



The effects of marriage and separation on the psychotropic medication use of non-married cohabiters: A register-based longitudinal study among adult Finns



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ABSTRACT

Non-marital cohabitation has become increasingly common and is suggested to offer similar mental-health benefits as marriage does. We studied levels and changes in cohabiters' mental health five years before and five years after entering into marriage or separating, and compared long-term non-married and married cohabiters. We analysed changes in the three-month prevalence of psychotropic medication use (psycholeptics and psychoanaleptics, excluding medication for dementia) by proximity to non-marital transition and gender, using register data on 189,394 Finns aged 25 to 64. Similar levels of psychotropic-medication use were found among individuals in long unions that continued throughout the follow-up and were non-marital, marital, or changed from non-marital to marital. Among men and women who separated from longer cohabiting unions of more than five years, however, an increase in medication prevalence was observed immediately before separation, followed by a similar decline after separation. At the time of separation the level of medication use was 9.9 per cent (95% CI = 8.7 – 11.3) among men and 15.7 per cent (95% CI = 14.2 – 17.4) among women compared to 4.3 per cent (95% CI = 3.7 – 5.0) and 8.0 per cent (95% CI = 7.2 – 9.0), respectively, among those who cohabited continuously. No changes in medication use were observed before or after separation among those leaving shorter cohabiting unions of less than five years. Among those marrying following shorter cohabiting unions a positive effect of approaching marriage was observed only among women. Compared to continuous cohabiters, the level of medication use was higher among men and women separating from both short-term and long-term cohabiting unions five years before separation. This selective effect suggests that cohabiters with mental-health problems might benefit from relationship counselling. In a long-term stable union it seems to matter little for mental health whether the union is marital or non-marital, the break-up of a long-term non-marital union being strongly associated with adverse mental-health effects.

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1. Introduction

Non-marital cohabitation has increased dramatically during the last few decades. Finland and other Nordic countries have been at the forefront of this trend, with lower rates of cohabitation in Southern Europe (Kiernan, 2004). Living together before marriage has become the practice of the majority in many European countries and the US (Kennedy and Bumpass, 2008; Kiernan, 2004). Most couples enter cohabiting unions with an intention to marry (Heuveline and Timberlake, 2004), although over time non-marital cohabitation has become less likely to turn into marriage (Pevalin

and Ermisch, 2004), and is increasingly common as a long-term alternative (Hansen et al., 2007). Nevertheless, such unions are still less stable than marriages in both Europe and the US (Heuveline and Timberlake, 2004; O'Connor et al., 2005). Despite substantial research on the health effects of marital transitions, relatively little is known about the health consequences of moving to marriage or separating from a non-marital cohabiting union, although non-marital unions are suggested to resemble marital unions in the health benefits that they provide (Heuveline and Timberlake, 2004; Kiernan, 2004; Mastekaasa, 2006).

This study concerns the effects on mental health of moving to marriage or separating from a non-marital cohabiting union, and evaluates the causes of such effects. We analysed register-based longitudinal data covering the population of Finland aged 25–64

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years, with practically no loss to follow-up or self-report bias. We measured mental health with the use of psychotropic medication, the annual prevalence of which exceeds ten per cent in both Europe and the US (ESEMeD/MHEDEA 2000 Investigators, 2004a; Paulose-Ram et al., 2007), and which is known to predict other adverse outcomes such as psychiatric hospitalization and mortality (Moustgaard et al., 2013, 2014). We assessed changes in the prevalence of medication use before and after the date of marriage or separation, and made comparisons to those who cohabited continuously without marriage or were continuously married for at least ten years.

2. Background

2.1. Cohabitation, marriage and mental health

Whereas men and women in marital unions generally show better mental health than those in non-marital unions (Brown et al., 2005), this health gap is smaller in countries with a high prevalence and acceptability of non-marital cohabitation (Soons and Kalmijn, 2009). The implication is thus that non-marital unions have evolved to resemble marital unions (Heuveline and Timberlake, 2004; Kiernan, 2004; Mastekaasa, 2006). In the case of Finland, union type has little influence in terms of anxiety and depressive symptoms (Joutsenniemi et al., 2006), although, working-aged non-married cohabiters show an increased risk of heavy drinking and alcohol dependence (Joutsenniemi et al., 2007) and almost 70 per-cent excess mortality compared to the married, the biggest differences being in alcohol-related and accidental causes of death (Koskinen et al., 2007).

