

# Effects of Marriage on Physical Health

## 1. Health Care

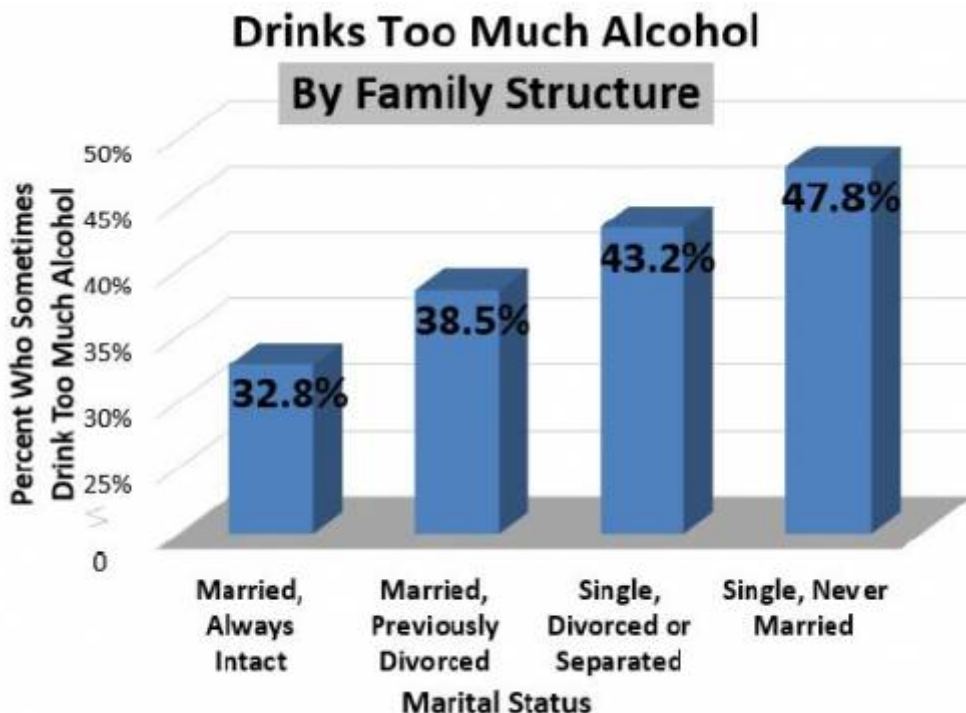
Family intactness has a negative (decreasing) influence on an area's fraction of 25- to 54-year-olds and minors receiving [public healthcare](#),<sup>1)</sup> and a positive (increasing) influence on an area's fraction of 25- to 54-year-olds and minors with [private healthcare coverage](#).<sup>2)</sup> Married men and women are also more likely to have health insurance.<sup>3)</sup> Furthermore, married individuals occupy hospitals and health institutions less often than others,<sup>4)</sup> are released from hospitals sooner, on average, than unmarried individuals,<sup>5)</sup> and spend half as much time in hospitals as single individuals.<sup>6)</sup> Married individuals are also less likely to go to a nursing home from the hospital.<sup>7)</sup> Not surprisingly, marriage also affects an individual's health.

## 2. Lifestyle

A lower fraction of married persons than widowed, divorced or separated, never-married, or cohabiting persons have only "fair to poor health."<sup>8)</sup> Married women rate their health better than do divorced, separated, widowed, and never-married women.<sup>9)</sup> Married individuals smoke and binge-drink less frequently than cohabiters.<sup>10)</sup> Women who marry lessen their alcohol consumption, while married men whose marriages break up increase their alcohol consumption and cigarette use.<sup>11)</sup> Married young adults are less likely to be alcoholic than young adults who are not in a romantic relationship.<sup>12)</sup>

