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Age of Sexual Debut among Young Gay-identified Sexual Minority Men: The P18 Cohort Study

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ABSTRACT

Age of sexual debut is a critical health indicator for young sexual minority men (YSMM), associated with an increased likelihood of HIV acquisition, use of alcohol, tobacco, and other substances, and psychological distress. This study examined the age of same-sex sexual debut for five sexual behaviors in a sample of racially/ethnically and socioeconomically diverse gay-identified YSMM in New York City. The mean age of sexual debut of any behavior was 14.5 years old and 19% of the sample reported sexual debut prior to age 13. Overall, mutual masturbation occurred at the youngest mean age, followed by performed oral, receptive oral, receptive anal, and insertive anal intercourse. There were significant differences by race/ethnicity and perceived familial socioeconomic status (SES), such that Black and Hispanic/Latino men had earlier ages of debut for performed oral and receptive and insertive anal sex, while upper SES men had later ages of debut for receptive and insertive anal intercourse. These findings are relevant to trends in HIV incidence in the U.S., which are highest among Black and Hispanic/Latino YSMM and may be associated with earlier age of sexual debut. These findings also underscore a need for comprehensive and inclusive sex education at younger ages.

ARTICLE HISTORY

Myriad interconnected biological, psychological, social, and structural factors influence youth development, and these factors play a significant role in shaping adult behavior, including sexual behavior (Gottlieb et al., 2007; Osher et al., 2020; Papalia et al., 2007). The emergence of same-sex sexual behavior is a critical milestone in the development of gay identity and may be associated with differences in identity development trajectories and engagement in health and well-being (Flowers et al., 1998; Grov et al., 2006, 2018; Nelson et al., 2016). Sociocultural conditions may influence both gay identity development and age of sexual debut, as we see that developmental milestones, such as coming out and sexual debut, occur at younger ages in more recent birth cohorts, and in the context of increasingly accepting social and legal environments (Grov et al., 2006, 2018; Nelson et al., 2016; Sanchez et al., 2020; Wardenski, 2005). It is in this light that we consider patterns of same-sex sexual debut among emerging adult gay men who have come of age in this new millennium. This group constitutes the third such generation since the Stonewall Riots in 1969, a major catalyst of the modern LGBTQ rights movement, and the second to come of age since the depathologization of homosexuality in 1973 (Halkitis, 2019).

Several studies have found that earlier age of sexual debut among sexual minority men is associated with a range of sexual and health risk behaviors, including increased likelihood of condomless sex; tobacco, alcohol, and other substance use; psychological distress; suicidality; and earlier age of HIV diagnosis (Dewaele et al., 2017; Lombardi et al., 2008; Lowry et al.,

2017; Nelson et al., 2016; Outlaw et al., 2011). Studies that used comparison groups most often compared sexual minority men or all sexual minority groups to heterosexual men and/or women; while some have found that sexual minority men have an earlier age of sexual debut (Glick et al., 2012), others have found the opposite to be true (Dewaele et al., 2017). Few studies have examined differences in age of sexual debut within subgroups of sexual minority men, such as differences by race/ethnicity or socioeconomic status (SES). One such study found that, compared to White men who have sex with men (MSM), hispanic, and Black MSM had a younger age of oral sex debut and all nonwhite racial/ethnic groups had a younger age of anal sex debut. However, while this study disaggregated oral and anal sex, unlike many previous studies which used broader definitions of sexual activity for a sexual debut, it did not examine positionality (e.g., receptive anal sex, oral sex performed), which is particularly important when considering differences in risk of acquiring HIV and other sexually transmitted infections (STIs) (Sanchez et al., 2020).

We sought to contribute to this extant literature on sexual debut by exploring the debut of a broader range of sexual behaviors among a new generation of gay men (Halkitis, 2019). In the analyses that follow, we: (1) document the age of first same-sex mutual masturbation, oral sex, and anal sex; (2) delineate patterns of onset across these sexual behaviors; and (3) examine differences in age of onset by key demographic characteristics, including race/ethnicity and perceived familial SES. Findings from this investigation may provide information

on the optimal developmental timing of sex education programming for young gay men, which is critical considering that less than half of U.S. schools provide LGBTQ-inclusive sex education (Centers for Disease Control and Prevention, 2019c).

