

FINANCIAL DIFFICULTIES' RELATION TO STUDENTS' HEALTH

EUROSTUDENT Intelligence Brief 1/2020

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This Intelligence Brief takes a closer look at students' health. Compared to the overall population of the same age, students less often perceive their health as good or very good. Logistic regression analyses with German student data show strong and negative relations between financial difficulties and students' health perception. Additionally, a cross-country comparison with EUROSTUDENT data consistently shows comparatively large shares of impaired students among those with financial difficulties. The findings indicate that policy makers should pay special attention to both impaired and financially challenged students in order to ensure their successful higher education participation and prevent negative societal effects of poor health.

WHY IS IT IMPORTANT TO TAKE A CLOSER LOOK AT STUDENTS' HEALTH?

Many factors may influence a person's health. The World Health Organization (WHO), for example, points out the influence that the social and economic environment, the physical environment, and the person's individual characteristics and behaviours may have (*WHO / The Determinants of Health*, n.d.). Thus, examinations of health have to take many indicators into account (such as socio-demographics, strain/ stress, economic resources, and personality structure) in order to provide an adequate view on health determinants.

In comparison to other groups, higher education students are in a much different position than their peers not participating in higher education, who usually have already entered the labour market. While, on the one hand, educational attainment is generally associated with improved health (Borgonovi & Pokropek, 2016; Telfair & Shelton, 2012), on the other hand students usually have limited monetary resources during their studies and at the same time have to cope with several forms of stress, both of which might negatively affect their health status (DZHW (Ed.), 2018, p. 148; Robotham, 2008). So, while they are approaching a higher education degree (and are consequently increasing their chances for better work conditions, higher income, and an improved life-style), they have to cope with immediate financial disadvantages compared to their peers fully participating in the labour market. This could entail a decrease of health as a consequence of their investment in human

capital (Becker, 1962). Therefore this Intelligence Brief attempts to answer two questions:

1. What is the health status of students compared to their peers outside the higher education system?
2. (How) Does the specific financial situation of students relate to their health status?

The following analyses mainly draw on the self-perceived health indicator (de Bruin et al., 1996). The question "*How is your health in general?*" aims to comprise people's health status in the broadest possible sense (measuring physical as well as mental health issues without being susceptible to short-term illnesses) with a 5-score scale ranging from "very good" to "very bad". The indicator is implemented in the EU statistics on income and living conditions as well as some student surveys (e.g. the 21st German Social Survey), thus allowing for overall and student population comparisons as well as multivariate evaluation. In this Intelligence Brief, analyses using the self-perceived health indicator are complemented by EUROSTUDENT data on students with impairments in order to assess the generalisability of findings on a cross-national level.

¹ Acknowledgements go to Yassin Boughaba (who initially had the idea to measure the effects of financial difficulties on students' self-perceived health), Kristina Hauschildt, and Sandra Buchholz for their valuable comments as well as the participants of the EUROSTUDENT VII Researchers' Forum in Vilnius (2020) who contributed to this Intelligence Brief with much-appreciated input.

EXTANT RESEARCH FINDS POORER HEALTH AMONG STUDENTS COMPARED TO THEIR PEERS OF THE SAME AGE

Previous examinations found a lower (mental) health-status for students than for the overall population in several European countries, which highlights that participation in higher education represents a remarkable individual transitional phase:

- Students in the **UK** “scored significantly lower on all eight dimensions of the SF36 [The Short Form (36) Health Survey] than the equivalent age group in the (...) local population survey” (Stewart-Brown et al., 2000). This finding was cautiously set into the context of students’ scarce disposable income in comparison to their peers in employment. A separate research project yielded comparable results, showing students’ health levels lying significantly below population norms. Physical and particularly mental health issues among students could be traced to longer working hours and difficulties paying bills, increasing with study progress (Roberts et al., 2000).
- A **Swedish** study compared the self-rated health and perceived quality of life of first-year university students to their full-time working counterparts of the same age (Vaez et al., 2004). It was found that male and female students both rate their health and quality of life lower than their working peers. Even though the data used was not suitable for appropriate verification, Vaez et al. traced this observation
- back to “students’ precarious living and studying conditions”, mentioning, among other factors, their current financial situation as well as their inability for personal asset protection as factors influencing Swedish students’ emotional health.
- Analyses based on a survey on mental health and well-being of college students and their non-college-attending peers in **France** have identified students as a particularly at-risk-group for suffering panic disorder (Kovess-Masfety et al., 2016). The conclusion was drawn that mental health problems relate to the employment situation of young adults (regardless of their occupational status).
- A recent study about health among **Swiss** students also illustrated a gap between self-perceived health of students and the overall population (Fischer & Boughaba, 2018, pp. 11–12). Furthermore, an increase of this health gap with rising age could be identified: the share of students aged 20 to 21 years that perceive their health as (very) good is 13 percentage points lower than among the same –age group within the overall population, while students in the age groups over 29 years perceive their health more than 20 percentage points lower than their peers of the same age.

