



European
Commission

HEALTH EQUITY PILOT PROJECT

Hungary

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





CONTENTS

Summary.....	4
Introduction	6
Background Information.....	7
Inequalities in behaviours and outcomes	9
Lifecourse	15
a) Lifecourse stage - A good start in life	15
b) Lifecourse stage - Ages 11 to 15	17
c) Lifecourse stage - Ages 15 to 24	23
d) Lifecourse stage - Adult behaviour.....	32
Annex.....	40

SUMMARY

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

To set this in context, life expectancy in Hungary is markedly lower than in the EU as a whole for both men and women – differences of 5.6 and 3.9 years of life, respectively. Healthy life expectancy is also lower than in the EU as a whole – around four years less for both men and women. There are substantial income inequalities in Hungary by level of educational attainment and life expectancy is related to educational attainment – a twelve year difference among males and a seven year difference among females.

There are steep gradients in self perceived health by education and income - differences are greater than for the EU as a whole for both men and women. Gradients in long term illness by education are steeper than those for the EU as a whole for both men and women; those by income are slightly steeper than for the EU as a whole for women and slightly less steep for men. Self-reported diabetes decreases with increased education among men and women slightly more steeply than 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 is a gradient in obesity among women at ages 15 to 44, the principal reproductive ages, slightly steeper than for the EU as a whole. At ages 11 to 15, boys and girls from high family affluence groups are much more likely to consume fruit daily and less likely to report drinking sugar sweetened beverages daily than those in low ones. Girls in low family affluence groups are more likely to be overweight. At ages 15 to 16, the proportion of female students who reported ever being drunk and binge drinking in the previous month decreases with level of mother's education – more sharply than for the EU as a whole. The proportion of male students who report drinking alcohol in the previous month increases with the level of mother's education. Conversely the proportion of male students who report binge drinking in the last month, and being drunk at 14 or less, decreases as mother's educational attainment increases, more steeply than for the EU as a whole.

Among adults, fruit and vegetable consumption increase sharply with increased levels of educational attainment for both men and women – more steeply than for the EU as a whole. Physical activity outside work also increases with education – but less steeply than for the EU as a whole. In work physical activity decreases with increased levels of educational attainment for women – much more sharply than for the EU as a whole. Obesity decreases with level of educational attainment, more sharply than for the EU as a whole for women, and less sharply for men. Pre-obesity also decreases among women, but less sharply than in the EU as a whole, while it increases sharply with education among men. Daily alcohol consumption decreases slightly with increased education for men, less steeply than for the EU as a whole.

At ages 18 to 64, the proportion of both men and women who consume alcohol every day decreases with increased educational attainment, slightly more steeply than in the EU as a whole for women, and less steeply for men. The proportion of men reporting binge drinking once a month decreases slightly with education – although this decrease is slightly greater 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 Hungary 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 Hungary**.

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 Hungary during 2017 was 9.8 million, slightly less than 2 percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 42.3 years – the comparable figure for the EU was 42.8 years. Net migration was -0.1 per 1,000 population i.e. marginally a net outflow of migrants (compared to a net inflow of 2.4 for the EU as a whole). In terms of age dependency, the number aged under 15 or 65 and over was 49.7 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 72.6 years for males and 79.7 years for females – a gender gap of 7.1 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in Hungary were 59.5, 60.2 and 0.7 years (i.e. women stayed healthier for longer than men in Hungary) and 63.5, 64.2 and 0.7 years for the EU. These figures meant that men in Hungary could expect to spend 13.1 years in ill-health and women 19.5 years – a difference of 6.4 years. The comparable figures for the EU were 14.7 and 19.4 years – a difference of 4.7 years.

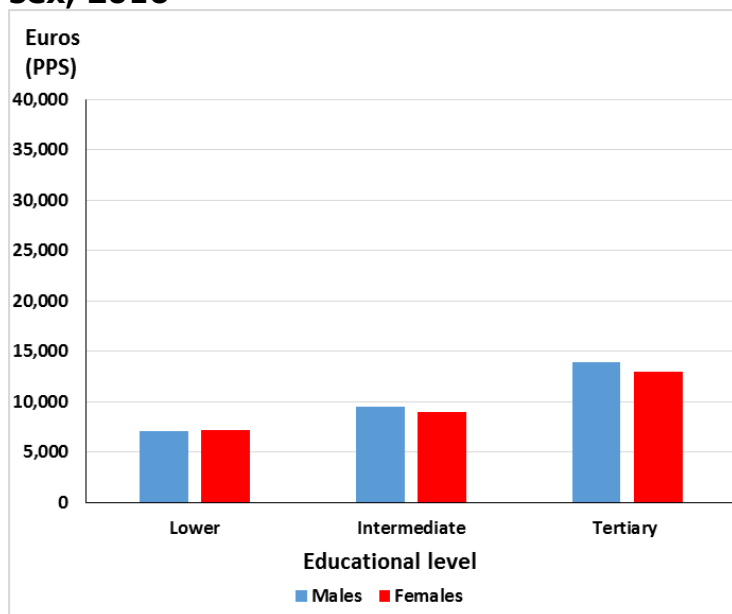
INCOME INEQUALITY

INEQUALITIES WITHIN COUNTRY

In terms of income inequality, the Gini coefficient was 28.2 for Hungary compared to 30.8 for the EU. The fifth of the population with the highest incomes received 4.3 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 6,800 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 5,800 Euros. The comparable differences in median income were 6,400 and 5,200 Euros, respectively.

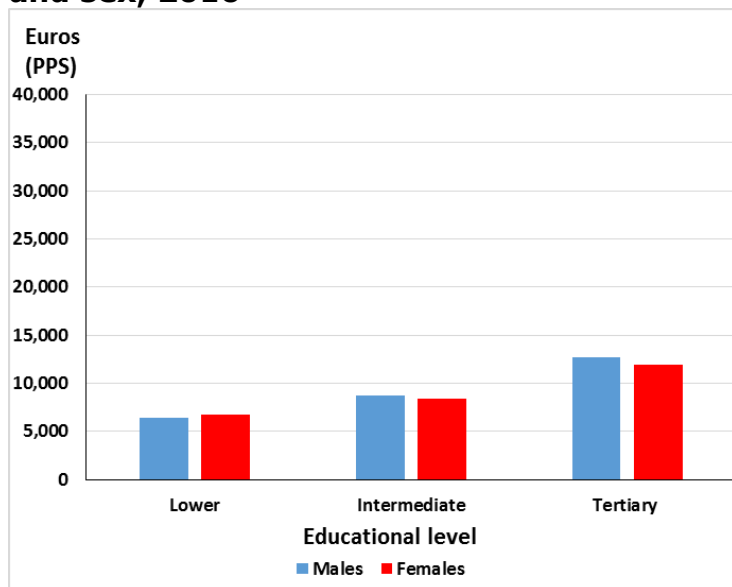
Equivalised mean income (pps) by level of educational attainment and sex, 2016



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

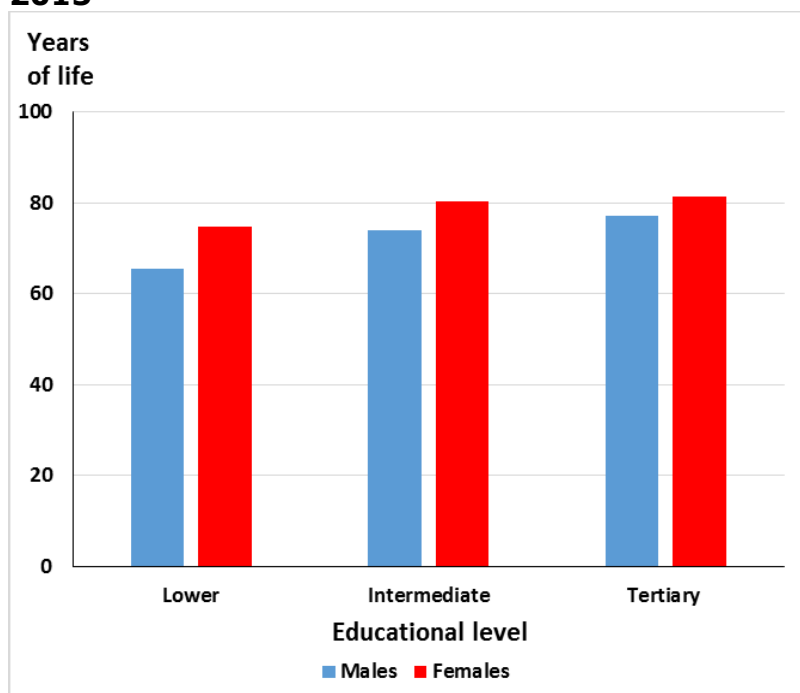
HEALTH AND LIFE EXPECTANCY

LIFE EXPECTANCY

INEQUALITIES WITHIN COUNTRY

The data suggest there are consistent social gradients in life expectancy for both men and women in Hungary. Life expectancy at birth increases with increased educational attainment. There are 11.7 and 6.7 year gaps in life expectancy between those with tertiary and lower levels of educational attainment for men and women, respectively.

Life expectancy at birth by level of educational attainment and sex, 2015



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. 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.

