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Review

Marital status, health and mortality

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ABSTRACT

Marital status and living arrangements, along with changes in these in mid-life and older ages, have implications for an individual's health and mortality. Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their married counterparts, with men being particularly affected in this respect. With evidence of increasing changes in partnership and living arrangements in older ages, with rising divorce amongst younger cohorts offsetting the lower risk of widowhood, it is important to consider the implications of such changes for health in later life. Within research which has examined changes in marital status and living arrangements in later life a key distinction has been between work using cross-sectional data and that which has used longitudinal data. In this context, two key debates have been the focus of research; firstly, research pointing to a possible selection of less healthy individuals into singlehood, separation or divorce, while the second debate relates to the extent to which an individual's transitions earlier in the life course in terms of marital status and living arrangements have a differential impact on their health and mortality compared with transitions over shorter time periods. After reviewing the relevant literature, this paper argues that in order to fully account for changes in living arrangements as a determinant of health and mortality transitions, future research will increasingly need to consider a longer perspective and take into account transitions in living arrangements throughout an individual's life course rather than simply focussing at one stage of the life course.

Contents

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1. Introduction

Numerous studies within demographic research have highlighted that health and mortality outcomes for married persons are better than for unmarried persons [1,2], and this is particularly the case for men [3,4]. Subsequent research has sought to explore the extent of 'marriage selection' by which healthier persons are selected into marital unions, while less healthy individuals either remain single or are more likely to become separated, divorced or widowed [5,6]. Research has also examined the extent to which marriage provides 'protection' against adverse health outcomes, through modified health behaviours and social networks arising from the union [7]. In some cases evidence for both theories has been identified [8,9].

In the context of social changes at older ages, marital status and living arrangements in mid- and later life are crucial in relation to subsequent forms of informal care provision (and receipt) and health and mortality outcomes [10,11]. Recent increases in single-person households are not confined to younger ages, with the trend towards rising solo living also noted among older people [12]. Moreover, transitions in marital status at younger old ages with, for example, higher rates of divorce amongst cohorts born in the 1960s than their parental generation born in the 1930s [13], look likely to have longer term impacts given the increased life expectancy and wealthier, longer and healthier lives which have still to play out for those cohorts currently in mid-life or early old age.

This paper discusses research on health and mortality outcomes for different marital states and transitions between states. Based on changes in marital status and living arrangements taking place at middle and older age, this paper argues that future research should take into account marital status and living arrangements *across* the life course when considering the health and mortality outcomes from different living arrangements. Some research has already taken a longer period of the life course into consideration in estimating mortality and health outcomes at older ages [14–16]; further research building on this evidence base is required.

2. Changes in marital status and living arrangements in mid- and later life

Within the United Kingdom (UK) and elsewhere, there is increasing diversity in living arrangements and marital status in the mid-life and at older ages. In part this reflects the rise in the divorce rate at mid and older ages [17,18], along with changes in the patterns of repartnering [19] and the reduced risk of widowhood. Internationally, the proportion of older people living alone was rising until the early 1990s [20], since which there has been a slowdown [18]. This slowdown is related to increasing life expectancy at young old ages, which in turn has led to increasing proportions of older people living in couple-only households. However, as those cohorts born in the 1950s and 1960s begin to enter old age, it is unclear whether this trend towards living in a couple will continue, or whether more future elders will enter later life living solo. Recent statistics for the UK identify that in the 45–64 years age group there has been an increase in the percentage living alone by 36% between 2001 and 2011, reflecting the lower proportion of this age group who are married (77% in 2001 to 70% in 2011) and the increase in those who never married or are divorced (18% in 2001 to 27% in 2011) [21]. Similarly, Demey et al. has found a rise in the proportion of people currently in mid-life who are living without a partner, either through divorce or through never having partnered [22].

Recent changes in divorce patterns at middle and older ages are likely to lead to an increasing diversification of living arrangements at older ages. Given this, cross-sectional indicators of current marital status are likely to become of less conceptual use as different individuals with the same current marital status may have experienced very different trajectories in reaching that state, with some being in the same union throughout their lives whilst others may have experienced multiple partnership formation and dissolution. Understanding the relationship between living arrangements and health *across* the life course may therefore be of increasing importance.

3. Marital status, living arrangements and health

A consistent finding from research investigating health outcomes of different marital statuses and transitions in marital statuses, is evidence of the poorer health of divorced and single men relative to their married counterparts; moreover there also appears to be a gender effect with divorced and single men experiencing poorer health outcomes than single women [3,4,23–25]. These findings have provoked questions on whether there is some form of selection of less healthy individuals into non-marital states or whether being married offers a 'protective effect' for health and the transition from being married into being unmarried has an adverse impact on health. The picture is further complicated by the fact that such transitions in partnership status may be accompanied by temporary changes (for example, health may undergo a temporary decline around the time of the marital dissolution) which are not adequately captured in cross-sectional data. Additionally, caution is needed in treating both the unmarried and married as homogenous groups as both the route into being 'unmarried' and the quality of the marital relationship have both been found to matter.

Goldman et al., using data from the US Longitudinal Study of Aging (1984–1990), identified that marital status is associated with health and survival outcomes at the oldest ages, with widowed men being at a higher risk of being disabled than married men [26]. However, unmarried persons at older ages were found to have variations in health outcomes; widowed persons had poorer health but this was not the case among divorced or single persons. The paper suggests that frail single persons may have died before reaching older ages (the selection effect) and that the surviving older single persons would not have experienced stresses and strains associated with divorce and widowhood. Therefore it is argued that because of their diversity of experiences, the unmarried should not be treated as a homogenous group.

3.1. Quality of relationship matters

It may also be the case that the married should not be treated as a homogenous group. Looking only at a sample aged 50+ and in their first marriage, Bookwala found that uncaring and unhelpful spousal behaviours was associated with poorer physical health and that such behaviours outweighed positive spousal behaviours in contributing to poorer physical health [27].

3.2. Selection matters

The degree to which less healthy persons are 'selected' into singlehood, separation or divorce is best investigated using longitudinal data, with information on health both before and after changes in marital status. Among studies exploring health status pre-transition, Joung et al. found that only divorce was associated with health status [5]. This research showed that married persons with four or more health complaints and two or more chronic conditions were 1.5 and 2 times more likely to become divorced than persons without these problems at the baseline. Williams and Umberson make similar findings using data from the US [28]. A life course perspective was used to assess the impact of marital status and marital transitions on subsequent changes in self-assessed