### 2.1 Related American Demographics

Always-intact married adults are less likely than married, previously divorced adults and unmarried adults to report that they sometimes drink too much alcohol. According to the General Social Survey (GSS), 32.8 percent of always-intact married adults have reported that they sometimes drink too much alcohol, followed by 38.5 percent of married, previously-divorced adults, 43.2 percent of single, divorced or separated adults, and 47.8 percent of single, never-married adults.<sup>13)</sup> (See [Chart](#) Below)



Source: General Social Survey, 1972-2006

### 3. Severe Illnesses

Married men and women have higher survival rates after being diagnosed with cancer, regardless of the stage of the cancer’s progression, than do their unmarried counterparts.<sup>14)</sup> Married persons’ responses to cancer treatment are better and are comparable to those of people 10 years younger.<sup>15)</sup> After being diagnosed with prostate cancer, married men live longer.<sup>16)</sup> [Unmarried women with breast cancer](#) are more likely to be diagnosed later and have higher three-year (breast cancer-specific) morbidity.<sup>17)</sup> Similarly, a smaller ratio of married individuals die of cirrhosis of the liver, lung cancer, tuberculosis, and diabetes than never-married, divorced, and widowed individuals, controlling for age.<sup>18)</sup> Married people are less likely to die after being hospitalized for a heart attack.<sup>19)</sup> Always single and widowed men and women have higher stroke risks than married men and women.<sup>20)</sup> Marriage also has significant benefits for an individual’s [mental health](#).

### 4. Longevity

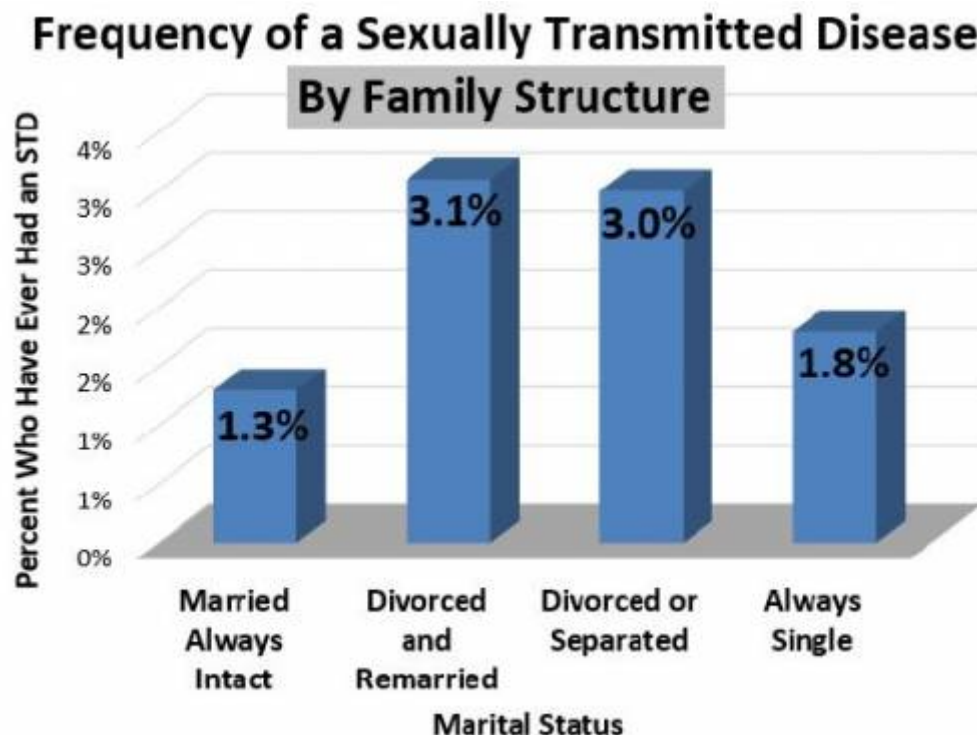
Married people have lower mortality rates,<sup>21)</sup> including lower risk of death from accidents, disease, self-inflicted injuries,<sup>22)</sup> and suicide.<sup>23)</sup> Compared to those who are married, those who are divorced/separated have an 83 percent higher risk of suicide, those who are never married have a 48 percent higher risk, and those who are widowed have a 41 percent higher risk.<sup>24)</sup> The longer a person’s marriage, the lower is their mortality risk, relative to that of the unmarried.<sup>25)</sup> Having children further reduces the risk of suicide. Marital unions without children have a 33 percent lower risk of suicide than single adults, whereas marital unions with children experience a 48 percent decreased risk.<sup>26)</sup>

