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DIVORCE AND HEALTH: DOES EDUCATIONAL ATTAINMENT MATTER?

by

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ABSTRACT

This study examines the relationship between divorce and women's health, looking at whether the negative effects of divorce on health remain controlling for one's educational attainment. Using data from the 2011 cycle of the Canadian GSS, a logistic regression was conducted to examine the relationship between divorce and health controlling for educational attainment. First, it was hypothesized that divorced women are more likely to report poor health than women who are married, single, or widowed. As expected, being divorced increased the odds of poor health. The second hypothesis was that controlling for educational attainment would reduce the negative consequences of divorce on health. The findings do not support this hypothesis as the negative health effects of divorce remain controlling for education. This suggests that the relationship between divorce and health is quite complex and requires an in-depth analysis of other variables that could be involved.

Keywords: divorce, marital status, self-rated health, women's health, educational attainment

Introduction

With approximately 50% of first marriages in North America ending in divorce, it is important to investigate the effects that experiencing a divorce can have on health. This study extends the body of research on marital status and health by investigating whether or not the negative health outcomes associated with divorce differ based on educational attainment. This study focuses on women, who are more likely than men to experience financial hardship following divorce (Holden & Smock 1991; Amato 2000; Leopold 2018) as well as a greater number of stressful life events (Lorenz et al., 2006). Examining the importance of educational attainment can help us understand why some people are more likely to experience negative health outcomes than others following a divorce and allow us to predict who might be at risk for these consequences. The research question is: how does educational attainment influence the relationship between divorce and health for women?

Literature Review

Previous work shows that marriage is protective of health. Married people are consistently found to be in better health than their single counterparts (Verbrugge 1979; Sherbourne & Hays 1990; Schoenborn 2004), with unmarried people reporting more disabilities and living shorter lives (Thoits, 2010). There has been a considerable amount of research examining the transition out of marriage. *Transitions* are movements into and out of statuses (e.g., into and out of marital statuses). They occur throughout the life course, and those that are undesired and involuntary can have negative effects on well-being (Pearlin et al., 2005). Previous research shows that getting divorced is associated with poor health outcomes such as decreases in life satisfaction, an increased risk for a range of illnesses, and early death (Hughes & Waites 2009; Sbarra et al. 2015). Research considering differences in the consequences of divorce for men and women has

yielded inconsistent results. Williams and Umberson (2004) found that the transition to divorce initially undermined the self-assessed health of men but not women, while others have shown that transitions out of marriage have a negative impact on both mental and physical health for women (Prigerson et al. 1999; Dupre & Meadows 2007). Amato (2000) points out that some studies find more debilitating effects for men, some for women, and many find no differences. Despite these inconsistencies, one finding is clear – women are more likely than men to have financial difficulties following a divorce. Although men may experience more short-term consequences that even out over time, divorced women are chronically affected because they experience disproportionate losses in income and are more likely to be in poverty (Holden & Smock 1991; Amato 2000; Leopold 2018).

A divorce is a life course disruption that could lead to additional stressors (e.g., financial hardship, parent-child conflict, social isolation), which can take a toll on one's health. There also are gender differences in the experience of stress following this transition. Because women are more likely to experience chronic financial strain, this stress could make women more susceptible to negative health outcomes following a divorce.

The Importance of Education

Previous work demonstrates the importance of educational attainment for life outcomes in general, and has consistently proven to be a strong predictor of health outcomes specifically (Johnson et al., 2015). One reason for the increased risk of poor health among those who experience divorce is the loss of material and social resources, particularly among women. Those who are married tend to have a higher socioeconomic status (SES) than those who are unmarried (Holden & Smock, 1991). SES is a fundamental cause of health and mortality, meaning that a higher SES allows one to access resources to protect their health and prevent disease. There are

persistent inequalities in health and mortality based on SES with people of a lower SES generally in poorer health and at an increased risk of mortality than those with higher SES (Phelan et al., 2010). SES can contribute to poor health directly through harmful conditions such as lack of nutritious food, unsafe working conditions, exposure to toxic substances, and pollution. The pathway can also be more indirect through increased risk behaviours such as alcohol consumption, smoking, and lack of exercise. Overall, those lower on the socioeconomic ladder are more likely to experience poor health than those who have a higher SES. Since a low SES is predictive of poor health and those who are unmarried are more likely to have a low SES (Phelan et al. 2010), it follows that those who have been divorced would be more likely to report poor health than those who are married.

