Health Lifestyle Changes During Marital Separation

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Introduction & Research Questions

Our social networks, including friends, family members, or work colleagues, influence our behaviors.[1] This is especially the case for health and health-related behaviors, such as the propensity to smoke[2] and the likelihood of becoming obese,[3] which are influenced by network ties. When individuals experience the severance of a close tie – for example, through marital separation – there are direct and indirect consequences for health-related behaviors. The probability of smoking cigarettes and drinking alcohol increases during marital separation,[4] likely due to the stress associated with the end of a marital union.[5] Yet, existing theoretical frameworks about health behaviors indicate that rather than existing alone, these behaviors cluster together based on shared norms and identities to form a health lifestyle.[6] The end of a marriage, the associated stress and life changes, and the identity shifts that occur in the aftermath[7] are likely to influence changes in the health lifestyles of those who separate, although this is a question that research has not yet answered. We seek to better understand how health lifestyles, or clusters of health behaviors, change or continue during marital separation and address two research questions:

(1) What do health lifestyles look like before and after marital separation?
(2) What socioeconomic and demographic characteristics predict health lifestyle membership and the likelihood of changing or remaining stable in that membership throughout marital separation?

This study contributes to health lifestyle and life course theory by examining both stability and change in patterned health practices across the period before and after separation, and by assessing how social and demographic factors shape these trajectories. From a policy perspective, identifying which groups are most likely to experience adverse changes in health lifestyles during separation can inform targeted supports and interventions aimed at mitigating health risks and reducing inequalities during a period of heightened vulnerability.

Background

Health behaviors – including smoking, alcohol drinking, sleep, and exercise – are associated with health and mortality. While behaviors are often studied in isolation, they cluster together based upon identities and norms to form a health lifestyle.[6,8] Health lifestyles have been identified over the life course, including in childhood,[9,10] adolescence,[11] the transition to adulthood,[12,13] and late middle age, with behaviors grouping together in meaningful ways that do not always reflect concordant healthfulness. For example, individuals who have a health lifestyle that is characterized by sports and a healthy diet, but also regularly engage in binge drinking.[14] There is both continuity and change in health lifestyles across life course stages, although research has yet to examine health lifestyle change across specific life course transitions. There is good reason to expect that life course transitions are associated with changes in health lifestyles: Research has shown that life course transitions are catalyst moments for changes in health behaviors. For example, job loss is related to increased alcohol and cigarette consumption.[15,16] Literature on marital dissolution shows a similar pattern: the end of a partnership is related with increased smoking and drinking.[4,17–19] What remains missing is a thorough understanding

of how health lifestyles, as a constellation of health behaviors, remain stable or evolve across marital dissolution.

Beyond changes to health behaviors, marital dissolution is associated with changes to identity and norms. The grief associated with loss – e.g., of a loved one via death or marital separation – can have consequences for one's sense of self as individuals need to adjust to a new identity outside of the relationship.[7,20,21] Marital separation, by itself, is a deviation from normed expectations. It is a deviation from a long-term life trajectory, making it a significant turning point in the life course.[22,23] Then, throughout the separation process, there are other changes to an individual's daily norms via disruptions to aspects of life, such as social networks,[24] finances,[25] and housing.[26] As newly separated people adjust their health behaviors to cope with these stressful changes,[27–29] it is possible that the health lifestyle may also evolve. They may enact agency in response to the transition, in attempt to reconstruct their own life course.[22,23] This agency would likely take the form of changes to health behaviors. For example, individuals may increase drinking either to cope with the stress of separation or as they engage in more social activities in preparation to reenter the dating market. Perhaps individuals change their exercise routine, for the same reasons.

There is likely to be heterogeneity in how individuals adjust their health lifestyle throughout marital dissolution, especially as agency is constrained by existing social circumstances. Those with children in the household are more likely to be constrained in their time and, consequently, may have less time to engage in regular exercise. However, existing work shows that those with children are more likely to increase their alcohol consumption and cigarette smoking during the time of marital dissolution than their childless peers.[4] We also suspect that those who initiated the separation may be ready to reenter the dating market earlier than those who did not initiate,[30] based on their better adjustment after the separation,[31] which may result in different health lifestyles. Those with greater financial and educational resources may also be more well-resourced to change their health lifestyles.

