


Moving Beyond Age: An Exploratory Qualitative Study on the Context of Young African American Men and Women's Sexual Debut

Yzette Lanier¹  · Jennifer M. Stewart² · Jean J. Schensul³ · Barbara J. Guthrie⁴

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Abstract African American youth continue to be disproportionately affected by HIV. Early sexual debut has been identified as a major determinant of HIV risk. However, emerging research suggests that the overarching context in which first sex occurs may have greater implications for sexual health than simply age alone. The purpose of this exploratory, qualitative study was to better understand the broader context of African Americans' sexual debut. In-depth, semi-structured interviews were conducted with 10 African American men and women aged 18–24 years. Thematic analysis was used to analyze the data. The mean age at sexual debut for the sample was 15.4 (SD = 3.3), and youth framed their sexual debut as positive (50%), negative (30%), and both positive and negative (20%). The majority of youth initiated pre-sex conversations with their partners to gauge potential interest in engaging in sexual activity, and all youth utilized at least one HIV/sexually transmitted infection and pregnancy prevention method. However, most youth failed to talk to their partners prior to sex about their past sexual histories and what the experience meant for their relationship. Key differences emerged between youth who framed the experience as positive and those who framed the experience as negative or both positive and negative in terms of their motivations for initiating sex (i.e., readiness to initiate sex, pressure, and emotionally safety) and post-sex emotions (i.e., remorse and

contentment). Findings provide further support for examining the broader sexual context of African American's sexual debut. A more comprehensive understanding of sexual debut will aid in the development and tailoring of sexual risk reduction programs targeting African American youth.

Keywords HIV · African American youth · Sexual debut · Context · USA

Introduction

Reducing new HIV infections among adolescents and young adults, particularly those from the most affected communities, is a national priority [1, 2]. More than one in five new HIV diagnoses in the USA is among youth aged 13–24 years, and African Americans are disproportionately affected [3]. In 2014, an estimated 9731 youth were newly diagnosed with HIV; more than half (55%) of these diagnoses occurred among African Americans [4]. Fifty-nine percent of males living with diagnosed HIV infection were African American while their African American female counterparts comprised 64% of females living with diagnosed HIV infection. [4]. African Americans also made up the largest percentage of youth with an AIDS diagnosis [4]. Young African American men and women also have among the highest rates of sexually transmitted infections (STIs) which increases their susceptibility to HIV infection. In 2015, rates of chlamydia infection were five and four times higher among African Americans aged 15–19 and 20–24 years, respectively, than their white counterparts [5]. Similarly, gonorrhea infection rates among African American were 16 times and 30 times as high as the rates in the white peers [5].

Since the burden of HIV is greatest among African American youth, intensified HIV prevention efforts are specifically needed

✉ Yzette Lanier
yzette.lanier@nyu.edu

¹ College of Nursing, New York University, New York, NY, USA

² School of Nursing, Johns Hopkins University, Baltimore, MD, USA

³ Institute for Community Research, Hartford, CT, USA

⁴ School of Nursing, Northeastern University, Boston, MA, USA

for these young men and women. One approach to further reducing new HIV infections among African American adolescents and young adults is to better understand the context of their first sexual experience, otherwise known as sexual debut. Sexual debut plays an important role in youths' sexual trajectories and HIV risk. Early sexual debut, in particular, is widely considered a major HIV risk factor. Research suggest that youth who initiate sex at younger ages are less likely to use condoms, have sex under the influence of drugs and alcohol, have older sexual partners, and have non-consensual sex at sexual debut [6]. The earlier onset of sexual intercourse has also been linked to subsequent sexual risk behaviors such as having more lifetime sexual partners, concurrent sex partners, sex with risky sexual partners, lower levels of condom use, and sex under the influence of alcohol or drugs as well as an increased risk of having an STI [7–12]. In response to the risk that early sexual initiation poses for HIV/STI acquisition, several sexual risk reduction programs have been developed, focusing on delaying the onset of sexual debut [13–15]. Many of these programs, designed specifically for African American youth, have been effective in postponing sexual intercourse [15].

The narrow focus on age at sexual debut, however, is problematic as it neglects the broader context in which this event occurs. While sexual debut includes the age at which individuals first have sex, it is also comprised of other important dimensions such as the type of sex initiated, motivations for sexual initiation, the relationship context in which sex occurs, affective reactions during the event, and whether HIV/STI/pregnancy preventative methods were used. Together, these characteristics make up the nature and quality of individuals' sexual debut. This is important because these characteristics of sexual debut have also been linked with HIV risk behavior [16–18]. Thus, understanding the overarching context in which sexual debut occurs may yield a better understanding of the implications that first sex poses for HIV/STI risk than focusing simply on age alone [17].

