



The Significance of Sexual Debut in Women's Lives

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Abstract

Purpose of Review For decades, researchers have been examining the correlates, outcomes, and contexts related to sexual debut. Early inquiries employed mostly retrospective methods with convenience samples, focusing on the negative correlates of early sexual debut. However, recent research has been more nuanced, using longitudinal methods with nationally representative samples around the globe, accounting for relevant covariates, and examining the correlates of early, later, and nonexistent sexual debut. In this review, we discuss the significance of the timing and context of sexual debut for women's sexual lives, focusing especially on the new conceptualizations and insights gained from research in the past five years.

Findings Although early sexual debut relative to one's peers typically has been considered problematic in terms of later sexual health and psychological well-being, more recent research has demonstrated that other factors, including individual characteristics and family and peer influences, are co-occurring risk factors that may better explain these significant relationships. More recent research has demonstrated that sexual competence at debut (i.e., maturity and preparedness) has greater predictive utility of later sexual health and wellness, including positive affect and appraisals of sexual desirability.

Summary and Future Directions From both a sociocultural and a methodological perspective, the framing of sexual debut has changed considerably in the past few decades. Accordingly, it is time to reconsider the framing of sexual debut to account for the wide range of sexual activities and relationship configurations that exist. Moreover, the study of sexual debut needs to include the individual, sociocultural, and contextual factors that might influence the way that the event is interpreted in an individual's lifelong sexual trajectory.

Keywords Sexual debut · First sexual intercourse · Age of sexual onset · Adolescents · Sexual competence · Predictors of women's sexual health

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Introduction

Researchers have defined sexual debut as the onset for an individual of partnered sexual activities. It is considered to be a pivotal event in individuals' lives, as it is one of the several behaviors that is indicative of transition to adulthood. It is also considered to be significant because of its implications for later sexual health and well-being—implications that have likely changed over time in part because debut is now occurring for most individuals in Western cultures at younger ages than in the past and also outside the context of legal marriage.

In this article, we first review recent studies focused on predictors and consequences of early sexual debut (relative to one's peers) and associations of age at sexual debut with later sexual health and well-being, for Western women in particular. We then summarize research that addresses the contexts in which sexual debut occurs, and more specifically the recent research concerning how sexual competence—that is, an individual's willingness to engage in sex and the use of contraception, among other measures—is a better predictor of subsequent sexual health and well-being than is age at sexual debut. Following our review, we provide conceptual, methodological, and theoretical suggestions for future research. For example, we encourage future research that defines sexual debut more broadly by including various forms of sexual expression and by placing it within the larger context of individuals' sexual histories.

Age at Sexual Debut, the Context of Sexual Debut, and Later Outcomes

Considerable research has focused on the life event of sexual debut, primarily from a public health perspective. This section presents a review of the literature that addresses three issues: (1) predictors of age at sexual debut, (2) differences in the experience of sexual debut as a function of the age at which it occurs, and (3) how age at sexual debut is associated with later sexual health and other outcomes. In the section that follows this one, we consider how the context (i.e., experience and circumstances) of sexual debut relates to later outcomes. In this review, we focus on the findings for women, although findings are often similar for men.

The definition of sexual debut is not consistent across studies. In many studies, participants are asked about the first time they had *sexual intercourse*, and this is sometimes further defined as penile-vaginal intercourse (e.g., National Longitudinal Study of Adolescent to Adult Health [1]). However, a few studies have employed a more inclusive definition such as the experience of *first sexual initiation* [2] or about an experience involving either vaginal or anal sex [3]. In one study, participants were asked about the first time they

had sex, with sex self-defined by the participants [4]. Based on further measures in the study, the researchers determined that 82% of the participants were recalling an experience that involved vaginal sex. In short, there is variation in the constructs examined under the broader rubric of sexual debut.

Predictors of age at sexual debut Researchers have examined factors that predict early sexual debut, often with the assumption that sexual debut at a young age is a public health issue associated with adverse outcomes, both in adolescence and later in adulthood. The classification of sexual debut as “early” has been defined in various ways including onset prior to the legal age of consent (which varies across geographical areas, although it is 16 in Canada and Britain, and 16 to 18 in the USA) and as occurring prior to the age that most others in a particular sample make the transition [5]. Early sexual debut also has been operationalized as sex occurring at age 15 or younger [2, 3], although sometimes at age 14 or younger [4, 6–8], which are cutoff points derived from reviews of national trends in age at sexual debut (typically penile-vaginal intercourse).

