Education: Highest qualification

Downloaded from https://www.canterburywellbeing.org.nz/our-wellbeing/education/highest-qualification/ on 29/03/2024 12:56 AM

A higher level of formal education is associated with lower unemployment rates and higher income [11] as well as better self-rated health. Changes in the educational attainment of the population also provide information about access to education and the equity or fairness of the education system. Across New Zealand, employment rates are highest among people who have a tertiary education [11].

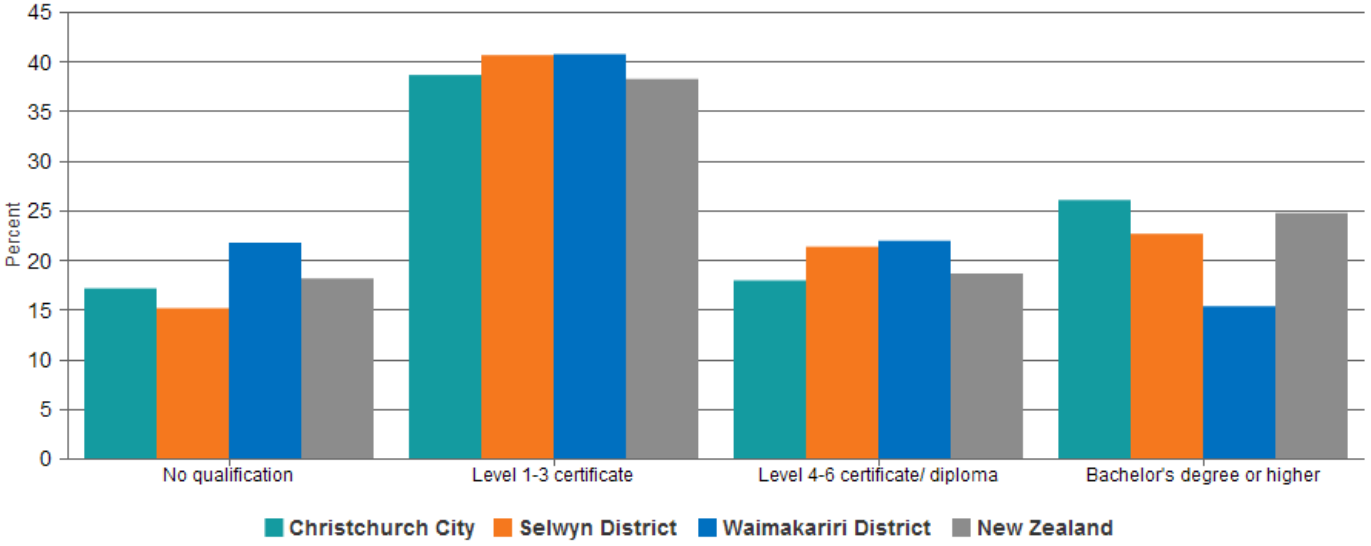
This indicator presents the distribution of the population aged 15 years and older by highest qualification, using census data.

Figure 3.1: Distribution of the population aged 15 years and over by highest qualification, in greater Christchurch and New Zealand, 2018



