

Living Arrangements in Young Adulthood: Results from Wave IV of the National Longitudinal Study of Adolescent Health

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Overview

Over the past few decades, there has been a lengthening of the transition period from adolescence to adulthood in the United States. Milestones commonly associated with entering adulthood – such as finishing school, landing a job, marrying, buying a home, and starting a family – are occurring at later ages. Increasingly, young adults are depending on their families to support them – both financially and emotionally – as they take on adult roles.^{1,2}

Economic times are also harder for this generation than previous ones. Even before the start of the latest recession, employment prospects and associated wages were on the decline for young adults in North America, especially for men.³

Living arrangements in young adulthood have shifted as a result of these new social and economic realities. The traditional paradigm – a married couple living with children in a home that they own – no longer “fits” for a substantial proportion of the young adult population. This brief provides a portrait of the living arrangements of young adults in the U.S. in 2008, before the start of the latest recession. Using data from the National Longitudinal Study of Adolescent Health (Add Health), we examine three important household characteristics: living arrangements, home ownership, and household composition. We explore patterns in these characteristics by gender, age, race/ethnicity, marital

status, educational level, and personal income. We address the following questions:

- ❖ Where are young adults in their late twenties and early thirties living?
- ❖ Do they own their place of residence?
- ❖ Who lives with them?

Although we cannot yet examine the effect of the most recent recession on the Add Health cohort, this brief lays the groundwork for future post-recession analyses.

Data and Measures

We utilize data from Waves I and IV of Add Health [see “About Add Health” box]. Our sample includes 14,800 respondents aged 24-32 years in 2008 who completed in-home interviews at Waves I and IV and could be assigned a grand sample weight.⁴ The data are weighted to adjust for the Add Health sample design, which intentionally oversampled some population subgroups.

Data on respondents’ race/ethnicity are derived from Add Health Wave I questionnaire responses. Respondents were asked to indicate whether they were of Hispanic origin and then to self-select up to five different races: white, black or African American, American Indian or Native American, Asian or Pacific Islander, and other. By coupling the responses to the Hispanic origin and race questions, we construct a “single race” variable with mutually exclusive

categories. More details on the creation of this variable are available on the Add Health website.⁵

Data on the remaining demographic variables (age, gender, marital status, education level, personal earnings) and the living arrangement variables are drawn from Wave IV questionnaire responses.

Living arrangements are determined by respondents' answers to the question, "Where do you live now? That is, where do you stay most often?" Respondents are classified as living in one of five places: a "parent's home;" "another's home" if they lived in a non-parental relative's or non-related adult's home; "group quarters" if they lived in a dormitory, barracks, group home, hospital, communal home, prison or penitentiary; as "homeless" if they indicated that they had no regular place to stay; or as living in "their own place" if they lived in an apartment, house, or trailer (and did not select any of the other choices).

Home ownership is based on respondents' dichotomous responses to the question, "Is your house, apartment, or residence owned or being bought by you and/or your spouse/partner?"

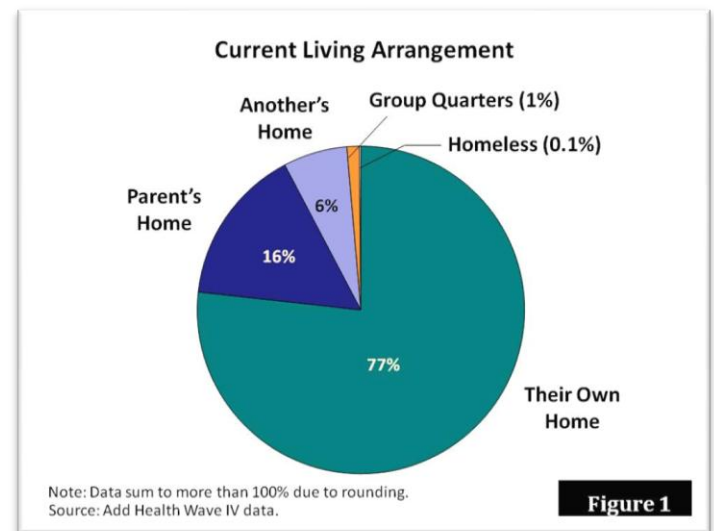
Household composition is determined by respondents' reports of the number of people they live with and their relationship to each one. To more easily examine patterns in household composition, we group respondents into eight categories based on whether their household includes a child, partner, and/or other adults. Respondents who reported living in group quarters or were homeless at the time of the survey were not asked about their cohabitants in the Wave IV questionnaire. Thus, they are not assigned to one of the eight categories.

