

# Perceptions of health don't translate country to country

September 10 2015, by Laurel Thomas Gnagey

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How healthy do you feel? Where you are from may determine your answer.

How individual feels about their overall health can be influenced by a number of factors such as income, [marital status](#), gender and the presence of chronic illnesses, but a University of Michigan study shows that how much these factors impact perceptions of health is not universal.

"In most countries, the poor, those who are single, and women feel less healthy than others. However, the reason may or may not be because they are more ill, depending on the country," says Dr. Shervin Assari of the U-M Department of Psychiatry and the School of Public Health Center for Research on Ethnicity, Culture and Health.

"Although by intuition we think those who feel less healthy should be always more sick and chronic diseases are why poor people feel less healthy, this is only true in some but not all countries."

Assari and colleague Maryam Moghani Lankarani of the Department of Psychiatry used data of more than 44,000 individuals selected from 15 countries in North America, South America, Asia and Africa to study whether countries differ in the complex links between demographics, socioeconomic status, medical disease and self-rated health.

In addition to the U.S., countries include China, India, Russia, Costa

Rica, Puerto Rico, Mexico, Argentina, Barbados, Brazil, Chile, Cuba, Uruguay, Ghana and South Africa.

The researchers used two models to determine the impact of various factors on perceptions of health. The first measured the effects of demographic and [socioeconomic factors](#). The second tested if [chronic medical conditions](#) would explain the effects of demographic and socioeconomic factors on self-rated health.

Perceptions of health affect not only quality of life but are strong predictors of mortality, they say.

In the U.S., the reason poor individuals feel less healthy than others was because they were more medically ill—an association the researchers did not find with any other country.

In Costa Rica, Argentina, Barbados, Cuba and Uruguay, chronic [medical conditions](#) explained gender disparities in subjective health. In Puerto Rico, these conditions explained the effect of marital status on subjective health.

Past research in individual countries has shown that [socioeconomic status](#) impacts both health and a self-reported sense of well-being. Gender also has been associated with [chronic health conditions](#), because women live longer and, therefore, develop more illness. They typically have fewer material resources, and are simply more likely to express concerns about their health. Age and level of education also influence self-rated [health](#).

"In countries such as China, Mexico, Brazil, Russia, Chile, India, Ghana and South Africa, chronic medical conditions do not explain why the poor, women or single individuals feel less healthy," Assari said. "In those countries, we do not know why the poor feel less healthy if they

are not more medically ill."

**More information:** "Does multi-morbidity mediate the effect of socioeconomics on self-rated health? cross-country differences."

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