Method

Study Design and Participants

Data for these analyses were drawn from the Project 18 (P18) Cohort Study, a longitudinal investigation of syndemic conditions among a racially/ethnically and socioeconomically diverse sample of young sexual minority men (YSMM) in the New York City (NYC) metropolitan area. P18 study details and methodology have been described in detail elsewhere (Halkitis et al., 2015a, 2013). Briefly, 600 participants were recruited between May 2009–June 2011, using active and passive recruitment methods. At baseline, eligible participants were required to: (1) be 18 or 19 years old, (2) live in the NYC metropolitan area, (3) be assigned male at birth, (4) report sex with a man in the previous 6 months, and (5) report a negative or unknown HIV serostatus. At baseline and every 6 months thereafter, for a period of 3 years, participants completed study visits which included completing: an audio-computer assisted self-interview (ACASI) survey, which contained measures of socio-demographic characteristics, psychosocial and mental health factors, substance use, and sexual behaviors; an interviewer-administered Timeline Follow-Back (TLFB) measure of past 30-day substance use and sexual behavior; and rapid HIV-antibody testing, with confirmatory testing for preliminary positive tests and viral load draws at follow-up visits for those who seroconverted during the study period. Participants provided written informed consent at baseline, and the New York University Institutional Review Board approved all study activities.

While 600 participants completed the baseline assessment, this analytic sample ($n = 424$) consists of only those who identified as “predominately” or “exclusively” homosexual, as described below, given the different patterns of health and behavior manifested in gay men, as compared to non-gay identified MSM (Bowers et al., 2012).

Measures

Demographic Characteristics

All sociodemographic characteristics were self-reported. For race/ethnicity, participants were asked to select all applicable categories, including White, Black/African American, Hispanic/Latino, Asian/Pacific Islander, Native American, or other. Race/ethnicity was later recoded, such that those who selected multiple categories were coded as “mixed,” which was collapsed with the Asian, Native American, and other categories, though this combined variable was predominately Asian-identified participants. Perceived familial SES was measured by asking participants to identify the socioeconomic status of their families (Halkitis et al., 2014), which was later trichotomized into “lower,” “middle,” and “upper” class. Participants reported whether or not they

were born in the United States, yielding a binary yes/no variable for nation of birth. Sexual orientation was assessed using the Kinsey scale, ranging from exclusively heterosexual to exclusively homosexual, with our analyses focusing only on those identifying as “predominately” or “exclusively” homosexual (Kinsey et al., 1948).

Sexual Debut

Items regarding sexual history were posed with regard to mutual masturbation, oral sex performed, oral sex received, insertive anal sex, and receptive anal sex. For each of the behaviors, participants reported whether they had engaged in the behaviors, the age at which the behavior first occurred, whether that first occurrence was with a man or woman, and whether or not that first occurrence was consensual. Our analyses focused only on self-identified consensual behaviors which occurred over the age of 5 and with another man. Participants who reported age at same-sex consensual sexual behaviors before age 6 were identified as outliers and were excluded from analyses on the specific sexual behaviors.

Analytic Plan

All analyses were run in IBM SPSS Statistics, version 25.

Univariate Analyses

Frequency distributions were run on key sociodemographic variables, for both the total sample and our analytic sample. For sexual debut variables, we calculated both frequencies for each act reported and the mean, standard deviation, and range of the age of debut for each act.

Bivariate Analyses

ANOVA and t-tests were run to assess differences in age of debut across the key sociodemographic variables. Between-group repeated measures ANOVAs were run with Bonferroni post hoc tests to examine relationships between the mean age of sexual debut and our key sociodemographic variables, and to identify changes in mean age across the behaviors. To counteract the increased likelihood of Type I error due to multiple comparisons, we used a Bonferroni correction and set the critical value at $p = .02$. As the data were mostly normally distributed, we used parametric tests.

Results

Our analytic sample of 424 sexual minority men (Table 1) did not significantly differ from the total sample in relation to SES or nation of birth. However, compared to the total sample, the analytic sample had a higher proportion of White non-Hispanic participants and a lower proportion of Black non-Hispanic participants ($\chi^2 = 16.29, p < .001$).

