

Research Brief

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TRANSITIONING TO ADULTHOOD:

THE ROLE OF SUPPORTIVE
RELATIONSHIPS AND
REGULAR RELIGIOUS
INVOLVEMENT

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OVERVIEW

Prior research has suggested that supportive connections and religious involvement promote positive outcomes in children and adolescents. Little is known, however, about whether these promotive factors exert an influence beyond adolescence into adulthood. The purpose of this study was to assess the long-term implications of supportive relationships and religious involvement, by assessing whether young adults who reported having positive relationships with their parents, teachers, or friends or who reported weekly religious involvement when they were adolescents were more likely to later have lower-risk transitions to adulthood relative to young adults who had not reported these positive social connections as adolescents, even taking socio-demographic background and negative childhood experiences into account. Thirteen years of data from Waves I to IV of the National Longitudinal Study of Adolescent Health (Add Health, N=11,530) were analyzed to predict the likelihood that study participants were positioned to make a healthy transition to adulthood by their mid/late twenties and early thirties.

KEY FINDINGS

- Young adults who, as adolescents, reported a close and caring relationship with at least one parent had a greater likelihood of experiencing minimal problems during their late teens and early twenties.
- Young adults who, as adolescents, reported perceiving that teachers care and/or weekly religious involvement had a greater likelihood of lower-risk transitions into adulthood.
- Young adults who, as adolescents, reported that their friends cared about them “very much” were more likely to have a higher-risk transition to adulthood.

BACKGROUND

Young adults are increasingly choosing to delay marriage and parenthood, career advancement, and financial success in order to pursue a higher education, develop personal interests, engage in social activities, and explore romantic relationships. Researchers are now characterizing the ages of 18 to 29 as a period of “emerging adulthood” (Arnett, 2000; Shanahan et al., 2005). Building on this work, this brief explores factors that help young adults avoid negative outcomes that may derail them from a healthy and productive transition to adulthood, such as severe financial problems, serious drug and alcohol use, and criminal behavior.

Prevention science research has found that supportive connections with family, friends, and caring adults, such as teachers and mentors, may predict positive youth development and resilience when multiple risk factors are present (Eccles & Gootman, 2002; Werner & R.S., 2001). Children who have authoritative parenting and a caring/close relationship with a parent have been found have a lower risk for engaging in drug and heavy alcohol use (Galaif et al., 2001; Stephenson & Helme, 2006), delinquency (Hyun, 2009; Johnson et al., 2011), and homelessness (van de Bree et al., 2009) later in life. Perceived caring, acceptance, and support from teachers, or what Ryan and Deci term “school fit,” have been linked with academic and behavioral success (Roeser & Eccles, 2000; Ryan & Deci, 1991; Zimmer-Gembeck, 2006a; Zimmer-Gembeck, 2006b), and having supportive adolescent friendships has been tied to healthy adaptation to stress (Brady et al., 2010; Crosnoe, Johnson & Elder, 2004). Finally, youth religious involvement during adolescence has been found to be associated with a lower risk for antisocial behaviors such as delinquency and drug use (Johnson, Jang, Larson, & De Li, 2001; Miller & Greenwald, 2000; Rew & Wong, 2006), and recent research also suggests it may predict healthy young adult psychosocial and behavioral outcomes (Hair et al., 2009; Markstrom, 1999; van de Bree et al., 2009; Yonker, Schnabelrauch & DeHaan, 2012).

Yet studies conducted to date have largely been limited by a focus on predicting individual outcomes. This approach limits our understanding about the factors which might predict a constellation of outcomes associated a healthy transition to adulthood (Bagwell, Newcomb & Bukowski, 1998) and our ability to accurately identify adolescents in the greatest need of support services. Moreover, few studies have assessed whether supportive connections in adolescence can increase the likelihood of a healthy transition to young adulthood, regardless of experiences with negative factors during and prior to adolescence.

Building on the work of Blum, McNeely and colleagues (for example, Blum, McNeely & Nonnemaker, 2002), this study uses Add Health data to examine the effects of school connectedness on later health risk and other outcomes. It extends prior work by examining these effects in conjunction with other protective effects (such as supportive relationships with friends, close and caring relationships with parents, and weekly religious involvement), assessing their association with a constellation of problems affecting a healthy transition to adulthood – namely, heavy alcohol use, illicit drug use, heavy marijuana use, criminal behavior, and financial hardship – and assessing these effects on young adult outcomes.

