

## Marriage and Public Health

By Maggie Gallagher

### Summary

A wide body of social science literature confirms that marriage is a powerful protector of public health. Children raised by their own two married parents live longer, have fewer illnesses and accidents, and enjoy better health than children raised outside of intact marriages. Both men and women who get and stay married enjoy similar powerful health advantages: they live longer, enjoy better health, manage chronic illness better, are less likely to require extensive (and expensive) hospitalization and nursing home care, and become disabled less often than do people who are single or divorced.

### Marriage and Premature Death

Married people live longer than otherwise similar people who are single or divorced. Husbands and wives live longer, on average, even after controlling for race, income and family background. The protective power of marital status is not small. Overall, nonmarried women have mortality rates about 50 percent higher than wives, and nonmarried men have mortality rates about 250 percent higher than husbands. Single people are more likely than married persons to die from a variety of causes, including heart disease, strokes, pneumonia, and many kinds of cancers. Mortality rates for the unmarried are particularly high for those causes of death that have an obvious behavior component; such as cirrhosis of the liver, car accidents, murder and suicide.<sup>1</sup>

How big is the risk? Take two middle-aged men with the same race, income and family background, except that one is married and the other is single or divorced. What are the relative odds that either man will live at least to age 65? The answer: Nine out of ten husbands, but only six out of ten single men. In other words, absent remarriage, an extra three out of ten men lose their lives when they lose their wives. For women, the life-protecting benefits of marriage are also apparent, but not as powerful. Nine out of ten middle-aged wives will make it to age 65, compared to about eight out of ten single and divorced women.<sup>2</sup>

Nor is this protective power of marriage strictly a U.S. phenomenon. One study of developed nations as diverse as Japan and the Netherlands found that the unmarried in virtually every country have lower life expectancies than the married, including in countries with nationalized health care systems. In most developed countries, single, divorced or widowed men of any age are about twice as likely to die as married men, and nonmarried women face risks about one and a half times as great as married women. The marriage gap in longevity in developed countries appears to be increasing rather than narrowing.<sup>3</sup>

Coming Next

Marriage and  
Mental Health

1. Catherine E. Ross, John Mirowsky, and Karen Goldsteen, 1990. "The Impact of the Family on Health: Decade in Review," *Journal of Marriage and the Family* 52: 1059-1078.

2. Lee A. Lillard and Linda J. Waite, 1995. "Til Death Do Us Part: Marital Disruption and Mortality," *American Journal of Sociology* 100: 1131-56.

3. Yuanreng Hu and Noreen Goldman, 1990. "Mortality Differentials by Marital Status: An International Comparison," *Demography* 27(2): 233-50.

## Marriage and Illness

Marriage also reduces the risk of morbidity. Overall, married men and married women are less likely to report they are in poor health. One national study of the health of men and women in their 50s and early 60s found that wives, for example, were about forty percent less likely than married women to rate their health as only fair or poor.<sup>4</sup> One recent study of cancer survival rates found that having a spouse lowered a cancer patient's risk of dying from the disease just as much as being ten years younger.<sup>5</sup>

A recent study of the health effects of marriage drawn from 9,333 respondents to the Health and Retirement Survey concludes that "Greater numbers of persons will soon enter old age with fewer chances of being married, and/or a more checkered marriage history compared to current cohorts of elderly persons. All else being equal, recent changes in marriage behavior may have untold negative consequences for the health and well-being of future cohorts and the care they receive." This study, which looked at Americans between the ages of 51 and 61, compared the incidents of major diseases (including high blood pressure, diabetes, stroke, chronic lung disease, heart disease, psychiatric problems, arthritis, foot and leg problems, asthma, bladder and stomach problems) as well as functional disability in married, cohabiting, divorced, widowed and never married individuals. "Almost without exception," the authors report, "married persons have the lowest rates of morbidity for each of the diseases, impairments, functioning problems, and disabilities." Divorce has a greater overall negative consequence for women's health compared to men's health, and the health benefits of marriage appeared somewhat stronger among African-Americans and Latinos than whites.<sup>6</sup>

## In Brief

- Married men are less than half as likely to report psychiatric problems compared to cohabiting, divorced, widowed and never married men.
- 28 percent of husbands report medical problems with their feet or legs, compared to 39.5 percent of cohabiting men, 37 percent of divorced men, and 46 percent of widowed men.
- Compared to wives, cohabiting women are three times more likely, and divorced and widowed women twice as likely, to report they had functional limitations that impaired daily living.
- One out of five married men aged 51 to 61 are disabled, compared to about one out of three cohabiting and widowed men, and more than one out of four divorced and never married men.
- 22 percent of married women aged 51 to 61 are disabled, compared to 30 percent of cohabiting, 32 percent of divorced, 27 percent of widowed women.<sup>7</sup>
- 34 percent of married women report high blood pressure, compared to between 40 and 45 percent of cohabiting, divorced, widowed and never married women in this age group.

