




UNIVERSITETET I ÅLBORG
AALBORG UNIVERSITY COPENHAGEN

**Intro to appearance, health status
behaviour and careers in
educational settings**



CAPTIVE FOODSCAPE STUDIES

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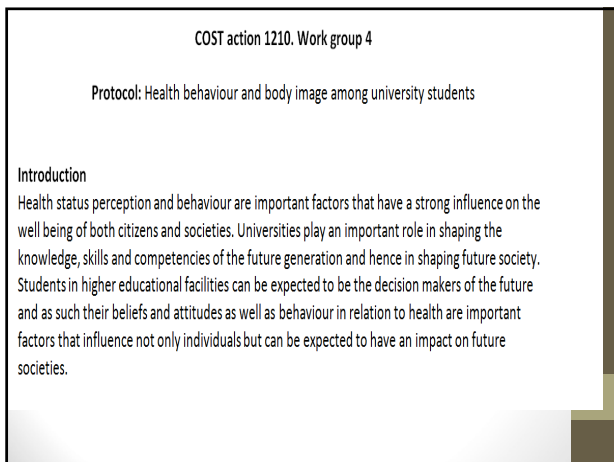
About Bent

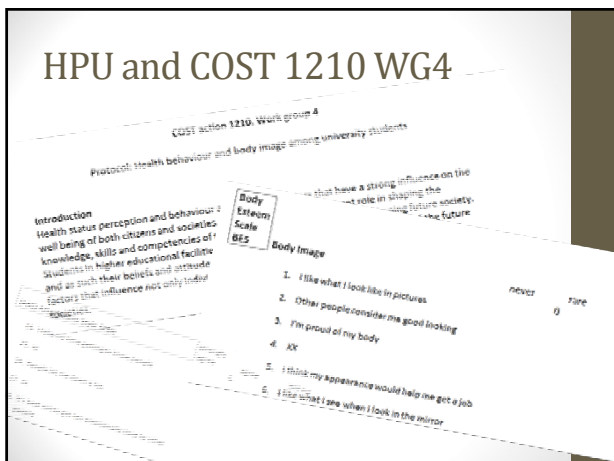
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C1210 Work group 4:

- Higher education
- Vocational schools





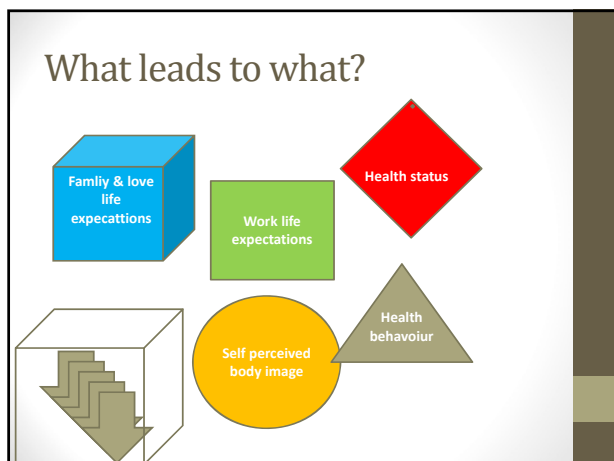


Questionnaire2015

Date of birth _____ Sex **M** **F** UNIVERSITY _____

Please indicate at the scale 0-4, how these statements apply to you:

	NEVER	SELDOM	SOMETIMES	OFTEN	ALWAYS
1. I like what I look like in pictures	0	1	2	3	4
2. Other people consider me good looking	0	1	2	3	4
3. I'm proud of my body	0	1	2	3	4
4. I am preoccupied with trying to change my body weight	0	1	2	3	4
5. I think my appearance would help me get a job	0	1	2	3	4
6. I like what I see when I look in the mirror	0	1	2	3	4
7. There are lots of things I'd change about my looks if I could	0	1	2	3	4
8. I am satisfied with my weight	0	1	2	3	4
9. I wish I looked better	0	1	2	3	4
10. I really like what I weigh	0	1	2	3	4
11. I wish I looked like someone else	0	1	2	3	4



Why are educational settings interesting ?

- Health Promoting University
- The lifelong learning perspective
- Universities as "sampling units"
- Schools as health promoting and "protected places"

BMI+ as proxy for body disfigurement?

