



Total and occupationally active life expectancies in relation to social class and marital status in men classified as healthy at 20 in Finland.

<https://arctichealth.org/en/permalink/ahliterature210429>

Author: J. Kaprio
S. Sarna
M. Fogelholm
M. Koskenvuo

Author Affiliation: Department of Public Health, University of Helsinki, Finland.

Source: J Epidemiol Community Health. 1996 Dec;50(6):653-60

Date: Dec-1996

Language: English

Publication Type: Article

Keywords: Adult
Aged
Aged, 80 and over
Cause of Death
Cohort Studies
Finland
Follow-Up Studies
Humans
Life expectancy
Male
Marital status
Middle Aged
Morbidity
Proportional Hazards Models
Regression Analysis
Retrospective Studies
Social Class
Survival Analysis

Abstract:

To study differences in total life expectancy and in occupationally active life expectancy in relation to social class and marital status in men classified as healthy as young adults.

Historical cohort study.

Finland.

Altogether 1662 men classified as completely healthy at the time of induction to military service (mean birth year 1923), who had been selected as referents for a study of former athletes. Mean follow up time was 46 years.

Vital status was determined by follow up through local parish data up to 1990. Mortality data were obtained from the Cause of Death bureau of the Central Statistical Office of Finland. Occurrence of work disability was assessed from nationwide disability pension register data. Mean total life expectancy and mean occupationally active life expectancy (end points disability pension or death before age 65 years) were estimated. Social class was based on the major lifetime occupation, while marital status was classified as "never married" or "ever married" at the end of follow up.

Mean total life expectancy was highest among executives and managers (73.2 (95% confidence interval (CI): 70.3, 76.1) years), next highest in clerical (white collar) workers (72.0 (70.0, 74.1) years), and lowest in unskilled blue collar workers (63.65 (61.1, 66.2) years). Skilled workers and farmers were intermediate. For the occupationally active life expectancy estimates, a similar gradient was observed: highest for executives (61.9 (60.7, 63.1) years) and lowest for the unskilled (52.2 (50.2, 54.2) years). The ratio of occupationally active life expectancy to total life expectancy was highest for executives (85%) and lowest for farmers (81%) and unskilled workers (82%).

The social class gradient known to exist for mortality is also present for occupational disability. Social class and marital status differences in mortality are already evident in early adulthood and continue into old age. Those with the highest life expectancy also have the largest proportion of their life span free of occupationally incapacitating disability.

Notes: Cites: Milbank Mem Fund Q. 1967 Apr;45(2):31-736034566
Cites: J Epidemiol Community Health. 1993 Jun;47(3):200-58350032
Cites: Br J Prev Soc Med. 1977 Dec;31(4):231-7597676
Cites: Scand J Soc Med. 1978;6(3):137-43725556
Cites: Am J Epidemiol. 1980 Jan;111(1):37-587352459
Cites: Soc Sci Med Med Psychol Med Sociol. 1979 Nov;13A(6):691-7538482
Cites: J Epidemiol Community Health. 1978 Mar;32(1):34-7262586
Cites: J Epidemiol Community Health. 1981 Sep;35(3):192-67328378
Cites: Am J Epidemiol. 1982 Sep;116(3):524-327124718
Cites: Am J Public Health. 1983 Sep;73(9):1073-806881405
Cites: Am J Public Health. 1987 Mar;77(3):283-73812831
Cites: Annu Rev Public Health. 1987;8:111-353555518
Cites: BMJ. 1988 Dec 10;297(6662):1497-5003147045
Cites: Med J Aust. 1989 Aug 21;151(4):185-82629720
Cites: Eur Heart J. 1989 Oct;10(10):910-62598948
Cites: Int J Epidemiol. 1990 Jun;19(2):374-92376450
Cites: Lancet. 1990 Aug 25;336(8713):491-31975001
Cites: BMJ. 1990 Nov 17;301(6761):1121-32252921
Cites: Milbank Q. 1990;68(3):383-4112266924
Cites: BMJ. 1990 Oct 13;301(6756):835-72282420
Cites: Lancet. 1991 Mar 2;337(8740):530-41671899
Cites: Soc Sci Med. 1991;32(4):359-652024150
Cites: Lancet. 1991 Jun 8;337(8754):1387-931674771
Cites: Prev Med. 1992 Jan;21(1):136-481738765
Cites: Int J Epidemiol. 1991 Dec;20(4):833-441800420
Cites: J Epidemiol Community Health. 1992 Feb;46(1):8-111573367
Cites: Am J Epidemiol. 1992 Apr 15;135(8):854-641585898
Cites: J Intern Med. 1992 May;231(5):477-831602285
Cites: Int J Epidemiol. 1992 Jun;21(3):460-61634306
Cites: J Epidemiol Community Health. 1992 Aug;46(4):403-81431717
Cites: Soc Sci Med. 1993 Feb;36(4):409-188434266
Cites: Diabetologia. 1993 Jan;36(1):62-78436255
Cites: Med Sci Sports Exerc. 1993 Feb;25(2):237-448450727
Cites: BMJ. 1993 Feb 13;306(6875):422-68461722
Cites: Scand J Soc Med. 1993 Mar;21(1):24-308469940
Cites: Prev Med. 1993 Jan;22(1):54-648475012
Cites: Milbank Q. 1993;71(2):279-3228510603
Cites: N Engl J Med. 1993 Jul 8;329(2):110-68510687
Cites: J Epidemiol Community Health. 1993 Jun;47(3):186-918350029
Cites: Am J Epidemiol. 1976 Jul;104(1):1-8779462

PubMed ID: 9039385 [View in PubMed](#) 