



Marital status and mortality: Does family structure in childhood matter? ☆



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ABSTRACT

It is well known that marital status is significantly associated with mortality risk. Little is known, however, regarding whether and how the effects of marital status are moderated by one's own family structure in childhood. The purposes of this study are to examine whether marital status (i.e., family structure in adulthood) and living with both biological parents in childhood (i.e., family structure in childhood) are associated with mortality risk, and whether and how the effects of marital status vary depending on family structure in childhood and gender. We analyze the risk of death in five waves of the General Social Survey (GSS) from 1994 through 2002 after linking the GSS data to death certificate data from the National Death Index through 2008. The findings indicate that being widowed increases the risk of mortality, while living with both parents in childhood lowers it. Interestingly, analysis of the interaction between marital status and family structure in childhood reveals that the disadvantage of widowhood in terms of mortality is significantly stronger for those who lived with both parents in childhood than for those who did not. Subsample analysis by gender shows that the moderating effect of living with both parents is largely equal across men and women, though statistically more robust for men. These findings suggest that living with both parents during childhood may increase vulnerability to marital disruptions due to unwanted life events such as spousal loss. Childhood advantages, ironically, may form more stressful contexts of spousal loss by lowering one's adaptability or immunity to adulthood hardships, especially when the hardships in adulthood are characteristically opposite from the childhood advantages.

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1. Introduction

It is well known that marital status is significantly associated with health, including the risk of mortality. Married people have better health profiles than other people, including those who are divorced, separated, or widowed (e.g., Elwert and Christakis, 2006; Idler et al., 2012). Given that spousal loss is one of the most stressful life events, numerous studies have shown that widowed people are

especially vulnerable in terms of health risks, including risks of mortality (Elwert and Christakis, 2006; Mineau et al., 2002) and risks of morbidity events (Engström et al., 2004). Previous studies suggest that marital disruption is a significant predictor of health and mortality in general.

Less is known, however, about the extent to which marital status as an aspect of family structure in adulthood has interrelated health effects with family structure in childhood. Despite the increasing attention of research to childhood family structures and their effects on health over an individual's life course (e.g., Martin et al., 2005), few existing studies explore whether and how marital status in adulthood has differential effects depending on family structure in childhood. There are several important reasons for simultaneously investigating the characteristics of marital status in adulthood and family structure in childhood, together with their interaction effects.

First, previous studies have shown that family structure in

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childhood, as well as in adulthood, is an important predictor of health over an individual's life course (e.g., Hayward and Gorman, 2004). With increased recognition of the significant effects of both marital status in adulthood and family structure in childhood, it should be noted that parental marital disruption in childhood (as an example of a disadvantaged family structure for a given individual) influences that individual's own family structure and/or marital quality in adulthood (e.g., Remes and Martikainen, 2012; Fergusson et al., 2014). Thus, examining the effects of marital status along with family structure in childhood is necessary for a full investigation of the relationship between marital status and mortality in adulthood.

Moreover, the effects of marital status in adulthood can be channeled by family structure in childhood. It is possible that having experienced an advantaged family structure in childhood may buffer the harmful effects of marital disruption in adulthood, because an advantaged individual might have better social and emotional functioning which is cumulatively formed by the positive family experiences of childhood. In contrast, experience with a disadvantaged family structure in childhood may amplify the harmful effects of marital disruption, and/or reduce the beneficial effects of being married by being associated with more strained relationships in adulthood (Umberson et al., 2014). To the best of the authors' knowledge, however, no previous research empirically examines the interactions between family structures at different stages of life.

This study aims to explore (1) whether or not marital status and family structure in childhood are associated with mortality across an individual's course of life, and to examine (2) whether or not the effects of marital status are differentiated by family structure in childhood. We also explore (3) gendered patterns of these processes, as previous studies have shown that marital status has differential effects across men and women (e.g., Mineau et al., 2002). Discerning the intertwined effects of marital status in adulthood and family structure in childhood on mortality from a gendered approach extends our previous knowledge of associations between marital status and mortality.