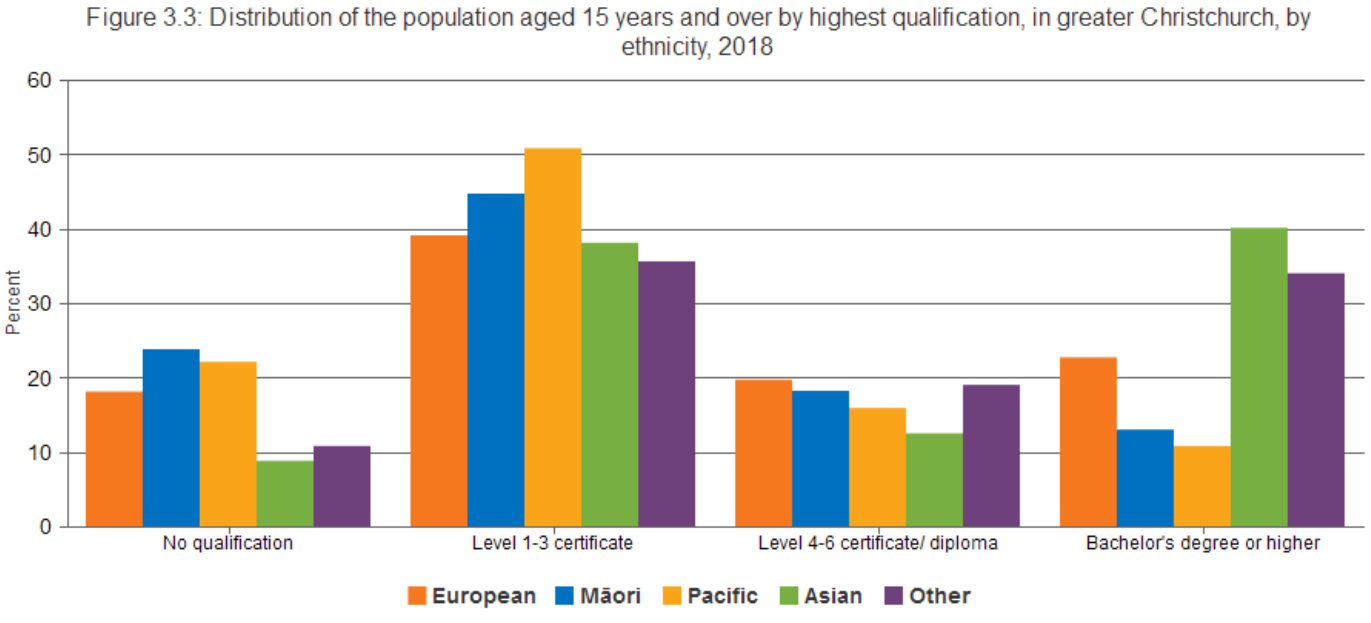
For the approximately 80 percent of people aged 15 years and over with a qualification, the distribution of highest qualifications gained is similar between greater Christchurch and New Zealand. For greater Christchurch, 39.2 percent of people aged 15 years and over hold a level 1–3 qualification (including overseas secondary school qualifications), 18.9 percent hold level 4-6 qualifications, and 24.4 percent of people aged 15 years and over hold bachelor's or higher-level qualifications.

Breakdown by Territorial Authority



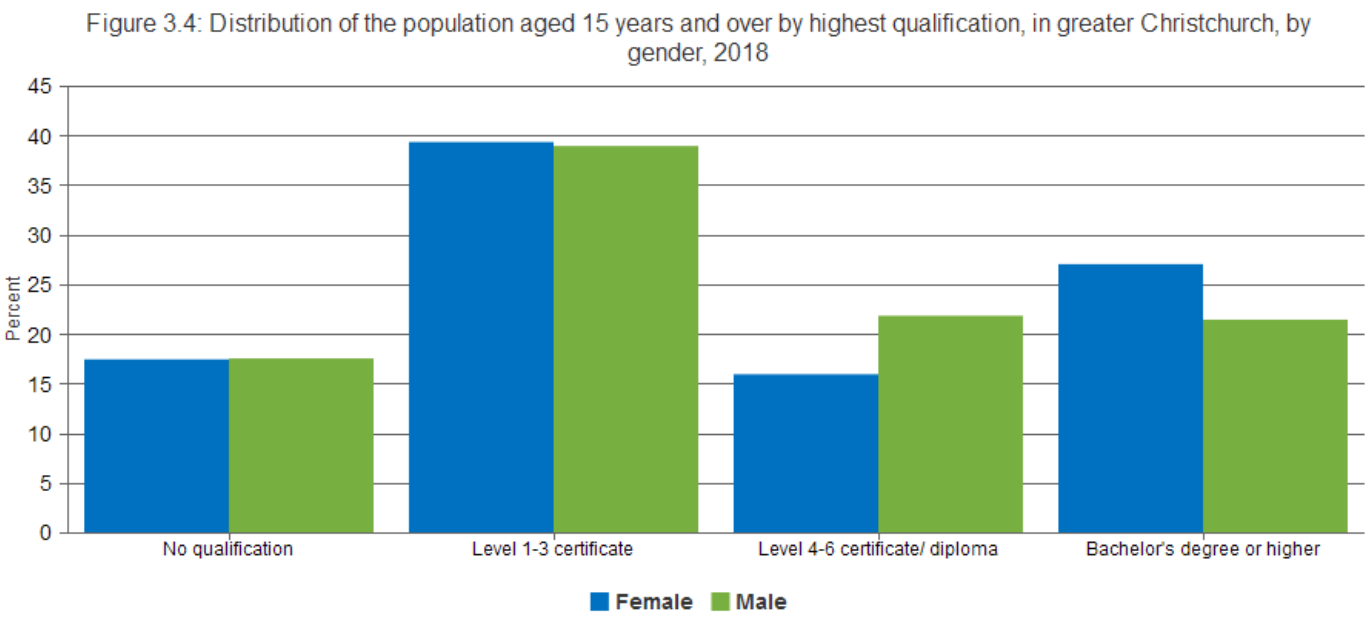
When the distribution of highest qualifications gained is broken down by Territorial Authority (TA), similar levels of overall achievement are evident at the 1–6 certificate/diploma levels. However, some TA-level differences are evident for low versus higher educational attainment levels. For example, Waimakariri District has the highest proportion with no qualification, while Christchurch City has the highest percentage with a Bachelor's degree or higher qualification.