In our analyses and tabulations, respondents who refused to answer or who answered "other" or "don't know" to the pertinent question(s) are excluded from the denominator and are not shown in figures or tables.

Results

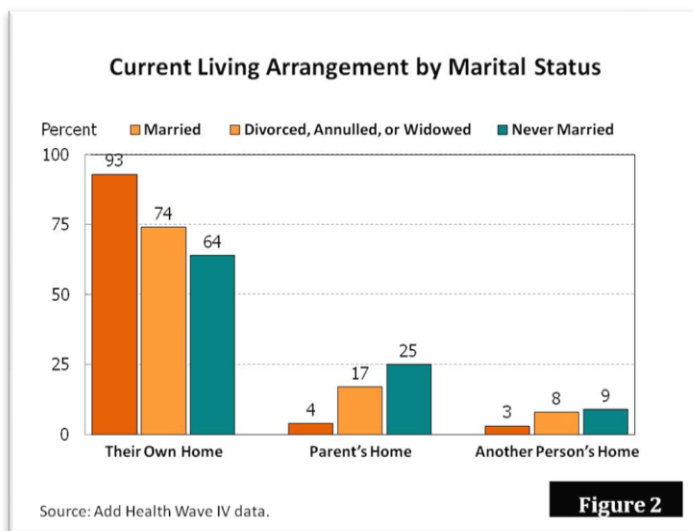
LIVING ARRANGEMENTS

Add Health respondents reported a variety of living arrangements at Wave IV. The most common arrangement, reported by over three-quarters of young adults (76%), was living in their own place. Sixteen percent reported living in a parent's home. An additional six percent reported living in another person's home – either a non-parental relative's home or a non-related individual's home. Very few respondents reported living in group quarters (1%) or being homeless (0.1%) at the time of the survey (Figure 1).



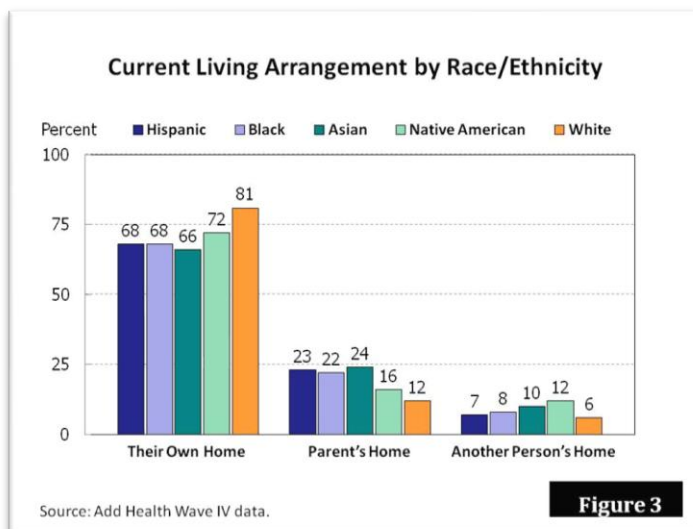
Respondent's age at time of interview was related to their living arrangements. The youngest respondents in the cohort – those aged 24-27 years at Wave IV – were most likely to report living in a parent's home (18%) compared to those aged 30-34 years (12%).