As shown in Table 1, of the 424 participants in the analytic sample, 88.7% ($n = 376$) were born in the United States. Mean age at the time of the baseline assessment was 18.23 ($SD = 0.44$, median = 18). The distribution of SES was similar across each level (lower, middle, upper), with approximately one-third of participants reporting each level. The majority of the sample

Table 1. Sociodemographic characteristics of P18 study participants at baseline.

	Total Sample (<i>n</i> = 600) % (<i>n</i>)	Gay-Identified (<i>n</i> = 424) % (<i>n</i>)
Age*	18.23 (0.43)	18.23 (0.44)
Nation of birth		
United States	88.7 (532)	88.7 (376)
Non-US	11.0 (66)	11.3 (48)
Missing	0.3 (2)	0 (0)
Perceived familial SES		
Lower	33.3 (200)	33.3 (141)
Middle	37.0 (222)	35.4 (150)
Upper	29.3 (176)	31.4 (133)
Missing	0.3 (2)	0 (0)
Race/ethnicity		
Hispanic/Latino	38.2 (229)	37.5 (159)
Black non-Hispanic	14.8 (89)	12.5 (53)
Other non-Hispanic	17.8 (107)	16.7 (71)
White non-Hispanic	28.8 (173)	33.3 (141)
Missing	0.3 (2)	0 (0)

*Reported as *M* (*SD*).

was Hispanic/Latino (37.5%, *n* = 159) or White non-Hispanic (33.3%, *n* = 141).

Approximately 19% of participants had their first sexual experience before the age of 13, and the overall mean age of same-sex sexual debut for the study sample was 14.53 (*SD* = 2.43, median = 15). The first consensual sexual act for mutual masturbation, performed oral sex, received oral sex, insertive anal sex, and receptive anal sex was recorded with the gender of the partner (Table 2). For consensual sexual behavior with a male partner, the highest percentage of the study sample reported having performed oral sex (86.8%, *n* = 368), followed by received oral sex (83.0%, *n* = 352), receptive anal sex (76.2%, *n* = 323), mutual masturbation (73.3%, *n* = 311), and insertive anal sex (68.6%, *n* = 291).

For a more thorough analysis of the data, average age for each sexual behavior along with the results from the ANOVAs were reported for race/ethnicity and perceived familial SES, and t-tests for US-born status (Table 3). The overall average age of first sexual act with a man from youngest to oldest was mutual masturbation, performed oral sex, received oral sex, had receptive anal sex, and had insertive anal sex (Figure 1).

By race/ethnicity, the average age of first sexual act was significantly different for performed oral sex, had receptive anal sex, and had insertive anal sex. The average age of first performed oral sex was highest among Other non-Hispanic participants (*M* = 15.50, *SD* = 2.53), followed by White non-Hispanic (*M* = 15.37, *SD* = 1.86), Hispanic/Latino (*M* = 14.82, *SD* = 2.42), and Black non-Hispanic participants (*M* = 14.35, *SD* = 2.55). For receptive anal sex, the average age was highest among White non-Hispanic participants (*M* = 16.64, *SD* = 1.44), followed by other non-Hispanic

(*M* = 16.39, *SD* = 1.66), Hispanic/Latino (*M* = 15.76, *SD* = 1.94), and Black non-Hispanic participants (*M* = 15.26, *SD* = 1.74). For insertive anal sex, the average age was highest among White non-Hispanic participants (*M* = 16.87, *SD* = 1.33), followed by other non-Hispanic (*M* = 16.56, *SD* = 1.50), Hispanic/Latino (*M* = 16.07, *SD* = 1.62), and Black participants (*M* = 15.97, *SD* = 1.36). The trend of average age for each sexual behavior for the White non-Hispanic and Other non-Hispanic groups was similar to the overall average age pattern (Figure 2). From the ANOVA post hoc tests, average age at first insertive anal sex was significantly lower for the Hispanic group (*p* = .001) and Black non-Hispanic group (*p* = .016) compared to the White non-Hispanic group. For first receptive anal sex, the average age for the Hispanic group (*p* = .001) and Black non-Hispanic group (*p* < .001) were significantly lower compared to the White non-Hispanic group.