A contextualized approach to the examination of sexual debut, particularly among African American youth, is needed for two critical reasons. First, relatively little is known about the sexual debut of African Americans. To date, only a handful of studies have been conducted examining African Americans' first sexual experience [19–21]. Consequently, how these youth experience, and understand, this major life event is still not well understood. Second, with respect to HIV/STI prevention, a more comprehensive understanding of sexual debut may highlight both HIV risk and protective factors operating during the experience. This emphasis on the positive aspects of youths' sexual activity, in general, and sexual debut, more specifically, is a departure from traditional perspectives which typically focus on the adverse consequences of sexual initiation [22]. Not all adolescent sexual activity is risky, and many youth report having positive sexual experiences [23]. Hence, a better understanding of how the experience of sexual debut fosters both risks and protections, and how these factors may intersect, is crucial to further strengthening our current HIV/STI prevention programs for African American.

The purpose of this exploratory qualitative study was to provide a detailed description of young African American men and women's sexual debut. A risk and resiliency framework was adopted as a guiding framework. This approach was specifically selected to highlight key characteristics of African Americans' sexual debut that facilitate HIV/STI risks and protections.

Methods

Participants

Purposive sampling was used to recruit young African American males and females living in Philadelphia, PA, in a two-phase, mixed-method study exploring characteristics of sexual debut and subsequent sexual risk and protective behavior. Youth were recruited through flyers and community outreach and then screened for eligibility either in person or by phone by trained research staff. Eligible participants were between the ages of 18 and 24, self-identified as Black/African American, and had engaged in sex (oral, anal, or vaginal) at least once in the lifetime. The current sample includes all 10 African American men and women who were enrolled in phase 1 of the study.

Procedure

Eligible men and women were invited to participate in the study and then scheduled for their interview. On the day of the interview, participants provided written informed consent and then completed a brief demographic and sexual history survey. All interviews were conducted by the first author/study PI. Participants selected a pseudonym to maintain privacy and then completed a life history timeline in which they recounted memorable positive and negative experiences that occurred over their life including their first sexual experience. Experiences that were entered above the line were identified as positive, and experiences entered below the line were identified as negative. Participants were asked to define their first sexual experience (i.e., oral, anal, or vaginal) and then recount several dimensions of the experience including the overarching context of the experience (e.g., Where did sex occur? Who else was present during the experience?), the reasons and motivation for initiating sex (e.g., Why did you decide to have sex that day?), and the emotions and feelings experienced (e.g., How did you feel emotionally after sexual initiation?). A semi-structured interview guide was used to facilitate the conversation (see Table 1); interview probes and follow-up questions were also used. Interviews lasted approximately 60 to 90 min, and participants were compensated \$30 for their participation. Interviews were audio-recorded and professionally transcribed verbatim. All study procedures were approved by local institutional review boards.

Table 1 Sample interview guide items

Sample items
<ul style="list-style-type: none"> • Where did you have sex? • How did you and your partner decide that you were going to have sex that day? • Did you and/or your partner use any methods that would protect you from HIV/STIs and pregnancy? • How would you describe your relationship with your partner before and after sex? • What were some of the good or positive things or benefits that you thought would happen if you had sex that day? • What were some of the bad things or consequences that you thought would happen if you did not have sex or if you refused sex that day? • At the time, were you ready to have sex? If yes, how did you know that you were ready? If no, how did you know that you were not ready? • At the time, was there any part of you that may have wanted to wait to have sex at a later time? • How did you feel emotionally before, during, and after the experience?

Analysis

Thematic analysis was used to analyze the data [24]. This inductive approach was selected to give the researchers the opportunity to determine broad patterns that were then further analyzed to allow for themes to emerge. This approach ensures that findings were not imposed or pre-determined by the researchers, allowing for the themes to follow closely with the raw data. Specifically, data were coded by hand by two independent, trained coders. The coders initially developed a priori codes. Example codes included costs, benefits, feelings, and motivation. Via an iterative process, coders identified the keywords and concepts related to the research questions. Codes were double checked for consistency and validated through discussions with the two coders. Any discrepancies in coding were discussed until reconciliation was achieved and codes were validated. A codebook was developed from which themes (patterns) were garnered within the key areas of content. Themes, theme names, and their descriptions were finalized in partnership with the entire research team.

Results

Demographic and Sexual Debut Characteristics

The sample consisted of 10 African American men (5) and women (5) aged 18–24 years (mean = 20.8; SD = 1.6). The majority of participants (90%) were identified as heterosexual. All participants had at least a high school diploma, and most (80%) were currently employed. Half of the sample (50%) reported currently being in a committed relationship (i.e., boyfriend/girlfriend). Sample characteristics are presented in Table 2.

