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The Relationship between Life Expectancy and The Desire to Marry in Patients with Chronic Diseases

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Abstract

Purpose: The present study aims to investigate the relationship between life expectancy and desire to marry in patients with chronic diseases.
Method: This is an applied study and was conducted using a descriptive-correlational method. The statistical population of the present study includes all patients who referred to public and private hospitals in Tehran in 2025. These people are between the ages of 18 and 50 and are able to answer the research questionnaires. The sample size is 384 people and the sampling method is simple random. The research data were collected through the Braaten & Rosén (1998) Attitudes to Marriage Questionnaire and the Schneider Life Expectancy Questionnaire (2002). The interpretation and analysis of the collected data were carried out in the form of analytical statistics and in two forms: descriptive and inferential statistics.
Findings: The results of the study indicate that there is a significant relationship between life expectancy and the desire to marry in patients with chronic diseases. According to the findings, there is a significant relationship between *agency* hope and strategic hope and the desire to marry in these patients.
Conclusion: The findings indicate the effective role of feelings of personal efficacy and planning and problem-solving abilities in increasing positive attitudes and motivation for marriage in this group of patients.

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Introduction

Marriage, as one of the most important social and human institutions, has always played a fundamental role in the mental health, emotional balance, and social development of individuals. In fact, marriage not only means forming an emotional bond between two people, but also provides a suitable platform for satisfying the psychological, social, and spiritual needs of humans (1). In today's society, marriage is considered an effective factor in feeling secure, social support, taking responsibility, and giving meaning to life. However, in recent years, due to cultural, economic, and social changes, the desire to marry has decreased among some social groups (2). Meanwhile, patients may face specific challenges in terms of attitude and desire to marry, because the disease can affect various aspects of an individual's life, including physical, mental, economic health, and social relationships (3).

In the process of adapting to their new living conditions, patients face feelings such as anxiety, hopelessness, and decreased motivation. In such situations, it is very important to identify factors that can play a role in improving psychological adaptation and increasing motivation in life (4). One of the most important psychological factors that has attracted the attention of researchers in recent years is the concept of life expectancy. Life expectancy is one of the main components of mental health and means having

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expectations about the future, believing in the possibility of achieving goals, and feeling meaningful in life (5). From Schneider's perspective, hope is a cognitive-motivational process that consists of two main components: *agency thinking* and strategic thinking. *Agency thinking* is related to the will and motivation of an individual to pursue goals, and strategic thinking refers to the individual's ability to find different ways and paths to achieve goals. In other words, a hopeful individual not only wants to achieve the goal, but also knows effective ways to achieve it (6). The interaction of these two components enables the individual to continue to strive even in difficult life situations and maintain a sense of control and personal efficacy (7). Among patients, hope for life as a psychological force can play an important role in maintaining morale and improving quality of life.

Patients may feel hopeless and aimless due to physical limitations and psychological pressures, but the presence of hope can help them have a more positive outlook on life and the future. Hopeful individuals are usually more adaptable to illness, have a more positive attitude toward treatment, and consider their personal goals, such as starting a family and getting married, to be achievable (8). Conversely, decreased hope leads to reduced social activities, feelings of isolation, and diminished desire for close relationships. The desire to marry is also a psychological and social construct that refers to the degree of positive attitude and inclination of individuals towards forming a life together. This desire is influenced by various factors, including economic and cultural conditions, family experiences, personal beliefs, and physical and mental health (9). For patients, the desire to marry may be influenced by their attitude toward the disease, self-confidence, sense of efficacy, and outlook on the future. When a person feels capable of coping with challenges and can build a desirable future for themselves, they develop a more positive attitude toward marriage.

When a person is hopeful and believes that they can overcome obstacles and create a desirable future, they are likely to see marriage as part of a path to growth and fulfillment. But when hope diminishes, marriage may be viewed as a source of worry or additional burden. Therefore, it is very important to investigate the relationship between life expectancy and desire to marry among patients. Accordingly, the present study aims to investigate the relationship between life expectancy and desire to marry among patients.

In their research, Abuei et al. (2024) investigated the prediction of the level of willingness to marry based on the quality of life and family functioning in single girls. The findings of the present study showed that there is a positive and significant relationship between the predictor variables (family functioning dimensions and quality of life dimensions) and the desire to marry. In the family functioning variable, the subscales of communication, emotional companionship, emotional integration, and overall family functioning had a significant positive correlation at a significance level of 0.01 and the subscale of roles had a significant positive correlation at a significance level of 0.05 with the desire to marry. Among the other subscales of the research predictor variable, namely quality of life, two subscales of environmental quality of life and psychological quality of life had a significant positive correlation with the desire to marry at a significant level of $P<0.01$. Since quality of life and family functioning have a significant relationship with the desire to marry, an intervention program to improve family functioning and quality of life in unmarried girls can be used to encourage and promote their marriage (10).

