

Private school and/or 'higher-status' university education linked to better midlife health in UK

June 18 2024



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A private (fee-paying) school and/or a "higher-status" (Russell Group) university education may be linked to better midlife health, at least in the

UK, suggests research published online in the *Journal of Epidemiology & Community Health*.

Alongside the level of education achieved, the type of educational institution a person attends may also influence subsequent [health](#) outcomes, suggest the researchers.

Published research to date indicates that [educational attainment](#) is associated with better subsequent health. But other aspects of education, such as the type of institution attended, have largely been ignored, despite its likely impact on future employment prospects and earnings, explain the researchers.

In a bid to plug this knowledge gap, the researchers drew on data from the 1970 British Cohort Study (BCS70), a representative UK group of people born in a single week of 1970. This involved 17,196 babies at baseline, who were subsequently followed up several times between the ages of 5 and 51.

In 2016–18, 12,368 participants aged between 46 and 48 took part in the 10th "sweep" of the study, and 8,581 (69.5%) of them were interviewed.

The type of secondary school each person had attended was categorized into private (fee-paying), grammar (selective without fees), comprehensive (state-funded) and other. Special educational needs schools were excluded.

Everyone who had a degree was asked at the age of 42 about the first university they had attended. Those who had gone to one of the Russell Group universities were classified as having attended a higher-status university.

The Russell Group universities include 24 self-selected institutions in the

UK, renowned for their academic excellence, seminal research, and industry links.

Those people who didn't go to university were classified into two groups according to the highest qualification they obtained: none or GCSEs only; A-levels/diplomas.

Three areas of health, including cardiovascular risks, physical capabilities, and [cognitive abilities](#) were assessed when the participants were 46 to 48 years old. These were captured by weight (BMI), pulse, and [blood pressure](#); grip strength and standing balance; and memory, verbal fluency and executive function.

Potentially influential childhood factors were also captured, including health and cognitive ability (tests taken at the age of 10); parental education and occupation and household income.

Further analyses were carried out to factor in the home learning environment and parental educational aspirations, to include variables such as how often the parent read to the child (measured at the age of 5), how often the child went to museums/libraries (age of 10), whether the parent had met the child's teacher in the past year (age of 10) and whether the parent was interested in the child's education (age of 10, as rated by the child's teacher).

Analysis of the interview responses showed that most participants had gone to a comprehensive or "other" school (7,229; just over 89%). Just under 4% (308) had gone to a grammar school, while 7% (570) had gone to a private fee-paying school.

Overall, after adjusting for sex and potentially influential factors, a [private school secondary education](#) was associated with better cardiometabolic health outcomes than a comprehensive school

education.

Similarly, attending a higher-status university was associated with better cognitive function, while no degree was linked to poorer health compared with attendance at a normal status university.

Grammar school attendance was also associated with better cardiovascular and cognitive health than comprehensive school attendance, but this difference weakened after accounting for potentially influential factors.

This is an observational study, and the researchers acknowledge various limitations to their findings. Potentially influential factors, such as family socioeconomic background and cognitive ability are hard to capture comprehensively, they point out.

The study also focused on one generation in the UK who went to school in the 1980s and 1990s amid significant reforms in the UK education system.

"The generalizability of the results to the present day remains unclear, especially given the changes in the education system in recent years," the researchers add.

However, they conclude, "Our findings suggest that the type of education could potentially contribute to understanding the links between education and health... Moreover, if this association is causal, future policies aimed at reducing health inequalities could take education quality into account as well as attainment. This is particularly important given the increases in university attendance, in which other aspects of the education experience may better distinguish health inequality."

More information: Associations of schooling type, qualification type

and subsequent health in mid-adulthood: evidence from the 1970 British Cohort Study, *Journal of Epidemiology and Community Health* (2024).
[DOI: 10.1136/jech-2023-221694](https://doi.org/10.1136/jech-2023-221694)

Provided by British Medical Journal

Citation: Private school and/or 'higher-status' university education linked to better midlife health in UK (2024, June 18) retrieved 19 June 2024 from
<https://medicalxpress.com/news/2024-06-private-school-andor-higher-status.html>

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