

Family Instability and the Transition to Adulthood

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ABSTRACT

Children's experience of repeated family structure change has a robust association with children's compromised development across the early life course. Implicit in prior research is the expectation that observed disparities in cognition and behavior accumulate through childhood and adolescence to influence the eventual transition to adulthood in ways that perpetuate social inequalities. We test whether that expectation is empirically supported by assessing the long-term association of family structure instability with the timing and sequencing of the transition to adulthood up to age 24 using data from wave IV of the National Longitudinal Study of Adolescent Health. We use longitudinal latent class analysis to identify distinct patterns in the transition to adulthood and to evaluate whether unstable family histories are predictive of membership in classes that indicate off-time or out-of-order transitions. Further, we evaluate the extent to which any observed association can be explained by adolescent academic achievement and risk-taking behavior.

## Family Instability and the Transition to Adulthood

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A growing body of literature has established a robust association between children's experience of repeated family structure change and compromised development across the early life course. Implicit in much of this work is the expectation that observed disparities in cognition and behavior will accumulate through childhood and adolescence to influence the eventual transition to adulthood in ways that perpetuate social inequalities. We propose to test whether that expectation is empirically supported by assessing the long-term association of family structure instability with the timing and sequencing of the transition to adulthood up to age 24 using data from wave IV of the National Longitudinal Study of Adolescent Health (Add Health). Further, we evaluate the extent to which any observed association can be explained by adolescent academic achievement and risk-taking behavior, both of which were associated with family instability in prior research.

### Background

Family structure instability is typically measured as the number of changes in a co-resident parent's union status that a child has experienced. These changes include transitions from being unpartnered to cohabitation or marriage or from cohabitation/marriage to separation, divorce, or widowhood. Prior research on the study population indicates that nearly one-fifth of adolescents had experienced two such transitions, and seven percent had experienced three or more transitions (Cavanagh 2008). Recent research has considered whether distinctive trajectories of instability (i.e., starting from marriage, cohabitation, or single parent status),

transitions from cohabitation to marriage, or entries into and exits from noncoresidential romantic unions differentially affect family functioning and children's development (Bzostek and Beck 2011, Cooper et al. 2009). As the field of family instability research becomes increasingly nuanced, the primary findings remain the same: above and beyond the effects of a given family structure at any point in time, movements between family statuses have independent associations with children's well-being.

The most robust findings regarding the association between family instability and child well-being pertain to indicators of academic achievement and risk-taking behavior. At school entry, the experience of repeated family structure change was associated with children's compromised verbal ability in a sample of children born in U.S. cities (Cooper et al. 2011) and in a nationally-representative sample of British children (Fomby 2010). A similar association between repeated family change and reading and vocabulary skills emerged among older white children in a nationally-representative two-generation study (Fomby and Cherlin 2007). Research based on the Add Health study has shown that in high school, experience with family instability was associated with weaker course-taking trajectories (Cavanagh et al. 2006, Cavanagh and Fomby forthcoming), lower grade point averages, lower college expectations, and more disciplinary actions (Heard 2007).

With regard to behavior, a persistent association between family instability and externalizing behavior has been documented for young children in a variety of samples (Osborne and McLanahan 2007, Fomby and Osborne 2010, Fomby and Cherlin 2007, Cavanagh and Huston 2006). Using longitudinal data from the NICHD Early Child Care Study, Cavanagh and Huston (2008) found that in middle childhood, children who had experienced repeated family structure change exhibited lower prosocial behavior. Looking at adolescents, researchers have

found that adolescents who had experienced repeated family structure change were more likely than children from stable family structures to have engaged in delinquent behavior (Fomby et al. 2010), to have used marijuana in adolescence (Cavanagh 2008), and, among white adolescents, to have engaged in early sexual initiation and early nonmarital childbearing (Fomby et al. 2010, Wu 1996, Wu and Thomson 2001).

The patterns of academic achievement and risk-taking behavior observed in extant literature suggest that adolescents who have experienced repeated family structure change may be less likely than peers from stable family backgrounds to make a normative transition to adulthood. Childhood disparities are known to complicate transitional behavior (Osgood et al. 2005a). Moreover, extensive evidence linking family structure to non-normative transitioning suggests family instability might also be directly consequential (Goldscheider and Goldscheider 1998, Aquilino 1996).

The transition to adulthood is a period of the life course characterized by the density of transitions to new roles and responsibilities that include movement out of school and into marriage, parenting, full-time employment, and independent residence. These events are so meaningful to the life course that deviations from their normative timing and sequential order have profound and usually adverse effects on later life. Off-time or out-of-order transitions such as becoming a parent prior to marriage well-exemplify this position (Furstenberg et al. 1991, Krohn et al. 1997). Orderly and “on-time” transitions, by contrast, are shown to be positively consequential to the life course, encouraging healthy development. Indeed, normative transitions can redirect life trajectories away from otherwise negative attitudes and behaviors including crime (Sampson and Laub 1993). Because the transition to adulthood is an important juncture in

the life course, a history of repeated family structure change may undermine successful transitioning in ways that perpetuate long-term social inequality.

### Data and Methods

We propose to use data from waves I to IV of Add Health to address our research question. When weighted and adjusted, Add Health is a nationally-representative sample of students who were enrolled in 7<sup>th</sup>-12<sup>th</sup> grade during the 1994-95 school year. Approximately 90,000 students completed an in-school survey in 132 schools, and 20,745 students and their parent participated in a follow-up in-home interview. Participants in the in-home interview were re-interviewed the following academic year and again in 2001 and 2008, when they were 24 to 32 years old. The response rate at wave IV was 80.3 percent, and the sample includes 15,701 young adults. We expect to rely on data from waves I to IV only in order to maximize sample size. We will use the restricted-use version of the data available through the Institute of Behavioral Science at the University of Colorado.