Marital status also differentiated living arrangements. Almost all married respondents lived in their own home while those who had never been married were most likely to live in a parent's home (Figure 2).



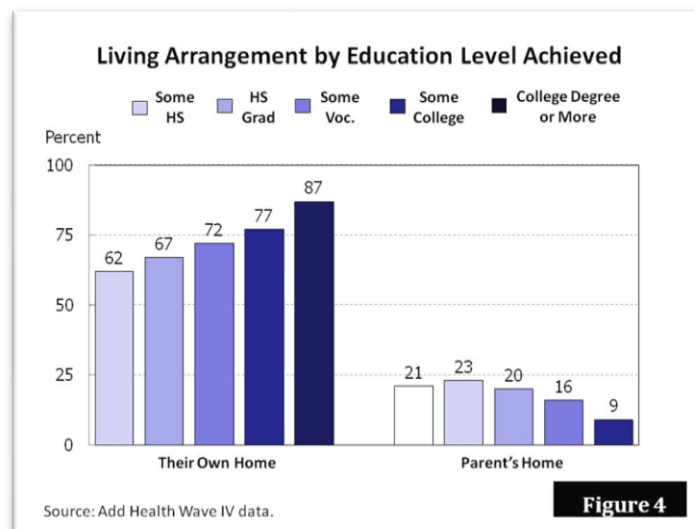
Women were more likely than men to live in their own place (80% versus 73%), whereas men were slightly more likely than women to live in a parent's home (18% versus 14%). Men and women were equally likely to live in another person's home (6%).

With respect to race/ethnicity, whites were the most likely to live in their own place while Native Americans were the most likely to live in another person's home. Asians, Hispanics, and blacks were about equally likely to live in a parent's home (**Figure 3**).



Education was associated with independent living for young adults in the Add Health cohort. With each increase in educational level, the percentage of respondents living in their own place increased. Respondents who had not pursued any educational

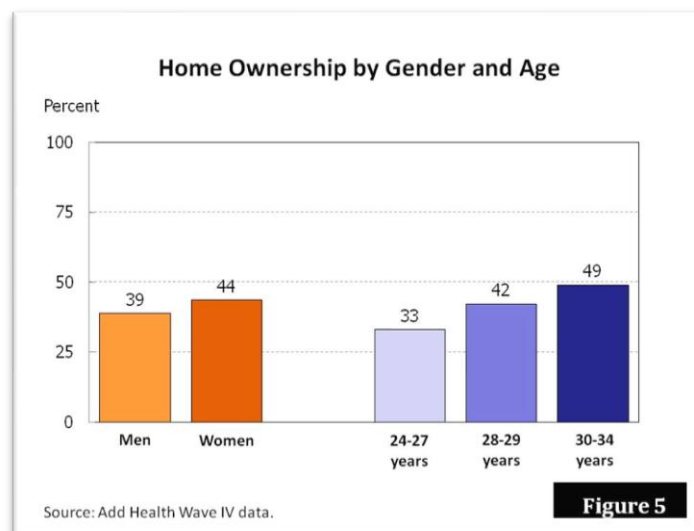
training beyond high school were the most likely to live in a parent's home (**Figure 4**).



HOME OWNERSHIP

Overall, 41% of Add Health respondents owned or were buying their home at Wave IV. Among those who reported living in their own home, 49% owned or were buying the residence.

Older respondents were more likely to own their home than younger respondents. Almost half of respondents aged 30-34 years owned their home, compared with a third of respondents aged 24-27 years. Women were more likely than men to own their home (**Figure 5**).