Breakdown by ethnicity



In 2018, the Asian ethnic group had the highest proportion of people with a formal qualification in greater Christchurch, at 91 percent. Just under 9 percent of the Asian population in greater Christchurch had no qualification compared to 18.2 percent of European/Pākehā and 23.9 percent of Māori. Further, the proportions of Māori and Pacific with qualifications at Bachelor's degree or higher were substantially lower than for the Asian and European/Pākehā ethnic groups.

Breakdown by gender



In 2018 the proportion of women with any qualification was equal to that of men (approximately 82%, both in greater Christchurch and nationally). In greater Christchurch, higher proportions of women have Bachelor's degree or higher qualifications compared to men. Note that Level 4 certificate qualifications include many trade qualifications (historically higher for men). These patterns are generally consistent with the national picture (data not shown).

Data Sources

Source: Statistics New Zealand.
Survey/data set: Census of Population and Dwellings. Access publicly available data from the Statistics New Zealand website http://nzdotstat.stats.govt.nz/wbos/Index.aspx?_ga=2.74024852.706492025.1596487479-962330583.1594854687
Source data frequency: Census conducted every 5 years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

REFERENCES

This is the full reference list for **Education**.

1 Feinstein L, Sabates R, Anderson TM, Sorhaindo A, Hammond C (2006) What are the effects of education on health? Copenhagen Symposium: Measuring the Effects of Education on Health and Civic Engagement. Copenhagen.

2 Public Health England (2015) *Local action on health inequalities: Improving health literacy to reduce health inequalities*. London: Public Health England.

3 Hughes D, Lauder H, Robinson T, Simiyu I, Watson S, et al. (1999) *Do Schools Make a Difference?: Hierarchical Linear Modelling of School Certificate Results in 23 Schools: The Smithfield Project, Phase Three: Eighth Report to the Ministry of Education*. Wellington.

4 CSDH (2008) Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.

5 Marmot M (2004) Social Causes of Social Inequalities in Health In: Anand S, Peter F, Sen. AK, editors. Public health, ethics, and equity. Oxford: Oxford University Press on Demand.

6 Marmot M, Bell R (2012) Fair society, healthy lives. *Public Health* 126: S4-10.

7 Mitchell L, Wylie C, Carr M (2008) *Outcomes of early childhood education: Literature review. A report by the New Zealand Council for Educational Research for the Ministry of Education*. Wellington: Ministry of Education.

8 Ross CE, Wu C-l (1995) The Links Between Education and Health. *American Sociological Review* 60: 719-745.

9 OECD (2013) *OECD Indicators: Education at a Glance 2013*. Paris: OECD.

10 Wylie C, Hodgen E, Hipkins R, Vaughan K (2009) *Competent learners on the edge of adulthood: A summary of key findings from the Competent Learners @ 16 project*. Wellington: Ministry of Education and New Zealand Centre for Education Research.

11 OECD (2017) *Education at a Glance 2017: OECD Indicators*. Paris: OECD Publishing.

12 Allen M (2014) *Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET)*. Nottingham: Department for Children, Schools and Families.

13 Statistics New Zealand (2011) *Introducing the youth not in employment, education, or training indicator*. Wellington: Statistics New Zealand.

14 International Labour Organization (2011) *Manual on decent work indicators (DWIs): Methodology and progress. How can DWIs and ILO's manual be used for quality of employment work?* Geneva: International Labour Organization.

© Crown copyright 2024