



**Growing Up
in Ireland**
National Longitudinal
Study of Children



GROWING UP IN IRELAND

KEY FINDINGS: COHORT '98 AT 20 YEARS OLD IN 2018/19

NO. 3

**SOCIO-EMOTIONAL WELL-BEING
AND KEY RELATIONSHIPS AT AGE 20**

INTRODUCTION

This *Key Findings* report presents summary information on the lives and circumstances of the 20-year-olds from the fourth wave of interviews with *Growing Up in Ireland's* older **Cohort '98** between August 2018 and June 2019.

It focuses on life satisfaction, stress, depressive symptoms, self-reported aggression and coping strategies. It also describes key relationships for the young adult, including relationships with parents and friends, and dating relationships.

The *Key Findings* reports draw mainly on information provided by the 5,191 young people themselves. The background characteristics of the young people and their families (such as family type, mother's education, social class, income category) were measured at the most recent prior wave (typically at age 17/18) and these are examined in relation to their experiences at age 20.

This is the first time that data from *Growing Up in Ireland* has been available on young people as they make the transition from their teen years into early adulthood. It allows an examination of the connections between their diverse experiences in childhood and adolescence and the important transition to adulthood. It is relevant to policy in a broad range of new areas, including further and higher education and training, labour market entry, new household formation and the physical and mental health status of young adults.

Growing Up in Ireland is funded by the Department of Children and Youth Affairs (DCYA), with a contribution from The Atlantic Philanthropies in Phase 2; and managed and overseen by the DCYA in association with the Central Statistics Office.

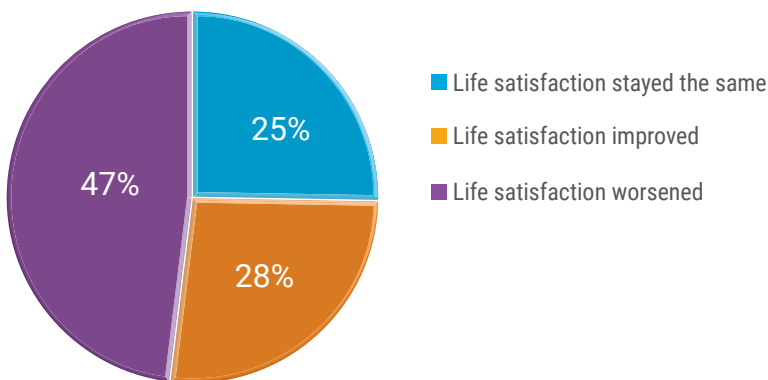


Life satisfaction

The 20-year-olds were asked how satisfied they were with life in general, using a 10-point scale from 0: *Extremely unsatisfied* to 10: *Extremely satisfied*. The median rating was 7 out of 10, with 16% scoring 8 or more, indicating generally quite high levels of life satisfaction. This is slightly lower than their ratings on the same item when they were aged 17/18 years, when the median rating for the group of young people interviewed in both waves was 8 out of 10.

Comparing changes in individuals' ratings from 17/18 to 20 years, Figure 1 shows that a quarter of young adults maintained the same life satisfaction rating over this period. For another 28%, life satisfaction had improved since the last wave, but worsened for 47%. A sizeable minority of these (40%) had reported scores of 9 or 10 at 17/18 years (and so had no or limited scope to improve).

Figure 1: Life satisfaction of 20-year-olds currently and at 17/18 years

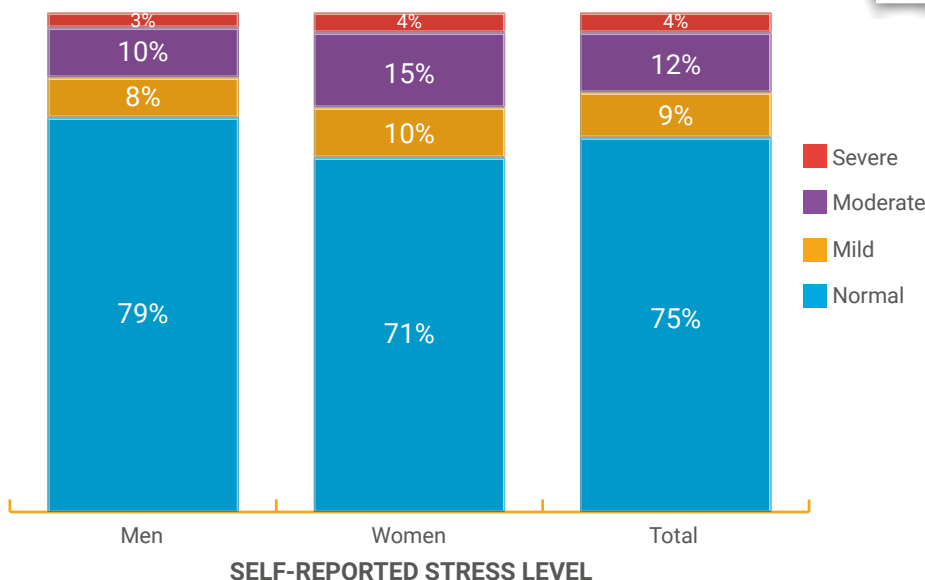


For 47% of 20-year-olds, their reported life satisfaction had slightly worsened since age 17/18. For 28% of them, their life satisfaction had improved while it stayed the same for another 25%.

Stress

The survey at age 20 was the first time young adults were asked specifically about stress symptoms 'over the past week'. They self-completed a set of seven questions such as 'I found it hard to wind down'. Responses ranged from *did not apply to me at all* to *applied to me very much or most of the time*. Scores on this scale can be categorised into 'normal' (0-7), 'mild' (8-9), 'moderate' (10-14), and 'severe' (15+) levels of stress. Using these categories, it can be seen from Figure 2 that 75% of the sample overall were experiencing 'normal' levels of stress. Young women were more likely to be in any of the higher stress categories, although fewer than 5% of either gender were in the 'severe' category.