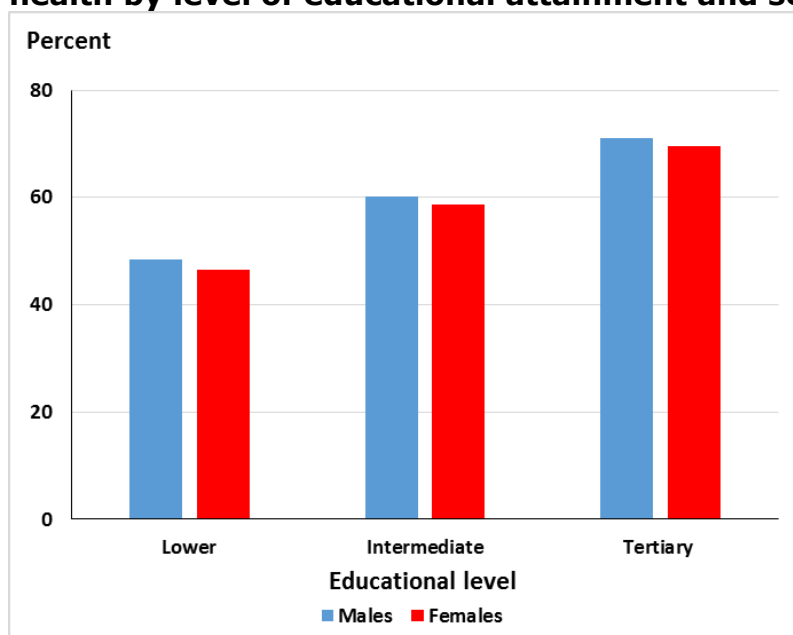
SELF PERCEIVED HEALTH

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients for both men and women in self-perception of good or very good health in Hungary by level of educational attainment. Self-reported health of the least educated is 23 percentage points less than the most educated for both men and women.

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

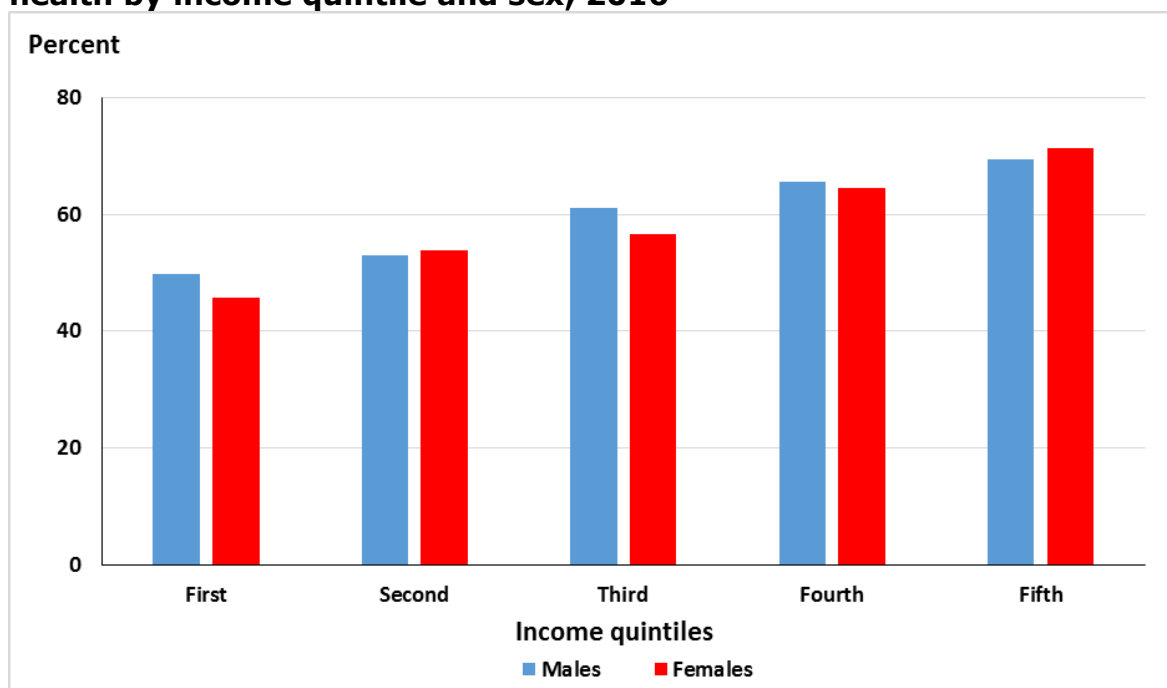
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients for both men and women in self-perception of good or very good health in Hungary by income quintile. Self-reported health of men in the lowest income quintile is 20 percentage points less than those in the top income quintile. For, the gradient is steeper with a gap of 26 percentage points.

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



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

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

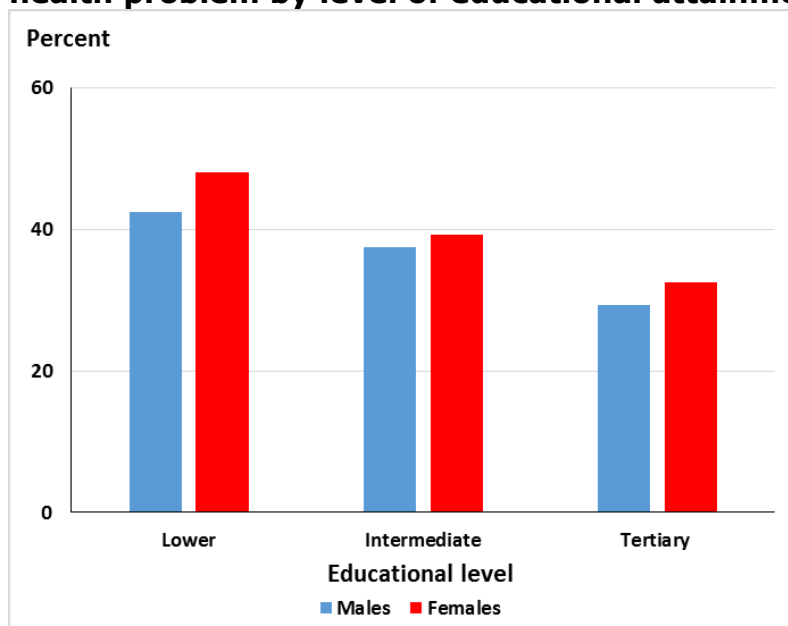
LONGSTANDING ILLNESS OR HEALTH PROBLEMS

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients for both men and women in reporting a long-standing illness or health problem in Hungary by level of educational attainment. Self-reported long-standing ill-health of the least educated men is 13 percentage points greater than for the most educated. For women, the gradient is slightly steeper with a gap of 15 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

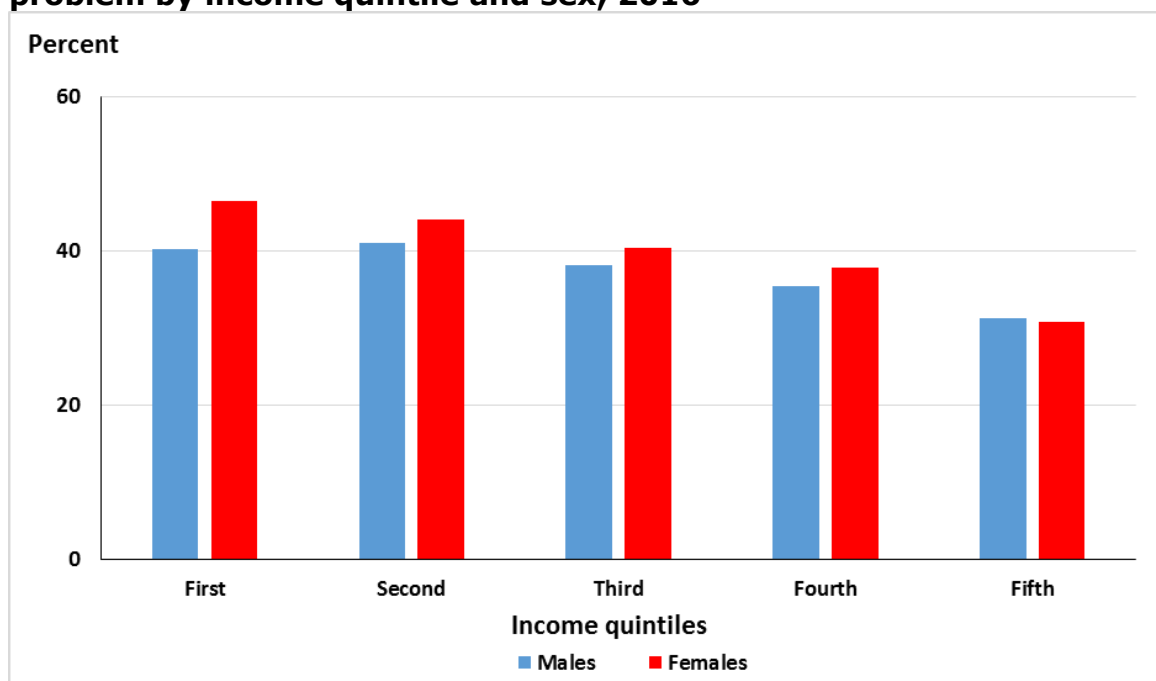
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is four percentage points lower for the most educated men than for the least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

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients for both men and women in reporting a long-standing illness or health problem in Hungary by income quintile (although, among men, reporting is similar in the first and second quintiles). Self-reported long-standing ill-health by men in the lowest income quintile is nine percentage points greater than for those in the top income quintile. For women, the gradient is steeper and more consistent across quintiles, with a gap of 16 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

