



European  
Commission

# HEALTH EQUITY PILOT PROJECT

## Cyprus

### 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.....	15
c) Lifecourse stage - Ages 15 to 24.....	17
(d) Lifecourse stage - Adult behaviour.....	26
Annex .....	33

## SUMMARY

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

To set this in context, life expectancy in Cyprus is greater than that in the EU as a whole for men and women – 2.3 and 1.3 more years of life, respectively. Differences in healthy life expectancy are larger – around four and five years more than the EU figure for men and women, respectively. There are substantial income inequalities in Cyprus 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; gradients by income are slightly greater than for the EU as a whole for men, and slightly less steep for women. Gradients in long term illness are much steeper than those for the EU as a whole by education; those by income are slightly less steep than for the EU as a whole for males and similar to the EU as a whole for females. Self-reporting of diabetes is more common among the least educated men and women than it is among those with more education.

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, slightly steeper than the EU as a whole for pre-obesity and less steep for obesity. At ages 15 to 16, the proportion of male and female students who reported binge drinking in the last month, males reporting getting drunk at ages 14 or less and females drinking at ages 12 or less all decreased with increasing level of mother's education, in each case more steeply than for the EU as a whole.

Among adults, vegetable consumption increases with increased levels of educational attainment more steeply than for the EU as a whole for both men and women. Physical activity outside work also increases with increased education for both men and women, but slightly less steeply than for the EU as a whole, while in work physical activity among women decreases with increased levels of educational attainment more sharply than for the EU as a whole. Among women, both obesity and pre-obesity decrease with level of educational attainment with a steeper gradient than for the EU as a whole. Obesity among men also decreases with education, with a similar gradient to that for the EU as a whole. Daily alcohol consumption decreases with level of educational attainment among men although the gradient is slightly less steep than for the EU as a whole. At each level of education, the proportion consuming alcohol daily is less than 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 Cyprus 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 Cyprus**.

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 Cyprus during 2017 was 0.9 million, around one fifth of one percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 37.4 years – the comparable figure for the EU was 42.8 years. Net migration was 2.9 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 46.8 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 80.5 years for males and 84.9 years for females – a gender gap of 4.4 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in Cyprus were 67.5, 68.8 and 1.3 (i.e. women stayed healthier for slightly longer than men in Cyprus) and 63.5, 64.2 and 0.7 years for the EU. These figures meant that men in Cyprus could expect to spend 13.0 years in ill-health and women 16.1 years – a difference of 3.1 years. The comparable figures for the EU were 14.7 and 19.4 years – a difference of 4.7 years.

---

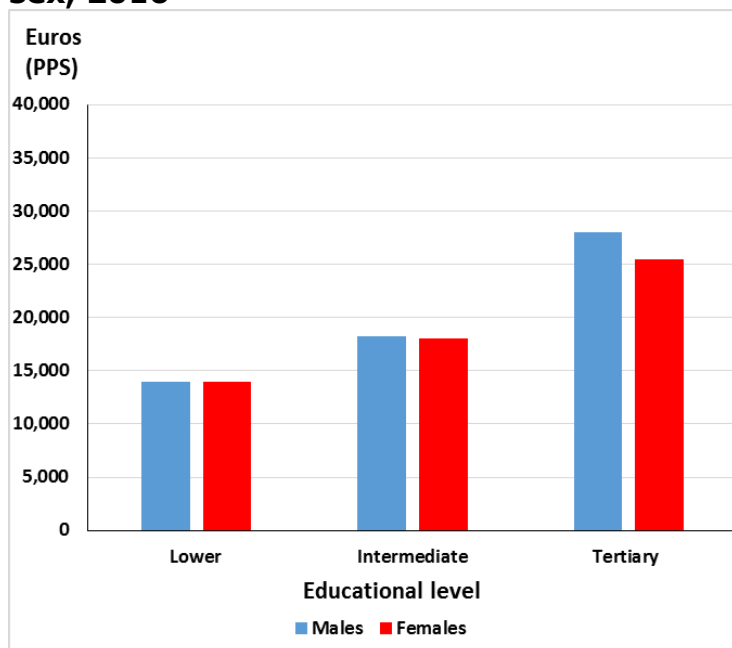
## INCOME INEQUALITY

### INEQUALITIES WITHIN COUNTRY

In terms of income inequality, the Gini coefficient was 32.1 for Cyprus compared to 30.8 for the EU. The fifth of the population with the highest incomes received 4.9 times the income of the lowest fifth. The ratio across the EU as a whole is 5.2.

Both equivalised mean and median income per household increased with level of educational attainment in 2016. Average equivalised household income was around 14,100 Euros higher for men with tertiary education than for those with lower levels of educational attainment. For women the difference was around 11,600 Euros. The comparable differences in median income were 11,300 and 9,500 Euros, respectively.

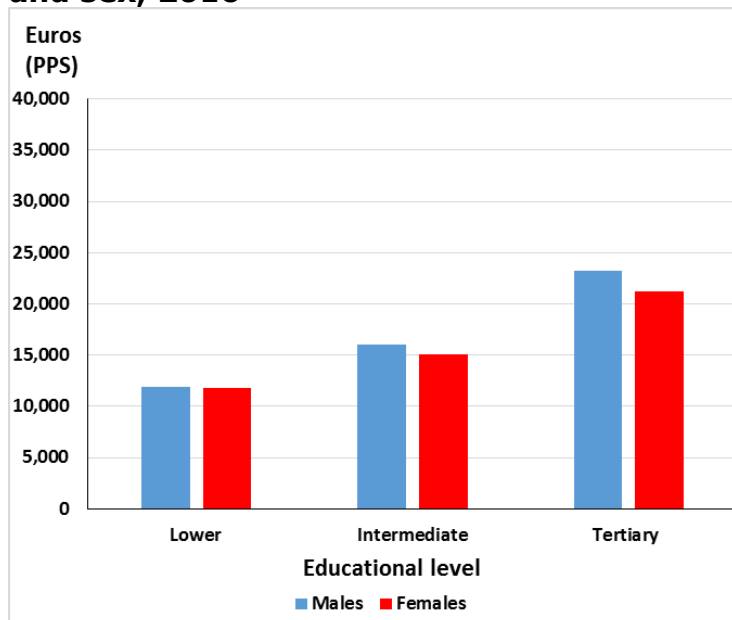
### Equivalised mean income (pps) by level of educational attainment and sex, 2016



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 Cyprus.

##### 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.

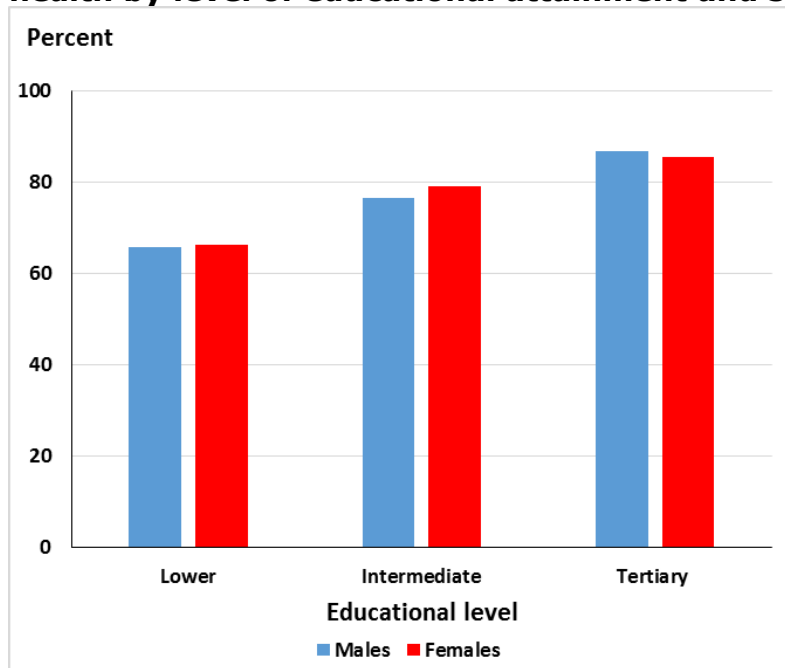
#### SELF PERCEIVED HEALTH

##### (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 Cyprus by level of educational attainment. Self-reported health of the least educated men is 21 percentage points less than the most educated. For women, the gradient is less steep with a gap of 19 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

