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Original Research Paper Economics

A STUDY ABOUT IMPACT OF EDUCATION ON HEALTH

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ABSTRACT Education is important for social and economic development of any nation. Education is strongly linked to health. It also helps promote and sustain healthy lifestyles and positive choices, supporting and nurturing human development, human relationships and personal, family and community well-being. Present study is focused on establishing relationship between health and education level.

KEYWORDS : Education, Development, Health

Introduction:

It is now widely recognized that health outcomes are deeply influenced by a variety of social factors as education, economy, govt. policies, facilities etc. Education changes the way individuals behave and the choices they make. Higher levels of education are associated with better health and wellbeing of family and society. Level of education is the strongest predictor of outcomes compared to age, gender, income, employment status, and marital status. Health is a property of an individual organism and can be protected by awareness which may produced by education. Education had three main aims related to health as to reduce morbidity and mortality through changing the behavior and beliefs of individuals; to foster the appropriate use of health services; and to create general awareness of health issues. Policy makers design specific health promotion programs and can reach to ground root level through education.

Objective of Study:

- Finding of health status of male educated persons.
- Finding of health status of female educated persons.
- Finding of health status of male un educated persons.
- Finding of health status of female un educated persons.

Hypothesis:

1. There is no significant impact of education on health status of male persons of age 21-35 years.
2. There is no significant impact of education on health status of female persons of age 21-35 years.

Methodology:

Descriptive survey method was applied for study. 1000 people of age 21-35 years were randomly selected as sample. In sample 250 rural male, 250 rural female, 250 urban male and 250 urban female were included. All the candidates were interviewed for finding status of health and education using a self prepared questionnaire. Collected data was tabulated and comparatively analyzed using percentile tools.

Finding and Analysis:

Table: Status of Health Value and Education Status

Educational Status	Gender	No. of Persons %			
		Health Value 81-100	Health Value 61-80	Health Value 41-60	Health Value 21-40
High School	Male	17	24	27	32
	Female	14	21	29	36
Higher Secondary	Male	18	25	26	31
	Female	17	23	26	34
Graduates	Male	21	28	22	29
	Female	20	27	22	31
Post Graduates	Male	23	29	20	28
	Female	21	29	21	29

Data table shows relation of education and health value. Data related to male indicates that 32% persons educated up to high school have health value 21-40, 27% have 41-60, 24% are under the category of 61-80 and 17% have very good health with highest value 81-100. As we move towards higher secondary educated male 31% have 21-40, 26% got 41-60, 25% reached up to 61-80 and 18 % found 81-100 health value category. Graduate male % changed from low health value to higher health value. 29% got health value 21-40, 22% are related to 41-60, 28% have 61-80 and 21% searched in 81-100. Among post graduate persons, 28% have health value 21-40, 20% got 41-60, 29% found 61-80 and 21% are related to 81-100 health value. Thus hypothesis 1, there is no significant impact of education on health status of male persons of age 21-35 years is rejected.

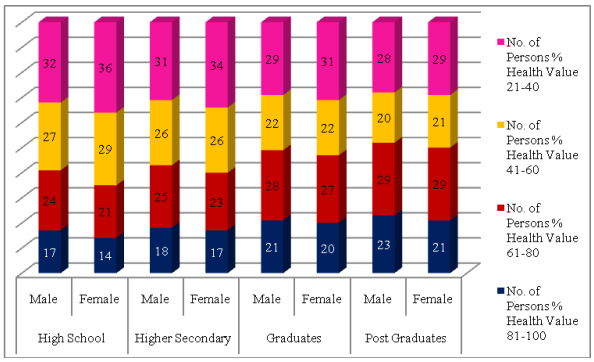

Chart: Status of Health Value and Education Status:

Among females educated up to high school 36% have 21-40, 29% have 41-60, 21% found 61-80 and 14% have 81-100 health value. For higher secondary students, 34% got minimum health value while 17% got maximum health value. For graduate and post graduates minimum health value searched as 31% and 29% while maximum health value as 20% and 21% respectively. Hence hypothesis 2, there is no significant impact of education on health status of female persons of age 21-35 years is rejected.

Conclusion:

Education brings awareness regarding good health. Health value of male is greater than female. As education level increases, no. of persons having high health value increases. Those with more education are also more likely to take advantage of health care provisions.

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