Family Formation Pathways and Their Association with Women's Early Adult Well-Being

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Abstract

This study predicts the most common family formation pathways experienced by women between ages 18 and 29, and examines the way different pathways affect subsequent health and well-being. Several dimensions of health and well-being are considered, including depression, overall physical health, delinquency, heavy drinking, perceived stress, and sense of personal control. Latent class analysis reveals nine latent pathways: delayed starters (20%), cohabitors (13.5%), early single mothers who sometimes cohabit (12.4%), married mothers with premarital cohabitation (11.7%), early married mothers (10.7%), married mothers (10.5%), single mothers who sometimes cohabit (8.9%), cohabiting mothers who later marry (6.5%), and marrieds (5.6%). Preliminary results suggest that married mothers with premarital cohabitation often have favorable outcomes. Early single mothers who sometimes cohabit often have less favorable outcomes, though they exhibit low levels of heavy drinking. Well-being scores for the remaining groups often vary by well-being indicator.

The transition to adulthood has become more lengthy in recent decades, with a greater proportion of early adults continuing their education (particularly females), exploring multiple romantic relationships, and devoting more time to personal growth (Settersten, Furstenberg, Rumbaut, 2005). Increased need for a college degree in the labor market, greater social acceptance of premarital sex, and fewer social expectations for settling down by one's early 20s have contributed to these changes, as well as later ages, on average, for marriage and childbearing, higher rates of cohabiting with romantic partners, and higher rates of non-marital births (Bumpass, Sweet, & Cherlin, 1991; Casper & Bianchi, 2002; Cherlin, 2000; Furstenberg, 2010; Raley, 2001; Teachman, Tedrown, & Crowder, 2000). As a result, there is no longer a universal path towards family formation that is experienced by virtually all young adults in their teens, twenties, and even early thirties (Schoen, Landale, & Daniels, 2007). We know little, however, about which family formation pathways are the most commonly experienced by young adults from their teen years through age thirty. Additionally, we know even less about the way these pathways relate to subsequent health and well-being outcomes. The current study addresses the following questions: (1) what are the pathways of family formation experienced by females between adolescence and the late twenties / early thirties? And (2) how do these different paths towards family formation affect young women's subsequent well-being in young adulthood?

Different experiences with cohabitation, childbearing, and marriage, and when they take place, may produce diverse psychological and physical health outcomes for individuals during young adulthood. From a social stress perspective (George, 1989; George, 1993), health and well-being may be affected by certain familial events like the birth of a child, or the entrance or breakup from a union, due to changes in economic and social resources (Amato, 2000; Avison, Ali, & Walters, 2007; Bierman, Fazio, & Milkie, 2006; Woo & Raley, 2005). Entering a marriage (Waite, 1995) or even cohabitation (Ross, 1995), for example, is often associated with exhibiting fewer depressive symptoms than remaining single, with married individuals having the fewest symptoms.

The *context* in which life events occur though can further impact the type of stressors one is exposed to as well. Single mothers for instance tend to have greater levels of psychological distress than married

mothers due to the fact that they are at greater risk of experiencing economic stressors, care-giving stressors, and work-family conflicts than married mothers (Avison et al., 2007). Cohabiting mothers are more likely to report poorer mental health than married mothers and cohabiting women who are not mothers because they are less likely to feel socially integrated than either of these groups of women (e.g. Woo & Raley, 2005). The experience of certain family formation paths, therefore, may be more stressful, and therefore potentially more negative to one's well-being, than others. In addition, having social support and close relationships with others may make the impact of life events less stressful and harmful (George 1989; 1993) and positive coping skills may allow one to better handle difficult life events and transitions than negative coping skills (Demo & Fine, 2010; George 1993). Social support and coping skills may act as moderators in the link between family formation pathways and well-being outcomes.

From a life course perspective (Elder, 1998; Elder, 2003), the timing and sequencing of family formation events (such as becoming a cohabitor, mom, etc.) may have implications for personal development because earlier life experiences may send an individual down a path of either negative or positive consequences due to the opportunities or constraints that they impose. Family formation events seen as occurring "too early" relative to "on time", and those that occur under more strenuous circumstances, may negatively influence well-being more-so than other events. A 'pathway' refers to the interconnection of roles (e.g., parent, spouse, cohabiting partner) and the ordering of several events (MacMiller & Copher, 2005), and this gives a more complete picture of family formation experiences than looking at a single event.

