



Tip Sheet

A Win-Win Partnership: Public Health and Healthy Marriage and Relationship Education Skills

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What is the Role of Healthy Marriage and Relationship Education in Public Health?

Healthy marriage and relationship education (HMRE) promotes knowledge, skills, attitudes, and behaviors associated with developing healthy relationships. Research indicates that utilizing principles and skills that lead to healthy couple and marital relationships can decrease the incidence of out-of-wedlock pregnancy, intimate partner violence,¹ and many other negative consequences associated with unhealthy relationships. Multiple studies have also concluded that compared to single individuals and cohabiting couples, married couples on average have a higher level of physical and psychological health as well as a lower mortality rate.^{2,3,4} As such, healthy marriages and relationships have a strong impact on an individual's overall mental and physical health.



Healthy marriage and relationship education can help individuals and couples learn:

- How to effectively listen and communicate.
- Conflict management skills.
- Strategies for managing stress.
- Steps in slowly developing healthy relationships.
- What unhealthy relationships look like.
- Early warning signs of abuse.
- Safe and helpful ways in ending relationships.

Given the benefits of healthy couple relationship skills, and in particular healthy marriages, supplementing existing public health services with marriage and relationship education is another opportunity to improve our society's general health. HMRE benefits socially and economically diverse groups with whom public health professionals provide services, including many underserved, low-income populations, such as refugees, racial/ethnic groups, women, and children.⁵ As well, the services provided within the public health domain are often offered in a multitude of settings (e.g., health screenings, vaccination clinics, Women, Infants and Children (WIC) agencies) that serve as ideal places to share healthy marriage and relationship education information. The teachings of HMRE principals and skills are in line with public health's goal of

using a holistic approach to providing services. For instance, offering marriage and relationship education in this particular context is well aligned with the goals of Healthy People 2020, a 10-year objective by the U.S. Department of Health and Human Services to improve the overall health of all Americans including the psychological, physical, and social aspects of well-being.^{6,7}

Healthy People 2020 Goals and Connection to Healthy Marriage and Relationship Education⁸

Healthy People 2020 aims to:

- Help individuals attain a longer, higher-quality of life free of preventable disease.
- Eliminate health disparities and improve the health of all groups.
- Create social and physical environments that promote overall well-being.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Marriage and relationship education is a preventative tool capable of assisting both youth and adults, across diverse populations, to develop healthy relationships. In turn, these individuals achieve overall wellbeing, reduce the occurrence of negative risk factors that often lead to sexually transmitted infections, and develop safe and healthy home environments.

Family Planning and Healthy Dating Education Throughout the Life-Cycle

The public health field, through efforts of organizations like the Centers for Disease Control and Prevention (CDC), has placed great emphasis on the prevention and wellness approach to addressing sexual health.⁹ This focus aims to decrease the occurrence of risky sexual behaviors associated with sexually transmitted infections (STIs) and unintended pregnancies by promoting age-appropriate and responsible sexual behaviors. Given the role of physical intimacy in marriages and relationships, promoting an understanding of healthy dating and relationship development as well as open communication is crucial when addressing these negative risk factors.

The problematic consequences of risky sexual behaviors may be hampered by initiating and maintaining healthy couple and marital relationships, which are strongly associated with age-appropriate and healthy sexual behaviors. The National Sexuality Education Standards report¹⁰ recommends that sex education begin with children as young as 5-6 years old when attending kindergarten and continue throughout the life-span. As children progress through various developmental stages, the need for sex and healthy relationship education becomes increasingly important. Providing accurate and age-appropriate information educates youth and young adults of the characteristics of unhealthy relationships and increases their potential of making informed choices. Thus, this serves as a preventative measure for the negative consequences individuals may face in unhealthy relationships. Additionally, although sex education programs are offered within the school system, they often fail to acknowledge the important role that romantic relationships play in developing a physically intimate relationship. Given that approximately 83% of teens view their first sexual relationship as

romantic and that engaging in couple relationships is a central part of adolescent development, relationship education can be utilized in this setting as a demonstrative tool highlighting a stronger association between these interrelated topics.^{11,12}

As relationships continue to evolve through the life-span, it is also imperative to provide relationship education to adults. The CDC notes that sex education is beneficial to adults as they engage in relationships, become parents, and progress through adulthood.¹³ As such, integrating relationship education into public

health programs will assist adults to learn and employ the helpful strategies involved in order to obtain and maintain healthier relationships.