Characteristics of participants' sexual debut are also presented in Table 2. Mean age at sexual debut for the sample was 15.4 (SD = 3.3); 30% of participants reported having sex before the age of 16. The majority of participants (80%) defined their sexual debut as vaginal sex. Fifty percent of the sample framed their sexual debut as positive, 30% as negative, and 20% as both positive and negative. Participants had their first sexual experience within a variety of relationship contexts including committed romantic relationships (40%), dating relationships (20%), friendships (30%), and casual acquaintances (10%). All participants' partners were Black/African American, and the majority (80%) were sexually experienced (i.e., had engaged in either oral, vaginal, or anal sex at least once in their lifetime). Fifty percent of participants were at the same age as their partners (within 1 year). All participants reported that sex was consensual (i.e., not forced).

Context of Young African American Men and Women's Sexual Debut

Three main domains emerged from participants' interviews about their sexual debut: motivation, preparation, and emotions. Within each of these domains, several themes emerged which move sexual debut discourse to a more meaningful approach. These themes are expounded upon below. We noted that nature and quality of young men and women's sexual debut qualitatively differed based on whether the experience was perceived as positive or negative. Therefore, commonalities and differences between youth who framed their sexual debut as positive and those who framed the experience as negative or both negative and positive are highlighted.

Motivation

In the exploration of motivating factors for sexual initiation, four themes emerged: (1) unmonitored opportunity to engage in sex, (2) personal readiness, (3) external pressures, and (4) having a trusted sexual partner.

Unmonitored Opportunity Opportunity to have sex was a key reason for initiating it. For our youth, opportunity was defined as having access to a physical space where they could engage in sex without adult interruption. Of the participants that did not have their sexual debut while in college or living out of the house, the majority engaged in sex when adults were not present. Several mentioned specifically arranging to meet with their partners when parents or other adults were not home.

For some, once intentions to have sex were established, parents not being present motivated sexual debut without pre-planning for the event. On the other hand, some participants noted consciously planning to have sex on a specific date based on both partners' availability and lack of adult

Table 2 Demographic and sexual debut characteristics (N = 10)

Demographic characteristics	N (%)
Gender	
Female	5 (50)
Male	5 (50)
Age at interview	
18 – 19	2 (20)
20 – 21	5 (50)
22 – 23	3 (30)
Sexual orientation	
Heterosexual	9 (90)
Homosexual	1 (10)
Highest level of education	
High school diploma or GED	5 (50)
Some college	3 (30)
Bachelors degree	2 (20)
Currently employed	
No	2 (20)
Yes	8 (80)
Income	
≤ \$10,000	6 (60)
\$10,000 – \$29,000	2 (20)
\$30,000 – \$49,000	2 (20)
Current relationship status	
Committed relationship	5 (50)
Single and dating	1 (10)
Single and not dating	4 (40)
Sexual debut characteristics	N (%)
Age at sexual debut	
≤13 years old	2 (20)
14 – 15 years old	1 (10)
16 – 17 years old	4 (40)
18 – 19 years old	3 (30)
Type of sex	
Oral	1 (10)
Anal	1 (10)
Vaginal	8 (80)
Frame	
Positive	5 (50)
Negative	3 (30)
Positive and negative	2 (20)
Partners age at sexual debut	
≤1 year	5 (50)
2 – 3 years older	3 (30)
≥4 years older	2 (20)
Partner race/ethnicity	
Black/African American	10 (100)
Partner sexually experienced	
No	2 (20)
Yes	8 (80)
Type of relationship with partner	

Table 2 (continued)

Committed relationship	4 (40)
Dating	2 (20)
Friends	3 (30)
Casual acquaintance	1 (10)
Consensual sex	
Yes	10 (100)

supervision. Clarence noted, “We just decided this is the day that we’re both free, that there won’t be any interruptions. Let’s plan for this day, and let’s do it. Let’s see what happens.”

Only two participants, both males, reported that their parents and/or other adults were present at the time of sexual debut. However, even in these cases, opportunity presented itself in the form of adults who were asleep or engaged in other activities. When participants and/or their partners were aware that they would be unsupervised, they took the opportunity to freely engage in sex with minimal concern of getting caught. Thus, a lack of adult supervision was a critical motivating factor in youth engaging in sex.

