



Policy Priorities: Why Sexual Delay Should be the Goal in Sex Education...And Why Teen Pregnancy Prevention Isn't Enough

There are significant benefits to the individual who delays sexual debut. Most of these benefits cannot be realized by the teen who becomes sexually active, but uses contraception as a risk reduction method. The research is compelling – and continues to grow – that delaying the age of sexual debut is associated with a variety of protective benefits. While in many cases, the research does not necessarily imply causation; there is an increasingly strong and positive association between sexual initiation and other health and relational risk behaviors that often persist beyond adolescence and far into adulthood – if not for the entire span of one's life. Public health efforts must vigorously support and prioritize the delay of sexual initiation among youth because teen sex may open the door to other problem behaviors; and because, as noted by Magnusson, "age of sexual debut is an important distal factor which sets a trajectory of risky sexual behavior."¹ Simply put, the age of sexual initiation matters and merely prescribing Long-acting Reversible Contraception (or LARC) cannot eliminate the inherent risks of teen sex. Frankly, those who claim that teen sexual activity is healthy – so long as each partner consents and no pregnancy ensues – are on the wrong side of science and are promoting a strategy that could compromise the future health and success of youth. Sex education policy that normalizes teen sex, so long as the teen uses contraception is simplistic, naive, and uninformed at best, but harmful at its root.

This section is not exhaustive in its analysis of the large body of research documenting the perils of teen sex, but it does contain a summary of the research. In many of the studies, teen sex is often described as "early" sex, which is usually defined as sexual debut before 15 -18 years of age. However, often there are increasing advantages to the individual the longer a person waits to begin having sex, with most optimal outcomes realized for those who wait until after marriage, and who remain faithful to that marriage partner.

Most research on this topic does not address "why" teen sex is associated with so many negative consequences, why teen sexual activity is generally not an isolated risk behavior, nor why this behavior appears to set a troubling pattern for subsequent behaviors. Perhaps teens who become sexually active reject the normal mentoring or "oversight" roles of parents and other adult in their lives, thus increasing additional opportunities for other harmful behaviors. Perhaps the attention of sexually active teens is diverted away from those behaviors that require self discipline and a long-term focus. The research is not adequately clear on causal factors. It is clear, however, that teens who choose to delay sexual initiation also add additional protective benefits to their lives and futures because they are able to invest more of their time and energy into activities which put them on a path for future success. These activities include putting an emphasis on their education, volunteering for community service, nurturing healthy relationships, learning from mentors and plotting a course for their futures. On average, the decisions to engage in teen sex – or to delay sex - are not decisions made in isolation. They have an impact that extends far beyond the risks of pregnancy or infection.

The research is compelling and cannot be easily dismissed. Teen sex is risky behavior. And waiting for sex, preferably until marriage, improves the prospect for positive future outcomes. Specifically, the research reveals that when teens have sex, the following negative life outcomes are more likely to occur, often persisting into adulthood:

- Less likely to use contraception.²
- More likely to experience STI.³
- More concurrent or lifetime partners.⁴
- More likely to experience pregnancy.⁵
- Lower educational attainment (and not necessarily linked to pregnancy.)⁶
- Increased sexual abuse and victimization.⁷
- Decreased general physical and psychological health, including depression.⁸
- Decreased relationship quality, stability and more likely to divorce.⁹
- More frequent engagement in other risk behaviors, such as smoking, drinking, and drugs.¹⁰
- More likely to participate in anti-social or delinquent behavior.¹¹
- Less likely to exercise self efficacy and self regulation.¹²
- Less attachment to parents, school and faith.¹³
- Less financial net worth and more likely to live in poverty.¹⁴
- Early sexual behaviors set a pattern for later ones.¹⁵

And waiting for sex, preferably until marriage, appears to have the opposite result. Youth who are not sexually active are more likely to enjoy more positive outcomes than their sexually active counterparts. The research is abundantly clear that optimal health expectations move individuals closer to that goal than they would be without the information, skills and encouragement they receive to wait for sex. A cultural shift in expectations regarding sexual health necessitates a uniform message that is consistent with public health protocols for health, bolstered by the compelling research in favor of sexual delay.