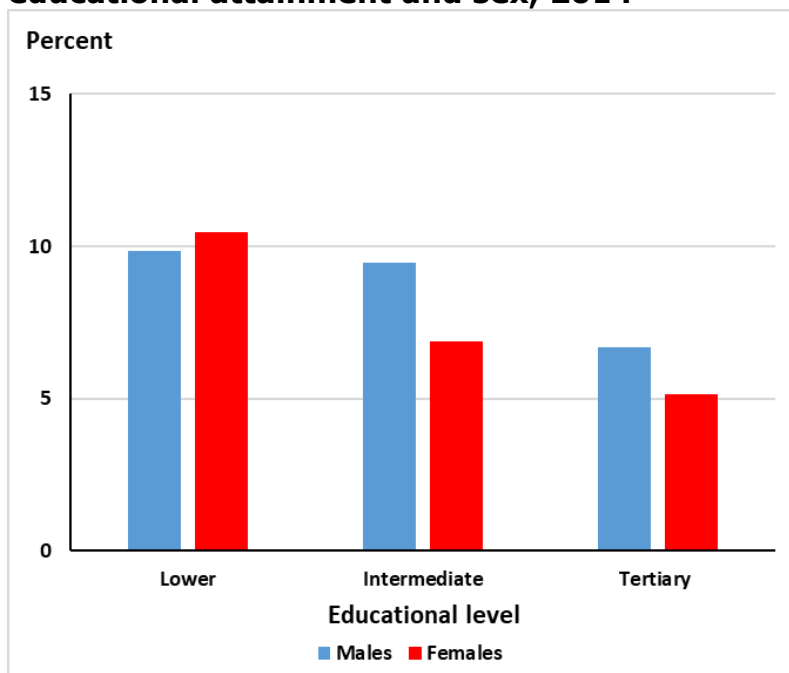
The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the EU as a whole. Self-reported long-standing ill-health in the lowest income quintile is 11 percentage points higher than for those in the highest income quintile, for both men and women.

SELF REPORTING OF DIABETES

INEQUALITIES WITHIN COUNTRY

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

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



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

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

LIFECOURSE

A) LIFECOURSE STAGE - A GOOD START IN LIFE

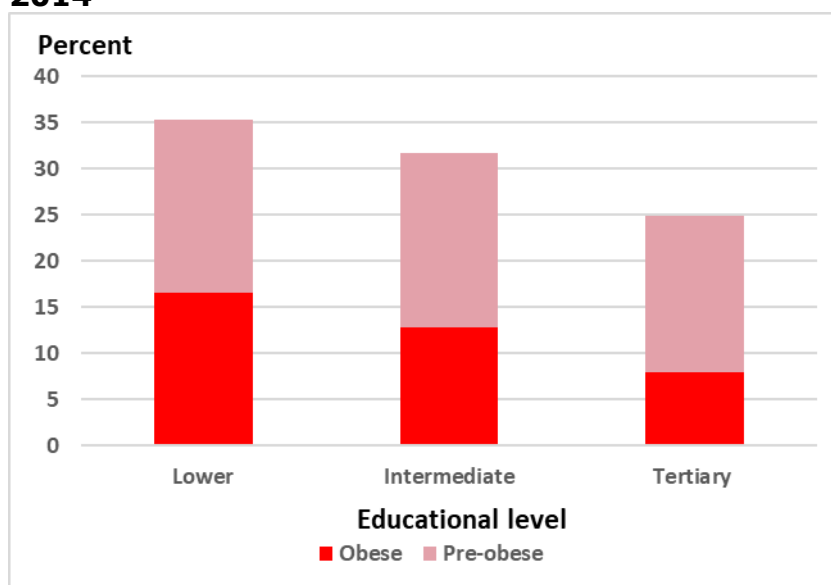
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

WOMEN OVERWEIGHT AT FERTILE AGES 18 TO 44

INEQUALITIES WITHIN COUNTRY

Among overweight adults (BMI of 25 or more), the European Health Interview Survey (EHIS) separately identifies the proportions obese (BMI of 30 or more) from those who are not (i.e. pre-obese with BMI of at least 25 but less than 30). Among women at ages 18 to 44 in Hungary, 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

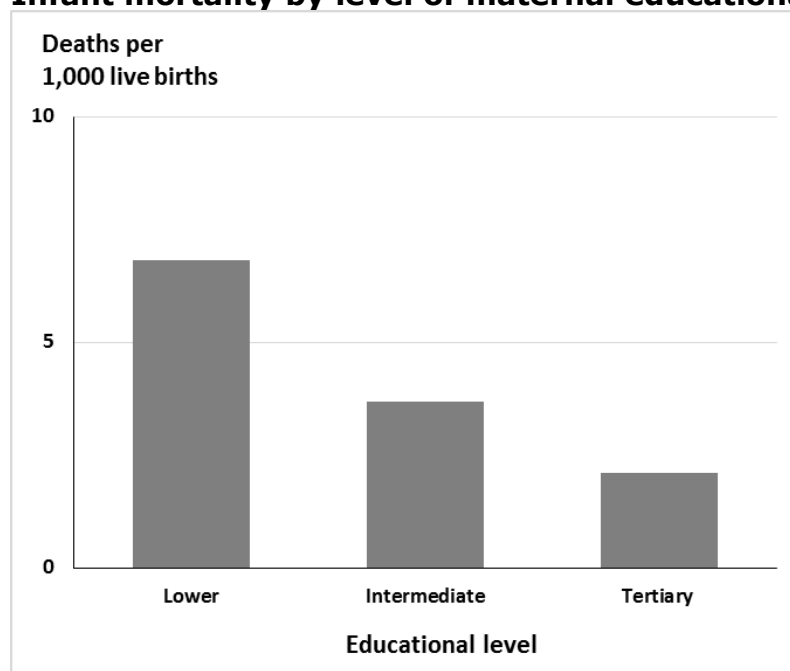
For the EU as a whole, there is a social gradient in both pre-obesity and obesity among women aged 18 to 44. Among those with lower levels of educational attainment, 24.1 percent are pre-obese. This figure falls to 17.6 per cent among those with tertiary education. The comparable figures for obesity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

INFANT MORTALITY

INEQUALITIES WITHIN COUNTRY

There is a clear social gradient in infant mortality by level of educational attainment in Hungary. The infant mortality rate decreases as level of educational attainment increases.

Infant mortality by level of maternal educational attainment, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

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

ALCOHOL CONSUMPTION DURING PREGNANCY

No EU harmonised data available by socio-economic status.

FOETAL ALCOHOL SPECTRUM DISORDER

No EU harmonised data available by socio-economic status.

BREAST FEEDING AND COMPLIMENTARY FEEDING

No EU harmonised data available by socio-economic status.

SUGAR SWEETENED BEVERAGES IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status.

SALT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status.

SATURATED FAT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status.

VEGETABLE CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status.

OVERWEIGHT IN EARLY CHILDHOOD

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

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.

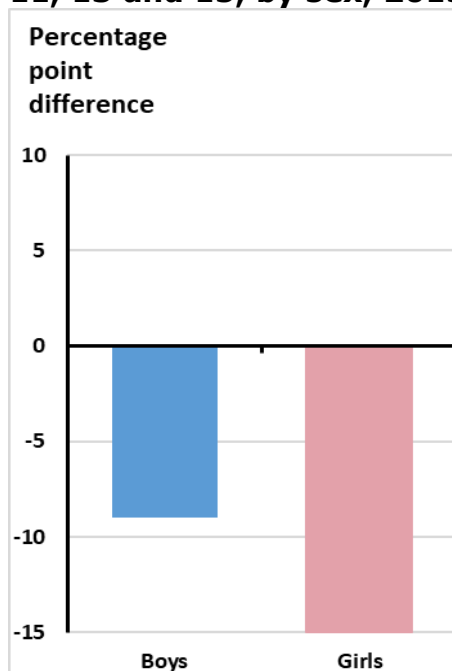
Additional information is available from ESPAD on alcohol consumption and is presented in the next section.

SUGAR SWEETENED BEVERAGES AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC survey shows that daily consumption of soft drinks in Hungary is more common in both boys and girls aged 11 to 15 from low family affluence groups than among those from high family affluence groups, nine and 15 percentage point differences for boys and girls, respectively.

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

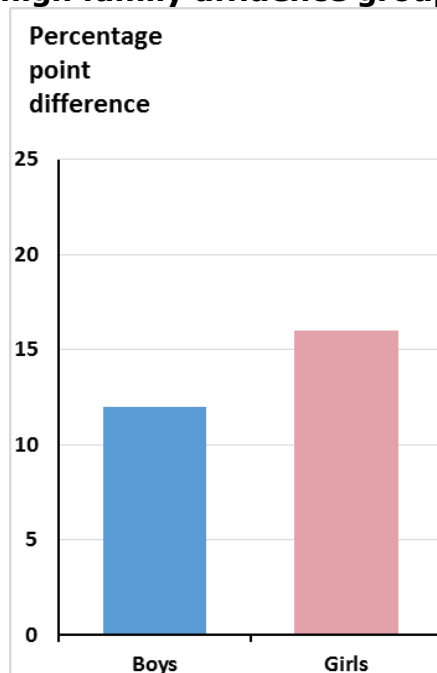
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC survey shows that daily consumption of fruit in Hungary is more common in girls and boys aged 11 to 15 from high family affluence groups than among those from low family affluence groups, a 12 and 16 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

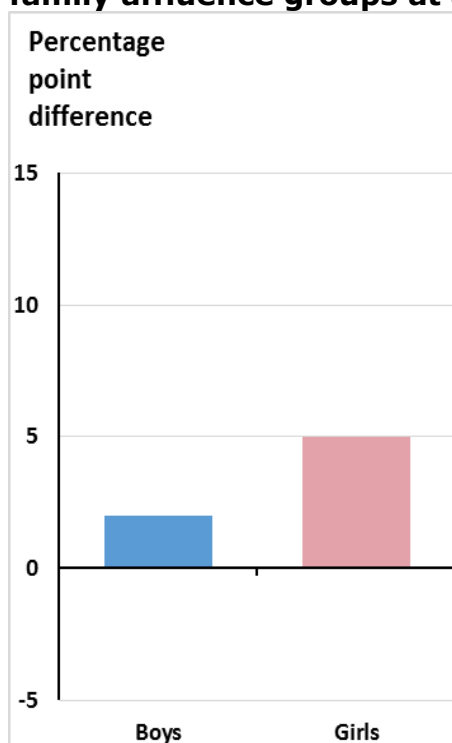
The HBSC survey does not provide estimates for the EU as a whole. However, fruit consumption is significantly related to family affluence across most EU countries for which these data are available.