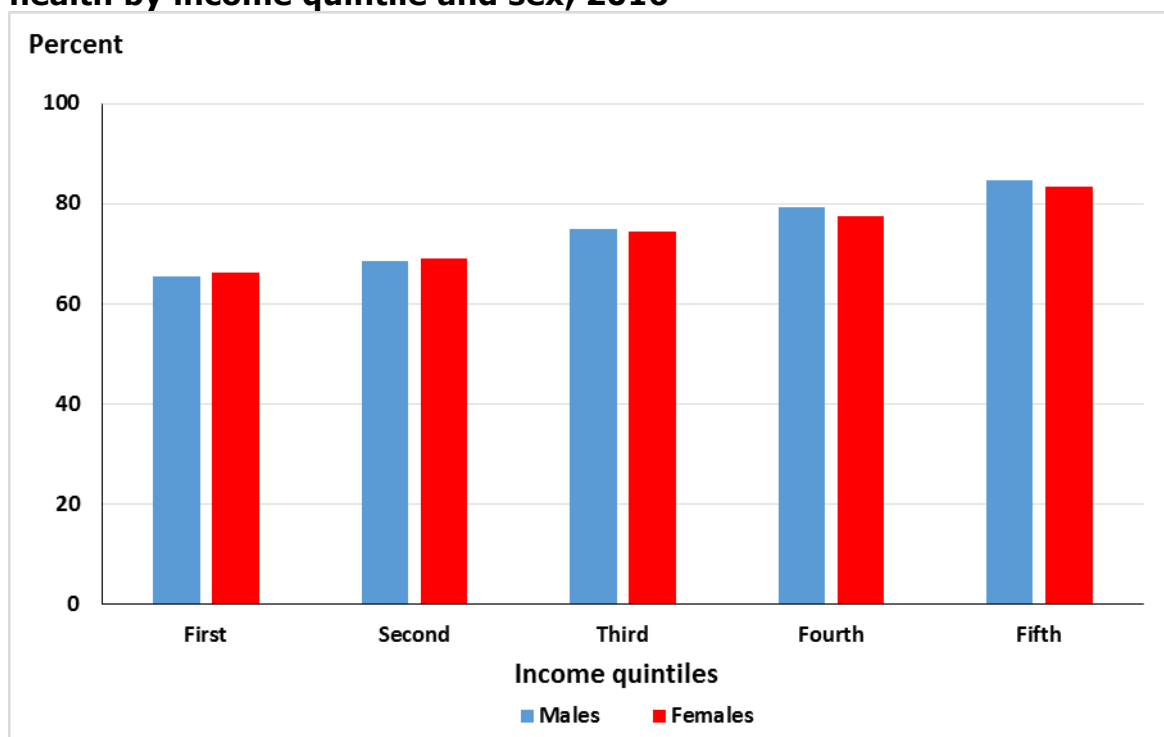
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

### (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 Cyprus by income quintile. Self-reported health of men in the lowest income quintile is 19 percentage points less than those in the top income quintile. For women in Cyprus, the gradient is less steep with a gap of 17 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.

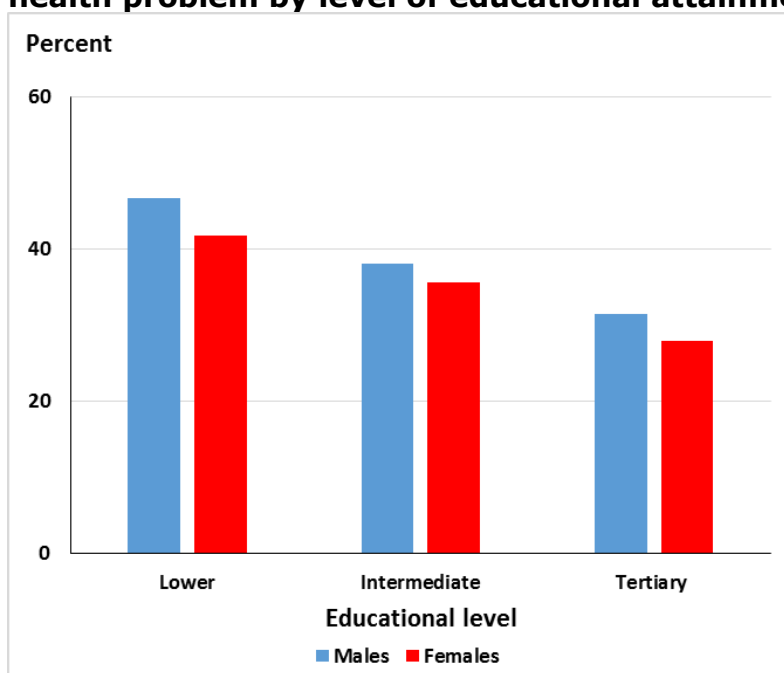
## LONGSTANDING ILLNESS OR HEALTH PROBLEMS

### (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 Cyprus by level of educational attainment. Self-reported long-standing ill-health of the least educated men is 15 percentage points greater than for the most educated. For women, the gradient is slightly shallower 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

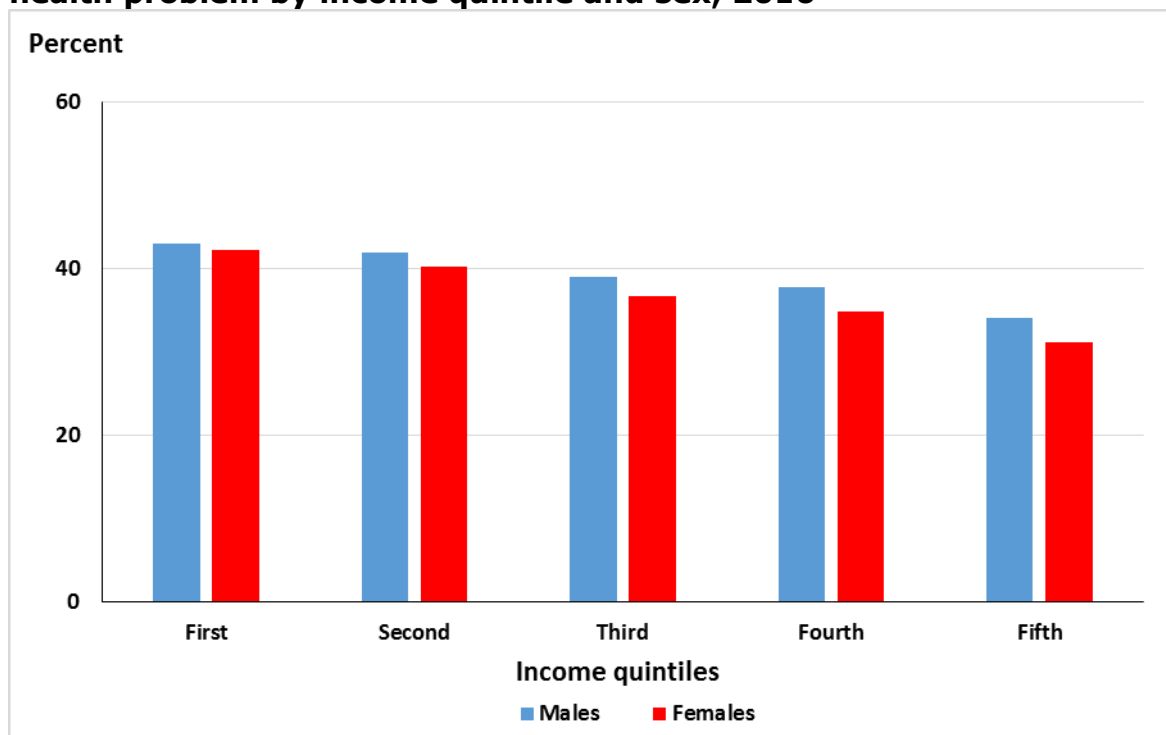
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is four percentage points lower for the most educated men than for the least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

### (b) By income

#### INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in Cyprus by income quintile. Self-reported long-standing ill-health by men in the lowest income quintile is 9 percentage points greater than for those in the top income quintile. For women, the gradient is slightly steeper with a gap of 11 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.

