

Marriage Does Matter, but When?:
The Case of Preventive Healthcare

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Research has produced ample evidence that, as Waite (1995) put it a decade ago, marriage does matter for well-being. What is less certain is *when* marriage matters. There may be substitutes for the social and economic support and other benefits of marriage. Even when there is the potential for relationship status to have an effect, it may depend on characteristics of the individual and their spouse or partner. Given the many dimensions on which marriages and relationships vary, it is important to explore whether this variation influences the function of relationships.

I address the issue of when marriage and relationships matter by studying the link between relationship status and health behavior. I focus specifically on whether or not individuals obtain flu shots, but the issues discussed here have implications for marriage and relationships more generally. This research could provide lessons about the role of marriage at a time when marriage patterns, family composition, the social functions of family, and roles within the family are rapidly changing. This research also will have implications for public health policy. This research will also add to our understanding of intergenerational exchanges. Research has explored the nature, determinants, and effects of these exchanges. This research will further explore when these exchanges occur and when they matter most.

This paper will be organized as follows: I sketch out the steps of the process that leads to the utilization of preventive medical procedures. This conceptual sketch helps in thinking about why and when relationship status might matter. Next I will review existing research on the association between relationship status and health and health behaviors. I then use the conceptual and empirical evidence to generate hypotheses on the association between relationship status and the use of flu shots. Then I describe the

data and methods of this research before presenting and discussing my results. The hypotheses, data, and methods are briefly described in this abstract.

The process leading to a flu shot: a conceptual sketch

Sketching the process leading to getting a flu shot provides a framework for understanding when and why relationship status is causally related to the likelihood of receiving a shot. One key factor that determines whether an individual receives a flu shot is whether they have their own motivation to do so. Their level of motivation is influenced by their general level of concern for their health and by their awareness of the benefits and availability of flu shots. A second key factor in receiving a flu shot is whether an individual has the means to obtain a shot. This might include whether they can afford one—either out of pocket or by using insurance—and their access to transportation.

Individuals' self-sufficiency in terms of the motivation and the means to obtain a flu shot depends in part on the procedure itself. For example, flu shots are often readily available for little or no cost to individuals, and they are widely promoted in public health campaigns. If individuals lack their own motivation or the means to obtain a flu shot, they might still obtain one if they have other forms of support—perhaps an adult child or a regular health care provider.

Relationship status is especially important if self-motivation and other supports are lacking. A spouse or partner might provide the concern for health and an awareness of the benefits and availability of preventive procedures that an individual lacks. A spouse or partner might also provide the means for accessing a flu shot, such as income, insurance, and transportation. But, even if an individual does have some inclination and

ability to access a flu shot, relationship status might still matter because a spouse or partner might increase the motivation and the means for utilizing health care, including preventive procedures.

The effect of having a spouse or partner on the likelihood of receiving a flu shot may differ from one situation to the next. One important factor may be gender. The main benefit of marriage for men may be that their wives encourage them to be aware of their health and take measures to protect it. For women, financial support and insurance coverage may be the most important benefits of marriage (e.g., Waite 1995). The influence of a spouse might also depend on other characteristics of the individual and their spouse or partner. For instance, if a spouse is disabled or poor, they will less likely provide the means to obtain a flu shot.

Literature review and hypotheses

In the completed paper, there will be a literature review section and a hypotheses section. The literature suggests that asking when marriage matters is an important question, but more direct tests are needed to better answer this question. The hypotheses will flow from the conceptual sketch laid out above. For example, I will hypothesize that the effect of relationship status will interact with gender, income, an individual's physical functioning, and health of spouse or partner, among other things.

Data, methods, and plan of analysis

This analysis uses the Health and Retirement Survey (HRS), a nationally representative sample of Americans born between 1931 and 1941. I use the third wave of the HRS (N=10,964). I use logistic regression equations to ascertain the influence of

relevant variables. These equations will include interaction effects in order to assess whether other theoretically relevant variables moderate the effect of relationship status.

This analysis takes four steps in addressing the questions posed above. First, it investigates the bivariate relationship between flu shots and relationship status. Second, it controls for individual characteristics to determine the role of these characteristics and whether they help explain the bivariate relationship between marriage and flu shots. Third, this analysis considers whether there are substitutes for the effect of having a spouse or partner. If there is an effect of having, for example, an adult child, then controlling for that substitute should increase the statistical effect of relationship status. But we would still conclude that, in individuals' real lives, there are substitutes for marriage and relationships when it comes to utilizing flu shots. We would come to this conclusion because the coefficient for relationship status assumes all else equal. In real life, all else is not equal. Finally, this analysis investigates whether the effect of relationship status depends on various individual and spousal or partner characteristics.

Expected findings

Relationship status should influence the likelihood of obtaining a flu shot, but its importance should vary depending on other circumstances. I expect the coefficients for relationship status to increase when the presence of other forms of social support are controlled, and this finding will be interpreted as a sign that, in individual's real lives, the benefits of marriage may be replaced. As for intergenerational exchange, I expect that the presence of adult children will increase the likelihood of individuals obtaining this health care procedure, but that the effect of an adult child will depend on factors such as marital status, and the age and health of individuals and their spouses.