Of the three components of SES (education, occupation, and income), education is especially important. Higher education typically leads to higher-paying jobs and a higher income is directly related to health (Franks, Gold, & Fiscella 2003; Fritzell, Nermo, & Lundberg 2004). In addition to the tangible benefits of a high education, those with more education also develop social capital, which means that they have larger social networks and connections that may be utilized to benefit their health (e.g., being referred to specialists by friends). Individuals with higher levels of education are also more likely to engage in health-promoting behaviours (e.g., healthy diet, exercising, refraining from smoking). Johnson et al. (2015) refer to education as a fundamental cause of health and mortality because it results in the creation of hierarchies in social, psychological, informational, and material resources. Higher educational attainment leads to more material resources, more social support, and it enhances decision-making skills which leads people to live healthier lives. Essentially, higher education leads to better health which results in a longer life (Johnson et al., 2015). Not only does high education predict marital

stability, but those with more education have more material resources to afford the transition out of marriage as well as more social resources to cope with the stress of the transition, therefore protecting their health.

Furthermore, the negative impact of stressors on health and well-being is reduced when individuals possess high levels of mastery, self-esteem, or social support (Thoits, 2010). These resources for dealing with stress are more abundant among those with higher socioeconomic status (SES). Although the unmarried have fewer of these coping resources, those with higher levels of education are more likely to possess them. This points to the possibility that among those who experience a divorce, people with higher levels of education are better able to cope with the stress and less likely to experience poor health than those with less education.

Essentially, greater educational attainment allows people to “bounce back” from the stress of a divorce faster than those with less education (Thoits, 2010).

Educational attainment may be especially important for protecting the health of divorced women. The *resource substitution theory* argues that education improves well-being more for women compared to men because socioeconomic disadvantage forces women to rely more heavily on education to achieve well-being (Ross & Mirowsky, 2006). These findings point to differences between men and women, with women generally being more disadvantaged compared to men, but also suggest that there could be differences among women with different levels of education. Women are more likely to experience financial hardship after a divorce and educational attainment is associated with a higher income, so the importance of education is particularly relevant for this group. Women with more education may be more equipped to deal with the transition out of marriage and therefore less susceptible to poor health following a divorce than women with less education and fewer resources. Therefore, the effect of divorce on

health should vary between women depending on educational attainment.

Other Important Variables

In addition to educational attainment, age and visible minority status are important variables to consider when examining health outcomes. The age at which experiences occur (i.e. timing) affects their impact (Settersten 2003; Elder et al. 2003). Therefore, the benefits of being married and the strains of divorce may differentially affect health based on one's age. Williams and Umberson (2004) found that the effects of divorce on self-assessed health should be greater for older compared to younger individuals because older adults place more significance on stressors. Furthermore, the salience of roles to individuals determines the extent to which stressors undermine health, and marital relationships may become more salient to individuals at later ages. Therefore, exits from marriage more strongly undermine the health of older compared to younger adults (Williams & Umberson, 2004). Women who get divorced at an older age may have a more difficult time adjusting to the transition if they have relied on their partner financially for a large portion of their life. They may have missed their opportunity to complete post-secondary education and become financially independent. Women who are relatively young when they divorce, on the other hand, may still have the chance to "bounce back" from the financial hit if they have obtained a higher level of education and are active in the labour market. It is much more common for women to obtain university degrees these days, so those who are younger are more likely to have a better education and may be less susceptible to the negative consequences of a divorce compared to older women.

Another variable that ought to be considered when examining health outcomes is visible minority status. Previous U.S. research indicates that there is a relationship between race and health, with White individuals generally having better health than those who are members of

minority groups. Specifically, it has been shown that although Blacks have a lower burden of depression than Whites, they have a higher burden of most physical health conditions (Mezuk et al., 2010). Furthermore, racial minorities receive lower quality medical care compared to Whites (Williams, Lavizzo-Mourey, & Warren 1994; Egede 2006). The relationship between race and health is mostly explained by SES, with Whites being more advantaged. In Canada, however, the relationship between race and health is complex – most research suggests that there are either no significant differences in health outcomes or that visible minorities have better health than Whites (Lebrun & LaVeist, 2013). Perhaps when focusing specifically on women, differences may be observed. Due to the multiple disadvantaged statuses that visible minority women endure (i.e. the intersection of race and gender), they may be at a greater risk for stress and poor health than the visible minority population more generally or White women. It is important to recognize that there could be significant differences based on race, and for this reason, race will be controlled for in the present study. Despite previous work suggesting that race is not a significant predictor of health outcomes, it is expected that when focusing exclusively on women, visible minority status will predict poor health following divorce.

