# The Impact of University Education on Women's Health and Well-Being

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October 28, 2026

Undergraduate & Graduate Research on Utah Girls and Women

*Sponsored by the College of Family, Home, and Social Sciences (Brigham Young University) and the Utah Women & Leadership Project (Utah State University)*

# THE IMPACT OF UNIVERSITY EDUCATION ON WOMEN'S HEALTH AND WELL-BEING

## EXECUTIVE SUMMARY

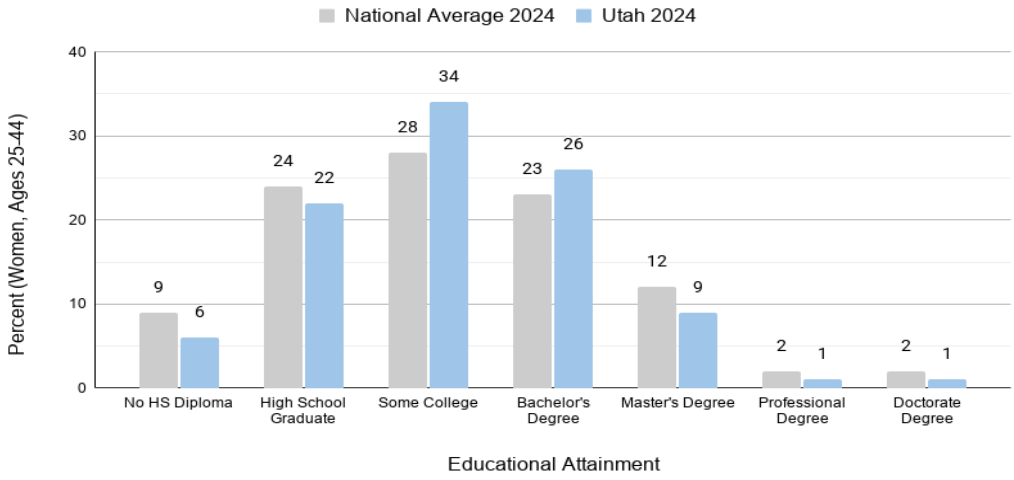
In Utah, women enroll in college at relatively high rates, yet many leave without earning a degree. This matters because women with postsecondary degrees are more likely to report better health and safety across a variety of outcomes. Our analysis of state-level data show a clear link between women's educational attainment and health. States with higher rates of degree completion among women report better overall health and fewer women delaying medical care because of cost. Although the relationship between education and intimate partner violence is less consistent, higher educational attainment remains associated with lower overall reported rates.

## INTRODUCTION

Although Utah performs well in many areas of higher education, it lags behind much of the nation in women's degree attainment. In 2022 and 2024, approximately 37–38% of Utah women held a postsecondary degree, defined here as a bachelor's, master's, professional, or doctoral degree. Across the nation, the comparable rates were 37% in 2022 and 39% in 2024. Although these percentages appear similar, many states achieved higher rates of degree attainment, placing Utah 30th in 2022 and 28th in 2024.[1]

Figure 1 highlights an important difference between Utah and the nation. Utah women are slightly more likely than women nationally to earn bachelor's degrees (26% versus 23%). At the same time, they are much more likely to attend college without completing a degree. In 2024, 34% of Utah women reported completing some college without earning a degree, compared to 28% nationally, placing Utah fifth in the nation for women's non-completion.[2] This finding is especially striking because women account for most college enrollments in Utah (53%, compared to 47% for men).[3] Together, these findings suggest that Utah women's most significant challenge is degree completion.

**Figure 1: Utah vs. National Female Education Levels in 2024**




*Data source: American Community Survey (2024)*[4]

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[1] Social Explorer. "American Community Survey (ACS) 1-Year Estimates, 2022 and 2024." Data Library. https://www.socialexplorer.com/data-library

[2] Social Explorer, "American Community Survey (ACS) 1-Year Estimates."

[3] Utah Women and Education Initiative. "Key Facts." https://www.utahwomenandeducation.org/resources/by-institution/advocacy/key-facts.html

[4] Social Explorer, "American Community Survey (ACS) 1-Year Estimates."

Utah's social and cultural context informs the pattern. In 2024, Utah had the lowest median marriage age for females at 25.2 compared to the national median of 28.8.[5] These higher rates of early marriage, combined with strong expectations surrounding caregiving, childbirth, and family responsibilities, can interrupt or delay women's educational progress.[6] Many women leave college before earning the credentials needed to qualify for the types of jobs that provide competitive wages and employer-sponsored health benefits.