This study also builds on prior research conducted by Child Trends described in a companion brief (Terzian, Moore & Constance, 2014). This study analyzed Add Health data to identify cross-sectional and longitudinal patterns of problem behaviors, using person-centered analyses. Researchers reviewed information obtained from different models and consulted prior research to identify three groups of young adults. These groups were assigned the following descriptors: “minimal problems,” “moderate problems,” and “multiple problems.” For a summary of the socio-demographic characteristics of these groups by gender, along with a summary of the proportions of males and females comprising each group at Waves III and IV, please consult the companion brief referenced above.

DATA AND METHODS (IN BRIEF)

Sample

This study uses panel data from the National Longitudinal Study of Adolescent Health (Add Health; Harris et al., 2009). Our analyses follow 11,530 adolescents in Add Health for 13 years, from ages 11 to 19 (at Wave I, 1994-1995) to the ages of approximately 24 to 32 (at Wave IV, 2007-2008) who had completed Waves I, III, and IV of the survey, who were not still attending high school at Wave III, and had no missing data on any of the independent variables examined in analyses.

The socio-demographic composition of the analytic sample, based on weighted proportions, was about 50% female, 68% non-Hispanic white, 15% non-Hispanic black, 12% Latino and 5% other. The mean age of youth at Wave I was 15.6 years ($SD = 1.7$); almost two-thirds (64%) were categorized as “older” (ages 16-19 in Wave I), about 20% were living in single-parent households at Wave I, and about 4% were born outside of the U.S. Only a little more than 1% of the sample had been retained a grade by 6th grade, a little under one-tenth of the sample had been physically or sexually abused by a caregiver prior to the age of 13, and a little under one-quarter of the sample had used tobacco, alcohol, or marijuana prior to the age of 13. Using data from Wave I or Wave II, a large majority of adolescents reported having a close and caring relationship with at least one parent (88%) and having friends who care quite a bit or very much about them (85%); about half of adolescents reported having teachers who care quite a bit or very much about them (51%); and about two-fifths reported weekly involvement in religious services or youth groups (41%). Interestingly, subgroup analyses for age, gender, race/ethnicity, and nativity status found that younger youth were slightly but significantly more likely than older youth to report feeling like their teachers cared about them quite a bit or very much (52% vs. 50%) and more likely to report being involved in religious services or groups weekly (42% vs. 40%). No other subgroup differences were found.

Analysis Method

This study used latent class analysis (LCA) and latent transition analysis (LTA) methods, using Proc LCA and Proc LTA in SAS 9.3 (Methodology Center, 2012; SAS Institute, 2011) to estimate the long-term effects of adolescent supportive relationships and religious involvement on class membership at Wave III and on transition patterns between Waves III and IV class membership, controlling for negative childhood experiences and for gender, race/ethnicity, age, and respondent’s nativity status. Various models were tested and fit statistics were compared to inform the determination of the final models. For information about items used and variable coding, see the section entitled “Data Source and Methodology.”

Analyses were conducted to answer the following two research questions: (a) what relationship do supportive social connections and weekly religious involvement in adolescence have with class membership in early adulthood, taking other factors into account, and (b) what relationships do these factors have with the transition to adulthood? All supportive factors were expected to lower risk for moderate and multiple problems in early adulthood and promote lower-risk transitions to adulthood.

FINDINGS

Findings Predicting Minimal Problems

Three of the four hypothesized protective factors were found to significantly predict belonging to the minimal problems group at Wave III (ages 18 to 26)—taking socio-demographic risk factors and the other measures of supportiveness into account—while one of the four hypothesized protective factors was found to be a risk factor.

• Protective Factors

- **Weekly Religious Involvement.** Young adults who reported attending a religious service or youth group once a week as adolescents had **64% higher odds of belonging to the lower risk (minimal problems group)** at Wave III than belonging to either of the higher risk (moderate or multiple problems) groups.
- **Caring Teachers.** Young adults who reported their teachers cared about them “quite a bit” or “very much” as adolescents had **59% higher odds of belonging to the lower risk (minimal problems) group** at Wave III than belonging to either of the higher risk (moderate or multiple problems) groups.
- **Close and Caring Parent.** Young adults who reported a close and caring relationship with at least one parent as adolescents had **29% higher odds of belonging to the minimal problems group** at Wave III than belonging to either of the higher risk (moderate or multiple problem) groups.