"[M]arital status differences in disability are dramatic even when controlling for age, sex and race/ethnicity," the researchers report. "The odds of disability among cohabitators, for example are almost 1.7 times the odds for married persons. Similarly, the odds of disability among divorced persons are slightly less than 1.6 times the odds for married persons. All unmarried groups are significantly more likely to be disabled than married persons."<sup>8</sup> The declining incidence of stable marriage, they note, suggests "inequality in health...may grow as greater number of persons enter retirement outside of marriage.... Entering retirement without a spouse simultaneously increases the risk of an adverse health event and decreases one's available network of family caregivers."<sup>9</sup>

4. Linda J. Waite and Mary Elizabeth Hughes, 1999. "At the Cusp of Old Age: Living Arrangements and Functional Status Among Black, White and Hispanic Adults," *Journal of Gerontology: Social Sciences* 54b(3):S136-S144.

5. James S. Goodwin, et. al., 1987. "The Effect of Marital Status on Stage, Treatment, and Survival of Cancer Patients," *Journal of the American Medical Association* 258: 3125-30.

6. Amy Mehraban Pienta, et. al., 2000. "Health Consequences of Marriage for the Retirement Years," *Journal of Family Issues* 21(5): 559-586.

7. *Ibid.* (Pienta, 2000). See Table 2.

8. *Ibid.* (Pienta, 2000). 579.

9. *Ibid.* (Pienta, 2000). 583.

## Marriage and Children's Health and Longevity

Divorce and unmarried childbearing has important negative effects on children's physical health and life expectancy. One study using the National Health Interview Survey to track changes in children's health after their parents' separation found that divorce increased the incidence of health problems in children by 50 percent.<sup>10</sup> Children living in single-mother homes are more likely to be hospitalized and to have chronic health conditions such as asthma, heart ailments or convulsions. Fifty-eight percent of white married (including remarried) parents say their child is in "excellent" health, compared to just 46 percent of white single mothers; 38 percent of black married (and remarried) mothers rate their child's health as "excellent," compared to less than 31 percent of black single mothers. The health advantage of married homes for children remains even after taking into account income and socioeconomic status.<sup>11</sup>

The negative health effects of parental non-marriage and divorce linger long into their children's adulthood. Nor can this health gap be explained entirely by lower income or reduced access to medical care. Even in Sweden, a country with extensive supports for single mothers and a nationalized health care system, one recent study found that adults raised in single-parent homes were about one-third more likely to die over the study period. Even after taking economic hardship into account, researchers found adults from non-intact families were 70 percent more likely to have circulatory problems, 56 percent more likely to show signs of mental illness, 27 percent more likely to have chronic aches and pains, and 26 percent more likely to rate their overall health as poor.<sup>13</sup>

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*For babies, marital status can mean the difference between life and death. White babies born to unwed mothers are 70 percent more likely to die in the first year, and black infants born out of wedlock are 40 percent more likely to die. Even a college degree does not erase the marital status risk: babies of white, unwed college graduates were still 50 percent more likely to die than babies born to educated white mothers who were also married.<sup>12</sup>*

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One study which followed a sample of academically gifted, middle-class children for 70 years found that parental divorce reduced a child's life expectancy by four years, even after controlling for childhood health status and family background, as well as personality characteristics such as impulsivity and emotional instability.<sup>14</sup> Another analysis of these same data found that 40-year-old men whose parents had divorced were three times more likely to die than 40-year-old men whose parents stayed married: "[I]t does appear," the researchers conclude, "that parental divorce sets off a negative chain of events, which contribute to a higher mortality risk among individuals from divorced homes.... It seems less likely that a simple selection artifact could explain the all-cause mortality risk in children who have experienced parental divorce. More likely, behavioral or psychological consequences of parental divorce that have health-damaging effects are involved." Children of divorce received less education on average and were less likely to get and stay married as adults, which partly explains why the mortality gap persists long into adulthood.<sup>15</sup>