STUDENTS IN HIGHER AGE GROUPS INDICATE MARKEDLY INFERIOR HEALTH COMPARED TO THEIR PEERS WITHIN THE OVERALL POPULATION

Preceding analyses have compared the health status of students to the overall population. The 21st German Social Survey amongst students and German administrative data (Leben in Europa/ EUSILC) allow for a similar comparison as both surveys included the self-perceived health indicator (de Bruin et al., 1996) and were conducted in 2016. Comparable differentiations are possible for the characteristics age (corresponding to the analysis for Switzerland in Fischer & Boughaba, 2018, pp. 11–12) and sex (similar to the Swedish analysis of Vaez et al., 2004).

Regarding age, the findings for German students are not quite as distinct as in Switzerland (Figure 1). Nevertheless, students aged 26 or older² less frequently indicate (very) good health than those of the same age in the overall

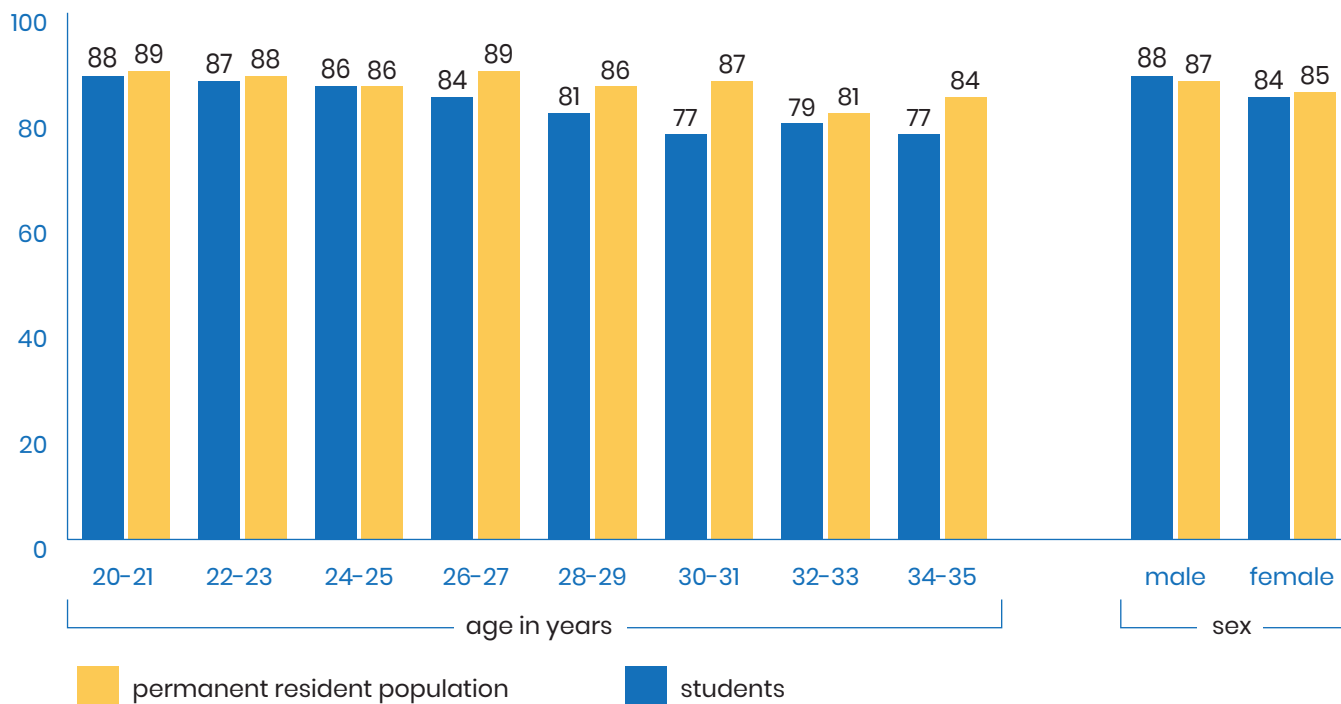
population. Vocational training in Germany – as opposed to higher education – is usually finished for some time by the age of 26 years and the labour market fully entered (Bundesinstitut für Berufsbildung, 2019, p. 183). Thus the comparison of students to the overall population strongly suggests financial implications on health, because students have already increased their knowledge (even though they have not yet attained a higher education degree) but have to cope with an inferior economic situation. These presumably scarcer financial resources of students during their studies compared to the vocational educated (Piopiunik et al., 2017) can be assumed to relate to their health, which would in turn explain the lower shares of students with (very) good self-perceived health in

