

**Original research paper**

Milena Chełchowska

PhD Student SGH Warsaw School of Economics

mm56737@doktorant.sgh.waw.pl

ORCID: 0000-0002-5286-3081

## Determinants of subjective quality of life among older married adults in Poland

**Abstract**

In recent decades, the issue of life quality and its determinants has been increasingly discussed in the scientific literature. One of the key determinants of subjective well-being is the fact of being in a relationship (formal or not) as well as its quality. The aim of the study is to analyse quality of life (expressed in terms of well-being and depression) among older people in Poland, putting an emphasis on their individual (e.g. age, sex, health status, level of education) and household (financial situation) characteristics. Importantly, the analysis takes into account the quality of the marriage approximated by the satisfaction with the marriage declared by both spouses separately. For the purpose of this study I use the data of *Social Diagnosis* study carried out in Poland in 2015. The final sample was limited to partnered older people aged 65+. The results show that older partnered men in Poland report higher subjective well-being than older partnered women. Also, older partnered men report significantly higher levels of marital satisfaction than older partnered women do. Moreover, higher levels of marital satisfaction among older spouses may be beneficial for their own quality of life expressed by well-being and depression. However, this relationship is different for older partnered men and women. A positive relationship between marital satisfaction and well-being is stronger for partnered women when subjective well-being is taken into account and for men when well-being is understood as the depression level.

**Keywords:** subjective well-being, depression, quality of life, marital satisfaction, older people

## Introduction

In recent decades, the issue of subjective quality of life<sup>1</sup> and its determinants has been increasingly discussed in the scientific literature. One of its key determinants is the fact of being in a relationship (formal or not) (Russell & Wells, 1994), as well as its quality (Carr et al., 2014). The literature on relationship biographies mainly focuses on the experience of young people, while relationships in later life are rather less commonly presented (Bookwala, 2012). However, in the light of longer life and population ageing, there arises a need to understand especially the value of partner relationships in later life for subjective quality of life. Thus, research should be focused on life quality in older ages when marriage/partnership becomes very often the only possible everyday social contact. In Poland, the most common marital status among the elderly (60 years and more) is marriage – 57% of the whole elderly population are married people. However, the structure of marital status differs for older men and women. The most numerous group among older men are married ones, they constitute 78%. This tendency changes for women: only 42% of them live in a marriage.<sup>2</sup> The presented trends result from the phenomenon of higher male mortality, which – as a consequence – causes more frequent widowhood of women. The process intensifies with age. As a result, older men most often remain married for the rest of their lives, and older women are widows. Considering population ageing in Poland, which means that according to demographic forecasts in 2050 people aged 65 and more will constitute 33% of the total population, this is undoubtedly a group whose structure must be taken into account (GUS, 2014). Therefore, awareness of later-life partnership characteristics not only serves the development of demography as a science itself but gives insight into the subjective well-being of a growing portion of the European population. Moreover, the effect of marital quality on individual quality of life may be reinforced or moderated by external resources or other individual characteristics (Bookwala, 2012), for instance education, financial situation, family-related and demographic variables.

Additionally, in the subject literature it is highlighted that quality of life is a multidimensional concept. The OECD (2015) defines quality of life through the following eight areas: health, work-life balance, education and competences, social bonds, civic engagement and governance, environmental quality, personal safety, and

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<sup>1</sup> In the literature review section, the quality of life concept will be explained using subjective well-being, life satisfaction or happiness as those variables appear interchangeably in the literature that I refer to and are closely related, although they do not mean the same (Diener et al., 1999; Diener, 2006).

<sup>2</sup> Data source: Polish census of 2011.

subjective well-being (SWB). The SWB itself reflects the extent to which people think and feel that their life is going well (Lucas & Donnellan, 2007). Life satisfaction is instead defined as the cognitive aspect of subjective well-being and refers to people's global evaluation of the quality of their life (Peterson, Park, & Seligman, 2005). However, life satisfaction is only one factor in the more general construct of subjective well-being. Moreover, the type of measures of mental well-being used in studies depends to a large extent on the quality of life's model used – hedonic or eudaimonic. Usually, in the hedonic model, two basic dimensions of well-being are distinguished: emotional (balance of emotional experiences – current or over a longer period of time, or separate positive and negative affect) and cognitive (evaluating one's own life – present, past and future) (Diener, 1984). An example of the cognitive dimension of the general well-being measure in the hedonic quality of life model is a scale assessing the entire previous life or the depression scale. Both of them are simplifications of well-being, which is understood as only part of information carried by the concept of quality of life and will be the focus of this study.

The aim of this article is to explore the determinants of quality of life among older adults (aged 65 and more) living in marital/partnership relationships in Poland. In particular, I focus my considerations on the cross-sectional relationship between marital satisfaction and subjective well-being among older adults. I use the data of the 8<sup>th</sup> wave of Polish social survey *Social Diagnosis* carried out in 2015. This paper is organised as follows. The next section is devoted to the literature review on associations between relationship quality and subjective well-being of older partners and different aspects of quality of life in later life. This part touches upon the research questions resulting from the literature review. Next, I present the data and analytical strategy used. The last part shows the empirical results, which are followed by conclusions.