PHYSICAL ACTIVITY AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC survey shows that daily moderate or vigorous physical activity in Hungary at ages 11 to 15 is slightly more common among boys and girls from high family affluence groups than among those from low family affluence groups. However, these small differences are 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

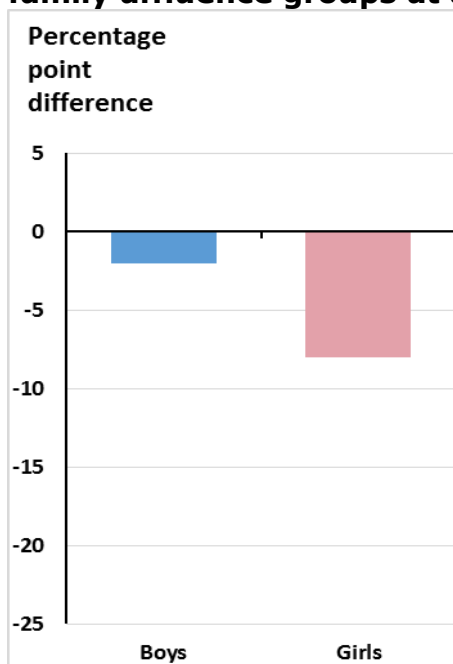
The HBSC survey does not provide estimates for the EU as a whole. However, physical activity is significantly related to family affluence in around half of EU countries for which these data are available. In these countries it is more common among both boys and girls in high family affluence groups than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

OVERWEIGHT AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC survey shows that being overweight is more common in girls aged 11 to 15 from low family affluence groups than among those from high family affluence groups, a difference of eight percentage points. The small difference for boys is not statistically significant.

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

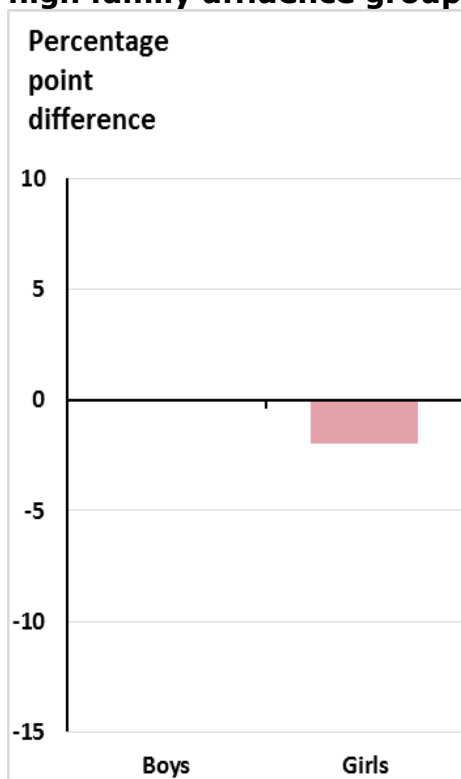
The HBSC survey does not provide estimates for the EU as a whole. However, being overweight is significantly related to family affluence across most EU countries for which these data are available.

WEEKLY ALCOHOL CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC survey shows no statistically significant differences in weekly use of alcohol in Hungary between family affluence groups at ages 11 to 15.

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.

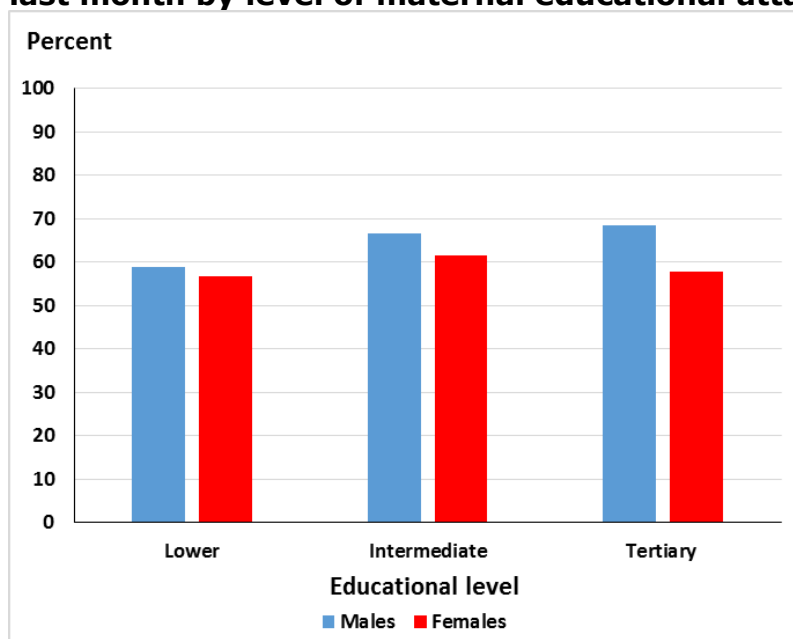
The ESPAD survey was not conducted in all EU member States in 2011 – no ESPAD data are available for Austria, Germany, Luxembourg and Spain for 2011. However, it did cover 23 Member States as well as Flanders (in Belgium). It is therefore possible to compare figures for Hungary to the average for all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

DRANK ALCOHOL IN THE LAST MONTH

INEQUALITIES WITHIN COUNTRY

The percentage of male students aged 15 to 16 years in Hungary who drank alcohol in the preceding month increased with level of maternal educational attainment. Among female students at these ages, those whose mothers had intermediate levels of educational attainment were more likely than others to drink alcohol in the previous month.

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

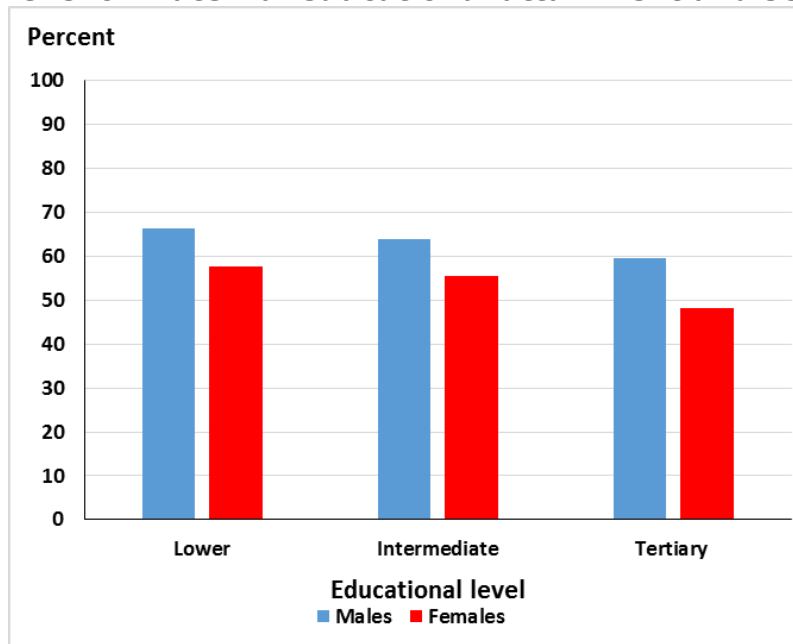
For both males and females, the percentage of participating EU students aged 15 to 16 years who drank alcohol in the preceding month was least among those whose mothers had a lower level of educational attainment.

DRUNK IN LIFETIME

INEQUALITIES WITHIN COUNTRY

There are clear social gradients in the percentage of both male and female students aged 15 to 16 years in Hungary who have ever been drunk in their lifetime – the percentages decrease with increased level of maternal educational attainment. For males and females there were seven and 10 percentage point differences, respectively, between those whose mothers had lower levels of educational attainment and tertiary 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

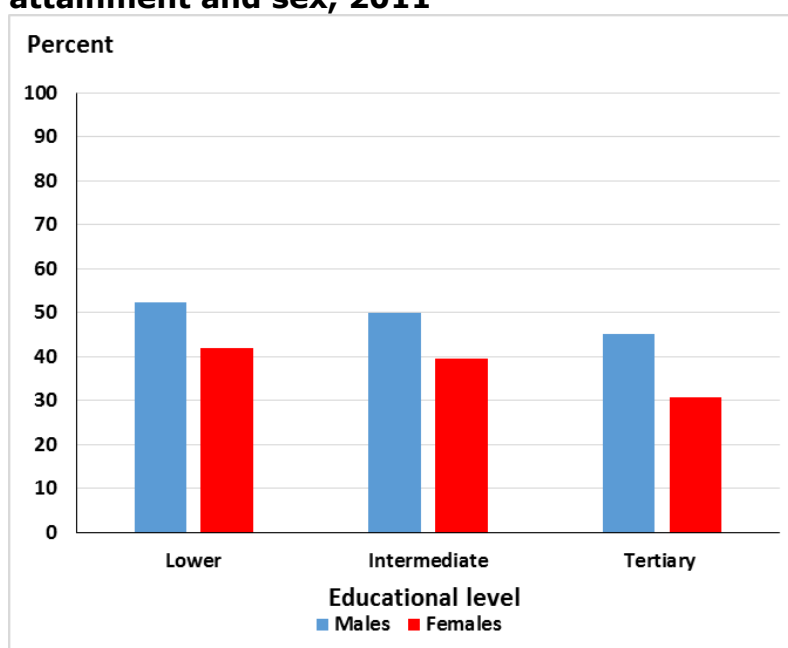
The percentage of participating EU students aged 15 to 16 years who had ever been drunk in their lifetime differed little by level of maternal educational attainment. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly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

