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Healthy behavior trajectories between adolescence and young adulthood

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ABSTRACT

Healthy behaviors including adequate exercise and sleep, eating breakfast, maintaining a healthy weight, and not smoking or binge drinking inhibit chronic disease. However, little is known about how these behaviors change across life course stages, or the social factors that shape healthy behaviors over time. I use multilevel growth models and waves I–III of the National Longitudinal Study of Adolescent Health ($n = 10{,}775$) to evaluate relationships between adolescents' psychosocial resources, social support, and family of origin characteristics during adolescence and healthy behavior trajectories through young adulthood (ages 13–24). I find that healthy behaviors decline dramatically during the transition to young adulthood. Social support resources, such as school connectedness and support from parents, as well as living with non-smoking parents, are associated with higher levels of healthy behaviors across adolescence and adulthood. Social support from friends is associated with lower engagement in these behaviors, as is living in a single parent family or with a smoking parent during adolescence. Findings indicate that psychosocial, social support, and family of origin resources during adolescence exert a persistent, though generally not cumulative, influence on healthy behavior trajectories through young adulthood.

1. Introduction

Health-promoting behaviors such as adequate exercise and sleep, eating breakfast, maintaining a healthy weight, and refraining from smoking and binge drinking promote health and well-being during adolescence and are associated with higher levels of healthy behaviors during adulthood (e.g. Lau, Quadrel, & Hartman 1990). These behaviors prevent or delay the onset of many life-threatening illnesses and chronic conditions during middle age, including cardiovascular disease, onset of disability, Type-II diabetes, and obesity (DHHS, 2000). Although researchers know a great deal about psychosocial, social support, and family-related factors associated with high engagement in healthy behaviors early in the life course, during adolescence (e.g. Resnick et al., 1997), far less is known about how and why healthy behaviors change across life course stages, or whether these early resources exert a long-term impact on healthy behaviors. I advance this line of research in two ways. First, I use a nationally representative, three-wave panel study of US adolescents to examine within-individual trajectories of change in an index of six healthy behaviors between adolescence and young adulthood. Second, I draw from a life course perspective to argue that psychosocial resources, social support, and family of origin characteristics during adolescence structure healthy behavior trajectories across these life course stages, creating both initial (during adolescence) and widening (measured over time) inequalities in healthy behavior trajectories. Multilevel growth models, which distinguish between initial (intercept-related) and cumulative (slope-related) differences over time are used to compare the relative contributions of social environmental variables to "cumulating advantages and disadvantages" in healthy behavior engagement across life course stages (Elder, Johnson, & Crosnoe, 2003, p. 12).

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1.1. The importance of a longitudinal study of healthy behaviors

Although previous research makes clear the benefits of long-term, high levels of engagement in health-promoting behaviors (e.g. Mokdad, Marks, Stroup, & Gerberding, 2004), existing research on predictors of these behaviors generally focuses on individuals' incentives to adopt positive health practices at a single point in time. The Health Belief Model (Becker, 1974), for example, posits that healthy behaviors are a product of individuals' health knowledge, the perceived benefits of healthy behavior adoption, and the perceived risks of not taking action. Although this approach is successful in predicting behaviors such as exercise and diet in relatively homogenous samples (see Campbell, Khan, Cone, & Raisch, 2011), it falls short in that it does not provide a framework for how healthy behaviors may change over time.

There are several reasons to investigate how and why healthy behavior engagement changes across pivotal life course stages. First, because healthy behaviors learned early in life are more likely to be maintained during adulthood (Lau et al., 1990; Telama, Yang, Laakso, & Viikari, 1997), and because health-promoting behaviors aid in preventing or delaying chronic or life-threatening disease, understanding the ways that healthy behaviors learned early in life are maintained or lost over time may aid researchers in understanding the life course progression of chronic disease onset. Second, such a study is able to evaluate whether personal and social resources at one life course stage – here, during adolescence – exert an enduring or cumulative impact on healthy behaviors at later life course stages. In this study, I examine the whether adolescents' psychosocial resources, social support, and family of origin characteristics exert an enduring or cumulative influence on healthy behavior trajectories through young adulthood.

I draw from a life course perspective to argue that the transition from adolescence to young adulthood is associated with a decline in healthy behaviors, and that adolescents' psychosocial, social support, and family of origin resources continue to influence healthy behaviors as adolescents progress into adulthood. Although infrequently applied to the study of healthy behaviors, the life course perspective moves beyond existing theories of healthy behavior engagement by contending that proximate predictors of healthy behavior adoption, such as health-related knowledge, psychological well-being, and self-efficacy, are embedded in a broader social environment, which constrains individuals' choices through socioeconomic resources, social networks, and unique social environments associated with each life course stage (Crosnoe, 2004; Elder et al., 2003). Thus, understanding individuals' engagement in healthy behaviors requires an understanding of the broader social environment in which an individual is embedded and the ways that social environments change over time.

The life course perspective is a critical component for a longitudinal study of healthy behaviors because it orients a researcher to not only examine cross-sectional differences between individuals at a single point in time – for example, those that exist as individuals enter adolescence, at age thirteen – but also differences that emerge over time and across life course stages, during the transition from adolescence into young adulthood. For example, socioeconomic resources or relationships with parents may be associated with baseline differences in healthy behaviors during adolescence, but how do these resources shape healthy behavior trajectories across life course stages, particularly life course stages associated with a great deal of social and environmental change? Through a longitudinal, life-course approach, I am able to evaluate whether social support, psychosocial, and family of origin resources create both initial and widening or narrowing gaps across groups in healthy behaviors. Because individuals draw from resources in earlier life course stages to navigate changing social environments as they age (Crosnoe & Elder, 2002), psychosocial, social support, and family of origin resources during adolescence likely continue to influence healthy behavior trajectories long after individuals have moved away from home and completed schooling. However, the degree to which these factors influence long-term trajectories of healthy behaviors is unclear.

2. Background

2.1. The significance of adolescence and young adulthood

Adolescents (ages 13–17) experience a great deal of change in their social environment and social roles during the transition to adulthood, and these changes are likely to negatively influence healthy behavior trajectories. While living with parents, adolescents face relatively few threats to healthy behaviors: typically, adolescents living with a parent or guardian are subject to school and home sanctions if they smoke or binge drink (Johnston, O'Malley, Bachman, & Schulenberg, 2008a), are monitored by parents to eat healthfully and sleep adequately (Beasley, Hackett, & Maxwell, 2004; White et al., 2006), and live in an environment where norms among peers and parents support avoidance of drinking and smoking (Johnston et al., 2008a).

During the transition to adulthood, which occurs between ages 18 and 25, studies of individual healthy behaviors indicate an overall decline from levels during adolescence (Harris, Gordon-Larsen, Chantala, & Udry, 2006; Park, Jane, Brindis, Chang, & Irwin, 2008). These declines are thought to be associated with young adults' increased independence and decreased monitoring by parents. Although increasing independence leads young adults to report that they accept responsibility for their actions (Arnett, 2000), young adults remain far more willing to engage in risky behaviors than adolescents, and often struggle to establish consistent eating and sleeping patterns, resulting in lower levels of exercise, weight gain, irregular eating schedules, and inadequate sleep (Hicks, Fernandez, & Pellegrini, 2001; Johnston, O'Malley, Bachman, & Schulenberg, 2008b; Nelson & Barry, 2005). In addition, some young adults tend not to identify as adults (Arnett, 2000; Nelson & Barry, 2005), and peers rather than parents act as primary socializing agents (McDermott, Dobson, & Owen, 2006). In this setting, engagement in