## Literature review and research questions

### Value of marriage quality and satisfaction

Social sciences clearly notice and underline the link between marriage and quality of life. The results of analyses for different countries show that people who have a partner in their household describe life satisfaction as higher in comparison to people not living with their spouse, while divorced people have the lowest levels of subjective well-being (and the highest level of depression; Han et al., 2014; Lewin, 2017). In addition to being in a relationship, its quality is also important: people more satisfied with marriage declare greater life satisfaction/happiness than those

less satisfied (Proulx, Helms & Buehler, 2007). There are scientific studies that explored many potential predictors of satisfaction among married couples. The most significant predictor for both males and females turned out to be marital quality: people with higher marriage satisfaction declare greater subjective well-being/level of happiness (Diener, 1984; Gove, Hughes & Style, 1983; Carr et al., 2014; Kamp Dush, Taylor, & Kroeger, 2008). Furthermore, quality of marriage is two to five times as an important determinant as any other dimensions of subjective well-being (the research studied such measures as employment, extraversion, neuroticism, health, satisfaction with housing, financial situation, education, number of children, relationships with family and friends) (Russell & Wells, 1994). Quality of marriage is not only understood as a sizable correlation of overall subjective well-being, but also of momentary happiness (in randomly sampled activities during the day; Carr et al., 2014). Basing on the literature, it is still not clear whether there are any differences in terms of this association between males and females. However, the relationship between marital quality and life satisfaction frequently becomes similar for both genders in later age when partners retire. Then, a majority of their social networks lapse except from marital one. Retired people spend less time with former colleagues or lose their friends because of their weak health or death, which results in narrowing their social network and fewer contacts. Marriage/partnership becomes then the only possible social contact generating individual well-being (Kulik, 2002; Wong & Waite, 2015). To better understand the robustness of the relationship between marital quality and subjective well-being, it should be controlled for a variety of characteristics that are associated with both marital satisfaction and subjective well-being. It eliminates competing explanations for this association. For this reason, such variables as education, finances, family related variables and demographic variables should be included in models built in this regard.

Moreover, there is also a different approach to the value of marriage satisfaction influencing overall subjective well-being, which departs from the typical comparison of those two at a given moment during lifetime. It suggests that the effect of marital satisfaction is temporal and after so-called 'honeymoon period' (which is estimated for about 2 first years of marriage), overall life satisfaction returns to the baseline level. It would mean total adjustment to difficulties resulting from living with a partner or only transient and quickly disappearing hedonic gains coming from forming a union and return to the happiness level typical for its personality and genotype (Lucas et al. 2003). In other words, this approach points out especially the importance of analysing marital satisfaction with respect to marriage length and stage of family development. It can also explain possible selection problems that appear in studies of the subject. It was proved that people happy with their life may be more likely to first start

a partnership and then make it durable than unhappy ones (Frey & Stutzer, 2005). On the other hand, the geographical context may also intensify marriage influence on life satisfaction. In regions where the concept and status of being married is more respectful than other statuses of becoming divorced/separated or never getting married, it limits life satisfaction additionally. In such societies, lower well-being may sometimes result only from low social acceptance and respect rather than real individual characteristics (Wadsworth, 2016).

## **Polish context**

So far not much research has been carried out in Poland with regard to older people's marriage quality and its linkage to their subjective well-being. In Polish studies, more attention is paid to the impact of having children on life satisfaction. For example, Abramowska-Kmon (2017) suggests that among people aged 50 or more in Poland family bonds, understood specifically as having children, are of significant importance for individuals' life satisfaction. Namely, childless older individuals are less satisfied with their lives than those having children and it can be explained by their sense of loneliness. Additionally, Baranowska-Rataj and Matysiak (2011), narrowing the research to the youngest adult age category, also revealed a significantly positive effect of childbearing on the subjective well-being. Although the cited studies do not give a direct answer to the issue of the impact of older partner relationships, some conclusions can be drawn basing on them. If the source of lowered life satisfaction resulting from not having children is the sense of loneliness, then the same might be speculated about other family bonds. For it is found that Poles set an exceptionally high priority to marriage, being strongly opposed to the deinstitutionalisation of the family and relatively often express the belief that children, family, and home ensure happiness and self-fulfillment (Pongracz & Spéder 2008).

## **Relationship benefits**

Considering all the dangers of being part of an intimate relationship, the literature discusses its benefits more widely. Living as a couple (formal or not) is a direct factor serving many aspects of life, such as physical and mental health, longer life, financial situation, safety.

Health is frequently mentioned as the leading factor in this matter. The physical and mental health context is repeatedly a topic of research on well-being. It is a common conclusion in many articles from the last 50 years that marriages in general have a protective effect on chronically ill partners (McFarland, Hayward, & Brown, 2013).

Moreover, marriage in the context of survival is more beneficial for men than women (Rendall et al., 2011; Bulanda, Brown, Brown, & Yamashita, 2016; Aizer et al., 2013). Moreover, Berg and others (2008) suggest that helping a partner to deal with his/her illness may be especially beneficial for older couples. However, the conclusions of the studies are unclear in terms of the effects of gender, age, and unmarried statuses among people aged 65+. Similarly, older men in widowhood or as divorcees during later life have a higher risk of mortality than women do (Bulanda et al., 2016). Moreover, marriage quality is a significant determinant in relation to the beneficial effect of marriage on health. Marriages of high-quality decrease the mortality risk for partners. However, the quality of marriage is of less importance for men than it is for women, while caring for a spouse in his/her illness is more frequently seen among couples more highly satisfied with their marriage. Likewise, both spouses' relationship satisfaction increases for partners actively involved in their marriage/partnership (consisting of interest for each other's frame of mind, involving a spouse in discussion, strategies for problem solving) (Schokker et al., 2010).