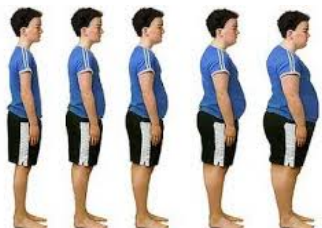


Table 2. Relative Inequality in Death and Cause-Specific Mortality Rates Between Persons with the Lowest and Those with the Highest Level of Education*

Country	Age-standardized mortality rate (per 100,000 person-years)		Shape Index of Inequality According to Cause of Death											
	All Causes	All Causes	All Causes	Cardiovascular	Stroke	Ischaemic Heart Disease	Respiratory	AD/Other	Alcohol	Sexual	Smoking	Other	Unknown	
Denmark	1075	1075	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Finland	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
France	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Germany	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
United Kingdom (England and Wales)	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Netherlands	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Sweden	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Spain	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Switzerland	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Italy	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Poland	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Czech Republic	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Latvia	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Estonia	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Lithuania	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
European average	1208	1208	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Exploring the health trap - social inequality, health and career tracks among students in disadvantaged educational settings. Bent Egeberg Mikkelsen and Annette Quinto Romani, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, Department of sociology and social work, Aalborg University, Aalborg, Denmark.



9. Mackenbach JP, Stirbu I, Roskam AR, Schaap MM, Menvielle G, Leinsalu M, et al. (2008). Socioeconomic inequalities in health in 22 European countries. *N Engl J Med* 358(23):2468-2481.

- Mortality has been shown to be reduced with 43% compared to men with the lowest education level¹¹.
- These risk reduction estimates were stronger among men than women, but in both cases highly statistically significant¹¹.

Education level	Men	Women	Mortality rate (per 100,000 person-years)	Men		Women		Men		Women	
				Relative risk	95% CI	Relative risk	95% CI	Relative risk	95% CI	Relative risk	95% CI
High	100	100	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
Medium	0.75	0.85	0.75	0.75	0.85	0.85	0.75	0.75	0.85	0.85	
Low	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	

11. Gallo V, Mackenbach JP, Ezzati M, Menvielle G, Kunst AE, Rohmann S, et al. (2012). Social inequalities and mortality in Europe - Results from a large multinational cohort. *PLoS ONE* 7:25:7 (7).



- Dietary behaviours have been shown to be associated with SES.
- Males with low adult SES unlike females had a dietary pattern rich in meat, sauce, potato, fast food, sweets and rye bread.
- Adults with high SES were shown to have intakes more dominated by a green food pattern rich in fruits and vegetables.

TABLE 3
Mean difference in food pattern scores by SES reported separately for men and women¹

	Traditional-western food pattern		Green food pattern	
	Women, n = 364	Men, n = 280	Women, n = 364	Men, n = 280
Adult SES	$\beta \pm SE$			
Crude ²				
Low SES	0 (ref)	0 (ref)	0 (ref)	0 (ref)
Medium SES	-0.11 ± 0.14	-0.55** ± 0.17	0.25 ± 0.16	-0.04 ± 0.18
High SES	-0.15 ± 0.10	-0.64*** ± 0.14	0.31** ± 0.12	0.52*** ± 0.14
Moderately adjusted ³				
Low SES	0 (ref)	0 (ref)	0 (ref)	0 (ref)
Medium SES	-0.02 ± 0.08	-0.01 ± 0.10	0.29* ± 0.14	0.18 ± 0.17
High SES	-0.11 ± 0.06	-0.21** ± 0.08	0.29** ± 0.11	0.67*** ± 0.14
Fully adjusted ⁴				
Low SES	0 (ref)	0 (ref)	0 (ref)	0 (ref)
Medium SES	-0.02 ± 0.08	0.02 ± 0.10	0.28* ± 0.14	0.16 ± 0.17
High SES	-0.08 ± 0.06	-0.18* ± 0.08	0.25* ± 0.10	0.64*** ± 0.13

12. Hare-Braun H, Togo P, Andersen LB, Heitmann BL. (2011) Adult food intake patterns are related to adult and childhood socioeconomic status. J Nutr 141(5):928.

Skewedness in gender

- In addition to the social skewedness there is a gender dimension since women generally eat more in accordance with the official dietary guidelines compared to men¹⁵.
- It is shown that men in general have less regular meals than women. Especially breakfast and lunch¹⁵.
- Men eat less dietary fibre than women, and they consume more fat and alcohol¹⁵.

15. Christensen LM, Karup K, Trolle E, Fagt S. (2013). Meal habits for adults with short education. 2005-2008 [Måltidsvaner for voksne med kort uddannelse 2005-2008]. Søborg: DTU Fødevareretilrettet.

Students at vocational schools

- Being a student at a vocational school is a major predictor of multiple health risk behaviors¹⁶.
- There is a higher level of prevalence of overweight students in vocational programs than academic programs¹⁶.
- Studies have shown that students at vocational school have poor eating habits¹⁷.
- It is shown that students coming from families with lower SEP tend to have less healthy dietary habits¹⁷.

16. Aflricsson M, Landstad BJ, Romild U, Gundersen KT. (2008). Physical activity, health, BMI and body complaints in high school students. Minerva Pediatr 60(1):19-25.
17. Bessesen KM, Asser P van, Maryens KM, et al. (2012). Healthier food choices as a result of the revised healthy diet program. Int J Behav Nut Phys Act 9 (60).
