

# Marriage and Family

*Two sections from the Submission made  
in June 2004 to the Secretary of State for Health  
in connection with the national Consultation  
on action to improve people's health – 'Choosing Health'*

Produced by the Maranatha Community  
in association with the  
Council for Health and Wholeness

July 2004



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## **THE MARANATHA COMMUNITY**

The Maranatha Community is a Christian movement with many thousands of members throughout the country active in all the main churches. Its membership includes a substantial number of people involved in the health and caring professions and in a wide range of voluntary work. Since its formation 23 years ago, it has been deeply involved in work amongst children and young people, people with drug and alcohol problems, the disabled and disadvantaged. It has taken the initiative in a broad range of projects directly contributing to the health of the nation and it also has extensive international experience. The Trust is a registered charity number 327627.

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The Leader of the Community, which has ten thousand members throughout the United Kingdom, is Mr. Dennis Wrigley.

## **THE COUNCIL FOR HEALTH AND WHOLENESS**

The Council is a multi-disciplinary body embracing doctors drawn from a variety of specialisms, nurses and various medical auxiliaries, counsellors, chaplains and others. It has close links with the healing ministry of the Christian church and is involved in a broad range of research projects.

The Council for Health and Wholeness is based in the offices of the Maranatha Community.  
Its medical co-ordinators are Dr. Hans-Christian Raabe & Dr. Linda Stalley



# **I. MARRIAGE:**

## **Its positive contribution to public health**

- 1.1 Discussions about public health usually fail to mention the positive contribution that marriage has for public health. For example, the health benefit of being married for men is similar to the health benefit gained from not smoking. While we see a very strong campaign to try to get smokers to quit, we do not see any campaign aimed at supporting marriage.
- 1.2 Recent legislation has sought to undermine marriage. Furthermore, the UK tax system is less favourable to marriage than the tax systems of France and Germany. Significantly, both France and Germany have a lower rate of family breakdown.
- 1.3 Much of the guidance for teachers of sex and relationship education (SRE) in schools emphasises the importance of a ‘value-free’ approach to relationships. As part of SRE, different family constellations should be discussed as being equally valid and acceptable. In a sex education pack intended for primary schools, beginning with key stage one, the teacher is encouraged to discuss different family arrangements, for example children living with married or unmarried parents, single parents, lesbian, gay and bisexual parents, grandparents etc. Teachers are instructed that *‘it is important not to try to ‘promote’ a particular type of home life as the norm or superior’* (Julian Cohen. Primary School Sex and Relationships Education Pack, Healthwise 2001; p. 22) Thus, children are not being taught that marriage is the most beneficial family structure, to be discarded at our peril.
- 1.4 It is clear that marriage has significant health benefits according to published evidence. Why, therefore, are pupils not told this?
- 1.5 It is clear that marriage reduces mortality. Married people, as opposed to divorced and separated individuals, have a lower mortality rate and are healthier. Marriage is associated with greater happiness, less depression and less alcohol abuse. It is interesting to note that cohabitation does not appear to confer the same protective benefit than marriage does.
- 1.6 As a Christian Community, we are convinced that marriage is the basic building block of society and contributes massively to the wellbeing of the nation. If marriage is being abandoned to other forms of living together such as cohabitation and same-sex partnerships, our entire society and especially our children will suffer. Marriage is ordained as a covenant relationship by God and it therefore has a major positive

couples, their children and society as a whole. Conversely, the adverse effects of marriage breakdown are devastating for the individuals concerned, especially children and society as a whole as we see in the next section on family breakdown.

(SEE EVIDENCE IN APPENDIX A)

### **Some Recommendations**

- The promotion of marriage should, as a matter of urgency, be firmly placed on the curriculum of every school and at the centre of all sex and relationship education programmes.*
- There needs to be a thorough and co-ordinated review of legislation introduced during decades which have had a direct or indirect deleterious effect on the institution of marriage. This should include aspects of the taxation system which should be more favourable to marriage.*

