



Parental and adolescent health behaviors and pathways to adulthood



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ABSTRACT

This paper examines associations among parental and adolescent health behaviors and pathways to adulthood. Using data from the National Longitudinal Study of Adolescent to Adult Health, we identify a set of latent classes describing pathways into adulthood and examine health-related predictors of these pathways. The identified pathways are consistent with prior research using other sources of data. Results also show that both adolescent and parental health behaviors differentiate pathways. Parental and adolescent smoking are associated with lowered probability of the *higher education* pathway and higher likelihood of the *work* and the *work & family* pathways (entry into the workforce soon after high school completion). Adolescent drinking is positively associated with the *work* pathway and the *higher education* pathway, but decreases the likelihood of the *work & family* pathway. Neither parental nor adolescent obesity are associated with any of the pathways to adulthood. When combined, parental/adolescent smoking and adolescent drinking are associated with displacement from the basic institutions of school, work, and family.

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A growing body of research reveals intragenerational health selection in which health during childhood affects socioeconomic achievements later in life (Case et al., 2005; Jackson, 2009; Palloni, 2006). For example, diverse indicators of poor health in childhood are negatively associated with educational attainment (Eide and Showalter, 2011) and occupational standing and wealth (Palloni et al., 2009), with diminished income likely persisting into mid-adulthood (Haas et al., 2011). Later experiences in adolescence—including obesity, migraine headaches, poor mental health, and drinking—also predict educational attainment (Balsa et al., 2011; Crosnoe, 2007; Currie et al., 2010; McLeod and Fettes, 2007; Rees and Sabia, 2011).

The present paper broadens this body of research and suggests new avenues for inquiry in two respects. First, research tends to emphasize singular aspects of socioeconomic attainment and rarely characterizes the sequence of successive roles and the multifaceted pathways to adulthood that include—in addition to educational attainment and paid work—family

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formation. As Macmillan and Copher (2005) note, although technically challenging to study, pathways richly describe movement into adulthood because they depict the timing of entry into each role (i.e., trajectories) and configurations of these trajectories (i.e., pathways) in a unified manner. Such an approach allows for the study of an often-stated but rarely-studied dictum: the significance of any particular role (e.g., student, paid worker) depends on other role involvements and their timing (e.g., early versus late parenthood) (Marini, 1985, 1987; Marini et al., 1989; Miech et al., 2015; Moen, 2003; Mouw, 2005). The preponderance of extant evidence focuses on youth health behaviors and their implications for educational attainment and income. Less is known about adolescent health behaviors and family formation, or about how health behaviors may influence combinations of marriage and parenthood with student and worker roles.

Second, the paper proposes and tests a model of inter- and intragenerational health selection according to which health behaviors of parents and adolescents shape the multidimensional pathways that people follow into adulthood. Previous research shows that adults whose parents reported poor physical health during adolescence are significantly less likely to attain a college degree (Boardman et al., 2012) but this work did not specifically evaluate behavioral pathways through which this association may have operated. The present paper joins findings from life course sociology and behavioral medicine to articulate hypotheses about parental health behaviors and their implications for pathways to adulthood.

To be sure, numerous studies have examined parental and adolescent health precursors to specific aspects of pathways to adulthood (particularly education; e.g., Case et al., 2005; Jackson, 2009). In addition, some studies have examined the effects of adolescent health behaviors on pathways to adulthood (particularly substance use; e.g., Oesterle et al., 2011). But none of this work has simultaneously considered parental and adolescent health behaviors, modeled pathways with current latent class modeling techniques, or drawn on nationally representative data. This study adds to this existing research using data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) and latent class models to (1) identify and characterize different pathways to adulthood among a nationally representative sample of young adults and (2) examine whether an array of adolescent and parental health behaviors are associated with these pathways.

1. Pathways to adulthood

Life course scholars typically recognize five transition markers that distinguish different pathways to adulthood: completing one's education, obtaining full-time employment, setting up an independent household, getting married, and having children (Rindfuss et al., 1987). The different possible combinations and timings of these transitions define different pathways and can have significant long-term social ramifications (Hogan, 1978; Marini et al., 1989). Studies of the transition to adulthood have emphasized a process of deinstitutionalization whereby a small number of culturally normative combinations and timings of transitions have given way to a much more heterogeneous set of transition patterns (Shanahan, 2000). Nonetheless, recent research has identified a relatively parsimonious set of ideal typical pathways in the contemporary United States.

One pathway reflects a delayed transition to adulthood (Amato et al., 2008; Amato and Kane, 2011; Osgood et al., 2005). This pathway comprises young adults who do not seek postsecondary education, may have difficulty establishing themselves in a full-time job with the prospects of a long-term career, may continue to live with their parents, and generally have limited family formation. Other common pathways are distinguished along two axes: the decision or opportunity to pursue higher education and the decision or opportunity to delay family formation (Amato et al., 2008; Amato and Kane, 2011; Oesterle et al., 2010, 2011; Osgood et al., 2005; Sandefur et al., 2005). Using data on 728 respondents from the Seattle Social Development Project, Oesterle et al. (2010), for instance, distinguish pathways involving postsecondary education with limited family formation from pathways involving family formation with limited education beyond a high school degree for both men and women. Similarly, using data from the Michigan Study of Adolescent Transitions for almost 1500 young adults, Osgood et al. (2005) distinguished pathways involving a focus on marriage and family ("fast starters"), pathways focusing on career and postsecondary education ("educated singles"), and pathways combining postsecondary education and family formation ("educated partners"). While this work is critical to life course research on pathways to adulthood, it has largely relied upon relatively small, regionally specific samples. Thus, Goal 1 of our paper is to identify and characterize pathways to adulthood in a nationally representative sample of recent cohorts.

2. Health behaviors and pathways to adulthood

Health behaviors may be associated with pathways to adulthood because they have the potential to durably influence a young person's emotional, cognitive, and social capital. In turn, these sources of capital affect young people's capacities to succeed in the educational, labor, and marriage markets. Indeed, children and adolescents exposed to detrimental parental health behaviors—and especially those who also adopt detrimental health behaviors themselves—may have diminished cognitive, emotional, and social capacities that then constrain opportunities to pursue pathways to adulthood involving higher education and/or family formation.

2.1. Parent health behaviors

Parents influence the pathways to adulthood of their children because they help shape adolescent health behaviors both genetically and via social learning processes. There is abundant evidence that poor parental health behaviors are associated

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