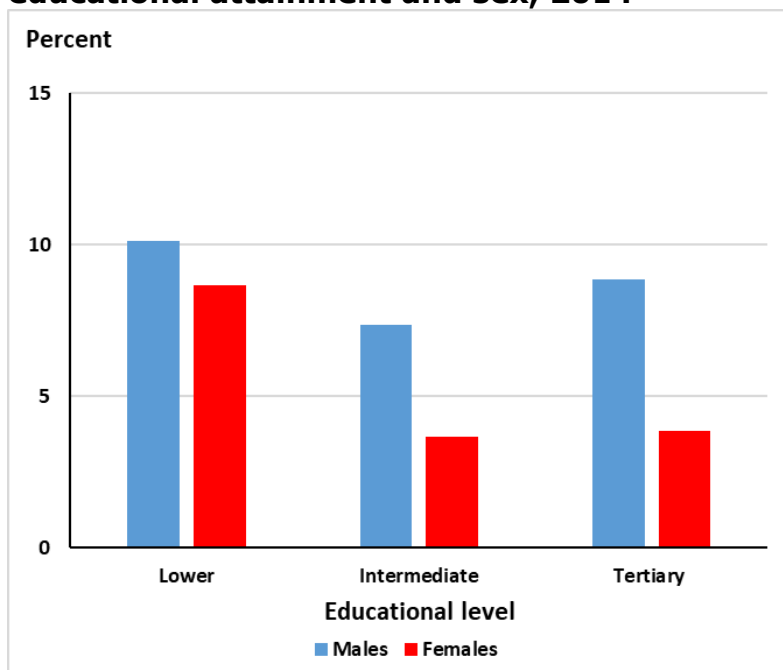
---

#### SELF REPORTING OF DIABETES

##### INEQUALITIES WITHIN COUNTRY

Self-reporting of diabetes is more common among the least educated men and women in Cyprus than it is among those with more education.

### 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

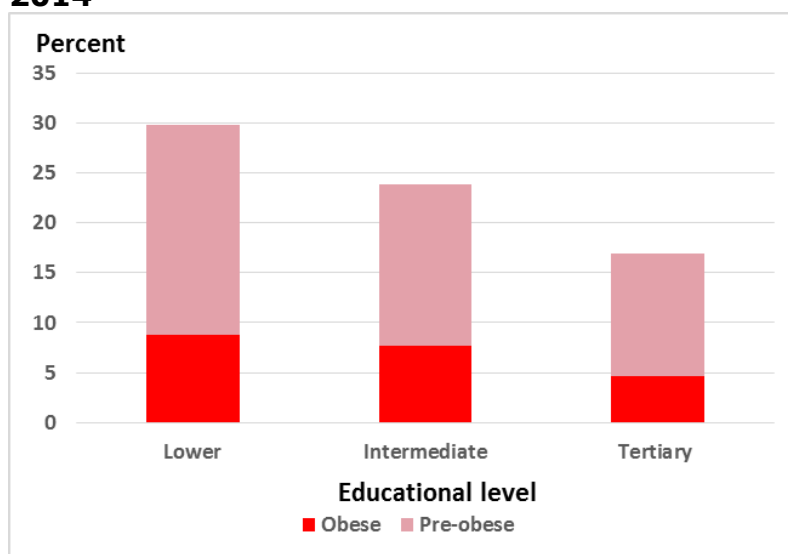
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

#### 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 in Cyprus, there are clear social gradients in both of these - the prevalence of both decreases as level of educational attainment rises.

#### 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 Cyprus.

#### INEQUALITIES IN THE EU AS A WHOLE

There are social gradients 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

#### INEQUALITIES WITHIN COUNTRY

No EU harmonised data available by socio-economic status for Cyprus.

#### 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 EU harmonised data available by socio-economic status for Cyprus.

#### 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 EU harmonised data available by socio-economic status for Cyprus.

#### 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 EU harmonised data available by socio-economic status for Cyprus.

#### 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 EU harmonised data available by socio-economic status for Cyprus.

#### 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 EU harmonised data available by socio-economic status for Cyprus.

#### 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.

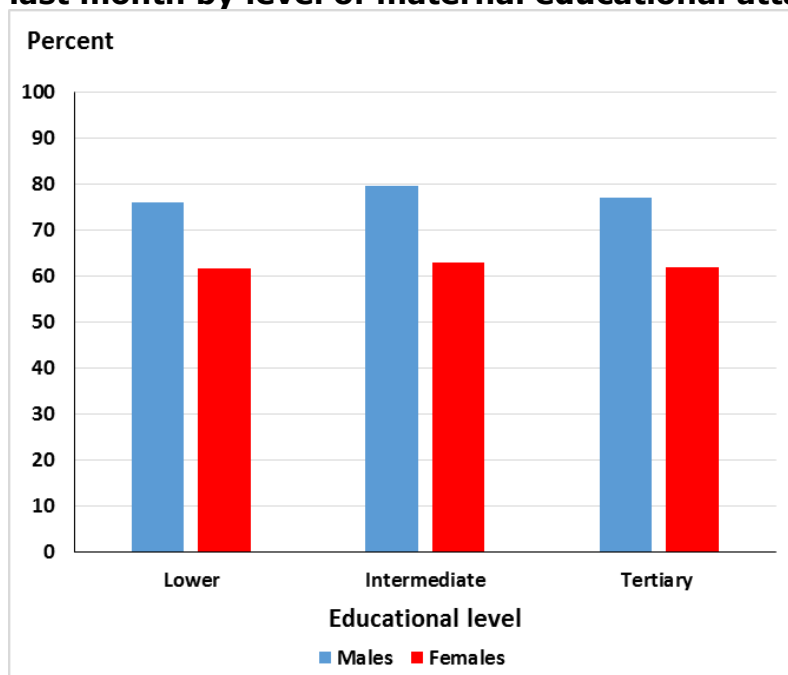
The ESPAD survey was not conducted in all EU member States in 2011 – no ESPAD data are available for Austria, Germany, Luxembourg and Spain for 2011. However, it did cover 23 Member States as well as Flanders (in Belgium). It is therefore possible to compare figures for Cyprus to the average for all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

### DRANK ALCOHOL IN THE LAST MONTH

#### INEQUALITIES WITHIN COUNTRY

The percentage of male and female students aged 15 to 16 years in Cyprus who drank alcohol in the preceding month differed little by level of maternal educational attainment.