## **2. FAMILY BREAKDOWN: Its negative contribution to public health**

- 2.1** There is a wealth of evidence linking family breakdown with many adverse health outcomes for children, such as ill health including higher mortality, emotional problems, poor school performance and poverty. Children from broken families are also more likely to have problems with substance misuse and poor sexual health including teenage pregnancy. Furthermore, they are more likely to be engaging in criminal activity and are disproportionately over-represented in the prison population. Finally, family breakdown is associated with an increased risk of being physically or sexually abused.<sup>1</sup>
- 2.2** There has been a dramatic increase in family breakdown over the past 40 years: In 1961, 350,000 British people got married for the first time, 50,000 remarried, and 30,000 divorced. Forty years later, 180,000 married for the first time, 120,000 remarried, and 150,000 divorced. (Andrew Oswald, *The economics of Love*, May 2003).
- 2.3** With the direct cost of family breakdown being estimated in the region of £ 15 billion per year – if one takes into account the indirect costs of family breakdown, then the total cost of family breakdown is likely to be in the region of £ 30 billion and rising – there is an urgent public health need to strengthen the family and marriage, supporting dysfunctional families and reviewing legislation and policies that undermine marriage.
- 2.4** At the root of many of the problems we see in children and young adults - such as emotional and behavioural difficulties, poor school performance, substance misuse, precocious teenage sexuality including teenage pregnancy and juvenile delinquency - is the dramatic increase in family breakup and ‘relationship turnover’ of parents, adversely affecting their children?
- 2.5** Unfortunately, we do not detect any strong political leadership encouraging marriage, despite its many public health benefits, both to married couples, their children and society as a whole. We are convinced that reducing family breakdown will have a more significant and positive impact on many health problems seen in young people – such as

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<sup>1</sup> All studies of child-abuse victims which look at family type identify the step-family as representing the highest risk to children . However, the term step-father needs to be defined, since it used to refer to men who were married to women with children by other men. It is now used to describe any man in the household, whether married to the mother or not. An NSPCC study of 1988 which separated married step-fathers from unmarried cohabiting men found that married step-fathers were less likely to abuse: ‘for nonnatal fathers marriage appears to be associated with a greater commitment to the father role’. (Gordon, M. and Creighton, S. (1988), ‘Natal and nonnatal fathers

substance misuse, poor sexual health including teenage pregnancy and others – than some of the official strategies currently adopted. These strategies, including drug and sex education, access to family planning clinics and others, usually fail to take into account the significant benefits gained for young people through a stable marriage of their parents.

*(SEE EVIDENCE IN APPENDIX B)*

### **Some Recommendations**

- More resources should be devoted to helping dysfunctional families in order to avoid marriage breakup with all the adverse effects on public health.*
- Research needs to be carried out into the financial and social incentives and disincentives to marriage-based family life.*

# **APPENDIX A**

## **Marriage : Its positive contribution to public health**

### **A. Health benefits of marriage**

There is evidence of married people's better physical health, longevity (length of life), psychological health, and happiness. Married individuals fare better than the never married, who in turn generally fare better than the divorced, separated and widowed. The divorced/separated/widowed seem to be at particularly high risk of mortality. Those who were never married face somewhat lower risks of death in any given period, and the married have the lowest risk of all the groups.

Marriage may be protective for several reasons. First, it may reduce stress and stress-related illness (perhaps as a result of greater social integration). Second, marriage may encourage healthy types of behaviour, and discourage risky or unhealthy ones (drinking, substance abuse, etc). A spouse also makes it more likely that the individual receives adequate care in times of illness. Finally, marriage may increase material well-being, not only by increasing family income, but also as a result of economies of scale from pooling resources and the specialisation of household tasks.

### **B. Marriage reduces mortality. The excess mortality of men who are not married is similar to the excess mortality by smoking.**

That mortality rates are lower for married individuals has long been known. An international analysis shows that the relationship holds in 16 developed countries. (Hu, Y., Mortality differentials by marital status. 1990; Demography 27, 233-250.) Analysing data from the British Household Panel Survey, which is a nationally representative sample of more than 5,000 British households, containing over 10,000 adults, Gardner and Oswald find that marriage is found to be associated with substantially lower rates of mortality, for both men and women. After controlling for health status, a married male is predicted to be -6.1 percent less likely to die over the period 1993 to 2000. The excess mortality of the unmarried is here similar to that of a smoker (5.8 percent). For women, being a smoker increases the risk of death by 5.1 percent, while being married reduces the risk of mortality by -2.9 percent.

The paper concludes that marriage has a much more important effect on longevity than income does. For men, the effect is positive and substantial. It almost exactly offsets the large (negative) consequences of smoking. For women, the effect is approximately half the size of the smoking effect. (J. Gardner, A. Oswald, Department of Economics, Warwick University: Is it Money or Marriage that Keeps People Alive? August 2002.)

### **C. Health benefits of marriage appear to be limited to marriage. Cohabitation does not confer the same degree of benefit than marriage.**

Formal marriage itself seems to matter. In the few studies that compare marriage and cohabitation, the results tend to show a beneficial effect from being married.

