Is marriage or cohabitation better for mental well-being?

Historically, the married have had better well-being outcomes than the unmarried. The decline in marriage and increase in cohabitation raises questions about whether marriage still provides these benefits. Do partnerships in general, and marriage in particular, provide benefits to mental well-being among the middle aged in the UK today? Do differences in well-being by partnership hold when childhood characteristics are taken into account?

Key Points

• Living together benefits well-being; people who live with a partner have higher well-being scores than those who do not live with a partner, on average.
• The type of partnership does not matter; marriage provides no more benefit to well-being beyond cohabitation.
• Observed differences in well-being levels between married and cohabiting people are explained by childhood background characteristics that lead to selection effects.
• In order to improve mental well-being, policy makers should focus on reducing the adverse effects of disadvantage in childhood and improving mental well-being in adolescence, rather than legislating incentives to marry in adulthood.

Introduction

Numerous studies have found that marriage benefits health and well-being. The strength and persistence of these findings have led some policy-makers to call for programs that encourage marriage. For example the current UK conservative government led by David Cameron has recently legislated tax breaks for married couples and plans to extend them further in the next few years. Much of the research underlying these initiatives, however, has compared the married and unmarried, without distinguishing between those who were in cohabiting partnerships or single. In addition, the majority of the previous research was conducted in the U.S. during a period when cohabitation was relatively rare or practiced by a select few; less is known about marriage and mental well-being in other contexts. Given the recent increase in cohabitation and its changing meaning as it becomes more widespread, it is important to revisit whether partnerships in general, and marriage in particular, continue to provide distinct benefits to well-being, especially for those who are less likely to marry.
Main findings

At age 42, the majority of individuals live in a co-residential partnership: 77% of men and 76% of women. Among partnered men and women almost 80% live in marital unions (figure 2). This indicates the ongoing popularity of marriage and suggests that while cohabitation is becoming socially acceptable and is a common way to enter a union, it is a less popular form of partnership for those in mid-life.

Figure 2: Distribution of current partnership status for men and women aged 42 in 2012, BCS70.

Figure 3 shows differences in the mean mental well-being scores of partnered and un-partnered, and married and cohabiting people. The blue bars show the raw differences that do not take into account early life conditions. These ‘unmatched’
differences are calculated simply by comparing the mean levels of well-being in two compared groups (partnered vs un-partnered and married v's cohabiting). The green bars show the difference after propensity score matching on childhood characteristics. This procedure adjusts for differences in parental background, educational achievements, aspirations in adolescence, and psychological well-being at age 16.

Looking at the unmatched differences, we can see that the well-being of those not in a partnership is much lower than of those in a partnership (by almost 4 points for men and by more than 3 points for women). These results are statistically significant.

Of those currently in a partnership, cohabiters have lower mean well-being scores than married people, but the differences are not as great as they are between the partnered and un-partnered. After taking into account childhood characteristics, the well-being scores of those who are in a relationship and those who are not are significantly different, but the differences between married and cohabiting are eliminated. Overall, these results indicate that after childhood characteristics are taken into account there is no difference in mental well-being between those that are married and those that cohabit. Not being in a relationship, however, continues to have a substantial negative impact on well-being, even after we control for all childhood characteristics.

As we are not controlling for factors that may currently impact well-being such as unemployment or financial strain, we cannot claim there is a causal effect of being in partnership and higher mental well-being. Nonetheless, we tried out a variety of specifications of childhood characteristics that often predict future outcomes and consistently obtained similar results, suggesting that currently living with someone may indeed provide a boost to well-being.

**Policy implications**

These findings demonstrate the importance of early life conditions for understanding the relationship between cohabitation, marriage, and mental well-being. Individuals with disadvantaged parental background, with lower educational test scores, lower aspirations in adolescence, and lower psychological well-being at age 16 are more likely to cohabit and more likely to have lower mental well-being in later life. This explains the observed differentials in well-being between married and cohabiting seen in the raw, unmatched comparison. Hence, in order to improve mental well-being, policy makers should focus on reducing the adverse effects of disadvantage in childhood and improving mental well-being in adolescence, rather than legislating incentives to marry in adulthood.
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