HEAVY DRINKING IN THE LAST MONTH

INEQUALITIES WITHIN COUNTRY

There were social gradients in the percentage of both male and female students aged 15 to 16 years in Hungary who had five or more drinks on one occasion in the previous month – the percentages decreased with increased level of maternal educational attainment in Hungary. For males and females there were seven and 11 percentage point differences, respectively, between those whose mothers had lower levels of 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

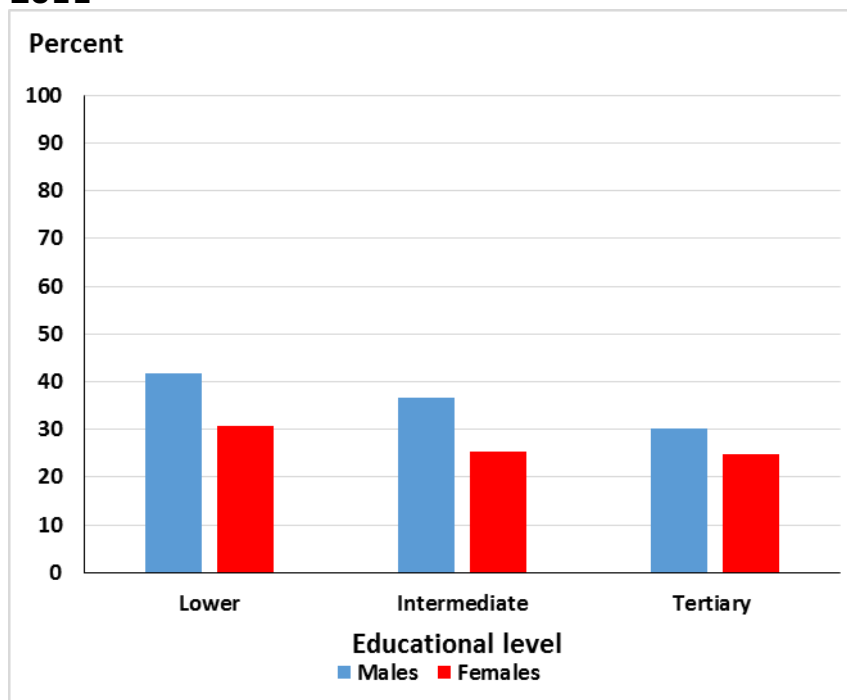
The percentage of participating EU students aged 15 to 16 years who had five or more drinks on one occasion in the previous month decreased with increased level of maternal educational attainment, with a six percentage point difference between lower levels of maternal educational attainment and tertiary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

GOT DRUNK AT AGE 14 OR LESS

INEQUALITIES WITHIN COUNTRY

There are clear social gradients in the percentage of both male and female students aged 15 to 16 years in Hungary who got drunk at age 14 or less. The percentages decreased by level of maternal educational attainment for both males and females in Hungary, with 11 and six percentage point differences between those whose mothers had lower levels of educational attainment and tertiary education for males and females, respectively.

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

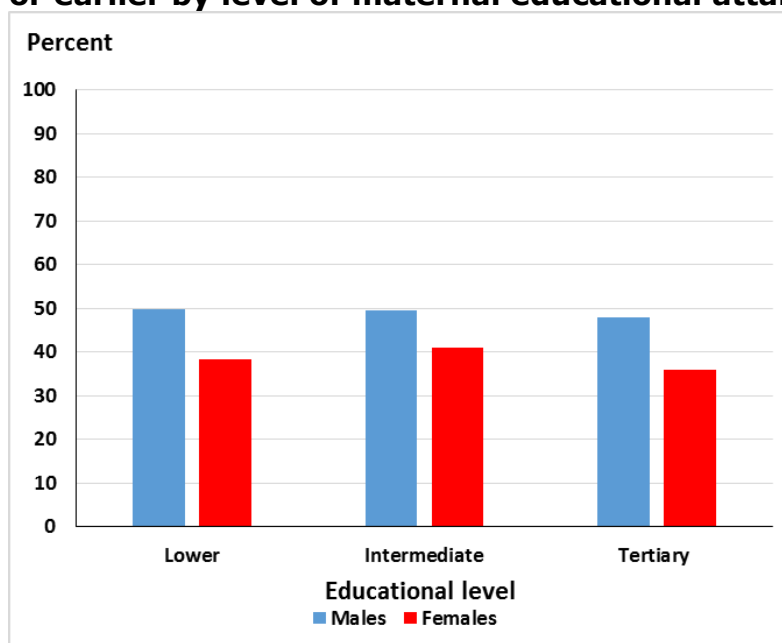
The percentage of participating EU students aged 15 to 16 years who got drunk at age 14 or less differed little by level of maternal educational attainment for both males and females. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment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

FIRST DRANK ALCOHOL AT AGE 12 OR EARLIER

INEQUALITIES WITHIN COUNTRY

There are small differences by level of maternal education in the percentages of male and female students aged 15 to 16 years in Hungary who had first drunk alcohol at age 12 or less. Those whose mothers had tertiary education were less likely to have done so than others.

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

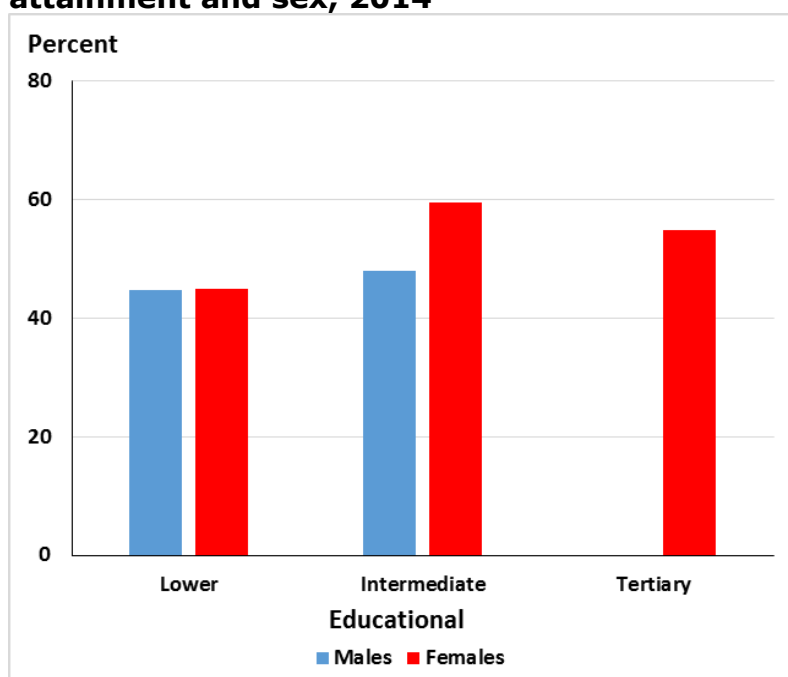
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is no consistent social gradient in fruit consumption in Hungary at ages 15 to 24 (although many in this age group will not have attained their final lifetime level of education). Those with intermediate levels of educational attainment have the highest levels of daily fruit consumption among both males and females. No EHIS data are available in Hungary on fruit consumption among men with tertiary education at ages 15 to 24.

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



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

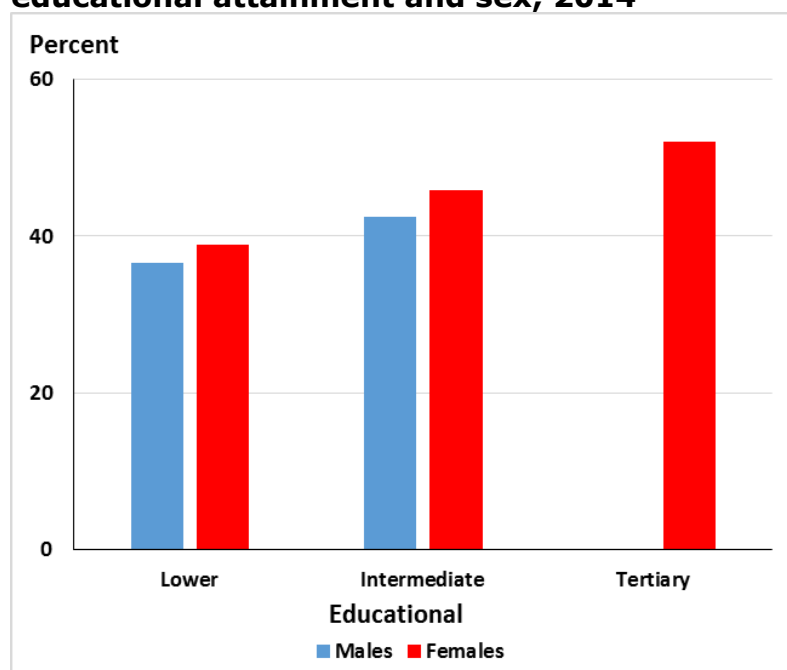
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment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

VEGETABLE CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is a consistent social gradient in vegetable consumption in Hungary among females at ages 15 to 24 (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 less likely to consume vegetables daily than those with intermediate levels of educational attainment. Data are not 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