## DATA AND SAMPLE

This policy brief examines the relationship between women's educational attainment and three important measures of health and well-being: overall health status, intimate partner violence, and access to medical care. Using state-level data allows us to evaluate Utah's performance among all 50 states and the District of Columbia (N = 51). Table 1 summarizes the data sources and variables included in the analysis.

**Table 1: Sources and Variables**

| Source Year(s) | Variable | Measurement |
|---|---|---|
| **American Community Survey 1-Year Estimates (U.S. Census Bureau) 2022 and 2024*** [7] | Highest Educational Attainment | Percentage of women (25+) by highest educational attainment |
| **America's Health Rankings Health of Women and Children Report 2021–2022** [8] | High Health Status | Percentage of women (18–44) reporting "very good" or "excellent" health |
| | Avoided Care Due to Cost | Percentage of women (18–44) who needed medical care in the past 12 months but did not receive it due to cost |
| **NISVS State Report (CDC) 2023–2024** [9] | Intimate Partner Violence | Percentage of women reporting lifetime intimate partner contact sexual violence, physical violence, or stalking |

**Education data from both 2022 and 2024 were used to match health variables from the corresponding years*

For the following analysis, educational attainment was recoded into two categories: "Postsecondary Degree" (bachelor's, master's, professional, or doctorate) and "No Postsecondary Degree" (less than high school, high school diploma or equivalent, or some college).

The study focuses on three outcomes that capture important dimensions of women's health and well-being. Intimate partner violence represents violent crimes against women, high health status measures self-reported overall

[5] Westrick-Payne, Krista K. "Median Age at First Marriage: Geographic Variation, 2024." *Family Profiles*, FP-26-01. National Center for Family and Marriage Research, Bowling Green State University, 2026. https://doi.org/10.25035/ncfmr/fp-26-01

[6] Prior, Heidi. "Utah's Marriage Trends: Young, Married, and Changing." Informed Decisions, Kem C. Gardner Policy Institute, April 2025. https://d36oiwf74r1rap.cloudfront.net/wp-content/uploads/2025/04/Marriage-Trends-Apr2025.pdf

[7] Social Explorer, "American Community Survey (ACS) 1-Year Estimates."

[8] United Health Foundation. *2024 Health of Women and Children Report*. 2024. https://www.americashealthrankings.org/publications/reports/2024-health-of-women-and-children-report

[9] Zhang Kudon, Hui, Sha Zhu, Brenda Chen, Matthew J. Breiding, Ruth W. Leemis, Xinjian Zhang, Alexander Schwank, and Kathleen C. Basile. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2023/2024 Intimate Partner Violence Data Brief*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2026. https://www.cdc.gov/nisvs/media/pdfs/intimatepartnerviolence-brief.pdf

health, and avoided care due to cost reflects experiencing financial barriers to accessing healthcare.

## RESULTS

**Table 2: Utah's Educational Attainment and Women's Health Outcomes Compared with the United States**

| Variable | Year | Utah (%) | U.S. Mean (%) | Utah's Rank |
|---|---|---|---|---|
| **Education** | | | | |
| Women with a Postsecondary Degree or More | 2022 | 37 | 37 | 22 |
| Women with a Postsecondary Degree or More | 2024 | 38 | 39 | 24 |
| **Health Outcomes** | | | | |
| High Health Status | 2022 | 59 | 56 | 10 |
| Avoided Care Due to Cost | 2022 | 17 | 15 | 39 |
| Intimate Partner Violence | 2024 | 39 | 36 | 31 |

*Note: State rankings are out of 51 (all 50 states and the District of Columbia), with 1 indicating the most favorable outcome. Higher percentages are favorable for educational attainment and high health status, whereas lower percentages are favorable for avoided care due to cost and intimate partner violence. Sources for each measure are identified in Table 1.*

Table 2 compares educational attainment and the three indicators of women's health and well-being in Utah to national averages, as well as Utah's overall state ranking. Utah women are more likely than women nationwide to report being in very good or excellent health (59% versus 56%). Nevertheless, Utah reports higher rates of intimate partner violence (39% versus 36%) and a greater percentage of women who delayed or skipped needed medical care because of cost (17% versus 15%). Although many Utah women enjoy good overall health, significant barriers to healthcare access and personal safety remain.

