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IS HIGHER EDUCATION A SOCIAL DETERMINANT OF HEALTH?

PRESENTATION AT THE WITS/SAMA CONFERENCE

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Prof Mvuyo Tom

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INTRODUCTION

- A global refocus on social determinants of health has emerged since the World Health Organisation (WHO) Commission on Social Determinants of Health (2005-2008)
- Intersectoral action for health has been on the agenda since 1978 with the Alma Ata Declaration and the call for “Health for All by 2000”
- One of the key objectives of intersectoral action for health is to reduce global health inequities.
- Health in this context is defined in its broadest sense (WHO definition)
- Social Determinants of Health (SDH) have been defined by various writers and organisations including the WHO.

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INTRODUCTION

- Shankar et al (2013) summarise SDH as: “Social and economic conditions that shape the health of individuals, communities and jurisdictions”.
- There is no dispute in the literature about the role of education in shaping health of individuals, communities and jurisdictions.
- Education is a “critical component of a person’s health and a contributing cause of other elements of the person’s concurrent and future health” (Hahn and Truman, 2015)





INTRODUCTION

- Amongst the main domains that account for significant disparities in good health is “knowledge and education” (WHO)
- The key issue to address, therefore, in answering the topical question is whether the level of education is relevant as a social determinant of health. Can higher education be isolated from the continuum of education as a SDH?
- Some evidence in the literature will be used to answer this question.



ILLUSTRATIONS AND CURRENT EVIDENCE

The first illustration in the following slide is entitled “The Array of Higher Education Benefits”

Source: The Institute for Higher Education Policy, “Reaping the Benefits: Defining the Public and Private Value of going to College”, March 1998.

The slide illustrates clearly the public and private benefits of higher education.

From the various benefits that an individual derives from higher education there can be contributions not only to the individual’s health but to the health of the population.



ILLUSTRATIONS AND CURRENT EVIDENCE

	Public		Private
Economic	<ul style="list-style-type: none"> Increased Tax Revenues 		<ul style="list-style-type: none"> Higher Salaries and Benefits
	<ul style="list-style-type: none"> Greater Productivity 		<ul style="list-style-type: none"> Employment
	<ul style="list-style-type: none"> Increased Consumption 		<ul style="list-style-type: none"> Higher Savings levels
	<ul style="list-style-type: none"> Decreased Reliance on Government Financial Support 		<ul style="list-style-type: none"> Personal/Professional Mobility
Social	<ul style="list-style-type: none"> Reduced Crime Rates 		<ul style="list-style-type: none"> Improved Health/Life Expectancy
	<ul style="list-style-type: none"> Increased Charitable Giving/Community Service 		<ul style="list-style-type: none"> Improved Quality of Life for Offspring

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ILLUSTRATIONS AND CURRENT EVIDENCE



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The National Development Plan (2011) also agrees with what is contained in the diagram above as it argues that “education, training and innovation are central to South Africa’s long-term development...” and that “education empowers people to...raise healthy families...”

Higher education produces leaders not only in the health sector but in sectors that can contribute to the health of society (educators, engineers, social scientists, agriculturalists, etc).

It is the intersectoral collaboration of these sectors that can improve the health status of society beyond what a narrow health care approach can achieve

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ILLUSTRATIONS AND CURRENT EVIDENCE

Shankar et al (2013) categorically state that “the level of educational attainment is increasingly being recognised as an important social determinant of health”. They do not just point at higher education giving work opportunities but that “ higher educational attainment...can also increase the capacity for better decision making regarding one’s health, and provide scope for increasing social and personal resources that are vital for physical and mental health”

A DHET analysis of Statistics South African data on youth between 15-24 years who are not employed or in education and training (NEET) showed that those with post-secondary education were least affected (DHET, 2012).

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ILLUSTRATIONS AND CURRENT EVIDENCE

- Shankar et al support the fact that “Post-secondary education is fast becoming a minimum requirement for securing employment that can afford young adults the economic, social and personal resources needed for better health and quality of life”. Their Canadian self-assessed health survey of young adults showed the following results:

“66.9% of those with post-secondary education reported being in excellent or very good health vs 42.9% of those without a high school diploma”

Self-assessed health is globally used as a measure of health status (Ataguba et al, 2015) and this is supported by Hahn and Truman (2015): “Self-assessed health is a well-established index of morbidity and predictor of mortality”



ILLUSTRATIONS AND CURRENT EVIDENCE

USA and Canadian study comparing association of educational attainment with self assessed health revealed that:

“Those with less than high school education in the US are 2.4 times as likely as high school graduates and 4.1 times as likely as those with post-secondary education to rate their health as poor”.

The South African study by Ataguba et al (2015) even though it does not stratify to isolate the post-secondary category of the population has relevance because it demonstrates that “completion of secondary education”, amongst other features, is concentrated amongst the rich and the “concentration index of self-assessed good health is significantly concentrated among the rich rather than poor”

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ILLUSTRATIONS AND CURRENT EVIDENCE



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In 2006 the OECD reported that the percentage of people claiming positive life satisfaction increased with educational attainment (Shankar et al, 2013).

Amartya Sen (2009), writing on “Health: Perception and Measurement”, warns about the “conceptual contrast between ‘internal’ views based on...own perception, and ‘external’ views based on observations and examinations.” He, however, does not dispute the “priority of the internal view” for the purpose of “sensory assessment” but alerts readers to the limitations.

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ILLUSTRATIONS AND CURRENT EVIDENCE



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- Advanced education or higher education is also associated with positive societal outcomes including higher productivity, innovation, economic growth and stronger communities. These all directly and indirectly influence the health of society.
- It is, therefore, encouraging to see the South African society engaging fiercely with the debates on the transformation of higher education as well as issues of access and success.

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CONCLUSION

Education is an undisputed fundamental determinant of health and higher education is part of that continuum.

If education is fulfilling its role in society it should be able to imbue those who participate in it with “knowledge, skills of reasoning, values, socio-emotional awareness and control, and social interaction, so that they can grow as engaged, productive, creative and self-governing members of a society” (Hahn and Truman, 2015). Every level of education should be able to make this process more rewarding and this should go on even beyond formal higher education into the realm of continuing experiential education.

This should be able to make education at any level, including higher education, a social determinant of health, with health defined in its broadest sense.

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CONCLUSION

- Education is an undisputed fundamental determinant of health and higher education is part of that continuum from early childhood development.
- Higher education should, therefore, be part of assisting young people to break out of the lived experience of inequality and inequity.
- Higher education should assist the young people to afford a better standard and quality of life not only for themselves and their families but for the broader society.
- Shankar et al conclude, as the evidence in this paper does, that “the level of educational attainment is increasingly being recognised as an important social determinant of health”.

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The struggles for transformation of higher education are struggles for the transformation of a very important social determinant of health.





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THANK YOU

PROF MVUYO TOM

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