#### **Percentage of 15 and 16 year old students who drank alcohol in the last month by level of maternal educational attainment and sex, 2011**



Sources, numbers and definitions: See Annex

## COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

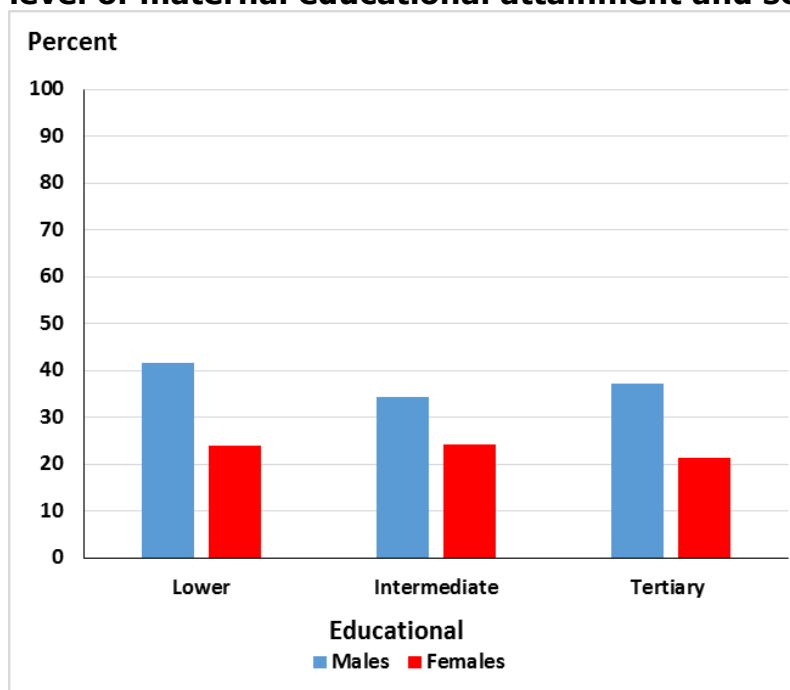
For both males and females, the percentage of participating EU students aged 15 to 16 years who drank alcohol in the preceding month was least among those whose mothers had a lower level of educational attainment.

### DRUNK IN LIFETIME

#### INEQUALITIES WITHIN COUNTRY

Among male students aged 15 to 16 years in Cyprus, the percentage who had ever been drunk in their lifetime was greatest for those whose mothers had lower levels of educational attainment and least for those whose mothers had intermediate levels of educational attainment. Among females, the percentage was least for those whose mothers had tertiary levels of education.

#### **Percentage of 15 and 16 year old students who had ever been drunk by level of maternal educational attainment and sex, 2011**



*Sources, numbers and definitions: See Annex*

## COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

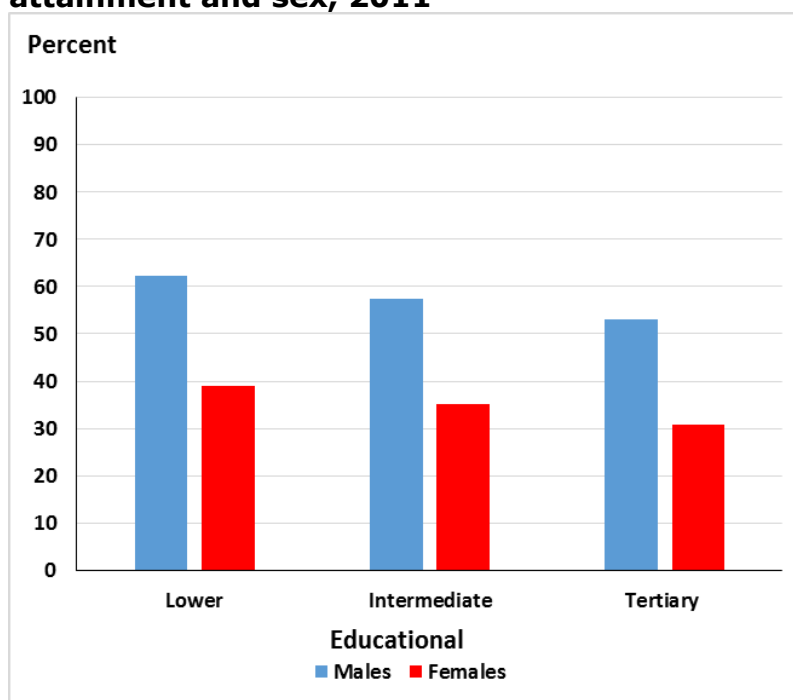
The percentage of participating EU students aged 15 to 16 years who had ever been drunk in their lifetime differed little by level of maternal educational attainment. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly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

## HEAVY DRINKING IN THE LAST MONTH

### INEQUALITIES WITHIN COUNTRY

The percentage of 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 in Cyprus. For males and females there were nine and eight percentage point differences, respectively, between those whose mothers had lower levels of maternal educational attainment and tertiary education.

### **Percentage of 15 and 16 year old students who drank heavily on at least one occasion in the last month by level of maternal educational attainment and sex, 2011**



*Sources, numbers and definitions: See Annex*

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

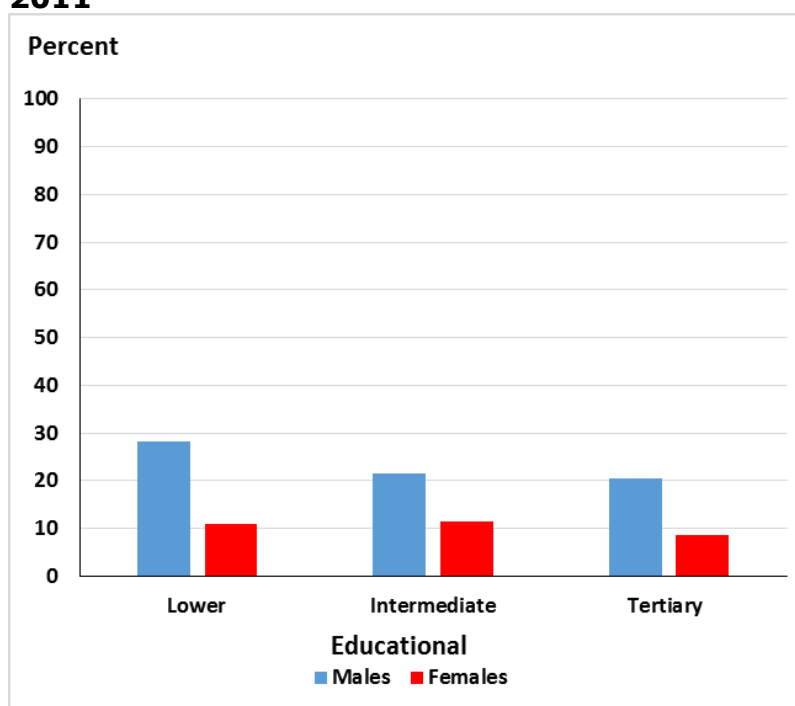
The percentage of participating EU students aged 15 to 16 years who had five or more drinks on one occasion in the previous month decreased with increased level of maternal educational attainment, with a six percentage point difference between lower levels of maternal educational attainment and tertiary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

## GOT DRUNK AT AGE 14 OR LESS

### INEQUALITIES WITHIN COUNTRY

The percentage of students aged 15 to 16 years who got drunk at age 14 or less decreased by level of maternal educational attainment for males in Cyprus, with an eight percentage point difference between those whose mothers had lower levels of educational attainment and those with tertiary education. Among females there was little difference by level of maternal educational attainment, with the lowest percentage being among those whose mothers had tertiary education.