Personal Readiness Being ready to initiate sex often motivated debut for youth who reported having a positive experience. They reported being motivated to have sex because of their personal desires and their own level of readiness. Inherent in this was a sense of sexual agency and a decision that sex was going to be pursued. Often, they communicated this desire and decision to their partners beforehand, letting them know they wanted and were ready to have sex. As Autumn described, “Well, I mean, I wanted it. I told him that I was ready.” Thus, participants were motivated and ready to have sex prior to the day of debut.

In addition to participants knowing that they were ready to have sex being communicated as a motivating factor, knowing that they were “not, not ready” was also important. As Clarence stated:

It was just knowing that I wasn’t not ready, that I was as ready as I’m gonna be. It was like, ‘Well, it’s...’ I couldn’t think of more ways to be ready, so I just went for it.

Many participants noted being ready for sex. However, Clarence’s comment highlights some youth’s ambiguity in thinking through how to define readiness. In some cases, simply not having any clear indications of not being ready was a sufficient motivation to initiate sex.

Interestingly, young men and women who framed their first sex as either negative or both positive and negative noted not being ready for intercourse at the time of debut and not wanting to have sex despite holding positive affective feelings for their romantic partner. A sense of sexual agency was not present in these youths’ narratives. Rather, their decisions to

engage in sex were largely based on external considerations—chiefly their sexual partners' level of interest to have sex.

Pressure Young men and women who framed their first sex as a negative experience were more likely to report varying degrees of pressure to initiate sex. In addition, female participants more often cited partner pressure as a primary reason that they decided to initiate sex. Some noted feeling a sense of obligation to have sex with their partners because they were in a romantic partnership and “that’s what couples do.” Several females also recalled having to manage their partners’ repeated request for sex. As one female recounted:

If he [her sex partner] called me at night or something, he would try to bring it up at night, like, ‘Oh, I wanna have sex with you; I can’t wait to have sex with you.’ Just things of that nature, so I don’t know, I guess in a way it was a little pressure. (Maria)

Participants often yielded to partner pressure in the hopes of obtaining some desired outcome. One female participant, who reported not being ready to have sex, ultimately consented to her partner’s repeated requests for sex in hopes of establishing a romantic relationship. She states, “I chose to have sex with him because I thought—I wanted to be his girlfriend, and I thought, ‘If I have sex with him, he will like me more and I will be his girlfriend’” (Aubrey). Thus, consenting to sex was also a way to prevent an undesired consequence such as the partner cheating or dissolving the relationship.

Males, on the other hand, were more likely to report feeling social pressure to initiate sex. Steve noted that this pressure is often tied to ideals of manhood:

Pressured just not by any one person specifically, but just society in general, whereas you feel like you have—there’s a standard you have to live up to. I guess I was also pressuring myself because I was like, ‘You gotta do this. You gotta be this type of man.’ Stuff like that

Will, who debuted at age 9 with an 18-year-old female, also noted feeling pressure to initiate sex in order to be viewed as a man. However, he expressed conflicting emotions between becoming a “man” and wanting to wait to have sex in order to maintain his virginity:

Because, then a boy, like the friends I was around, it was cool to have sex. It was like, ‘Oh, you’ve got to have sex to be a man’ and all this other stuff. But me, I was always raised like to wait till marriage and stuff like that; but it happened, so now what.

Will’s comments, in particular, illustrate that pressure to initiate sex begins at an early age.

Partner Trust The majority of participants who framed their first sex as positive initiated sex because the partner was trusted. Many of these participants recalled talking with friends and peers about their sexual experiences which were often perceived as negative. This subsequently led participants to consciously decide to have sex with someone whom they could have a safe experience with. As Autumn noted:

I think she [her friend] would talk to a lot of people and have sex with them. I guess me and my other friend would be like, ‘What is she doing?’ I feel like the guys that she was talking to, they were just, I guess, assholes. I was just like, ‘I don’t want that. I want someone that’s nice, and treat me right and all that stuff.’—Autumn, age 16 at sexual debut, positive experience

Safety, in these narratives, was related to emotional safety rather than physical safety or protection from HIV/STI risk.

Relationship dynamics played a central role in whether the participant trusted their partner. Participants who felt comfortable with and trusted their romantic partners were more likely to perceive the experience as safe. As Betty recounted:

I just felt like he was just the one person who I could talk to about anything and was just open—I could be open with, and talk to about what would happen if I did get pregnant and all this stuff. I never had a conversation with anybody about that type of stuff before, not even my mom.