As summarized in recent reviews [9, 10], several family background variables are strongly associated with a younger age at sexual debut, including lower socio-economic status, family disruption, living in a single-parent household, poor parent-child relationships, low parental monitoring, and family adversity. More recent studies have continued to find that stressful family experiences are associated with early sexual debut [1, 4, 11–13]. Maternal dating (i.e., having a single mother who is dating) may be a particularly strong family predictor of early sexual debut for adolescent females [8].

Individual factors such as early puberty, the experience of other pre-intercourse forms of intimacy, early dating, and having a partner who is older are also predictive of early sexual debut [4, 9, 10]. Certain personality characteristics are linked to early sexual debut as well, including neuroticism, extroversion, disinhibition, impulsivity, depression, and anxiety [2, 14–16]. Adolescents who have early sex, compared with adolescents who delay, are more likely to engage in “risky” behaviors in general such as cannabis use, alcohol use, and smoking [1, 17–22]. School- and peer-related variables, including being a member of a sports club [23], having antisocial peers [2], and bullying and being bullied [22], have also been associated with early sexual debut. A limitation of this prior research is that these factors may co-vary with having sexual debut at an early age, but may not be causal factors.

Age at Sexual Debut Associated With the Context and Circumstances of Sexual Debut One concern about youth experiencing sexual debut at a young age is that early sexual debut may increase the likelihood that the debut experience itself is negative, such as being unplanned, unprotected, unwanted, or with an inappropriate partner,

which can then create a pattern of risky behaviors that results in later negative outcomes. In fact, research has shown that a younger age at sexual debut is associated with the reduced likelihood of using a form of contraception during the first time [24, 25], feeling pressured and even forced to have sex [4, 25–27], and having fewer positive emotions (e.g., love for one's partner) and more negative feelings (e.g., regret) in response to the experience [4]. Adolescents who have early sexual debut also recall that they were less ready for sex at the time [7]. A more negative context for early versus age-normative sexual debut, however, may not be explained directly by age per se, but rather by other factors that draw youth into early sex, which is a notable caveat to the research in this area. We noted in the section above that many background factors (e.g., family adversity) contribute to early sexual debut; these same factors can also lead to sexual debut being a negative experience.

An age discrepancy between other-sex partners, especially if the male is two or more years older than the female, is associated with a greater likelihood of a negative context at sexual debut for females, likely because of the unequal power balance in the relationship. More specifically, research has shown that an age discrepancy is associated with a less positive experience [7, 28•], failure to use condoms and contraception [29], feeling pressured to have sex [30], and feeling negatively about the timing and wishing it had occurred later [26, 31].

Recent research has advanced our understanding of how age at sexual debut is associated with the circumstances of the sexual transition [28•, 32••]. Using the British National Survey of Sexual Attitudes and Lifestyles, Palmer and colleagues investigated associations between age at sexual debut and contextual aspects of the experience and subsequent sexual health (an issue discussed in a section below). Relevant to age, they found that younger age at sexual debut was associated with a less “sexually competent” experience. Sexual competence was operationalized with four criteria based on the World Health Organization's definition of sexual health [33, 34]: contraceptive protection, both partners wanting to have sex, the feeling that it occurred at the right time, and the reasons for having sex were intrinsic and not due to external factors such as peer pressure. The researchers found, however, that age at sexual debut did not explain all of the variation in sexual competence, suggesting that some youth who have sex at a young age are nonetheless sexually competent. In addition, their results suggest that sexual competence at sexual debut as a measure of maturity and preparedness (regardless of age) may be the important variable to consider in terms of later health outcomes, an issue we discuss in a later section. Next, we consider the evidence of how the timing of sexual debut may have direct and indirect links to later health and well-being.

Age at Sexual Debut and Later Sexual and Physical Health

Health interventions, programming, and policies have focused on delaying adolescents' sexual initiation because of the potential adverse psychological, physical, and social outcomes of having sex earlier than one's peers, but what evidence exists for persistent adverse outcomes? Some evidence suggests that there are often later negative outcomes of early sexual debut, although findings vary across studies (which again may reflect the wide variation in definitions used of early sexual debut). Co-occurring risk factors that may have more explanatory power than age are not always controlled, and the adverse effects may not last long or may be influenced by cultural or cohort effects that are not considered. Moreover, some of the findings may reflect a retrospective bias when emerging adults are asked to recall the age that they first had sex and also to report on their current sexual experiences and health [35, 36]. Methodologically stronger are the studies based on large population-based samples of adolescents followed over time, in the USA (e.g., National Longitudinal Study of Adolescence to Adult Health), the UK (e.g., the National Survey of Sexual Attitudes and Lifestyles), and Australia (e.g., the International Youth Development Study).