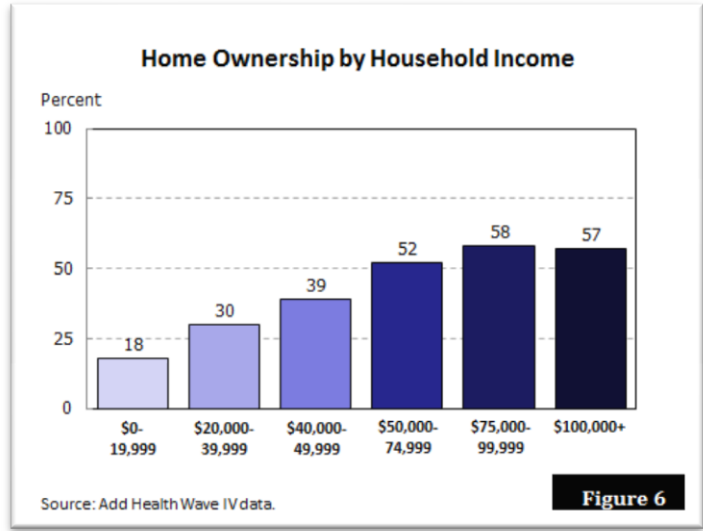


Current marital status was strongly related to home ownership. Respondents who were married at the

time of the interview were the most likely to own their residence (62%), followed by those who had at one time been married (30%). Respondents who had never been married were the least likely to own their residence (23%).

Almost half (48%) of all white respondents owned their home, compared to only about a quarter of black respondents (24%). Ownership rates for the remaining racial and ethnic groups hovered around a third.

Respondents' education level was associated with home ownership, but household income was even more so. Fifty percent of young adults with a college degree or beyond owned their home, compared with 40% of those with some post-high school training. In contrast, over half of respondents with household incomes of \$55,000 or greater owned their residence, while only 18% of those who made less than \$20,000 did (Figure 6).



HOUSEHOLD COMPOSITION

The number and types of people living with Add Health respondents varied considerably at Wave IV. Over a hundred unique household compositions were reported. A consolidated list of household composition types is shown below (Table 1).

The majority of respondents (88%) reported living with at least one other person, whether it was a partner (spouse, boyfriend, or girlfriend), child, relative, or non-related individual. More than half

(58%) lived with a partner and slightly less than half (47%) lived with a child. About one in five lived with a family member.

Household Composition	
Respondent Lives...	Percent
With Children	47
- And partner	31
- And partner and other(s)	6
- Only ("Single Parent")	5
- And other(s) ("Single Parent with Non-Partner Cohabitant")	5
Without Children	52
- Alone	11
- But with partner	17
- But with other(s)	20
- But with partner and other(s)	4
Other* (Group Quarters or Homeless)	1

* Respondents in this group were not asked to report their cohabitants.
Source: Add Health Wave IV data.

Table 1

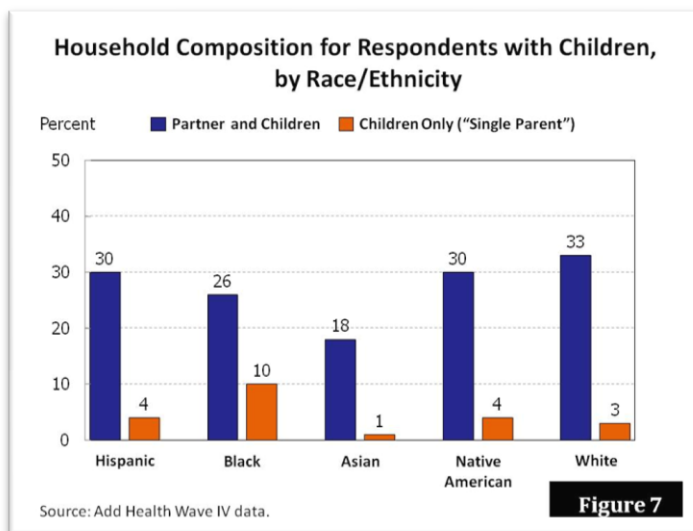
In the sections that follow, we highlight four of the most common household compositions and describe the demographic characteristics of the young adults who reported them.