Specifically, public health professionals can employ relationship education to address the negative consequences of unhealthy behaviors by teaching effective communication and conflict resolution skills, as well as the characteristics of healthy relationships. Informing individuals and couples of these tools will in turn

increase their potential of engaging in healthier behaviors and making the intentional decision of delaying participation in sexual activities. Thus, ensuring that HMRE and sex education are provided simultaneously throughout the life span will offer a cohesive perspective in attempt to decrease the incidence rates of negative consequences associated with pre-mature engagement in sexual activities.

Family Crisis Management

Unhealthy sexual behaviors often lead to engaging in detrimental relationships that have a negative impact on not only an individual's physical health but also their social and emotional well-being. For instance, unintended pregnancies often increase the amount and intensity of stressors experienced in a relationship. Likely consequences of unplanned pregnancies and other forms of unhealthy relationships can cause financial stressors, inadequate support systems, increased risk for

substance abuse, and emotional instability.¹⁵ These increased stressors not only impact general health but also place individuals at great risk of becoming potential perpetrators or victims of violent crimes.

Furthermore, research indicates that more than 12 million women and men are victims of intimate partner violence each year. Estimates show that nearly 1 in 3 women (35.6%) and 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.¹⁶

In an effort to reduce the prevalence of intimate partner violence, public health professionals are in a position to inform clients of the characteristics associated with healthy (versus unhealthy) relationships and steps to develop safe relationships. Currently, the public health field addresses the goal of decreasing the occurrence of intimate partner violence by informing professionals such as doctors, nurses, and teachers of the warning signs and risk factors associated with this issue. Likewise, victim advocacy and public awareness are also

At-risk sexual behaviors:¹⁴

- **47.4% of U.S. high school students report having had sexual intercourse.**
- **15.3% of U.S. high school students have had sex with four or more people during their life.**
- **Up to 49% of women who are over the age of 18 have unplanned pregnancies.**
- **The majority of new HIV diagnoses occur in African American and Latina women.**
- **Only 1 in 5 adults of the age of 45 engage in sexually responsible behaviors.**

strategies implemented by public health professionals to address this matter. These efforts in combination with the integration of HMRE into public health services can further assist the field to better address the occurrence of intimate partner violence.

Mental illness and substance abuse are also significant public health issues, which strongly impact the development of healthy relationships. Those who have direct and indirect experiences with substance abuse and/or mental illness often face additional stressors, which increase the likelihood of engaging in risky behaviors and unhealthy relationships. In situations where a person is experiencing a high level of interpersonal challenges, it is important to first address the mental health concerns prior to engaging in HMRE. In such circumstances, relationship education is often advantageous to the supporting member of the relationship. These individuals benefit from relationship education by becoming informed of the impact of addictions or mental health disorders on their overall well-being as well as on their relationships. It is also helpful to discuss the role of self-care and appropriate boundaries when caring for a persistently ill partner. Informing them of available community support and resources (e.g. support groups, financial resources/education, churches, treatment providers, counseling) can help them to better manage their stress.

Supplementing Public Health Services with Healthy Marriage and Relationship Education

How does relationship education relate to the concepts of culture and health behavior within public health?

Recent consensus in public health reflects increasing significance of culture as a factor associated with health and health behaviors.¹⁷ Specifically, certain cultures are prone to specific illnesses and hold particular beliefs regarding the development and treatment of

those illnesses.¹⁸ For example, if a client of low economic status is diagnosed with diabetes, negative health behaviors such as unhealthy diet and lack of exercise will not only impact the progression of the disease but also the likelihood of having a successful outcome. Relationship education may be integrated in this context by encouraging the client to include their partner during the treatment process. Given that relationship education strategies have been found to be beneficial to diverse populations,¹⁹ it can also be utilized to assist clients and their

partners to develop advantageous health behaviors. In such a case, medical professionals would be better able to dispel

Examples of integrating marriage and relationship education into existing public health services:

- **Display and provide hand-outs in public health clinics, health departments, and community health fairs or targeted health screening events.**
- **Partner with other safety-net providers to make this information available in various settings.**
- **Integrate the discussion of healthy relationships into existing services; including Lamaze classes, women's clinics, local health departments, and more.**
- **Include information regarding the correlation between healthy relationships and improved outcomes when presenting on health issues in community forums.**

disease related myths and encourage the couple to remain accountable for their respective well-being. This is likely to provide the client with additional support and to increase the chances of a positive outcome.