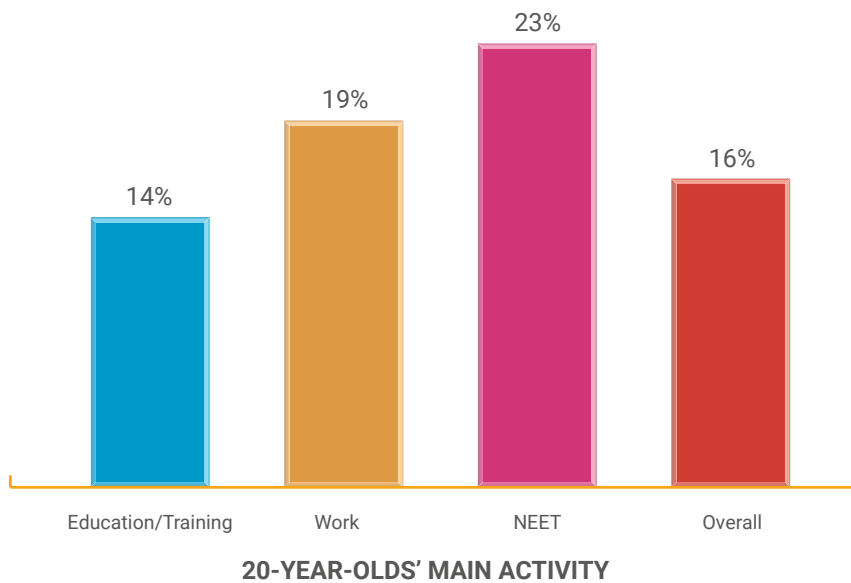
Figure 2: Classification of stress of 20-year-olds by gender



A quarter of 20-year-olds reported above-normal levels of stress. Young women were more likely to report above-normal stress than young men (29% vs 21%).

Key Finding No. 1 indicated that 68% of 20-year-olds reported their main activity as *in education or training*; 27% were *in employment* and 5% were *not in education, employment or training* (NEET). The 20-year-olds whose main activity was in education or training were less likely to be experiencing symptoms associated with higher stress levels (Figure 3), with only 14% having ‘moderate’ or more severe levels of stress compared to 19% of those who were *in employment*. More than one in five (23%) of the relatively small group of 20-year-olds who were unemployed or otherwise economically inactive (i.e. NEET) were experiencing moderate or higher levels of stress.

Figure 3: Percentage of 20-year-olds in higher stress categories (moderate, severe or extremely severe), by main activity



20-year-olds who were not working or in education or training were more likely to be experiencing higher levels of stress.



Depressive symptoms

The 20-year-olds reported on their experience of depressive symptoms using a short, self-report screening instrument (known as the CES-D), based on how often in the past week they had experienced any of eight symptoms such as ‘I thought my life had been a failure’. Responses ranged from *rarely/none of the time* to *mostly/all of the time*. The range of possible scores is 0 to 24; higher scores indicate more symptoms, and a score of seven or more indicates a clinically significant level of psychological distress (although not necessarily a diagnosis of depression)¹.

Using this measure, 20-year-olds scored an average of 4.6 out of 24 (Table 1). In contrast, the 20-year-olds’ mothers² completing the same measure about themselves scored only 2.9 on average, indicating that young adults reported more depressive symptoms than their mothers. Table 1 also shows that high percentages of young adults (27%) exceeded the threshold of seven or more; this was particularly so for young women (32% compared to 23% of young men).

Table 1: Total depressive symptoms score, and percentage reporting clinically significant depressive symptoms

Young adult gender	Mean	% exceeding 7+ threshold
Male	3.9	23%
Female	5.3	32%
Total	4.6	27%
Mothers’ scores	2.9	13%

Over a fifth of 20-year-old men, and almost a third of 20-year-old women, had elevated scores on a measure of depressive symptoms.

1 Devins et al. (1988). Measuring depressive symptoms in illness populations: Psychometric properties of the Center for Epidemiologic Studies Depression (CES-D) Scale. *Psychology & Health*, 2(2), 139–156.

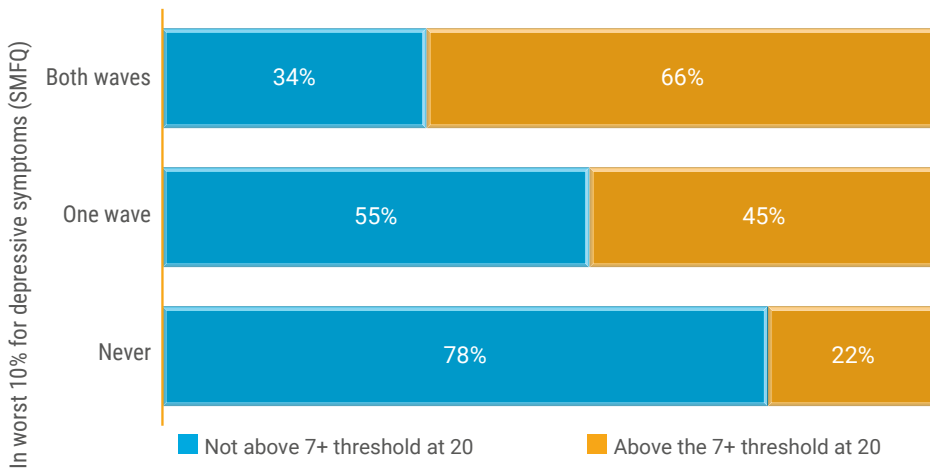
2 ‘Mother’ refers to the parent/guardian who completed the ‘Parent One’ (at ages 17/18 and 20) or ‘Primary Caregiver’ (earlier waves) questionnaire – usually the mother.