Raagh (2020) has presented a study titled "Identifying the relationship between marital stability and sense of commitment in marriage and life expectancy (Case study: young couples in Tehran)." The results showed that there is a positive and significant relationship between marital stability, a sense of commitment in marriage, and life expectancy. There is also a positive and significant relationship between a sense of commitment in marriage and life expectancy (11).

Balter et al. (2023) presented a study titled "The Effect of Marital Status on Life Expectancy: Is Cohabitation as Protective as Marriage?" This paper highlights the importance of distinguishing between types of singles, and in particular whether they are cohabiting or not, when predicting life expectancy. Using unique and detailed longitudinal registry data to track marital status across a person's lifetime, they found that all types of singles consistently benefit from living with a spouse, whether after divorce, widowhood, or never marrying.

This finding holds for both men and women. For certain types of cohabiting singles, they reject significant differences in life expectancy compared with married individuals. Finally, they use a case study to show that, like married individuals, all types of cohabiting singles also act as informal caregivers and have the potential to limit the level of long-term care costs at the end of life (12).

Compton & Pollak (2021) state in a study titled "Life Expectancy of Older Couples and Surviving Spouses" that individual life expectancy provides information for people making retirement decisions and for policymakers. For couples, similar measures are the expected years for both spouses to survive (joint life expectancy) and the expected years for the surviving spouse to become a widow or widower (survivor life expectancy). Using individual life expectancy to

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calculate summary measures for couples is intuitively appealing, but it yields misleading results, overestimating joint life expectancy and dramatically underestimating survivor life expectancy. This means that standard "individual life cycle models" for couples are misleading, and "couple life cycle models" must be significantly more sophisticated. Using the CDC life tables for 2010, they create measures of joint and survivor life expectancy for randomly formed couples. The couples they form are defined by age, race/ethnicity, and education. Because of selective marriages, inequalities in individual life expectancy translate into inequalities in joint life expectancy and survivor life expectancy. They also calculate life expectancy measures for randomly formed couples for the years 1930 to 2010. Trends over time show how the relative rates of decline in male and female mortality affect life expectancy and survivors. Because our measures of married life expectancy are based on random couples, they do not account for the effects of differences in the spouses' premarital characteristics (apart from sex, age, race and ethnicity, and in some cases, education) or correlations in the spouses' experiences or behaviors during marriage. However, they provide measures that have been sorely lacking in the public discourse (13).

Method

This research is based on a descriptive, analytical, cross-sectional research design with an emphasis on correlation and, based on its purpose, is of an applied type. The statistical population of the present study includes all patients who have referred to public and private hospitals in Tehran in 2025. These people are between the ages of 18 and 50 and are capable of answering the research questionnaires. Considering the unlimited population, the sample size was 384 people and the sampling method was simple random. The data collection tool for this study is as follows:

- Attitudes towards marriage questionnaire: This questionnaire was designed and developed by Braaten & Rosén (1998) to measure attitudes towards marriage. This scale has 23 questions and four components: pessimistic attitude towards marriage, optimistic attitude towards marriage, realistic attitude towards marriage, and idealistic attitude towards marriage. Scoring is from completely disagree = 1 to completely agree = 4. The range of scores for this questionnaire is between 23 and 92. Higher scores indicate more positive attitudes toward marriage. According to Brighton and Rosen (1998), this questionnaire has high reliability. In Iran, this questionnaire was also validated by Nilfroushan et al. (2013), and the Cronbach's alpha coefficient of this scale was reported to be 0.77 (14). In the present study, the total Cronbach's alpha coefficient was 0.74.

- Life Expectancy Questionnaire: This questionnaire was developed by Schneider (2002) to measure hope. It has 12 questions and is administered as a self-assessment. Four questions measure agentic thinking, four questions measure strategic thinking, and four questions are deviant. Therefore, the questionnaire includes two scales: *agency* and strategic. Many studies indicate the desirable reliability and validity of this tool. The internal consistency of the entire test is 0.74 to 0.84, and the test-retest reliability is 0.80, and it is higher in periods of more than 8 to 10 weeks. The internal consistency of the factorial subscale is 0.71 to 0.76 and the strategic subscale is 0.63 to 0.80. In the scoring of the test, there are 4 additional questions. The 4 questions for agency hope and the 4 questions for strategic hope are added together algebraically, and the sum of these two subscales represents the overall hope score (15). In this study, the reliability of the components of the life expectancy questionnaire was calculated using Cronbach's alpha method as 0.77.

Descriptive and inferential statistics were used to analyze the data.

Findings

In order to examine the relationships between each of the variables, the correlation coefficient test is used. In this section, the research hypotheses are analyzed and examined.

Hypothesis 1: There is a significant relationship between agency hope and the desire to marry in patients with chronic diseases.