### Percentage of 15 and 16 year old students who had ever been drunk at age 14 or less by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

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

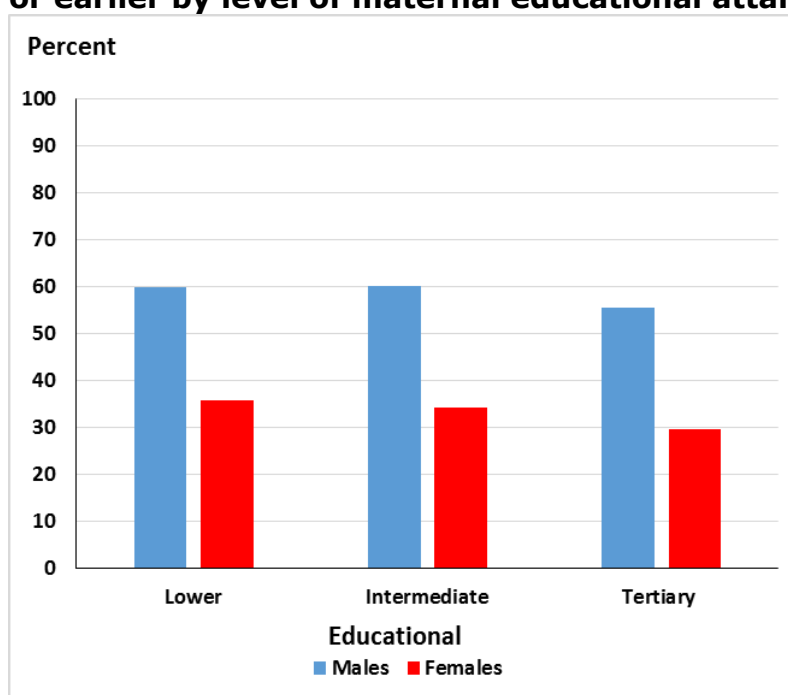
The percentage of participating EU students aged 15 to 16 years who got drunk at age 14 or less differed little by level of maternal educational attainment for both males and females. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment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

## FIRST DRANK ALCOHOL AT AGE 12 OR EARLIER

### INEQUALITIES WITHIN COUNTRY

The percentage of students aged 15 to 16 years who had first drunk alcohol at age 12 or less decreased by level of maternal educational attainment for females in Cyprus, with a six percentage point difference between those whose mothers had lower levels of educational attainment and those with tertiary education. Among males the percentage was least among those whose mothers had tertiary education, with little difference between those whose mothers' level of educational attainment was below this.

### Percentage of 15 and 16 year old students who drank alcohol at age 12 or earlier by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

### 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

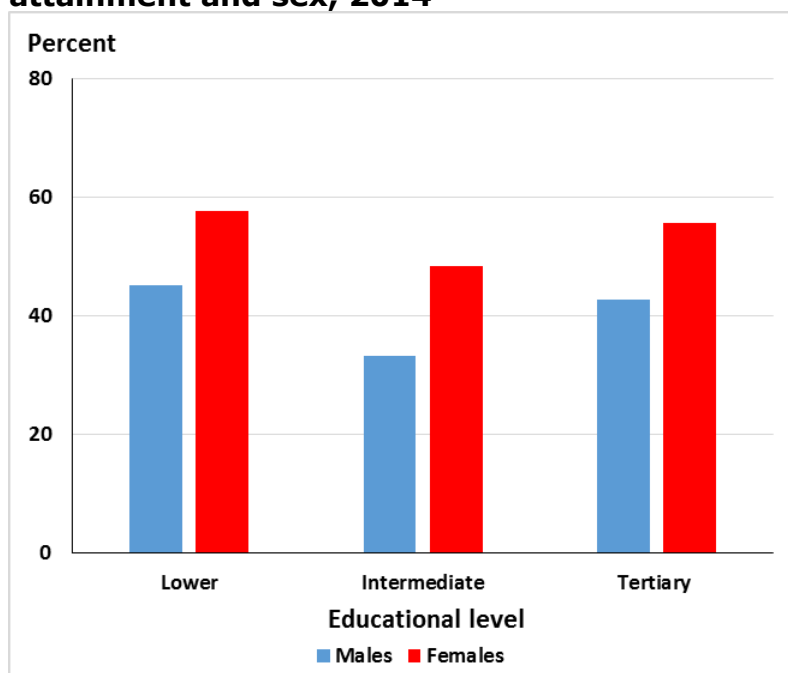
No EU harmonised data available by socio-economic status.

#### FRUIT CONSUMPTION AT AGES 15 TO 24

##### INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is no consistent pattern in fruit consumption, for both sexes aged 15 to 24, in Cyprus (although many in this age group will not have attained their final lifetime level of education). The proportion consuming fruit at least daily is least among those with intermediate levels of educational attainment.

#### **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

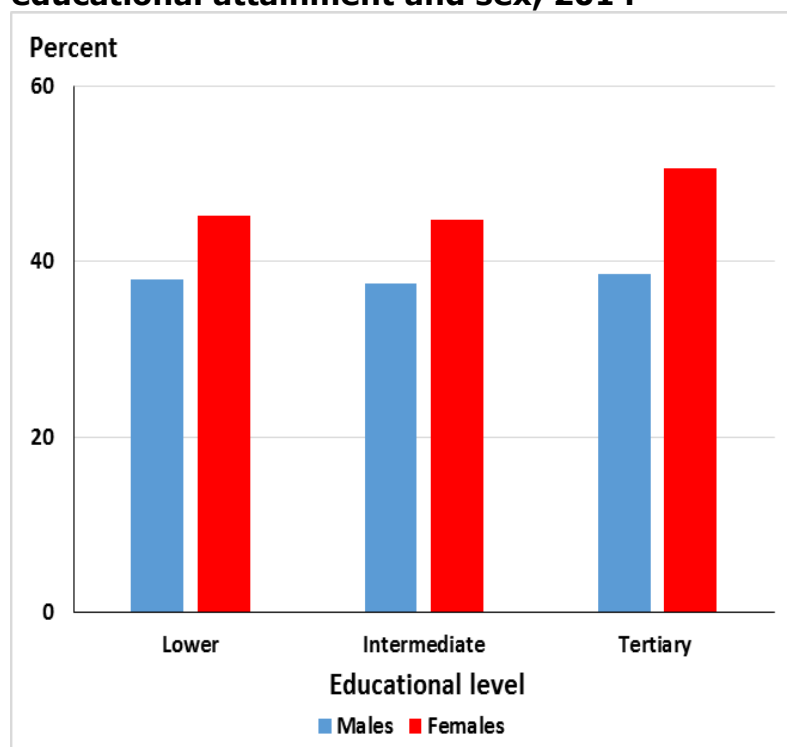
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment 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 no consistent pattern in vegetable consumption for both sexes aged 15 to 24 in Cyprus (although many in this age group will not have attained their final lifetime level of education). The proportion consuming vegetables at least daily is greatest among women 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

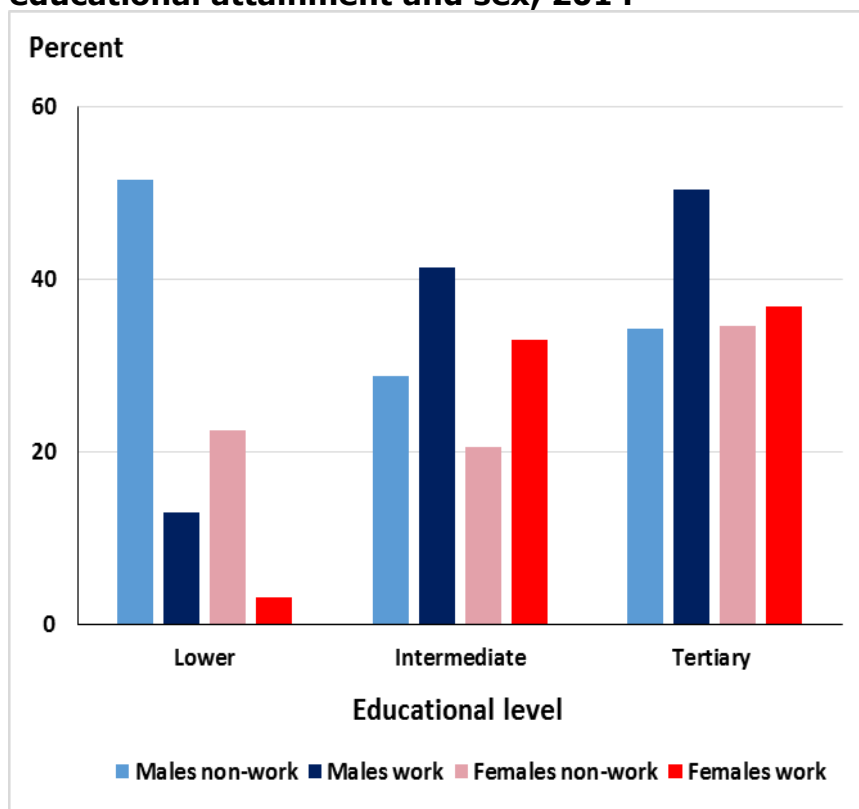
Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their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

## PHYSICAL ACTIVITY AT AGES 15 TO 24

### INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest the proportion engaging in physical activity at work increases as level of educational attainment increases, for both sexes at ages 15 to 24, in Cyprus (although many in this age group will not have attained their final lifetime level of education). There is no clear gradient for physical activity outside work for both men and women. The proportion engaging in non-work physical activity is greatest among men with lower levels of educational attainment. For both sexes, it is least among those with intermediate levels of educational attainment.