² Even though students in Germany finish their studies by the average age of 25.0 years (Bachelor: 23.5, Master: 26.1, Statistisches Bundesamt, 2019, pp. 155–167), a considerable share of students is older than 25 years (about one third).

comparison to their peers in the overall population. The differentiation by sex indicates slightly stronger disparities between females and males among students than among the overall population: while the share of female students perceiving their health as (very) good is four percentage points lower than the share of male

students, the difference among the overall population amounts to just two percentage points. In contrast to the findings in Sweden, no obvious differences between students and overall population by sex can be found in regards to self-perceived health.

Figure 1 (Very) good self-rated health of students and permanent resident population by age group and sex (DE, 2016); in %



Source: Federal Statistical Office (Leben in Europa, special analysis), DZHW (21st Social Survey)

CAUSE OR EFFECT?

The evidence of the subsequent logistic regressions and European comparisons may be interpreted from two points of view: either financial difficulties lead to poor health (e.g. because of inferior resources for treatment) or students with poor health stand a larger chance of facing financial difficulties (e.g. through higher expenditures for treatment or fewer possibilities to work alongside studies; cf. DZHW (Ed.), 2018, pp. 151-155). Preceding research derived from cross-sectional data comes to different conclusions regarding the direction of observed associations between economic situation and health status. Regarding mental health issues Kovess-Masfety et al. (2016) hypothesize that “while some mental health problems are exacerbated, or even triggered by being unemployed, others may find themselves unemployed because they have always been more psychologically fragile and therefore experienced greater difficulties and adjustment problems”.

Roberts et al. (2000), utilising structural equation modelling (SEM), find that “as debt increases, longer hours are worked, which in turn impacts negatively on mental health” and conclude that “although the possibility of health being causally related to financial difficulties cannot be eliminated (...), the fact that financial difficulties are also associated with longer working hours makes it unlikely” and it “is difficult to envisage any obvious explanation why those with poorer health, whether mental or physical, would work longer hours”, indicating that financial stresses directly affect health. Regardless of the causal direction, the findings presented in the following are of high value, as an improved financial situation would both allow for better study surroundings of students who run into financial difficulties because of poor health as well as students whose health status suffered due to their financial difficulties.

WHAT ARE THE FACTORS BEHIND STUDENTS' HEALTH PERCEPTIONS?

In order to test the validity of financial difficulties' relationship to students' health status against established health determinants, logistic regression analyses are conducted with data from the 21st German Social Survey.³ The indicator on self-perceived health is used as dichotomised dependent variable (0 = (very) bad and fair health: 15 %, 1 = (very) good health: 85 %).

The individual economic situation is expected to be clearly connected with students' health (Roberts et al., 2000), with financial difficulties supposed to exhibit a significant and strong negative relationship with (very) good self-perceived health. It is operationalised with a variable measuring the extent of financial difficulties on a 5-score scale, and included in dichotomised form (0 = does not apply (at all) and intermediate category: 82 %, 1 = (fully) applies: 18 %). This independent (or explanatory) variable is included in five model steps. In model 1 the sole effect of financial difficulties on health is measured. Models 2 to 4 include several sets of further independent variable in addition to financial difficulties. Finally, model 5 includes all of the control variables in order to check the overall robustness of findings and the total explanatory power. The following sets of control variables are included, taking previous health-related research findings into account:

Model 2 – Socio-demographics:

Sex and age are included in order to control for the established physical determinants related to health (Robert Koch-Institut, 2018); the inclusion of educational background reflects reproduction theory and intergenerational effects of education (Kuntz, 2014); parenthood is expected to bring about additional stress through an investment in time for child-raising (OECD, 2016).