By SES, the average age at first insertive anal sex and receptive anal sex were significantly different between lower, middle, and upper SES. For insertive anal sex, the average age was highest among upper class (*M* = 16.80, *SD* = 1.27), followed by lower (*M* = 16.22, *SD* = 1.57) and middle class (*M* = 16.21, *SD* = 1.60). For receptive anal sex, average age was highest among upper class (*M* = 16.59, *SD* = 1.52), followed by lower (*M* = 15.97, *SD* = 1.89), and middle class (*M* = 15.79, *SD* = 1.89). The average age of each sexual behavior for the three levels of the perceived familial SES group followed a similar pattern as the overall average age (Figure 3). The average age of the middle SES group was significantly lower than the upper SES group for the age of first receptive anal sex (*p* = .003).

There were no significant differences in age of sexual debut by US-born status, for all behaviors.

Discussion

The analyses presented here examined the age of same-sex sexual debut in a sample of YSMM, as well as differences in the emergence of five same-sex sexual behaviors across key demographic characteristics. This study focused on consensual same-sex sexual behaviors, including mutual masturbation, oral sex performed and received, and receptive and insertive anal sex. We found that the mean age of same-sex sexual debut was between 14 and 15 years old, with mutual masturbation occurring earliest on average among this sample of YSMM, followed by oral sex performed and received occurring at approximately age 15. Notably, we found that the debut of same-sex anal intercourse was approximately age 16, which is younger than the national mean of 17 for

Table 2. Proportion of participants reporting debut of consensual sexual behaviors after age 5 (*n* = 424).

	Mutual Masturbation % (<i>n</i>)	Performed Oral % (<i>n</i>)	Received Oral % (<i>n</i>)	Insertive Anal % (<i>n</i>)	Receptive Anal % (<i>n</i>)
Reported w/male	73.3% (311)	86.8% (368)	83.0% (352)	68.6% (291)	76.2% (323)
Reported w/female	0.2% (1)	4.7% (20)	8.0% (34)	1.2% (5)	0.2% (1)
Not reported	23.1% (98)	3.1% (13)	5.0% (21)	28.1% (119)	17.9% (76)
Missing/no answer	3.3% (14)	5.4% (23)	17.0% (72)	2.1% (9)	5.7% (24)

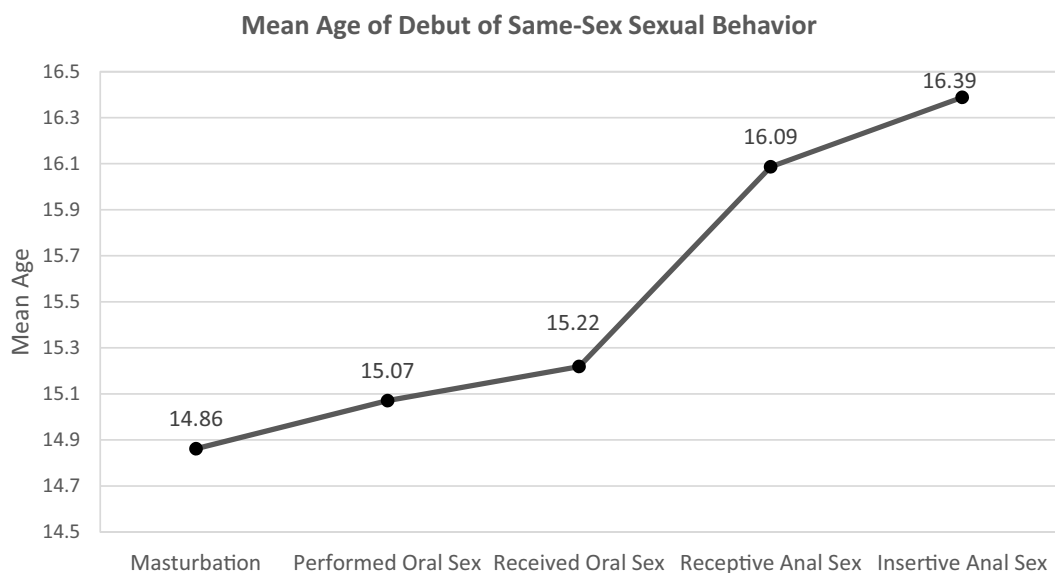
*Excludes acts at age 5 or less.