When it comes to the finances, research underlines its benefits resulting from being part of a partner union, which is also an economic union. For example, Waite and Gallagher (2000) explain that sharing one household include sharing many expenditures that cannot be eliminated when living alone, which in other words means savings. Then, in the case of an illness or unemployment, having additional support and safety. In turn, more frequently for men (thanks to their wives) marriage also means having more space for their own development and possibilities of being more successful in their professional career, positively influencing their promotions and income.

Likewise, marriage may lead to greater daily safety and smaller danger of encountering any violence. This results from looking out for each other, warning a spouse about risks and less likely being alone and isolated (Waite & Gallagher, 2000). It is also argued that marriages provide spouses with emotional support and sense of having a higher purpose in life.

## **Relationship detriments**

Living in a relationship, besides its beneficial aspects, for many people is a significant stressor. Apart from extreme situations such as violent relationships, even an average relationship can be detrimental to subjective well-being, especially through health issues. Lower marital quality can be linked with such specific health problems as the cardiovascular risk of hypertension and this may decrease life quality. However, marital quality in this matter is described as more significant for women than men

(Liu & Waite, 2014). While health is taken into consideration, also another pattern should be described. Relationship interactions can bring spouses to situations when a partner, instead of motivating the other in defeating the illness, disrupts his/her partner's illness management (Goldsmith, Bute, & Lindholm 2012). Such a behaviour is quite rare but happens and causes weaker dietary adherence for the ill spouse, which was proved for example by Henry and others (2013). They focused on 2 diabetes mellitus cases and showed that partners can provoke each other to eat forbidden food and, generally, interfere in their dietary regimen, even expressing irreverence towards the partner's regimen.

Some studies, such as Proulx and others (2007), underline that the association between marital satisfaction and subjective well-being is differently detrimental depending on gender. For women, stronger emotional involvement and work inside their relationship and at home as well as their nurturing roles of wife or parent can lead to a stronger influence than it is visible for males. Thus, marital problems are great stressors for females and may lead to a reduction of their individual well-being. On the other hand, for men, marriage can have its negative impact as men frequently play a role of a provider for their families and money maker to a greater extent than women do. This most frequently is associated with work outside home and may be detrimental for subjective well-being (Proulx et al., 2007).

## **Elder ages: time for good relationships**

Partner relationships established in later years of lifetime (either formal or informal) have their own specifics. A majority of research shows that the relationship between age and SWB is U-shaped, with the lowest well-being at middle ages. Older people would then be a group with relatively high subjective life satisfaction (Blanchflower & Oswald, 2008). However, as a social group with various problems coming from retirement, finances, health status, sources of this well-being are interesting and considerable. Relationship satisfaction was proved as one of the strongest factors influencing general individual well-being and may have its value in the subject (Russell & Wells, 1994; Carr et al., 2014). Research shows reduced marital quality in the first marriage stages, it also tends to improve in the later ones (Henry et al., 2007). Moreover, cohabitation seems to be of much more quality in later life in comparison to the most common cohabitation form, which happens among younger partners (King & Scott, 2005). What can be responsible for this state? In later life, partners may be using their lifetime experience and sharing memories of their past, focusing again on each other rather than on problematic spheres such as raising children. They do not deal with responsibilities that are present at younger ages and that may diminish

relationship quality, as it happens after childbearing or during greater professional career development. They are less likely to deal with work-family or gender conflicts as well as increased marriage expectations (King & Scott, 2005; Amato et al., 2003). In comparison to younger cohabitants, older ones seem to experience higher relationship quality having more maturity, patience, and appreciation (Kemp & Kemp, 2002). However, it is not clear enough whether either this is age or cohort differences that matter for relationship quality. The background of beliefs, opportunities, experience, times when people are born is not without importance. People aged 65+ mainly share opinions of less acceptance for cohabitation (Thornton & Young-DeMarco, 2001). This makes cohabitation still an unpopular form of relationship in later life, even though it is generally much more frequent in many countries than it was before. However, those who decide to cohabit could still be understood as unconventional enough to constitute a selected and specific social group. This group could then be totally different in many aspects with respect to standard older husbands and wives.

## **Cohabitation versus marriage in elder age**

Last decades are responsible for numerous changes in family structures by their characteristics and population structures by family situation of individuals. It is well known that the dramatic increase in the divorce rate is taking place in developed countries. Together with lower marriage stability comes the increasing rate of cohabitation. Informal partnership unions have become a standard form of family formation, being its foretaste and experience for a majority of marriages. Cohabitation rates are increasing not only among young people. They are rapidly growing also among the oldest cohorts (Fitch, Goeken, & Ruggles, 2005; Chevan, 1996). For example, in the United States between 1980 and 1990 for unmarried people under 40 the cohabitation rate doubled and for those over 60 it even tripled. Frequent skipping later life's cohabitation in research as well as its not clear visibility in surveys may result in a distorted perception of its real presence and scope.