Model 3 – Study and work surroundings:

Different study subjects are assumed to entail varying degrees of (mental) burden, so the field of study should be strongly interrelated with self-perceived health (Tran et al., 2017); the type of study programme is expected to compensate for national specifics of the German higher education

system (e.g. *Staatsexamen* as degree in teacher education or law in some federal states); paid employment may be expected to influence health both positively (because of larger financial resources) as well as negatively (because of increased stress; Carney et al., 2005); the overall time budget is intended as overall measurement of "professional" time strain (adding up the weekly hours in taught studies, for personal studies, as well as paid work).

Model 4 – Personality structure:

The personality structure is expected to influence health-related behaviour and at the same time take the subjectivity of self-perceived health into account, as such the Big Five personality traits are included (Greven et al., 2008; Raynor & Levine, 2009).

The coefficients are standardised in the form of average marginal effects (AME). The effects of categorical variables (e.g. financial difficulties) can therefore be interpreted as percentage point deviations in the probability to perceive health as (very) good compared to the reference category.⁴ Model 1 shows a considerable AME of financial difficulties regarding self-perceived health: students who indicate financial difficulties have a 14 percentage points lower probability of perceiving their health status as (very) good compared to students without financial difficulties (Figure 2). Nevertheless the overall explanatory power of this approach is very weak (Pseudo-R²=.02), which implies that further control variables have to be included in order to explain self-perception of health sufficiently. The consideration of socio-demographic characteristics in Model 2 weakens the AME of financial difficulties slightly (now showing an effect of 12 percentage points regarding (very) good self-perceived health) but fail to push the explanatory power to a satisfying level (Pseudo-R²=.03).⁵ The effect size of financial difficulties is not notably affected through control for study and work surroundings in Model 3 but, again, the explanatory power of the model is not strengthened sufficiently (Pseudo-R²=.03).⁶ The inclusion of the Big Five personality traits in Model 4 finally strengthens the explanatory

³ The survey was conducted in 2016 among students enrolled at public sector and state-recognised higher education institutions and includes questions on socio-demographics, study and work surroundings, and personality structure (*Sozialerhebung*, n.d.). Due to sample splits in the online survey and after exclusion of missing cases, data of 9,584 respondents can be included in the logistic regressions.