### 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.

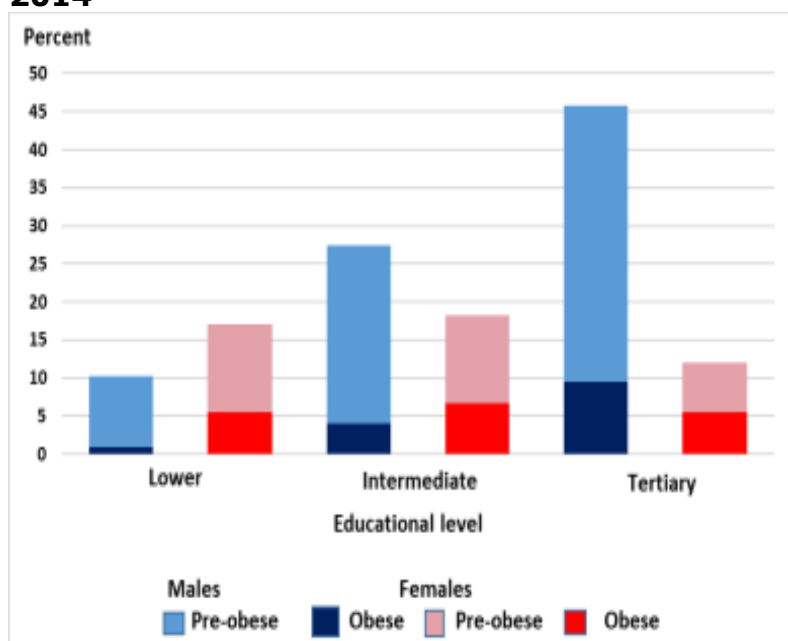
Many in this age group will not have attained their final lifetime level of educational attainment.

## OVERWEIGHT AT AGES 15 TO 24

### INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that, for men aged 15 to 24 in Cyprus, the proportions pre-obese (equivalent to BMI of at least 25 but less than 30 at age 19) and obese (equivalent to BMI of at least 30 at age 19) increase with level of educational attainment in Cyprus (although many in this age group will not have attained their final lifetime level of education). There is no consistent social gradient in the data for women – although those with tertiary education are least likely to be pre-obese.

### 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

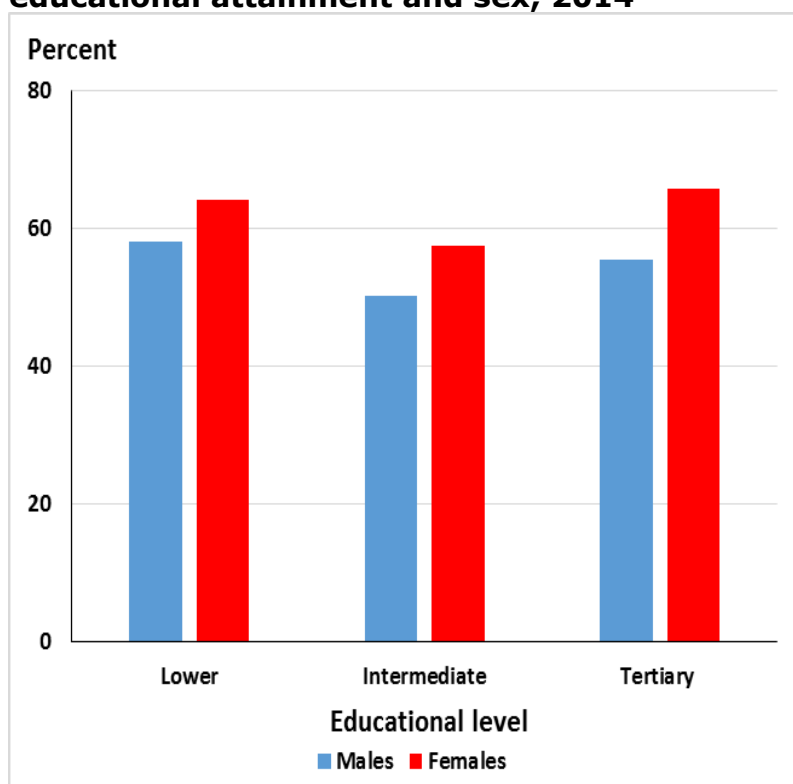
No EU harmonised data available by socio-economic status.

### FRUIT CONSUMPTION AT AGES 18 AND OVER

#### INEQUALITIES WITHIN COUNTRY

EHIS data show that there is no clear gradient in fruit consumption by educational attainment level at ages 18 and over in Cyprus. For both sexes the lowest proportion consuming fruit daily is among those with 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

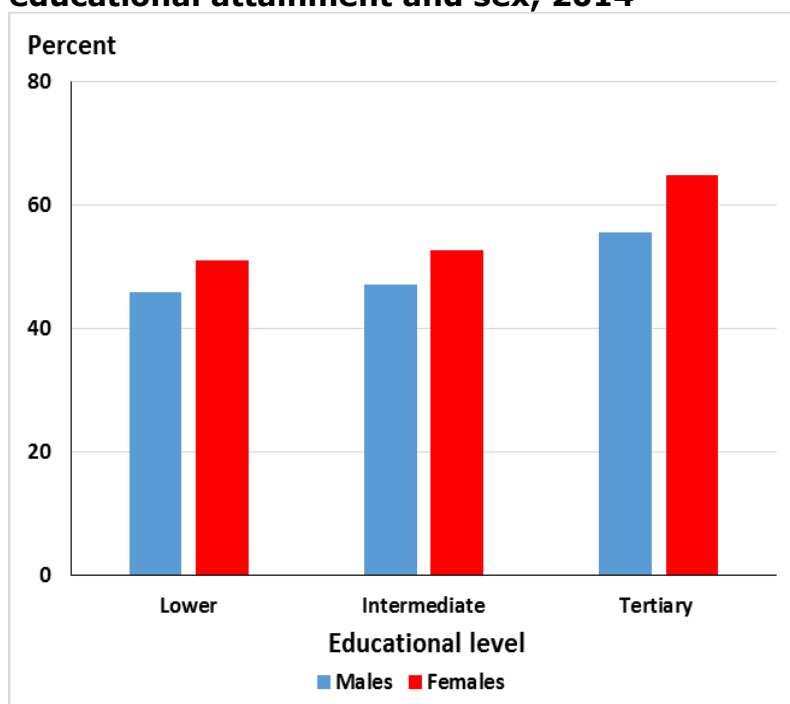
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

## VEGETABLE CONSUMPTION AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

The EHIS data suggest a clear social gradient for vegetable consumption by educational attainment level at ages 18 and over for both men and women in Cyprus. The proportion consuming vegetables at least daily increases with level of educational attainment.