Generally speaking, among older adults marriage and cohabitation are similar in many aspects. Research shows that for the oldest cohorts owning wealth alone makes people more likely to start a new relationship (without a significant difference whether it is marriage or cohabitation) than to remain single. In other words, in later life wealth (especially property) matters in family formation as it is a sign of financial security and independence (Vespa, 2012). Other popular older spouses' benefits are economies of scale, living with a companion and partner's intimacy sphere. However, marriages are more standardised in its norms with legal and religious definitions. Marriage involves distribution of livelihoods imposed by law and takes



away individual freedom, creating interdependencies on each other (Cherlin, 2004). Norms and standards suggest and somehow impose helping and caring in illness on married couples to a greater extent than it happens for cohabitants. Therefore, older partners (mostly women) often feel not secure enough to remarry. Legal ties such as children's inheritance or fear of losing one's pension are one of the factors (Chevan, 1996). Women do not want to (in the case of prior marriage) enter their marital roles and obligations once again. This is why they may be in favour of staying with cohabitation, which preserves autonomy (Davidson, 2002). Men, on the contrary, may look for emotional support, their wife's caregiving, and traditional marital roles, which makes them more likely to remarry or marry sooner after becoming widowed (de Jong Gierveld, 2002; Chevan, 1996).

Moreover, cohabitation in older age can be different than the one known for younger cohorts. Older cohabitants do not normally plan to marry and this lack of plans have fewer negative consequences for partners than it is visible for younger cohabitants. Additionally, in later life cohabitation happens as an alternative to marriage and singlehood and not as a prior marriage stage. Furthermore, cohabitants can be characterised by such features which normally decide on relationship instability. They often have significant family development and dissolution experience. They also have fewer alive, available, and potential partners for starting cohabitation (King & Scott, 2005).

However, what is not clear enough is the comparison of relationship quality between those two forms of households. It is not obvious whether marriage or cohabitation serves better well-being, especially when spouses' age is taken into account. Part of research suggests higher levels of subjective well-being coming from living in marriage (Brown, 2000) and others show no difference between marriage and cohabitation (Musick & Bumpass, 2006). However, it is also proved that in countries with higher acceptance for marriage the gap in satisfaction is smaller than in those with higher social pressure for formal unions.

## Research questions

- Basing on the quoted literature, it is worth emphasising once again that above all:
- Relationship quality is a crucial factor for overall individual life quality among partnered individuals and people more satisfied with marriage declare greater life satisfaction.
  - According to the U-shaped well-being pattern by age, with the lowest well-being middle-aged, older people are a group with relatively high subjective well-being.

Among retired partners, the relationship between marital quality and life satisfaction is frequently referred to in research as similar for both genders.

- Additionally, Poles set an exceptionally high priority to marriage, express the belief that family and home ensure happiness. For older Poles, loneliness is of significant importance for individuals' life satisfaction.
- Depending on the partner relationship quality, its impact on the quality of life of the partners may vary in various aspects of their lives, such as health, finances, and safety. On the one hand, living as a couple is a direct factor influencing life quality by supporting each other in illness, caring for longer life, by supporting in unemployment, sharing expenditures and having space for career development as well as ensuring daily safety. On the other hand, it may also lower subjective well-being by increasing hypertension, interfering dietary regimen, providing for families in the role of money makers or dealing with marital problems of different kind. The listed aspects may cause differences between females and males with respect to quality of life or marital satisfaction as well as characteristics of those two measures in very a specific stage of life which is being elderly.

Considering all the listed aspects of the presented literature the following research questions have been formulated:

- 1) Are there any differences between older individuals living in relationships in terms of marriage satisfaction and subjective well-being?
- 2) Is there a relationship between the quality of marriage and subjective well-being among older partners in Poland?
- 3) Are there any differences between older females and males with respect of quality of life related to marital satisfaction?

## Data and analytical strategy

*Data.* I used the 8<sup>th</sup> wave of the *Social Diagnosis* survey. The *Social Diagnosis* is a panel survey conducted since 2000, however, for the purpose of this analysis I used the cross-sectional sample (Czapiński & Panek, 2015). This survey was designed to supplement institutional indicators with additional aspects of life in Polish households and their members. The economic and non-economic spheres were examined (including health issues, stress management, problems, lifestyle, education). It contains information about various aspects of individual well-being, life satisfaction, opinion about one's whole past life as well as depression and loneliness. The original database contains information on 11,700 households and 22,200 respondents aged 16 and older who were interviewed in 2015. For the purpose of my analyses, I limited the sample

to individuals aged over 65 who were in either a formal or informal relationship. Also, the respondents are part of different households and relationships – living alone, only with a partner (in marriages or informal relationships) or in a household with children. The final sample included 2,900 respondents.

*Dependent variables.* I used two different proxies for quality of life, describing both the positive and negative part of this concept. Firstly, I used opinions about the whole previous life, which is subjective measure of subjective well-being (SWB) with 4 possible answers: ‘not very successful’, ‘not good, not bad’, ‘quite good’, ‘successful’. This dependent variable ranges from 1 to 4, with higher values indicating higher well-being. Secondly, I approximated quality of life by a variable describing depression, which was based on 7 questions focusing on symptoms related to depression, such as feelings and beliefs from the last months about the respondents’ appearance, enthusiasm for work, sleep, fatigue, appetite, health, and sex. These are symptoms borrowed from Beck’s Depression Inventory (Beck, et al., 1961). The possible answers to those 7 questions are 0 – unchanged compared to how it was before, 1 – slight change, 2 – big change, 3 – huge change. The indicator of depression was the sum of answers to all 7 questions grouped into 4 possible categories. The final variable of the depression scale varies from 1 to 4 with higher values signifying a higher level of depression, thus a lower level of well-being. As a result, this variable can be treated as a measure of the degree of mental maladjustment, reflecting the ineffectiveness of dealing with life problems and stress.

