ARE SAME-SEX COHABITORS LESS HEALTHY THAN PEOPLE IN OTHER UNION STATUSES?

RESEARCH PROBLEM & DATA

Union status, such as cohabitation or marriage, is clearly related to health. But this basic research finding is based primarily on heterosexual unions. In this study, the authors ask how living in a same-sex cohabiting union is associated with health. To answer this question, the authors compared the health of same-sex cohabiters with the health of people in different-sex married, different-sex cohabiting, divorced, widowed, and never-married single union statuses. The authors further examined the role of gender, race-ethnicity, and socioeconomic factors—such as income, education level, and health insurance—in shaping health differences across union statuses.

The authors pooled data from the 1997 to 2009 National Health Interview Surveys (total $N = 686,846$) to compare the self-rated health of same-sex cohabiting men ($n = 1,659$) and same-sex cohabiting women ($n = 1,634$) with the self-rated health of men and women in other union statuses. The sample includes persons aged 18 to 65 years who are non-Hispanic white, non-Hispanic black, and Hispanic.

KEY FINDINGS

- Same-sex cohabiters report worse health than different-sex married people when both groups have similar socioeconomic resources. This result does not vary by gender or race-ethnicity.
- Same-sex cohabiters report better health than different-sex cohabiting and single people, but this is explained by the greater socioeconomic resources of same-sex cohabiters compared with other unmarried people.
- The health difference between same-sex cohabiting women and other unmarried women varies by race-ethnicity. In comparison with their other unmarried counterparts, same-sex cohabiting black women are the most disadvantaged, while same-sex cohabiting white women are the least disadvantaged (as shown in the graph below).

Odds of Women Reporting Poor or Fair Health by Union Status and Race-Ethnicity

*The difference between the specific union status group and same-sex cohabiters is significant at $p < .05$. 

POLICY IMPLICATIONS

In 2012, Barack Obama became the first president to publicly support the legalization of same-sex marriage. One of the policy assumptions bolstering support for same-sex marriage is that it may promote health and well-being. This study does not directly assess the health consequences of legalizing same-sex marriage. However, to the extent that legal marriage allows individuals access to important socioeconomic, psychosocial, and behavioral resources, it is plausible that legal recognition of same-sex marriage could reduce the health disparities between same-sex cohabiters and different-sex married persons found in this study. The research findings further suggest that policy initiatives should work toward diminishing the unique health disparities experienced by people in same-sex cohabiting unions who are also in disadvantaged socioeconomic and racial-ethnic groups. Particularly disadvantaged groups include black same-sex cohabiting women, who report worse health than black women in any other union status.

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JHSB Policy Brief 54(1), March 2013. DOI: 10.1177/0022146513479002.