Table 3. Mean age at the debut of consensual same-sex sexual behavior by key demographic characteristics (n = 424).

	Age at First Masturbation		Age at First Performed Oral Sex		Age at First Received Oral Sex		Age at First Had Receptive Anal Sex		Age at First Had Insertive Anal Sex	
	Mean (SD)	<i>p</i>	Mean (SD)	<i>p</i>	Mean (SD)	<i>p</i>	Mean (SD)	<i>p</i>	Mean (SD)	<i>p</i>
Total Sample	14.86 (2.28)		15.07 (2.29)		15.22 (2.02)		16.09 (1.78)		16.39 (1.52)	
Total Sample: Median (Range)	15 (7–19)		15 (6–19)		16 (7–19)		16 (9–19)		17 (11–19)	
Race/ethnicity										
Hispanic/Latino	14.87 (2.14)	0.208	14.82 (2.42)	0.017*	14.97 (2.06)	0.219	15.76 (1.94)	< 0.001*	16.07 (1.62)	< 0.001*
Black non-Hispanic	15.29 (1.94)		14.35 (2.55)		15.08 (2.17)		15.26 (1.74)		15.97 (1.36)	
Other non-Hispanic	15.28 (2.50)		15.50 (2.53)		15.54 (2.15)		16.39 (1.66)		16.56 (1.50)	
White non-Hispanic	14.57 (2.40)		15.37 (1.86)		15.39 (1.84)		16.64 (1.44)		16.87 (1.33)	
Perceived familial SES										
Lower	14.80 (2.48)	0.885	14.83 (2.37)	0.065	15.07 (2.08)	0.073	15.97 (1.80)	0.010*	16.22 (1.57)	0.003*
Middle	14.95 (2.10)		14.92 (2.45)		15.03 (2.15)		15.79 (1.89)		16.21 (1.60)	
Upper	14.82 (2.29)		15.47 (1.97)		15.58 (1.76)		16.59 (1.52)		16.80 (1.27)	
Born in the United States										
No	14.61 (1.90)	0.484	15.14 (2.09)	0.829	15.38 (1.72)	0.579	16.15 (1.62)	0.909	16.36 (1.73)	0.819
Yes	14.89 (2.33)		15.06 (2.32)		15.20 (2.05)		16.08 (1.81)		16.39 (1.49)	

* t-test and ANOVA *p*-values < 0.02; Critical *p* value set to *p* = 0.02 per Bonferroni correction.

Excludes behavior reported prior to age 5.

**Figure 1.** Average age of debut of same-sex sexual behavior.

vaginal intercourse among heterosexual men in the United States (Centers for Disease Control and Prevention, 2017).

Approximately 19% of the participants indicated that their first sexual intercourse was before age 13, significantly higher than national estimates of 3.6–7.6% among U.S. men (Lindberg et al., 2019). This early sexual debut by 1 in 5 men was evident in our sample, which excluded any acts that were non-consensual or were reported at age 5 or younger. The younger mean age of sexual debut, and the correspondingly larger proportion of men who indicated their first sexual encounter before age 13, holds critical health implications for YSMM. Earlier onset of sexual behavior in the population is associated with greater risk of substance use, mental health problems, and acquisition of HIV and other STIs (Cha et al., 2016; Cornelius et al., 2007; Kastbom et al., 2015; Lowry et al., 2017; Nelson et al., 2016).

In terms of the emergence of sexual behavior, we found that mutual masturbation occurs at the earliest age, followed by performing oral sex, receiving oral sex, receptive anal intercourse, and insertive anal intercourse. Only one previous study has examined such patterns and also found that mutual masturbation had the earliest debut age, followed by oral, insertive anal, then receptive anal intercourse (Halkitis et al., 2011). In other studies, the definition of sexual debut is either left up to participants' interpretations or limited to anal sex – a narrow framework to understand gay men's health as HIV risk (Halkitis, 2010; Halkitis et al., 2011). Our present findings regarding the differences in average age of each sexual behavior, and especially the delay in debut of anal sex behaviors, highlights crucial timepoints for interventions, such as comprehensive sexuality education and YSMM-focused health resources.

