

The Influence of Differences in Spousal Age and Education on Marital Satisfaction and Health Status of Older Persons in the Philippines

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Background and Objective of the Study

In the Philippines, marriage trends and patterns have been an important demographic area of study, especially looking at its impact to the fertility decline in the country. Cho and Retherford (1974), for example, estimated an important contribution of nuptiality to birth reduction in seven Asian countries between 1960 and 1970, which range from 23 percent in Taiwan to 102 percent in the Philippines.

Marriage conditions in the country have also been examined by researchers, for example, they found that the median age gap between husband and wife in the Philippines is 2.5 years (Casterline, Williams and McDonald, 1986). Homogamous marriages or relationships, in terms of age, education and socio-economic status, are still generally preferred in the Philippines (Cabigon, 1983; Dulnuan, 1995; Cruz, 2013). Filipinos who are in discrepant unions, for example, instances wherein a woman is much older than the man, or one partner is rich while the other is poor, experience social stigma.

While homogamous unions are still generally preferred, marrying outside one's social, economic, regional and nationality group is relatively more common in the Philippines compared to its Asian neighbors (Ogena, Valencia & Roma, 2008; Ogena, Valencia & Roma, 2010). They also found that Filipina marriage migrants to Europe are younger by more than 12 years compared to their foreign spouse while Filipinas emigrating to Asia are marrying down, i.e. they are better-educated than their spouse.

In a recent study by Cruz (2013) utilizing National Demographic and Health Survey (NDHS) data, she established that about two in five women aged 15 to 49 years old are in age and education heterogamous unions. The study findings show that more of the women who are in a remarriage and those residing in urban areas are in age heterogamous unions while more women from rural areas marry down in terms of education, i.e. their educational attainment is higher than their husbands.

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While heterogamous unions are frowned upon in Philippine society, there are studies that provide positive results of this type of union, for example, Zak, Armer, Edmunds, Fleury, Sarris and Shatynski (2001) found that individuals in age-discrepant relationships reported more unselfish, sacrificing love and experienced less jealousy than those in age-similar relationships. They also established that age-discrepant relationships were found to be more successful overall, such that both partners were more satisfied with the quality of the relationship.

Evidences showing the benefits of education on one's health status are well-documented, but it remains unclear whether an individual's education also influences another person's health status, particularly in a spousal relationship. Though there are some emerging studies that investigated the relationship between spousal education and health status, the findings remain inconclusive. While most studies in Europe found an inverse relationship between spousal education and adverse health outcomes, controlling for one's own education, the same relationship was not found in the United States, except for some recent studies.

Spouse's level of education positively affects self-assessed health in Europe. The degree of educational heterogamy does not influence the average level of self-assessed health in a country. However, the positive relationships between own and partner's education and self-assessed health are weaker as the degree of educational heterogamy at the national level is higher (Huijts, Monden, Kraaykamp, 2009).

Against this backdrop, this study aims to assess whether there is a link between the difference in spousal age and education and marital satisfaction and health outcomes among married older persons in the Philippines. The health status of the Filipino older persons has been gaining attention in recent years because of their projected increase, both in terms of absolute number and proportion. The number of Filipinos aged 60 years and over has reached 6.2 million in 2010 and is projected to increase to 10 million in 2020. Though there are studies that have looked into the health status of the Filipino older persons and the factors affecting it, most of these focused on the characteristics of the older person, completely ignoring the characteristics of the spouse. This paper aims to address this gap by simultaneously examining the impact of the older person's and his or her spouse's age and education on the former's marital satisfaction and health status.

The study has the following objectives:

1. Determine the marriage pattern among the Filipino older people and compare it with the marriage pattern of the general population
2. Examine the influence of sex, health indicators, perceived income adequacy and the difference in spousal age and education on the marital satisfaction of older persons in the Philippines

3. Examine the influence of sex, health indicators, perceived income adequacy and the difference in spousal age and education on the health of older persons in the Philippines

Data and Methods

Data for this study are drawn from the 2007 Philippine Longitudinal Study of Aging (PLSOA). The 2007 PLSOA is the first wave of what is envisioned to be a multi-wave panel study on aging in the Philippines, conducted by the University of the Philippines Population Institute and Nihon University Population Research Institute. The study sample is 3,105 household respondents aged 60 years old and older. Analysis is limited to currently married respondents with a total of 1775 cases.