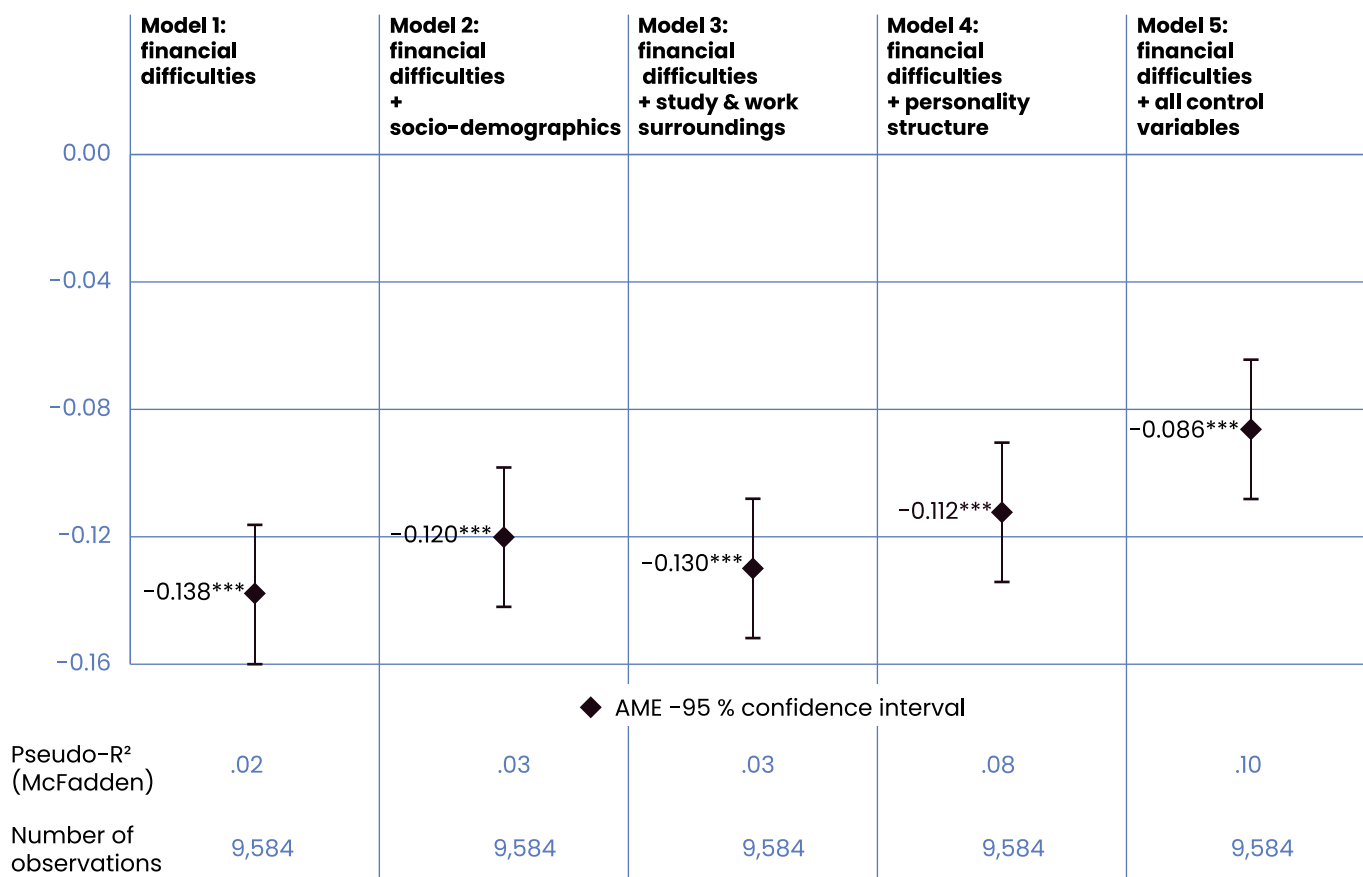
⁴ The effects of continuous variables (e.g. age) can be interpreted as percentage point deviations per unit of the variable.

⁵ **sex** (ref.: male): .034***; **age** (in years): .007***; **educational background** (ref.: without HE background): .013^{n.s.}; **parenthood** (ref.: no children): .010^{n.s.}.

⁶ **field of study** (ref.: engineering, manufacturing & construction): education .054*, arts & humanities .078***; social sciences, journalism & information .057***; business, administration & law .020^{n.s.}; natural sciences, mathematics & statistics .050***; information & communication technologies .040*; agriculture, forestry, fisheries & veterinary .015; health & welfare .042**; services .009^{n.s.}; **type of study programme** (ref.: Bachelor): Master .026**; national degree .040***; **paid employment** (ref.: no paid employment): .028***; **overall time budget** (in h/week) -.001**.

power (Pseudo - R²) of students' self-perceived health distinctly to .08. The AME of financial difficulties is in turn reduced to 11 percentage points.⁷ Even under control of all further independent variables taken into account (Model 5), the AME of financial difficulties is still strongly negative for (very) good self-perceived health, reducing the probability by 9 percentage points.⁸

Figure 2 Financial difficulties' (controlled) relationship to (very) good self-rated health of students (DE, 2016); in AME



Logistic regressions; dependent variable: 0 = (very) bad/ fair health, 1 = (very) good health

Source: DZHW (21st Social Survey)

Reading example for Model 2: Under control for the socio-demographic characteristics sex, age, educational background, and parenthood, students with financial difficulties are about 12 percentage points less likely to indicate (very) good health compared to students without financial difficulties.

7 Big Five personality traits (1=does not apply at all – 5=applies completely): openness .017***; conscientiousness .022***; extroversion .016***; agreeableness .021***; neuroticism .063***.

8 sex (ref.: male): .004^{n.s.}; age (in years): .009***; educational background (ref.: without HE background): .004^{n.s.}; parenthood (ref.: no children): .001^{n.s.}; field of study (ref.: engineering, manufacturing & construction): education .045^{n.s.}; arts & humanities .059***; social sciences, journalism & information .047***; business, administration & law .024*; natural sciences, mathematics & statistics .046***; information & communication technologies .028^{n.s.}; agriculture, forestry, fisheries & veterinary .012^{n.s.}; health & welfare .034*; services .009^{n.s.}; type of study programme (ref.: Bachelor): Master .037***; national degree .034***; paid employment (ref.: no paid employment): .019*; overall time budget (in h/week) .001***; Big Five personality traits (1=does not apply at all – 5=applies completely): openness .012***; conscientiousness .026***; extroversion .016***; agreeableness .019***; neuroticism .061***.