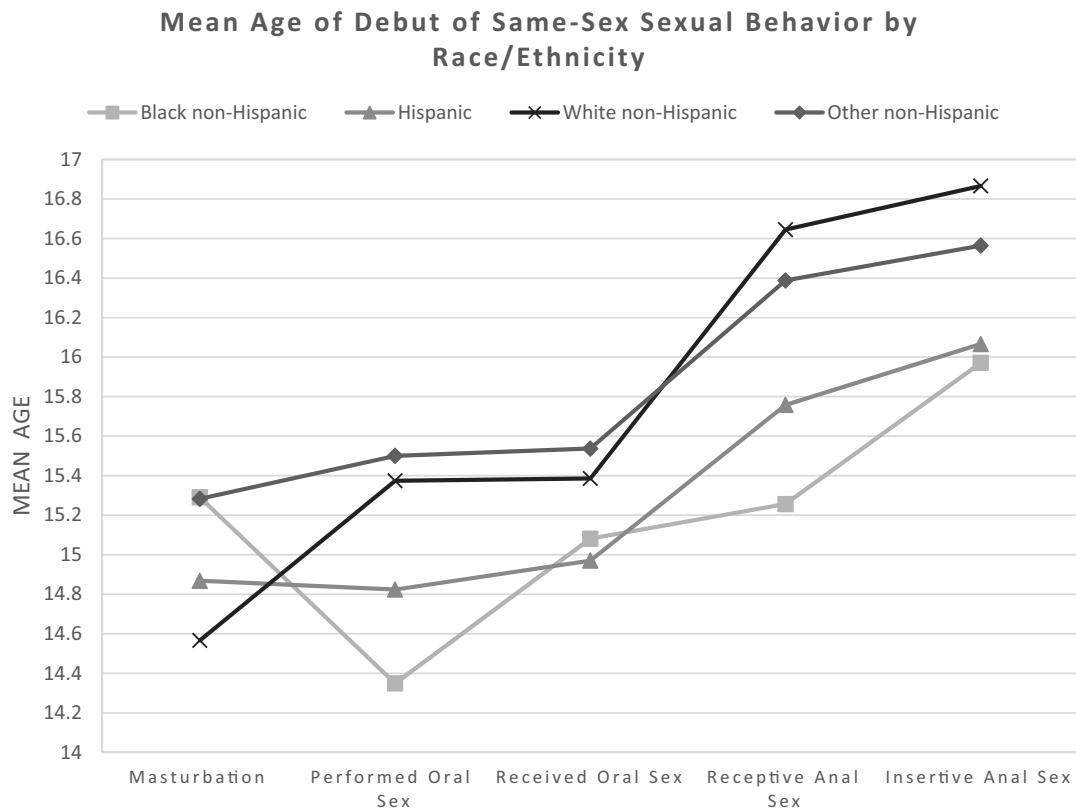


Figure 2. Average age of debut of same-sex sexual behavior by race/ethnicity. The diamond-shaped points represent the average age for Asian/Mixed/Native American/Other participants, the square-shaped points represent the average age for Black non-Hispanic, the triangle-shaped points represent Hispanic/Latino participants, and the x-shaped points represent White non-Hispanic participants.