Two types of symptoms from the scale were particularly prevalent among 20-year-olds – those relating to restless sleep and loneliness. Over one in five of the young adults reported that their ‘sleep was restless’ at least three days in the preceding week and a similar proportion reported that they ‘felt lonely’.

When the young person was aged 13 and 17/18 years, they self-reported depressive symptoms using a more age-appropriate measure called the Short Mood and Feelings Questionnaire (SMFQ). Those scoring in the worst 10% for depressive symptoms at 13 or 17/18 (i.e. in the top SMFQ decile) were more likely to score in the ‘depressed’ range on the CES-D measure at age 20 (Figure 4). In particular, the small group (3%) who had been in the top SMFQ decile at both 13 and 17/18 years had the highest risk (66%). Fifteen percent of 20-year-olds had a high SMFQ score at one, but not both, of the two previous waves and just under half of this sub-group had a CES-D score in the ‘depressed’ range at age 20.



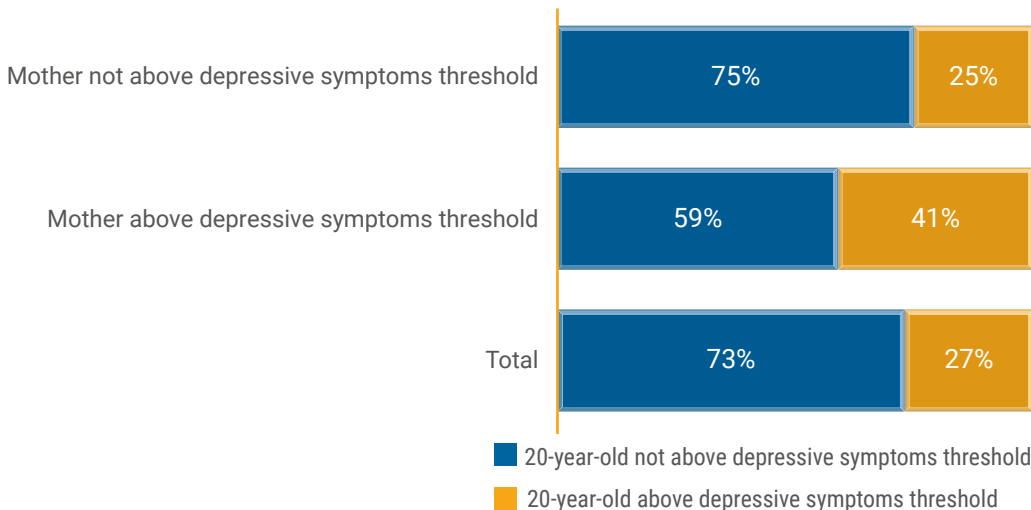
Figure 4: Elevated depressive symptoms at 20 years by number of waves in top decile of a depressive symptoms scale at 13 and 17/18 years



Young people who were experiencing higher levels of depressive symptoms both at 13 and 17/18 years were most likely to report depressive symptoms at age 20.

As previously noted, the same measure of depressive symptoms (CES-D) was completed by the young adult and their mothers in the 20-year survey. Figure 5 shows that higher levels of depressive symptoms among young adults were more likely in families where the mother also reported more symptoms.

Figure 5: Young adult and mother's depressive symptoms



Depressive symptoms in young adults were more likely in households where the mother was also experiencing such symptoms.

Self-reported aggressive behaviour

At age 20 years, young adults completed a set of questions designed to measure their aggressive behaviour. Items were divided between circumstances where the 20-year-old might react aggressively to a provocation (e.g. 'Gotten angry when frustrated') and those where they initiated aggression to achieve a goal (e.g. 'Had fights with others to show who was on top' – referred to as proactive aggression).

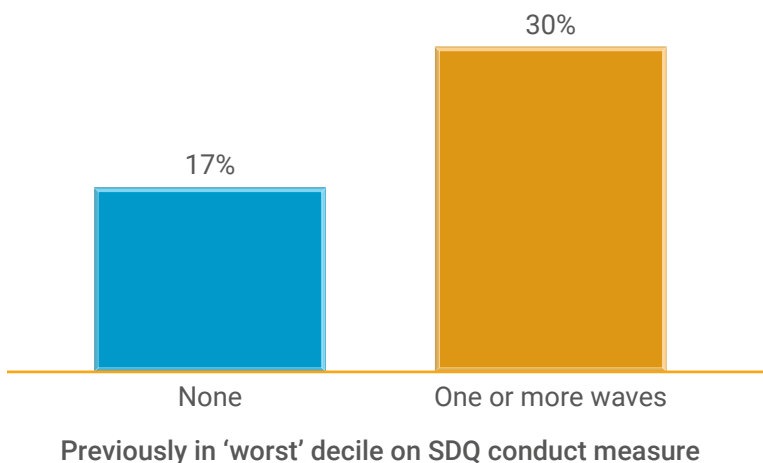
Overall, 20-year-olds self-reported quite low levels of proactive aggression. The mean score was just 1.0 out of a possible 24 (higher scores indicate more proactive aggression), and 58% said they *never* engaged in activities like starting fights or threatening others. Scores on the reactive aggression items were somewhat higher, but still low overall (a mean of 4.9 out of a possible 22).

Given the low prevalence of reported proactive aggression, the following analyses deal with trends in scores on the reactive aggression scale only. When the reactive aggression score is divided into quintiles – to make it easier to differentiate high from low-scoring individuals (a quintile contains 20% of the participants in each group) – young men were much more likely to be in the 'top' or 'most aggressive' quintile (26%) than young women (14%).

Longitudinally, young adults whose mothers had previously reported higher scores for them on a measure of conduct problems³ were more likely to self-report aggression at age 20. Figure 6 compares the percentage of 20-year-olds in the highest quintile for aggressive behaviour according to whether they had previously been in the 'worst' (i.e. top decile) of scores on the SDQ conduct problems measure.