For marital satisfaction, married respondents were asked the question, “How would you rate your relationship with your current spouse?” with very good, good, so-so and not good as the response categories. Because of the very lopsided distribution, the original four response categories were dichotomized into very good or otherwise. On the other hand, health status is measured through the older person’s self-rated health, which was captured by asking the older person to describe his or her state of health. The respondent was presented with six possible responses to this question: ‘very healthy’, ‘healthier than average’, ‘of average health’, ‘somewhat unhealthy’, ‘very unhealthy’ and ‘not sure’. The first two categories were grouped together as ‘healthy’, while those who answered ‘somewhat unhealthy’ and ‘very unhealthy’ were categorised as ‘unhealthy’ and the category ‘of average health’ was retained. Those who answered ‘not sure’ were excluded from the analysis.

The main independent variables in this study are the differences in spousal age and education represented by the following:

- Being in an age-discrepant marriage (*age non-discrepant, age discrepant*)
- Difference in spousal education (*R lower than spouse, same level, spouse higher than R*)

Other independent variables are the following demographic, economic and health indicators:

1. Sex of respondent (*female, male*)
2. Health indicators
 - a. Hearing ability (*with difficulty, without difficulty*)
 - b. Clarity of vision (*cannot see well, can see well*)
 - c. Experience of pain in the last 30 days (*none, mild, moderate to extreme*)
 - d. Difficulty in performing activities of daily living (ADL) (*with difficulty, without difficulty*)
3. Perceived income adequacy (*with difficulty, income enough*)

Bivariate analysis utilized cross-tabulation and chi-square tests to examine the differences in marital satisfaction and self-rated health across demographic, economic and health indicators.

Logistic regression was conducted to assess the influence of the difference in spousal age and education on the respondent's marital satisfaction. On the other hand, since self-rated health is an ordinal variable, ordinal logistic regression was used to evaluate the influence of spousal age and education on the respondent's self-rated health.

Findings

Differences in spousal age and education

Table 1 shows that more male older persons in the Philippines are in age-discrepant marriages compared to their female counterparts. On the other hand, there is no significant difference in spousal education between male and female older persons in the country.

Table 1. Differences in spousal age and education by sex

Differences in spousal age and education	Female	Male	Total
Age discrepant marriage			
Non-discrepant	62.9	50.7	55.9
Discrepant	37.1	49.3	44.1
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Differences in Spousal Education			
R lower than spouse	13.7	13.4	13.5
Same level	73.5	75.2	74.5
Spouse higher than R	12.8	11.4	12.0
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<i>N cases</i>	<i>752</i>	<i>1,009</i>	<i>1,761</i>

Marital satisfaction

The summary of the results of marital satisfaction of older persons in the Philippines across demographic, economic and health indicators is shown in Table 2. More male older persons reported very good married life (48%) compared to females (43%).

Across age of the respondent, more older persons belonging to the 70 years old and older group claimed marital bliss at 51 percent compared to those who are less than 70 years old (43%). The same pattern of marital satisfaction is observed among respondents whose spouse is 70 years old or older compared to those whose spouse is less than 70 years old (56% versus 41%). Significant difference on marital satisfaction is not observed among the older persons when they were group according to the respondent's education or their spouse's education.

When grouped according to health characteristics, more of the older persons who have better health conditions, meaning, those who do not have hearing difficulty, who can see well and had mild experience of pain in the last 30 days prior to the survey are very satisfied with their current marriage. In contrast, more older person who do not have difficulty in performing ADLs are very satisfied with their marriage compared to those who have difficulty (61% versus 46%).

There is no significant difference in marital status among Filipino older persons when grouped according to their perceived income adequacy. Similarly, there is also no significant relationship between marital satisfaction and the difference in spousal age and education.

