



Original article

Early Sexual Onset and Alcohol Use and Misuse From Adolescence Into Young Adulthood

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A B S T R A C T

Purpose: Little is known about the longitudinal association between early first heterosexual intercourse (e.g., intercourse before the age of 15 years) and alcohol use during adolescence and young adulthood. This study sought to determine whether early first heterosexual intercourse is associated with (1) frequency of alcohol use at age 16 years, (2) changes in alcohol use from ages 16 to 22 years, and (3) alcohol misuse at age 22 years, while controlling for alcohol use, antisocial behavior, pubertal timing, and parental monitoring in early adolescence.

Methods: A sample of 289 participants (63% female) was surveyed annually from ages 12 to 22 years.

Results: Latent growth curve modeling indicated that youth who experienced an early first heterosexual intercourse report a higher frequency of alcohol use at age 16 years compared with those who have experienced their first heterosexual intercourse at an “on-time” age. However, timing of first heterosexual intercourse was not related to growth in frequency of alcohol use over time. Hierarchical multiple regression analysis showed that experiencing an early first heterosexual intercourse predicted problematic alcohol use at age 22 years ($\beta = .153, p = .027$). These results were found while controlling for confounding individual- and family factor-level variables.

Conclusions: The effect of early first heterosexual intercourse on adolescent alcohol use appears to be long lasting and is associated with a more problematic use of this substance in young adulthood. Further research should be conducted to uncover the developmental processes involved.

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**IMPLICATIONS AND
 CONTRIBUTION**

This prospective longitudinal study indicated that youth who experienced an early sexual onset use alcohol more frequently from ages 16 to 22 years and are more likely to show problematic patterns of alcohol use at age 22 years, even after controlling for prior individual and family factors. Educating youth about their sexual transition may improve subsequent adjustment.

The first heterosexual intercourse (FHI; i.e., first coitus) is considered to be the main marker of the transition to sexual activity for heterosexual youth [1]. In most Western countries, the FHI is experienced between 16 and 18 years old [2]. Therefore, even if there is some discrepancy in the literature about the age at which an FHI is considered “too early,” youth are generally considered as “early starters” when FHI occurs before 15 years

[3,4]. As for most developmental transitions [5], experiencing an early FHI can be emotionally and socially detrimental in the short and long term [6]. The negative impact of early FHI on subsequent development could be due to the lack of the social, emotional, and cognitive abilities generally observed in younger adolescents [7].

Among the correlates of early FHI identified in previous studies, alcohol use has been consistently reported [3]. At the individual level, early FHI and early alcohol use are often clustered among the same individuals, and considered to be part of a broader construct of general deviancy [8]. For example, in a large Swedish sample of youth aged 15 years, a significantly higher proportion of youth who experienced an FHI at 14 years or

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younger used alcohol at least twice to get drunk (62% boys; 47% girls), compared with their virgin peers (13% boys; 12% girls) [4]. While early FHI has consistently been associated with early alcohol onset [9], very little research has investigated whether early FHI could be prospectively associated with increase in alcohol use from adolescence to young adulthood using longitudinal designs.

According to life course theory [5], normative life transitions, such as becoming sexually active, are best achieved when they occurred within an optimal developmental window of time, in synchronization with age-alike peers. Therefore, the challenges associated with normative life transitions are amplified for those experiencing an early transition. As such, this theory suggests that early FHI can have long-lasting impacts that are likely to be generalized to other domains. In line with these assumptions, a small body of literature has examined the long-term correlates of early FHI. Retrospective longitudinal studies showed that early FHI is associated with various health outcomes and behavioral consequences in young adulthood [10–12]. For instance, two studies revealed that participants aged 21 to 25 years who retrospectively reported early FHI were more likely to present alcohol abuse and dependence as adult [13,14]. Another study observed that early starters had significantly higher levels of substance use than their on-time peers, both in 10th and 12th grades, as well as 5 to 6 years after high school, but did not examine alcohol use specifically [15]. These results suggest that engaging in early sexual behaviors enhances the risk of life course–persistent difficulties.