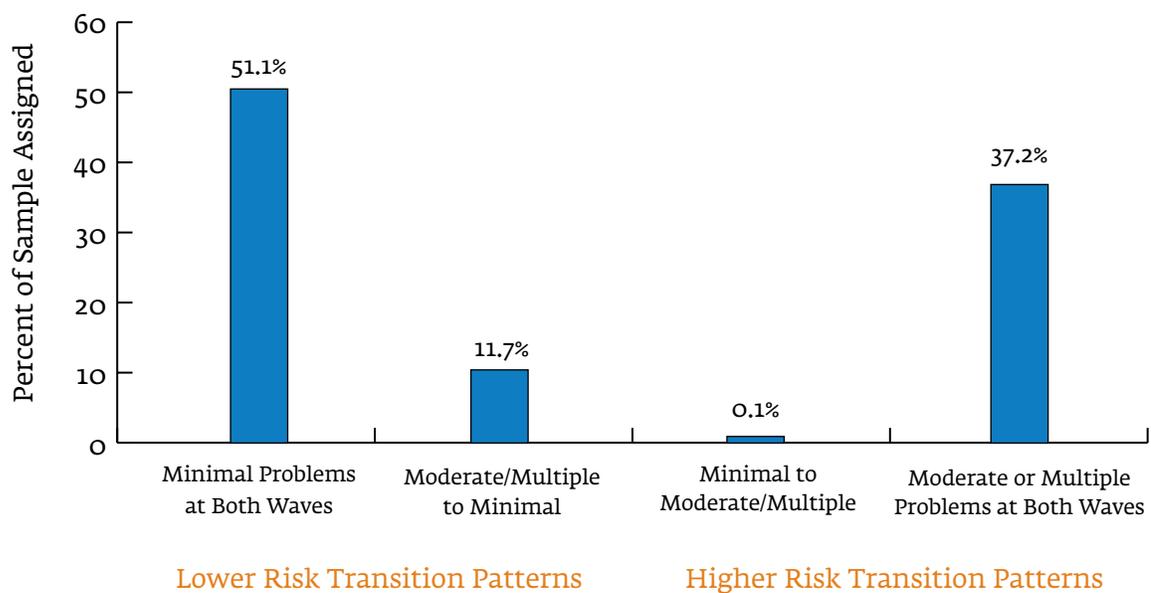
• Risk Factor

- **Caring Friends.** Young adults who reported that their friends cared about them “very much” as adolescents had **27% lower odds of belonging to the lower risk (minimal problems) group** at Wave III than belonging to either of the higher risk (moderate or multiple problems) groups.

Describing Transition Patterns

The findings presented in Figure 1 below show the percent of the sample assigned to lower-risk and higher-risk transition patterns. As indicated by this figure, a little over half of the sample avoided higher-risk transitions; that is, they remained in the minimal problems class at both waves. While almost two out of five young adults were in the moderate or multiple problems group at both waves, young adults had a greater likelihood of moving to a lower risk class than of moving to a higher risk class.

Figure 1: Latent Transition Patterns from Wave III to Wave IV



Predicting Lower-Risk Transitions between Waves III and IV

Two out of four protective factors, caring teachers and religious involvement, were found to significantly predict a healthy transition to adulthood – taking socio-demographic risk factors and Wave III group membership into account.

● **Caring teachers.** Among young adults belonging to the moderate or multiple problems group at Wave III, those who had reported, years before as adolescents, feeling that their teachers cared about them were more likely to transition to a lower risk group between Waves III and IV than to remain in their same risk group or get worse, compared to those who did not say they felt their teachers cared.