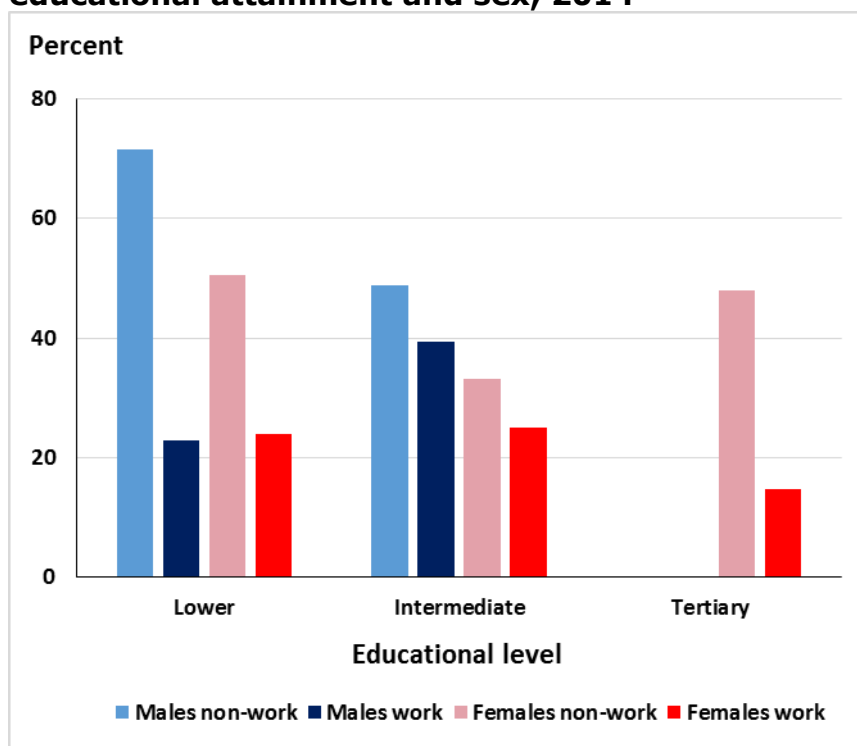
Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their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

PHYSICAL ACTIVITY AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Physical activity, both in-work and outside work, is recorded in the EHIS. Neither shows a consistent social gradient with education in Hungary (although many in this age group will not have attained their final lifetime level of education). Prevalence of in-work physical activity is highest among those with intermediate levels of educational attainment. Outside work, those with intermediate levels of educational attainment recorded the lowest levels of physical activity. Data are not available for males with tertiary education.

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.

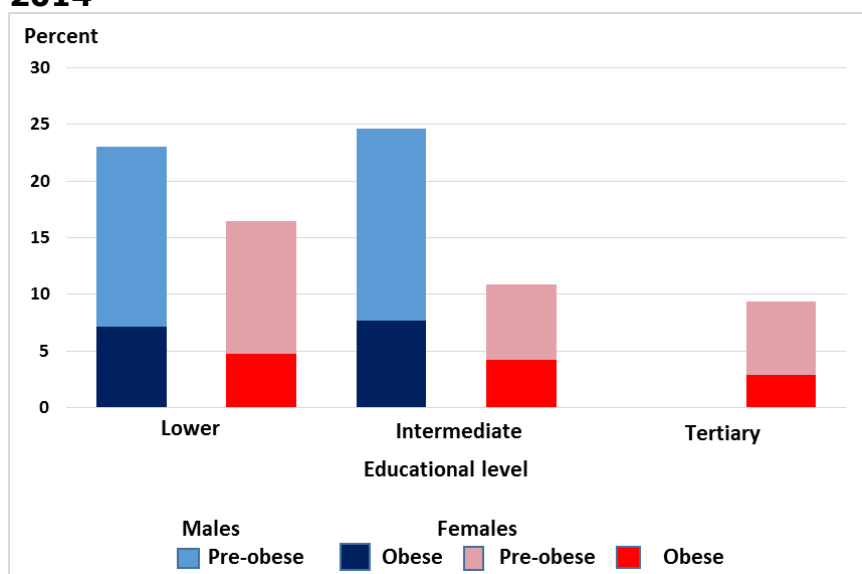
Many in this age group will not have attained their final lifetime level of educational attainment.

OVERWEIGHT AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS shows a social gradient among women at ages 15 to 24 in Hungary for both obesity (equivalent to BMI of at least 30 at age 19) and pre-obesity (equivalent to BMI of at least 25 but less than 30 at age 19) – prevalence decreases with increasing levels of educational attainment. Among males, prevalence of both is marginally higher for those with intermediate levels of education than those with lower levels of educational attainment. Data are not available for males 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

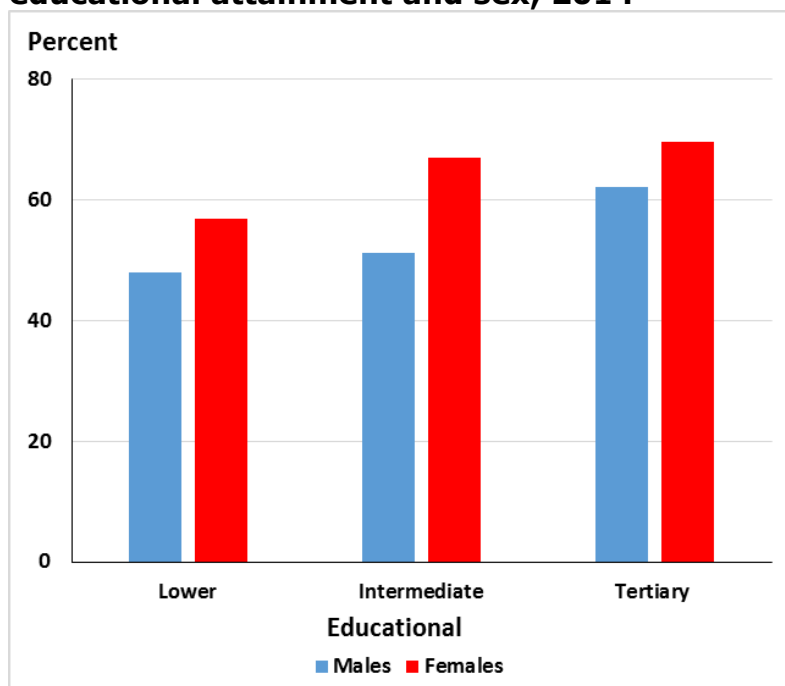
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data suggests clear social gradients in fruit consumption for both men and women in Hungary at ages 18 and over. Consumption at least daily increases as level of educational attainment increases for both men and women.

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

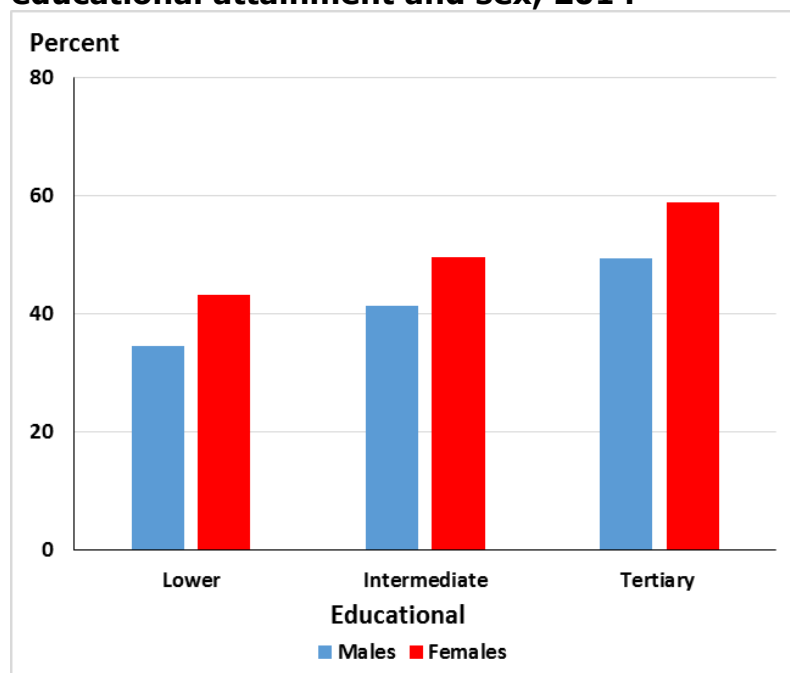
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

VEGETABLE CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data suggest clear social gradients in vegetable consumption for both men and women in Hungary at ages 18 and over. Consumption at least daily increases as level of educational attainment increases for both men and women.

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

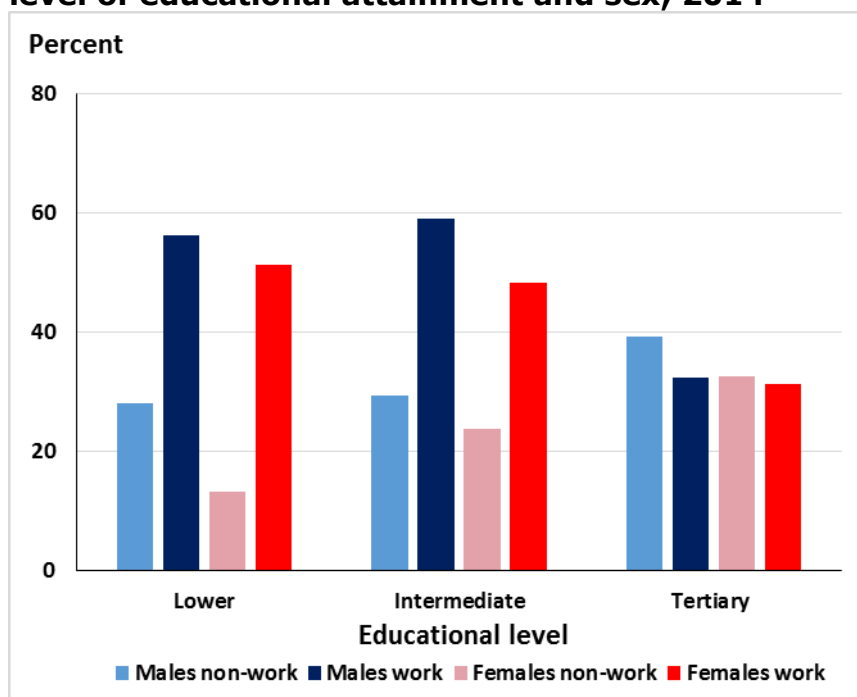
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

PHYSICAL ACTIVITY AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

Data from EHIS show that there are consistent social gradient in physical activity outside work among both men and women in Hungary at ages 18 and over. Prevalence for both men and women increases with level of educational attainment. Conversely, level of in-work physical activity among women decreases with level of educational attainment. Among men those with tertiary education have the lowest level of in-work physical activity, and those with intermediate levels of educational attainment the highest.