Although previous studies exploring the specific association of early FHI with subsequent alcohol use yield valuable information, they exhibit some methodological limitations. First, most studies were conducted primarily with American samples and used a retrospective design, such that the results may not be generalizable to other populations and may be affected by recall bias [16]. Second, the literature linking early FHI to alcohol use is mainly cross-sectional, thus providing limited knowledge on changes in alcohol use over time as well as long-term alcohol misuse. Finally, few studies have included possible confounding variables in their design while examining the association between early FHI and alcohol use, despite the evidence of their influence on both phenomena. The association between early FHI and alcohol use may be explained, at least partially, by earlier and overlapping characteristics indicating that individuals engaging in both early FHI and greater alcohol use may have already been on a riskier trajectory. For instance, early use of alcohol in 13-year-old students has been found to be a predictor of both frequent drinking at age 15 years [17] and precocious sexual initiation [18]. Also, early pubertal maturation has been linked to an earlier onset of both FHI and alcohol use [19]. An extensive body of literature has also found that childhood antisocial behavior predicts early FHI [20] and a problematic alcohol use in adolescence and early adulthood [21]. Furthermore, low parental monitoring has also been linked to greater odds of early FHI [22] and alcohol use [23]. These results raise the need to consider confounding variables while studying the longitudinal association between early FHI and alcohol use.

The Present Study

The goals of this study are to determine if early FHI is associated with (1) frequency of alcohol use at age 16 years, (2) changes in alcohol use from ages 16 to 22 years, and

(3) alcohol misuse at age 22 years, while controlling for the documented effects of prior alcohol use, antisocial behaviors, pubertal maturation, and parental monitoring.

Methods

Participants

The data reported in this article were drawn from a longitudinal study initiated in 2001, with 390 grade six students (mean age = 12.38 years; standard deviation = .42; 58% females) who were assessed annually from ages 12 to 22 years (retention rates ranged between 77% and 82%). Participants were recruited from eight French language schools in a suburb of the province of Quebec (Canada). Most of the children were Canadian born (90%), lived with their biological parents (72%) and came from middle class families (mean family income = \$45,000–\$55,000).

Only participants who indicated their age at FHI on at least two waves of data collection (see the following scoring criteria) were included in this study ($n = 338$). These participants did not differ from the excluded ones ($n = 52$) according to family structure, parental monitoring, antisocial behavior, and alcohol use at age 12 years, and pubertal timing at age 14 years. However, males were over-represented among the excluded participants (58%), when compared with retained participants (39%; $\chi^2 = 6.233(1)$, $p < .05$).

A growing body of research is showing that late sexual starters and adult virgins evolve in distinct developmental trajectories compared with both early and on-time sexual starters [24]. Accordingly, participants who reported having their FHI at 19 years and older or who reported to be virgin at age 22 years were excluded from the analyses ($n = 49$). Thus, the final sample includes early and on-time sexual starters only ($n = 289$; 63% females).

Procedures

From ages 12 to 17 years, participants were invited to complete questionnaires in the school setting, under the supervision of trained research assistants. After high school, assessments were conducted at the participant's home. In some cases, questionnaires were sent out by mail (less than 5%). Parents provided written consent for their child's participation until 18 years. From age 18 years onward, the participants provided written consent. Ethical approval was granted through Université du Québec à Montréal Ethics Board (#071306 and #071398).

Measures

Predictor

Age at first heterosexual intercourse. The independent variable was measured annually from age 15 to 22 years. Participants indicated each year if they had engaged in coitus (i.e., vaginal penetration) and provided the age of the FHI. As in other longitudinal studies (e.g., [25]), there were some discrepancies in reports of age of FHI within the eight waves of assessment. These discrepancies were addressed by following two rules: (1) the age of FHI reported the most frequently was retained (majority rule); and (2) if two ages of FHI were reported the same number of times, the proximal rule was applied in such that the first reported age was retained because it was

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