*Control variables.* I controlled for the basic socio-demographic characteristics of the respondents (such as sex, age, education level, the fact of having children and the fact of living in cohabitation or formal relationships), economic situation (subjective financial situation<sup>3</sup>), disability, state of health<sup>4</sup> and the employment status at the time of the interview. In order to capture how relationship satisfaction is associated with an individual’s well-being, I applied subjective rating of one’s own relationship with a partner. For this purpose, I used the following question: “How satisfied are you with your marriage?” with possible answers: 1. Very dissatisfied 2. Dissatisfied, 3. Quite dissatisfied, 4. Quite satisfied, 5. Satisfied, 6. Very satisfied. The higher value, the more satisfied with marriage life the respondent was. Additionally, despite using the

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<sup>3</sup> This variable is based on the following question: “How satisfied are you with your financial situation?” with possible answers: 1. Very dissatisfied 2. Dissatisfied, 3. Quite dissatisfied, 4. Quite satisfied, 5. Satisfied, 6. Very satisfied. The higher value of this variable, the better the respondent’s financial situation.

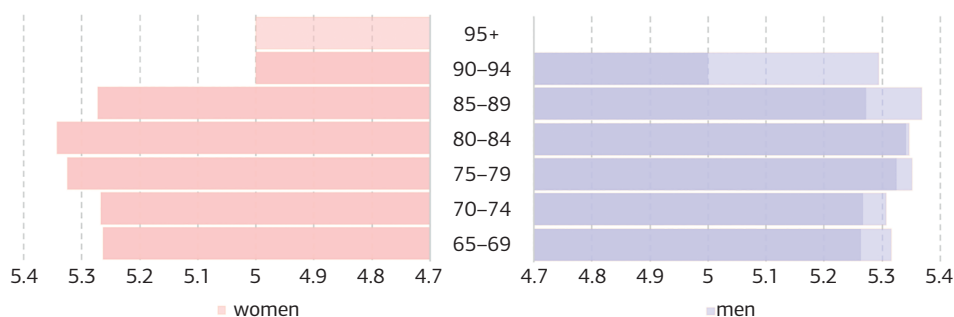
<sup>4</sup> This variable is based on the following question: “During last months have you had physical ailments, such as bone ache, breathing difficulties, etc., which have made it difficult to leave home, walk up the stairs?” with possible answers: 1. It has often happened 2. It has happened a few times, 3. It has never happened. The higher value of this variable, the better the respondent’s health.

‘marriage’ phrase in the question, the respondents were asked to answer the question in the case of living in cohabitation, not a formal marriage, which makes it possible to assess the satisfaction with informal relationships as well.

*Method.* As dependent variables are ordinal, I estimated a set of ordered probit regression models for each dependent variable for the total sample and its parts. In order to capture the differences between males and females, I built models for both sexes separately. All the control variables (except age) were included in the models as categorical ones, with the following reference categories: sex (males), level of education (primary school), cohabitation (no), the fact of having children (no), employment status (not employed), subjective financial situation (very dissatisfied), disability (not disabled), health during last months (with frequent complaints), marriage satisfaction (dissatisfied). The analysis is focused on partnered individuals putting an emphasis on their own characteristics as separate from their spouses’ ones.

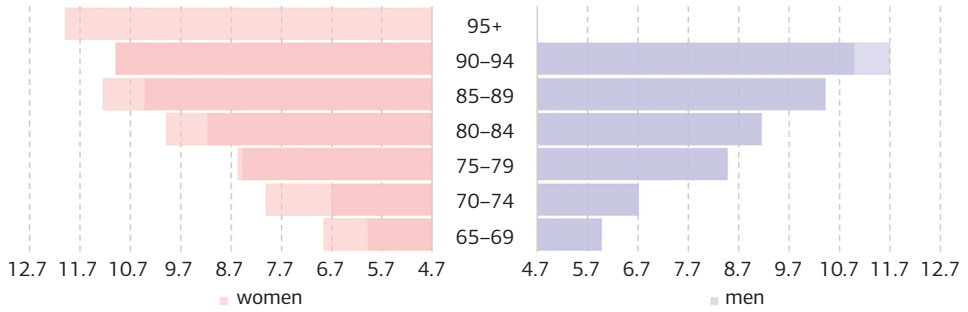
Descriptive statistics for all the dependent and control variables may be found in Table 1. The results for the key explanatory variable describing marriage satisfaction show that the biggest proportion of the sample is satisfied with his/her marriage (53%). If existing categories are grouped, only 4% of the respondents can be classified as those dissatisfied with their marriage at any level. Chart 1 and 2 represent mean levels of well-being and depression in the examined sample. Lighter shades in charts mean the observed data for a specified gender and darker shades represent the comparison to the second gender results. As it is visible in the charts, older men in Poland have generally higher subjective quality of life (in terms of individual well-being and level of depression) than women, and those gender differences are statistically significant (basing on the test for differences between two means). This is true in all the age groups of the elderly in the examined sample. Similarly, until the highest age groups, older men are on average more satisfied with their marriage than women (Chart 3).