Figure 6: 20-year-olds in top self-reported reactive aggression quintile by previous mother-reported conduct problems



Mother-reported problems with conduct at 9, 13 or 17/18 years were associated with more self-reported aggressive behaviour at 20 years.

Overall, most 20-year-olds had never been in the top decile (i.e. 'worst') on the SDQ conduct measure (80%) – 14% had been in the top decile on one of the three previous waves (9, 13 and 17 years); 4% on two out of three, and just 2% on all three waves. Being in the 'worst' category on the SDQ conduct measure at any wave almost doubles the likelihood of being in the top aggression quintile at 20 years from 17% to 30%.⁴

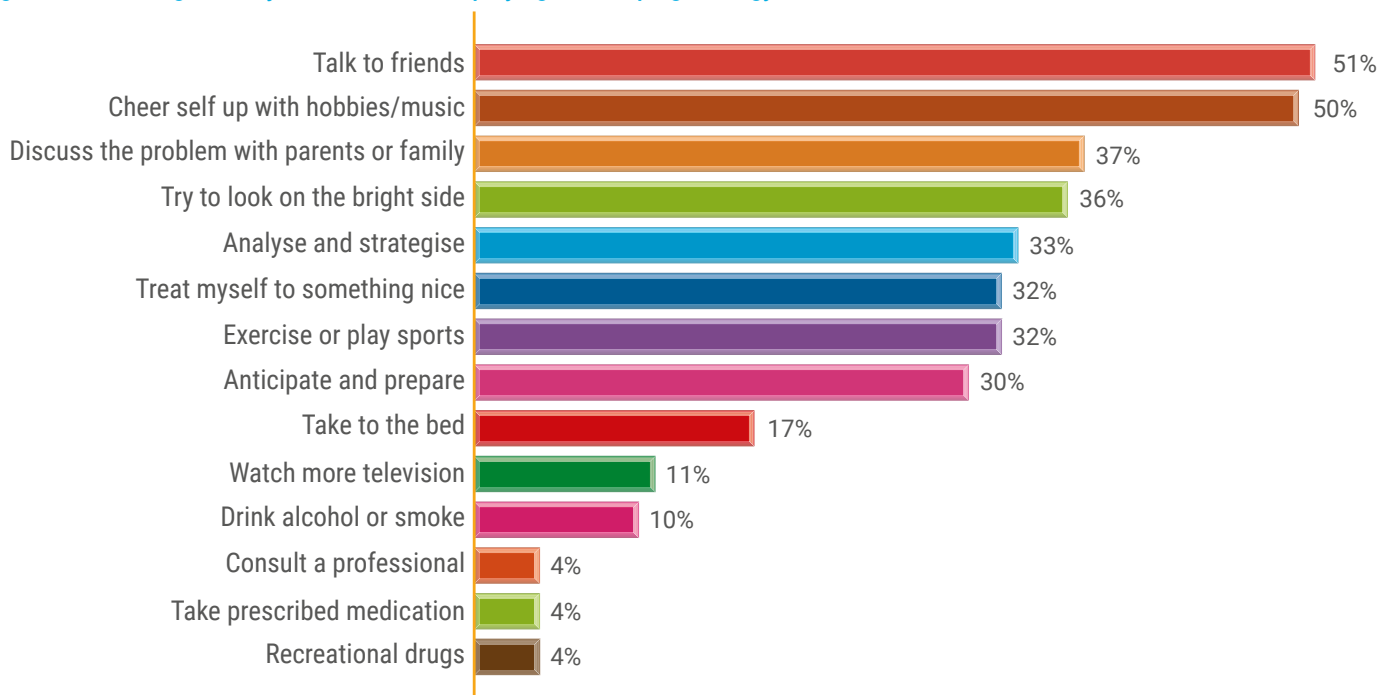
Coping strategies

Young adults were asked about the strategies they used to cope with self-defined 'stressful' situations. They were presented with a list of possibilities, some of which can be considered positive or constructive, such as working out a strategy to solve the problem or discussing it with friends, while others were more negative or less effective, such as 'drinking alcohol' or staying in bed.

³ A subscale of the Strengths and Difficulties Questionnaire (SDQ) used at 9, 13 and 17/18 years.

⁴ There was a trend for this risk to increase in line with the number of previous occasions of being in the 'worst' SDQ conduct scores, but the differences between one, two or three waves did not reach statistical significance.

Figure 7: Percentage of 20-year-olds 'often' employing each coping strategy



The coping strategies most commonly used by the 20-year-olds (Figure 7) were 'talking to friends' (51%), using 'music or a hobby to cheer' themselves up (50%), and 'discuss the problem with parents or other family members' (37%). However, less positive strategies such as 'watch more television' and 'drink alcohol or smoke a cigarette' were often used by around 10% of young adults.

Some gender differences in coping strategies were evident. In particular, women were more likely to often discuss a problem with family (44% versus 30%), while young men were more likely than young women to often use exercise and sport as a coping mechanism (38% versus 26%).

Most 20-year-olds used coping strategies considered constructive, such as 'talking to friends' or 'cheering themselves up with hobbies or music'.

Relationship between 20-year-old and mother

The parent who completed a questionnaire was usually the mother of the 20-year-old (described as the Primary Caregiver in earlier waves). While the parental home was the 'main address' for most young adults, just under one-third spent at least some time at another address.

