Explaining Demographic Differences in Marital Quality: The Role of Mental and Physical Health

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Henderson, Kara; Harris, Jessica; Young, Spencer; and James, Spencer, "Explaining Demographic Differences in Marital Quality: The Role of Mental and Physical Health" (2016). *FHSS Mentored Research Conference*. 283.  
https://scholarsarchive.byu.edu/fhssconference_studentpub/283

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Explaining Demographic Differences in Marital Quality: The Role of Mental and Physical Health
Jessica Harris, Kara Henderson, Spencer Young
Mentor: Spencer L. James

Research Question

What is the role of depressive symptoms, health problems, sleep trouble, and self-rated health as mediators of the relationship between demographic variables (gender and education) and marital problems?

Background

A vast body of literature has measured the demographic differences in marital quality. According to literature on marriage, the poorly educated, females, racial ethnic minorities, and premarital cohabitators report less marital satisfaction. The main focus and goal of our study is to link the various demographic differences with poor marital quality. Much of the research on marital quality has found a link between physical health and marital outcomes. The current research neglects the other factors of mental and physical health are related to marital satisfaction and conflict. We want to observe how mental and physical health may serve as mediators and as a link to demographic characteristics.

Methods

We use data from the Couple Relationships and Transition Experiences (CREATE) study, a nationally-representative sample of newlyweds married between May and December of 2014. Data were collected using a weighted, stratified cluster sampling approach. We began by stratifying US counties by their marriage, divorce, and poverty rates, along with their racial-ethnic breakdown, and then selected marriages from randomly selected counties. Respondents (both husbands and wives) completed separate online surveys. The data used for these analyses come from a preliminary analysis of 2,242 individuals (1,121 marriages).

Results

Mental and physical health indicators mediate the relationship between education or gender and marital problems (Hierarchical Linear Regression with Sobel Mediation Tests:)

CREATE 2016
n=2242 (1121 couples)

<table>
<thead>
<tr>
<th>Marital Problems: Antisocial</th>
<th>Education</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
<td>0.061***</td>
<td>0.052**</td>
</tr>
<tr>
<td>Sleep Trouble</td>
<td>0.051***</td>
<td>0.048**</td>
</tr>
<tr>
<td>Self-Rated Health</td>
<td>0.054***</td>
<td>0.047**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Problems: Interpersonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
</tr>
<tr>
<td>Sleep Trouble</td>
</tr>
<tr>
<td>Self-Rated Health</td>
</tr>
</tbody>
</table>

* p < .05, ** p < .01, *** p < .001. Sobel mediation test used for all analyses. All analyses adjust for sexual orientation of the couple, number of children in the household, premarital cohabitation, respondent age and age at marriage, and parental divorce.

Conclusions

Mental and physical health indicators mediate the relationship between education or gender and marital quality. Depressive symptoms, sleep trouble, and self-rated health mediate the relationship between gender and education and marital problems, including antisocial and interpersonal. Sleep trouble mediates the relationship between both education and gender and antisocial marital problems. Depressive symptoms on the other hand did not have any statistical significance on the relationship between education and gender and antisocial marital problems. Self rated health mediated the relationship between education and antisocial marital problems, but did not have a statistical significance on gender. Depressive symptoms, sleep trouble, and self rated health mediated interpersonal marital problems in gender and education, except on self rated health and gender. Therefore, whether a person is male or female and the level of their education, affected their interpersonal marital problems and also their antisocial problems, but especially in those with depressive symptoms, sleep trouble, and their self rated health.