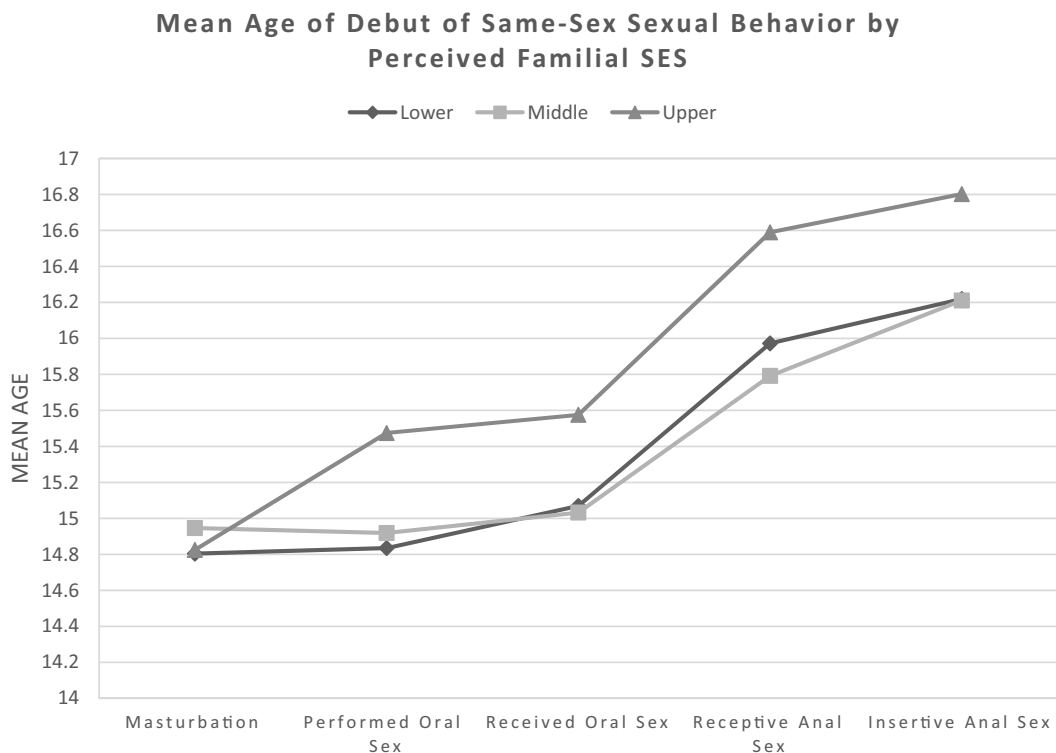


Figure 3. Average age of debut of same-sex sexual behavior by perceived familial SES. The diamond shaped points represent the average age for lower SES, the square shaped points represent the average age for middle SES, and the triangle shaped points represent upper SES.

We also detected statistically significant differences in terms of age of sexual behavior onset among key demographic characteristics. Hispanic/Latino and Black non-Hispanic participants reported a younger age for performing oral sex, receptive anal sex, and insertive anal sex than White men. This finding aligns with findings from one previous study on racial/ethnic differences in oral and anal sexual debut, which also found that Black and Hispanic/Latino MSM had younger ages of first oral and anal sex, as compared to White MSM (Sanchez et al., 2020). This finding is critical within the context of HIV incidence in the United States, which is highest among young Black and Hispanic/Latino gay and bisexual men, and aligns with previous findings which indicate that earlier age of sexual debut is associated with an increased likelihood of HIV acquisition (Centers for Disease Control and Prevention, 2019a, 2019b; Halkitis et al., 2011; Nelson et al., 2016; Outlaw et al., 2011). In effect, the delay of sexual behavior debut may have protective effects for YSMM.

These findings regarding racial/ethnic differences in sexual debut may also have important implications for our understanding of sexual identity development among YSMM. Specifically, many models posit that sexual minority males develop same-sex sexual attraction in late childhood or early adolescence, and that the first instances of same-sex sexual activity occur a few years later (Archer, 1994; Cohen & Savin-Williams, 1996; Savin-Williams & Diamond, 2000). Our findings suggest that Hispanic/Latino and Black non-Hispanic YSMM reach the milestone of same-sex sexual activity at an earlier age than their White non-Hispanic peers. While our data do not shed light on the causes of these racial/ethnic differences, they do suggest that researchers, clinicians, and other stakeholders consider these differences when developing and utilizing health interventions that are related to these developmental milestones (e.g., safer sex counseling).

In addition, differences emerged in terms of perceived familial SES, whereby delay of anal insertive and receptive intercourse is noted among those who perceived their familial SES as upper class. This finding must be considered in light of the fact that SES and race/ethnicity are highly associated in this sample, as previously reported (Halkitis & Figueroa, 2013). The confluence of these factors, and the associated psychosocial burdens resulting from stressors associated with racial/ethnic minority identity and lower SES, provides a lens for understanding the earlier age of sexual debut of the populations, as well as the associated increased HIV incidence noted in Black and Hispanic/Latino YSMM. While earlier sexual debut may increase the likelihood of HIV acquisition, it cannot solely explain the incidence of HIV. It is also important to consider that Black and Hispanic/Latino men within the sample tend to form racially aligned and geographically proximal social and sexual networks, where there is greater unsuppressed viral load among those living with HIV (Duncan et al., 2014; Halkitis et al., 2015b; Kapadia, 2019; Kapadia et al., 2013). While White men also demonstrate such patterns, racial sorting in partner selection does not increase their HIV risk, as their community viral load tends to be lower (Castel et al., 2012).