## 5. STDs and Pregnancy

Married mothers practice better prenatal care and more consistently avoid harmful substances than unmarried mothers do.<sup>27)</sup> Married mothers are less likely to have low birth weight children than stably cohabiting mothers or mothers involved in a romantic relationship with their baby's father.<sup>28)</sup> Married women have significantly fewer abortions than unmarried women.<sup>29)</sup>

### 5.1 Related American Demographics

According to the National Health and Social Life Survey, those in always-intact marriages were least likely to have ever had a sexually transmitted disease (1.3 percent). Sexually transmitted disease is more prevalent in non-intact family structures and among singles: 1.8 percent of those who were always single have had a sexually transmitted disease; 3 percent of those who were divorced or separated have had a sexually transmitted disease and 3.1 percent of those who were divorced and remarried had ever had a sexually transmitted disease.<sup>30)</sup> (See [Chart](#) Below)



Source: National Health and Social Life Survey (1992)

## 6. Children's Well-Being

(See [Effects of Divorce on Children's Health](#))

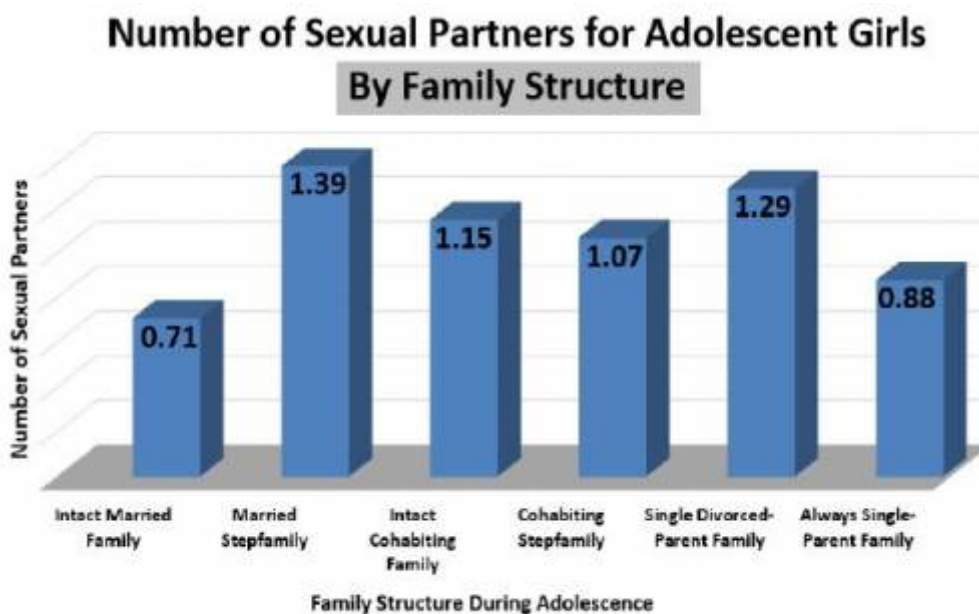
Children and adolescents from intact married families enjoy more emotional and behavioral well-being than children in cohabiting or step families.<sup>31)</sup> According to the National Survey of Children's Health, children who live with both biological parents score lower on the behavior problems scale (49.0) than those who live with a [biological parent](#) and a stepparent (51.8),<sup>32)</sup> and children who live with both biological parents or two adoptive parents are more socially developed than [those who do not](#).<sup>33)</sup> Adolescents who live with both biological parents are less likely to use hard drugs than those

living in step-families, those whose parents have divorced, or those raised by a cohabiting single parent.<sup>34)</sup> Similarly, according to the National Longitudinal Study of Adolescent Health, children who live with both biological parents are less likely to get drunk.<sup>35)</sup>

