IMPACT of Socio-Economic Status on Health-Related Quality of Life in Tunisia: A CROSS-Sectional Study

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Background

The global socio-economic transitions of the last several decades have had major impacts on the health sphere. For instance, average life expectancy has increased from 68.79 years in 1990 to 76.31 years in 2017. However, health inequalities between groups of people with various levels of education, income and employment status are also dramatically evolving **[1]**.

Objective

The aim of this study was to investigate the impact of socio-enconomic status on the health-related quality of life (HRQoL) of the Tunisian population.

METHODS

Data were collected from a representative sample of the Tunisian population (n=287) aged 20 years and over. The respondents reported the health status using the generic instrument EQ-5D-3L. Regression analyses were used to assess the impact of socio-demographic and economic factors on HRQoL.

RESULTS

300 Tunisians participated and 287 questionnaires were finally included through a quota sampling methodology. Our study covered the whole Tunisian country spread over six regions from May to September 2019. Each EQ-5D questionnaires were administered for 30-60 minutes. In order to ensure the representativity of the tunisian population, we have divided the study population according to gender, age and the geographical regions. Socio-economic status determinants used were Marital status, educational level, employment and income were collected to assess if these variables would have an impact on our study (table 1).

Table 1 : Population caracterisitcs

socio-demographic features		Workforce N	Rate %
Gender	Male	149	51.9
	Female	138	48.1
Age	20 – 29	84	28.9
	30 – 29	72	24.7
	40 – 29	52	17.9
	50 – 29	44	15.1
	>60 ans	39	13.4
residency zone	North East	120	41.8
	North West	34	11.8
	East Central	62	10.8
	West Central	31	21.6
	South East	26	9.1
	South West	14	4.9
Marital status	Married	152	53.0
	Not Married	135	47
Educational level	Hold Bachelor Degree	170	59.2
	No Bachelor Degree	117	40.8
Employment	Employed	199	69.3
	Unemployed	88	30.7
Monthly Household Income	< 150 USD	21	7.3
	150 – 605 USD	144	50.2
	> 605 USD	78	27.2
	Preferred not disclosing	44	15.3

Univariate linear regression showed that age fourty and over (coefficient = -0.01, p<0.001), supporting a parent or a child (coefficient = -0.06, p=0.001), free health insurance (coefficient = -0.18, p=0.018) and precarious employment status including unemployed people, students, housewives, part-time and daily workers (coefficient = -0.14, p=0.009) were associated to decline in HRQoL. However, those with private health insurance (coefficient = 0.08, p=0.04) have a better HRQoL (table 2).

Table2 : Impact of socio-economic factors on HRQoL

Socio-economic factors	Coef	Standard error	P>|t|	IC 95%	
				Bottom limit	Sup limit
Age	-0.010	0.023	0.000	-0.055	0.035
Supporting a parent or a child	-0.060	0.176	0.001	-0.091	-0.022
Precarious employment	-0.140	0.052	0.009	-0.241	-0.034
Pivate Healthcare insurance	-0.181	0.076	0.018	-0.330	-0.031
Free Health care Insurance	0.080	0.036	0.04	0.002	0.146

The obtained results are in line with other studies. However, methodological problems could explain discrepancies in some results such as unreliability of the socio-economic status measures, difficulties in including psychosocial factors that could affect health in the socio-economic status measures [2], as well as cultural diversity and entrenched religious beliefs of the studied populations.

Conclusion

Poor SES is associated with statistically HRQoL impairment in Tunisia.

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