These findings have several implications for medical practice. First, they indicate that most YSMM have their first same-sex sexual experiences prior to age 18, likely when they are still

in pediatric care. It is also possible that many of these sexually active YSMM may not have disclosed their sexual orientation to their healthcare providers and/or may not yet identify as gay or bisexual. Thus, in order to provide optimal care, pediatricians, and other allied health professionals should: (1) not assume the sexual identities or behaviors of their adolescent patients, (2) actively inquire about sexual behaviors with partners of all genders, (3) provide appropriate counseling about all sexual behaviors and their associated risks for HIV and other STIs, and (4) speak with adolescent patients in private (without parents/guardians present), whenever legally and ethically possible, in order to encourage candid conversations about sex. Additionally, providers working with YSMM of all ages should consider beginning routine testing for HIV and other STIs at earlier ages than previously indicated, particularly among youth of color. Furthermore, given our findings regarding the debut of receptive anal sex (i.e., the sexual behavior that confers the greatest likelihood of HIV acquisition), medical providers should counsel their YSMM patients on the potential benefits of pre-exposure prophylaxis (PrEP), a daily pill that prevents HIV infection among HIV-seronegative individuals.

These findings are also relevant to mental and behavioral health care. Specifically, mental health providers working with YSMM, including psychologists, school counselors, mental health counselors, and social workers, should consider discussing the role that sexual activity may play in the lives and relationships of these youth. While some YSMM may be out to their friends and families, many will not be. Thus, they may not have adequate social support, particularly as it relates to discussing socially stigmatized sexual activity. To address this need, mental health providers must be equipped to discuss the sexual behaviors of their YSMM clients, and they should maintain an open, non-judgmental stance throughout such conversations. Moreover, behavior health interventions, similar to those that exist for emerging adult YSMM (e.g., Mpowerment Project), should be developed to address the unique needs of YSMM adolescents (Kegeles et al., 1996; Shelley et al., 2017).

The findings should be considered in light of the study's limitations. First, these data may contain errors due to recall bias, especially for those with an earlier age of sexual debut, where the increased lapse in time may have resulted in a less accurate recall. However, given that all participants were 18–19 years old, this was likely not as large of a problem as it may have been with an older sample. Second, because another of our eligibility criteria was self-reported sex with a man in the 6 months prior to enrollment, we were not able to assess the age of sexual debut for men who were previously, but not recently, sexually active. In spite of these limitations, the study is strengthened by its large sample of YSMM, which is especially rare in the extant literature, which includes studies that group all lesbian, gay, and bisexual youth together (Lowry et al., 2017) and studies with negligible proportions of MSM in their samples (Brown et al., 2015). Indeed, our sample size allowed us to examine between-group differences and to focus on gay-identified participants from our larger sample of YSMM.

This study suggests a need for comprehensive sexuality education, inclusive of sexual and gender minority populations and all types of sexual behaviors, in younger

populations. To date, LGBTQ education is all but missing from most school curricula, with only 12% of LGBT students indicating that their school-based sex education included information on same-sex relationships (Jones & Cox, 2015). With many young gay men reporting same-sex sexual activity prior to age 15, it is essential that YSM receive affirming, stigma-free, and evidence-based education on all aspects of their sexual health, at appropriate developmental stages, to reduce HIV/STI incidence, promote healthy sex and relationships, and create more inclusive and supportive educational environments (ACOG, 2019; APHA, 2014; Baams et al., 2017). Furthermore, and in line with comprehensive sexuality education's focus on human rights and gender equality, educational and public health interventions must take racial/ethnic and socioeconomic differences in age of sexual debut among YSM into account (United Nations Educational Scientific and Cultural Organization [UNESCO], 2018). In effect, tailored and adaptive education and programming are needed to improve the sexual health and overall well-being of YSM.

Disclosure Statement

The authors have no conflicts of interest to declare.

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