EARLY SEXUAL DEBUT TIMING HAS LINGERING EFFECTS INTO THE THIRTIETHS
KRISTIN MOILANEN & LIANSE PEEK

Background
The associations between sexual debut timing and adolescent adjustment are well-established (e.g., early initiation predicts heightened subsequent sexual risk-taking, thus increasing potential for off-time pregnancies and contracting STIs). Thus, delaying sexual initiation is a central objective of sexuality education curricula for teens. Recently, scholars have sought to determine whether early debut has consequences for health and adjustment into adulthood. The few inquiries to date have primarily relied upon the Add Health dataset, yet these have revealed evidence linking sexual debut timing with mental health and mental health impacts (e.g., depression, marijuana use disorder) throughout the mid to late twenties. Some studies indicate that the impacts of early debut dissipate after adolescence, while others report that the intermediate consequences of sexual behaviors mediate associations between debut timing and outcomes. The present study pursues lingering questions about how early debut timing predicts young adults’ adjustment. It was anticipated that early initiation would predict high depression, substance use, annual numbers of sexual partners, numbers of children, and elevated risk of teen pregnancy, cohabitation, and marriage by the early 30s. The current inquiry also explores whether early debut predicted heightened criminality, low educational attainment, and high financial difficulties (i.e., outcomes neglected in previous investigations).

Method
Sample & Procedures
- Data were drawn from the Children of the National Longitudinal Survey of Youth-1979 (CNSLSY-79).
- Youth responded to surveys biennially from 1986 to 2014. These surveys focused on different topics each year:
  - N = 933 (i.e., the same base sample as in Raffaelli & Crockett, 2003)
  - 47.2% women, 52.8% men
  - Average age was 38.3% Hispanic, 38.7% Black, 38% European American
  - 1996 M age = 14.89 years (SD = .65, range = 14 – 16)

Measures
Unless noted as an exception, all measures involved youth self-reports.
- Owing to changes in CNSLSY-79 survey content, dependent variables were drawn from multiple waves concerning to early adulthood, including 2008 (i.e., participants ages 26-27 years), 2010 (i.e., ages 28-29 years), 2014 (i.e., ages 30-33 years). Control variables were assessed in 1986 (i.e., ages 4-5 years; maternal report), 1998 (i.e., ages 16-17 years; maternal and youth reports), and 2010.
- Age in years at sexual debut. Youth reported this at one or more survey waves following between 1996-2014 (M = 15.82, SD = 2.45, range = 10 to 25). Four young adults who reported being uninstructed at the 2014 wave had missing data for this variable and were omitted from analyses.

Results & Discussion
Hypotheses were tested in regressions. In each, debut age was entered on the first step and controls were added on the second step.

Relational Outcomes
- Step Predictor: Teen Parent, Number of Children, Ever Married, Ever Cohabited
- Step Predictor: Teen Parent, Number of Children, Ever Married, Ever Cohabited
- Step Outcome: Outcome

Emotional & Behavioral Health Outcomes
- Step Predictor: Number of Sexual Partners, Tobacco Use, Substance Use, Depression
- Step Predictor: Number of Sexual Partners, Tobacco Use, Substance Use, Depression
- Step Outcome: Outcome

Educational & Socioeconomic Outcomes
- Step Predictor: Educational Attainment, Financial Distress
- Step Predictor: Educational Attainment, Financial Distress
- Step Outcome: Outcome


df

Educational Attainment

Outcome

Step

Predictor

Teen Parent

Number of Children

Ever Married

Ever Cohabited

Value

OR

(95% CI)

p = .05

Note: p = .05, p < .01, p < .001.

Note: p < .05, p < .01, p < .001.

Educational Attainment

Outcomes

Note: p = .05, p < .01, p < .001.

Western Society University
Child Development & Family Studies
Department of Learning Sciences & Human Development

Acknowledgements
Data preparation was supported in part by National Institutes of Health Grant RO3-MH62707 to Marcela Raffaelli and Lisa J. Crockett.

Limitations & Future Directions
We were unable to include additional health-related outcomes (e.g., STI diagnoses), as the CNSLSY-79 includes few items about individuals’ physical health. The study sample was comprised disproportionately of individuals born to European American mothers, which may truncate young adults’ opportunities for educational achievement and financial success (Lipman et al., 2011). Replication is necessary in comparatively diverse samples, such that such studies will also explore maternal childbearing as a moderator.

Conclusions
The present analyses confirm that experiencing early sexual debut is a risk factor for a number of outcomes in the late 20s and early 30s. Overall, these associations are not due to youths’ poorer adjustment or presence of crucial risk factors during middle adolescence. Interventions that effectively target delayed initiation may have tangible indirect benefits for young adults’ long-term physical health, reproductive and relational transitions, as well as their educational attainment and economic prospects.

Handout available at https://lrisuyl.com/debut-srd19