Despite these methodological issues, recent research has produced some consistent findings with regard to age at sexual debut and later outcomes. Heywood et al. [37•] conducted a systematic review of 65 population-based studies and concluded that those who had early (relative to peers) partnered sexual experience reported a greater number of lifetime, recent, and concurrent partners; a more varied array of sexual experiences, including sex for payment; more adolescent and aborted pregnancies; greater length of time between first sex and marriage; and higher rates of marital dissolution. Findings related to other sexual and reproductive health outcomes, such as sexual difficulties, sexually transmitted infections, and contraception use, were mixed. Another recent review of 28 studies that focused specifically on young women concluded that girls who had early sexual debut were more likely to engage in risky sexual behavior, such as lower rates of contraception use during first sex [38]. This review found links between early sexual debut and a higher number of lifetime sexual partners, which was related to increased risk for STIs and cervical cancer. In addition, early sex was found to be related to higher risk for depression, low self-image, and later remorse about sexual debut.

Other recent studies have confirmed the associations of early sex with sexual health and psychological outcomes in samples around the world. In addition to the research conducted in the USA [6], relevant studies have been conducted in many other countries, including areas of sub-Saharan Africa [39], Vietnam [40], Sweden [41], and Australia [42]. In multiple countries, early sexual debut was found to be related to a

greater number of sexual partners, greater risk of STIs, risky sexual behavior (e.g., anal sex or condomless sex), antisocial behavior, and substance use. Notably, the direct relationship between early sex and later mental health outcomes, such as depression and internalizing symptoms, was supported in some studies [43, 44], but not supported or explained by other factors in other studies [6, 12, 42, 45•, 46].

Although the focus has been on negative outcomes of early sexual debut, a few recent studies have considered the benefits of sexual debut in adolescence [3•, 47]. For example, one study found that girls with early (versus later) sexual debut rated themselves to be more romantically appealing than those who did not debut early [3•], and another study showed that romantic relationship quality was high among early sex initiators with 1–3 lifetime sexual partners [47]. Some researchers have examined the negative consequences of later sexual debut (after age 18 or 20), which is another form of off-time sexual transition. For example, although Haase et al. [48] found that the German participants in their study with early (before age 16) sexual debut experienced several negative consequences (e.g., lower education attainment), those with late sexual debut (later than 18 or not yet) also suffered negative psychosocial consequences: they were less likely to report having a romantic partner and a true friend and reported lower levels of positive affect. These findings are built upon Sandfort et al. [49], who found that although women who had sexual debut later than their peers (compared with those with normative sexual debut) had lower rates of STIs and risky partners, they also reported more difficulties with sexual arousal. A set of linked studies demonstrated that young adults who had never debuted perceived themselves to be stigmatized by their peers because of their inexperience and were in fact perceived by others to be less desirable as a potential partner than those with partnered sexual experience [50].

Of importance, the research on early sexual debut has been expanded to consider the range of co-occurring factors, such as family and peer influences, that might explain the associations between early sexual debut and later psychosocial outcomes. For example, researchers have found that twins discordant for early sexual intercourse were not significantly different in measures of later psychosocial maladjustment (e.g., substance use, depression, and criminal conviction), suggesting that the route from early sex to psychosocial maladjustment is not direct, and shared environmental influences play a critical role in later psychological outcomes [35, 51]. Of particular note, researchers have found that when controlling for environmental and individual factors, such as having antisocial friends or behavioral inhibition, early sexual debut is no longer predictive of sexual risk taking [2, 51]. Once variables such as race, family socio-economic status (SES), and sexual abuse were controlled in one study, early sexual debut did not predict alcohol disorder or depression [45•]. However, even after controlling for sex-related consequences, early sexual

debut was associated with marijuana disorder, physical health, and obesity.