Some studies have drawn from life course theory and looked at the timing and sequencing of these family formation events for young women (e.g. Amato et al., 2008; MacMillan & Copher, 2005; Landale, Schoen & Daniels, 2010; Schoen, Landale & Daniels, 2007; Schoen, Landale, Daniels, and Cheng, 2009). Although studies such as these have found certain demographic and personal characteristics (e.g., race, religiosity, SES) to be influential in the types of family formation paths experienced while entering emerging adulthood, which contributes to our understanding of recent family formation trends for young women, they are limited in that they simply describe pathways and fail to link them to subsequent personal well-being.

Amato & Kane (2011) look at psychosocial well-being across different life-course pathways for young women, and find that many differences in well-being may be due to selection, although those who enter college and then fulltime employment do exhibit an increase in heavy drinking and delinquency that isn't found for those on a pathway of married motherhood. Amato & Kane's study, however, only follows adolescents into the earlier half of their 20s. Given that the transition to adulthood has become lengthier, not all possible family formation events have been experienced yet by age 24. To get a complete picture of family formation pathways, it is important to follow adolescents into their late twenties and thirties.

Methods

Data. Data come from waves 1 and 4 of The National Longitudinal Study of Adolescent Health (Add Health), a nationally representative stratified sample of U.S. adolescents in grades 7 through 12 during the 1994-1995 school year. Because early parenthood may have more negative consequences for females than males, and because Add Health fertility histories tend to be more accurately reported by female respondents (Schoen et al., 2007), the study's sample consists of young women only. 15,701 respondents were re-interviewed at wave 4 (2008), 8,352 of which are female. Female respondents who are at least 29 years of age (n=4099) are included in the sample, allowing the study to follow the family formation paths for young girls as they move completely from adolescence to young adulthood. Women who are missing on weights were deleted from the sample, resulting in a final sample size of 3,907.

Measures. Six measures of well-being are evaluated, four of which are change scores. Change in "depression" between waves 1 and 4 consists of ten items, and asks respondents statements such as how often during the past seven days couldn't shake the blues, or felt depressed. (0=*never or rarely*, 1=*sometimes*, 2= *a lot of the time*, and 3=*most of the time or all of the time*). Change in "physical health" is a single item, asking for a report on overall health (1=*poor* to 5=*excellent*). Change in "delinquency" consists of eight items, and asks statements such as how often in the past year respondents stole something worth less than $50, or took part in a physical fight. (1=*never*, 2=*1 or 2 times*, 3=*3 or 4 times*, and 4=*5 or more times*). Change in "heavy drinking" consists of three items, and asks statements such as how often respondents feel

drunk or very high on alcohol. (1=*none*, 2=*1 or 2 days*, 3=*once a month or less*, 4=*2 or 3 days a month*, 5=*1 or 2 days a week*, 6=*3 to 5 days a week*, and 7=*every day or almost every day*). "Perceived stress" is measured only at wave 4, consists of four items, and provides statements such as: I feel that difficulties are piling so high that I cannot overcome them (0=*never*, 1=*almost never*, 2=*sometimes*, 3=*fairly often*, and 4=*very often)*. "Sense of personal control" is measured only at wave 4, consists of five items, and provides statements such as: there is little I can do to change the important things in my life (1=*strongly agree* to 5=*strongly disagree*).

A number of controls and moderators are included in the study. Age, race, religiosity, respondent's income at wave four, and family structure and parental education at wave one are control variables. "Social support" (e.g., how much respondents feel that adults, teachers, friends, and parents care about them, etc.) and "avoidant coping" (single item - do you usually go out of your way to avoid having to deal with problems in your life?) at wave one are tested as moderators.

Latent class analysis (LCA) is used to create the family formation pathways between waves 1 and 4. The purpose of LCA is to identify common trends in the data. For this study, the input variables for the LCA model include cohabitation, marriage, and parenthood, and whether the respondent experienced each of these events at each age between ages 18 and 29 (coded as 0-1, with "1" indicating that the status has happened during a given age and "0" indicating that the status has not happened). Respondents are then placed together based on commonly experienced "trends" in the data, for example: cohabitation and then parenthood, parenthood without cohabitation or marriage, etc. For analyses examining well-being outcomes the family formation pathways are then represented as a set of dummies, with rotation of the reference category so that all groups can be compared against one another.

Analytic strategy. OLS regression is used to analyze mean differences on well-being indicators among the different family formation pathways. Omnibus *F*-tests show whether overall differences across the pathways were statistically significant. OLS regression will be used in later analyses to look at how the different family formation pathways are associated with the well-being indicators. Fixed effects models will

be used when regressing family formation pathways on outcomes represented as change scores (e.g., depression).