Males noted the importance of trusting their partners which allowed them to ask questions during the experience or make mistakes without fear of judgment or disclosure to others. As Kobe noted, “It was just like there was a trust there, too. Plus, I knew if I didn’t know what I was doing, if I put the condom on wrong, she wasn’t gonna go and snitch and tell anybody.” Interestingly, relationship status at the time of sexual debut had little bearing on whether the experience was perceived as “safe.” Clarence, who had recently broken up with his male partner prior to sexual debut, noted that his decision to initiate sex with his ex-boyfriend was due, in part, to feeling that it would be a safe sexual experience:

Well, now I have the opportunity in someone who I know I feel comfortable around, who I’m safe with. This would be good. I know this won’t be a bad experience, and I’d rather do this now than not. I’d rather have a safe experience than risk my first time not being so safe, or not knowing what to do at that stage when I’m supposed to....Yeah, with [my partner] I felt

comfortable asking questions and saying, ‘I don’t know what I’m doing.’

Thus, for both males and females, trusting their partners was an important factor in sexual debut.

Preparation for Sexual Debut

Four main themes emerged from participants’ narratives around the area of preparation for sexual debut: (1) pre-sex conversations about interest in sex, (2) attempts to elicit knowledge about partners’ sexual histories, (3) foreplay, and (4) engagement in risk reduction strategies.

Pre-sex Conversations About Interest in Sexual Initiation

Many participants reported having conversations with their partners prior to the day of sexual debut about receptivity to sexual initiation. Most of these conversations began jokingly as a way to assess or “feel out” interest in engaging in sex. As one young woman described:

I think it was a joke at first. I think he probably joked around, and then I think we actually just probably just started talking about it. I think he probably joked around about it just to see what I would do.—Autumn, age 16 at sexual debut, positive experience

For two participants, these conversations led them to make specific plans with their romantic partners to have sex at a pre-determined time. However, for the remaining participants, sex was not planned but rather “just happened.” Yet, participants were not necessarily surprised when sex did occur. Steve who debuted at age 16 and reported a positive/negative experience recalled, “It wasn’t like a, ‘We’re gonna do it at this point at this time.’ Like I said earlier, it was more just in the moment—‘Oh, this is our chance. Yeah, we should do it [have sex].’”

It is worth noting that while participants and their partners explored their interest in engaging in sex, these conversations did not include a discussion on what the experience meant for their relationship. Subsequently, several participants expressed feeling uncertain about the status of the relationship following sexual debut. One male participant, who initiated sex with a female friend, described how he pursued an exclusive romantic relationship with her following their sexual encounter but his desire for exclusivity was not mutually shared:

Two days after we had sex for the first time – it was the first and only time – I actually asked her if she wanted to date and if she wanted us to be in, like, an exclusive relationship. [She] ended up turning that down and then, a month later, [she] ended up getting back with her ex. It was interesting.—Boris, age 18 at sexual debut, positive experience

Thus, while pre-sex conversations were initiated to gauge potential interest in engaging in sex they did not include a discussion about what the experience meant for their relationship going forward.

Attempts to Elicit Knowledge About Partners’ Sexual Histories

All 10 participants reported being aware of whether their partner had ever engaged in intercourse (i.e., vaginal or anal sex). However, it was unclear whether participants were knowledgeable about their partner’s experience engaging in oral sex. Additionally, the majority of participants did not often elicit details about their partners’ sexual histories outside of whether or not they had had sex. Details such as the number of past sexual partners, history of HIV/STI testing, and diagnoses were not always discussed. As Clarence stated, “I knew he [his sexual partner] had sex before, [but] we didn’t talk about testing history. I hadn’t had sex before, so we didn’t really talk about it.” Two participants, one male and one female, intentionally did not inform their sexual partners that this was their first sexual experience.

Only two participants, both women, attempted to have sexual history discussions with their partners prior to sex. However, one woman noted that her partner was unwilling to participate in the conversation:

I questioned him, like, ‘Oh, how many people have you had sex with?’ It was like, ‘You don’t wanna know.’ It was a lot. I’m not happy about it. It was just left alone. I also asked him about [HIV testing history.] He told me, this is disturbing. He told me why would I basically [want to know]—what’s the point? That’s like I don’t even know how to phrase it the way he said it. Kind of like if you were to tell someone, ‘It’s better for you to know,’ he basically said, ‘It’s better for me not to know.’—Sunshine, age 19 at sexual debut, negative experience

The reluctance of Sunshine’s partner to talk about his past sexual behavior seemed to be based on his perceived HIV risk. Irrespective of the reasoning for it, communication between partners about their past sexual histories was limited.