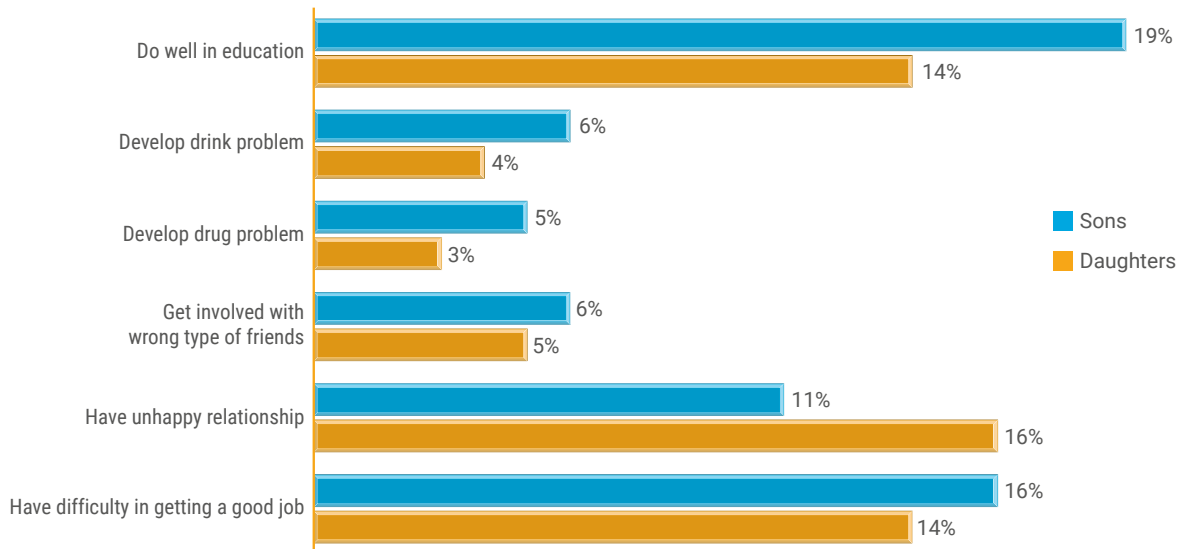
The mother was asked to summarise the overall quality of their relationship with their 20-year-old son or daughter on a scale of 0: *really bad* to 10: *absolutely perfect*. Overall, mothers rated the relationship very positively; over 80% gave a rating of above seven on this scale. Fewer than 4% of mothers gave a rating of less than 5 out of 10. The following section covering descriptions of disagreements and conflict in the mother-young adult relationship should be considered in the context of generally positive relationships.

Maternal concerns

Mothers were asked whether they had any 'immediate major concern or worry' about the 20-year-old across a number of broad domains. Mothers were most likely to express concerns about 'how well the young adult will do in education' (17%) and that the young adult would 'have difficulties in getting a good job' (15%). Just over 13% were concerned that their son or daughter would have 'an unhappy relationship'. Much smaller percentages of mothers, between 4% and 6%, reported concerns that the 20-year-old had, or would develop, problems with drink, drugs or 'the wrong type of friends'.

Figure 8 shows the percentage of mothers having a specific concern, by the gender of the 20-year-old. In general, mothers were more likely to have concerns for their sons, except for the risk of an 'unhappy relationship' (11% sons versus 16% daughters). Proportionally, the biggest gender differences were for concerns about developing a problem with 'drink' (6% sons and 4% daughters) or 'drugs' (5% sons and 3% daughters).

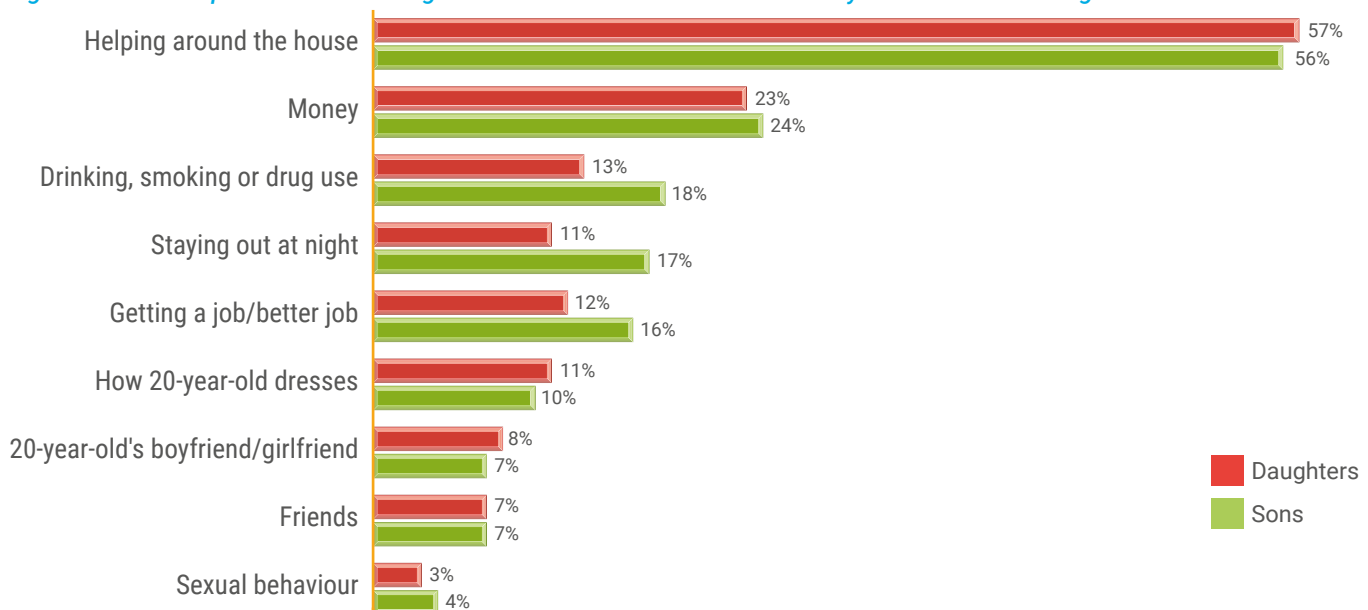
Figure 8: Percentage of mothers reporting immediate concerns about their 20-year-old sons and daughters in each domain



Sources of disagreements between mothers and 20-year-olds

Mothers were asked how often they had disagreements with their 20-year-old son or daughter on a range of issues from 'how they dressed' to 'helping around the house'. For this analysis, the focus is on disagreements that occurred *monthly* or *more frequently*. Figure 9 shows that 'helping around the house' was the most frequent source of conflict (57% said this happened *at least monthly*) and had similar levels for sons and daughters. Nearly one-quarter of mothers reported frequent disagreements about 'money'.