Preliminary Findings

Figure 1 shows the results from the LCA. Nine pathways towards family formation are experienced by the sample. Pathway 1 (20%) consists of "delayed starters" - those with a low probability of experiencing any family formation until the late 20s. Pathway 2 (13.5%) consists of "cohabitors" – those with a only high probability of cohabiting during their 20s. Pathway 3 (12.4%) consists of "early single mothers who sometimes cohabit" – those with a high probability of single motherhood during their teens, a 50% chance of cohabiting after the birth. Pathway 4 (11.7%) consists of "married mothers with premarital cohabitation" – those who tend to enter cohabitation first, have the cohabitation lead into marriage, and then have a child following the marriage. Pathway 5 (10.7%) consists of "early married mothers" – those with a high probability of marrying by early 20s (little premarital cohabitation), becoming mothers soon after, and then some odds of divorcing by the late 20s. Pathway 6 (10.5%) consists of "married mothers" – those with a high probability of marrying during the mid 20s, and then becoming mothers. Pathway 7 (8.9%) consists of "single mothers who sometimes cohabit" – those with a high probability of single motherhood in early to mid 20s, with a 50% chance of cohabiting during one's 20s. Pathway 8 (6.5%) consists of "cohabiting mothers who later marry" – those who tend to have children within cohabiting unions during their early 20s, and then marry in their mid 20s (sometimes to their cohabiting partner). A few begin to divorce in their late 20s. And finally, pathway 9 (5.6%) consists of "marrieds" – those with a high probability of marrying in their early to mid 20s, with only a small group experiencing premarital cohabitation, and only a few becoming mothers in their 20s.

Preliminary results from Table 1 show the mean differences on well-being indicators across the nine different family formation pathways. Female adolescents who later become early single mothers who sometimes cohabit, and cohabiting mothers who later marry, tend to report the highest levels of depression and perceived stress. However they also report the lowest levels of heavy drinking, along with married

mothers and early married mothers. Married mothers with premarital cohabitation and delayed starters report the lowest levels of depression. On personal control, cohabitors, married mothers, and married mothers with premarital cohabitation report the highest levels, whereas early married mothers and early single mothers who sometimes cohabit report the lowest levels. For physical health, no differences across the groups exist on the change in health from time one to time two, although it does appear that married mothers with premarital cohabitation report the highest levels at both time points, followed by married mothers and delayed starters, with cohabitors and cohabiting mothers who later marry reporting the lowest levels of physical health at time two. Female adolescents who later became early single mothers who sometimes cohabit reported relatively high levels of delinquency at time one, but by time two there were no significant differences in delinquency across the groups.

Future analyses will test the direct effects of family formation pathways on the wellbeing indicators, as well as test whether favorable levels of social support and avoidant coping techniques help protect young women from negative outcomes that may come from certain family formation experiences.