Educators must intentionally work to build the internal and external assets of the students they serve so youth are more able and confident to make healthy decisions that avoid the risks associated with teen sex. Sexual risk avoidance education gives research and theory the legs of practicality. This same research proves the transferability of skills important to not only avoid teen sex, but also to improve the likelihood that youth will enjoy life success. Therefore, sex education policy should focus on sexual delay, preferably until marriage. Why? Because the health of youth translates into the health of adults – and families – and our nation. Policy must place optimal health as the desired outcome, with the understanding that every incremental step toward that goal is success.

For more information, contact Ascend at info@WeAscend.org or call 202-248-5420

- 1 Magnusson, B., Nield, J., Lapane, K., (2015, Feb 7). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. . BMC Public Health. 15:98.
- 2 CDC: (2014) Youth Risk Behavior Survey. Atlanta: Author.
- Crosby, R Geter, A., Ricks, J., Jones, M., Salazar, L. (2015). Developmental investigation of age at sexual debut and subsequent sexual risk behaviours: a study of high-risk young black males. *Sexual Health* 2015; 12: 390–396.
- Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study *American Journal of Public Health.* 98:155-161
- 2 Magnusson, B, Masho, S., Lapane, K. (2012, Jan). Early Age at First Intercourse and Subsequent Gaps in Contraceptive Use. *Journal of Women's Health.* 21(1): 73-79.
- 3 Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health.* 52:5213-532.
- 3 Scott, M., Wildsmith, E., Welte, K., Ryan, S., Schelar, E.,Steward-Streng , N. (2011). Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adulthood. *Perspectives on Sexual and Reproductive Health.* 43(2):110–118,
- 3 Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study *American Journal of Public Health.* 98:155-161
- 3 Lee, S. Y., Lee, H. J., Kim, T. K., Lee, S. G. and Park, E.-C. (2015). Sexually Transmitted Infections and First Sexual Intercourse Age in Adolescents: The Nationwide Retrospective Cross-Sectional Study. *Journal of Sexual Medicine,* 12: 2313–2323.
- 4 Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health.* 52:5213-532.
- Magnusson, B., Nield, J., Lapane, K., (2015, Feb 7). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. . BMC Public Health. 15:98.
- Heywood, W. Patrick, K., A., Pitt, M. (2015) *Archives of Sexual Behavior.* 44:531-569
- 5 Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health.* 52:5213-532.
- 6 Kagesten, A., Blum, R (2015, April) Characteristics of youth who report early sexual experiences in Sweden. *Archives of Sexual Behavior.* 44:679-694
- Raine TR, Jenkins R, Aarons SJ, et al. (1999) Sociodemographic correlates of virginity in seventh-grade black and Latino students. *J Adolesc Health ;*24:304e12.
- Schvaneveldt PL, Miller BC, Berry EH, Lee TR. (2009) Academic goals, achievement, and age at first sexual intercourse. *Adolescence* 2001;36: 767e87.Sabia JJ, Rees DL. The effect of sexual abstinence on females' educational attainment. *Demography.* 46:695e715.
- Tubman JG, Windle M, Windle RC. (1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Dev;*67:327e43
- Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health.* 52:5213-532.
- 6 Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 3:164–170.
- 6 Parkes, A., Wight, D., Henderson, M., West, P (2010) Does early sexual debut reduce teenagers' participation in tertiary education? Evidence from the SHARE longitudinal study. *Journal of Adolescence* 33: 741–754.
- 6 Annang, L., Walsemann, K.,Maitra, D., Kerr, J. (2010, Supplement 4) Does Education Matter? Examining Racial Differences Between Education and STI Diagnosis Among Black and White Young Adult Females in the United States. *Social Determinants of Health.* Vol. 125, Supplement 4: 110-121
- 6 Spriggs, A. L., Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspectives on Sexual and Reproductive Health,* 40(3): 152–16
- 7 Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- 8 Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study *American Journal of Public Health.* 98:155-161
- Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 3:164–170.