### **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

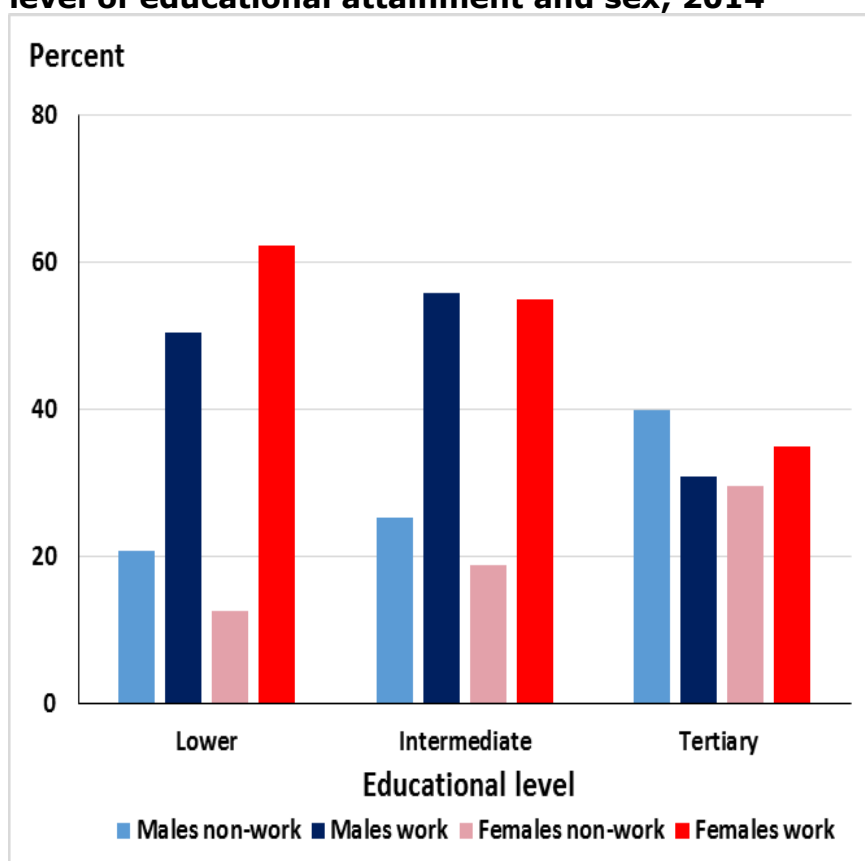
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

## PHYSICAL ACTIVITY AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

In Cyprus, EHIS data suggest there is a clear social gradient in physical activity outside work for both men and women aged 18 and over. The proportion engaging in physical activity outside work increases with level of educational attainment. However, the proportion of women engaging in physical activity in-work decreases as educational attainment level increases. The proportion of men engaging in physical activity in-work shows no consistent association with level of educational attainment – the proportion is highest for those with intermediate 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

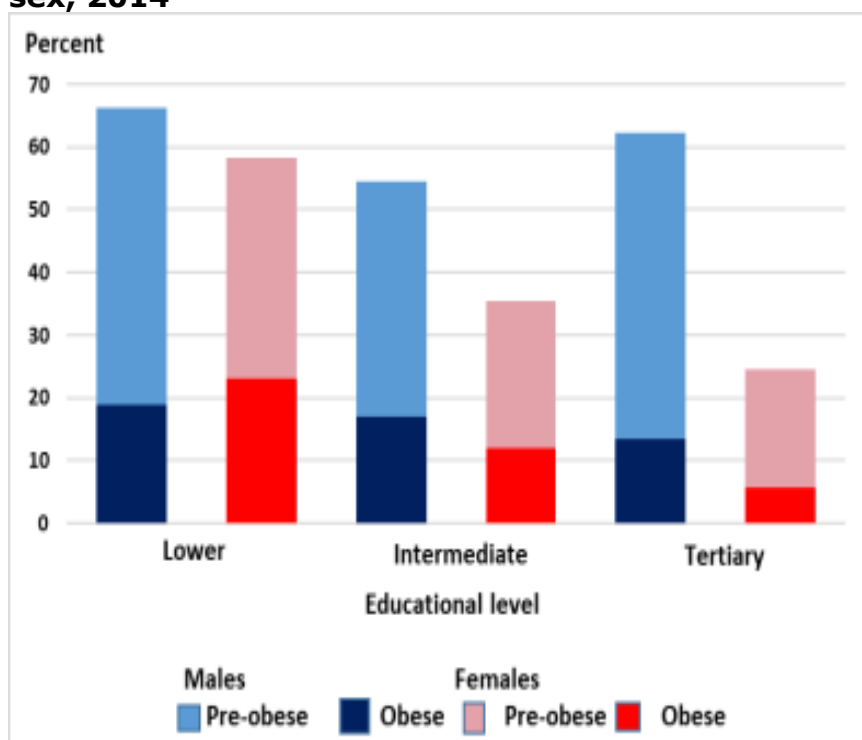
In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women,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

In Cyprus, EHIS data suggest a consistent social gradient in obesity (BMI of 30 or more) at ages 18 and over for both sexes - prevalence decreases as level of educational attainment increases. There is a similar social gradient for pre-obesity (BMI of at least 25 but less than 30) among women. There is no clear gradient in pre-obesity for men - the prevalence is lowest among men with intermediate 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.

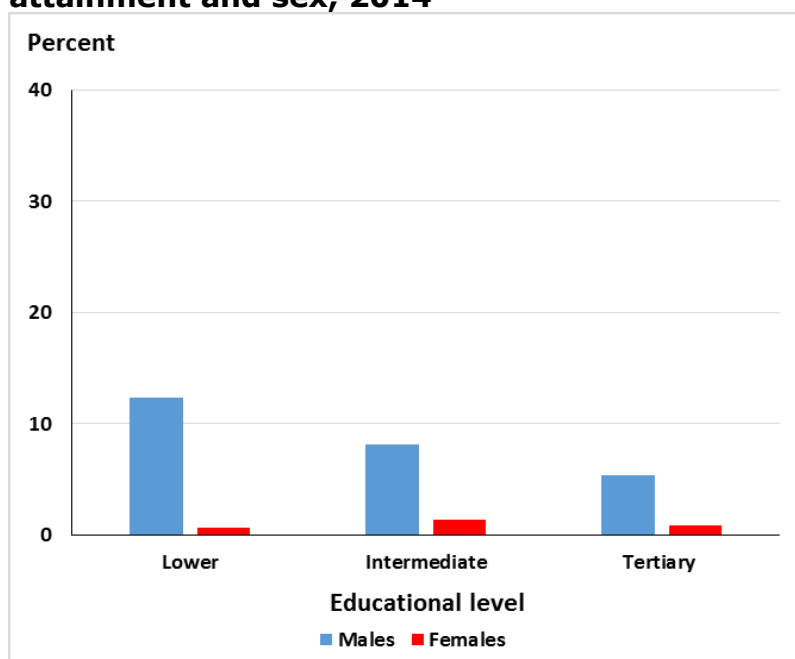
---

## DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

EHIS data suggest a consistent social gradient in daily alcohol consumption among men aged 18 and over in Cyprus. The proportion consuming alcohol daily decreases as level of educational attainment increases. The data for women show no consistent pattern – the proportion of women in Cyprus who consume alcohol daily is considerably less than that for men at each level 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.

