

Interactive Poster Session 3

Tuesday 14:30-15:00, Foyer

SOCIO-ECONOMIC FACTORS AND HEALTH BEHAVIOR

The relationship between residential and living environments and self-rated health

Katharina Seebass & Alexander Patzina

The individual health status is influenced by different factors. Socioeconomic status is proven to have a direct and indirect effect on health outcomes (e.g. Jungbauer-Gans/Groß 2009, Mielck/Janßen 2008, Subramanian/Kawachi 2004). Also, stress and the setting at working place has an impact on personal well-being (e.g. Siegrist/Theorell 2006, Steptoe 1991). Moreover, several studies have shown that the neighborhood setting and housing has an impact on individual health (e.g. Gould et al. 2003, Mohnen et al. 2012, Pollack et al. 2004, Voigtländer et al. 2012). However, according to Voigtländer et al. (2012) a standard explanatory model integrating small-context features, individual information and their relation to individual health is still missing. We will make use of a proposed conceptual model of these authors to answer our research question: To what extent do individual factors, the housing features and the regional living environment influence individual health outcomes? The data for this study were obtained by a representative survey in 2011 of residents of two city districts (N= 1.180) of Nuremberg, Germany. The data contains detailed information on health status of individuals, personal characteristics, psychological well-being, social life circumstances, individual information on housing, and proximity to greenery in the living area. Prospectively, to operationalize the influence of the regional living environment (district area level “Stadtteile”) register information from the bureau of statistics of Nuremberg such as unemployment rate, rate of single households, average age of people living in the respondent district, international diversity or population density in the district area will be added to the data. In our analyses we focus on the relationship between residential and living environments and self-rated health. We will control for personal characteristics (such as income, family status, number of children, educational level, employment status), include information on personal stress level, individual social capital (measured by number of friends and perceived social support) as well as residential information (apartment size, facilities, proximity to greenery) and the context information of the living environment.

**How health behaviors relate to academic performance via affect:
An intensive longitudinal study**

Lavinia Flückiger

A third of university students leaves university without a degree. Therefore, studying behaviors that potentially boost academic performance is of considerable importance. This intensive longitudinal study examined the role of health behaviors for academic performance and examined affective experience as one potential mechanism underlying this relation. Over the freshman year, 233 university students answered online-assessments about learning goal achievement, positive and negative affect, sleep quality and physical activity on 65 days over the academic year. Within- and between-person effects were disentangled using multilevel structural equation models. On days on which students reported higher sleep quality, they also said to have better achieved their learning goal. There is no such relation for physical activity. Positive and negative affect both mediated the relation between day-to-day sleep quality and learning goal achievement as well as physical activity and learning goal achievement. On the between-person level, students with a higher average sleep quality also reported better average learning goal achievement; again, there was no such relation for physical activity. Average positive affect and negative affect mediated the relation between sleep quality and learning goal achievement, but only average negative affect mediated the relation between physical activity and learning goal achievement. Understanding both, the within- and between-person dynamics of health behaviors, affect experience (as a marker for psychological well-being), and academic performance in young adults is a first step towards designing prevention or intervention programs that could help young adults to achieve their academic goals in good physical and mental health.

Dealing with precariousness - A study among masons in Casablanca, Morocco

Abdallah Zouhairi

In this work we try to understand how workers in the masonry in Casablanca (Morocco) who live in low socio-economic conditions and who have low educational level start working, become skillful, remain in the masonry, and build more or less successful professional careers. Based on a mixed method that has made use first of a qualitative sociological survey and then of a quantitative one, we have been able to identify certain aspects of the working days of masons in the building sites. This work shows how the masons describe the precariousness

of their lives and their work; the two most important forms of such precariousness are their life in sites and the risks related to the nature of their work. However, Masons succeed, through a hands-on learning and through some relational strategies which focus on their ethnicity to pursue careers in masonry and to increase their revenues.

Health-related returns to education of migrants in Germany

Johann Carstensen

A substantial amount of research has explored the differences in mortality (the healthy migrant paradox) and morbidity of migrants and the autochthonous population. Former studies addressing this point find different results according to the outcome measure (morbidity vs. mortality). This work tries to shed some light on the mechanisms, leading to differences in health outcomes.

Education is one important determinant of one's health. However, it is still unclear if this is due to the effects of educational certificates and their effect on resources such as the socioeconomic position or if higher education leads to better health behavior through competencies and knowledge. Earlier research for Germany shows that migrants have problems to fully capitalize their education on the labor market. Foreign certificates of education and academic degrees are often not acknowledged, leading to a discrepancy between competencies and employment.

In this paper the question is addressed, whether migrant's morbidity differs from those of the autochthonous population, and especially if there is a different effect of education on health status. The focus lies on the question whether devalued education from the country of origin can be transferred into better health, or if the devaluation affects the usability of education for health purposes. The answer to this question could illustrate if the mechanism of the effect of education on health functions due to certificates and thus better resources, or competencies and their beneficial effect on health behavior.

To implement this research questions data from the Starting Cohort 6 – Adults of the German National Educational Panel Study (NEPS) are used.