Figure 9: Mother-reported areas of disagreement at least once a month with 20-year-old sons and daughters

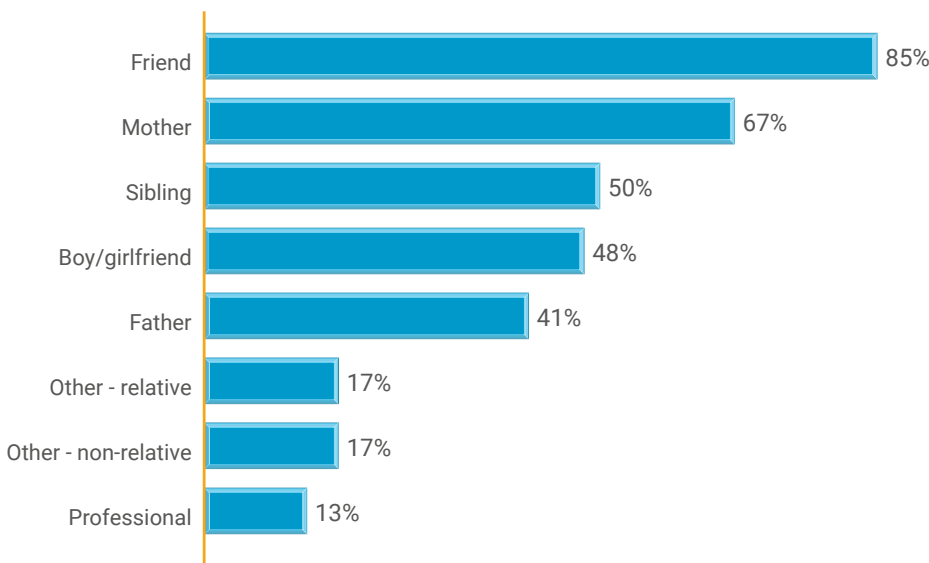


The biggest gender differences in mother-reported disagreements related to substance use and staying out at night.

Who the 20-year-old shares personal thoughts and feelings with

From the young adult's perspective, parents – especially mothers – remain an important source of support (Figure 10). Two-thirds (67%) said they would talk to their *mother* 'about personal thoughts and feelings, or about things you wouldn't tell just anyone'. A smaller proportion (41%) would talk to their *fathers*. However, friends were the most popular source of this type of support; 85% cited a *friend* as someone they could talk to about personal issues.

Figure 10: People with whom the 20-year-old would discuss personal thoughts and feelings



A majority of 20-year-olds felt they could talk to someone about personal thoughts and feelings. Friends were an important source of support.

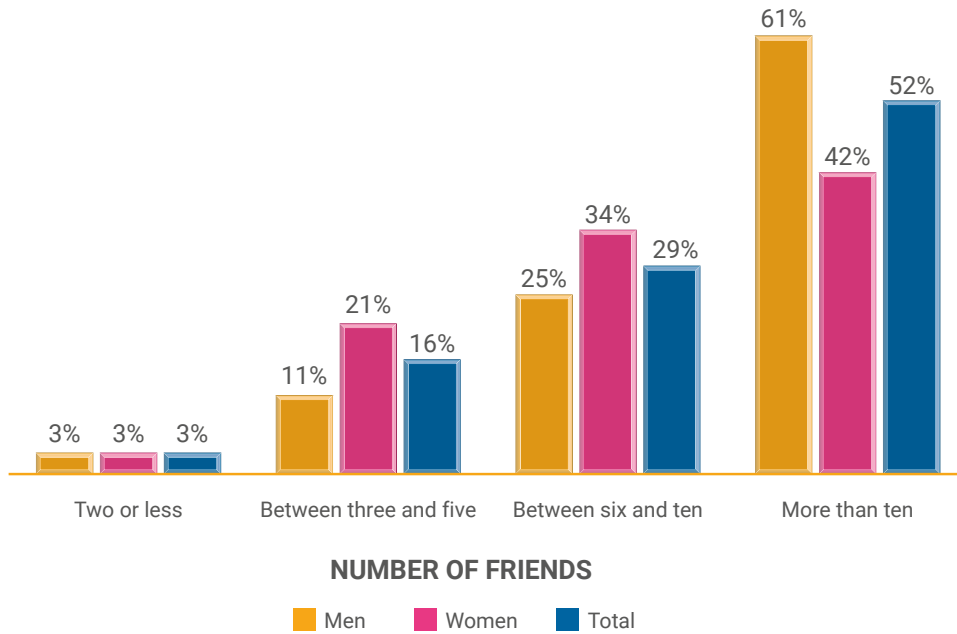
Friendships, relationships and sexuality at age 20

Friendships

As we have seen, friends are an important source of support for 20-year-olds. However, the transition from school to college or work may alter the friendship network, as new friends are made and distance makes it more difficult to maintain old relationships. Figure 11 shows that a large proportion of 20-year-olds, particularly young men (61%, compared to 42% of young women) said they had *more than ten friends*. At the other end of the spectrum, just 3% of 20-year-olds had *none* or just *one or two friends*. At age 17/18 years – when most of the cohort were still in secondary school – fewer than 10% had reported *more than ten friends*, but the question at that age was specifically phrased as the number of friends they 'normally hung around with' (rather than number of friends they had).