Young adults who live with a partner and children (only)

The most common household composition, reported by nearly a third of all respondents, was living with a partner and one or more children. In most instances, the cohabitating partner was a spouse (80%), as opposed to a non-marital romantic partner, and the children were biological sons or daughters (87%). Nearly all respondents reporting this household composition lived in their own place (98%).

As might be expected, older respondents (aged 30-34 years) were more likely than younger ones (aged 24-27 years) to report living with a partner and child: 37% versus 23%, respectively.

The percentages of Hispanic, Native American, and white respondents reporting this household composition were similar – around a third. However, Asian respondents were about half as likely to report this particular composition (Figure 7).



Education was not related to cohabitation with a partner and children.

Young adults who are single parents

Five percent of young adults in the Add Health cohort reported living with a child but no romantic partner or other adult ("single parent"). Not surprisingly, women were 12 times more likely to be single parents than men. Those with a college degree were less likely to be single parents (2%) than those with less education (6–7%).

Single parenthood was not distributed equally among racial and ethnic groups. Blacks were twice as likely as other racial and ethnic groups to live alone with a child. Very few Asian respondents reported being single parents (**Figure 7**).

Young adults who live with a partner (only)

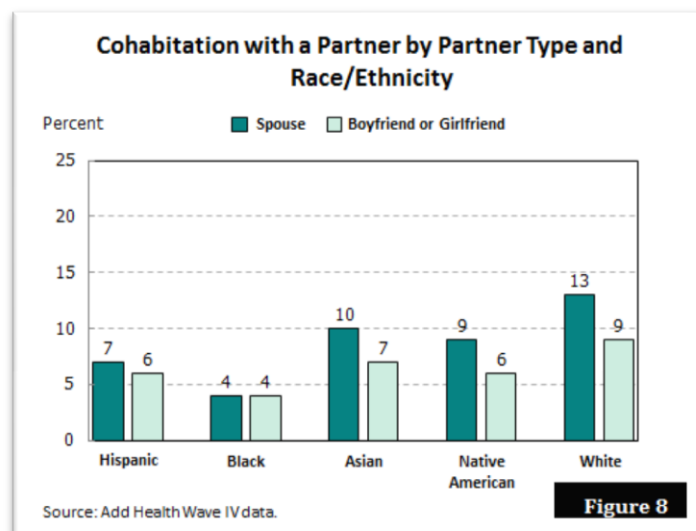
Overall, 17% of young adults lived exclusively with a partner. Almost all reported living in their own home (95%). A small percentage (4%) lived in another person's home, but virtually none (<1%) lived with a parent.

Among those living exclusively with a partner, 58% lived with a husband or wife. The remaining 42% lived with a boyfriend, or girlfriend.

Whites were the most likely to live with a spouse while blacks were the least likely. Rates of cohabitation with a boyfriend or girlfriend were fairly similar among Hispanic, Asian, and Native

American respondents, but were slightly higher for whites and lower for blacks (**Figure 8**).

Younger adults are more likely to live with a partner only than older adults because they have not begun childrearing yet. Similarly, with more education, young adults live only with a partner because they often delay family formation and childbearing to complete their education.



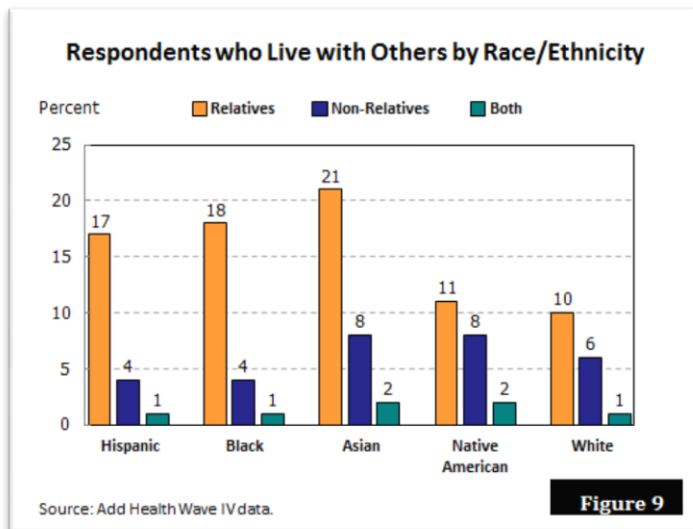
Young adults who live with others

Overall, one in five Add Health respondents reported living with at least one other person who was not a partner or child. Men were twice as likely as women to live with others (28% versus 13%) and adults aged 24-27 years were about 1.5 times as likely as adults aged 30-34 years to live with others.

