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Do the marital status and living arrangement influence health in a transition society? - Findings from the 1996 Poland Health Survey

Topic of the study

Differences in health by family status and social relationships have been well established in the western literature. Researchers have concluded that persons who are less socially integrated have higher rates of illness incidence and lower life expectancy than their better-integrated counterparts. Marital status is one of social factors known to be associated with a variety of health outcomes (e.g. Wyke and Ford, 1992; Joung et al,1997; Arber and Cooper, 2000; Simon, 2002). These studies consistently show that married people reported better physical and mental health than the divorced, separated, widowed and single.

Two dominant explanations are usually quoted to explain this association: *marriage selection* and *marriage protection* (Waldron et al, 1996). The former is based on the assumption that healthy people are more likely to be married, and less likely to become divorced or widowed than the less healthy. The latter encompasses a broad range of social, psychological, economic, and environmental benefits that are presumed to be associated with having a spouse (e.g. greater emotional and social support, higher income, easier access to information and health services).

The links between social factors and health indicators in females and males in the countries of Central and Eastern Europe have not yet been well described. Some information became available after 1989 which mainly concerned economic factors and changes in mortality (e.g.Bobak, 1999; Zatoński, 1999). In Poland higher morbidity is correlated with poor financial condition and poor education (Wróblewska, 2002)

Aim and searching questions

The aim of this study is to assess whether social determinants, such as family status and living arrangements have any effect on the physical and mental health of women and men in Poland.

We address several questions based on previous western study on family status, household structure and health. The study has examined whether being married confers health-protective effects

in traditional society during the transition period? What is the relationship between marital status, gender and each of analysed health outcomes? How do the family roles shape the marital status and health relationships? Does combination of married life, having children, and a paid job improve or burden health of middle-aged women? Do living arrangements affect health in elderly age groups?

Data and methods

The paper analyses data from nationally representative Health Survey which was realised by the Central Statistical Office in 1996, according to the international recommendations of the WHO. Analyses presented in this paper are based on a sample of 18,400 women and 16,000 men aged 30 and over.

The following health indicators were included in the analyses:
1) Self-assessment of health (It was based on the question "How do you assess your health status?"); 2) Long-standing illness (The survey covered 27 most wide-spread ailments, or groups of long-standing diseases); and 3) Emotional well-being (Emotional wellbeing of the respondents included 11 questions on: insomnia, coping with problems, capability to take decisions, sense of wrong, or guilt, self-confidence, sense of being useful to others, feeling sad, satisfaction with performing daily activities and the sense of being good for nothing).

Prevalence percentages, age-adjusted odds-ratio and logistic regression are used to study family status health inequalities at two stages of life course (mid–life adults and older adults) separately for men and women. We additionally adjust models for employment status and education.

Results

Gender-specific results indicate that in the case of women – family, emotional bonds and presence of children at home may play a bigger role than in the case of males.

Roles in the family may be crucial while explaining differentiated health status, especially in women. Differences in the health status between married and never-married females occurred for such health measures as psychical health and incidence of long-standing diseases, but only in some models.

However, the results obtained for women did not confirm the protective role of conjugal life to women's health to the extent observed in Western Europe. Some adverse reactions can even be observed. Perceived health status and emotional wellbeing of married Polish females aged 30 or over were, as a rule, worse than in unmarried women. In middle-aged women, negative effect of divorce or separation can be observed, while in older women – perceived health was more advantageous among divorced rather than married women. The highest risk of low perceived psychical health was recorded in widowed women. Nevertheless, presence of children in family encouraged better assessment, e.g. it added to emotional wellbeing of middle-aged and older women.

Positive influence of conjugal life on health of men cannot be supported. This is due to two reasons; firstly – in many of the analyzed models, the variable 'marital status' was statistically

insignificant and secondly – perceived health was frequently worse among married than among single men, bachelors, widowers and divorced males.

For most health indicators, it was difficult to unequivocally determine the relationship between living arrangements and health status.

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