2. Background

2.1. Marital status, gender, and health

Many studies have shown that married people demonstrate higher levels of psychological well-being and physical health (e.g., Waite, 1995), as well as lower levels of mortality risks than people with other marital statuses (e.g., Elwert and Christakis, 2006; Idler et al., 2012). The benefits of marriage are often attributed to the relatively advantaged life conditions of married people, such as higher socioeconomic standing, better family support, and increased social integration. Marriage benefits couples by providing instrumental, emotional support and social attachment (Elwert and Christakis, 2006; Waite, 1995). In contrast, other marital statuses—including being divorced/separated or widowed, as well as never having been married—are linked to a lack of family support and resources, as well as higher stress.

Among the unmarried, widowed people are the most vulnerable group. Widowed people experience increased mortality risk (Elwert and Christakis, 2006; Mineau et al., 2002), and morbidity (Engström et al., 2004). The negative effects of widowhood are often explained by the unwanted and unanticipated deprivation of family support and attachment. Widowed people have a hard time adjusting to new life circumstances without a spouse, and they experience grief, loneliness and depression, all of which affect physical health and mortality.

Not surprisingly, there is much debate about the gender

differences in marriage effects. Although both men and women seem to benefit from being married in comparison to other marital statuses, a few studies argue that men benefit more from marriage than women in terms of health and mortality risks (e.g., Johnson et al., 2000). This difference is based on the different levels of support that men and women receive due to social roles divided by gender. Married women are more likely to undergo higher levels of stress due to the multifaceted nature of female gender roles (Barnett and Baruch, 1985), whereas married men are more likely to receive practical, emotional, and health-regulating support from their wives. In contrast, other studies suggest equivalent effects of marriage for both men and women (Umberson et al., 2006; Idler et al., 2012), wherein being married is shown to be beneficial for both men and women.

Despite inconsistent findings about marriage benefits by gender, it appears that widowhood is a relatively well-known predictor of differential risk effects by gender. Most studies of widowhood and health have shown that spousal loss is more deleterious for men than for women. Men experience increased mortality after spousal loss at rates much higher than the rates of increased mortality experienced by women after spousal loss (Mineau et al., 2002). In addition, men experience more difficulty than women in terms of psychological adjustment after spousal loss (e.g., Lee et al., 2001), leading to greater vulnerability in the physical health of widowed men. The greater deleterious effects of spousal loss on men may be due to the fact that men rely more on their wives for emotional and social support, and in conducting daily tasks, which increases the vulnerability of men to the loss of a spouse. In other words, adult women may adjust to family disruptions more efficiently than men because women are better able to mobilize and exchange social and emotional support with people aside from their spouses. Due to socialization processes that emphasize the role of caregiver among females, women are more likely to develop the skills and social networks necessary to mobilize and exchange social and emotional support outside of their family.

2.2. Family structure in childhood and health

Due to extensive knowledge and research on associations between childhood social conditions and later health from life course perspectives, increasing attention has been paid to the area of family structure in childhood and its effects on health over the life course (e.g., Martin et al., 2005). Not only does a disadvantaged family structure have critical effects on the health of children in the family (e.g., Bramlett and Blumberg, 2007), but it may have continuous effects throughout an individual's life, leading to long-term negative health outcomes such as higher risks of mortality (Hayward and Gorman, 2004; Martin et al., 2005). In a few studies, living with a single parent or in conditions of parental divorce are found to be significantly associated with higher levels of depressive symptoms (Gilman et al., 2003), acute myocardial infarction (Morton et al., 2014), and, eventually, higher long-term risks of mortality (Hayward and Gorman, 2004; Martin et al., 2005). It has also been observed that individuals who were born to unmarried mothers have higher mortality risks, even after controlling for the individuals' marital status in adulthood (Donrovich et al., 2014). Parental death during adolescence and young adulthood is also associated with increased mortality risk after controlling for comorbidity and marital status in adulthood (Smith et al., 2014).

The long-lasting effects of childhood family structure on later health and death can be explained in terms of the stress process paradigm (Pearlin, 1989), and from life course perspectives (e.g., Elder et al., 2003). A disadvantaged family structure indicates that people in the family are exposed to a range of stressors of different dimensions of economic, psychological, and social types, which

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