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

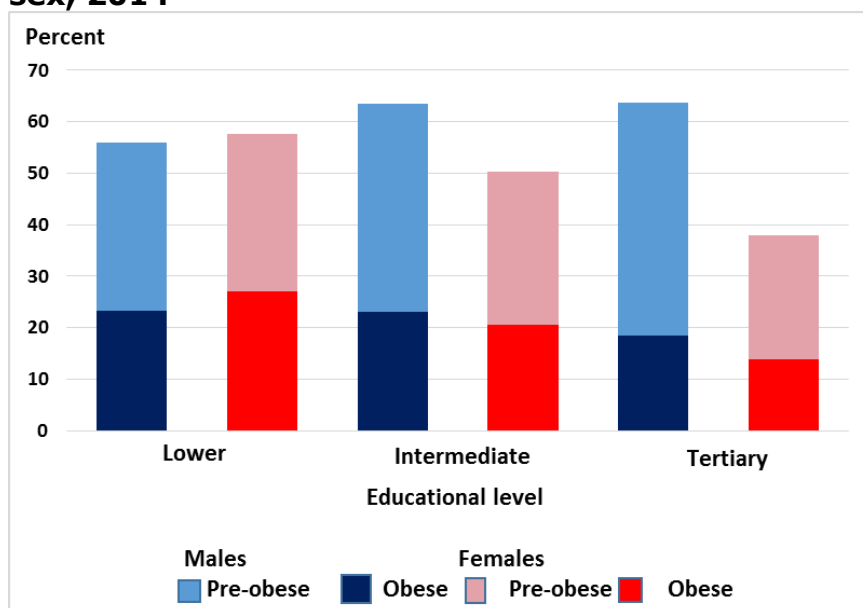
In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women,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

The EHIS data suggest that there are social gradients in obesity (BMI of at least 30) for both men and women at ages 18 and over in Hungary – for both, obesity decreases with increased level of educational attainment. There is, similarly, a gradient in female pre-obesity (BMI of at least 25 but less than 30) at ages 18 and over. Conversely, for men at ages 18 and over, pre-obesity increases with level 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

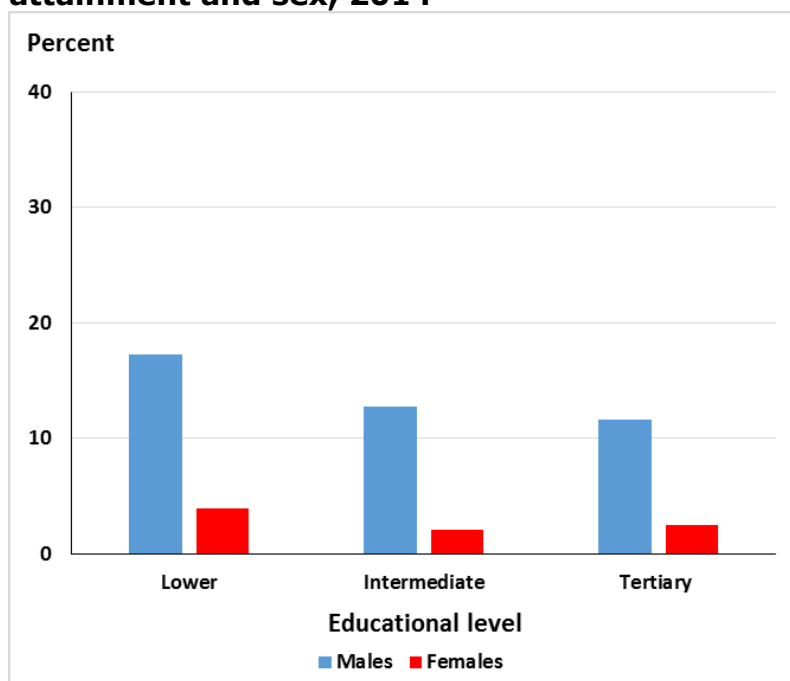
No EU harmonised data available by socio-economic status.

DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

Based on EHIS data, there is a social gradient in daily alcohol consumption among men in Hungary at ages 18 and over – prevalence decreases with increased levels of educational attainment. Differences in the much lower levels of prevalence for women at ages 18 and over are small.

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



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

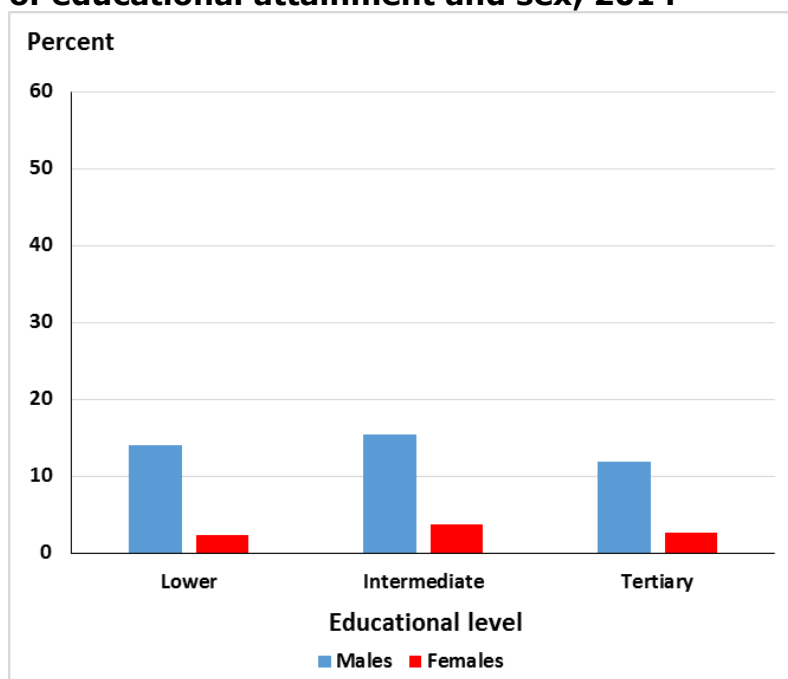
Based on EHIS data, among women aged 18 and over in the EU as a whole, there is a social gradient in the proportion drinking alcohol daily – the figure decreases with the level of education attained. Among men, while the proportion is highest among those with lower levels of educational attainment it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

HEAVY EPISODIC DRINKING AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

In Hungary, EHIS data suggest that there are only small differences by level of educational attainment in heavy episodic drinking at least monthly among men and women at ages 18 and over.

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

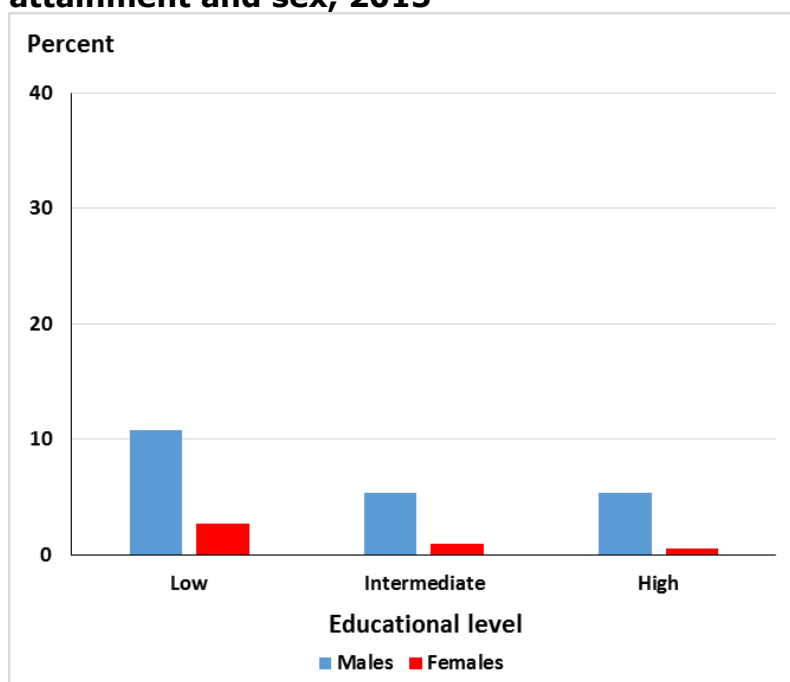
The EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS) was a comprehensive survey of alcohol consumption and harm conducted in 17 EU countries and two non-EU countries. Survey data was gathered from representative samples of the general populations aged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

DAILY ALCOHOL CONSUMPTION AT AGES 18 TO 64

INEQUALITIES WITHIN COUNTRY

RARHA survey data for Hungary suggest that there is a social gradient in the proportion of both men and women aged between 18 and 64 who drink alcohol daily. The proportion is highest among those with lower levels of educational attainment and lowest among those with tertiary education. Among men at all levels of educational attainment the proportion is significantly greater than among women.