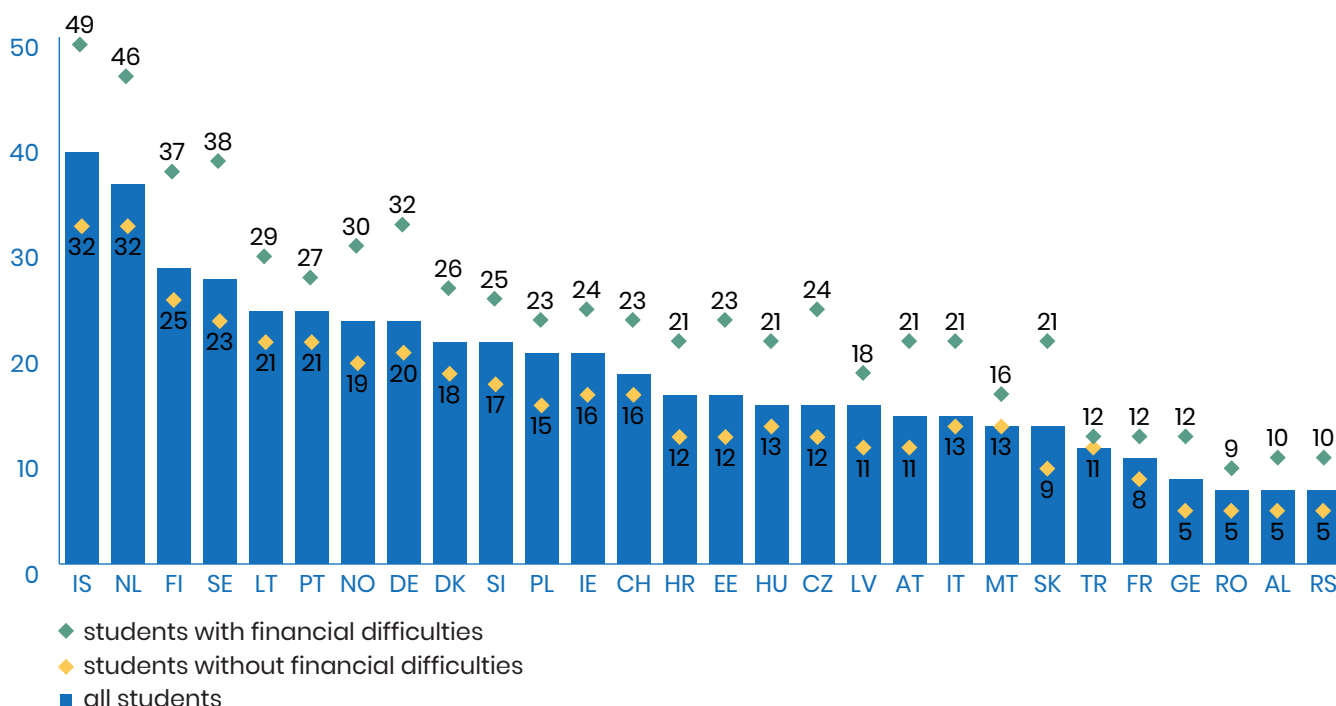
THE RELATIONSHIP BETWEEN FINANCIAL DIFFICULTIES AND STUDENTS' HEALTH HOLDS TRUE ACROSS EUROSTUDENT VI COUNTRIES

EUROSTUDENT's main indicator for measuring students' general health status covers health issues by asking respondents to indicate if they "have a disability, impairment, long-standing health problem, or functional limitation", with long-standing health problems referring to health problems that have lasted or are likely to last for at least 6 months. This indicator (subsequently termed "impairment") may serve as an alternative to the self-perceived health indicator for robustness checks of the preceding findings on a European level (both indicators show a satisfying and highly significant statistical relationship in the German student data: $\phi=0.29$, $p<0.001$).

The relationship between financial difficulties and students' health is also found in the EUROSTUDENT data.