Data & Methods

Dataset and sample: For our analysis, we use longitudinal data from the Household, Income and Labour Dynamics in Australia (HILDA) survey (release 22, years 2001-2022) (Summerfield et al., 2015). The HILDA survey is a large annual panel survey that is largely representative of the Australian population. Since 2001, it has collected annual information from respondents aged 15 years and older in eligible households via face-to-face interviews and self-completed questionnaires. The data are particularly well suited for our purposes as they ask questions about various health behaviors regularly since 2002, in addition to detailed information on family dynamics and other relevant measures.

For the analytical sample, successfully interviewed individuals aged 18 years and older living in private households are selected if they experienced a marital separation and stayed separated from their partner for the remainder of the panel. We focus on separation as the trigger event because it refers to the split of the joint household into two independent households, while divorce refers to the formal ending of a marriage. Note that our sample respondents may proceed to legal divorce in the years after separation. Alternatively, they may also choose to stay separated without formally divorcing, or legal divorce may not have been observed yet within the panel. In total, the final analytical sample comprises 1477 marital separations, with 790 separations observed for female respondents and 687 observed for male respondents.

Measures:
To capture health lifestyles, we use available variables that measure health behaviors: alcohol consumption, cigarette smoking, and physical activity. *Alcohol consumption* is included in two forms: (1) drinking frequency and (2) binge drinking. Drinking frequency is a categorical indicator of how often a respondent drinks [*_LSDRKF*], which we collapse into: never/rarely, infrequently (2-3 times per month or 3-4 days per week), and frequently (5-6 days per week or daily). Binge drinking is a gender-

specific binary indicator of whether the respondent engages in binge drinking when they drink alcohol, defined as five standard drinks or more for women and seven standard drinks or more for men. Two measures of *cigarette smoking* are combined to create a categorical indicator: never/former, infrequent/light, and regular smoking. Physical activity is measured as a categorical indicator of how often a respondent engages in moderate or intensive physical activity for at least 30 minutes [*_LSPACT*], categorized as: never, infrequently (less than once, once, or twice per week), frequently (3-6 times per week), and every day.

Covariates include socioeconomic and demographic characteristics. We consider gender (men vs. women, level of education (year 12 or below, certificate or diploma, bachelor's degree or higher), initiator status (mostly self, mostly partner, joint), children under the age of 18 living in the household (yes vs. no), and employment status.

Methodological Approach:
We use Latent Transition Analysis (LTA) to examine stability and change in health lifestyles before and after marital dissolution. This approach, similar to Latent Class Analysis (LCA), identifies an unobserved nominal variable underlying the associations between multiple indicators. In this case, health lifestyles are the latent measure reflecting the associations between health behaviors. LTA identifies latent statuses at multiple time points (in contrast to LCA, which identifies latent classes at a single time point) and simultaneously estimates transition probabilities between latent statuses across those time points.[32] In this study, we will use LTA to identify health lifestyles before and after marital separation and the transition probabilities between health lifestyles across marital separation.

We select the number of classes based on fit indices (BIC and entropy) and theoretical and substantive interpretability. We test for measurement invariance across gender and will separate analyses for men and women if the results indicate that the health lifestyle configurations differ. We assess the influence of covariates for both latent statuses at Time 1 (before dissolution) and the transition probabilities from Time 1 to Time 2.[32]

Anticipated Findings and Next Steps

While we do not yet have any preliminary findings, we assure the review committee that by the Population Association of America annual meeting in May 2026, we will have a full draft of the manuscript ready. This research team has prior experience analyzing health behaviors during marital dissolution with the HILDA dataset (Tilstra and Kapelle 2025; Kapelle and Tilstra 2025) and are leading experts in health lifestyles theory and analysis (e.g., Mollborn, Lawrence et al. 2021; Lawrence et al. 2017, 2020). These skillsets equip us well to have robust and theoretically informative findings by May 2026.

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