Based on the reviewed literature, we know that divorce increases the risk of health problems for women, negatively affects self-rated health, and that the negative effects of divorce may increase with age (Dupre & Meadows, 2007). Furthermore, educational attainment is a significant predictor of health outcomes. The research question addressed in this study is: how does educational attainment influence the relationship between divorce and health for women? The first hypothesis is that divorced women will be more likely to report poor health than women in other marital statuses. The second hypothesis is that controlling for educational attainment will reduce the negative consequences of divorce on health.

Method

Data

The data were taken from the 2011 cycle of the Canadian General Social Survey, a cross-sectional survey that began in 1985 and is conducted every year. Each survey focuses on a core topic, and the survey on family is done every five years. This survey is used to monitor the changes in the structure of families with respect to marriages, common-law unions, children, and fertility intentions in Canada (Statistics Canada, 2017). The sample was limited to women aged 25 years or older to ensure that respondents are old enough to have completed their education before participating in the survey. This resulted in a final sample of 11,552 cases.

Variables

The dependent variable is self-perceived health. Self-rated health is a measure that asks participants to rate their general health at the present time and has proven to be a valid indicator of actual health (Ferraro & Farmer, 1999). Respondents indicated their general physical health as excellent, very good, good, fair, or poor. For the purpose of analysis, “excellent,” “very good,” and “good” are combined into one response category and coded “1,” and “fair” and “poor” are combined and coded “2.” The independent variable is marital status. Respondents reported being divorced (coded “1”), married (coded “2”), single (coded “3”), or widowed (coded “4”).

The first control variable is age. Participants reported their age and were placed in one of the following age groups by Statistics Canada: 25-34 (coded “1”), 35-44 (coded “2”), 45-54 (coded “3”), and 55-75+ (coded “4”). The second control variable is visible minority status. Respondents indicated that they were either a visible minority (coded “1”) or not a visible minority (coded “2”). The third control variable is education. Respondents reported their highest level of education and were placed into one of the following groups: bachelor’s degree or higher

(coded “1”), high school diploma including some college or university or a diploma/certificate program (coded “2”), and some high school or less (coded 3”). The fourth control variable is household income. Participants indicated that their income was “low” (less than \$20,000), “medium-low” (\$20,000 to \$49,000), “medium-high” (\$50,000 to \$99,999), or “high” (\$100,000 or higher). “Low” income was coded as “1,” “medium-low” income as “2,” “medium-high” as “3,” and “high” income as “4.”

Methods of Analysis

Univariate analyses were run on the independent variable, the dependent variable, and each control variable. A bivariate cross-tabulation was used to estimate the prevalence of “excellent/good” and “fair/poor” health by marital status to test the hypothesis that those who are divorced will have poorer health than those who report other marital statuses. A logistic regression was conducted to examine the relationship between marital status and self-perceived health when the control variables are included. Analyses were conducted using IBM SPSS Statistics.

Results

Univariate analyses were performed on the independent variable, the dependent variable, and each control variable. As shown in Table 1, a univariate analysis of the independent variable (i.e. marital status) indicated that the majority of the sample was composed of married respondents (57.8%), with 13.7% of respondents indicating that they are divorced and the remaining 28.5% reporting being single or widowed. A univariate analysis of self-perceived health is shown in Table 2. The majority of respondents in the sample indicated “excellent/very good/good” health (82%) as opposed to “fair/poor” health. As seen in Table 3, half of respondents in the sample indicated that they were 55+, with only 13.2% in the 25-34 age group.

As shown in Table 4, a univariate analysis of visible minority status indicates that the sample consisted mostly of respondents who did not report being a visible minority (91.5%). A univariate analysis of education is shown in Table 5. The majority of respondents report having obtained a high school diploma (57.7%), with 24.5% indicating that they have a bachelor's degree or higher. As shown in Table 6, the majority of respondents in the sample indicated that their income is above \$50,000 (56.3%), with 23.9% of respondents indicating that their income is above \$100,000 and only 13.1% indicating that their income is below \$20,000.

