

# **Encyclopedia of Health & Aging**

# **Marital Status**

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There is a long-standing research finding that marriage is beneficial to the health of adults of all ages. During later life especially, as health declines become more common, marriage can impart important benefits such as caregiving and social support. This entry focuses on (a) explanations of why marriage is linked to good health and the evidence among older adults, (b) the impact of widowhood on health among older adults, and (c) the limited research on divorce and health among older adults.

## **Marriage and Health**

There are two primary arguments for why marriage and health should be connected. First, the marital selection perspective posits that healthy people tend to marry other healthy people, whereas less healthy people are more likely to remain unmarried or become divorced, separated, or widowed. Second, the marriage protection perspective refers to married adults having access to beneficial social, psychological, and physical resources that influence physical and mental health positively. There appears to be more evidence for the protection argument than for the selection perspective. Among all adults, the mechanisms through which marriage is thought to be protective of health include healthy behaviors, social support, and economic resources.

Research indicates that marriage generally leads to an increase in healthy behaviors such as regular visits to the doctor, exercise, and eating well. In addition to healthy behaviors, researchers argue that marriage provides two health-enhancing resources: social and economic support. Adults who are married generally benefit from increased emotional support. Research indicates that married adults tend to feel loved, esteemed, and cherished. Clearly, social support is dependent on the quality of the marital relationship. Finally, married households typically have higher income than do single households.

Much research has focused on the connection of marriage to health, and one interesting corollary is the hypothesis that there may be age differences in the effects of marriage on health. Recent evidence suggests that marriage is associated with positive health outcomes across all age groups, with the strongest effects among those 18 to 44 years of age. However, marriage shows consistent effects on health among those age 65 years and older. For example, using National Health Interview Survey data, nationally representative data for the U.S. civilian noninstitutionalized population, C. A. Schoenborn found in 2004 that married persons age 65 years and older were less likely than their widowed, divorced, or separated counterparts, and also less likely than never-married persons and those living with partners, to be in fair or poor self-rated health. This finding is consistent across other health outcomes. For instance, widowed older adults were more than twice as likely to experience some activity limitation (45.6%) than were married older adults (28.9%). Similarly for psychological distress, older married adults were less likely to have serious psychological distress than were older adults who were not married.

#### Widowhood and Health

Of particular interest to researchers is the relationship of spousal loss to health. Widowhood has been shown to be significantly correlated with poor health when compared with married persons, as mentioned previously, and increased life expectancy will contribute to increasing numbers of widows in the United States over

the next several decades. In addition, a continued high divorce rate coupled with the aging of the baby boom generation may also lead to increased divorce rates among older adults. It is important to explore the health effects of these life transitions separately to better understand their significance.

More than 10.5 million adults over 65 years of age are widowed. The transition to widowhood can be accompanied by myriad health issues for several reasons. The loss of a spouse, in addition to being emotionally devastating, can mean the loss of one's primary caregiver, social support, and financial resources. Widowhood can be followed by increased hospital stays or use of long-term care facilities as well as comorbidities such as depression, limitations in activities of daily living (ADLs), and fair or poor self-rated health.

Further evidence from the Changing Lives of Older Couples survey suggests that widowhood is a significant predictor of depression in both men and women age 65 years and older. However, these researchers found that the effect of widowhood on mental health was dependent on marital quality. For individuals who reported a higher level of dependence on their spouses, anxiety levels increased over the two waves of data; for those who reported less dependence on their spouses, anxiety levels decreased. Finally, the results of this study indicated that adjustment to widowhood was most difficult for those who responded that the quality of their marital relationships was high. Respondents who reported more conflict in their relationships had less difficulty in making the adjustment to widowhood.

#### **Divorce and Health**

With the divorce rate not showing any signs of diminishing significantly, there will likely be substantially higher numbers of divorced persons over 65 years of age than there are currently. According to census numbers for 2004, of approximately 35 million American adults over 65 years of age, approximately 8% (2.7 million) were divorced. American Indian and Alaska Native persons had the largest percentage of divorced older adults at 13.7%, followed by 11.2% of non-Hispanic Blacks, 7.4% of Hispanics, 7% of Whites, and 6.3% of Asians and Pacific Islanders.

Although statistics about divorce and health exist, studies that include older adults are limited. However, the 1999–2002 National Health Interview Survey produced data about a variety of health outcomes in divorced persons age 65 years and older. The results indicate that divorced persons, as compared with those who were never married or were living with partners or married, were more likely to be in fair or poor health, have activity limitations, or have limitations in physical or social functioning. Divorced persons were also more likely than those who were never married, married, or widowed to suffer from low back pain, headaches, or serious psychological distress.

Another study that focused on divorce and health among older adults used longitudinal data from the Americans' Changing Lives survey and tested hypotheses about the relationship between divorce and self-assessed health in persons 28 to 98 years of age at baseline. These authors found striking gender differences such that the transition to divorce between Time 1 and Time 2 had different effects on self-assessed health for men and women when controlling for time elapsed, health, age, income, education, race, and employment status. For men 60 years of age, divorce was associated with a 10% to 15% decrease in the probability of reporting excellent or very good health; however, for women the same age, the transition was associated with a 20% to 25%

*increase* in the probability of reporting excellent or very good health. This trend continued for those making the transition to divorce at 70 years of age. For men, that transition was associated with a 30% to 35% decrease in the probability of reporting excellent or very good health; for women, it was associated with a 25% to 30% increase.

The literature about divorce and health lacks evidence about older people who are divorced or who divorce during old age. During the coming decades, as the U.S. divorce rate rises or even stays high, greater numbers of older divorced people will be available for study about their health. More research is needed to help shed light on the reasons for divorce during old age and subsequent effects on health.

- divorce and health
- widowhood
- divorced person
- marriage and health
- divorce
- married person
- marriage

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- Loneliness
- Social Networks and Social Support
- Socioeconomic Status

### **Further Readings and References**

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