Couple relationships and health: The role of the individual’s and the partner’s education

Abstract
A positive correlation between couple relationships and health is well established. However, recent studies indicate that the beneficial effects of couple relationships on health vary substantially according to the characteristics of the relationship and of the partners involved. The present paper examines to what extent partnership effects on physical and mental health differ based on the individual’s education, the partner’s education and educational homogamy between partners. Our database is the German Socio-Economic Panel for the period of 2002 to 2016. Based on fixed effects analysis, our results show that a highly educated partner is more beneficial for mental and physical health than a partner with low education. In contrast, the effects of partnerships on health do not depend on whether the partners have same or different educational levels. The results also indicate that partnership effects on health depend on mate choice and on the potential to find a highly educated partner. Education-specific partnership effects on mental health are more prevalent for women, and effects on physical health are more prevalent for men.

Key words: mental health, physical health, couple relationship, partnership, cohabitation, marriage, education, partner’s education, homogamy, educational homogamy

Introduction
Previous research has shown a strong and robust positive correlation between health and education (Ross & Mirowsky 2013). A higher educational level is associated with better economic circumstances (Cutler/Lleras-Muney 2006), more social-psychological resources (Ross/Wu 1995), and healthier lifestyles (Rapp/Klein 2017) and therefore improves individuals’ health. It is also well known that being in a couple relationship is, on average, positively associated with mental and physical health (Arranz Becker/Loter/Becker 2017; Hank/Steinbach 2018; Rapp/Klein 2015). Both issues – health differences by education and by partnership status – are often examined separately. However, there are good reasons to assume that these two issues are mutually dependent on each other. For example, one explanation for why being in a partnership improves health is that the partner facilitates economic security and well-being (Bünnings/Kleibrink/Weßling 2017; Waite/Gallagher 2002), although this effect obviously depends on the partner’s additional
economic resources. For this reason, the present study examines the question of how partnership effects on mental and physical health vary based on the individual’s education, the partner’s education and educational homogamy between partners.

Relatively few studies have examined whether the effects of being in a partnership on health differ based on individual characteristics. However, the major exception is gender differences because some but not all studies suggest that men have greater health benefits from a partnership than women (Kiecolt-Glaser/Newton 2001; Wood/Goesling/Avellar 2007). Previous research has also considered some characteristics of the spouse, with a focus mostly on obvious disadvantages, such as health impairment or unemployment. A large number of studies have consistently found that having an ill partner is negatively associated with individuals’ mental and physical health (Bourassa/Memel/Woolverton/Sbarra 2015; Hagedoorn/Sanderman/Boiks/Tuinstra/Coyne 2008; Polenick/Martire/Hemp-Hill/Stephens 2015; Westman/Keinan/Roziner/Benyamini 2008). In addition, there is some evidence that the spouse’s job insecurity negatively affects the individual’s health, particularly for women (Bubonya/Cobb-Clark/Wooden 2017; Bünning et al. 2017; Mendolia 2014). Additionally, several studies have examined the effects of the partner’s education on the individual’s overall health status and mortality. Their results showed that the partner’s level of education is positively associated with the individual’s overall health, even after controlling for the individual’s education (Brown/Hummer/Hayward 2014; Huijts/Monden/Kraaykamp 2010; Li/Fu/Zhao/Luo/Kawachi 2013; Monden/van Lenthe/De Graaf/Kraaykamp 2003), and that it is also negatively associated with the individual’s mortality (Egeland/Tverdal/Meyer/Selmer 2002; Jaffe/Eisenbach/Neumark/Manor 2006; Skalická/Kunst 2008).

The present study adds to this literature in two ways. First, we focus on mental and physical health separately. Couple relationships and partners’ education may affect health through various pathways, some of which may be more important for physical health, whereas others may be more important for mental health. Therefore, a distinction between mental and physical health may help to better understand why the effects of couple relationships on health may vary by the individual’s and partner’s education and by educational homogamy. Second, it is difficult to determine whether the association between partnership status and health represents causation or health selection (Kalmijn 2017). The main reason for this difficulty is that people are not randomly allocated to various relationship statuses. People’s selection of partners depends on various factors that may also affect health. In contrast to previous studies on the association between the couple relationship, the education of partners and health, we analyse longitudinal data with fixed effects (FE) regression models. Hence, we control for time-constant heterogeneity between people who did and did not start a couple relationship while being observed in the survey.

Background and hypotheses

Controversial mechanisms have been proposed to explain why having a partner is positively associated with mental and physical health. On the one hand, healthier people may be more likely to start a relationship because they are more attractive as partners and may have better meeting opportunities (Guner/Kulikova/Llull 2016; Rapp 2018; Rapp/Gruhler