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Pathways to adulthood and changes in health-promoting behaviors

Adrianne Frech *

The University of Akron, United States

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ABSTRACT

The transition to adulthood in the US has become increasingly diverse over the last fifty years, leaving young adults without a normative pathway to adulthood. Using Waves I and III of the National Longitudinal Study of Adolescent Health ($N = 7803$), I draw from a cumulative advantages/disadvantages (CAD) perspective to examine the relationships between union formation, parenthood, college attendance, full-time employment, home-leaving, and changes in health-promoting behaviors between adolescence and young adulthood. I find that men and women who marry, cohabit, or attend college during the transition from adolescence to young adulthood report fewer losses in healthy behaviors over time. When the sample is divided into mutually exclusive "pathways to adulthood", two higher-risk groups emerge for both men and women: single parents and those transitioning into fulltime work without attending college or forming families. These groups experience greater losses in healthy behaviors over time even after adjusting for family of origin characteristics and may be at long-term risk for persistently low engagement in health-promoting behaviors.

1. Introduction

The life course events that young adults experience have become more diverse over the last fifty years, leaving adolescents without a dominant pathway to adulthood (Amato & Kane, 2011; Oesterle, Hawkins, Hill, & Bailey, 2010). As recently as the 1970s, the transition to adulthood was quite uniform and included the completion of education, followed by marriage, parenthood, and fulltime work or caregiving (Furstenberg, 2010). Yet recent research identifies a great deal of diversity in contemporary pathways to adulthood among US young adults, driven largely by delayed home-leaving and transitions into unions and fulltime work, as well as increases in college attendance, cohabitation, and single parenthood (Amato & Kane, 2011; Furstenberg, Rumbaut, & Settersten, 2005, chap. 1; Oesterle et al., 2010). However, few studies examine the implications of these diverse pathways to adulthood for young adults' well-being (for a notable exception see Amato & Kane, 2011).

This gap in existing research is significant because previous studies have associated many of the life course events that young adults now experience with changes in health-promoting and risky behaviors, including exercise and sleep habits, binge drinking, smoking, and drug use (Harris, Lee, & DeLeone, 2010; Umberson, Crosnoe, & Reczek, 2010). Because of this, young adults on different pathways to adulthood are likely to have varying levels of engagement in these behaviors, potentially leading to later-life stratification in the chronic conditions resulting from engagement in poor health behaviors. Yet not all young adults are equally likely to experience life course events that are health-promoting: early advantages and disadvantages associated with socioeconomic standing

* Correspondence to: Department of Sociology, 247 Olin Hall, The University of Akron, Akron, OH 44325-1905, United States.
Tel.: +1 614 397 2204.
E-mail address: afrech@uakron.edu

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and family of origin resources place more advantaged adolescents on pathways associated with health-promoting transitions, such as marriage or college completion. This means that early life course transitions may reflect and reinforce socioeconomic and health inequalities across the life course, contributing to the cumulative advantages and disadvantages that young adults face.

This study advances previous research by drawing from the life course concept of cumulative advantages/disadvantages (see Dannefer, 2003; O'Rand, 2006) to examine the relationships between family of origin resources in adolescence, life course events during the transition to adulthood, and changes in healthy behaviors between adolescence and young adulthood. This study extends recent scholarship identifying distinct contemporary pathways to adulthood among US young adults by examining the implications of these pathways for health-promoting behaviors that delay or prevent chronic disease. In doing this, this study investigates whether the transition from adolescence to young adulthood acts as a point of divergence in healthy behavior engagement, with young adults who were more advantaged as adolescents experiencing early life course events that further promote the maintaining of good health behaviors (such as marriage and college completion). At the same time, it investigates whether the least advantaged adolescents experience life course events during the transition to young adulthood that further challenge their ability to maintain good health practices as they age (such as remaining idle following high school completion or becoming a single parent). Moreover, because a gendered life course perspective aims to reveal men's and women's different experiences as they transition from adolescence to adulthood (see Moen, 2001), and because men and women experience very different pathways to adulthood (see for example Amato & Kane, 2011; Oesterle et al., 2010), this study also tests whether the relationships between health-promoting behaviors and life course events vary according to gender.

The present study evaluates three research questions. First, what are the relationships between young adult life course events and changes in health-promoting behaviors between adolescence and young adulthood among US young adults? Second, do these relationships persist net of family-of-origin characteristics that both influence healthy behaviors and select young people into pathways to adulthood? Third, do these relationships vary according to gender?

2. Background

2.1. The changing transition to adulthood

For young adults in the United States, the transition to adulthood is a critical turning point in the life course. Between the ages of 18 and 24, young adults may move away from home, form and dissolve romantic unions, become parents, begin working fulltime, attend college, or establish financial independence (Furstenberg, 2010). In the United States, contemporary pathways to adulthood differ significantly from previous cohorts of US young adults. In the US and as of 2010, age at first marriage increased to 26 for women and 27.7 for men (up from 23 for men and 20 for women in 1970), age at first birth increased from 20 in 1970 to 25 in 2010, and age of leaving home to live independently increased from 18 to 20 to the mid-20s as paths of home-leaving diversified (Furstenberg et al., 2005, chap. 1; US Census, 2011). In addition, recent cohorts of young adults have experienced increases in non-marital births (40% in 2010 compared to 10% in 1970), college enrollment (up from 25.7% of 18–24 year olds in 1970 to 38.8% in 2007), and full-time employment among women (from 43% in 1970 to 59% in 2010) (Martin, Hamilton, Ventura, Osterman, & Mathews, 2012; Snyder, Dillow, & Hoffman, 2009, chap. 3; Terry-Humen, Manlove, & Moore, 2001; U.S. Bureau of Labor Statistics, 2011).

These demographic shifts have opened up a period of uncertainty among US young adults by delaying and diversifying pathways from adolescence into adulthood. Contemporary trends in pathways to adulthood contribute not only to a delay in the adoption of traditional adult roles, but also to a delay in self-identification as an adult among many 18–29 year olds, which may explain why young adults are much more likely to engage in risky behaviors than both their older and younger peers (Arnett, 2000; Harris, Gordon-Larsen, Chantala, & Udry, 2006; Nelson & Barry, 2005). Yet these diverse transitions may signal stratification in young adult health if they exacerbate initial social inequalities related to socioeconomic standing and the ability to maintain good health across life course stages. Increased diversity in young adult roles can contribute to a widening in income and health inequalities over time, as young adults from more advantaged families are more likely to benefit from increases in college enrollment, delayed first marriage, and dual-income households (Furstenberg, 2010; Settersten & Ray, 2010). Advantaged young adults are more likely to achieve higher educational attainment and high-status jobs, marry educationally homogamous spouses, and or report a first birth within marriage (Schwartz & Mare, 2005; Sweeney, 2002; Upchurch, Lillard, & Panis, 2002; White & Rogers, 2004). These same transitions may result in large disparities in healthy behaviors during early adulthood and in chronic illness later in life as income and wealth disparities widen, but the degree of change in these outcomes and the long-term effects of these transitions on overall health and well-being have not been examined. For these reasons, I argue that understanding cumulative advantages and disadvantages during the transition to adulthood in the US informs researchers' understanding of how healthy behaviors are maintained or lost over time, with strong implications for later-life trajectories in chronic disease and disability.

2.2. Healthy behaviors as an indicator of young adult well-being

Healthy behaviors such as adequate sleep and exercise, maintaining a healthy diet and weight, and avoidance of smoking and binge drinking reduce the risk of developing chronic conditions and disability later in life (Berkman, Breslow, & Wingard, 1983; Lloyd-Jones et al., 2010).