Foreplay All participants noted engaging in foreplay including kissing, touching, fingering, and dry humping just prior to sexual debut. These behaviors were often a natural lead-in to sex. Aubrey, who had her sexual debut at age 15 and reported a negative experience, reflected, “We were just doing other sexual things leading up to sex and just making out, things like that, and we ended up having sex.” Oral sex was another form of foreplay that participants and their partners engaged in. Seven participants reported engaging in oral sex—either receiving, performing, or both—during sexual debut. Of these individuals, four participants reported engaging in oral sex

first yet indicated penetrative sex as their first sexual experience. When questioned why oral sex was not identified as their first sexual experience, the overwhelming sentiment was that oral sex is not “sex.” One female noted how oral sex was downplayed among her peer group which led her to then minimize the experience after it occurred:

Well, I would say the people around me played it down a little bit like it wasn't sex. I would say I had never had oral sex, but when I did, it wasn't like I had made—it was a big thing in my head. Then for other people, it wasn't so big. It was just like, ‘Okay, well, guess I'm still a virgin. I can still do this and be a virgin.’—Autumn, age at sexual debut, positive experience

Autumn's statement suggests that there may be potential benefits to not considering oral sex as “real sex” such as maintaining one's virginity.

Engagement in Risk Reduction Strategies All participants engaged in practices that reduced their risk of HIV/STIs and unintended pregnancy. No participant reported using alcohol or drugs prior to or at the time of sexual initiation. Additionally, the majority of participants used male condoms. Although it was unclear from participants' narratives whether they had discussed the use of condoms with their partners prior to sex, condom use during sex was presumed. As Clarence commented, “We decided to use a condom, just because that was what we thought you had to do, mostly.”

Betty was the only participant that did not use condoms at sexual debut. She was in a serious, monogamous relationship and explained that her decision not to use condoms was intentional, discussed, and mutually agreed upon by her and her partner prior to sex. Although condoms were not used, she described how she and her partner engaged in other prevention strategies such as engaging in sexual history discussions, being tested for HIV/STIs, using birth control, and discussing options in the event of pregnancy:

...and then we had a conversation about getting tested. I was like, ‘I know nothing is 100 percent. Birth control is 99 percent or something like that.’ We talked about what would happen if I did get pregnant, even though we take precautions and stuff. Just a very mature conversation.—Betty, age 18 at sexual debut, positive experience

Two other females also noted obtaining birth control prior to sex as a preventive method against unintended pregnancy. Thus, it is evident that youth intentionally employed various strategies including dual methods to reduce their risk of HIV, STIs, and unintended pregnancy.

Emotions and Feelings

Four themes related to emotions and feelings emerged including (1) nervousness, (2) remorse, (3) contentment, and (4) concern. Pre-debut nervousness was the primary emotion while post-debut emotions varied and included remorse, contentment, and concern.

Pre-debut Nervousness All participants expressed being nervous prior to sexual debut primarily because they were about to engage in a new experience. As Betty explained, “I was a little nervous, just because I feel like all my firsts, I get very nervous. The first day of school, first this, that, whatever. I was a little nervous.” Sunshine further elaborated on this, “It was that apprehension of, ‘Oh, what do I do.’ I was the receiver, so it was like, ‘Oh, do I just lay here?’ That was probably a little scary.” Thus, nervousness seemed to stem from not knowing what to do or what to expect during the sexual experience.

Males also reported feeling nervous specifically in anticipation that sex was going to take place. Steve expressed, “I was in awe, I guess. I was like, ‘Oh, this is it. Oh. Yeah.’ I was like, ‘I'm doing what's in the movies.’” While for men this sense of nervous anticipation was positive, for Aubrey, who framed her sexual debut as negative, it had the opposite effect. Unlike her male counterparts, she explicitly stated that she did not want to engage in sex that day: “[I was] feeling nervous, ‘cuz I thought maybe he'd want to have sex and I didn't want to do it, but I was generally okay, but I definitely felt nervous.” However, feelings of nervousness did not change participants' minds about having sex.

Remorse Most participants who rated their sexual debut as negative or both positive and negative reported varying degrees of remorse following sex. This was not noted in the reflections of participants who described their sexual debut as positive. Maria explicitly stated that she felt regret following the experience: “I regret it just because I knew that that's not really what I wanted at the time.” Most participants, however, did not directly express regret but rather stated that they wished they had waited to have sex. One main reason for not wanting to engage in sex was that it was not the right time or with the right partner. Sunshine recounted:

I don't think he was the wrong person. I just think it was the wrong time. I don't regret it or anything. I don't look back like, ‘Oh, I wish—’ [but] if I was in a better place mentally, I would've waited.