In sum, although many previous studies reveal a positive relationship between early sexual debut and later adverse sexual, reproductive, and health outcomes, recent longitudinal investigations with more nuanced and integrated approaches have uncovered numerous confounds in the relationship between early sexual debut and later outcomes. This wider scope, along with the consideration for potential positive effects of adolescent sexual debut, is shifting the emphasis of policy and education programming away from early sexual debut specifically and toward the myriad factors that might co-occur with sexual debut to influence later life outcomes. In the next section, we consider how a positive context for sexual debut rather than a negative one is linked to later sexual functioning and other outcomes. This angle represents a more current emphasis in research, movement away from the problematizing lens in which adolescent sexuality is typically viewed, and reflecting instead the normative components of sexual debut in the trajectory toward adulthood.

The Context of Sexual Debut and Implications for Health and Well-being Outcomes

Early clinical studies found that women with sexual dysfunctions, relative to women who did not have sexual dysfunctions, reported (retrospectively) a more negative experience at first sex [52, 53]. Although their reports were likely subject to recall and response biases, mounting evidence indicates that the context of sexual debut—including the degree to which both partners were ready and willing for the experience—is the critical factor in affecting later outcomes, more so than age. Context of debut incorporates intra- and interpersonal experiences and the social and situational circumstances of the time of sexual debut.

As noted in a prior section, sexual competence is a person's overall response to contextual influences at sexual debut and is a construct that serves as a marker of maturity across emotional, psychological, and social domains [5, 34]. Specifically, individuals demonstrate sexual competence when they (1) autonomously decide (via intrinsic motivation rather than extrinsic pressure) to engage in sex, (2) determine that the timing is “right,” and (3) use reliable contraceptives. Interpersonally, individuals demonstrate sexual competence when both partners are (4) equally willing to engage in sex. Sexual competence takes into account both individual and interdependent decision-making processes that contribute to later sexual health and well-being outcomes. For example, Palmer and colleagues' analysis of interviews conducted with sexually active 17–24-year olds in Britain (the Third National Survey of Sexual Attitudes and Lifestyles) demonstrates that among women, retrospective descriptions of sexual debut that

qualified as low in sexual competence were associated with STI diagnoses, prevalence of testing positive for HPV, low sexual function, unplanned pregnancy, and experiencing nonvolitional sex [32••].

Elements of a positive context for sexual debut also have been considered in other research. Comparable levels of willingness between partners to engage in sexual debut demonstrate individual autonomy and positive relationship communication, which are both linked to later sexual health outcomes and psychological well-being [54–58]. Based on interviews with women in Ireland, McCarthy-Jones and colleagues [26] found that women who reported equal willingness of both partners to engage in sex at the woman's debut reported better general and psychological health at the time of the interview as well as fewer lifetime incidences of STIs compared with those for whom sexual debut was characterized by coercion or force. Women who reported an equal willingness at sexual debut described their current relationships as warmer, more trusting, and less difficult to maintain (all indicators of psychological health), whereas those who recalled sexual debut as coerced reported being more influenced by powerful others (an indicator of poor psychological health) [26].

One element of a positive context at sexual debut is the feeling that the timing was right [5, 28, 32••]. Researchers speculate that readiness can be explained by a progressive sexual trajectory, from less intimate to more intimate behaviors (first deep kissing to first intercourse), in which intimacy and readiness develop gradually [7]. Rouche et al. [59] conducted a survey of adolescents in Belgium (Health Behavior in School-aged Children) to investigate the relationship between timing of sexual debut and later health outcomes. Retrospectively feeling that sexual debut occurred at the right time was associated with higher concurrent quality of life. Similar findings emerged in an interview study of 18–24-year-old African American participants [60]: Women who reported feeling remorse when describing their sexual debut often indicated that the timing was not right.

One robust finding is that condom/contractive use at first sexual intercourse is associated with later contraceptive use [24, 61–64]. Explanations for this association include that using a condom at first intercourse most likely initiates habit formation for routine condom use in future sexual encounters [64]. In addition, the lack of contraceptive use during sexual debut may be a “marker” of personality characteristics (e.g., impulsivity, lack of forethought) that may put young women at risk for unplanned pregnancy and STIs at the time of first sexual intercourse and subsequent sexual interactions [24].

There may be other components of sexual competence beyond those identified by Palmer and colleagues. Indeed, Palmer and colleagues acknowledged that other contextual factors, such as the experience of enjoyment, were not captured in their measures [32••]. In other research, positive affect at first sex has been linked to later positive sexual health

outcomes and psychological well-being [7, 54, 65, 66], including in intimate interactions as assessed through experience sampling surveys [66]. Evidence suggests that a positive context at debut may account for later positive functioning likely because of an increase in sexual confidence resulting from this first sexual experience. When Canadian young adults were asked to recall affect at first consensual sex, individuals recounting positive sexual debut (and low aversion) evaluated their current sexual adjustment more positively, which was mediated by higher sexual self-efficacy [65].