Chart 1. Mean levels of SWB in the examined sample’s age groups by gender



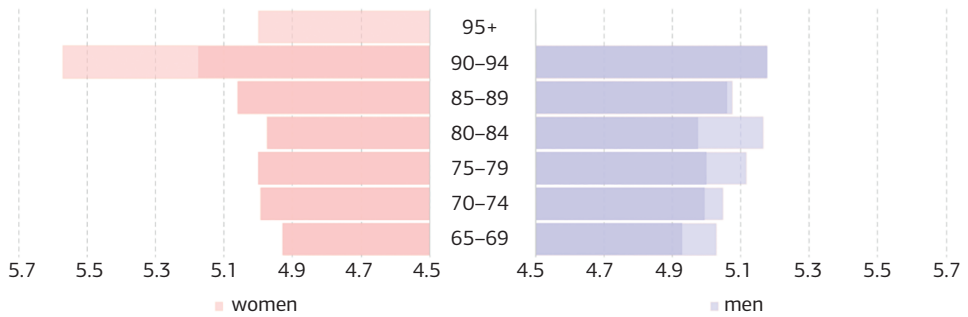
Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author’s calculations.

Chart 2. Mean levels of depression in the examined sample's age groups by gender



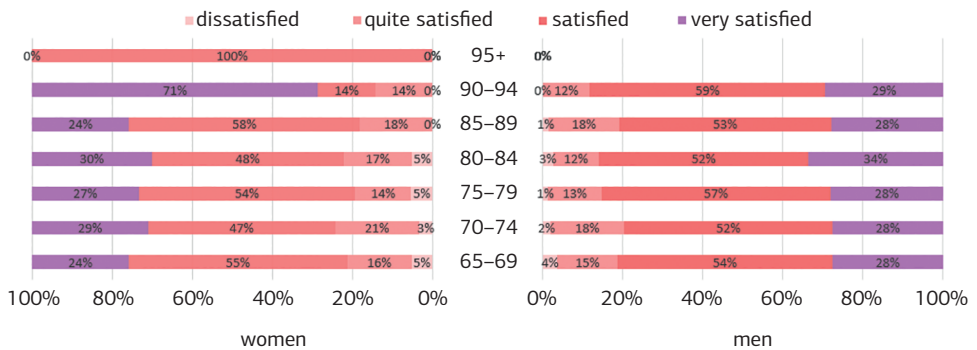
Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author's calculations.

Chart 3. Mean levels of marital satisfaction in the examined sample's age groups by gender



Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author's calculations.

Chart 4. Sample structure by sex, age, and marital satisfaction



Note: The percentages may not sum up to 100% due to rounding.

Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author's calculations.

The only elderly age group with higher marital satisfaction of women in comparison to men are the oldest (90–94). However, the chi-square independence test proves a significant relationship between sex and marital satisfaction in the studied sample. Furthermore, cohabiting older couples are less satisfied with life than partners in formal relationships. In this case, however, the fact that the sample contains only 14 cohabiting individuals over 65 must be taken into account. A very small group of cohabitants reduces the results reliability.

**Table 1. Descriptive statistics for the variables in the models**

Variable	Total	Men	Women
	mean	mean	mean
Age	72.29	72.84	74.25
	proportion	proportion	proportion
<b>Sex</b>			
men	0.54		
women	0.46		
<b>Subjective well-being</b>			
not very successful	0.02	0.02	0.02
not good, not bad	0.13	0.12	0.14
quite good	0.38	0.39	0.38
successful	0.46	0.47	0.45
<b>Depression</b>			
weak depression signs	0.22	0.25	0.17
quite weak depression signs	0.50	0.48	0.52
quite strong depression signs	0.24	0.22	0.26
strong depression signs	0.05	0.05	0.04
<b>Level of education</b>			
primary school	0.35	0.39	0.32
junior high/vocational school	0.24	0.17	0.3
high school	0.25	0.28	0.23
university	0.16	0.16	0.15
<b>Employment status</b>			
not employed	0.98	0.97	0.99
employed	0.02	0.03	0.01
<b>Subjective financial situation</b>			
very dissatisfied	0.04	0.04	0.04
dissatisfied	0.09	0.09	0.1
quite dissatisfied	0.14	0.14	0.13
quite satisfied	0.36	0.36	0.36

Variable	Total	Men	Women
satisfied	0.31	0.31	0.31
very satisfied	0.06	0.06	0.06
<b>Relationship</b>			
formal	0.99	0.99	0.99
informal	0.01	0.01	0.01
<b>Having children</b>			
no	0.06	0.05	0.06
yes	0.94	0.95	0.94
<b>Disability</b>			
without disability	0.79	0.76	0.82
with disability	0.21	0.24	0.18
<b>Health during last months</b>			
with frequent complaints	0.31	0.3	0.31
with some complaints	0.58	0.57	0.59
with no complaints	0.11	0.13	0.1
<b>Marriage satisfaction</b>			
dissatisfied	0.04	0.03	0.05
quite satisfied	0.16	0.15	0.17
satisfied	0.53	0.54	0.52
very satisfied	0.27	0.28	0.26

Note: the proportions sum up to 1 in the columns.

Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author's calculations.

## Empirical results

I will present the results for two sets of ordered probit regression models. Firstly, I will focus on the model with the dependent variable describing subjective well-being and different control variables. I will also present the same model separately for females and males (Model 1). Secondly, I will concentrate on the results for all the observations as well as only for females and only for males with the dependent variable describing depression (Model 2). In all the estimated models, almost all the estimates are significant at level 0.01. In general, the results for almost all the control variables (such as sex, age, level of education, disability, subjective financial situation) are similar to the literature's findings which focus on the relationship between those variables and well-being or depression. Here, I will describe the results for the association between marriage quality and subjective well-being or depression of partners aged over 65.