Cohabiting partners with poor mental health may be less attractive as marriage partners (Soons and Liebfroer, 2008), although mental health seems to have a limited effect on whether cohabiting unions turn into marriages (Pevalin and Ermisch, 2004). Cohabiters may also be differently selected into marriage based on socio-economic characteristics such as education and income. Poor socio-economic resources, in turn, are associated with poor mental health and higher usage of psychotropic medication (ESEMeD/MHEDEA 2000 Investigators, 2004a, 2004b). It seems that socio-economic factors explain less than a third of the lower level of mental well-being among non-married cohabiters in several European countries, non-employment having the largest effect (Soons and Kalmijn, 2009), and in the US the non-employed are also slightly more likely to cohabit than to marry (Lamb et al., 2003).

Non-marital cohabitation, compared to marriage, is assumed to have a causal effect on psychological distress (Brown, 2000; Marcussen, 2005; Soons and Kalmijn, 2009). Although non-marital and marital partners may provide similar practical, emotional, social and material support (Evans and Kelley, 2004; Koskinen et al., 2007; Moustgaard and Martikainen, 2009; Musick and Bumpass, 2012), the tendency to share resources may be weaker in non-marital than in marital relationships (Soons and Liebfroer, 2008). The more normative social role of marriage might have implications for social resources, particularly in countries with lower rates of non-marital cohabitation (Marcussen, 2005). Social support may also be weaker among non-married cohabiters because they lack long-term commitment (Brown, 2000; Brown et al., 2005; Koskinen et al., 2007). Ideally, studies on the health effects of moving to marriage from cohabitation should be based on longitudinal data with multiple observations both before and after marriage (Blekesaune, 2008; Stafford et al., 2004; Soons and Kalmijn, 2009). The use of such data facilitated the observation of increases in life satisfaction immediately after marriage in Germany (Zimmermann and Easterlin, 2006) and the Netherlands (Soons et al., 2009), although changes in life

satisfaction are not necessarily indicative of changes in mental health. Life satisfaction seems to decline along with increasing union duration (Soons et al., 2009; Zimmermann and Easterlin, 2006), whereas increasing union duration is associated with improving mental health (Frech and Williams, 2007; Gibb et al., 2011).

2.2. Separation and mental health

Although several studies have demonstrated the detrimental health effects of divorce (see e.g., Blekesaune, 2008; Wade and Pevalin, 2004; Williams, 2003; Wu and Hart, 2002), less research is available on the consequences of separation from non-marital cohabitation. Studies including both non-marital and marital unions report increases in depressive symptoms after separation, but make no distinction between union type (Lee and Gramotnev, 2007; Mastekaasa, 2006). It has been shown in British and Canadian samples that separation from non-marital cohabitation has less effect on mental health than divorce (Blekesaune, 2008; O'Connor et al., 2005; Wu and Hart, 2002), but of these studies only one used more than two points of data collection (Blekesaune, 2008). Given that the frequency and stability of non-marital cohabiting unions vary greatly between countries, these results may be highly context specific.

The same mechanisms that are linked with poor mental health after divorce could well apply to separation from non-marital unions: poor mental health could increase the probability of separation, being separated could affect mental health, and the transition out of the union might have adverse health effects (see e.g., Blekesaune, 2008). Nevertheless, it is unclear why separation from non-marital cohabitation might have different effects than divorce. If non-married cohabiters have worse mental health than the married before separation, the further worsening afterwards may be more modest. In addition, the level of post-separation distress could reflect the level of commitment (O'Connor et al., 2005) and investment in the relationship (Rhoades et al., 2011), the implication being that non-marital separation has less effect than divorce. Alternatively, non-married cohabiters might show increased distress after separation because the loss accentuates previous vulnerabilities (O'Connor et al., 2005). The lack of legal commitment in non-marital cohabiting unions (Hansen et al., 2007) may even make the economic consequences of separation more severe than in the case of divorce (Manting and Bouman, 2006), thus leading to more pronounced health effects.

2.3. The study aims and hypotheses

This study analyses the mental-health effects of marriage and separation in non-marital cohabiting unions (from now on cohabitation refers to non-marital cohabitation and marriage to marital cohabitation). We used nationally representative Finnish registration data giving the dates of union transition, which were linked with register-based data on purchases of psychotropic medication. We modelled the prevalence of psychotropic-medication use five years before and five years after marriage or separation, and made comparisons with continuous cohabiters and the continuously married.

First, we investigated whether union type – married vs. cohabiting – was associated with mental health among individuals in continuous long-term unions. On the basis of previous literature we put forward the following hypothesis:

H1. Marital unions relative to cohabiting unions are associated with better mental health.

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