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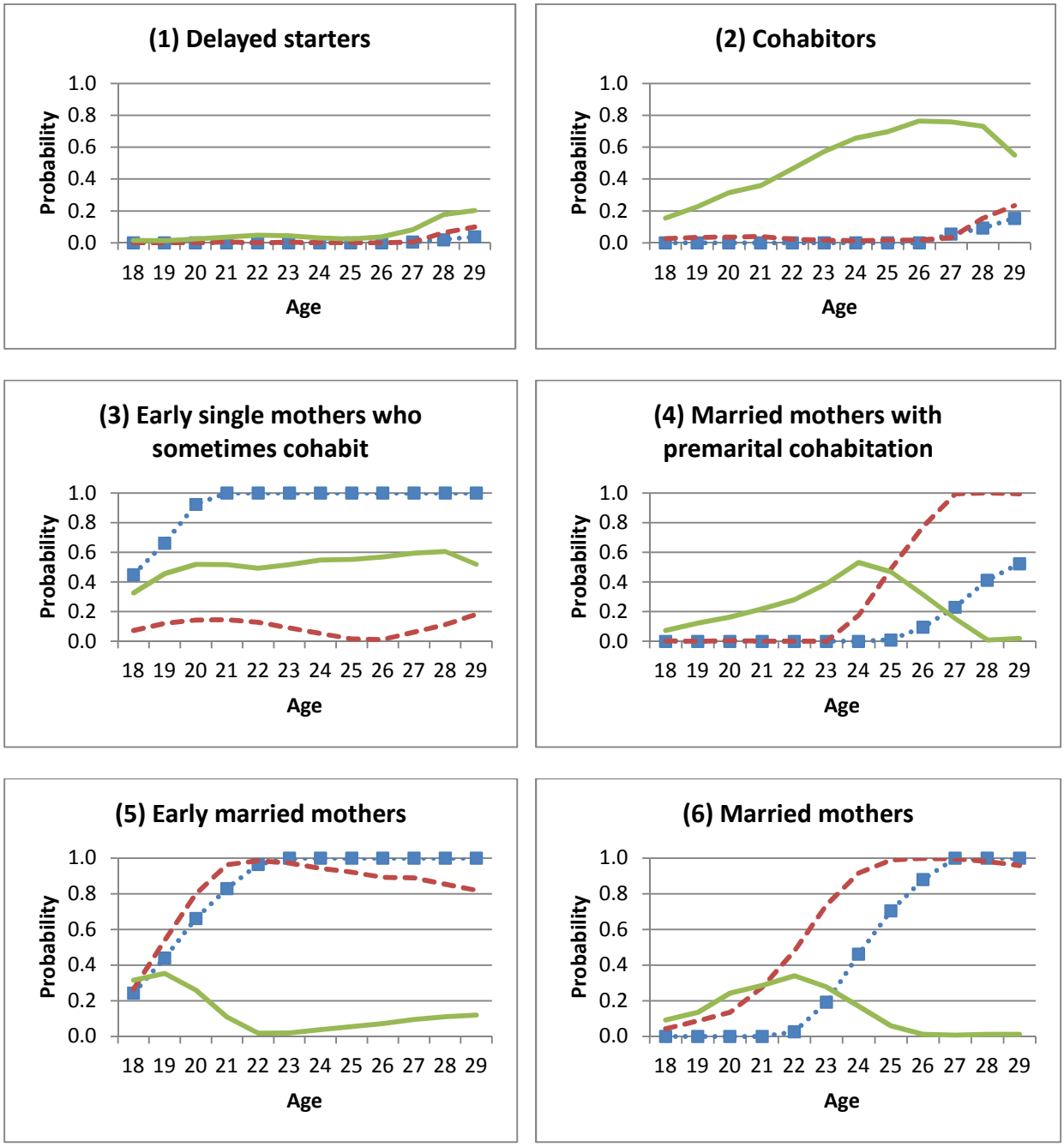
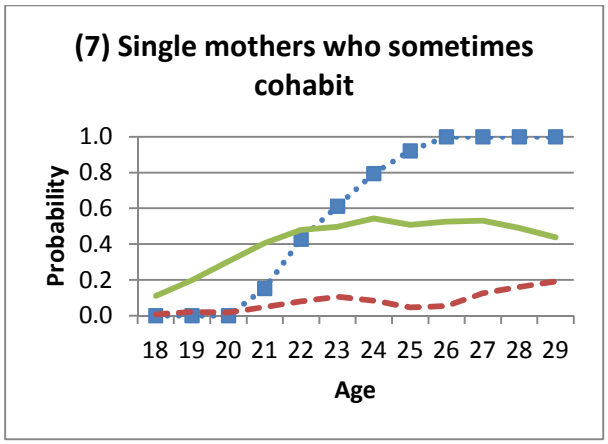
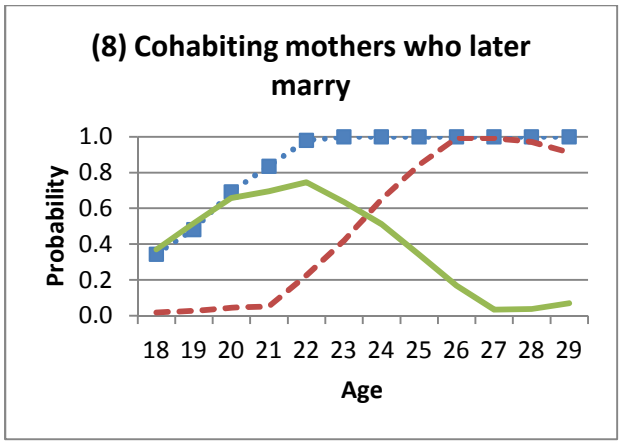
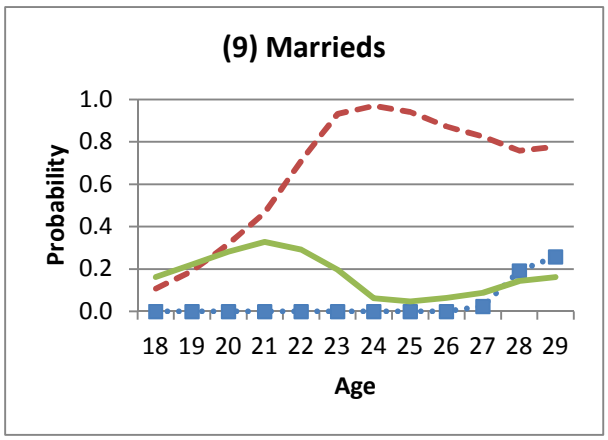
Figure 1: Family Formation Pathways from Latent Class Analysis