Figure 11: Number of friends at age 20 by gender



20-year-olds, especially young men, typically reported having a large number of friends.

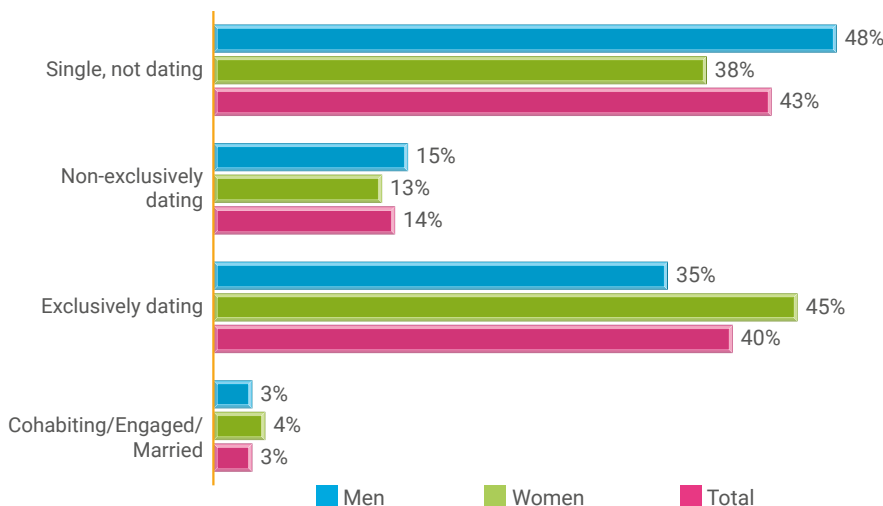


Relationship status of 20-year-olds

At age 20 years, the participants are at a stage of the life course when romantic and intimate relationships (or the prospect of same) feature prominently for many. Compared to earlier ages, young adults at 20 may be more likely to be engaged in, or contemplating, a longer-term relationship.

The 20-year-olds were asked to describe their 'current relationship status' (Figure 12). Just over half were in some sort of dating relationship – 40% *dating one person* and another 14% *casually dating, but not exclusive*. A small proportion of young adults were in a committed relationship, encompassing small categories of *cohabiting, engaged or married* (3%). This leaves a sizeable minority of 43% who were *single, not dating* at the time of the interview.

Figure 12: Relationship status of 20-year-olds by gender



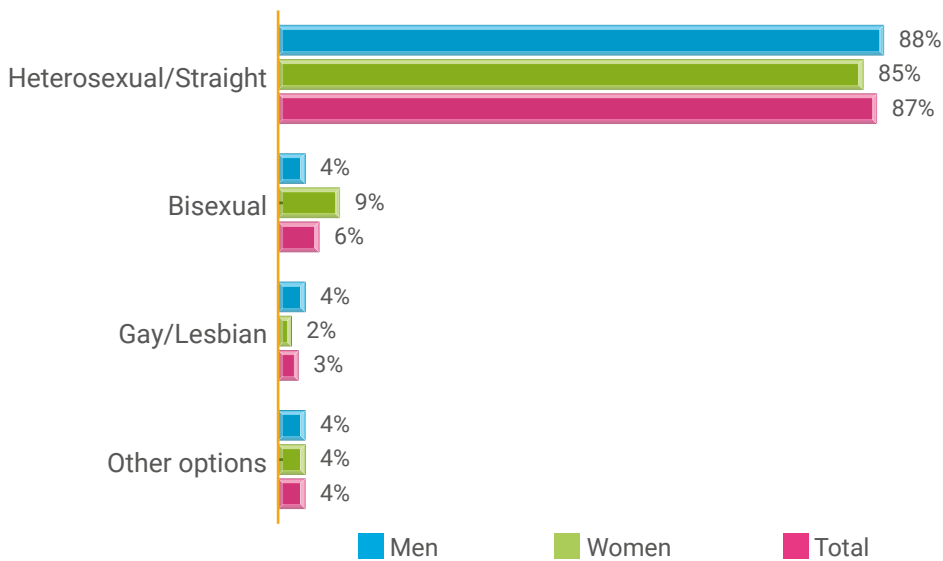
Young women were more likely than young men to describe themselves as being in an 'exclusively dating' relationship.

Sexual orientation and gender identity

In terms of their sexual orientation, most 20-year-olds described themselves as *heterosexual/straight* (attracted to the opposite sex) (87%; Figure 13). About 6% indicated they were *bisexual* (attracted to both men and women) and 3% said *gay or lesbian* (attracted to the same sex). Young women were more likely to describe themselves as bisexual (9% compared to 4% of young men).

Other categories available to participants in this self-complete item were *questioning*, *asexual*, *don't know* and *prefer not to say*. The numbers in these individual categories were too small to report but comprised almost 4% overall (*other options* in Figure 13).