Family structure instability in Add Health is measured as the number of changes in parents' union status an adolescent had experienced prior to wave I, when students were 12 to 18 years old. The measure is derived from the current household roster, the responding parent's (usually the mother) self-report of her union history, and the parent's report of union status at the adolescent's birth. Because the instrument asks respondents to report only on their three most recent marriages or cohabiting unions, the measure may be downwardly biased to the extent that higher order unions and non-coresidential unions are excluded. We restrict our analysis to young adults who lived continuously with the reporting parent up to wave I, another potential source of downward bias. This measure of family instability has been used in published research (Fomby et al. 2010) and validated against other measures of family instability derived from the same data

(Cavanagh et al. 2006, Cavanagh and Fomby forthcoming). Family structure transitions cannot be reliably measured beyond wave I. Although adolescents report on change in family structure at wave II, significant reporter effects have been found to bias measures of family structure (Brown and Manning 2009), and the amount of family change observed between waves appears excessively high. Further, sample design restrictions at wave II would significantly reduce the sample size for analysis. Adolescents did not report on parents' further union status changes at waves III or IV.

Four indicators measure the transition to adulthood by wave IV: age at graduation from a four-year college or university, age at first full-time job, age at first union formation (cohabitation or marriage), and age at first childbirth. (Although age at departure from the parental home is widely regarded as the first marker of a normative transition to adulthood, Add Health lacks data on the timing of that transition, so it is excluded from our analysis.) We limit our analysis to consider whether these four events occurred by age 24. At wave IV, Add Health respondents are 24 to 32 years of age. Hence, our age-restricted analysis allows us to include the full sample of respondents. Age 24 has been used elsewhere as a cutpoint for the transition to adulthood to distinguish “fast starters” from young adults who focus on educational attainment over family formation and those who started young families without ever becoming fully immersed in post-secondary education or the labor force (Osgood et al. 2005b).

The inclusion of entry into cohabitation as a marker of the transition to adulthood is novel in this field of research, which has traditionally focused on entry to marriage as the more salient marker of union formation. We include cohabitation as an indicator of the transition to adulthood for two reasons. First, cohabitation is such a frequent event among contemporary young adults that researchers argue it has become an expected and normative occurrence (Smock 2000).

Second, we anticipate that the propensity to cohabit and the timing of cohabitation will be strongly related to an adolescent's history of family instability. To overlook this life stage would potentially ignore significant variation in the transition to adulthood by family structure history.

We use longitudinal latent class growth analysis (LLCA) in M-Plus to identify distinctive trajectories in the timing and sequencing of the events that characterize the transition to adulthood. Broadly speaking, latent class analytic methods are used to classify related observations into subgroups, or classes, based on common patterns in multivariate, categorical data (Clogg 1995). The motivation for using LLCA is based on the expectation that young adults are not drawn from a single population defined by a common growth trajectory during the transition to adulthood. Rather, young adults vary in the timing and ordering of their school completion, labor force entry, and family formation. Prior research has demonstrated that there are multiple pathways in the transition to contemporary adulthood. Our purpose is to identify these pathways in the population that Add Health represents and to establish whether a history of family instability predicts a greater likelihood of following a non-normative pathway, either in terms of the sequencing or the timing of transitions. We then evaluate the extent to which observed associations are explained by academic achievement and risk-taking behavior in adolescence. The choice to use LLCA rather than longitudinal latent growth analysis (LCGA) stems from our decision to treat union formation as a multinomial variable that accounts for both cohabitation and marriage. Among growth curve modeling options, only LLCA permits the inclusion of such nominal (non-dichotomous) variables (Feldman et al. 2009).

### Preliminary results

Our preliminary results are reported in table 1. We consider whether adolescents who have experienced any family structure change are distinct from those who have experienced no

family change on four events in the transition to adulthood. We report the percentage of young adults who have passed through each life stage all by age 24, and among those who have, the average age at which the event occurred. Significant differences between groups are noted in the table.

Overall, divergences in the transition to adulthood are most striking with regard to education, experience of cohabitation, and childbearing. Compared to young adults from stable family structures, young adults who have experienced any family change by wave I of the Add Health study are less likely to have completed a college degree by age 24, are more likely to have cohabited (but equally likely to have married), and are more likely to have experienced a birth. The analysis in table 1 does not account for the order of events, but additional analyses demonstrated that young adults who had experienced family change were also more likely to have experienced a *nonmarital* birth than were young adults from stable backgrounds. This finding speaks to the value of focusing on the sequencing of events as well as their timing in the life course.



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Table 1. Distribution of transition to adulthood events by history of family structure change, National Longitudinal Study of Adolescent Health, waves I and IV (N=10,071)

Frequency of event and average age at event	No family change by wave I	Any family change by wave I	
Completed BA by age 24	30.50%	17.80%	*
Age at completion	22.62	22.64	
Entered full-time labor force by age 24	87.60%	90.00%	*
Age at entry	19.71	19.05	*
Ever cohabited by age 24	50.30%	63%	*
Age at first cohabitation	20.6	20.1	*
Ever married by age 24	33.30%	33.2	
Age at first marriage	21.3	21.3	
Ever had first birth	10.70%	15.90%	*
Age at first birth	22.14	21.94	^

\*p<.05, ^p<.10