



**national  
healthy marriage  
resource center**

# **NHMRC January 2009 Webinar Frequently Asked Questions**

**Healthy Marriage and Health Status: There's a Connection**

# Healthy Marriage and Health Status: There's a Connection

The National Healthy Marriage Resource Center broadcasted a webinar entitled "Healthy Marriage and Health Status: There's a Connection" on January 21, 2009. During the course of the webinar, we received more questions than we were able to answer. This Frequently Asked Questions (FAQ) document is a follow-up to many of the questions posted during the webinar.

## 1. What should I be aware of while looking at the research on the connections between marriage and health?

The research on this subject area is still in its developmental stage. There are many areas of the field that remain to be researched and critically analyzed. A researcher should be aware of the significance of mate selection in the observed results. For example, certain criteria like wealth, age, education, and health influence who an individual chooses as their partner. Therefore, while research shows that there is a correlation between married people and better health, the research cannot be extended to say that marriage leads to better health. From the perspective of marriage education practitioners, it is important to remember it is not any marriage that is seen to be correlated with health benefits; this benefit is specifically associated with healthy marriages.

## 2. You discussed the link between divorce and illness. Is it possible that illness causes divorce, rather than that divorce causes illness?

The longitudinal studies linking divorce to illness were performed retrospectively. Therefore, there is no way to show the direction in which divorce and illness are associated (whether divorce causes illness or illness

causes divorce). The findings at this point are purely correlative.

However, there are several research institutes that are currently attempting to address this question of causation. These researchers are particularly interested in the divorce rate for families in which a child is severely ill. Research on disruptive marital transitions during childhood and their effect on later life experiences can be found at [www.acestudy.org](http://www.acestudy.org).

## 3. From your experiences, what are things that healthy marriage educators should not do when developing a partnership with health care providers?

It is important for healthy marriage educators to ensure that health care providers do not feel guilty about not providing support to couples. In addition, oftentimes giving doctors pamphlets to be passed on to patients is not an effective way to make your program relevant. Instead, marriage educators should work together with health care practitioners to develop marriage strengthening programs aimed at helping the relationship from an emotional and physical stance.

The medical field has evolved to embrace the bio-psycho-social model, meaning that most doctors believe that issues like stress and socio-economic status affect an individual's health and general well-being. Medical family therapy, which addresses the patient's entire family's psychological well-being as fundamental to the progress of the patient, has become a significant part of modern medicine. This presents an opportunity for practitioners to present how healthy marriage programs can help couples deal with the stress of illness, which in turn could benefit the medical progress a patient makes.

#### 4. Are there specific ways to recruit couples for healthy marriage classes by pointing out the physical health benefits of a happy marriage?

It is possible to incorporate the research and statistics on healthy relationships and marriage into marketing of your healthy marriage program. Even a simple line such as “Happily married people lead healthier lives” can have a big impact in recruiting couples to take healthy marriage classes.

#### 5. How does the research on marriage and physical health break down according to different ethnic groups?

We do not know how the research breaks down according to ethnic groups since the research is still very new. However, researchers would like to sample subgroups in the future in order to understand the data in greater detail. In particular, researchers are interested in knowing how the quality of a relationship, instead of simply the relationship itself, affects physical health.

#### 6. What factors contribute to men having better health outcomes with marriage?

It is actually a myth that men fare better in marriage and women fare better as single individuals. However, while both men and women have better health outcomes in marriage than in single life, men’s physical health enhances to a greater degree than women’s health upon marriage. There are several reasons for this difference.

First, men oftentimes have worse health habits before marriage than do women. Second, women usually play a greater role in monitoring men’s health habits during marriage than men play in monitoring women’s health habits. Third, women have greater sensitivi-

ties to the negative aspects of marriage than do men, although both men and women experience negative health consequences in an unhappy relationship. On the whole, the influence of social support systems has been correlated with better health status. For example, research has shown that certain heart diseases are exacerbated by isolation and lack of social support. Marriage reduces these influences by expanding an individual’s support system.

#### 7. Is it possible to integrate relationship education into health classes for teens?

Yes, it is possible. However, it may be difficult to convey this message to teenagers and young couples since they often have a distorted view of their own mortality. For instance, it may not make a big difference to them whether they live 70 or 90 years, since both ages are so far in the future. It is often more effective to discuss how happy marriages impact the physical health of a couple’s children.

#### 8. Are the health benefits of remarriage the same as the health benefits of first-time marriages?

In studies comparing marital status with physical health, individuals who remain married to their first spouses throughout their lives have the best health outcomes. The second best health outcomes involve individuals in second marriages who remain married to their new spouses.

#### 9. Are there correlations between health outcomes of married individuals and geographic region?

No, research has shown no significant correlation between geographic location and the health outcomes of married individuals. However, health care, socioeconomic status and race factors are correlated with health outcomes of married individuals.