Suggestions for Future Research

Several recommended research directions emerged from our review. To begin, we echo the assertion of other scholars [11, 67, 68] that sexual development, both healthy and unhealthy, occurs along multiple pathways. As a result, a more elaborate conceptualization of sexual debut is needed that defines debut as a succession of multiple events involving a wide range of sexual behaviors that occur in various contexts, including in casual sexual encounters and romantic relationships. (For further discussion of new directions in conceptualization, see the next section.)

Given the emergence of Palmer and colleagues' [5, 28•, 32••] construct of sexual competence for understanding sexual readiness over and above either age or timing of debut relative to one's peers, a theoretically informed multidimensional measure of sexual competence would be invaluable for advancing the field. Such a multidimensional measure may include components beyond the four identified by Palmer and colleagues, including affect about the first time (as noted earlier), discrepancies between expectations and actual experiences [56], and components more relevant to sexual debut in sexual minorities, such as felt stigma. Given Kugler and colleagues' [6] assertion that early sexual debut is not, in and of itself, the most significant predictor of later risky sexual behavior but is instead an outcome of other variables, a multidimensional measure of sexual competence should include measures assessing the contextual factors associated with both early debut and later risky sexual behavior.

Furthermore, data should be collected from nationally representative samples of understudied populations. For example, in one of the few recent studies on sexual debut conducted with racial minorities, Goldberg and Halpern [11] found that white females were more likely than females of other races to experience two distinct sexual behaviors as part of debut (e.g., both vaginal and oral sex in the year of sexual debut). African American females reported the youngest average age at sexual debut, as well as the longest duration between first and second sexual behaviors. Nationally representative samples that include those who are sexually abstinent into their 20s and beyond would be an important future direction as the diverse

sample would provide more nuanced comparisons of those who have debuted at early, normative, and late ages [11, 69]. Research that collects data from the partners of the sexual debut would contribute to our understanding of the dynamics of debut. We also need to explore regional differences within countries (for example, in more conservative rural areas versus in more liberal metropolitan areas) and conduct more cross-cultural studies to understand further the various contextual factors influencing the experiences of sexual debut.

Research has employed various types of designs in the study of sexual debut, including both cross-sectional retrospective studies and longitudinal designs, and has yielded quantitative and qualitative findings. Future research should commence data collection during the pre-adolescent years that are prior to initiation of sexual activity to overcome the limitations of retrospective measures and to better assess short-term relationship outcomes and long-term individual outcomes of sexual debut, as well as contextual features. As recommended by other scholars [68, 69], future analyses also should examine whether variables often considered to be predictors of early sexual debut are instead covariates (that is, they co-occur with early sexual debut, rather than influence it). Analyses of existing and future data sets also should assess the reciprocal relationships between sexual behaviors and well-being [69], and assess how the experiences and outcomes of sexual debut operate differently based on gender and gender identity, sexual orientation, race/ethnicity, socio-economic status, and other variables [68]. As recommended by Harden [69], genetically informed research designs (that is, research on identical twins) would allow control for genetic selection effects that may affect sexual debut experiences and outcomes. Other types of designs would contribute to the current state of knowledge on sexual debut. For example, qualitative diary studies, focus groups with adolescents, and cognitive interviews (which explore what participants think about when providing answers to substantive questions concerning debut) would provide valuable in-depth insights about the sexual debut experience. Such data can also aid in the development of more meaningful survey items to tap important constructs such as sexual competence at first partnered sex [5].

Finally, research on sexual debut, as reviewed by Heywood and colleagues [37] and Zimmer-Gembeck and Helfand [68], generally has employed life course theory, problem behavior theory, social control theory, and script theory in understanding sexual debut. The application of life course theory reinforces the definition of sexual debut as a singular milestone event, and both problem behavior and social control theories reinforce the perspective that adolescent sexuality is inherently problematic. Script theory is more conceptual than predictive of debut and outcomes. Because of these shortcomings, we encourage future research on the construction and application of theories that capture the broader context of adolescents' lives.