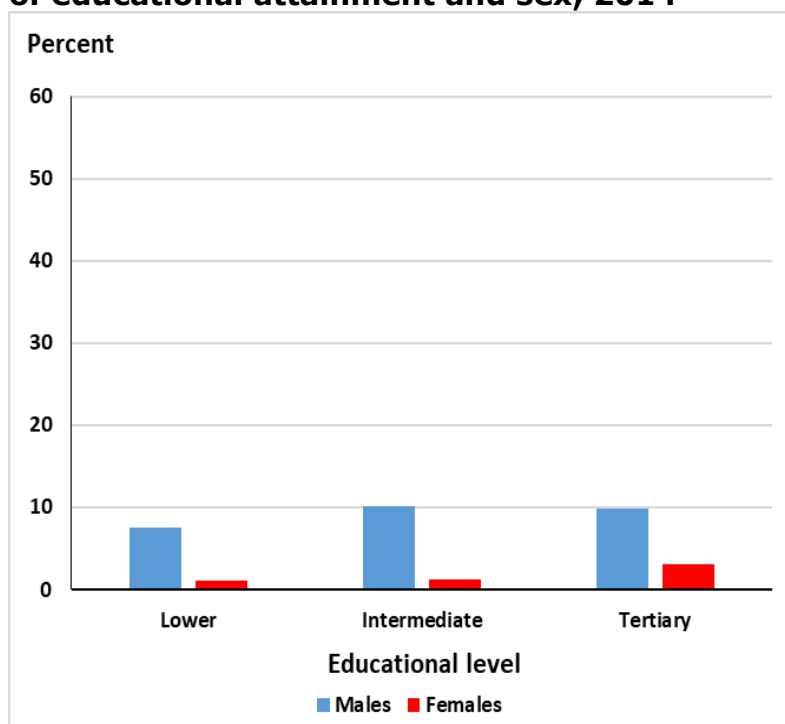
---

## HEAVY EPISODIC DRINKING AT AGES 18 AND OVER

### INEQUALITIES WITHIN COUNTRY

There is no clear gradient in heavy episodic drinking by educational attainment level in either sex at ages 18 and over in Cyprus, based on EHIS data.

### **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

### INEQUALITIES WITHIN COUNTRY

No EU harmonised data available by socio-economic status for Cyprus.

### 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

### INEQUALITIES WITHIN COUNTRY

No EU harmonised data available by socio-economic status for Cyprus.

### 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 CYPRUS, 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	13,932	18,268	27,985	Mean equivalised household income (pps) for males and females aged 18 and over
Females	13,945	18,004	25,520	

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	11,911	16,055	23,221	Median equivalised household income (pps) for males and females aged 18 and over
Females	11,775	15,131	21,265	

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	65.75	76.55	86.85	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	66.34	79.06	85.37	
<i>Source: Eurostat [hlth_silc_02]</i> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_02&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_02&amp;lang=en</a> Accessed 18 March 2018				

Note: Age standardisation for males in Cyprus is based on ages 16 to 24, then ten-year groups up to age 74 and then 75 and over. Age standardisation for females in Cyprus is based on ages 16 to 24, then ten-year groups up to age 64 and then 65 and over, due to unavailability of finer age breakdowns at older ages for self-perceived health and 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	65.39	68.53	74.89	79.31	84.75	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	66.18	69.10	74.41	77.42	83.48	

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 Cyprus is based on ages 16 to 24, then ten-year 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	46.65	38.02	31.42	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	41.70	35.60	27.89	

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 in Cyprus is based on ages 16 to 24, then ten-year groups up to age 74 and then 75 and over. Age standardisation for females in Cyprus is based on ages 16 to 24, then ten-year 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 and 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	42.98	41.88	39.00	37.77	34.12	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	42.20	40.28	36.71	34.87	31.16	

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 Cyprus is based on ages 16 to 24, then ten-year 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	10.10	7.34	8.85	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	8.66	3.65	3.85	

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 in Cyprus 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 data at older ages for self reported diabetes and 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	21.0	16.2	12.3	Percent with a BMI of at least 25 but less than 30
Obese	8.8	7.7	4.6	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

### 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.

### 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.

**Educational attainment level:** the level of education attainment of mothers is used here, grouped using the classification in ESPAD as follows:

*Lower*

Completed primary school or less  
 Some secondary school

*Intermediate*

Completed secondary school

*Tertiary*

Some college or university  
 Completed college or university

**Percentage of 15 and 16 year old students who drank alcohol in the last month by level of maternal educational attainment and sex, 2011**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	76	79.5	77.1	Percent who had any alcohol beverage to drink during the last 30 days
Females	61.6	63.0	61.9	

Source: ESPAD  
<http://www.espad.org/>  
 Extracted 13 April 2018

**Percentage of 15 and 16 year old students who had ever been drunk by level of maternal educational attainment and sex, 2011**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	41.6	34.4	37.2	Percent who have been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened, in their lifetime
Females	23.9	24.3	21.3	

Source: ESPAD  
<http://www.espad.org/>  
 Extracted 13 April 2018

**Percentage of 15 and 16 year old students who drank heavily on at least one occasion in the last month by level of maternal educational attainment and sex, 2011**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	62.3	57.3	53.0	Percent who had five or more drinks on one occasion during the last 30 days
Females	38.9	35.1	30.9	

Source: ESPAD  
<http://www.espad.org/>  
 Extracted 13 April 2018

**Percentage of 15 and 16 year old students who had ever been drunk at age 14 or less by level of maternal educational attainment and sex, 2011**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	28.2	21.4	20.5	Percent who had first got drunk on alcohol when aged 14 years of age or less
Females	10.9	11.5	8.6	
<i>Source: ESPAD</i> <a href="http://www.espad.org/">http://www.espad.org/</a> Extracted 13 April 2018				

**Percentage of 15 and 16 year old students who drank alcohol at age 12 or earlier by level of maternal educational attainment and sex, 2011**

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	59.8	60.0	55.5	Percent who first drank at least one glass of alcoholic beverage when aged 12 years of age or less
Females	35.7	34.1	29.5	
<i>Source: ESPAD</i> <a href="http://www.espad.org/">http://www.espad.org/</a> Extracted 13 April 2018				

**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	45.3	33.2	42.7	Percent consuming fruit at least daily
Females	57.7	48.4	55.7	
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 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Males	37.9	37.5	38.5	Percent consuming vegetables at least daily
Females	45.2	44.8	50.6	
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				

### 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	51.4	28.7	34.2	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	22.5	20.6	34.6	
<i>work-related physical activity</i>				
Males	12.9	41.4	50.4	Percent engaging in moderate or heavy physical activity in work.
Females	3.1	32.9	36.8	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&amp;lang=en</a> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&amp;lang=en</a> 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	9.2	23.3	36.2	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	11.6	11.6	6.6	
<i>Obese</i>				
Males	1.0	4.1	9.5	Percent with BMI that is equivalent to 30 or more at age 19
Females	5.5	6.7	5.5	
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 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	58.2	50.3	55.5	Percent consuming fruit at least daily
Females	64.3	57.5	65.9	
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				

### 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	45.8	47.2	55.6	Percent consuming vegetables at least daily
Females	51.1	52.7	64.9	
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				

### 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	20.7	25.3	39.9	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	12.6	18.9	29.5	
<i>Work-related physical activity</i>				
Males	50.4	55.8	30.9	Percent engaging in moderate or heavy physical activity in work.
Females	62.3	55.0	34.9	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&amp;lang=en</a> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&amp;lang=en</a> 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	47.4	37.5	48.7	Percent with BMI at least 25 but less than 30 at age 19
Females	35.2	23.4	18.8	
<i>Obese</i>				
Males	18.8	17.0	13.5	Percent with a BMI of 30 or more
Females	23.0	12.0	5.8	
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	12.4	8.2	5.4	Percent consuming alcohol at least daily
Females	0.7	1.4	0.9	
<i>Source: Eurostat [hlth_ehis_a11e], European Health Interview Survey</i> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_a11e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_a11e&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	7.5	10.1	9.8	Percent ingesting more than 60gm of pure ethanol on a single occasion at least once a month
Females	1.1	1.2	3.0	
<i>Source: Eurostat [hlth_ehis_a13], European Health Interview Survey</i> <a href="http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_a13e&amp;lang=en">http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_a13e&amp;lang=en</a> 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.