Daily alcohol consumption at ages 18 to 64 by level of educational attainment and sex, 2015



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

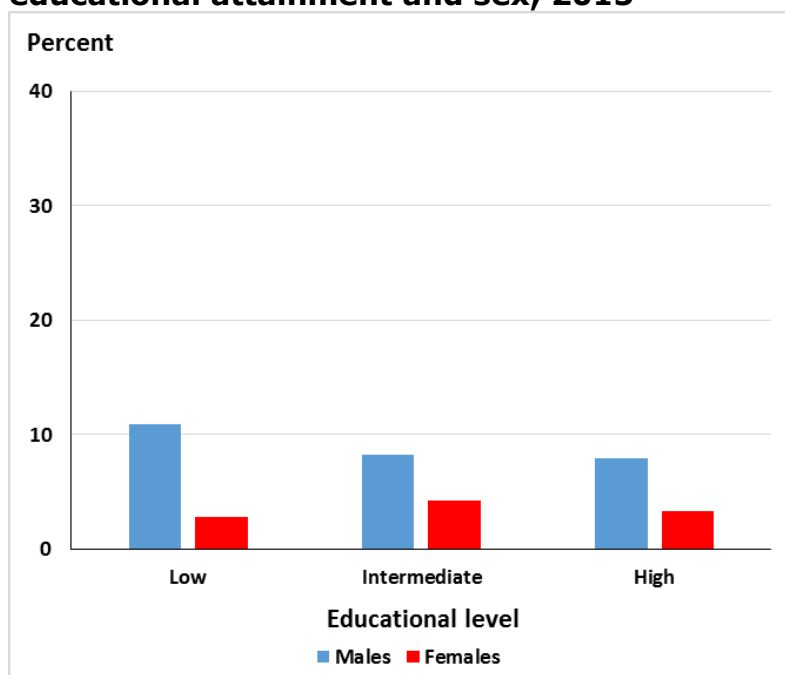
RARHA survey data for the 17 participant EU Member States suggest that there are clear social gradients by educational attainment in the proportions of both men and women aged between 18 and 64 who consume alcohol every day. The gradient is steeper for men than for women and, in each educational attainment 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

INEQUALITIES WITHIN COUNTRY

RARHA survey data for Hungary suggest that the proportion of both men and women aged between 18 and 64 who drink heavily at least monthly is greater among those with lower levels of educational attainment than others. At each level of educational attainment, men are more likely than women to drink heavily at least monthly.

Heavy episodic drinking at least monthly at ages 18 to 64 by level of educational attainment and sex, 2015



Sources, numbers and definitions: See Annex

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 HUNGARY, 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	7,098	9,478	13,883	Mean equivalised household income (pps) for males and females aged 18 and over
Females	7,166	9,040	12,976	

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	6,370	8,732	12,763	Median equivalised household income (pps) for males and females aged 18 and over
Females	6,726	8,380	11,946	

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

Life expectancy at birth by level of educational attainment

Life expectancy represents the mean number of years still to be lived by a person, if subjected throughout the rest of his or her life to the current mortality conditions (age-specific probabilities of dying).

Level of educational attainment is defined according to the [International standard classification of education \(ISCED\)](#). The educational attainment level of an individual is the highest ISCED level successfully completed.

Educational attainment levels are presented for three main categories:

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

Life expectancy at birth by level of educational attainment and sex, 2015

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	65.4	73.9	77.1	Mean number of years still to be lived from birth
Females	74.8	80.3	81.5	
<i>Source: Eurostat [demo_mlexpecedu]</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_mlexpecedu&lang=en Accessed 20 April 2017				

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	48.52	60.22	71.10	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	46.57	58.72	69.69	
<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 and females in Hungary is based on ages 16 to 24, then ten-year age groups up to age 74 and then 75 and over.

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

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	49.86	52.90	61.04	65.55	69.51	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	45.83	53.95	56.56	64.47	71.31	
<i>Source: Eurostat [hlth_silc_10]</i> 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 Hungary 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	42.51	37.53	29.29	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	47.95	39.26	32.57	

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 and females in Hungary 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 income quintile and sex, 2016

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	40.20	40.97	38.12	35.41	31.26	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	46.48	44.12	40.32	37.85	30.76	

Source: Eurostat [hlth_silc_11]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_11&lang=eneing

Accessed 18 March 2018

Note. Age standardisation for males and females in Hungary 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	9.84	9.47	6.68	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	10.46	6.87	5.15	

Source: Eurostat [hlth_silc_05]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_cd1e&lang=en
Accessed 11 October 2018

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

LIFECOURSE

A) LIFECOURSE STAGE - A GOOD START IN LIFE

Educational attainment level: the education attainment levels of individuals are based on data collected in the European Health Interview Survey (EHIS) classified according to the International Standard Classification of Education (ISCED) 2011 and are 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	18.7	18.9	17.0	Percent with a BMI of at least 25 but less than 30
Obese	16.6	12.8	7.9	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

Infant mortality

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

Level of educational attainment – see life expectancy by educational attainment

Infant mortality by level of maternal education, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Infant mortality rate	6.81	3.67	2.09	Deaths in the first year of life per 1,000 live births
<i>Source: Eurostat [demo_minfedu], [demo_faeduc]</i> http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_minfedu&lang=en http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_faeduc&lang=en Accessed 18 May 2018				

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	-9	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-15	
<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	12	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	16	
<p><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</p>		

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	2	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	5	
<p><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</p>		

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	-2	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-8	
<p><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</p>		

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	0	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-2	
<p><i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc_88-differences-in-alcohol-consumption-by-fas/ Accessed 14 March 2017</p>		

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	58.8	66.6	68.5	Percent who had any alcohol beverage to drink during the last 30 days
Females	56.6	61.5	57.8	

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	66.2	63.7	59.5	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	57.7	55.4	48.1	
<i>Source: ESPAD</i> 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	52.4	49.8	45.1	Percent who had five or more drinks on one occasion during the last 30 days
Females	42.0	39.4	30.6	
<i>Source: ESPAD</i> 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	41.6	36.7	30.2	Percent who had first got drunk on alcohol when aged 14 years of age or less
Females	30.8	25.3	24.7	
<i>Source: ESPAD</i> http://www.espad.org/ 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	49.8	49.6	47.9	Percent who first drank at least one glass of alcoholic beverage when aged 12 years of age or less
Females	38.3	40.9	35.8	
<i>Source: ESPAD</i> http://www.espad.org/ 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	44.7	48.0	:	Percent consuming fruit at least daily
Females	45.0	59.4	54.8	
<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	36.5	42.4	:	Percent consuming vegetables at least daily
Females	38.9	45.9	52.0	
<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	71.6	48.9	:	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	50.5	33.1	48.0	
<i>work-related physical activity</i>				
Males	22.7	39.3		Percent engaging in moderate or heavy physical activity in work.
Females	23.8	24.9	14.7	
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	15.9	16.9	:	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	11.8	6.7	6.5	
<i>Obese</i>				
Males	7.1	7.7	:	Percent with BMI that is equivalent to 30 or more at age 19
Females	4.7	4.2	2.9	
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	48.0	51.1	62.1	Percent consuming fruit at least daily
Females	56.8	67.0	69.6	
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	34.6	41.4	49.3	Percent consuming vegetables at least daily
Females	43.2	49.6	58.9	
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	28.0	29.4	39.2	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	13.2	23.8	32.6	
<i>Work-related physical activity</i>				
Males	56.2	58.9	32.3	Percent engaging in moderate or heavy physical activity in work.
Females	51.3	48.3	31.3	
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 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	32.7	40.5	45.2	Percent with BMI at least 25 but less than 30 at age 19
Females	30.7	29.6	24.2	
<i>Obese</i>				
Males	23.2	23.0	18.4	Percent with a BMI of 30 or more
Females	27.0	20.6	13.8	
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	17.2	12.7	11.6	Percent consuming alcohol at least daily
Females	3.9	2.1	2.5	
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	14.1	15.4	11.9	Percent ingesting more than 60gm of pure ethanol on a single occasion at least once a month
Females	2.4	3.8	2.6	
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				

EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS)

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. On average 1,500 interviews per country were carried out, most surveys being completed in 2015.

Questions asked included frequency and usual quantity of drinking alcohol and risky single occasion drinking (RSOD) i.e. heavy episodic or binge drinking. It was assumed that drinking 40 grams of 100% alcohol or more per woman and 60 grams or more per man constitutes a threshold of RSOD or heavy episodic drinking.

The survey included a number of social and demographic questions, including "What is the highest school grade you have completed?" Answers to this question have been grouped as follows:

- 1) Less than primary, primary education and lower secondary education (lower)
- 2) Upper secondary (general and vocation), post-secondary non-tertiary education (intermediate)
- 3) Short-cycle tertiary, Bachelors, Masters, Doctoral (tertiary)

Daily alcohol consumption at ages 18 to 64 by level of educational attainment and sex, 2015

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	10.7	5.4	5.3	Percent consuming alcohol at least daily
Females	2.7	0.9	0.6	
<i>Source: RARHA SEAS</i> http://www.rarha.eu/About/Pages/default.aspx Accessed 9 April 2018				

Heavy episodic drinking at least monthly at ages 18 to 64 by level of educational attainment and sex, 2015

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	10.9	8.2	8.0	Percent drinking 40 grams of 100% alcohol or more per woman and 60 grams or more per man on a single occasion at least once a month
Females	2.7	4.3	3.3	
<i>Source: RARHA SEAS</i> http://www.rarha.eu/About/Pages/default.aspx Accessed 9 April 2018				



© 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.