Figure 13: Self-reported sexual orientation of 20-year-olds by gender



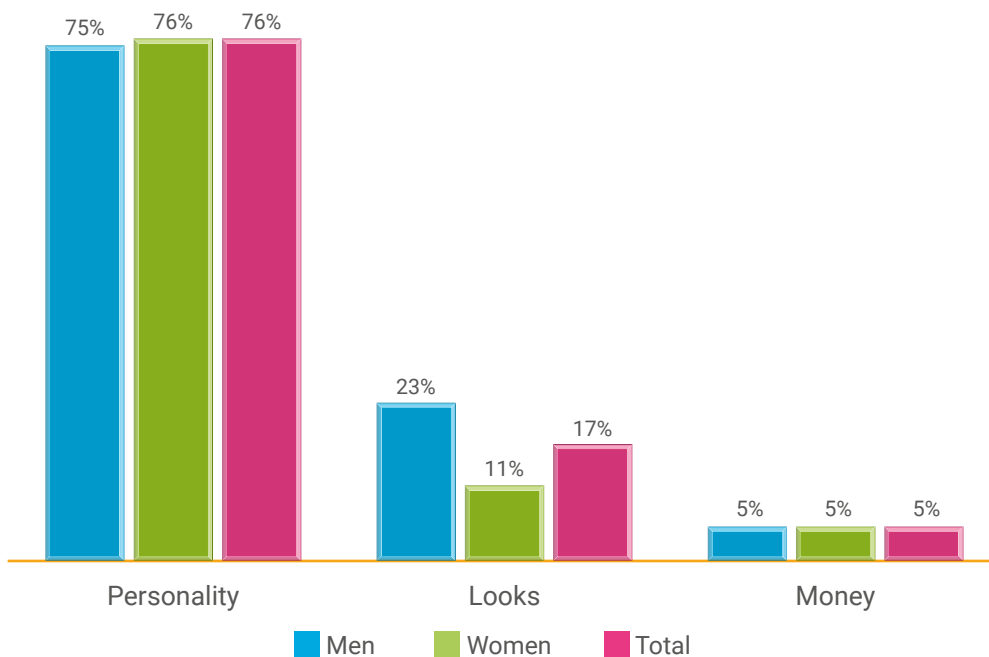
Overall, 6% of young adults described themselves as bisexual, 3% as gay and 4% as other – i.e. *questioning*, *asexual*, *don't know* or *prefer not to say*.



What 20-year-olds consider important in a partner

The 20-year-olds were asked the importance of 'personality', 'looks' and 'money' in describing their 'ideal long-term partner'. About three-quarters of young adults said 'personality' was *important/very important* (Figure 14). 'Money' got the lowest rating: just 5% said it was *important/very important* – but there was a noticeable gender difference on the importance of 'looks' (23% young men and 11% young women).

Figure 14: Ratings by 20-year-olds of features of an ideal partner as important/very important, by gender



Young men were twice as likely to say that looks were *important or very important* in their ideal partner (23% vs 11% of young women).

At a time of major transition in relationships – as well as in accommodation, work and college – most 20-year-olds spoke positively about their lives. However, sizeable minorities were experiencing elevated levels of depression and stress and/or had difficulty getting appropriate support.

SUMMARY POINTS

- The majority of 20-year-olds (about three-quarters) are within normal ranges for stress and/or depression. However, about one-quarter of them experienced above-normal levels on these scales. Young women were more likely than young men to have elevated levels on both indicators.
- Although overall levels of self-reported aggression were low, young men were much more likely than young women to feature in the most aggressive group.
- Young people who had problems with depressive symptoms at earlier ages and those whose mothers had depressive symptoms had a higher risk of depressive symptoms at age 20.
- Parents were generally positive about their relationships with sons and daughters. Both parents were an important source of support for 20-year-olds in times of difficulty.
- Most 20-year-olds had someone with whom they would share personal thoughts and feelings, usually friends or parents.
- Peers were important in the lives of 20-year-olds. Along with family, friends were key support figures. It was common for young adults to report a large number of friends. Over 40% were now in an exclusive relationship.

BACKGROUND

Growing Up in Ireland is the national longitudinal study of children and young people. The study is funded by the Department of Children and Youth Affairs (DCYA), with a contribution from The Atlantic Philanthropies. It is managed by the DCYA in association with the Central Statistics Office. It is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD). The study is designed to inform policy affecting children and young people in Ireland.

The study tracks the development of two nationally representative cohorts of children and young people over time. **Cohort '98 (Child Cohort)** members were selected through primary schools and interviewed at 9 years, at 13 years, at 17/18 years and at 20 years old. These *Key Findings* are based on the 5,191 interviews with **Cohort '98** at age 20.

The second cohort is around ten years younger: **Cohort '08 (Infant Cohort)** members were first interviewed when the Study Child was 9 months old. The cohort members were re-interviewed at ages 3, 5 and 9 years, and a postal survey was completed by the parents at age 7/8. The experience of this cohort is described in a separate series of reports.

Methodology

The table below shows the details of each round of data collection with **Cohort '98**.

Age	When	Completed	Response rate*
9 years	2007/08	8,568	89%
13 years	2011/12	7,525	89%
17/18 years	2015/16	6,216	76%
20 years	2018/19	5,191	66%

* The response rate is the number of completions as a % of the total issued to interviewers in each wave (eligible cohort members where the address was known, apart from definitive refusals).

In any study that follows people over time, some will not respond in the first wave (non-response) or drop out between waves (attrition). Every effort has been made to adjust for any differences between those who respond and those who do not, though it is never possible to guarantee that this has been completely successful. Adjustments for non-response in Wave 1



were based on characteristics of the schools the 9-year-olds attended and data from the 2006 Census (see www.growingup.ie/pubs/Sample-Design-and-Response_9YearCohort.pdf). Adjustments for attrition between waves were based on characteristics measured at the last interview (or the first wave), including the young person's gender, family type, mother's education, family income, family social class; and the young person's score on a reading test at age 9. All figures presented in this *Key Findings* report are based on the statistically adjusted data.

The figures presented here are purely descriptive and do not control for potential interactions or confounding effects. *All figures are preliminary and may be subject to change.*

Access to Growing Up in Ireland data: Anonymised versions of all data collected in **Growing Up in Ireland** are available for research. Information on how to apply for access to the data, and copies of the questionnaires, are available at www.growingup.ie/information-for-researchers.

Thank you to all participants

The success of **Growing Up in Ireland** is the result of contributions from a large number of individuals, schools, organisations and groups, many of whom helped to recruit the sample and collect the data. The Study Team is particularly grateful to the thousands of families and young people from every part of the country who have given so generously of their time on numerous occasions to make this study possible. A very big 'thank you' to all the children, young people and their families.

For further information about **Growing Up in Ireland**, visit www.growingup.ie, email growingup@esri.ie or Freephone 1800 200 434.