Another reason for participants' feelings of remorse was unmet expectations of the experience. Maria, for example, voiced feeling regret immediately after sex because it was not the “fairy tale” experience she envisioned:

I think right after, I felt really crappy because I just felt like, ‘Okay, well, you say you really care about me or you love me and you want to be with me, but here, this experience was not special for me. I just ran out the back of your house.’...But he made it seem like it was normal, and me, I wanted my fairytale experience. I was really pissed off about it, and then the fact that afterward, he kept saying, ‘Oh, could we do it again, could we do it again?’

This “mismatch” between perceived expectations of sex and actual outcomes often led to participants feeling negative emotions such as stress, guilt, disappointment, and loss of self-esteem. For example, Steve noted feeling a loss of self-esteem after sex because he had not performed well sexually and thus did not meet his standards of “being a man”:

Yeah, it was a reduction in self-esteem. I was tryin’ to be the man that everyone wants you to be and then I wasn’t. I was just like, ‘Oh, no. Now, this is gonna happen. This is gonna go wrong. She’s gonna break up with me.’ Things like that. That’s why I was so stressed. It wasn’t like the movie, like the perfect things like that. I didn’t amount to what I felt I should have.

Despite wishing that sex had not occurred at that time, some participants noted that the experience was an important opportunity that they could learn from. As Aubrey stated, “I don’t regret it. I wish I hadn’t done it. I don’t regret it. Cuz I think it’s a learning experience.” Aubrey’s comments suggest that even negative, first sex experiences may offer valuable lessons which may inform their later sexual relationships.

Post-debut Contentment Many youth noted feeling content about engaging in sex. Four of the five males specifically expressed feeling pride in having engaged in sex. Sex was viewed as a major accomplishment and something to be celebrated as it symbolized becoming a part of the “group.” As Clarence noted:

I definitely was proud. I was proud of it. I wasn’t boastful proud, but I was like, ‘Oh, this is cool.’ I guess, yeah, I did feel like I was a part of this active population of something, of knowledge, of experiences. I didn’t feel like more of a man or something like that. I was happy about it. I was proud of it. It was cool that I got to do it, too.

Women, on the other hand, differed from their male counterparts in that they did not report feeling pride per se; instead, they felt good about their decision. As Betty notes, “I felt like I was making the right decision...I felt like a woman...I feel like it was a good experience.” These feelings, however, were only

expressed by the two females that framed their first sex experience as positive. Thus, whereas males generally felt proud about sexual initiation irrespective of whether they perceived the overall experience as positive or negative, women were happy about it if the overall experience was perceived as positive.

Post-debut Concern Participants expressed concern post sex about potential consequences associated with having sex. All but one participant used condoms during sex so concerns about pregnancy or STIs were minimal. Participants were primarily concerned about parents finding out that sexual initiation had occurred which would result in being reprimanded or facing parental disapproval. As Aubrey stated, “I don’t think my mom knows when I started having sex. She knows I’ve had sex, but I feel like if I told my mom, Yeah, I had sex when I was 15, she would be really disappointed in me.”

Participants also expressed concerns about whether their relationship with their partners would be maintained after sex. For example, Autumn recalled being concerned following sexual initiation that her partner, who she was dating at the time of sexual debut, would not contact her again:

I guess afterward, I thought he wouldn’t talk to me again....I only felt that afterward. I didn’t feel that before. Before it was just like, ‘I don’t wanna get pregnant. I don’t wanna get anything,’ so we used the condom. Then afterward, it was just like, ‘I don’t know if he’s gonna talk to me.’

Steve also expressed being worried whether he could maintain his relationship with his girlfriend after he performed poorly during sex:

I was freaking out to her, like, ‘Oh, I’m sorry it wasn’t what you expected. If we ever do it again, it will be better.’ Just text me back. She was like, ‘It’s okay. It’s not that big of a deal. Not even upset about it.’

Both Autumn and Steve’s reflections demonstrate how important maintaining one’s relationship with their romantic partner is for youth.

Discussion

This is one of a handful of studies to present a contextualized description of young African American men and women’s sexual debut. We found that these young men and women varied in terms of whether they viewed their first sexual experience as positive or negative. While the majority of youth reported that the experience was either positive or negative, several characterized the experience as both positive and negative. We further found that how individuals characterized this experience greatly

influenced their motivations to have sex and their emotional reactions after the event. We discuss both the commonalities and differences noted among youth in regard to their sexual debut in the context of HIV prevention efforts.

Youth primarily defined their first sex as sexual penetration (i.e., vaginal or anal sex). However, most participants reported engaging in oral sex prior to intercourse, either at the time of sexual debut or during a previous sexual encounter. The general consensus among youth was that oral is not sex. While there may be various reasons why youth do not consider oral sex as “real” sex such as to maintain virginity [25, 26], by doing so, they may be underestimating the potential risk that oral sex poses for HIV/STI acquisition [27]. Therefore, it is important that sexual risk reduction programs incorporate information on the potential risks that all types of sexual activity pose for sexual and reproductive health and the importance of using appropriate preventative methods (e.g., condoms and dental dam) during these sexual encounters.