There are a number of differences between marriages and non-married partnerships. The level of commitment may be different. Cohabitors seem more likely to have lower quality and unstable relationships, and are more likely to have lower socio-economic status (Brown SL "The Effect of Union Type on Psychological Wellbeing: Depression Cohabitants Versus Marrieds" Journal of Health and Social Behaviour. 2000; p.241-255).

Cohabitors are shown to be the group with the highest alcohol abuse. Compared to married people, cohabiters reported 25% more alcohol problems, which was in turn insignificantly different from the figure for the unmarried. This was especially strong for males. Cohabiting men had significantly the highest levels of alcohol problems.

Cohabiting provided no benefits in terms of depression or alcohol abuse, which suggests that the benefits from marriage do not originate solely from having someone with whom to live. (Chris M. Wilson and Andrew J. Oswald: How Does Marriage Affect Physical and Psychological Health? A Survey of the Longitudinal Evidence. January 2002)

### **D. Mental health benefits from marriage. Marriage is associated with greater happiness, less depression, less alcohol abuse and less smoking.**

An US study and found marriage to be the best predictor of happiness after controlling for education, age, gender and race. (Gove WR et al "Does Marriage Have Positive Effects on the Psychological Wellbeing

A more recent study considered 17 developed nations. Controls for gender, age, health, financial situation, children, education, religion, national marriage and divorce rates, GDP, and income distribution measures are included. They found financial situation to be the best predictor of happiness, followed by health, followed by marital status. The married turn out to be happier than those who cohabit, who are themselves happier than single individuals. (Stack S & Eshleman JR "Marital Status and Happiness: A 17 Nation Study" Journal of Marriage and the Family 1998; 527-536)

Marriage gives a beneficial effect in terms of reducing alcohol abuse especially for men and reducing depression for both men and women. (A.V. Horwitz et al "Becoming Married and Mental Health. Journal of Marriage and the Family. 1996; p.895-907)

Remarried appear to have less beneficial effects in terms of anxiety and substance abuse. Thus second and third marriages appear to give less protection to individuals than first marriages.

In a paper by Chris M. Wilson and Andrew J. Oswald: How Does Marriage Affect Physical and Psychological Health? A Survey of the Longitudinal Evidence. (January 2002) the authors summarise the research evidence showing the beneficial effect of marriage:

- Marriage makes people less likely to suffer depression and psychological problems.
- Marriage makes people live longer.
- Marriage makes people healthier.

The authors state: "Married people live longer and are healthier. This fact has been found many times and in many countries. The sociological reasons for this may be that married couples may gain financially.

Second, marriage may bring increased emotional and instrumental support. Third, marriage may change lifestyles because of some kind of guardian effect, where healthy activities are increased and risky behaviours reduced. For example, married individuals drink and smoke less, suggestive of a guardian effect. Also, married people were less likely to die from 'social causes' of death such as accidents, suicide and cirrhosis of the liver."

# **APPENDIX B**

## **Family Breakdown – Its negative contribution to public health**

### **A. Children from broken families are poorer and more likely to be homeless.**

- Children living in lone-parent households are twice as likely to be in the bottom 40% of household income distribution compared with children living in two-parent households (75% versus 40%). (Households Below Average Income 1994/95-2000/01, Department for Work and Pensions (2002), p. 50.)
- Young adults from disrupted families are 1.7 times more likely to have experienced homelessness (6.2% compared with 3.6%). (Kiernan (September 1997), 'The legacy of parental divorce: social, economic and family experiences in adulthood', p. 21.)

### **B. Children from broken families have more ill health and higher mortality.**

- It has been estimated that parental divorce increases children's risk of developing health problems by 50%. (Mauldon, J. (1990), 'The effects of marital disruption on children's health', *Demography* 27, pp. 431–46.)
- Children living in lone-parent households were 1.8 times as likely to have psychosomatic health symptoms and illness such as pains, headaches, stomach aches, and feeling sick. (Cockett and Tripp (1994), *The Exeter Family Study: Family Breakdown and Its Impact on Children*, p. 21.)
- A Swedish study found that children of single parent families were 30% more likely to die over the 16-year study period. After controlling for poverty, children from single-parent families were: 56% more likely to show signs of mental illness, and 26% more likely to rate their health as poor. (Lundbert, O. (1993), 'The impact of childhood living conditions on illness and mortality in adulthood', *Social Science and Medicine* 36, pp. 1047–52.)