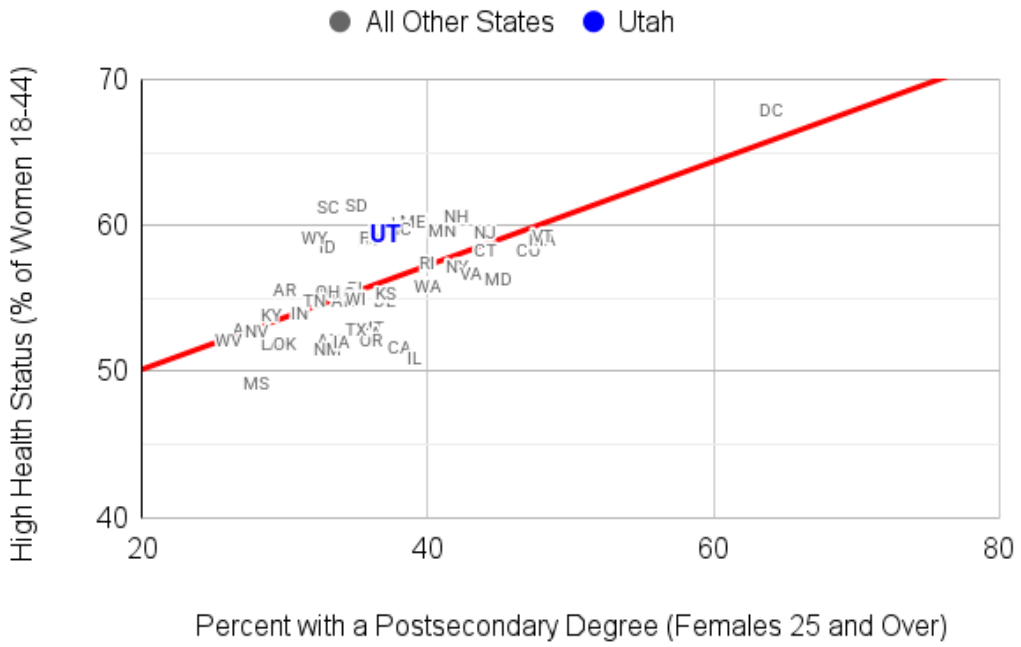
## HEALTH STATUS

Figure 2 shows a positive relationship between women's educational attainment and self-reported health. States with higher percentages of women holding a postsecondary degree also report significantly higher percentages of women who rate their health as very good or excellent. In a separate analysis we conducted (not shown), this positive relationship is statistically significant ($p < 0.05$).

Utah performs relatively well on both measures. Utah ranks 10th (59%) in the nation for percent of women who report excellent or very good health and in 2022 ranked 22nd (37%) for percent of women with a postsecondary degree or more (Table 2). Even so, educational opportunities improve the health benefits, which are not distributed equally across the state's population, leaving room for improvement.

Higher education likely improves health through several pathways. Women with postsecondary degrees are more likely to hold stable jobs with health benefits, have greater knowledge of preventive care, and are better equipped to navigate healthcare systems. They also experience lower levels of stress related to economic insecurity. These advantages reinforce education's critical role in shaping long-term health trajectories for women and underscore the role of education as a long-term investment in public health.