Across EUROSTUDENT VI countries, the share of students indicating impairments ranges from 39 percent in Iceland to seven percent in Romania, Albania, and Serbia (DZHW (Ed.), 2018, pp. 36–38). A differentiation by financial difficulties reveals consistently, across all 28 countries, that students facing economic difficulties are more frequently impaired compared to students without such difficulties (Figure 3). Further statistical testing shows the disparity to be highly significant ($p<0.001$) in all countries apart from Malta and Turkey. The statistical association between financial difficulties and impairment is particularly large in Slovakia and Iceland ($\phi=0.17$). These findings tentatively support the validity of a relationship between the economic situation of students and their health on a cross-national level.⁹

Figure 3 Share of impaired students by financial difficulties (EUROSTUDENT VI); in %



Source: EUROSTUDENT VI, database.

⁹ Even though the relationship between individual economic troubles and health status most likely holds true for all people and not only students, higher education participants deserve close attention as they face particularly large risks of running into financial difficulties during their studies.

Summary, research recommendations, and policy considerations

This Intelligence Brief showed a lower self-perceived health-status of higher education students compared to their counterparts in the labour market by means of a review of extant research as well as a new analysis for Germany (revealing differences primarily in the age groups exceeding 25 years). The finding was shown to be mostly grounded in students' special financial situation: a multivariate analysis of German student data as well as a cross-country comparison of EUROSTUDENT VI data illustrates a most coherent trend of financial difficulties' negative association with students' health. Thus the relationship of financial difficulties with poor health can be assumed to have a general value, in particular for students as they face large risks of running into financial difficulties. Still, generalisability of the results is limited. An integrative source of data on overall population and students, covering cross-country information with a consistent set of indicators (e.g. GALI or self-perceived health; Berger et al., 2016), would allow for comprehensive multivariate analyses. It is also not conclusive if financial difficulties lead to weakened health or, vice-versa, if students with a poorer health-status are faced with larger risks of having financial difficulties compared to healthy students (e.g. through expenses for medical treatment). An analysis of longitudinal data could be used to clarify this ambiguity. Regardless of the unsolved question

of causality, the distinct relationship between health and economic situation remains highly relevant as increased financial resources can be expected to have positive effects on students' wellbeing either way. Still, there is a need to look for additional independent/control variables as the explanatory power of the final logistic regression model is still not at a satisfying level (Pseudo - $R^2=.10$). The consideration of further variables on the economic situation of students could be leverage points for better clarification (e.g. the economic situation of parents and receipt of loans and grants).

Students' academic achievement and the probability to succeed in studies and graduate can be expected to increase if students are healthier (Vaez & Laflamme, 2008), benefitting labour markets in the long-term as tertiary educational attainment yields higher income and perpetuates better health throughout the course of life. Thus it should be in policy makers' interest to improve the financial situation of students, e.g. through broader and larger amounts of loans or better possibilities for gainful employment alongside studies, for example through increased individual flexibility of studies. Even though such reforms could raise the direct expenses for the higher education system, the indirect public expenses (e.g. for physical and psychological treatment/counselling services; Holm-Hadulla & Koutsoukou-Argraki, 2015) should see a reduction consecutively.

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ABOUT EUROSTUDENT

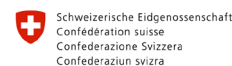
The EUROSTUDENT project collates comparable student survey data on the social dimension of European higher education, collecting data on a wide range of topics, e.g. the socio-economic background, living conditions, and temporary international mobility of students. The project strives to provide reliable and insightful cross-country comparisons. The data presented here stem from the sixth round of the EUROSTUDENT project (2016–2018). The

comparative report “[Social and Economic Conditions of Student Life in Europe](#)” (2018) provides insight into many other questions related to students’ characteristics as well as other aspects of student life in Europe. Furthermore, the [EUROSTUDENT database](#) allows users to explore country data by topic area and in comparison between countries. Also visit www.eurostudent.eu for more information and results.

COUNTRY ABBREVIATIONS

| | | | |
|-------------------|------------|--------------------|-------------|
| AT Austria | FR France | LT Lithuania | RO Romania |
| CH Switzerland | GE Georgia | LV Latvia | RS Serbia |
| CZ Czech Republic | HR Croatia | MT Malta | SE Sweden |
| DE Germany | HU Hungary | NL The Netherlands | SI Slovenia |
| DK Denmark | IE Ireland | NO Norway | SK Slovakia |
| EE Estonia | IS Iceland | PL Poland | TR Turkey |
| FI Finland | IT Italy | PT Portugal | |

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