The majority of respondents (67%) lived only with relatives; 28% lived only with non-relatives; and 5% lived with a combination of related and non-related individuals.

Among racial and ethnic groups, Asians were the most likely to report living with others – whether related or unrelated. Hispanics, blacks, and Native Americans all reported living with family members in fair proportions (**Figure 9**).

Lower personal income appeared to be an important driver of young adults living with relatives: 16% of respondents who made less than \$20,000 per year lived with a relative compared to 8% of those earning \$55,000 or more.



- ❖ Perhaps reflecting a harsher economy, few young adults live alone – most cohabit with at least one other person.
- ❖ Cohabitation among non-married couples is common and is observed across all racial/ethnic groups.
- ❖ Most young adults with children live with a spouse or romantic partner.

The delay in the transition to adulthood has been well established, indicating that this age cohort is experiencing milestones such as marriage and childbearing later than those of the same age in the 1970s.

The mean age of first marriage for females has increased by around 5 years over the period 1970--2010, from 21- to 26-years old.⁶ Over the same period, the mean age of women having their first child has increased by three and a half years.⁷

The delay is reflected in the living arrangements of young adults in Add Health. Only the older and more financially secure respondents are entering the adult roles of spouse and parent.

The eroding economic climate, even preceding the recession, is probably also playing a role. US Housing and Urban Development (HUD) data show a 5% decrease in homeownership among those aged 24-32 years over the past three decades.⁸ The delay in achieving residential independence is also evident in data showing that since 1970, there has been an increase in men (6.1%) and women (4.8%), aged 25, living at home with parents.⁹ Add Health will continue to track the living arrangements of this cohort as they age into adulthood.

Summary and Conclusions

This *Research Brief* has examined the living arrangements of a cohort of young adults who were in their late twenties and early thirties in 2008. The findings reflect the lengthening transition from adolescence to adulthood, and demonstrate that there is substantial variation not only in the places young adults live, but also in the companions with whom they live. Despite this heterogeneity, several themes are evident:

- ❖ Most young adults live in their own home.
- ❖ About half of young adults who live in their own home own or are buying that residence.
- ❖ Young adults with higher levels of education show more independence in living arrangements. They are more likely to live in their own place, to own their home, and to live alone.
- ❖ Age is a strong predictor of all facets of living arrangements. Older young adults are more likely to fit the traditional paradigm, that is, to live in and own their home, be married, and to have children. Thus, even the relatively small (eight year) age difference between the youngest and oldest members of the Add Health cohort captures diversity in the timing of reaching traditional adult milestones.

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⁹ Settersten Jr., R.A. and Ray, B. (2010). What's going on with young people today? The long and twisting path to adulthood. *Future of Children*, 20(1), 19-41.

Acknowledgments

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ABOUT ADD HEALTH

The National Longitudinal Study of Adolescent Health (Add Health) is a nationally representative survey of more than 20,000 individuals that began with in-school questionnaires administered to U.S. adolescents in grades 7-12 in 1994-1995. The Add Health cohort has been followed through adolescence and the transition into young adulthood with four in-home interviews, the most recent in 2008, when respondents were 24-32 years old.

Add Health is designed to investigate the social, economic, psychological and physical well-being of respondents during adolescence and their subsequent maturation into adulthood. For more information about the study and the datasets available for study, please visit the Add Health website at: <http://www.cpc.unc.edu/projects/addhealth>.