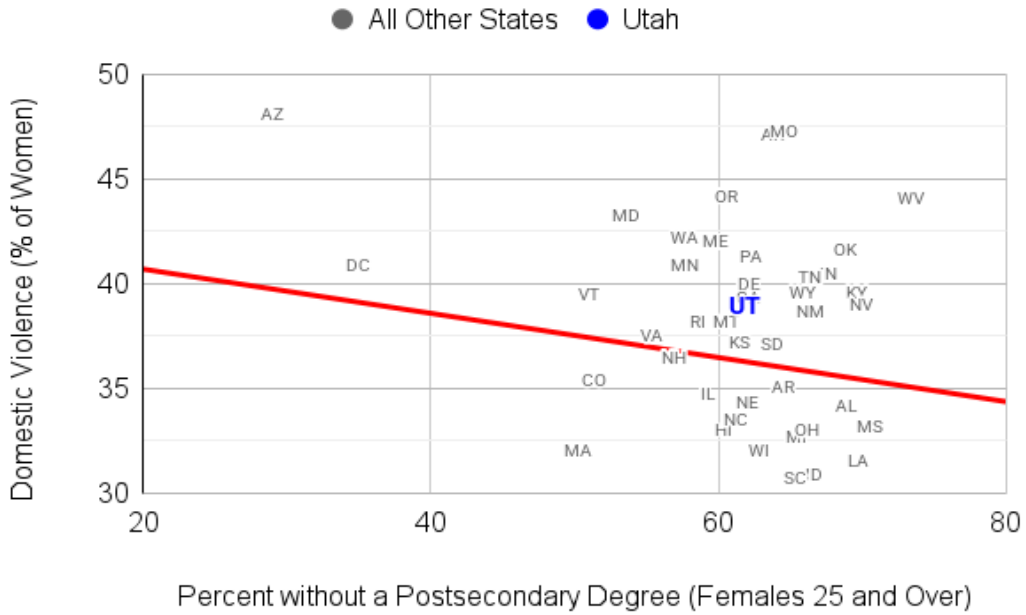
**Figure 2: Women's Postsecondary Educational Attainment and Self-Reported Health Status by State**




## INTIMATE PARTNER VIOLENCE

Figure 3 examines the relationship between educational attainment and intimate partner violence. States with higher levels of women's postsecondary education generally report lower rates of intimate partner violence. In our analysis (not shown), we found this relationship to be statistically significant ($p < 0.001$). Utah stands out, with 39% of women reporting lifetime intimate partner violence, compared to the national average of 36%, putting Utah 31st in the national rankings for intimate partner violence (Table 2).

**Figure 3: Women's Postsecondary Educational Attainment and Intimate Partner Violence by State**



Because intimate partner violence is widely underreported,[10] official estimates likely understate the actual scope of the problem. This may be particularly true in Utah, where social and cultural factors can discourage reporting. Thus, Utah's reported rate should be interpreted with caution.

Although education alone cannot eliminate intimate partner violence, higher educational attainment can still play a pivotal role by influencing women's ability to respond to intimate partner violence and its effects. Education fosters economic independence, expands social networks, and improves awareness of resources, which can reduce vulnerability and provide survivors with added support.[11]

## HEALTHCARE BARRIERS

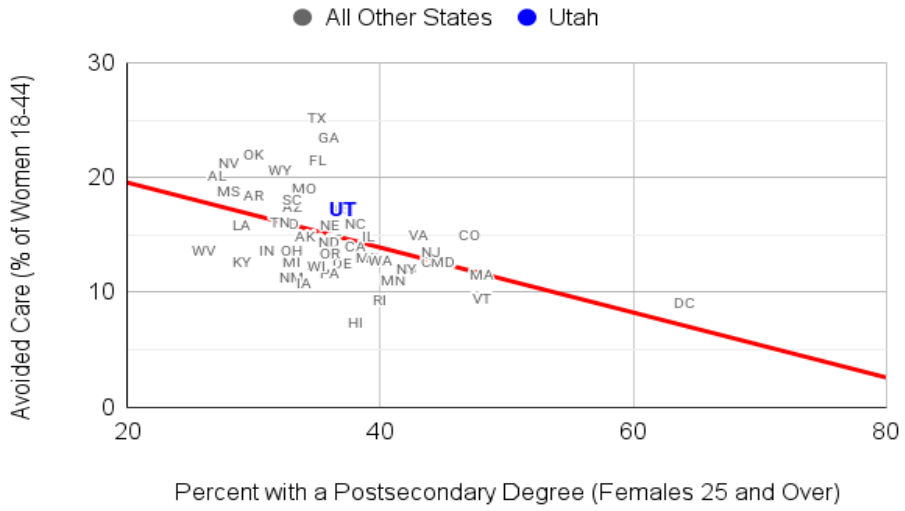
Figure 4 shows a negative relationship between the percentage of women with a postsecondary degree and financial barriers to healthcare. States with higher percentages of women holding a postsecondary degree tend to have lower percentages of women reporting that they skipped necessary care due to cost. Avoiding essential care for financial reasons reflects barriers in affordability and availability, not simply personal choice.

The protective effects of education are statistically significant ($p < 0.05$) (results from statistical analysis not shown). Higher educational attainment likely reduces these barriers through multiple mechanisms, including increased income, greater access to insurance, and improved knowledge of healthcare resources.

