Contemporary research, primarily in the West, provides a strong case for the negative relationship between formal education and adult health; more education, measured either by level completed or years of schooling, is associated, often in a stepwise fashion, with lower levels of mortality, morbidity and disability.

In this study, we attempt to provide a developing world assessment of that relationship as it pertains to adult disability and apparent sex differentials. To do this, we have used sample data from five South Asian countries namely, Bangladesh, India, Nepal, Pakistan, and Sri Lanka, that participated in the World Health Survey. In each of these countries, we find similar disability patterns by age and sex; increasing levels of disability with age, and women consistently having a higher level of disability than men.

Findings show that increases in formal education are associated with lower levels of disability for both younger and older adults. Moreover, women are more likely than men to have functional limitations irrespective of their level of education. The reasons for this gender disparity have been studied by examining the prevalence of a number of chronic conditions. Using country specific education-based disability and mortality differentials and three estimates of growth in education levels, we projected levels of disability to 2050 to assess the health and human capital benefits obtained from investments in education. Findings further reveal that considering education in the population projection consistently, shows lower prevalence of future disability and scenarios with better education attainment lead to lower prevalence. Our results show that (1) the impact of education on levels of mortality and morbidity needs to be considered in population projections and (2) advances in formal educational attainment may well result in healthier populations.

Although the exact mechanisms are not clearly understood, the literature suggests that formal education is an empowering process providing recipients with a combination of factors, material well-being, knowledge application, risk avoidance, and social and psychological balance which sets a course toward a healthier life compared to those who are less fortunate. It is apparent that the educational dividend identified in our projection scenario should be an important policy goal which, if anything, should be more speedily advanced in those countries and regions that have the greatest need.