation for males in Luxembourg is based on age groups up to age 64 and then 65 and over, due to unavailability of finer age breakdowns at older ages for long-standing illness or health problems in the two lowest income quintiles. Age standardisation for females in Luxembourg 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	11.42	8.62	7.04	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	5.15	4.66	2.43	
<i>Source: Eurostat [hlth_silc_05]</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_cd1e&lang=en Accessed 11 October 2018				

Note: Age standardisation for males in Luxembourg is based on age groups 15 to 44, 45 to 54, 55 to 64, 65 to 74 and 75 and over. For females it is based on age groups 15 to 44, 45 to 54, 55 to 64 and 65 and over, due to the unavailability of finer age breakdowns at older ages for self reporting of diabetes among those with tertiary education.

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 grouped as above.

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

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Pre-obese	21.5	19.7	17.4	Percent with a BMI of at least 25 but less than 30
Obese	24.2	13.1	6.1	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
 Accessed 25 April 2017

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 as follows:

(1) summing the score on responses to the following six items:

- Does your family own a car, van or truck? (Responses: no, one, two or more);
- Do you have your own bedroom for yourself? (No, yes);
- How many times did you and your family travel out of [insert country/region name] for a holiday/vacation last year? (Not at all, once, twice, more than twice);
- How many computers do your family own? (None, one, two, more than two);
- Does your family have a dishwasher at home? (No, yes); and
- How many bathrooms (rooms with a bath/shower or both) are in your home? (None, one, two, more than two).

(2) comparing the individual's summary score from the FAS to all other scores in the respective country/region. This relative affluence score is then used to identify groups of young people in the lowest 20% (low affluence), middle 60% (medium affluence) and highest 20% (high affluence) in each country and region.

Percentage point difference in prevalence of drinking soft-drinks at least once a day between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	-6	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-10	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_6-difference-in-drinking-soft-drinks-by-fas/ Accessed 14 March 2017		

Percentage point difference in daily fruit consumption between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	15	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	12	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_4-difference-in-eating-fruit-by-fas/ Accessed 14 March 2017		

Percentage point difference in prevalence of reporting at least one hour of moderate or vigorous physical activity daily, between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	6	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	7	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_12-difference-in-moderate-to-vigorous-physical-activity-by-fas/ Accessed 14 March 2017		

Percentage point difference in those overweight between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	-22	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-11	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_83-differences-in-bmi-by-fas/ Accessed 14 March 2017		

Percentage point difference in weekly use of alcohol between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	5	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	0	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc_88-differences-in-alcohol-consumption-by-fas/ Accessed 14 March 2017		

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 follows:

- Lower: less than primary, primary and lower secondary education
- Intermediate: upper secondary and post-secondary non-tertiary
- Tertiary: Tertiary education

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	29.6	39.5	:	Percent consuming fruit at least daily
Females	42.4	47.6	42.8	
<i>Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en 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	43.6	39.9	:	Percent consuming vegetables at least daily
Females	43.3	54.3	43.0	
<i>Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Work and non-work related physical activity at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Non-work related physical activity</i>				
Males	76.0	68.3	:	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	41.2	45.7	52.8	
<i>work-related physical activity</i>				
Males	10.0	30.8	:	Percent engaging in moderate or heavy physical activity in work.
Females	8.8	17.0	30.4	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&lang=en http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&lang=en Accessed 17 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	21.8	19.1	:	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	8.5	13.7	14.3	
<i>Obese</i>				
Males	4.8	6.2	:	Percent with BMI that is equivalent to 30 or more at age 19
Females	7.1	3.4	2.7	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en 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 follows:

- Lower: less than primary, primary and lower secondary education
- Intermediate: upper secondary and post-secondary non-tertiary
- Tertiary: Tertiary education

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	45.5	41.6	42.1	Percent consuming fruit at least daily
Females	64.7	53.6	55.8	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en 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	44.0	40.8	46.2	Percent consuming vegetables at least daily
Females	63.1	60.2	63.7	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Work and non-work related physical activity at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Non-work related physical activity</i>				
Males	33.9	46.6	51.4	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	25.1	37.7	44.8	
<i>Work-related physical activity</i>				
Males	35.9	33.9	12.3	Percent engaging in moderate or heavy physical activity in work.
Females	39.2	36.2	21.8	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&lang=en http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&lang=en Accessed 17 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	44.6	36.9	39.3	Percent with BMI at least 25 but less than 30 at age 19
Females	32.7	26.2	18.5	
<i>Obese</i>				
Males	22.8	19.7	9.9	Percent with a BMI of 30 or more
Females	22.7	15.2	6.8	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en 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	22.2	13.5	10.2	Percent consuming alcohol at least daily
Females	7.7	3.9	5.5	
Source: Eurostat [hlth_ehis_al1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al1e&lang=en 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	48.5	46.0	44.1	Percent ingesting more than 60gm of pure ethanol on a single occasion at least once a month
Females	17.1	28.2	24.7	
Source: Eurostat [hlth_ehis_al3], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al3e&lang=en Accessed 26 July 2017				

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