- Young adults who were in the moderate problems group at Wave III who had reported that their teachers cared about them “quite a bit” or “very much” had 35% higher odds of transitioning to the minimal problems group than they had of remaining in the moderate problems group or transitioning to the multiple problems group (combined), compared to those who did not report that their teachers cared about them.
- Similarly, young adults who were in the multiple problems group at Wave III who had reported that their teachers cared about them had 39% higher odds of transitioning to a lower risk group (either the moderate or minimal problems groups) than they had of remaining in the multiple problems group, compared to those who did not report that their teachers cared about them.

● **Religious Involvement.** Among young adults belonging to the moderate or multiple problems group at Wave III, those who attended religious services or youth groups as adolescents had higher odds, compared to those who did not attend religious services or youth groups, of moving to a lower-risk group between Wave III and Wave IV than they do of remaining in their same group or getting worse.

- Young adults who were in the moderate problems group at Wave III and who had reported that they attended religious services or youth groups weekly in adolescence had 50% higher odds of transitioning to a lower risk group than they had of remaining in the moderate problems group or transitioning to the multiple problems group (combined), compared to those who had not reported attending religious services or youth groups weekly in adolescence.
- Similarly, young adults who were in the multiple problems group at Wave III and who reported that they attended religious services or youth groups weekly in adolescence had 66% higher odds of transitioning to a lower risk group (either the moderate or minimal problems group), compared to those who had not reported that they had attended religious services or youth groups weekly.

Reporting that friends care very much and having a close and caring relationship with at least one parent were not significantly related to moving from a higher problem group in Wave III to a lower problem group in Wave IV.

DISCUSSION AND CONCLUSION

Results from analyses that follow adolescents into early adulthood indicate that supportive relationships with teachers and parents and weekly religious involvement during adolescence help youth avoid problematic outcomes in early adulthood. Interestingly, perceiving that friends care did not reduce adolescents’ risk of having moderate and multiple problems in early adulthood. Finally, perceiving that teachers care and having weekly religious involvement in adolescence were linked with lower-risk transitions to adulthood.

These findings suggest that positive youth development approaches that support close and caring relationships with teachers and nurture existing ties to faith-based or other supportive communities during adolescence may help promote a smooth or adaptive transition during emerging adulthood. Moreover, this study suggests that having teachers who care and engaging regularly in religious activities may not only help increase the likelihood of avoiding moderate or multiple problems in early adulthood but also increase the likelihood of remaining in a minimal problems group or moving from a moderate or multiple problems group to a minimal problems group by their early thirties.

Given these findings, providing opportunities for adolescents to spend quality time with their parents and maintain regular involvement in a religious or other supportive community may help youth abstain from negative behaviors as young adults (or overcome them) and engage constructively in the domains of civic life, work, school, and household, regardless of personal or structural challenges they have experienced earlier in their lives (Benson, 2004; Hair et al., 2009).

Data and Methods

This study uses data from all four waves of the National Longitudinal Study of Adolescent Health (Add Health; Waves I through IV). High schools (and their middle school feeder schools) served as the primary sampling unit for this study; geographic region, as defined by the U.S. Census Bureau, served as the stratification variable. Conducted from 1994-1995, the first wave of the study collected data from a nationally representative sample of 20,745 adolescents in grades 7 through 12 who were attending 132 middle schools and high schools in the United States. Wave II data were collected one year later, among adolescents in grades 8 through 12 (N=14,738). In 2001-2002, a third wave of data was collected, this time including students who were in the twelfth grade in Wave I (who had been excluded from the Wave II sample), for a total of 15,197 respondents ages 18 to 26. Respondents were interviewed once more at Wave IV, in 2007-2008, at ages 24 to 32 (N=15,701). Additional information about the Add Health survey design can be accessed online (Harris et al., 2009)

Measures

Outcome Variables

Latent Class or Group Membership. In a preliminary study, data from Waves III and IV were used to identify young adult latent classes based on behaviors with the potential to derail young adults from a successful transition to adulthood (Terzian, Moore & Constance, 2014)—heavy alcohol use, illicit drug use, marijuana use, serious delinquent behavior, and serious financial problems. Three classes or groups were identified, based on their probability of reporting these problems: a ‘minimal problems’ group, a ‘moderate problems’ group, and a ‘multiple problems’ group.

Transition Patterns. Four transition patterns were modeled:

- minimal problems at both waves
- moderate/multiple to minimal
- minimal to moderate/multiple
- moderate or multiple problems at both waves

Measures (cont.)