A bivariate analysis examining self-perceived health by marital status (Table 7) reveals that 72.5% of divorced respondents compared to 87% of married, 81.1% of single, and 72.5% of widowed respondents report excellent or good health. In support of the first hypothesis, there was a statistically significant difference in self-perceived health based on marital status, with married and single respondents more likely to report good health than divorced or widowed ($p < .05$, chi-square = 313.195).

Next, a logistic regression was done to examine the relationship between marital status and self-perceived health when education, age, visible minority status, and income are controlled (Table 8). Compared to divorced respondents, being married increases the odds of being in good health compared to poor health (OR = 1.321). This means that they are 1.3 times more likely to be in good health than poor health compared to the divorced. The odds of those who are single being in good health compared to poor health compared to the divorced are 1.262, while the odds of those who are widowed being in good health compared to poor health are 1.474, so they are almost 1.5 times more likely than the divorced to be in good health. Consistent with previous literature, education improves the odds of good health. Compared to those who did not complete high school, respondents with a high school diploma are almost 1.5 times more likely to be in

good health than poor health. Respondents with a university degree are over twice as likely to be in good vs. poor health (OR = 2.392). However, despite the strong influence of education on health, as noted above, controlling for education does not explain the negative effects of divorce on self-rated health.

Predictably, those in younger age brackets are more likely than those in the 55+ group to be in good health compared to poor health. Although not statistically significant, those who report being a visible minority are slightly less likely to report being in good health compared to poor health. Finally, compared to the highest income group (\$100,000+), being in any of the lower income brackets reduces the odds of good health. Those who report an income of less than \$20,000 are almost 1.5 times more likely than those in the highest income group to be in poor health compared to good health.

Overall, this logistic regression shows that divorced women are less likely than women in the other marital status categories to be in good health when age, visible minority status, education, and income are considered. Based on the results of the logistic regression, the hypothesis that divorced women would be more likely to report poor health than women in other marital statuses was supported. The analysis also shows that women with higher levels of education are less likely to report poor health, but net of the effects of education, the negative health effects of divorce remain, indicating that even among women with similar levels of education divorce has negative effects on health.

Discussion

In this study, the relationship between divorce and women's health is investigated with a focus on how educational attainment affects the relationship. Specifically, the following question was asked: do the negative effects of divorce on health remain controlling for one's educational

attainment? The first hypothesis was that divorced women would be more likely to report poor health than women who are married, single, or widowed. As expected, being divorced increased the odds of poor health. The second hypothesis was that controlling for educational attainment would reduce the negative consequences of divorce on health. The findings do not support this hypothesis as the negative health effects of divorce remain controlling for education.

Previous work shows that experiencing a divorce can be stressful, and educational attainment is associated with having resources that could be utilized to manage stress. Not only does educational attainment predict income, which is an indicator of health outcomes, but those with more education also have larger social networks and are more likely to engage in health-promoting behaviours. Coping resources such as a high level of mastery, high self-esteem, and social support are also more abundant among those with higher levels of education. Therefore, it was expected that those with higher levels of education would be better-equipped to handle the stress associated with divorce and reduce the negative consequences of divorce on their health.

Although greater educational attainment predicts better access to both material and social resources, it was found that among those with the same level of education (including high levels), divorced women are still more likely to report poor health than married women. It was expected that the stress resulting from a divorce could be more successfully managed for those with higher levels of education because of the benefits associated with education. However, despite the coping resources that it provides, a high level of education does not reduce the negative consequences of divorce on health. One potential explanation for this is that those who possess these coping resources are not using them to protect their health. Having the ability to reduce the negative consequences of divorce on health does not mean that individuals are exercising this capability. We should examine whether individuals are utilizing their coping

resources and consider factors that might predict when someone will use them. Furthermore, we should consider the importance of individual personality traits and how some people are simply better at managing stress than others. In addition, there may be other variables involved that require further examination. Stressors that are not necessarily manageable with the resources accompanying a high level of education such as parent-child conflict may be experienced by divorced women regardless of their education and may take a toll on one's health.

Examining the negative consequences of divorce on health is important because an increasing number of marriages in North America end in divorce and experiencing a divorce can lead to poor health outcomes, especially for women. An understanding of the processes that support or deplete health over time can allow us to identify the implications for individuals as well as shed light on specific groups who may be at-risk for poor health (e.g., visible minority women). A focus on educational attainment can help us further understand the relationship. With more people obtaining university degrees, it is important to understand how the resources of education contribute to protecting health following a divorce. Individuals with greater educational attainment have more material and social resources to cope with the stress of divorce and may therefore be better able to maintain their health following this transition. With this information, we can predict who will fare better following a divorce and prepare to assist those at risk to protect their health.

