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A Literature Review on the Impact of Marital Status, Employment, and Education on Mortality

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Article Info

Abstract
This literature review examines the influence of marital status, employment, and educational attainment on mortality within a population. Based on a synthesis of empirical studies, the findings demonstrate that each of these socioeconomic factors significantly contributes to variations in mortality risk. Marital status is closely associated with emotional and social support, which can enhance quality of life and reduce the likelihood of death, particularly among the elderly, mothers, and individuals with chronic illnesses. Employment plays a dual role by providing financial resources and access to healthcare while also posing risks when job conditions are unfavorable, especially for working mothers. Educational attainment is identified as the most fundamental determinant, as it influences individual health literacy, behavioral choices, and the ability to access medical services. Higher levels of education correlate with increased life expectancy and improved health outcomes. Furthermore, the interaction between marital status, employment, and education forms a complex structure that shapes individual vulnerability to premature death. The combined effect of these factors suggests that addressing mortality disparities requires an integrated and comprehensive approach. Strategies should focus on expanding educational opportunities, implementing supportive labor policies, and strengthening family and community health systems. By doing so, it is possible to promote health equity and sustainably improve population well-being.

Introduction

Mortality is serves as a key measure that illustrates the overall health condition and well-being of population. A high mortality rate not only reduces population size but also poses broader challenges to national development, including decreased labor productivity and increased healthcare burden [1].

Socioeconomic factors play a significant role in determining the risk of mortality. Three key factors that are frequently discussed in the literature are marital status, employment, and educational attainment. Marital status is closely related to emotional, social, and economic support, all of which contribute to well-being and can lower the risk of disease and death. Individuals who are married tend to have better access to healthcare services and engage in healthier behaviors compared to those who are single, divorced, or widowed [2]. Employment also affects mortality through income, work environment, and access to social protection [3]. However employment under poor or unsupportive conditions, especially among women, can elevate the likelihood of negative health effects, such as complications leading to maternal and infant deaths. Educational attainment is regarded as the most fundamental determinant of health [4] Greater levels of education tend to result in better health knowledge, healthier behaviors, and more active engagement with healthcare services, all of which contribute to longer life expectancy and lower mortality risk. These three factors are not independent but interact in complex ways, influencing and reinforcing each other [5].

Understanding these interconnections is essential for crafting public health initiatives that reduce inequality and improve the general health of the population.

Methods

This study was conducted through the following steps:

1. **Problem Formulation and Determination of Study Focus**
   The research began with the identification of the study topic and formulation of the research questions concerning the influence of marital status, employment, and education on mortality.
2. **Literature Collection**
   Relevant literature was gathered by searching various academic databases such as Google Scholar, PubMed, and ScienceDirect using appropriate keywords. The collected materials include journal articles, research reports, and other academic sources.
3. **Literature Selection**
   The gathered literature was screened based on predetermined inclusion and exclusion criteria, such as publication year, topical relevance, and methodological quality.
4. **Data Analysis and Sinthesys**
   The selected literature was analyzed qualitatively. Key findings related to the impact of marital status, employment, and education on mortality were synthesized to draw comprehensive insights.
5. **Paper**
   The results of the literature review were compiled in a systematic and critical manner, encompassing a discussion of findings, policy implications, and recommendations for future research and interventions.

Results and Discussion

1. Results

This study identifies that marital status, employment, and educational attainment significantly influence mortality in various population groups. The reviewed literature provides empirical evidence from Indonesia and international contexts, demonstrating the relationship between these socioeconomic factors and health outcomes.

Marital Status and Mortality

Marital status affects mortality through access to emotional, social, and financial support. In Indonesia, early marriage increases the risk of maternal and infant mortality.[10] Women who marry before the age of 18 are more likely to experience early pregnancy and childbirth, which is linked to inadequate physical and psychological preparedness.[10]

Table 1: Percentage of Women Aged 20 to 24 by Age at First Pregnancy and Age at First Marriage

Age at first Pregnancy	Age at First Marriage	
	< 18	> 18
Never been pregnancy	6	17,6
< 15 years old	1,8	–
15 − 19 years old	87,8	29,1
20 − 24 years old	4,4	53,3

Source: Putri *et al.* (2022)

This table shows that 87.8 percent of women who married before 18 experienced their first pregnancy between the ages of 15 to 19, compared to only 29.1 percent among those who married as adults. Early pregnancy increases the risk of complications and mortality for both mother and child.