We found that youth were similar in regard to how they prepared for the event. Similar to past studies [19, 20, 28, 29], the majority of the sample indicated that sex “just happened” although they were not necessarily surprised when sex did occur. Most youth noted speaking with their partners prior to sex about their interest in sexual initiation albeit to varying degrees of candor. Missing from these conversations, however, were explicit discussions about their respective sexual histories including the number of past sexual partners (including oral, vaginal, and anal sex), HIV/STI testing and diagnosis history, and current contraception use (i.e., birth control). While it is encouraging, and should be highlighted, that all youth in our sample did utilize at least one HIV/STI and pregnancy prevention method (and, in some instances, dual methods), youth are often less likely to continue to use various forms of contraception such as condoms as the romantic relationship progresses and/or becomes more serious [30, 31]. Thus, initiation of pre-sex conversations with partners about past sexual histories is vitally important in order for youth to have an accurate assessment of their potential HIV/STI risk. It should be mentioned that also absent in these pre-sex discussions was a dialogue about what the experience meant for the relationship which often resulted in some youth experiencing negative emotions following sex such as remorse or uncertainty about the status of the relationship. The emotional context of sexual initiation is often overlooked; however, studies show that emotions play a critical role in why youth initiate sex [32] and have implications for later sexual risk behavior. Therefore, it is imperative that prevention programs incorporate skill and efficacy building exercises on how to effectively initiate candid conversations with potential sexual partners prior to sex about past sexual histories as well as what sexual initiation means for their relationship.

Major differences were observed between youth who framed the experience as positive and those who framed the experience as negative or both positive and negative in terms of their motivations to initiate sex and their emotions and feelings. Youth with

positively framed first sex experiences were more likely to report initiating sex because they wanted to have sex, felt ready to initiate sex, and perceived the situation as being emotionally safe. They were also more likely to feel good about the experience post sex. In contrast, youth who framed their first sex as negative or both positive and negative were more likely to feel pressured or obligated to initiate sex and to regret the experience post sex. These youth were also more likely to indicate unwanted but consensual sex—in other words, these youth were not forced to have sex but did not really want to engage in sex at the time. Other studies have also found unwanted but voluntary first sex [33, 34] although the focus continues to be placed on nonconsensual sexual activity. As has been discussed in prior work, our findings provide support for broadening our current prevention efforts to include content on reducing HIV/STI risk as well as building healthy and positive sexual relationships [35]. Findings specifically suggest a need for specific content on measures that individual should engage in before sex such as assessing individual readiness and desire to have sex, evaluating intentions and motivations for initiating sex, and considering the various emotions and feelings they may experience before, during, and after sex.

Limitations

Several study limitations should be noted. First, this was an exploratory study that sought to capture the first sexual experiences of a relatively small sample of African American youth. Despite the insights gleaned from this work, the findings are not intended to be generalizable to all African American youth. Second, sexual debut is indeed a salient experience for many individuals. However, due to the retrospective nature of the study, our findings may be subject to participant recall bias. This may be particularly true for youth who reported sexual debut at earlier ages. Finally, the sample had limited representation of youth whose first sexual experience was with same-sex partners. Thus, our findings may not have fully captured first sex experiences of these youth. Future work should attempt to include equal proportions of youth with the same partner and different sex partners.

Conclusions

Overall, our study presents important insights into the context of young African American men and women’s sexual debut. While age at sexual debut has often been seen as an antecedent to risk, our findings underscore the importance of examining the overall context of this experience. Many participants in this study were thoughtful in their decisions to have sex, discussed sexual histories, and often engaged in protective strategies. They were also more likely to feel good about the experience post sex. With this understanding, we can build messages and interventions that

capitalize on African American youth's protective behaviors in a more positive manner. Leveraging the actions taken to think carefully about the decision to initiate sex and reduce risk is an important component of contextualized interventions. Our results also suggest that there are varied pathways to intervene in promoting healthy sexual decision-making among youth. This includes addressing their motivations for engaging in sex, ensuring safe decisions as they make steps towards initiating sex, and managing and addressing emotions pre and post sex. Given that participants spoke in depth about aspects of sexual debut beyond age, it is critical to take these findings into consideration and development of a more nuanced view of African American youth sexual debut.

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

Informed Consent Informed consent was obtained from all participants included in the study.

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