One limitation of this study is that the cross-sectional data does not allow us to disentangle the potential role of selection in the findings. Perhaps those who are the healthiest are the most likely to remain married. Similarly, those who are more likely to be in poor health may also be the ones who are most likely to get divorced. It would be beneficial to use longitudinal data to consider the role that selection plays when examining the relationship between divorce and

health in future work. Using longitudinal data with more nuanced measures would help to understand the relationship between divorce and health more fully. For example, we could consider the effect of duration – perhaps those who have been divorced for a longer period of time are more susceptible to poor health than those who are only divorced for a short time.

Directions for Future Research

Educational attainment is an important variable that was considered in the present study. Among women with similar levels of education, those who were divorced were still more likely than the married to report poor health. An interesting direction for future work would be to examine the moderating effect of education on the relationship between divorce and health to consider whether education affects the health of women differently by marital status.

To broaden our understanding of the impact of divorce on health even further, the effect of other variables such as the presence of children would be interesting to examine since women are more likely than men to assume responsibility of children following a divorce. Another interesting direction would be to consider how separation affects the health of individuals in cohabitating relationships. A growing number of people are opting for cohabitation rather than marriage, so it is important to determine if the effects of a separation on health are like those of a divorce and whether education plays a similar role in the relationship.

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Appendix

Table 1. Respondents' Marital Status

Respondent's Marital Status	Percentage (N = 11,549)
Divorced	13.7 (1,587)
Married	57.8 (6,672)
Single	13.0 (1,504)
Widowed	15.5 (1,786)

Table 2. Respondents' Self-Perceived Health

Respondent's Health	Percentage (N = 11,411)
Excellent/Very good/Good	82.0 (9,356)
Fair/Poor	18.0 (2,055)

Table 3. Respondents' Age

Respondent's Age	Percentage (N = 11,552)
25-34	13.2 (1,522)
35-44	16.3 (1,884)
45-54	20.5 (2,365)
55-75+	50.0 (5,781)

Table 4. Visible Minority Status of Respondents

Visible Minority Status	Percentage (N = 11,406)
Visible Minority	8.5 (970)
Not a Visible Minority	91.5 (10,436)

Table 5. Respondents' Education

Respondent's Education	Percentage (N = 11,454)
Bachelor's Degree or higher	24.5 (2,803)
High-school diploma (including some university, college, or a diploma/certificate program)	57.7 (6,605)
Less than high-school	17.9 (2,046)

Table 6. Respondents' Family Income

Respondent's Income	Percentage (N = 9,211)
Low	13.1 (1,211)
Medium-Low	30.6 (2,818)
Medium-High	32.4 (2,985)
High	23.9 (2,197)

Table 7. Respondents' Self-Perceived Health by Marital Status

	Divorced	Married	Single	Widowed
Excellent/Very good/Good	72.5%	87.0%	81.1%	72.5%
Fair/Poor	27.5%	13.0%	18.9%	27.4%
Total	1,573 (100%)	6,589 (100%)	1,489 (100%)	1,757 (100%)
Note: N = 11,408; Missing = 144. Chi-Square = 313.195, df=3, p<.05				

Table 8. Logistic Regression Models Predicting Excellent or Good Self-Rated Health from Marital Status
(N = 9,144)

	Odds Ratio
Marital Status	
Class 1: Divorced	(REF)
Class 2: Married	1.321** (.098)
Class 3: Single	1.262* (.109)
Class 4: Widowed	1.474*** (.106)
Visible Minority Status (ref: not a visible minority)	
Visible Minority	.813 (.119)
Age (ref. 55-75+)	
25-34	1.890*** (.117)
35-44	1.612*** (.105)
45-54	1.011 (.083)
Education (ref: less than high-school)	
University degree	2.392*** (.109)
High-school diploma	1.419*** (.076)
Income (ref: high - \$100,000+)	
Low (less than \$20,000)	.149*** (.129)
Medium-low (\$20,000-\$49,000)	.354*** (.112)
Medium-high (\$50,000-\$99,000)	.632*** (.109)

Note: N=9,144; *p<.05; **p<.01; ***p<.001