### **C. Children from broken families are more likely to have emotional or mental problems**

- After controlling for other demographic factors, children in lone-parent households are 2.5 times as likely to be sometimes or often unhappy. (Cockett and Tripp (1994), *The Exeter Family Study: Family Breakdown and Its Impact on Children*, p. 19.)
- Among children aged five to fifteen years in Great Britain, those from lone-parent families were twice as likely to have a mental health problem as those from intact two-parent families (16% versus 8%). (Meltzer, H., et al. (2000), *Mental Health of Children and Adolescents in Great Britain*, London: The Stationery Office.)
- A major longitudinal study of 1,400 American families found that 20%–25% of children of divorce showed lasting signs of depression, impulsivity (risk-taking), irresponsibility, or antisocial behaviour compared with 10% of children in intact two-parent families. (Hetherington, M. (2002), *For Better or Worse: Divorce Reconsidered*, New York: W. W. Norton.)
- One study, which followed 100 children of divorce through 25 years, found that, while the divorced parents may have felt liberated, many of their children suffered emotionally. (Wallerstein, J. et al (2002), *The Unexpected Legacy of Divorce: A 25 Year Landmark Study*, London: Fusion Press.)

### **D. Children from broken families have more problems at school, including increased risk of truancy, being excluded from school and are more likely to leave school with no qualifications.**

- Children from lone-parent families are more likely to score poorly on tests of reading, mathematics, and thinking skills. (Elliott, J. and Richards, M. (1985), 'Parental divorce and the life chances of children', *Family Law*, 1991, pp. 481–484; and Wadsworth, J., Burnell, I., Taylor, B., and Butler, N. (1985), 'The influence of family type on children's behaviour and development at five years', *Journal of Child Psychology and Psychiatry* 26, pp. 245–254.)
- After controlling for social class, level of parental supervision, attachment to family, whether peers and siblings were in trouble with the police and standard of work at school, boys in lone-parent households were still 2.7 times more likely to be truant than those from two-parent households. (Graham, J. and Bowling, B. (1995), *Young People and Crime*, London: Home Office, p. 120.)
- Children living with a lone mother are three times more likely than those in two-parent families to be excluded from school (15.6% versus 4.8%). (Youth Survey 2001: Research Study Conducted for the Youth Justice

- Sixteen-year-olds from lone-parent households are twice as likely to leave school with no qualifications as those from intact families. Most studies have found that most or all of this increased risk occurs because lone-parent families generally are poorer, which in itself has a strong association with poor educational outcomes. (Ely, West, Sweeting and Richards (2000), 'Teenage Family Life, Life chances, lifestyles and health', pp. 1–30.)

**E. Children from broken families are at greater risk of suffering physical, emotional, or sexual abuse and to run away from home.**

- Data from the National Society for the Prevention of Cruelty to Children (NSPCC) show that young people are five times more likely to have experienced physical abuse and emotional maltreatment if they grew up in a lone-parent family, compared with children in two-birth-parent families. (Cawson, P. (2002), *Child Maltreatment in the Family*, London: NSPCC.)
- All studies of child-abuse victims which look at family type identify the step-family as representing the highest risk to children – with the risk of fatal abuse being 100 times higher than in two biological-parent families according to international experts Daly and Wilson, drawing on US data from 1976. (Daly, M. and Wilson, M. (1988), *Homicide*, New York: Aldine de Gruyter.)
- Analysis of 35 cases of fatal abuse which were the subject of public inquiries between 1968 and 1987 showed a risk for children living with their mother and an unrelated man which was over 70 times higher than it would have been for a child with two married biological parents. (Whelan, R. (1994), *Broken Homes and Battered Children*, Oxford: Family Education Trust.)
- Children from lone-parent families are twice as likely to run away from home as those from two-birth-parent families (14% compared to 7%). (Rees, G. and Rutherford, C. (2001), *Home Run: Families and Young Runaways*, London: The Children's Society.)

**F. Children from broken families have more problems with sexual health, including earlier intercourse, increased risk of contracting an STIs and becoming teenage parent.**

- Children from lone-parent households were more likely to have had intercourse before the age of 16 when compared with children from two-natural-parent households. Boys were 1.8 times as likely and girls were 1.5 times as likely. After controlling for socio-economic status, level of communication with parents, educational levels and age at menarche for girls, the comparative odds of underage sex actually increased to 2.29 for boys and 1.65 for girls. Girls from lone-parent households were 1.6 times as likely to become mothers before the age of 18. (Wellings, K., Nanchahal, K., MacDowall, W., et al. (2001), 'Sexual behaviour in Britain: Early heterosexual experience', *The Lancet* 358, pp. 1843–50.)
- In a sample of young women who had had intercourse before age 18, those from lone-parent households were 1.4 times as likely to have had a sexually transmitted infection by age 24 (14.3% versus 10.2%). Controlling for other factors slightly increased the comparative odds to 1.53. (Wellings, K., et al. (2001), 'Sexual behaviour in Britain: Early heterosexual experience', pp. 1843–50.)
- Analysis of data from the National Child Development Study (NCDS) indicated that women whose parents had divorced were twice as likely to become teenage mothers as those from intact families (25% versus 14%). After controlling for childhood poverty and behavioural and educational problems, the odds for teenage motherhood and early fatherhood were reduced to 1.4. This means that children of divorce were still 40% more likely to become parents early, even after considering other family background factors. (Kiernan, K. (September 1997), 'The legacy of parental divorce: Social, economic and family experiences in adulthood', London: Centre for Analysis of Social Exclusion, London School of Economics, pp 26–27.)