Table 2 presents the results for Model 1 with dependent variable SWB for the total population and by gender. In the model for both genders together, all the categories of marital satisfaction turn out to be significant and positively related to subjective well-being of older people. The same can be said about category significance when it comes to comparison between gender groups. Older people who are more satisfied with their marriage can be characterised with higher subjective well-being. However, a positive relationship with subjective well-being seems to be stronger for women than it is visible for men.

**Table 2. Results from the ordered probit regression models of well-being for people aged over 65 (Model 1)**

variables	Total			Women			Men					
	$\beta$	SE	p-value	$\beta$	SE	p-value	$\beta$	SE	p-value			
<b>Sex (ref. men)</b>												
women	-0.01	0.04	0.85									
<b>Age</b>	0.01	0.00	0.13	0.01	0.01	0.07	**	0.00	0.00	0.56		
<b>Level of education (ref. primary school)</b>												
junior high/vocational school	0.17	0.06	0.00	***	0.13	0.09	0.15		0.20	0.08	0.01	***
high school	0.26	0.06	0.00	***	0.20	0.08	0.02	**	0.32	0.08	0.00	***
university	0.54	0.07	0.00	***	0.50	0.10	0.00	***	0.59	0.10	0.00	***
<b>Employment status (ref. not employed)</b>												
employed	-0.20	0.15	0.18		-0.23	0.32	0.48		-0.20	0.17	0.23	
<b>Subjective financial situation (ref. very dissatisfied)</b>												
dissatisfied	0.37	0.12	0.00	***	0.56	0.17	0.00	***	0.18	0.17	0.29	
quite dissatisfied	0.48	0.12	0.00	***	0.63	0.17	0.00	***	0.34	0.16	0.04	**
quite satisfied	0.60	0.11	0.00	***	0.80	0.16	0.00	***	0.43	0.16	0.01	***
satisfied	0.84	0.11	0.00	***	1.01	0.16	0.00	***	0.70	0.16	0.00	***
very satisfied	1.24	0.16	0.00	***	1.42	0.23	0.00	***	1.09	0.22	0.00	***
<b>Relationship (ref. formal relationship)</b>												
informal relationship	-0.09	0.31	0.77		-0.37	0.46	0.43		0.16	0.43	0.71	
<b>Having children (ref. no)</b>												
yes	-0.05	0.09	0.56		0.04	0.14	0.76		-0.15	0.13	0.26	
<b>Disability (ref. not disabled)</b>												
disabled	-0.15	0.05	0.00	***	-0.17	0.08	0.05	**	-0.14	0.07	0.05	**
<b>Health during last months (ref. with frequent complaints)</b>												
with some complaints	0.21	0.05	0.00	***	0.14	0.07	0.06	*	0.27	0.07	0.00	***
with no complaints	0.34	0.08	0.00	***	0.34	0.12	0.01	***	0.34	0.10	0.00	***



variables	Total			Women			Men					
	$\beta$	SE	p-value	$\beta$	SE	p-value	$\beta$	SE	p-value			
<b>Marriage satisfaction (ref. dissatisfied)</b>												
quite satisfied	0.74	0.12	0.00	***	0.64	0.16	0.00	***	0.85	0.19	0.00	***
satisfied	1.29	0.12	0.00	***	1.31	0.15	0.00	***	1.29	0.18	0.00	***
very satisfied	1.69	0.12	0.00	***	1.80	0.16	0.00	***	1.63	0.19	0.00	***
Observations	2,900				1,324				1,576			
R-squared	0.11				0.13				0.10			

Significance levels: \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author’s calculations.

Model 2 is received by changing the dependent variable from SWB to depression. The results are similar to what can be seen in Model 1. In Model 2, all levels of marriage satisfaction estimated for both sexes are significantly positively associated with depression. The less satisfied with his/her marriage a respondent is, the more depressed he/she becomes. This relationship holds for the respondents from both gender groups. After separating the analysis between genders, it can be noticed that men’s marital satisfaction is found to be more strongly associated with depression than women’s one.

**Table 3. Results from the ordered probit models of depression for people aged over 65 (Model 2)**

variables	Total			Women			Men					
	$\beta$	SE	p-value	$\beta$	SE	p-value	$\beta$	SE	p-value			
<b>Sex (ref. men)</b>												
women	0.23	0.04	0.00	***								
<b>Age</b>	0.05	0.00	0.00	***	0.04	0.01	0.00	***	0.06	0.00	0.00	***
<b>Level of education (ref. primary school)</b>												
junior high/vocational school	-0.28	0.06	0.00	***	-0.32	0.09	0.00	***	-0.25	0.08	0.01	***
high school	-0.38	0.06	0.00	***	-0.44	0.08	0.00	***	-0.34	0.08	0.00	***
university	-0.53	0.06	0.00	***	-0.48	0.10	0.00	***	-0.60	0.09	0.00	***
<b>Employment status (ref. not employed)</b>												
employed	-0.16	0.15	0.28		-0.48	0.32	0.14		-0.01	0.17	0.96	
<b>Subjective financial situation (ref. very satisfied)</b>												
very dissatisfied	0.86	0.14	0.00	***	0.70	0.21	0.00	***	0.98	0.20	0.00	***
dissatisfied	0.36	0.12	0.00	***	0.13	0.17	0.47		0.55	0.16	0.00	***
quite dissatisfied	0.25	0.11	0.02	**	0.20	0.17	0.24		0.29	0.15	0.05	**
quite satisfied	0.20	0.10	0.05	**	0.06	0.15	0.69		0.30	0.14	0.03	**
satisfied	-0.05	0.10	0.63		-0.18	0.15	0.23		0.03	0.14	0.82	