Integrating marriage and relationship education in primary care and acute care settings

HMRE is relevant in primary care settings as it can be the first point of contact to addressing physical health concerns. Because stress has a negative impact on physical health, sharing literature in waiting rooms that describe ways to manage relationship, parenting, and financial stress can be helpful to individuals being served. It may also be advantageous to invite expert speakers to present special workshops to clients or identify programs to which clients can be referred. Integrating marriage and relationship education in this setting will not only achieve the field's goal of gaining a holistic perspective but will also enable primary care providers to address the potentially significant sources of stress that often precede (as well as follow) physical health concerns. In primary and acute care settings, marriage and relationship education may also be integrated by displaying posters and handouts that emphasize the benefits of a healthy couple relationship in achieving overall well-being. This may also be achieved by training physicians to engage clients in healthy relationship discussions by assessing if and how a client would like to include their partner in addressing their physical health.

Integrating marriage and relationship education in perinatal, well-baby, and pediatric care settings

In addition to the strategies utilized in primary care settings, relationship education is well aligned with perinatal, well-baby, and pediatric-related services. If both members of a couple

are present during the medical assessment of their child, this is an ideal time and place for medical professionals to utilize relationship education strategies to assess for potential risk factors of unhealthy relationships that may negatively impact overall health while also providing information regarding how to obtain and maintain a healthy couple relationship. Pamphlets and other reading materials can be shared with parents that describe the benefits of healthy couple relationships on parenting quality and child health. In addition, practitioners can provide appropriate referrals to community services and resources as needed; discuss the importance of self-care during times of stress; and reinforce the importance of nurturing the couple relationship despite the increased responsibilities and changes in relationship roles that accompany the arrival of a new born or the needs of a young child.



How can marriage and relationship education assist caregivers?

As previously mentioned, when an individual is acutely or chronically ill, a healthy support network plays an integral role in successful recovery. As such, it is important for physicians to consider the role of the client's partner in addressing the physical ailment. In such cases, medical professionals can utilize relationship education tools to educate the supporting partner regarding the illness; how it will impact both individuals, their relationship, and how they can communicate effectively with each

other to promote recovery and future health. Relationship education skills will also assist the supporting partner to practice adequate self-care and to utilize available community resources and support. Integrating marriage and relationship education in public health outreach

Marriage and relationship education can improve the effectiveness of healthcare systems by offering educational tools and strategies that fit well with various service delivery modalities. This may be accomplished by placing literature and materials on healthy marriages and relationships – such as posters, pamphlets, appropriate magazines, books, and games – in professional offices. Additionally, distributing information in multiple settings (e.g., health fairs, car seat checks, free health screening days) may help achieve this goal. Public health professionals can also promote the use of HMRE by conducting workshops and seminars within the community, supplementing existing sex education classes with relationship education discussions, and adapting the available relationship education tools for use with the various populations served.

Conclusion

It should be the goal of all public health professionals to both intervene when an individual's health is at risk and to prevent the initial development of diseases, illnesses, and other health outcomes (e.g., intimate partner violence, out-of-wedlock pregnancy). The public health field strives to provide services from a holistic perspective, and the integration of healthy marriage and relationship education into these services can assist providers to reach this objective. These skills and tools may be integrated in a multitude of public health settings in order to expand and enhance services currently being offered to meet the needs of the populations served. Regardless of the integration strategies utilized, supplementing current public health services with HMRE tools will assist the public health field in reaching its overarching goals.

Suggested Resources

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Violence Prevention: *Intimate Partner Violence*,

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

Centers for Disease Control and Prevention, Public Health Grand Rounds: *Breaking the Silence – Public Health's Role in Intimate Violence Prevention*,

<http://www.cdc.gov/about/grand-rounds/archives/2012/June2012.htm>

Works Consulted

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Notes

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