

A PUBLIC HEALTH PERSPECTIVE ON HEALTHY MARRIAGE

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Numerous studies have demonstrated that married persons tend to live longer than their unmarried counterparts. Despite an awareness of the positive impact of marriage, we continue to experience an increase in the incidence and prevalence of marital separation and divorce, particularly among African Americans. African Americans also experience poorer health status in the very health conditions that are associated with higher risks of divorce: separation or living single. Attempts to explain the “marriage” advantage and associated disparities might well focus on the following questions. Does marriage have a direct protective effect, reducing the risk of mortality by providing benefits such as improved health? Does the disparity in the prevalence of marriage, particularly healthy marriages among African Americans, correlates with disparities in their health status, as well as with the well-being of their children? The disparities in healthy marriage and the health status of African Americans require directed public health attention. Studies are needed to determine which marital factors impact what health conditions among African Americans, and why, in order to replicate such evidence-based practices to promote parity in the health and well-being of this population.

WHAT WE KNOW

1. Efficacy – The Centers for Disease Control and Prevention report “Marital Status and Health: United States,” (1999-2002) based on interviews with 127,545 adults, suggests that married adults are healthier than divorced, widowed or never married adults. The report findings include but are not limited to the following:

- Married adults are less likely than other adults to be in fair or poor health, and are less likely to suffer from health conditions such as headaches and serious psychological distress.
- Married adults are less likely to be limited in various activities, including work and other activities of daily living. They also are more likely to have health behavior influence.
- Married adults are less likely to smoke, drink heavily or be physically inactive.
- Adults who live in cohabiting relationships are more likely to have health problems than married adults, and more closely resemble divorced and separated adults.

2. Prevalence

- Nearly 60% of adults are married, 10.4% are separated or divorced, 6.6% are widowed, 19% are never married, and 5.7% are living with a partner [CDC / NCHS Report, 2004]
- Marital status varies greatly among race/ethnic groups. According to the survey, approximately 61% of White adults, 58% of Hispanic adults, and 38 % of Black adults are married [nchsquery@cdc.gov; CDC/NCHS Reports, 2004]
- Within 10 years of marrying, nearly half (47%) of African Americans are divorced or separated (compared to one-third of Whites and Hispanics [nchsquery@cdc.gov; CDC/NCHS Reports, 2004].
- Within 20 years, nearly two-thirds (63%) of African Americans are divorced or separated (compared to about 50% of Whites and Hispanics) [nchsquery@cdc.gov; CDC/NCHS Reports, 2004].

3. Correlates and Co-morbidity - Preliminary data from research shows the following:

- Marriage may protect against well-documented health risks associated with social isolation [Berkman & Glass, 2000; Brummett, et al, 2001].

- Marriage offers social integration and supports that are linked with many health benefits, including protection against cardiovascular disease [Seeman, T. E., 1996; Hazadu, H. P., 1995; Orth-Gomer, K., 1994].
- Marriage may protect against depression when the married individuals report greater happiness and life satisfaction [Mastekaasa, A., 1994; Robins, L. R., 1991].
- Marriage may increase longevity. Data show that in all causes of death across different unmarried populations (never married, divorced/ separated, and widowed), unmarried individuals had elevated rates of death compared to married individuals. Also, marital status may lead to greater protection from mortality for men as compared to women: 50% higher among women; 250% higher among men [Ross et al., 1990; Litwak, 1989].

4. Gender, Race and Age Differences – For these factors, studies suggest the following:

- Comparisons of currently married and never-married men show that while the former are generally healthier, it is not clear if this difference is caused by the protective factors of marriage.
- The association between marital status and health is most striking in the areas of healthy behaviors and lower mortality among the youngest age group, although it persists throughout the age groups studied [CDC, 2002; Lillard and Panis, 1996].
- Some research suggests that African American men gain some health benefits from marriage, but that African American women may not due to their high sensitivity to conflict and stress in their marriages [RAND Center for the Study of Aging, 2003].
- Due to an increased availability of socio-economic resources, married persons (particularly women) may have a health advantage over their unmarried counterparts. However, some research suggests that women may be more sensitive to negative aspects of relationships than men [Notarius, C.I., et al., 1989; Johnson, et al., 2000].