variables	Total			Women			Men					
	$\beta$	SE	p-value	$\beta$	SE	p-value	$\beta$	SE	p-value			
<b>Relationship (ref. formal relationship)</b>												
informal relationship	-0.65	0.30	0.03	**	-0.54	0.46	0.24		-0.75	0.41	0.07	*
<b>Having children (ref. no)</b>												
yes	0.00	0.09	0.99		0.05	0.13	0.70		-0.05	0.13	0.69	
<b>Disability (ref. not disabled)</b>												
disabled	0.19	0.05	0.00	***	0.16	0.08	0.05	**	0.21	0.07	0.00	***
<b>Health during last months (ref. with frequent complaints)</b>												
with some complaints	-0.72	0.05	0.00	***	-0.75	0.07	0.00	***	-0.68	0.07	0.00	***
with no complaints	-1.09	0.08	0.00	***	-1.09	0.12	0.00	***	-1.08	0.10	0.00	***
<b>Marriage satisfaction (ref. very satisfied)</b>												
dissatisfied	0.54	0.12	0.00	***	0.41	0.16	0.01	***	0.73	0.19	0.00	***
quite satisfied	0.38	0.07	0.00	***	0.36	0.10	0.00	***	0.39	0.09	0.00	***
satisfied	0.16	0.05	0.00	***	0.12	0.08	0.12		0.19	0.07	0.00	***
Observations	2,858				1,300				1,558			
R-squared	0.15				0.13				0.16			

Significance levels: \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Source: *Social Diagnosis* data wave 8<sup>th</sup> – the author’s calculations.

To sum up, with respect to the research questions the obtained results confirm that older men in Poland report generally higher quality of life (in terms of subjective well-being and level of depression) than women and those gender differences are statistically significant. Additionally, older men report significantly higher levels of marital satisfaction than older women do (question 1). Moreover, it should be underlined that higher levels of marital satisfaction among older spouses may be beneficial for their own quality of life expressed by subjective well-being and depression. Thus, better opinion about marriage may increase subjective well-being and decrease depression levels (question 2). However, this relationship is different for men and women. Their roles during later years of marriage differ and, as a result, men or women may experience more negative consequences. This is why a positive relationship between marital satisfaction and well-being is stronger for women when subjective well-being is taken into account and is stronger for men when quality of life is expressed by depression levels (question 3).

## Conclusion

Analyses using data for older partnered individuals in Poland that moderate the effects of relationship quality on quality of life are missing in the literature. My study and the obtained findings aimed to fill this gap. The main objective of this paper was the analysis of the relationship between marital satisfaction and quality of life, together with its differences among females and males. The literature is largely consistent about the fact that this relationship exists. Differences between females and males are not yet clear enough. However, more frequently studies suggest that this relationship is greater for women than men (Ng et al., 2009, Bookwala, 2012; Proulx et al., 2007). However, it is not obvious how it looks for older adults. There are studies which show that among older adults women are more satisfied with their lives than men (e. g. Wright & Brown, 2017), while others show the opposite relationship (e.g. Carmel, 2019; Joshanloo & Jovanović, 2020). In the case of marital satisfaction, there are studies proving that men report higher levels of marital satisfaction than women (Jackson et al., 2014; Ng et al., 2009). To the best of my knowledge, not much research has been conducted among the oldest. The results obtained were largely in line with the quoted research findings. Namely, the results suggest that older partnered men in Poland report higher subjective well-being than women. Additionally, older men report significantly higher levels of marital satisfaction than older women do. It should be underlined that higher levels of marital satisfaction among older spouses may be beneficial for their own quality of life expressed by well-being and depression. Thus, better opinion about marriage may increase subjective well-being and decrease depression levels and this relationship is stronger for men than for women.

This topic needs further analysis, as especially the sample of cohabiting older respondents was not numerous enough to obtain significant results and be able to draw conclusions on whether there are differences between older people in marriages and cohabitation with respect to relationship satisfaction and subjective well-being. As it was underlined in the theoretical part of this paper, those relationships are still not clear enough and need further examination. Thus, obtaining reliable results could be a good contribution to the development of the topic. Moreover, in order to examine individuals who are nested in relationships, it can be valuable to use an additional modelling approach in order to capture the within-couple correlations in the outcome scores and permit examination of dyad-level variables' effects. Analysis could be focused on partnered individuals, putting an emphasis on their own characteristics as linked to their spouses' ones. Existing differences between spouses in terms of age, health, education differences or differences in marriage satisfaction may have

an influence on their subjective well-being. Such an approach could supplement this paper, underlining discrepancies between spouses within dyad/couple. Additionally, as it is known in the subject literature, an important effect for subjective well-being is contributed by people's attitude towards their own lives. Optimism facilitates coping with negative outcomes in a more effective way than pessimism does (Seligman, 1990). Consequently, positive affectivity increases life satisfaction (Kuppens et al., 2008) and individuals' contentment with their lives (Huebner & Dew, 1996). It would be then valuable to include additional control variables describing positive/negative individuals' attitude or personality. Finally, discussions about measures of well-being suggest that using more complex variables in this regard should also be valuable for the credibility of results.

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