Girls raised in intact married families have a later onset of puberty and thus are less likely to experience [teenage pregnancy](#).<sup>36)</sup>

### 6.1 Related American Demographics

According to the Adolescent Health Survey (Wave I), female students in Grades 7-12 have an average of 0.71 sexual partners when they live in intact married families, whereas those who have a stepparent or divorced parents have an average of 1.39 and 1.29 sexual partners, respectively.<sup>37)</sup> (See [Chart](#) Below)



Source: National Longitudinal Study of Adolescent Health, Wave I and II. Adolescents Grades 7-12.

<sup>1)</sup> Specifically, family intactness has a *very precisely determinable, negative* influence on an area's fraction of 25-to 54-year-olds and minors receiving public healthcare. Precision has no formal meaning. It indicates how clearly determinable (distinguishable from zero) an influence on an outcome is. Precision is comparable to standard deviation. Low/ no precision indicates a high standard of deviation in which data points spread over a large range of value, signifying that the influence of one variable over another is relatively uncertain. High precision indicates a low standard of deviation in which data points hover around the mean, signifying that the influence of one variable over another is relatively certain. For further elaboration see "[Marriage and Economic Well-Being: The Economy of the Family Rises or Falls with Marriage](#)"

Henry Potrykus and Patrick Fagan, "U.S. Social Policy Dependence on the Family, Derived from the Index of Belonging," (2013). Available at <http://marri.us/policy-2013>.

<sup>2)</sup> Specifically, family intactness has a *very precisely determinable, positive* influence on an area's fraction of 25-to 54-year-olds and minors with private healthcare coverage. Henry Potrykus and Patrick Fagan, "U.S. Social Policy Dependence on the Family, Derived from the Index of Belonging," (2013). Available at <http://marri.us/policy-2013>.

<sup>3)</sup> R.G. Wood, B. Goesling, and S. Avellar, "The Effects of Marriage on Health: Synthesis of Current Research Evidence," Contract # 233-02-0086 (Washington, D.C.: ASPE, HHS 2007). Available at

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<sup>5)</sup> Howard S. Gordon and Gary E. Rosenthal, "Impact of Marital Status on Outcomes in Hospitalized Patients: Evidence from an Academic Medical Center," *Archives of Internal Medicine* 155, (1995): 2467.

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<sup>10)</sup> Theodore D. Fuller, "Relationship Status, Health, and Health Behavior: An Examination of Cohabitors and Commuters," *Sociological Perspectives* 53, no. 2 (2010): 236.

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<sup>12)</sup> Jeremy E. Uecker, "Marriage and Mental Health among Young Adults," *Journal Of Health & Social Behavior* 53, no. 1 (March 2012): 67.

<sup>13)</sup> This chart draws on data collected by the General Social Survey, 1972-2006. From 1972 to 1993, the sample size averaged 1,500 each year. No GSS was conducted in 1979, 1981, or 1992. Since 1994, the GSS has been conducted only in even-numbered years and uses two samples per GSS that total approximately 3,000. In 2006, a third sample was added for a total sample size of 4,510. Patrick F. Fagan and Althea Nagai, "'Sometimes Drinks Too Much Alcohol' by Marital Status," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-85-87-177.pdf>

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<sup>37)</sup> This chart draws on a large national sample (16,000) from the National Longitudinal Study of Adolescent Health, Waves I and II. This work was done by the author in cooperation with former colleagues at The Heritage Foundation, Washington, D.C.

Patrick F. Fagan, "Family Structure and Sexual Intercourse Partners—Adolescent Girls," Mapping America Project. Available at <http://marri.us/wp-content/uploads/MA-4-6-150.pdf>

This entry draws heavily from [164 Reasons to Marry](#).

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