



# Same-sex cohabiting elders versus different-sex cohabiting and married elders: Effects of relationship status and sex of partner on economic and health outcomes



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## ARTICLE INFO

### Article history:

Received 17 December 2012

Revised 3 July 2013

Accepted 1 September 2013

Available online 24 September 2013

### Keywords:

Gay and Lesbian

Aging

Marriage

Demography

## ABSTRACT

In this article, I use pooled data from the 2008–2010 American Community Surveys to examine outcomes for different-sex married, different-sex cohabiting, and same-sex cohabiting elders across several key economic and health indicators, as well as other demographic characteristics. The findings suggest that elders in same-sex cohabiting partnerships differ from those in different-sex marriages and different-sex cohabiting relationships in terms of both financial and health outcomes, and that women in same-sex cohabiting partnerships fare worse than men or women in other couple types. The results indicate that financial implications related to the sex of one's partner might be more predictive of economic and health outcomes in old age, rather than solely access to legal marriage. Nonetheless, findings suggest that individuals in same-sex cohabiting partnerships might experience worse outcomes in old age as a result of cumulative effects across the life course from both the sex of their partner (in the case of female couples) as well as their lack of access to benefits associated with marriage. Accordingly, these findings demonstrate that persons in same-sex cohabiting partnerships require unique policy considerations to address health and economic concerns in old age.

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## 1. Introduction

In the United States, an aging population continues to raise policy concerns regarding how to best provide financial, health, and social support for varying segments of the elderly. Research indicates that individuals' needs in old age vary across demographic characteristics such as gender, class, race and ethnicity, education, relationship status, and related characteristics (Uhlenberg, 2009; Lauderdale, 2001; South and Tolnay, 1992). Burgeoning research in the area of sexuality studies also suggests that gay and lesbian individuals experience aging differentially, requiring unique policy considerations (IOM, 2011; Fredriksen-Goldsen and Muraco, 2010; MetLife, 2010; Scherrer, 2009). Most of this research, however, has focused on the experiences of gay and lesbian individuals rather than couples. Accordingly, little is known regarding whether or how outcomes differ for elderly individuals cohabiting in same-sex partnerships as compared with those living in different-sex cohabiting or marital relationships.

Although social science research strongly supports the evidence of several “marriage benefits” that accrue from heterosexual marriage (see e.g. Waite, 2005; Seltzer, 2004; Brown, 2000; Horwitz and White, 1998; Brines and Joyner, 1999), it is unclear as to the manner in which lack of access to legal marriage affects outcomes for same-sex partners (see e.g. Badgett,

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2009; Balsam et al., 2008; Rothblum, 2005; Solomon et al., 2004). Given that most gay men and lesbians have not had the option of legal marriage to a same-sex partner, it might be expected that elders living in same-sex partnerships would demonstrate worse financial and health outcomes than those in different-sex marriages. This would particularly be the case for those who have lived all or most of their life outside of the marital institution, since the rewards from marriage can be expected to accrue over the life course.

In this article, I use pooled data from the 2008–2010 American Community Surveys to analyze outcomes for different-sex married, different-sex cohabiting, and same-sex cohabiting elders across several key economic and health indicators. Results highlight the potential effect of both sex and institutional exclusion on outcomes for elders in same-sex partnerships.

## 2. The benefits of marriage

### 2.1. Empirical findings and theoretical explanations

Social science research has supported the existence of several benefits derived from marriage when compared to cohabitation (Waite, 2005; Seltzer, 2004; Brown, 2000; Horwitz and White, 1998; Waite and Gallagher, 2000).<sup>1</sup> Prior research indicates that cohabiting couples vary from married couples in terms of income, participation in the labor force, commingling of assets, presence of children, relationship duration, and a variety of other factors (see e.g. Waite, 2005; Brown, 2000; Smock, 2000; Waite and Gallagher, 2000; Brines and Joyner, 1999; Horwitz and White, 1998; Waite, 2000).

Financially, married persons amass more assets than do cohabiting persons (Lupton and Smith, 2003), and appear to benefit due to a specialization of economies of scale (Waite, 2005). Further, it has been argued that this economic advantage, coupled with the social support provided by a spouse, facilitates better physical and emotional health for married persons (Waite, 2005; Mirowsky and Ross, 1999). In contrast, cohabiting individuals are less likely “to commingle financial resources (Brines and Joyner, 1999); . . . less likely to share leisure time and a social life (Clarkberg et al., 1995); less likely to have children (Bachrach 1987); and less likely to remain together (Smock 2000)” (Waite, 2005: 91). Although the gap between married and cohabiting persons varies across countries, research suggests that many of the marital advantages exist across a variety of cultural and geographic contexts (Soons and Kalmijn, 2009; Seltzer, 2004). These benefits are particularly salient in the United States, where most individuals ultimately marry and cohabitation remains primarily a “practice run” for marriage (Seltzer, 2004; Bumpass and Lu, 2000).

The two principal theories proffered for the “marriage benefit” concern marital selectivity and protection/benefits derived from the marital institution (Soons and Kalmijn, 2009; Waite, 2005). The marital selectivity theory suggests that those who are healthier and have greater socioeconomic status are advantaged in the marriage market, resulting in married persons performing better on many socioeconomic and health indicators (Waite, 2005). This would indicate that better outcomes for married individuals are not a consequence of the union itself, but are a function of those who are likely to enter into marriage.

The more institutional theory suggests that marriage provides protection via perceived permanence, the sharing of social and economic resources as a type of “insurance,” and social attachment to the spouse, the spouse’s network, and other social institutions (Soons and Kalmijn, 2009; Waite, 2000). According to this argument, married persons’ behaviors and resources change as a consequence of marriage, resulting in economic and health well-being compared to non-married persons (Waite, 2005). Cohabiting individuals, on the other hand, are less likely to experience these benefits due to a lack of permanence and a corresponding hesitancy to pool assets.

It is this second, institutional theory that is particularly pertinent when examining differentials across same-sex cohabiting elders and different-sex married elders. If the institution of marriage provides tangible benefits, then same-sex couples who are unable to access this institution would be expected to have worse outcomes than heterosexual couples who marry. In the next section, I explore whether we should expect elders in same-sex cohabiting partnerships to look more like cohabiting heterosexual couples than married heterosexual couples, in terms of their demographic, economic, and health characteristics.

### 2.2. Marriage and cohabitation for same-sex elderly couples

According to the institutional theory, elders living in same-sex partnerships would be expected to evidence the repercussions of exclusion from the marital institution – both in the present, as well as due to the cumulative lifetime effects for those who have spent much or all of their lives outside of heterosexual marriage. In this respect, marital benefits likely operate in much the same way as other socioeconomic disparities. For example, elders with less education have incurred the cumulative disadvantage of a lifetime of differential access to benefits that would promote health and welfare (Lauderdale, 2001). If marriage produces economic, social, and health benefits, it might be expected that elder same-sex partners who have spent much or all of their lives outside of heterosexual marriage would reflect the cumulative disadvantage of their exclusion from

<sup>1</sup> Notably, some studies have not found differences in outcomes for cohabiting and married persons (see e.g. Musick and Bumpass, 2006; Brown, 2000; Brown and Booth, 1996).

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