Subjective Social Status and Health

Roles of Health-Related Expectancies and Behaviours

Robert W. Booth
Sabanci University, Istanbul

Müjde Peker
MEF University, Istanbul

Background

Subjective social status (SSS): people's perceptions of their financial, educational, and financial status relative to others

SSS is related to both **mental health**, and **physical health**. Why?

SSS is also related to self-efficacy. **Are high-SSS individuals more likely to expect they can be healthy in the future**, and that their health is controllable?

Based on these positive health-related expectancies, **do high-SSS individuals choose more positive health-related behaviours?**

Mental health problems (depression, worry) have their own associations with negative expectancies. If high-SSS have more positive health-related expectancies, does this directly explain their better mental health?

Present Study

We tested whether positive health-related expectancies and behaviours can account for the relationships between SSS and good self-reported health

Methods

Snowball sample of 520 Turkish speakers, recruited by students. 50% students; ~ 56% women; Mean age = 28.76; 60% in employment

Measures were completed online, in Turkish

SSS: measured with three 1-10 ladder scales, measuring status according to wealth, education, and employment prestige, relative to other people in Turkey.

Health-related expectancies: participants rate probabilities of 5 positive and 5 negative outcomes happening to them, e.g.:

When you get ill, you will be able to recover quickly

Despite your best efforts, you will become ill

Health behaviours: measured according to Glasgow et al.'s (2005) recommendations. Includes healthy eating habits, physical activity, smoking and drinking.

Physical health: measured with 4 items from the PROMIS (Hays et al., 2015).

Mental health problems: measured with the somatic (PHQ-15), generalised anxiety (GAD-7), and depression (PHQ-9) symptom scales of the Patient Health Questionnaire.

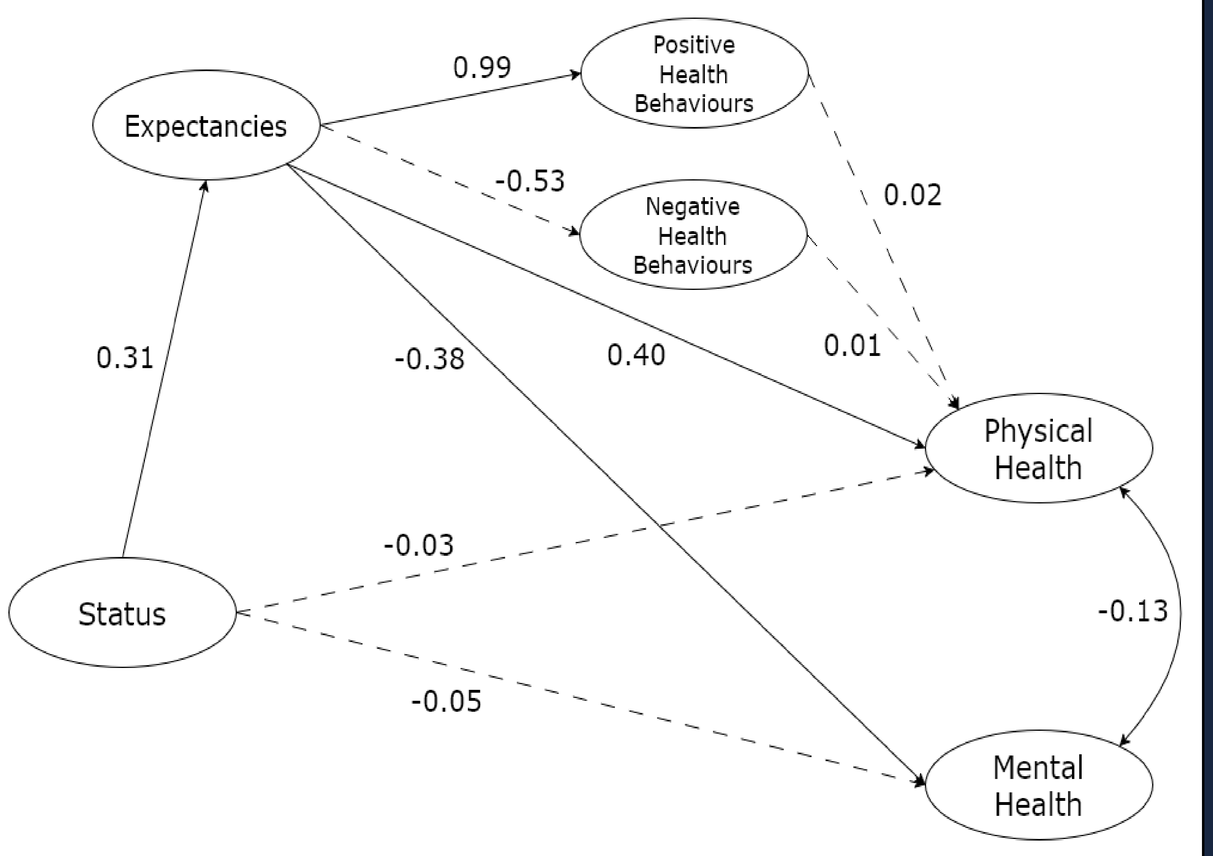
Scan code for a copy of the poster!

Results

CFA showed our measurement model fit the data well. Status covaried significantly with mental health problems (-.27, $p < .001$), and marginally with physical health (.18, $p = .053$).

However, in our structural model (see figure), status's relationships with mental health problems and physical health were not significant. They were fully mediated by expectancies (indirect effects = -.12 and .12, both ps < .001.

Status also indirectly predicted positive (.99, $p < .001$), but not negative (-.53, $p = .07$), health behaviours via expectancies. Health behaviours did not predict actual health, however.



Numbers are standardised estimates. Dashed paths are nonsignificant. For simplicity, only latent factors are shown.

Conclusions

Participants with **higher subjective social status** (SSS) thought it was **more likely that their health would be good**, controllable and reliable in the future.

These **positive expectancies accounted for** the **better mental and physical health** reported by high-status respondents.

Positive expectancies were also associated with better health behaviours, but these behaviours were not associated with actual health. This may be because our sample were relatively young.

These findings help clarify how status helps to create multiple advantages for the people who obtain it.

rob.booth.psych@gmail.com