**G. Children from broken families are more likely to smoke, to drink and to take drugs**

- In a sample of teenagers living in the West of Scotland, 15-year-olds from lone-parent households were twice as likely to be smokers as those from two-birth-parent homes (29% compared to 15%). After controlling for poverty, they were still 50% more likely to smoke. (Sweeting, H., et al. (1998), 'Teenage family life, lifestyles and life chances. *International Journal of Law, Policy and the Family* 12, pp. 15–46.)
- In the West of Scotland, 18-year-old girls from lone-parent households were twice as likely to drink heavily as those from intact two-birthparent homes (17.6% compared to 9.2%). (Sweeting, et al (1998), 'Teenage Family life, lifestyles and life chances', pp. 15–46.)
- Parental divorce during childhood increased the odds of young adults engaging in heavy and/or problem drinking. The link was weak when measured at age 23, but was strong by age 33. (Hope, S., et al. (1998),

'The relationship between parental separation in childhood and problem drinking in adulthood', *Addiction*; 93: pp. 505–514.)

- At age 15, boys from lone-parent households were twice as likely as those from intact two-birthparent households to have taken any drugs (22.4% compared with 10.8%). Girls from lone-parent homes were 25% more likely to have taken drugs by the age of 15 (8.2% compared with 6.5%) and 70% more likely to have taken drugs by age 18 (33.3% compared with 19.6%). After controlling for poverty, teenagers from lone-parent homes were still 50% more likely to take drugs. (Sweeting, et al (1998), 'Teenage Family life, lifestyles and life chances', pp. 15–46.)

#### **H. Children from broken families are more likely to be involved in criminal activity and more likely to be incarcerated.**

- Children aged 11 to 16 years were 25% more likely to have offended in the last year if they lived in lone-parent families. (Youth Survey 2001: Research Study Conducted for the Youth Justice Board (January–March 2001))
- Although 20% of all dependent children live in lone-parent families, 70% of young offenders identified by Youth Offending Teams come from lone-parent families. (Review 2001/2002: Building on Success, Youth Justice Board, London: The Stationery Office (July 2002).)
- American studies have shown that boys from one-parent homes were twice as likely as those from two-birthparent families to be incarcerated by the time they reached their early 30s. (Harper, C. and McLanahan, S. (August 1998), 'Father absence and youth incarceration', San Francisco: paper presented at the annual meetings of the American Sociological Association.)

#### **I. The direct costs of family breakdown are in the region of £15 billion per annum. This figure doubles when taking indirect costs of family breakdown into account.**

- Earlier research has quantified the costs of family breakdown in the range £4 billion to £10 billion. This report concludes that these previous estimates significantly underestimate the actual cost of family breakdown, and estimates that the direct annual costs are nearer to £15 billion, and rising. With indirect costs, the total is much more, quite possibly double that. The direct costs of family breakdown cost each of the UK's 26.2 million tax payers an average of £11 per week. Direct costs of £15 billion equate with about one third of government expenditure on education, just over a quarter of what it spends on the NHS, or almost exactly the combined totals it spends on industry, agriculture and employment, or on housing and the environment. Public money spent tackling the social problems caused by family breakdown could otherwise fund creative social projects which strengthen family life and national unity.
- Some of the costs of family breakdown are readily identifiable. The largest is the cost of welfare support and payments for children and parents, amounting to £8.5 billion. There are other less obvious costs, such as Legal Aid; the running costs of the Child Support Agency, special needs schools (disproportionately used by children from broken families), and child psychology services; some of the costs of the criminal justice system, remand centres and prisons; plus additional costs of health due to family breakdown. These can be estimated. Quantifying the lost potential as a result of family breakdown is infinitely more difficult. (The Cost of Family Breakdown; Family Matters Institute, commissioned by the Lords and Commons Family and Child Protection Group; 2000)