Table 2. Marital satisfaction across demographic, economic and health indicators

Demographic, Economic and Health Indicators	Marital Satisfaction	
	Very Good	Otherwise
Sex of respondent*		
Female	42.5	57.5
Male	47.7	52.3
Respondent's Age***		
Below 70	43.3	56.7
70 and above	50.9	49.1
Age of spouse***		
Below 70	41.0	59.0
70 and above	56.0	44.0
Respondent's education		
Elem and below	44.1	55.9
High school and above	47.9	52.1
Education of spouse		
Elem and below	44.3	55.7
High school and above	48.1	51.9
Perceived income adequacy***		
With difficulty	43.9	56.1
Income enough	47.3	52.7
Age-discrepant marriage		
Non-discrepant	46.5	53.5
Age Discrepant	43.9	56.1

Table 2. Marital satisfaction across demographic, economic and health indicators
(continued)

Demographic, Economic and Health Indicators	Marital Satisfaction	
	Very Good	Otherwise
Difference in spousal education		
R lower than spouse	43.7	56.3
Same level	46.5	53.5
Spouse higher than R	43.1	56.9
Hearing ability***		
With hearing difficulty	34.7	65.3
Without hearing difficulty	46.8	53.2
Clarity of vision***		
Cannot see well	33.2	66.8
Can see well	48.1	51.9
Experience of pain in the last 30 days***		
None	40.4	59.6
Mild	50.6	49.4
Moderate to Extreme pain	45.2	54.8
Difficulty in performing ADLs***		
Without difficulty	61.1	38.9
With difficulty	46.3	53.7

Self-rated Health

Table 3 shows the self-rated of the older persons in the country across demographic, economic and health characteristics. The respondent's sex and education including the respondent's spouse's education are not associated with their self-rated health. More older persons belonging to the below 70 years old age group claimed they are healthy compared to those who are 70 years old or older (23% versus 20%). Similarly, more older persons whose spouse is below 70 years old rated themselves as healthy (24% versus 18%).

When group according to health characteristics, more of the older persons who do not have hearing difficulty, who can see well and who did not experience pain in the last 30 days prior to the survey reported they are healthy. Comparably, more older person who do not have difficulty in performing ADLs are healthy.

Across perceived income adequacy, more of those who reported that they have enough income (at 25 percent) said they are healthy compared to those who reported financial difficulty (19 percent). There is no significant difference between self-rated health and the difference in spousal age and education.

Table 3. Self-rated health across demographic, economic and health indicators

Demographic, Economic and Health Indicators	Self-rated health		
	Healthy	Average	Unhealthy
Sex of respondent			
Female	19.7	48.9	31.4
Male	23.2	46.4	30.4
Respondent's Age***			
Below 70	23.2	50.7	26.2
70 and above	18.2	39.3	42.5
Age of spouse***			
Below 70	23.7	49.7	26.6
70 and above	17.6	43.0	39.5
Respondent's education			
Elem and below	20.9	46.4	32.6
High school and above	23.2	49.2	27.6
Education of spouse			
Elem and below	22.1	45.9	32.1
High school and above	21.4	50.7	27.9
Perceived income adequacy***			
With difficulty	18.6	44.3	37.0
Income enough	25.4	51.6	23.0
Age-discrepant marriage			
Non-discrepant	22.2	49.1	28.7
Age Discrepant	21.6	46.0	32.4
Difference in spousal education			
R lower than spouse	19.7	46.6	33.6
Same level	21.7	48.7	29.6
Spouse higher than R	25.1	42.2	32.7
Hearing ability***			
With hearing difficulty	10.9	40.1	49.0
Without hearing difficulty	23.1	48.4	28.5
Clarity of vision***			
Cannot see well	9.5	41.0	49.5
Can see well	24.4	49.0	26.6
Experience of pain in the last 30 days***			
None	29.3	50.2	20.6
Mild	23.3	49.4	27.3
Moderate to Extreme pain	10.9	41.9	47.2
Difficulty in performing ADLs***			
Without difficulty	24.1	49.6	26.3
With difficulty	4.2	31.0	64.8