Even though Utah performs well with respect to the percentage of women with postsecondary education, 17% of Utah women reported delaying or foregoing needed medical care because of cost, compared to 15% nationally (Table 2). This places Utah 39th in the national rankings for these statistics (Table 2). Therefore, more focused educational outreach and curriculum also play an important role by expanding access to postsecondary education, supporting degree completion, and providing educational programs that include health literacy components. These elements can help more women overcome barriers and improve their ability to navigate the healthcare system.

These findings reinforce a broader conclusion: education is a powerful social determinant of health. Its benefits extend beyond the classroom to support healthier lives of women.

**Figure 4: Women's Postsecondary Educational Attainment and Avoided Medical Care Due to Cost by State**




[10] Shanmugam, Divya, Kaihua Hou, and Emma Pierson. "Quantifying Disparities in Intimate Partner Violence: A Machine Learning Method to Correct for Underreporting." *npj Women's Health* 2 (2024): article 15. https://doi.org/10.1038/s44294-024-00011-5

[11] Heise, Lori L., and Andreas Kotsadam. "Cross-National and Multilevel Correlates of Partner Violence: An Analysis of Data from Population-Based Surveys." *The Lancet Global Health* 3, no. 6 (2015): e332–40. https://doi.org/10.1016/S2214-109X(15)00013-3

## POLICY RECOMMENDATIONS & CONCLUSION

Although women in Utah enroll in college at higher rates than men, and the state performs relatively well on several measures of educational attainment, 34% of women left college before earning a degree in 2024 (Figure 1).[12] Our findings suggest this completion gap has important consequences for women's health, healthcare access, and long-term economic security.

Closing the gap requires addressing the barriers that prevent students from persisting to graduation, which are shaped by more than academic ability. Many students face barriers that lead to attrition, especially first-generation students, adult learners, caregivers, and part-time students.[13] In Utah, cultural factors such as early marriage and motherhood may further complicate educational persistence, particularly for women navigating family formation alongside higher education. Utah's median age at first marriage in 2024 was 25.2 years, highlighting the prevalence of marriage at relatively young ages.[14] Addressing these barriers represents an opportunity to improve both educational attainment and women's long-term health and well-being.

Utah should support and implement student success strategies that promote persistence and degree attainment among underserved populations. Consistent with HB 261, these initiatives should address measurable barriers to student success rather than provide preferences based on demographic identity. Promising strategies include the following:

*Priority 1: Improve College Persistence and Completion*

- Expand access to mental health services, preventive healthcare, and domestic violence support.
- Increase flexible course options, including hybrid, evening, and accelerated class formats.
- Strengthen wraparound services that coordinate academic advising, financial assistance, childcare, mental health resources, and basic need support.
- Expand peer mentoring and coaching to improve student retention and graduation.

*Priority 2: Strengthen Colleges and Universities as Public Health Partners*

- Colleges and universities can serve as critical access points for improving women's health and well-being by providing low-cost health services, connecting students and their families to existing community resources, and developing programs tailored to the needs of diverse populations. Institutions of higher education are uniquely positioned to identify and support women facing barriers related to healthcare access, caregiving responsibilities, financial insecurity, trauma, or domestic violence. Expanding these supports early can help prevent more serious and costly health crises later, reducing downstream burdens on families, communities, and Utah's healthcare system.

Helping more Utah women complete a postsecondary degree is a public health investment. Women who earn college degrees are more likely to experience better health and improved access to healthcare throughout their lives. Effective policies that increase degree completion among women can strengthen families, expand Utah's workforce, and reduce long-term healthcare costs for generations to come.

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[12] Meng, Matthew D. "Gender-Specific Barriers to Educational Attainment for Utah Secondary School Students." Research & Policy Brief no. 62. Utah Women & Leadership Project, Utah State University, October 17, 2024. https://www.usu.edu/uwlp/files/briefs/62-gender-specific-barriers-educational-attainment-utah-students.pdf

[13] King Fargo, Karyn E. *Leading First-Generation College Students to Career Success: An Analysis of Practices and Programs*. M.S. in Leadership capstone project, University of New Hampshire, 2025. https://scholars.unh.edu/ms_leadership/148

[14] Westrick-Payne, "Median Age at First Marriage."

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*Acknowledgements:* Thanks to Dr. Eric Dahlin, Professor of Sociology at Brigham Young University, for his encouragement, mentorship, and coaching on this report. Questions: eric.dahlin@byu.edu