Table 1: Spearman correlation coefficient of the relationship between agency hope and the desire to marry.

		Agency hope
Desire to marry in patients with chronic diseases	Spearman's correlation coefficient	0687
	Significance level	0.000
	Number	55

Considering the significance level given in the table above, which is equal to 0.000, and comparing it with the permissible error rate of 0.05 ($p < 0.05$), with 95% confidence, the statistical hypothesis H0 indicating the absence of a relationship between agency hope and the desire to marry in patients with chronic diseases is rejected; Therefore, according to the value and sign of the Spearman correlation coefficient given in the table above, which is equal to 0.687, this relationship is direct and positive, so the above research hypothesis is confirmed.

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Hypothesis 2: There is a significant relationship between strategic hope and the desire to marry in patients with chronic diseases.

Table 2. Spearman correlation coefficient of the relationship between strategic hope and the desire to marry

		Strategic Hope
Desire to marry in patients with chronic diseases	Spearman's correlation coefficient	0.692
	Significance level	0.000
	Number	55

Considering the significance level given in the table above, which is equal to 0.000, and comparing it with the permissible error rate of 0.05 ($p < 0.05$), with 95% confidence, the statistical hypothesis H0 indicating the absence of a relationship between strategic hope and the desire to marry in patients with chronic diseases is rejected; Therefore, according to the value and sign of the Spearman correlation coefficient given in the table above, which is equal to 0.692, this relationship is direct and positive, so the above research hypothesis is confirmed.

Discussion

The present study aimed to investigate the relationship between life expectancy and the desire to marry in patients with chronic diseases. The findings of the study are presented as follows:

- Hypothesis 1: There is a significant relationship between agency hope and the desire to marry in patients with chronic diseases. Given the value and sign of the Spearman correlation coefficient given, the statistical hypothesis H0 indicating the absence of a relationship between agency hope and the desire to marry in patients with chronic diseases is rejected with 95% confidence; Therefore, according to the value and sign of the correlation coefficient, this relationship is direct and positive, so the above research hypothesis is confirmed. This finding shows that as the level of agency hope increases in patients, their tendency and attitude towards marriage also increases. In other words, agency hope can be considered as an effective predictor variable in explaining the desire to marry in this group of patients. The results obtained indicate the importance of strengthening positive psychological components in promoting attitudes towards marriage among patients with chronic diseases (16,17).

- Hypothesis 2: There is a significant relationship between strategic hope and the desire to marry in patients with chronic diseases.

Given the value and sign of the Spearman correlation coefficient, the statistical hypothesis H0 indicating the absence of a relationship between strategic hope and the desire to marry in patients with chronic diseases is rejected with 95% confidence. Therefore, according to the value and sign of the correlation coefficient, this relationship is direct and positive, so the above research hypothesis is confirmed.

Conclusion

The research findings showed that there is a positive and significant relationship between the agency hope component and the desire to marry in patients with chronic diseases. This result indicates that the higher the level of functional hope patients have, that is, the stronger their belief in their ability to achieve goals and overcome problems, the greater their tendency to marry. Chronic patients usually face physical, psychological, and social limitations in the process of adapting to the disease; therefore, having a sense of control over the future and a strong motivation to continue on with life can make them more optimistic about forming an emotional relationship and marriage (18). Agency hope as an internal driving force that drives the individual towards the goal and causes marriage to be viewed not as a source of anxiety or dependence, but as part of realizing personal goals and improving the quality of life (12). As a result, the existence of this positive relationship indicates that intrinsic motivation and a sense of personal efficacy in patients can play an effective role in forming a positive attitude towards marriage.

The results of the second hypothesis also showed that there is a positive and significant relationship between the strategic hope component and the desire to marry. Strategic hope means the ability of an individual to find different paths and solutions to achieve goals and plays an important role in the feeling of adaptability and resilience. Chronic patients who have a high level of strategic hope usually do not feel deadlocked when faced with limitations caused by their illness and are able to design alternative paths to continue living and achieving their social goals, including marriage. This way of thinking makes marriage seem more attainable and plannable for them (19, 20). Therefore, the positive relationship between strategic hope and desire to marry can be considered a reflection of patients' cognitive skills in problem solving, planning for the future, and a flexible outlook on life. Skills that ultimately lead to an increased willingness to participate in social relationships and the formation of lasting emotional bonds.

The findings indicate the effective role of a sense of personal efficacy and planning and problem-solving abilities in increasing positive attitudes and motivation for marriage in this group of patients. Among the limitations of the study, we can mention the lack of

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appropriate cooperation of some individuals. Also, the sample size of the research was limited to Tehran, and for future research, it is suggested that a similar study be conducted in other cities.

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The author contributed to the data analysis. Drafting, revising and approving the article, responsible for all aspects of this work.

Ethical Consideration:

The research data and literature have not been copied from any worksauthor upon reasonable request.

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