5. Etiology - Current evidence demonstrates the following:

- Married couples are reported to be healthier than unmarried, divorced or widowed couples, particularly in the areas of mental health and heart diseases [Gallo LC, et al., 2003, Goldman N., 2001, Baker B, et al., 200].
- Unmarried adults who live happily together may have similar economic and social support benefits, but they report poorer health than do married adults, and as much distress as single adults [Ren., XS 1997; Ross et al. 1990; Hughes and Groves 1981].
- Currently, about one third (35%) of African American children live with both parents, compared to about three-fourths (76%) of White children [nchsquery@cdc.gov; NCHS Marriage Statistics, 1998]
- In 1940, more than 95% of African American children lived with both parents [nchsquery@cdc.gov; CDC/NCHS, 1996]

6. Long-term Healthy Outcomes - Preliminary data from research shows the following:

- Marriage offers social integration and supports that are linked with many health benefits, including protection against cardiovascular disease [Seeman, T. E., 1996; Hazadu, H. P., 1995; Orth-Gomer, K., 1994].
- Marriage may protect against depression when the married individuals report greater happiness and life satisfaction [Mastekaasa, A., 1994; Robins, L. R., 1991].
- Although married persons have higher median household incomes than the unmarried (US \$54,300 vs. US \$23,400), after controlling for income, married persons still have lower rates of mortality than do unmarried persons [US Census Bureau CPR. Money income in the United States: 1998; Johnson NJ, et al. 2000].
- Positive spousal influence and involvement may encourage healthy behaviors and discourage unhealthy behaviors [Umberson, D., 1992].

- Marriage may protect against well-documented health risks associated with social isolation [Berkman & Glass, 2000; Brummett, et al, 2001].
- Overall annual contraceptive failure rates are 9.9% for married couples, 14.1% for unmarried couples, and 21.9% for cohabiting couples [H. Fu, et al., 1999].

7. Long-term Trends - Compared to adults who were unhappy in their marriage, but remain married over a five-year period, research shows that:

- 64% of adults who said they were unhappy in their marriage, but stuck with it, reported five years later that they were happily married with improved health benefits, particularly cardiovascular [Archives of Internal Medicine (AIM), 2000; Health Psychology (HP), 2003]
- 78% who were *very* unhappy, but stuck with it, reported five years later that they were happily married with similar health benefits as in previous bullet [AIM, 2000; HP, 2003].
- 19% who were unhappy and divorced reported five years later that they were happily married in another relationship with similar health benefits as those who stuck with their first marriage [Archives of Internal Medicine (AIM), 2000; Health Psychology (HP), 2003].
- Only 2% of previously divorced individuals said financial problems were an important cause of their divorce.
- African Americans, who are generally poorer than other racial groups, were twice as likely as Whites to say that finances were a problem in their marriage. However, findings show that good communication and problem solving, solid social support from family and friends, and strong emotional and financial investments in the marriage by both couples help reduce marital conflict and distress.
- There is evidence that many children of divorced parents are at 2-3 times greater risk for emotional and behavioral disorders, academic problems, delinquency, sexual activity, problems with maintaining intimate relationships in adulthood, and other challenges.

What We Need to Learn

1. How can we account for differences related to gender, age, and financial support among married among African Americans, and determine how these factors impact healthy marriage?

More research needs to focus on how and when the variables of gender, age, and finance impact marriage among this population and why? Epidemiological and ethnographic based assessment instruments can be used to study targeted groups of this population to understand and provide precise data on specific health conditions that correlate with healthy marriage factors by gender, age, and ecological factors.

2. How can we use an epidemiological approach to determine which diagnoses to target with the use of healthy marriage as an intervention to improve and treat such conditions?

Prevailing diagnostic procedures associated with high-level stress or distress and isolation due to unhealthy marriage could be used to determine specific the health conditions that can be mostly ameliorated through healthy marriage intervention among African Americans versus other racial and cultural groups.

3. How can we combine both epidemiological and ethnographic findings to determine if the timing of marriage formation and dissolution impacts those health outcomes that correlate with healthy marriage factors among African Americans?

Some studies have indicated that the timing of marriage formation and dissolution impact the nature of the marriage relationship as well as health status. An in-depth understanding and knowledge of what, how, and why the timing of marriage impacts the duration and health of the marriage, as well as how such timing impacts the dissolution of marriage is needed to help us promote the right timing for marriage and other determinant factors in the relationship that create the environment, which improves healthy marriage; and purposefully use them as interventions to improve specific health conditions.

4. How can we use epidemiological findings based on factors ameliorating specific health conditions to determine protective factors of healthy marriage and research on its etiology?

Findings from epidemiological research can help us understand the etiology and effects of unhealthy marriage on specific health conditions and what predictors and pre-cursors of healthy marriage can be used as appropriate and early interventions to improve health outcomes for this population.

5. How can we use epidemiological and etiological findings on healthy marriage to improve the prevention and treatment of associated health conditions? More accurate identification of true cases, better documentation of incidence, prevalence, and increased knowledge of how and what factors of unhealthy marriage causes a disease or adverse health conditions in who and why will lead to more precisely targeted prevention and treatment efforts to improve health outcomes.

6. How can we determine if the absence of healthy marriage exacerbates specific health conditions and mortality among specific groups of African Americans? Better understanding and identification of the factors underpinning the absence of healthy marriage among different groups of African Americans, and the physical, psychological, and developmental health conditions it impacts for different groups and their children are needed to promote health parity for this population.

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