Multivariate analysis

Spousal differences in age and education among older persons in the Philippines did not emerge as significant predictors of marital satisfaction (Table 4). However, other health indicators such as experience of pain and clarity of vision are all significantly associated with marital satisfaction. In particular, those who experienced mild or moderate to severe pain have higher odds of reporting very satisfied marriage than those who did not experience pain in the last 30 days. Having a clearer vision is also associated with higher odds of reporting high marital satisfaction among older persons in the Philippines.

Similarly, spousal differences in age and education did not significantly predict self-rated health among older persons in the Philippines (refer to Table 5). However, other indicators of health such as difficulty in performing activities of daily living, experience of pain and clarity of vision are all significant predictors of self-rated health. Specifically, those who experience moderate to severe pain are more likely to be in poorer health than those who did not experience pain. Similarly, the odds of reporting poor self-rated health is almost four times higher than those who do not have difficulty in ADLs. Finally, those who can see well have lower odds of reporting unhealthy status than those cannot see well.

Results reveal that neither the older person's education nor his or her spouse's education has significant relationship on the former's health status. This finding does not support the growing evidence that have shown education to have beneficial effects on one's or other person's health status. Possible explanations for this lack of relationship will be further explored in this study. Meanwhile, clarity of vision, sleep satisfaction and experience of pain emerged as significant predictors of self-assessed health of married older men and women in the Philippines.

Table 4. Binomial logistic regression predicting marital satisfaction

Independent variables	Marital Satisfaction	
	Odds ratio	P-value
Sex of respondent		
Male	1.24	0.138
Female (reference)	1.00	
Age-discrepant marriage		
Yes	0.94	0.680
No (reference)	1.00	
Differences in spousal education		
R higher education than spouse	0.83	0.345
Same level of education (reference)	1.00	
Spouse higher education than R	0.78	0.295
Perceived income adequacy		
With difficulty	1.24	0.135
Without difficulty (reference)	1.00	
Experience of pain		
No pain (reference)	1.00	
Mild pain***	1.53	0.011
Moderate to severe pain**	1.42	0.050
ADL difficulty		
With difficulty	0.85	0.486
Without difficulty (reference)	1.00	
Hearing ability		
With hearing difficulty	1.48	0.057
Without hearing difficulty (reference)	1.00	
Clarity of vision		
Cannot see well (reference)	1.00	
Can see well***	1.72	0.004

Table 5. Ordinal logistic regression predicting self-rated health

Independent variables	Self-rated health	
	Odds ratio	P-value
Sex of respondent		
Male	0.81	0.127
Female (reference)	1.00	
Age-discrepant marriage		
Yes	1.15	0.296
No (reference)	1.00	
Differences in spousal education		
R higher education than spouse	1.00	0.998
Same level of education (reference)	1.00	
Spouse higher education than R	1.08	0.740
Perceived income adequacy		
With difficulty	0.79	0.074
Without difficulty (reference)	1.00	
Experience of pain		
No pain (reference)	1.00	
Mild pain***	1.27	0.102
Moderate to severe pain**	2.68	0.000
ADL difficulty		
With difficulty	3.67	0.000
Without difficulty (reference)	1.00	
Hearing ability		
With hearing difficulty	0.77	0.239
Without hearing difficulty (reference)	1.00	
Clarity of vision		
Cannot see well (reference)	1.00	
Can see well***	0.5	0.000

Summary

- The prevalence of age- and education-discrepant marriages is relatively higher among older persons than in the general population. This is probably due to the effect of mortality at older ages.
- Spousal differences in age and education are not significant predictors of self-rated health and marital satisfaction among Filipino older persons.
- Other indicators of health, such as experience of pain and clarity of vision are significantly associated with self-rated health and marital satisfaction in the multivariate analyses.

Future directions

- Expand background and context section
- Explore separate male and female regression models
- Develop the discussion and conclusion section

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