(7) Single mothers who sometimes cohabit
Probability
1.0
0.8
0.6
0.4
0.2
0.0
18 19 20 21 22 23 24 25 26 27 28 29
Age


(8) Cohabiting mothers who later marry
Probability
1.0
0.8
0.6
0.4
0.2
0.0
18 19 20 21 22 23 24 25 26 27 28 29
Age


(9) Marrieds
Probability
1.0
0.8
0.6
0.4
0.2
0.0
18 19 20 21 22 23 24 25 26 27 28 29
Age

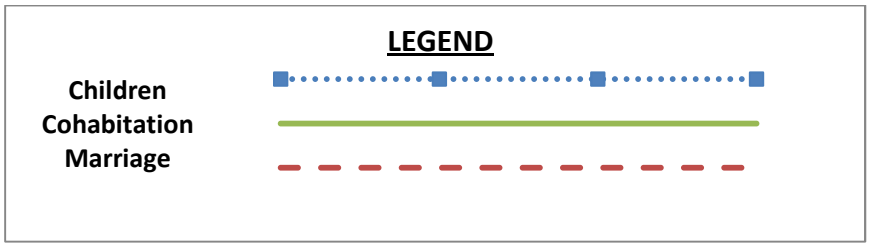

LEGEND
Children
Cohabitation
Marriage

Table 1: Means of Young Women's Well-being Indicators by Family Formation Pathway (based on weighted data)

	Family Formation Pathway										
Indicator	(1) delayed	(2) cohabitors	(3) early single mothers who sometimes cohabit	(4) married mothers with premarital cohabitation	(5) early married mothers	(6) married mothers	(7) single mothers who sometimes cohabit	(8) cohabiting mothers who later marry	(9) marrieds	*F* test	
Depression - time1	1.68	1.78	1.89	1.68	1.80	1.74	1.82	1.85	1.72	1.62	**
Depression - time2	1.66	1.67	1.76	1.53	1.68	1.55	1.76	1.68	1.67	1.63	*
Change in depression	-0.03	-0.12	-0.14	-0.14	-0.12	-0.18	-0.07	-0.17	-0.05	2.14	***
Physical health - time 1	3.84	3.72	3.52	4.03	3.66	3.84	3.59	3.64	3.74	2.35	**
Physical health - time 2	3.71	3.36	3.39	3.96	3.54	3.76	3.45	3.28	3.65	4.45	***
Change in physical health	-0.13	-0.03	-0.13	-0.07	-0.12	-0.08	-0.14	-0.36	-0.09	1.06	
Delinquency - time 1	1.09	1.15	1.19	1.09	1.12	1.08	1.16	1.16	1.07	1.97	**
Delinquency - time 2	1.02	1.03	1.02	1.00	1.01	1.00	1.02	1.02	1.01	1.56	
Change in delinquency	-0.07	-0.12	-0.16	-0.09	-0.11	-0.08	-0.14	-0.14	-0.05	2.05	***
Heavy Drinking - time 1	1.78	2.33	1.95	1.96	1.92	1.74	2.01	2.19	1.83	1.43	
Heavy Drinking - time 2	2.20	2.81	1.96	2.11	1.87	1.68	1.96	1.77	2.00	2.34	***
Change in heavy drinking	0.42	0.48	0.01	0.15	-0.05	-0.06	-0.04	-0.41	0.16	2.18	***
Perceived stress - time 1	-	-	-	-	-	-	-	-	-		
Perceived stress - time 2	2.23	2.25	2.45	2.07	2.33	2.15	2.41	2.43	2.15	1.76	**
Personal control - time 1	-	-	-	-	-	-	-	-	-		
Personal control - time 2	3.84	3.99	3.85	4.01	3.79	3.94	3.86	3.87	3.90	1.46	*
N =	784	524	486	460	421	413	348	256	215		