A Critical Analysis of the Conceptualization of Sexual Debut

Based on our review of the expansive literature on sexual debut, we now turn to a critical analysis of its conceptualization. We believe that sexual debut should be defined as the onset for an individual of partnered sexual activities. However, sexual debut might not represent the initiation of regular or consistent sexual activities, as many adolescents report long lags and inconsistency between sexual interactions at first, which challenges the notion that adolescents become sexually “activated” at that point [70]. Onset of partnered sexual activity might also not occur in an established or casual relationship or not even in a dyadic context at all—for example, there may be multiple partners involved.

The emphasis on first *penile-vaginal intercourse* as one's sexual debut reinforces this event as pivotal in the process of sexual development but unfortunately overlooks both solo (non-partnered) sexual experiences (e.g., masturbation, porn use) and a range of other forms of partnered sexual activities that typically precede intercourse experiences, such as holding hands, kissing, breast touch, genital touch, and oral sex. There is growing evidence that earlier, less intimate forms of sexual experience have more profound influences on shaping one's self-concept as a sexual person compared with first intercourse [44, 71, 72]. Yet another conceptual angle that has characterized most work to date is a heteronormativity bias, whereby heterosexual behavior is positioned as the norm or default for understanding sexual behavior [9]. Those individuals, often sexual minority youth, without penile-vaginal intercourse experience are perceived as not being sexually active or excluded from studies of sexual behavior. This bias reinforces the “otherness” of their sexual lives, as well as stigmatization of those who do not conform to a heterosexual script.

Another bias in the standard approach to the study of sexual debut is the problem-based, rather than normative, orientation to the study of sexual behavior. Most of the problem-oriented research has addressed this topic from a public health perspective; intercourse is a focal activity because it represents the highest risk of unwanted or adverse outcomes, such as pregnancy, coercion, and infection. Most research on this topic has focused on female adolescents; incorporated “risk” and “vulnerability” language; addressed participation in early, earlier-than-peers, or off-time sexual intercourse; and reflects a long history of positioning age of first penile-vaginal intercourse within a range of problem behaviors, such as binge drinking/alcohol use, substance use, antisocial behaviors, delinquency, and ultimately adverse negative health outcomes [41], such as STIs and unwanted pregnancy. In line with this perspective, work on the psychological impact of sexual debut frequently has focused on associated regret and emotional harm [73–75] rather than enjoyment and pleasure, although there are some

notable exceptions in more recent studies [30, 76–79]. We need to accept that partnered sexual activities are a component of development of intimacy skills required in the process of transitioning into adulthood, and that there can be many positive outcomes for such intimacy for young people, just as there are for adults. This is not to say that all young people are ready to initiate partnered sexual activities; however, many of those who initiate advanced partnered activities earlier than their peers appear to be ready, whereas others are experiencing stresses and strains in their lives not well explained by examining sexual debut alone.

Conclusions

Sexual debut is an interpersonal event imbued with complex social and political meaning in almost every cultural context studied. Researchers have expended considerable resources exploring the factors that best predict the onset of partnered sexual activity, with a particular focus on the first occasion of penile-vaginal intercourse. Concern has centered on identifying those who initiate sexual activity earlier than their peers, especially for girls, reflecting our deep discomfort with adolescents' sexual lives. "Early" as a construct is truly a moving target, defined primarily by the sociocultural and historical context in which the research occurs. In general, those who initiate partnered sexual activities earlier than their peers tend to report more negative health outcomes, such as unintended pregnancy and STIs, as well as higher levels of concurrent problems behaviors, such as delinquency, and some long-standing health and functioning issues. In lieu of experimental data, we have relied most heavily on comprehensive longitudinal studies that track sexual development of large cohorts, eliminating some of the issues associated with recall and other reporting biases. Our best research indicates that in fact when co-occurring risk factors such as family adversity and poor relationships with one's parents are controlled, age and timing lose their predictive utility.

Instead of age and timing relative to one's peers, what emerges as a key factor in understanding sexual debut is the concept of sexual competence. An individual's well-being in relation to onset of partnered sexual activity is best predicted by the extent to which they (and their partner) were ready, willing, and prepared to take on this behavior as part of their transition to adulthood. We conclude by suggesting that sexual debut does not comprise the pivotal event of sexual development that many consider it to be and that at best it constitutes a proxy measure of individual adjustment or well-being reflecting myriad salient factors in young people's lives.

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Compliance With Ethical Standard

Conflict of Interest The authors declare that they have no conflict of interest.

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