Although African Americans (AA) make up just 13% of the United States population, they account for a larger percentage of morbidity for many chronic health conditions (CDC, 2005). Unhealthy behaviors are likely acquired earlier in life, during the adolescent and young adult stages of development, suggesting that this may be an optimal time for preventative interventions. Emerging adulthood (EA), (Arnett, 2000) is a relatively new theory of a period 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 & Brody, 2008). Arnett (2003) found that more participants reported having had sexual intercourse in their lifetime. Two-thirds of participants reported not exercising in the past 7 days. Of participants, 17% used contraceptives sometimes or rarely, and 39% participants told the researchers that they had sexual intercourse in their lifetime. 83% reported using contraception always or most of the time: 17% used contraceptives sometimes or rarely, and 39% reported participants had sexual intercourse in their lifetime. 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 AA other national samples. 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 had reached full adulthood. A study of participants (18-25 years) achieved fewer transitions in terms of independence from parents, interdependence in a committed relationship, and role transitions, such as having completed their education, 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 consider differences in the experiences of AA EAs, differences between college students and those who don’t attend college right after high school and consider the use of qualitative methods of study.

**SELECTED REFERENCES**


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**RESULTS**

1. Only 7% of participants reported engaging in exercise in the past 7 days. 39% of EA ate fruits and vegetables 5 or more times per week.  
2. 46% of participants reported high (above the median) positive affect and 43% reported high negative affect.  
3. 51% did not live with their parents or other relatives. A larger percentage of older participants did not live with their parents.  
4. More than half of all participants reported that their relationship was currently in a relationship and 58% indicated that their relationship was monogamous.  
5. There were more participants 21-25 years in committed, monogamous relationships (1.51) than younger participants (1.29).

**DISCUSSION**

African American emerging adults continue to suffer disproportionately from many health disparities. Many of the behaviors that lead to these disparities emerged during the 18-25 years 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.  

**CONCLUSIONS**

- **INTRODUCTION**

- **METHODS**

- **RESULTS**

- **DISCUSSION**

- **CONCLUSIONS**

**SELECTED REFERENCES**