Indicators Used to form Latent Classes

Criminal Behavior. Seven questions were used to assess criminal behavior at Waves III and IV. These included (a) damaged property that did not belong to you; (b) sold marijuana or other drugs; (c) broke into a house or building to steal something; (d) damaged property that did not belong to you; (e) used or threatened to use a weapon to get something; (f) stole something worth over \$50; (g) stole something worth less than \$50; and (h) took part in a group fight. The variable was coded as “1” if the respondent reported not committing any of the offenses, as “2” if the respondent answered yes to one or two offenses, and as “3” if the respondent answered yes to three or more offenses.

Heavy Alcohol Use. Heavy alcohol use was defined as binge drinking during one or more days in a week. Respondents were asked how many days they consumed five or more drinks consecutively during the past 12 months. The variable was coded as “2” if the respondent answered to drinking five or more drinks consecutively one to two days a week, three to five days a week, or everyday or almost every day; and as “1” if the respondent reported drinking five drinks or more consecutively one to two days in the past 12 months, once a month or less, two to three days a month, or not drinking five drinks or more consecutively.

Marijuana Use. Marijuana use was measured as any reports of marijuana use in the past year. In Wave III, respondents were asked whether or not they use marijuana in the past twelve months. In Wave IV, respondents were asked to indicate how many days in the past twelve months they used marijuana. This item-wording difference did not affect the meaning of the measure, as the variable was coded as “2” if they reported any marijuana use in the last year and a “1” if they did not.

Illicit Drug Use. Illicit drug use was measured as the use of any illicit drugs (aside from marijuana) in the past year. In Wave III, respondents were asked to identify whether they used cocaine, crystal meth, injection drugs, or any other illegal drugs such as LSD, PCP, ecstasy, mushrooms, inhalants, ice, heroin, steroids, or prescription medicines not prescribed. In Wave IV, respondents were asked to rate the use of their “favorite” illicit drug. This item-wording difference did not affect the meaning of this measure in the current study, since respondents received a “2” if they had used any illicit drugs in the last year and a “1” if they had not.

Financial Hardships. Five items were used to assess the degree of financial problems among young adults in our sample. These items assessed whether, in the past 12 months, there was a time when the respondent or his/her household was: (a) without telephone services; (b) did not pay the full amount of rent or mortgage because of lack of money; (c) was evicted from his/her/their residence for not paying the rent or mortgage; (d) did not pay the full amount of a gas, electricity, or oil bills because of lack of money; or (e) service was turned off by the gas/electric/oil company because payments were not made. The variable was coded as “2” if the respondent experienced any of the financial problems, and as “1” if the respondent experienced none of these problems.

Measures (cont.)

Childhood Risk Factors

Socio-Demographic Factors. All analyses included a set of socio-demographic covariates to account for differences at Wave III on these factors. The covariates included were race/ethnicity (White, Black, Latino, or Another race), gender, age at Wave I (11-15 or 16-19 years old), whether or not the youth was foreign-born (or born outside of the U.S.), and family structure (two bio parent, single parent, or other).

Childhood Risk Factors. Early substance use was defined as the non-experimental use of substances by age 13. It was assessed using items from the Wave I questionnaire which asked at what age the respondent first smoked a whole cigarette; first drank beer, wine or liquor without family members; and first tried marijuana. **Early childhood abuse** was considered a risk factor if, if during their Wave III interview, respondents reported having been physically or sexually abused by an adult caregiver by the time they started sixth grade, or if, during their Wave IV interview, they reported having been physically or sexually abused by an adult caregiver before the age of 13. Early physical abuse was assessed by the question: 'How often had your parents or other adult caregivers slapped, hit, or kicked you?' Respondents were coded as having been physically abused if they reported that this had occurred three or more times before the 6th grade or the age of 13 for Waves III and IV, respectively. Early sexual abuse was assessed by the question: 'How often had one of your parents or other adult caregivers touched you in a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations?' Respondents were coded as having been sexually abused if they reported that this had occurred one or more times before the sixth grade or the age of 13 for Waves III and IV, respectively. **Retained.** Respondents who reported that they had been retained a grade level (before the 6th grade) were coded as having this childhood risk factor.

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