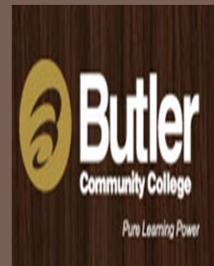


# Assessing the Health Behaviors of African American Emerging Adults

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## INTRODUCTION

Although African Americans (AA) make up just 13% of the United States population, they account for a larger percentage of mortality for many chronic health conditions (CDC, 2005). Unhealthy behaviors are likely acquired earlier in life, during the adolescent and young adult stages of development, which suggests this may be an optimal time for preventive interventions.

Emerging adulthood (EA), (Arnett, 2000) is a relatively new theory of development that covers the span of experiences from 18-25 years old. A distinct feature of EA is identity exploration; EA may explore their identity by engaging in risky behaviors, including “unprotected sex, most types of substance use, and risky driving behaviors” (Arnett, 1998). It is crucial for researchers to examine and develop solutions for decreasing these risk behaviors. It is equally important to examine racial differences in the transition to adulthood. AA have had very different experiences than Whites and this may manifest itself in terms of individuals’ conceptions of the transition to adulthood (Arnett & Brody, 2008). Arnett (2003) found that AA EA were more likely to think that achieving certain **role transitions** (marriage, completing education, becoming a parent, full-time employment), complying with certain norms (avoiding substance abuse, practicing safe sexual behaviors), and being capable of supporting a family meant that one had reached full adulthood (Arnett, 2003). **These differences may explain why there are significant differences in health between AA and Whites.**

The purpose of this study was to examine the health behaviors of African American Emerging Adults and their conceptions of the transition to adulthood.

## METHODS

A 129-item survey was administered to participants at a college campus and a community arts festival in a mid-sized Mid-western city.

Only questions related to **EA transitions** (living with parents, relationship status, marital status, education completed, number of children, drug and alcohol use, sexual activity) and **health behaviors** (physical activity and nutrition, mental health) are described.

Participant Characteristics:

- **200** participants (**50% female**)
- **87%** African American ONLY
- **45% HS Diploma** – highest level of Education
- **67%** currently enrolled in school

Health Behavior Questions	
1. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?	
2. On how many of the past seven days did you eat any fruits and vegetables?	
3. To what extent you have felt interested during the past week?*	
4. To what extent you have felt nervous during the past week?*	
5. To what extent you have felt determined during the past week?*	
6. To what extent you have felt upset during the past week?*	
7. Have you ever had sexual intercourse?	
8. How many sexual partners have you had in the last year?	
9. How often do you use protection?	
Adult Transition Questions	
1. Are you currently in a relationship?	
2. Is your relationship monogamous?	
3. Do you have any children?	
4. How many children do you have?	
5. Do you live with your parent(s) or other relatives?	
6. What is the highest level of education you have completed?	

\*from the PANAS inventory (Watson & Tellegen, 1982)

Table 1. Selected questions used in analysis

Selected Demographic Characteristics	
<b>Age</b>	<b>% (N)</b>
18	54 (27)
19	31 (16)
20	24 (12)
21	25 (13)
22	16 (8)
23	21 (11)
24	13 (7)
25	13 (7)
<b>Race</b>	
African American (AA) only	174 (87)
Bi-Racial (AA and another race)	28 (13)
<b>Highest Level of Education</b>	
High School /GED or trade	106 (54)
Some College	74 (37)
Associates Degree	15 (8)
Bachelor's Degree or more	4 (2)
<b>School/College Enrollment</b>	
No college credit	67 (34)
1 – 30 credit hours	57 (29)
31 – 60 credit hours	26 (13)
61 – 90 credit hours	24 (12)
91 or more credit hours	26 (13)
<b>Annual Income</b>	
Less than \$5,000	42 (80)
\$5,000 - \$19,999	35 (68)
\$20,000 - \$39,999	21(40)
\$40,000 and up	2 (4)

\*total does not equal 200 because of missing data

Table 2. Sample demographic characteristics

## RESULTS

### Physical Activity and Nutrition

Only **7%** of participants reported not exercising in the past 7 days. **39%** of EA ate fruits and vegetables 5 or more times per week.

### Mental Health

**46%** of participants reported high (above the median) positive affect and **43%** reported high negative affect.

### Independence

**51%** did not live with their parents or other relatives. A larger percentage of older participants did not live with their parents.

### Interdependence

More than half (**52%**) of participants reported they were currently in a relationship and **58%** indicated that their relationship was monogamous. There were more participants 21 -25 years in committed, monogamous relationships (1.54) than younger participants (1.29).

### Role Transitions

Only **24%** of participants reported having children. The mean number of children participants had was 1.49 (1.01). 18-20 year olds reported having less children overall (1.87) than older participants 21-25 years (1.66). **95%** of participants were single and had never been married. Older participants had completed more education (3.59 vs. 2.64).

### Norm Compliance

**82.4%** of participants reported they had sexual intercourse in their lifetime. **83%** reported using contraception always or most of the time; **17%** used contraceptives sometimes, rarely or never. **39%** of participants reported having only one sexual partner in the past year.



Figure 1. Age differences in health

Study Variable	Age Group	Mean (SD)
<b>Any Alcohol*</b>	18-20	2.21 (4.73)
	21-25	4.12 (5.67)
<b>Binge Drinking*</b>	18-20	1.18 (2.57)
	21-25	2.72 (5.19)
<b>Ever had sexual intercourse*</b>	18-20	1.24 (0.43)
	21-25	1.10 (0.30)
<b>Live with parents*</b>	18-20	1.34 (0.48)
	21-25	1.71 (0.46)
<b>Parent Status*</b>	18-20	1.87 (0.36)
	21-25	1.66 (0.50)
<b>Number of Children*</b>	18-20	0.97 (0.45)
	21-25	1.76 (1.12)
<b>Committed Relationship*</b>	18-20	1.54 (0.50)
	21-25	1.29 (0.46)
<b>Highest Level of Education Completed*</b>	18-20	2.65 (1.03)
	21-25	3.59 (1.29)

Table 3. Means for Variables by Age

## DISCUSSION

Overall, African American emerging adults in this study reported engaging in relatively positive health behaviors, but there is room for improvement. Drug and alcohol use was very low, especially when compared to national rates. Sexual activity and behavior was also less risky than other national samples. Surprisingly, there were few age-related differences noted in health behaviors. Statistically significant age differences were related to alcohol use, binge drinking and sexual intercourse. These results suggest that more emphasis is needed on increasing physical activity and fruit and vegetable intake in this population.

Based on the participants’ responses, many of the emerging adults felt they have reached full adulthood status. Younger participants (18-20 years) achieved fewer transitions in terms of independence from parents, interdependence in a committed relationship and role transitions. Many of their achievements coincide with what Arnett (2003) found for African American EAs in his study. Most have achieved all of the transitional steps to adulthood such as independence from parents, getting married, and completing their education, which may explain the positive health behaviors of this sample.

Our study was not without **limitations**: (1) participants self-reported their behaviors and (2) because of the small sample size, our findings are less generalizable. **Future research** might explore gender differences in experiences of AA EA, differences between college students and those who don’t attend college right after high school and consider the use of qualitative methods of inquiry.

## CONCLUSIONS

African Americans continue to suffer disproportionately from many health disparities. Many of the behaviors that lead to these disparities emerged during the 18-25 year old period of development. It is important to understand African American emerging adults’ health behaviors so that researchers may more adequately intervene to address health disparities among this population. Their perceptions and experiences, whether positive or negative, influence their health behaviors.

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