- Tubman JG, Windle M, Windle RC. (1996). The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Dev.* 67:327e43
- 8 Abdo, L., (2015, 2 Dec). Age of initial sexual intercourse and health of adolescent girls. *Journal of Pediatric and Adolescent Gynecology.*
- 8 Armour, S., Haynie, D. (2006) Adolescent Sexual Debut and Later Delinquency. *J Youth Adolescence.* 36:141–152
- 8 Joyner and Udry, 2000; Meier, 2000). Additionally, Meier (2004) finds that the effect of sexual initiation on depression is stronger for females and that it is tied to the context in which sexual debut occurred (i.e., whether or not the adolescent reported being in a romantic relationship).
- 8 Hallfors DD, Waller MW, Bauer D, Ford CA, Halpern CT. (2005). Which comes first in adolescence—sex and drugs or depression? *Am J Prev Med.* 29: 163–170.
- 9 Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family* 73 : 472 – 485.
- Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study *American Journal of Public Health.* 98:155-161
- 9 Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 3:164–170.
- 9 Heaton, T. B. (2002). Factors contributing to increasing marital stability in the United States. *Journal of Family Issues,* 23, 392 – 409.
- Teachman, J. (2003). Premarital sex, premarital cohabitation, and the risk of subsequent marital dissolution among women. *Journal of Marriage and Family,* 65, 444 – 455.
- 9 Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family* 73 : 472 – 485.
- 9 Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 3:164–170..
- 10 Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- Raine TR, Jenkins R, Aarons SJ, et al. (1999) Sociodemographic correlates of virginity in seventh-grade black and Latino students. *J Adolesc Health.* 24:304e12.
- Capaldi DM, Crosby L, Stoolmiller M. (1996) Predicting the timing of first sexual intercourse for at-risk adolescent males. *Child Dev.* 67: 344e59.
- Santelli JS, Kaiser J, Hirsch L, et al. (2004) Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. *J Adolesc Health.* 34:200e8.
- Tubman JG, Windle M, Windle RC.(1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Dev.* 67:327e43
- Thamotharan S.,Grabowski J, K.,Stefano E., Fields, S. (2015). An examination of sexual risk behaviors in adolescent substance users. *International Journal of Sexual Health* 27 (2): np
- Madkour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations.. *Journal of Adolescent Health* 47: 389–398
- 10 Armour, S., Haynie , D. (2007) Adolescent Sexual Debut and Later Delinquency. *J Youth Adolescence* 36:141–152
- 10 Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? *Journal of Adolescent Health.* 52:5213-532.
- 11 Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- Capaldi DM, Crosby L, Stoolmiller M. (1996) Predicting the timing of first sexual intercourse for at-risk adolescent males. *Child Dev.* 67: 344e59.
- Tubman JG, Windle M, Windle RC. (1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Dev.* 67:327e43
- McLeod, J., Knight, S. (2010), *Perspectives on Sexual and Reproductive Health.* 42(2):93
- 11 Armour, S., Haynie , D. (2007) Adolescent Sexual Debut and Later Delinquency. *J Youth Adolescence* 36:141–152
- 12 Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 104: 91-100.
- McLeod, J., Knight, S. (2010), *Perspectives on Sexual and Reproductive Health.* 42(2):93
- 13 Ream GL. (2006). Reciprocal effects between the perceived environment and heterosexual intercourse among adolescents. *J Youth Adolesc* 35:771–85.
- Madkour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations.. *Journal of Adolescent Health* 47: 389–398
- 14 Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 3:164–170.
- 15 Scott, M., Wildsmith, E., Welte, K., Ryan, S., Schelar, E.,Steward-Streng , N. (2011). Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adulthood. *Perspectives on Sexual and Reproductive Health.* 43(2):110–118,
- Manlove J, Ryan S and Franzetta K, Contraceptive use patterns across teens' sexual relationships: the role of relationships, partners, and sexual histories, *Demography,* 2007, 44(3):603–621.
- Manning WD, Longmore M and Giordano PC, (2005) Adolescents' involvement in non-romantic sexual activity, *Social Science Research,* 34(5):384–407.