

Health Benefits of Marriage

Marriage offers social support

- Marriage may protect against the well-documented risks associated with social isolation.

Sources: Berkman, L. F. (1995). *The role of social relations in health promotion*. *Psychosomatic Medicine*, 57, 245–254. Berkman, L. F., & Glass, T. (2000). *Social integration, social networks, social support, and health*. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 137–173). New York: Oxford. Brummett, B. H., Barefoot, J. C., Siegler, I. C., Clapp-Channing, N. E., Lytle, B. L., Bosworth, H. B., et al. (2001). *Characteristics of socially isolated patients with coronary artery disease who are at elevated risk for mortality*. *Psychosomatic Medicine*, 63, 267–272.

- Higher levels of social integration and support have been linked with many health benefits including protection against cardiovascular disease. Marriage is a primary source of support for many adults.

Sources: House, J. S., Landis, K. R., & Umberson, D. (1988, July 29). *Social relationships and health*. *Science*, 241, 540–545. Seeman, T. E. (1996). *Social ties and health: The benefits of social integration*. *Annals of Epidemiology*, 6, 442–551. Berkman, L. F. (1995). *The role of social relations in health promotion*. *Psychosomatic Medicine*, 57, 245–254. Hazuda, H. P. (1994). *A critical evaluation of U.S. epidemiological evidence and ethnic variation*. In S. A. Shumaker & S. M. Czajkowski (Eds.), *Social support and cardiovascular disease* (pp 119–142). New York: Plenum. Orth-Gomér, K. (1994). *International epidemiological evidence for a relationship between social support and cardiovascular disease*. In S. A. Shumaker & S. M. Czajkowski (Eds.), *Social support and cardiovascular disease* (pp. 97–118). New York: Plenum.

- Across a number of surveys, married individuals report greater happiness and life satisfaction and have a lower risk of depression than their unmarried counterparts.

Sources: Mastekaasa A. *Marital status, distress, and well-being: an international comparison*. *J Comp Fam Stud* 1994;25:183–206. Robins L, Regier D. *Psychiatric disorders in America*. New York: Free Press; 1991.

Marriage is better than cohabiting

- What are the processes by which marriage promotes health and well-being? Several explanations have been proposed, including cohabitation, economic well-being, and social support. Research supports the two latter explanations, as unmarried adults living together are more likely to report poorer health than married adults, and are as likely to report as much distress as adults living alone.

Sources: Ross CE, Mirowsky J, Goldstein K. *The impact of the family on health: the decade in review*. *J Marriage Fam* 1990;52:1059–78. Ren XS. *Marital status and quality of relationships: the impact on health perception*. *Soc Sci Med* 1997;44:241–9. Hughes MM, Gove WR. *Living alone, social integration, and mental health*. *Am J Sociol* 1981;87:48 – 74.

Marriage promotes health

- Across all causes of death and across different unmarried populations (never married, divorced/ separated, and widowed), unmarried individuals had elevated rates of death compared to married individuals.

Sources: Litwak E, Messeri P. *Organizational theory, social supports, and mortality rates: a theoretical convergence. Am Sociol Rev* 1989;54: 49– 66. Berkman LF, Breslow L. *Health and ways of living: the Alameda county study. New York: Oxford Univ. Press; 1983.* Ross CE, Mirowsky J, Goldsteen K. *The impact of the family on health: the decade in review. J Marriage Fam* 1990;52:1059–78.

- The relationship between marital status and mortality exhibits consistent pattern in long-term studies, with marital status affording greater protection from mortality for men compared to women (50% higher among women, 250% higher among men).

Sources: Litwak E, Messeri P. *Organizational theory, social supports, and mortality rates: a theoretical convergence. Am Sociol Rev* 1989;54: 49– 66. Berkman LF, Breslow L. *Health and ways of living: the Alameda county study. New York: Oxford Univ. Press; 1983.* Ross CE, Mirowsky J, Goldsteen K. *The impact of the family on health: the decade in review. J Marriage Fam* 1990;52:1059–78.

- Positive spousal influence and involvement may encourage healthy behaviors and discourage unhealthy behaviors.

Sources: Umberson, D. (1987). *Family status and health behaviors: Social control as a dimension of social integration. Journal of Health & Social Behavior*, 28, 306–319. Umberson, D. (1992). *Gender, marital status and the social control of health behavior. Social Science & Medicine*, 34, 907–917. Rook, K. S. (1990). *Social networks as a source of social control in older adults' lives. In H. Giles, N. Coupland, & J. Wiemann (Eds.), Communication, health, and the elderly (pp. 45–63). Manchester, England: University of Manchester Press.*

- 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 unmarried persons

Sources: US Census Bureau CPR. *Money income in the United States: 1998. Washington (DC): U.S. Government Printing Office; 1999. Report no. P60-206.* Johnson NJ, Backlund E, Sorlie PD, Loveless CA. *Marital status and mortality: the National Longitudinal Mortality Study. Ann Epidemiol* 2000;10:224–38.

- Married persons, particularly women, may be at a health advantage relative to their unmarried counterparts, through the increased availability of socioeconomic resources. However, some research suggests that women may be more sensitive to negative aspects of relationships than men.

Sources: Notarius, C. I., Benson, S., Sloane, D., Vanzetti, N., & Hornyak, L. (1989). *Exploring the interface between perception and behavior: An analysis of marital interaction in distressed and nondistressed couples. Behavioral Assessment*, 11, 39–64. Source: Johnson, N. J., Backlund, E., Sorlie, P. D., & Loveless, C. A. (2000). *Marital status and mortality: The national longitudinal mortality study. Annals of Epidemiology*, 10, 224–238.

Marriage prevents unplanned pregnancy

Contraceptive Failure for Young Adults by Marital Status and Method

Age 20-24 (low income)	Pill	Condom	Implant	Injectable
Married	11.4	20.6	2.1	3.7
Dating	12.6	22.7	2.3	4.1
Cohabiting	24.3	41.1	4.7	8.3

Age 20-24 (high income)	Pill	Condom	Spermicide	Withdrawal
Married	6.7	12.3	26.3	23.5
Dating	7.4	13.7	28.8	25.8
Cohabiting	14.7	26.1	50.3	45.9

- Married couples are much less likely to experience a contraceptive failure than dating or cohabiting couples, even after adjusting for age and method of contraception.
- Overall annual contraceptive failure rates are 9.9% for married couples, 14.1% for unmarried couples, and 21.9% for cohabiting couples.

Source: H Fu, JE Darroch, T Haas, N Ranjit, *Contraceptive Failure Rates: New Estimates From the 1995 National Survey of Family Growth, Family Planning Perspectives, 1999, 31(2):56-63*

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