Table 2: Percentage of Women Aged 20 to 24 by Birth Attendant and Age at First Marriage

Birth Attendant	Age at first marriage	
	< 18	> 18
Did not give birth in the past two years	8,1	2,6
Health Personnel	86	70,6
Non-health Personnel	6	3,8

Source:
The data indicate that women who married early are more likely to give birth without the assistance of health personnel. This lack of professional care during delivery heightens the risk of maternal death [10]

Table 3: Percentage of Women Aged 20 to 24 by Birth Weight of Infant and Age at First Marriage

Birth Weight	Age at first marriage	
	< 18	> 18
No Birth in Past Two Years	8,1	25,6
< 2,5 kg	18,4	12,2
≥ 2,5 kg	73,4	59,3

Source: Putri *et al.* (2022)

The table reveals that 18.4 percent of infants born to mothers who married before the age of 18 had low birth weight, compared to 12.2 percent of those born to mothers who married at age 18 or older. Low birth weight is a primary risk factor for neonatal mortality [10].

In the elderly population, marital status influences quality of life, which is strongly associated with survival [2].

Table 4: Relationship Between Marital Status and Quality of Life Among the Elderly

Marital Status	High Quality of Life	Low Quality of Life	Total
Married	12	2	14
	(85.7%)	(14.3%)	
Unmarried	18 (47.4%)	20 (52.6%)	38
Total	30 (57.7%)	22 (42.3%)	52

Source: Astuti (2019)

Among elderly respondents, 85.7 percent of married individuals reported a high quality of life, while only 47.4 percent of unmarried individuals experienced similar conditions [2]. Quality of life is a known predictor of mortality in older age. In addition to influencing maternal and elderly health, marital status also plays a vital role in the health outcomes of individuals with chronic illnesses. Support from a spouse improves adherence to treatment among chronic disease patients, including those with heart failure [1] These factors contribute to reduced risks of hospital readmission and mortality, especially among those who are married [3].

Employment and Mortality

Employment status, particularly among women, is shown to be related to infant mortality. A study by Lengkok *et al.* (2020) based on national demographic survey data found that employed mothers are 1.77 times more likely to experience infant death than non-working mothers [10].

This risk is attributed to several factors including time constraints, physical and mental fatigue, and lack of workplace policies that support maternal and child health. Inadequate access to maternity leave, childcare, and flexible

working arrangements can contribute to poor infant outcomes.

Educational Attainment and Mortality

Education emerges as the most consistent and influential predictor of mortality [8]. Higher education levels are associated with understanding of health information, healthier lifestyles, and increased use of health services.

Table 5: Average Life Expectancy by Educational Level in Central Java and the Special Region of Yogyakarta

Educational Level	Average Life Expectancy (Years)
No Formlal Education	64.5
Elementary School or Equaivalent	66.3
Junior High School or Equivalent	68.7
Senior High School or Equivalent	71.2
Higher Education	73.4

Source: Trisnantoro *et al.* (2019)

The table presents life expectancy differences based on education. Individuals with no formal education had an average life expectancy of 64.5 years, while those with higher education lived up to 73.4 years.[13] This nine-year gap reflects the strong association between education and survival.

Interaction of Socioeconomic Factors

These three factors are interrelated. Education influences employment and marital decisions. Marital status can modify the effects of employment and education by providing or limiting emotional and social support. Employment reflects both the economic realization of education and a determinant of exposure to occupational risks [3]. The combination of low education, insecure work, and weak social support increases the likelihood of premature death.

2. Discussion

The findings from this review confirm that marital status, employment, and education significantly affect mortality risk, and that these factors operate through both independent and interrelated mechanisms.

Marital status provides essential emotional, social, and economic support. In early marriage, particularly among young women, the risks of pregnancy complications and infant mortality are higher. Among the elderly and those with chronic diseases, being married contributes to treatment adherence and psychological resilience, reducing mortality risk.

Employment serves both protective and risk-inducing roles. While employment generates income and provides access to healthcare, it can also be a source of stress and physical exhaustion, especially in the absence of supportive workplace policies. The case of higher infant mortality among working mothers in Indonesia highlights the need for improved labor protection for women.

Education is the most fundamental factor affecting mortality. It enhances knowledge, shapes behavior, and enables access to health services. Furthermore, education influences the quality and type of employment as well as the ability to make informed family decisions. Individuals with low education tend to participate in health-threatening activities, delay seeking treatment, and lack the resources needed to maintain good health [9].

The interaction between these three factors reflects structural inequalities in society [11]. Those who are less educated, employed in informal or hazardous jobs, and lack family support face the greatest health risks. Socioeconomic disparities are compounded by behavioral and environmental risk factors, which together elevate the risk of premature mortality [12] This indicates that reducing mortality requires not only health interventions but also structural changes in education, employment, and family support systems.

To address these issues, policy strategies must be integrated and cross-sectoral. Expanding educational access, ensuring decent and inclusive employment, and strengthening family and community health support are crucial steps toward improving health equity and reducing preventable deaths.

Conclusion

Marital status, employment, and educational attainment significantly influence mortality. Marital status provides emotional and social support that reduces health risks. Employment affects mortality through income and access to care, but can increase risks without adequate protection. Education is the most influential factor, shaping health behaviors, access to services, and life opportunities. Reducing mortality requires integrated efforts to expand education, promote fair employment, and strengthen family support systems.

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