10. Jane Mauldon, 1990. "The Effects of Marital Disruption on Children's Health," *Demography* 27: 431-446.

11. Ronald Angel and Jacqueline Worobey, 1988. "Single Motherhood and Children's Health," *Journal of Health and Social Behavior*, 29:38-52. Because remarriage does not appear to have the same benefits for children as an intact marriage, the true impact of family fragmentation on children's health may be larger, and the racial gap smaller.

12. Trude Bennett, et al., 1994. "Maternal Marital Status as a Risk Factor for Infant Mortality," *Family Planning Perspectives* 26: 252-256.

13. Olle Lundberg, 1993. "The Impact of Childhood Living Conditions on Illness and Mortality in Adulthood," *Social Science and Medicine* 36: 1047-1052.

14. J. E. Schwartz, et al., 1995. "Childhood Sociodemographic and Psychosocial Factors as Predictors of Mortality Across the Life-Span," *American Journal of Public Health* 85: 1237-1245.

15. Joan S. Tucker, et al., 1997. "Parental Divorce: Effects on Individual Behavior and Longevity," *Journal of Personality and Social Psychology* 73(2): 381-391.

## Marriage and Medical Costs

As more Americans enter the illness-prone years unmarried, and as more children are raised outside of intact homes, the health costs to the nation connected to Medicaid, Medicare and the private insurance system are likely to increase. Married partners appear to manage chronic illness (such as diabetes or hypertension) more effectively than otherwise similar singles, and married parents are more effective at protecting children's health on average than solo parents. Wives play a key role in monitoring the health and risk behavior of men. And spouses provide each other with unpaid caregiving and support that allow many more disabled and ill Americans to remain at home, rather than purchasing expensive nursing care. Even after taking into account severity of illness, age, gender, race, and medical diagnosis, single hospital patients are two and a half times more likely to be discharged to a nursing home.<sup>16</sup> A study of elderly Medicare recipients found that both elderly married men and women were much less likely to enter a nursing home than were their unmarried counterparts.<sup>17</sup>

## How Can Marriage Save Lives and Protect Health?

The pathways from marriage to good health and long life are many. The married lifestyle encourages good health habits. Married people are less likely to hang out in bars late at night, get into fights and auto accidents, or become crime victims. Married people remind each other about important health habits: eating right, getting enough sleep, wearing seatbelts, cutting back on smoking or alcohol, and visiting the doctor regularly.

This is particularly important for men's health. But married people behave in healthier ways even when they are not reminded to do so by a spouse. Because marriage is a shared norm, and not just a private relationship, Americans have a shared understanding of what marriage means, including "settling down," acting responsibly, and assuming adult roles. In addition, people behave more responsibly when they know that someone else depends on them than they do when they view themselves as autonomous individuals. Cohabitors, for the most part, do not reap the same health benefits as the married do, because there are no shared social norms about how cohabitators "should" behave, and because cohabitators typically have not made a permanent lifelong commitment to be responsible for and responsible to another adult.

### About This Brief

This material comes from *The Case for Marriage: Why Married People are Happier, Healthier, and Better Off Financially* (Doubleday 2000), by Linda J. Waite and Maggie Gallagher. Professor Waite is professor of sociology at the University of Chicago and past president of the Population Association of America. Maggie Gallagher is an affiliate scholar at the Institute for American Values.

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16. Howard S. Gordon and Gary E. Rosenthal, 1995. "Impact of Marital Status on Hospital Outcomes: Evidence from an Academic Medical Center," *Archives of Internal Medicine* 155: 2465-2471.

17. Kenneth G. Manton, et al., 1995. "Longitudinal Models of Disability Changes and Active Life Expectancy in Elderly Populations: The Interaction of Sex, Age and Marital Status," in W. Morgenstern et al., eds., *Modeling Noncommunicable Diseases* (Berlin: Springer-Verlag): 113-130. See also Vicki A. Freedman, 1996. "Family Structure and the Risk of Nursing Home Admission," *Journal of Gerontology: Social Sciences* 51B(2):S61-S69.